

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING**

HELD ON TUESDAY 14 MARCH 2017 AT 11:15hrs

AT SOUTHGATE HOUSE, DEVIZES

**Present:**

Dr Peter Jenkins	PJ	Chair, CCG
Peter Lucas	PL	Vice Chair, Lay Member
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
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
John Dudgeon	JD	Associate Director of Information
Lynne Hack	LH	Directorate Business Manager ( <i>minutes taker</i> )
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Simon Yeo	SY	Estates Manager
Tracey Cox	TC	Interim Accountable Officer

**Apologies:**

Steve Perkins	SP	Chief Financial Officer
Dr Andrew Girdher	AG	GP Co-Chair, NEW
Dr Catrinel Wright	CW	GP Vice Chair, West
Dina McAlpine	DMcA	Director of Quality
Lucy Baker	LB	Acting Director of Acute Commissioning
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director West

Item Number	Item	Action
FIN/17/03/01	<b>Welcome and apologies for absence</b> PJ welcomed attendees, the above apologies were noted.	
FIN/17/03/02	<b>Declarations of Interest</b> 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.	

<p><b>FIN/17/03/03</b></p>	<p><b>Minutes of the meeting 10 January 2017</b> The minutes of the meeting held on the 10 January 2017 were agreed as a true record.</p> <p><b>Action Tracker:</b></p> <p><b>FIN/16/10/08 Status on CCG Project Milestones for QIPP Delivery 1617:</b> Draft version in progress. <b>ONGOING</b></p> <p><b>FIN/16/10/10.1 Better Care Fund Update and Evaluation:</b> Agenda Item 17/03/09 <b>CLOSED</b></p> <p><b>FIN/17/01/05 F&amp;P Terms of Reference:</b> Agenda Item 17/03/05 <b>COMPLETED</b></p> <p><b>FIN/17/01/06.0 Finance Position:</b> The readmission rates have increased; data flow will take a few months to obtain data. Item to be added to the action tracker for SFT Performance. <b>CLOSED</b></p> <p><b>FIN/17/01/06.1 Finance Position:</b> This item needs to be brought to the next meeting, expected completion date March 2017. <b>ONGOING</b></p> <p><b>FIN17/01/07 NHS Funding Settlement Impact:</b> Agenda item 17/03/10 <b>CLOSED</b></p> <p><b>FIN17/01/10 Delivery of Constitutional Targets Delivery Update:</b> TW advised that there are on-going discussions with Wiltshire Council. Currently 29 DTOC patients were awaiting care packages and a number waiting for equipment. It was reported that these were not Constitutional targets. <b>CLOSED</b></p>	<p><b>MH/DJN</b></p> <p><b>SP</b></p>
<p><b>FIN/17/03/04</b></p>	<p><b>Matters arising</b> No matters arising</p>	
<p><b>FIN/17/03/05</b></p>	<p><b>For Approval: Finance and Performance Committee Terms of Reference</b> The Finance and Performance Committee Terms of Reference had been amended to include a reference to the Estate Committee.</p> <p><b>The Committee approved the Finance and Performance Committee Terms of Reference and recommended these for ratification by Governing Body.</b></p>	
<p><b>FIN/17/03/06</b></p>	<p><b>Financial Position</b> It was noted that at the end of month 10 the CCG had:</p> <ul style="list-style-type: none"> <li>• continued to report to NHSE that it was on track to deliver a 1% surplus.</li> <li>• continued to report the forecast full year impact of the Funded Nursing Care rate increase offset by mitigations developed through the Financial Recovery Plan.</li> <li>• increased its forecast outturn for non-contract activity to a forecast overspend of £800k</li> <li>• been able to de-risk its position by agreeing year end outturn settlements with all providers.</li> </ul> <p>PL shared concerns with trend lines on the 'forecast variance by programme area by month 1617' graph. However, following a discussion with SP prior to this meeting, SP had provided assurance for achieving performance for year end.</p>	
<p><b>FIN/17/03/07</b></p>	<p><b>Estates and Technology Transformation Fund (ETTF) IT Projects Update</b> SMcN provided an update on the ETTF IT Project, which had the aim of delivering a network throughout the CCG for file access. The recommendations had been submitted to NHSE for approval, with an anticipated outcome to be announced in April 2017.</p>	

<p><b>FIN/17/03/08</b></p>	<p><b>Trowbridge and Devizes Project Initiation Documents</b> SY provided a summary on the Trowbridge and Devizes Projects which had commenced in January.</p> <p>The draft Devizes Urgent Treatment Centre Project Initiation Document (PID) was presented. It was agreed that the final PIDs, post review of the CCG Estates Steering Group, but prior to submission to NHSE, would be shared. The recurrent revenue impact had been estimated by NHS Property Services as circa £565k, based on the building size. At this stage, it was not clear if there would be a gap in funding. In relation to the capital, the estimate at this stage was £8.5m, SY reported that they would be exploring means to find additional capital funds.</p> <p>The draft Trowbridge Urgent Treatment Centre Project Initiation Document (PID) was presented; this included a list of services that would be provided, and a list of possible provisions, including a birthing unit. There were discussions around the unknown outcome of the Trowbridge birthing centre; it was agreed that there needed to be more emphasis in the PID if there was a requirement. RUH were currently undertaking a maternity review to establish if the services provided needed to be revised. It was requested that 'subject to a review of maternity services' was included in the PID. There was no plan to close the birthing centre at this present time. The final version of the PID would be submitted to NHSE at the end of March 2017.</p> <p><b>The Committee noted the Trowbridge and Devizes Project Initiation Documents</b></p> <p><a href="#">ACTION: FIN/17/03/08.0 – Final Project Initiation Documents to be shared with the Committee.</a></p> <p><a href="#">ACTION: FIN/17/03/08.1 – Amendment to be made to the Trowbridge Project Initiation Documents to include reference 'subject to a review of maternity services'.</a></p>	<p><b>SY/SP</b></p> <p><b>SY</b></p>
<p><b>FIN/17/03/09</b></p>	<p><b>Better Care Fund and QIPP Schemes Evaluation</b> MH reported on the BCF and QIPP schemes evaluation. A review of the BCF and QIPP for 2016/17 had been undertaken to strengthen our process for planning and delivering QIPP in future years.</p> <p>At a high level, initial QIPP targets had been identified by working backwards from affordability of £3m for Planned Care and £3m for Urgent Care.</p> <p>The review had identified some areas for improvement in project assurance, but more significantly, that the totality of QIPP expectation was not covered by schemes to deliver. This was most noticeable with urgent care where there was limited evidence of any schemes with noticeable impact in 2017/18 in addition to what was already in place.</p> <p>Planned Care schemes have a revised target of £1.9m, and currently £566K was not allocated against a plan.</p> <p>Urgent Care schemes have a target of £3m and currently £1.7m had no plan against it, and the £1.3m that does, is based on some untested assumptions.</p> <p>The CCG had commenced work on identifying further QIPP opportunities, but existing projects would also need to provide assurance that they were delivering as planned.</p> <p>The recommendations made within the report was to bolster the assurance of delivery of existing schemes; review assumptions and test whether existing</p>	

	actions were having the intended impact; and continue to identify further schemes to cover the QIPP requirement for 2017/18.	
<b>FIN/17/03/10</b>	<p><b>Status on CCG Project Milestones for QIPP Delivery 2016/17</b></p> <p>DJN provided an update on the plans to deliver £14.2m QIPP in 2016/17. The QIPP savings were below its YTD planned target at Month 10. It was noted that there was growth in the areas that were under achieving. An internal business plan had been implemented with milestones and achievements to measure against, particularly in the areas underachieving.</p>	
<b>FIN/17/03/11</b>	<p><b>Delivery of Constitutional Targets Delivery Update</b></p> <p>JD led the Committee through the report, reporting by exception:</p> <ul style="list-style-type: none"> <li>• The Quarter 4 initiatives had had some impact on reducing the referral to treatment waiting times for non-urgent consultant led treatment.</li> <li>• The CCG had 4 patients over the 52 week wait in January.</li> <li>• Cancer performance breached 4 of the targets. The two week standard breached at GWH and SFT, two week Breast at all 3 acutes, There were clinical staffing issues at RUH which caused some patient overflow for breast cancer. 31 day at SFT and tertiaries and 62 day at GWH and tertiaries. The CCG had received a list of patients who had waited 104 weeks before treatment.</li> <li>• Mixed Sex Accommodation had seen an increase in breaches during January with 42 at SFT, 9 at GWH and 1 at Royal Berkshire</li> <li>• A&amp;E Access: all three main providers had breached the year to date. SFT had achieved over the 95% target over the last few days.</li> <li>• Ambulance response times: SWAST had breached the 75% target for red 8 minutes response with achievement of 71.2%.</li> <li>• Quarter 3 saw an increase in cancelled operations but with a low readmission rate.</li> <li>• <i>C.difficile</i> rate YTD 97%, can only afford another 6 infections before breach.</li> <li>• Dementia diagnosis target: Action was being undertaken with Community directorate and practices with efforts to boost and reach dementia diagnosis target.</li> <li>• Improving Access to Psychological Therapies (IAPT) recovery rate was achieved for Quarter 3.</li> </ul> <p>The 2016/17 Plan monitoring was reviewed, noting the following:</p> <ul style="list-style-type: none"> <li>• Over performance in non electives</li> <li>• A&amp;E attendances had continued to fall, the complexity of those attending and the use of the 'back door' was driving the four hour breach.</li> <li>• Cancer referral and treatment numbers were significantly above plan.</li> <li>• The CCG breached the 92% standard with performance at 90.9%, this had been adversely affected by SFT's reporting after their PAS replacement. There was on-going validation taking place to correct the increase in the size of the reported waiting list. SFT were expected to report waiting time validation once the Unify report was available. There was no penalty for non-delivery of RTT targets.</li> <li>• Also discussed: patient discharges, the difficulties with arranging assessments for Thursday and Fridays to get patients out to care homes - and the transport provider needs four hours' notice.</li> </ul>	

<b>FIN/17/03/12</b>	<b>For information: Minutes from the Estates Steering Group meeting held on 17 January 2017</b>  <b>The Committee noted the Minutes from the Estates Steering Group meeting held on 17 January 2017</b>	
<b>FIN/17/03/13</b>	<b>Any Other Business</b> With no further items of business, the meeting was drawn to a close.	

**Date of next Finance and Performance Committee Meeting: Tuesday 16 May 2017 11.15 – 13:15hrs**