NHS
Wiltshire
Clinical Commissioning Group

FINAL MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING HELD ON TUESDAY, 8 SEPTEMBER 2015 AT 11:45hrs AT SOUTHGATE HOUSE, DEVIZES

Present:

Peter Lucas	PL	Chair, Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Dr Peter Jenkins	PJ	GP Chair, WCCG
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
Steve Perkins	SP	Deputy Chief Financial Officer
John Dudgeon	JD	Head of Information
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Jo Cullen	JCu	Group Director, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
James Roach	JR	Interim Integration Director
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Rob Hayday	RH	Associate Director, Performance and Planning and Head of PMO
Diana Hargreaves *(minutes)*	DJH	Board Administrator

Apologies:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Dina McAlpine	DMcA	Director of Quality

Item Number	Item	Action
FIN/15/09/01	**Welcome and apologies for absence** PL welcomed everybody to the meeting, noting the apologies above.	
FIN/15/09/02	**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.**	

FIN/15/09/03	**Previous Minutes** Finance and Performance meeting held 11 August 2015 **The minutes were agreed as an accurate record and there were no Matters Arising.** **Actions** • **FIN/15/08/05** – An action report on new models of care for Planned Care would be taken to the next formal Clinical Executive meeting. **ONGOING** • **FIN/15/08/06** JRo's confidence level has been amended to 65%. **COMPLETE** • **FIN/15/08/05** GP practice outliers – NEW colleagues have had useful conversations with Northlands surgery re the data. Sarum colleagues have scheduled a meeting with Endless Street surgery. It was important to make the data for these meetings as meaningful as possible. Further updates on this will be brought back to a future meeting, following ongoing discussions with practice outliers. **ONGOING** • An action tracker would be produced for the Finance and Performance Committee meetings	**MH** **Group Directors** **DJH/DW**
FIN/15/09/04	**M4 Finance Reporting Pack** SP introduced the paper, detailing the financial position, including risks' analysis, at month 4 2015/16. MH said that an additional column had been inserted into the provider summary programme positions (Budgeted QIPP ytd/£'000s), which showed the year to date value of QIPP savings that had been taken out of the budget: the variance may have been caused by under-delivery of QIPP. MH reported: • Inpatient growth at GWH was running faster than the delivery of planned care activity • Seeing non-elective activity at GWH running higher than the contracted level • Challenging Circle on their planned care activity The Members discussed whether there were ways in which the pace of planned care activity could be limited, as there was a similar pattern across the providers, who were adopting similar remedial actions. The conversion rates could be scrutinised, which are comparable across the providers, and then the CCG needed to concentrate on the emerging key messages, in order to allow the CCG to gain control. Members commented: • JR questioned the reason for the growth in activity over last year. However there was a range of recovery actions in the Better Care Plan and the schemes for the various age ranges and specialties were beginning to have an impact • JD said that there had been an analysis by specialty of non-elective growth • In response to PJ noting the significant increase in drug spend at North Bristol NHS Trust, MH said that the CCG were challenging the Trust on this issue	

	• The CCG was not anticipating an exponential increase in FNC, which would have an impact on the financial costs • SB stated that there had been an increase in younger people's admissions, particular in relation to mental health issues, as there was nowhere else for them to go. It was important to work with CAHMS to provide alternatives	
FIN/15/09/05	**M4 Additional Activity Deep Dive Summary** The key measures were included in the update provided by MH in agenda item 04.	
FIN/15/09/06	**M5 Financial Position Update** The summary updated position was included in agenda item 07.	
FIN/15/09/07	**Delivering the 2015/16 Control Total** STr apologised to Members for the delay in circulating the paper. At the NHSE Q1 assurance meeting tomorrow, the CCG would be providing NHSE with an update on the financial position and whether there would be a change to the control total. The financial risks to our organisation had been reported through various meetings. STr went through each of the risks at Table 3, advising Members that Wiltshire Council recognised the Payment for Performance position and would ring-fence and release the £1.2m: however, the CCG should be mindful of the severe financial position of the Council and the political sensibilities around this. STr explained to the Committee the different positions available for the CCG to take and urged Members to think long and hard about these positions. MH asked whether NHSE would be expecting financial recovery for 16/17 or 17/18, if the CCG reported a break-even position: STr responded saying that NHSE would push us hard to deliver more. DF advised Members that the CCG needed to concentrate on getting to the end of this financial year with as much surplus as possible: declaring a break-even position would result in NHSE sending in a Turn-around Director and we should be careful to avoid that. DF continued saying that the CCG would take responsibility for turning the position round in-year and would take it upon ourselves to appoint a Transformation or Turn-around Director. Members commented: • The M5 deep dive would be completed by 17 September • QIPP schemes may show a change over the Winter • The CCG was confident in the leadership of DF and STr. The biggest hospital deficits lined up with the CCGs in deficit, so this position was not to do with leadership • Messages would need to be managed upwards as well as downwards to patients, as it was important to consider how the CCG was perceived • It was agreed that the ethos behind the CCG's thinking around the financial position should be articulated to NHSE in the Q1 Assurance meeting, being held ahead of the meeting about finances with DF and STr, so that NHSE would have a heads-up	

	about what the CCG would be telling them • The CCG should be confident about what could be delivered in the last 6 months of the financial year **The Committee agreed that the CCG would declare to NHSE a surplus of £0.7m rather than a break-even position – this included a stretch target of c£0.6m on QIPP delivery.** **It was further agreed that discussion around this position would be brought into the full Q1 Assurance meeting.**	
FIN/15/09/08	**Status on CCG Projects and QIPP Delivery Plan 2015** RH introduced the paper detailing the current status of the CCG projects and QIPP delivery. Members commented: • In response to CR asking whether the project management workbooks were being better completed, RH said that some were, more than others • DF advised that when the CCG started its new organisational structure on 15 September, everything within the PMO would have been allocated to an individual. RH would need to hold a workshop with those people to ensure that they were using the workbooks effectively, post a hand-over period. After that, the situation would be re-assessed to see how the projects were performing. RH to discuss with DF exactly what was required	**RH**
FIN/15/09/09	**Status on the Delivery of the Constitutional Targets and key activity and access indicators** JD presented the report updating the Committee on the current performance at June 2015. • RTT Incomplete pathways: waiting list is at 92.9% compared to the 92% target. There is a risk of future breach as the rate has reduced from 94.2% in May • There were another 11 breaches of 52-week waits in July with 10 at North Bristol and 1 at GWH • Diagnostic waits breached the 6-week target due to slippage in the SFT recovery plan. MH reported that SFT expected to report being back on track in August • Mixed Sex Accommodation Breaches were 23 in July – all at SFT • A&E <4hrs year-to-date breaching at RUH but green at SFT and GWH • SWAST responses – continued to breach Red 2 (8 minutes) and Category A (19 minutes) standards at SWAST total level • C-diff infection targets were becoming more challenged. MS asked to see any information on practices with excess antimicrobial prescribing, which could be affecting the number of C-diff breaches • There had been a general improvement in many of the year-to-date activity variances in July	
FIN/15/09/10	**Any Other Business** There was a conflict of interest according to NHSE, with the Chair of the AAC being the same person as the Chair of the FPC: therefore, it was	

	agreed that PJ would take the Chair of the FPC from PL going forward. There was no further business discussed and the meeting closed at 13:30 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: 13 October 2015 at 11:45hrs

NHS
Wiltshire
Clinical Commissioning Group

FINAL MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING HELD ON TUESDAY, 13 OCTOBER 2015 AT 11:45hrs AT SOUTHGATE HOUSE, DEVIZES

Present:

Peter Lucas	PL	Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Dr Peter Jenkins	PJ	Chair, WCCG
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
Steve Perkins	SP	Deputy Chief Financial Officer
John Dudgeon	JD	Head of Information
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Jo Cullen	JCu	Group Director, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Rob Hayday	RH	Associate Director, Performance and Planning and Head of PMO
Dina McAlpine	DMcA	Director of Quality Interim Integration Director
Lorna Maslen *(minutes)*	LM	Team Administrator

Apologies:

James Roach	JR	Interim Integration Director

Item Number	Item	Action
FIN/15/10/01	**Welcome and apologies for absence** PJ welcomed everybody to the meeting, noting the apologies above.	
FIN/15/10/02	**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.**	
FIN/15/10/03	**Previous Minutes** Finance and Performance meeting held 8 September 2015 **The minutes were agreed as an accurate record and there were no Matters Arising.** **Actions** • **FIN/15/08/05** – An action report on new models of care for Planned Care would be taken to the next formal Clinical Executive meeting. **ONGOING.** ***Update: the actions from this report will be included into Commissioning Intentions 2016/17 and still to be approved by Clinical Executives.***	**MH**

	• **FIN/15/08/05** GP practice outliers – NEW colleagues have had useful conversations with Northlands surgery re the data. Sarum colleagues have scheduled a meeting with Endless Street surgery. It was important to make the data for these meetings as meaningful as possible. Further updates on this will be brought back to a future meeting, following ongoing discussions with practice outliers. **ONGOING.** ***Update: Summary report and agreed actions being created. To be included in the Action Tracker for the next meeting.*** • An action tracker would be produced for the Finance and Performance Committee meetings	**Group Directors** **DJH/DW**
FIN/15/10/04	**Month 5 and 6 Financial Position** SP provided an overview of the financial position for Month 5 and 6, commenting that the same issues arise as Month 4. The CCG had notified NHS England that it would deliver a surplus of £700k, but NHS England have stated that a Financial Recovery Plan needs to be put in place to restore the in-year position of a £5.5m surplus. The risks also remain the same: • MSK service model • Wiltshire Council charges • Prescribing increases in costs due to changes in prices • Payment for Performance (P4P) element of the Better Care Fund (BCF) dispute with Wiltshire Council. If these risks are not managed then the CCG revised control total would be at risk. It was stated that discussions with Providers have taken place to ensure they work to contract level at GWH and Circle Health. A potential refund, to the CCG, of £110k is expected after a contract challenge from the New Hall contract Month 6 financial position has seen no overall change in the reported position of the CCG. It was noted that the national planning guidance recommendation of 1.5% reserves (which includes 1% headroom and 0.5% contingency) have been fully committed. Comment was made on the possibility of 'clawing back' some funds from Providers, but this will be difficult with Payment by Results (PbR) contracts, however if activity could be reduced in the remaining 5 months of the year then that would help. ST reported that he had attended a difficult meeting with Wiltshire Council last week and discussed the P4P element and the underspend on the Better Care Fund. Currently the Council are assuming 100% of the underspend to their bottom line which the CCG will not agree to. Also Wiltshire Council does not recognise the P4P criteria, but this is essential for the CCG and must be secured. This debate will continue and ST stated that he had actioned the following: • Holding back the P4P element (£2.3m) from Wiltshire Council in line with the national guidance • Stop payments relating to the BCF completely until the dispute has been resolved. ST also stated CCG internal auditors have reviewed the Better Care Fund and have found no evidence that the £2.3m provided for additional Adult Social Care (aligned to the Care Act) has been used for this purpose. The full audit report will be available next week for circulation. Discussion took place on the stance that could be taken and the impact of the CCG choices. A legal challenge by Wiltshire Council is possible. It was stated that service delivery is essential whilst this dispute is taking	

	place. This issue is to be discussed at Wiltshire Council Cabinet meeting on 14 October 2015. There is also an ongoing issue with Wiltshire Council regarding Learning Disability patients (section 28a) who leave Continuing Health Care (CHC) and then become the responsibility of Wiltshire Council. Wiltshire Council are invoicing for these patients and have currently submitted invoices for 2013/14 £634k, 2014/15 £435k and £500k for 2015/16. This issue may require arbitration to be resolved. **Action: ST to keep the finance committee members briefed on the issues with the Council**	**ST**
FIN/15/10/05	**Draft Financial Recovery Plan 2015/16** ST stated that a draft Financial Recovery Plan (FRP) has been created to satisfy the requirements of NHS England. All departments within the CCG have looked at areas where savings can be made and a shortlist of remedial actions has been created. These actions will potentially provide £3.34m against the £5.5m control target for 2015/16. It was noted that the FRP should also be presented to the Clinical Advisory Group to see if the group can identify other savings or more cost effective ways of working. SB suggested that a serious discussion needs to take place around prescribing as pharmacies are over requesting medications from GPs and also pharmacies are advising patients that they can provide Flu vaccinations but are charging more for the vaccinations than the GP tariff. Care Home patient medications also need to be reviewed. The Acute hospitals have been reluctant to accept the financial situation that is facing the CCG, but as this is now a national situation they are open to discussion and change. A discussion took place on the challenges of referral levels in planned care and the need to reduce them. GPs will need to inform the CCG if they feel they are unable to deliver these reductions. Comment was made that GP referrals have reduced, especially in Ophthalmology, but the main increases are in the Acute Consultant to Consultant and A & E referrals. It was suggested that clinical thresholds could be applied to reduce referrals. **Action: Demand management – to put controls in place.** DF informed the members that the 9 November 2015 starts the planning round for 2016/17. PriceWaterhouseCooper, auditors will be attending Clinical Executive Meeting to present Outcome Based Commissioning and to help with engagement. **2016/17** The QIPP challenge for 2016/17 has been stated as £28m, but will be reduced to £24m if the CCG meets this year's control target of £5.5m. ST reported that the CCG have considered four potential high level actions where savings could be achieved against QIPP. There will be a need to make radical and difficult decisions to achieve these targets as well as continuing the CCG Strategy. The CSU are working at benchmarking the following services: • Orthopaedics • Pneumonia • Stroke • Abdominal The following services have been highlighted for savings: • Prescribing – challenging with national drug price increases • AWP resource mapping work £1.6m • CCG payments to Primary Care – CCG paying above Core contract in other CCGs • Ambulance Services • Clinical Engagement – Wiltshire pays above average figure • CSU costs – CCG want to bring PPM Contract Support back in-	**MH**

	house • Community Equipment – this is being passed to Wiltshire Council and should be included in BCF • Community and Maternity Contract These services equates to £14.5m, which leaves £10m of savings left to find. It was noted that there are some external pressures that impact on the CCG finances ie NHS111, NICE guidelines especially in Cancer diagnosing risks currently at 1% and could be increased to 3% for more savings and legal issues all impact on clinical decisions. The AWP contract also needs to be reviewed as this also impacts on Primary Care decisions. **Actions: Clinical leaders to start engagement with acute based clinicians on reducing the level of clinical intervention. (SB,TD, DS-H)** **Actions: DF to develop the agenda for the strategic forum in order to support the QIPP challenge for 2016/17**	**SB/TD/DSH** **DF**
FIN/15/10/06	**Medium Term Financial Plan** Discussion included in item 05 above.	
FIN/15/10/07	**Status on CCG Projects and QIPP Delivery Plan** The Month 4 position was discussed. The delivery position of BCF and Transforming Care of Older People (TCOP) highlighted that although referrals reducing this cannot be attributed directly to BCF or TCOP. Currently the RAG (Red, Amber and Green) status shows both programmes on Red. These programmes still need to be continued, to deliver savings.	
FIN/15/10/08	**Status on Delivery of the Constitutional Targets and Key Activity and Access Indicators** JD provided an overview of the key issues for the CCG, which are: • Waiting times – majority related to spinal and neurology • Cancer Waits – 52 week wait slippage • Mixed Sex Accommodation – due to breaches a 2% fine will be charged • A & E Waits – RUH continue to breach the 4 hour wait and will not meet their overall yearly target • C. Difficile Infections – the CCG will not meet its target by year end • Day Cases – over performing in Gastroenterology and General Surgery. Clinical Haematology is to be reviewed. DSH commented that the new Gastroenterology pathway is starting to make a difference.	
FIN/15/10/10	**Any Other Business** There was no further business discussed and the meeting closed at 13:30 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: 10 November 2015 at 11:45hrs

Action tracker

Meeting	Action	Update	Responsible	Due date	Status
05/08/2015	An action report on new models of care for Planned Care would be taken to the next formal Clinical Executive meeting	Update: the actions from this report will be included into Commissioning Intentions 2016/17 and still to be approved by Clinical Executives	MH	On-going	Closed
05/08/2015	GP practice outliers summary report and agreed actions being developed		MH / TW / JC	On-going	Open
13/10/2015	Action tracker to be included in finance committee papers	Tracker included	SP	Nov-15	Closed
13/10/2015	Dispute issues with WC - update to be provided to the finance committee		ST	Nov-15	Open
13/10/2015	Demand management controls on planned care to be put in place		MH	Nov-15	Open
13/10/2015	Clinical leaders to start engagement with acute based clinicians on reducing the level of clinical intervention		SB / TD / DSH	On-going	Open
13/10/2015	Develop the agenda for the strategic forum in order to support the QIPP challenge for 2016/17	Strategic forum held on 5th November - verbal update to be provided to finance committee on key issues	DF	Nov-15	Open