

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 12 SEPTEMBER 2017 AT 11:15hrs
AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Dr Peter Jenkins	PJ	Chair, CCG
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Peter Lucas	PL	Vice Chair, Lay Member
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Toby Davies	TD	GP Chair, Sarum
Dr Andrew Girdher	AG	GP Chair, NEW
Dr Anna Collings	AC	GP Vice Chair, NEW

In Attendance:

Sujata McNab	SM	Deputy Chief Financial 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 (<i>from 11.35hrs</i>)
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:

Linda Prosser	LP	Interim Chief Officer
Dina McAlpine	DMcA	Director of Quality
Dr Richard Sandford-Hill	RSH	GP Chair, West
Dr Helen Osborn	HO	Medical Advisor

Item Number	Item	Action
FIN/17/09/01	Welcome and apologies for absence PJ welcomed attendees, the above apologies were noted.	
FIN/17/09/02	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/17/09/03	a) Minutes of the meeting 11 July 2017 The minutes of the meeting held on the 11 July 2017 were agreed as a true record. b) Matters Arising	

	<p>There were none.</p> <p>c) Action Tracker:</p> <p>FIN/16/10/08 – MH reported that the revised format of the QIPP report had now been implemented and narrative was now incorporated. COMPLETED</p> <p>FIN/17/01/06.1 – SP advised Members that the CCG was now engaged in legal conversations with Swindon Borough Council. The dispute may escalate to Accountable Officer/Chief Executive level. If the dispute is not resolved, NHS England would be informed of the position. The costs associated with the dispute had been included in last year's accounts, so there were no ongoing liabilities. SP would report back to the Committee when it had progressed. ONGOING</p> <p>FIN/17/05/06 – MH confirmed that the data and format requirements had been agreed with the CSU. The data had been requested by November to progress the action, but processes were in place. CLOSED</p> <p>FIN/17/05/07.1 – MH reported that LB had confidence in the activity plans. LB had advised that this would be picked up through the Planned Care Board and would become business as usual. CLOSED</p> <p>FIN/17/05/07.3 – MH advised that work to unify the cancer referral templates had commenced, starting with breast systematic, working with the acutes to embed them. The overall template work is to be completed by April 2018. This would be reviewed in January 2018 and reported through the Constitutional Targets report. CLOSED</p> <p>FIN/17/07/04.0 and FIN/17/07/04.1 – These two actions were to be merged. It was suggested that Electronic Referral System be noted as an item for the November agenda, this would then capture the system rollout. ONGOING</p> <p>FIN/17/07/05 – MH reported that a meeting had been held to discuss pulling the templates together for use in the planning packs. CLOSED</p> <p>FIN/17/07/06.0 – MH was aware that Sue Shelbourn Barrow had reviewed the Better Care Fund and completed the national template. Sue would now focus on the governance and project detail to report back to the Committee in November. ONGOING</p> <p>FIN/17/07/06.1 – Wiltshire Council attendance would be discussed as part of the BCF governance review. Sue Shelbourn Barrow would attend future Finance and Performance Committee meetings. CLOSED</p> <p>FIN/17/07/07 – MRET arrangements had been agreed with providers. The ORCP detail was awaited from providers. This would be picked up through the Local Delivery Board. ONGOING</p> <p>FIN/17/07/09.0 – LB had been in contact with Bristol Trusts, information should start to come through by the end of September as a priority. CLOSED</p> <p>FIN/17/07/09.1 – MH reported that supporting DToC was an ongoing business as usual action, but this had been raised through the STP and with neighbouring CCG's. CLOSED</p>	<p>SP</p> <p>LB</p> <p>Sue Shelbourn Barrow</p> <p>MH</p>
<p>FIN/17/09/04</p>	<p>Financial Position</p> <p>SM reported that for 2017/18 there was a change in monitoring of finance performance, with a focus on the in-year surplus element. The CCG was meeting its £57k in-year surplus requirement.</p>	

	<p>Page five of the paper looked at the financial performance at provider/programme level at month four. Data validity issues continued for SFT. The Trust had decided to move back to their old data warehouse; they expected to have clean data by the end of October. JD was working with them through this. The longer term plan of SFT was questioned, as reverting back was not a long term solution. SP confirmed that 'flex and freeze' arrangements were in place. It had been a challenge to get an open and transparent response from SFT on progress with data issues; therefore it was possible that the 'freeze' element may have to be activated.</p> <p>SM reported that RUH was currently reporting non-elective pressures and a high level of uncoded activity, especially for older people. GWH had seen an increase in elective activity.</p> <p>AG had recently attended the RUH Governors meeting as the CCG representative; the reports at the meeting were not aligned to those given at this Committee. It had been reported that RUH finances were in a good position, Delayed Transfer of Care (DToc) figures were at a satisfactory level and a significant amount of work was being done in the community. SP explained that RUH had received one off benefits for 2017/18, hence putting them in a strong position for this year. Also, it was noted that working for multiple commissioners would bring different reporting statuses.</p> <p>Independent provider activity had increased, resulting in a cost pressure for the year, some of which related to planned increased activity. A review of independent provider contracts was underway to determine the drivers for the overspend and if budget adjustments were needed. SP explained that due to contracts having to be signed off by Christmas last year, some rebasing was required to ensure they were accurate. LB suggested that this was patient redirect from acutes rather than growth. SFT had contracted out elective activity to New Hall, but this was a provider to provider contract, recording activity was still through SFT. The tariff was agreed with providers according to the community level. MS reported that the Quality and Clinical Governance Committee heard of the five unplanned transfers reported by Circle Bath in Q1. This information would be shared with LB.</p> <p>Risks and Reserves were shown on page 10 of the paper. SM informed Members that the largest risk was against the acute SLA's, which had the potential to grow. It was noted that the CCG may have to fund some of the cost pressures associated with the community property transfers from GWH to NHS Property Services (NHSPS). CR questioned the risk concerning the unfunded patients in the Daisy Unit. SP explained that repatriation was NHS England funded, but that this referred to those not part of the initial plan. If patients moved back to less specialist care, they became the CCG's responsibility.</p>	
<p>FIN/17/09/05</p>	<p>Primary Care Delegated Commissioning Update</p> <p>JCu explained that the month four finance report from the Primary Care Operational Group had been circulated to demonstrate to the Committee the detail received from NHS England and the risk surrounding full delegation.</p> <p>Confirmation had been received from NHS England that held reserves could be utilised. SP explained that reserves amounted to £1.1m, but that this had been fully committed against the resilience pressures listed on page nine of the report.</p> <p>PJ questioned 'BID Levies' referred to on page six. JCu explained that this related to CQC improvements. The acronym was unknown.</p> <p>ACTION: FIN/17/09/05.0 – Meaning of acronym 'BID' to be sourced.</p> <p>JCu explained that transition to full delegation continued. Internal auditors, PwC, would be conducting an audit during quarter three. A paper concerning delegation and its risks would be presented at the September Governing Body meeting.</p>	<p>JCu/SP</p>

	<p>SM confirmed that delegated payments were delivered through Capita systems. TD stated that Capita payments were an increasing concern for practices and was causing cash flow problems due to the timing of payments. JCu would make contact with Practice Managers to find out more and would follow this up with NHS England.</p> <p>ACTION: FIN/17/09/05.1 - JCu to make contact with Practice Managers to find out more about Capita issues. This would be followed up with NHS England.</p>	JCu
FIN/17/09/06	<p>Estates Progress Report SP gave a verbal update to the Committee on the recent Estates work.</p> <p>The Strategic Outline Case (SOC) for the North West Wilts Hospital was progressing; an update will be given at the September Governing Body meeting. The Strategic Outline Programme (SOP) had also been prepared, which identified a programme of work for the county, looking at the phases, resources, cost and procurement options. Following approval at the July Governing Body, the SOC had received significant media interest. A presentation had also been given to the Health Select Committee to ensure wider awareness of SOC.</p> <p>The Design Quality Indicator was being used as part of the Trowbridge and Devizes Estates and Technology Transformation Fund (ETTF) schemes. This encouraged stakeholder involvement, aided design and looked at the aspirations and needs of the schemes. Sources of funding for the schemes needs to be identified against the ETTF monies. A bid had been submitted to the STP for capital monies, feedback was awaited.</p> <p>The Estates Steering Group had reviewed the property transfers of NHSPS, and the risks faced by the CCG due to increased costs against market rates. NHSPS cannot dispose of any properties without approval from the CCG. Soft facilities management remained a significant risk.</p> <p>Estates continued to be a growing area of work for the CCG, the Governing Body would need to reconsider the resources of the programme.</p> <p>In answering questions, SP explained that the cost of doing nothing had not been considered as part of the SOC. The anticipated cost of the development was £7.2m. £2.4 had been earmarked using ETTF monies. A gap of £4.8m may need to be sourced through third party developers, such as Phoenix.</p> <p>Although the programme was progressing for North Wiltshire, the SOP would identify a range of options for across the county, perhaps combining some localities. Resources and timescales would be noted against each option, and then prioritised. TD was concerned that this was only initiating the process. Analysis of the actual requirements needed to be carried out. SP explained that first the Primary Care and Urgent Care strategies needed to be refreshed. Attain had started work on this, a scope for work was being agreed to clarify expectations and outcomes. Intelligence to show the flow and service access should come from the estates work for review to enable prioritisation. Journey times would be considered, public engagement would be carried out once the options were clarified. The scope would be shared with Members to ensure it was agreed. Frequent touch points were in place with Attain and regular feedback would be shared with stakeholders. It was recognised that there was a considerable amount of work going on presently with the STP, GP Forward View, winter planning and business as usual.</p> <p>ACTION: FIN/17/09/06 – Scope for Primary Care and Urgent Care strategy review to be shared with Members.</p>	MH

	<p>The impact on other services needed to be taken into account and what could be repatriated from the acute setting. The involvement of community services also needed to be considered. LB stated that unfortunately service development timeframes did not always dovetail when having to meet consultation and commissioning plans, it was not always possible to ensure all aligned. SP explained that plans would always include expansion options.</p>	
<p>FIN/17/09/07</p>	<p>Status on CCG Project Milestones for QIPP Delivery 2017/18 RH reported on the present status of the QIPP workstreams as at month three. Data issues had affected some areas of the report; these were being addressed with JD and the CSU.</p> <p>There was no evidence of delivery against the urgent care workstream, which was a concern and a risk to the CCG. Sue Shelborne Barrow (Director of Integration and Transformation) was reviewing the Better Care Fund programme and its individual schemes to identify which included urgent care elements, and would therefore support the QIPP target.</p> <p>Planned Care showed delivery against its target, but it was noted that a cautious approach had been given to month three figures as accurate reports against the clinical priorities workstream could not be given. Month four was indicating an increased delivery.</p> <p>The Demand Management stream was being driven through the STP Planned Care programme and mandated use of the Referral Management Centre.</p> <p>An STP wide Clinical Advisory Group had been formed; joint clinical policies were starting to be agreed, bringing CCG and STP benefits.</p> <p>The Ophthalmology pilot with Evolutio would finish at the end of September. Plans progressed for continuation of a referral management model. LB reported that there were issues arising with Practice Managers over the project and referrals. The CCG needed proxy rights. AG suggested that locality leads champion the project. LMC had confirmed their support of the project. The letter requesting practice support would be resent, noting the locality leads as champions of the pilot.</p> <p>ACTION: FIN/17/09/07.0 – Letter to practices concerning the ophthalmology project to be resent with reinforced support from the locality leads as champions.</p> <p>MH questioned the progress to date against rheumatology. LB explained that BaNEs were the STP lead for this workstream. The CCG had continued to develop the use of Blueteq, software to support the approval of prescribing. Progress on implementation had been developed whilst clarity was sought across the STP and support funding and mobilisation timeframes. This would be picked up through the STP Planned Care Group and via Contract Review Meetings.</p> <p>ACTION: FIN/17/09/07.1 – Rheumatology workstream and the implementation of Blueteq to be picked up through the STP Planned Care Group and via Contract Review Meetings.</p> <p>PL questioned the negative figure shown on page 18 against the Urgent Care Delivery scheme. RH explained that the month three target had been £360,257. The negative figure indicated a negative variance compared to last year's baseline.</p> <p>JCu felt that the report needed to be clearer on the different strands of urgent care. There were a number of interdependencies. The Attain work would not cover all of these, and the strategy review would not ensure complete delivery of the QIPP target.</p>	<p>JCu / LB</p> <p>LB</p>
<p>FIN/17/09/08</p>	<p>Delivery of Constitutional Targets Delivery Update LB reported that delivery of the Referral to Treatment (RTT) target had not been</p>	

	<p>achieved in June, but was pleased to confirm the CCG delivered the constitutional target for July, achieving 92.29%. This was the first time it had been met by WCCG, and few other CCGs achieved it. SFT had continued to improve their reporting and the Trust delivered 93.88% performance for Wiltshire in July. This now needed to be sustained. RUH performance remained under trajectory at 90.47% for Wiltshire. A team had been brought in to the RUH to improve performance. The Trust had been issued with a Contract Performance Notice and a revised Remedial Action Plan and trajectory was to be brought to the next RTT Delivery Group meeting. August had seen an increase in non-elective pressures for the RUH.</p> <p>The WCCG Winter Elective Plan had been shared at the Wiltshire Local Delivery Board on 14 September 2017. This included pre-referral outsourcing, which would ensure patients were seen quicker.</p> <p>The CCG breached the 99% under 6 week standard for diagnostic waiting times, achieving 98.1%. SFT had delivered 99.6% against their trajectory. RUH delivered 96.8% with ongoing issues in cardiology diagnostics. RUH cardiology patients were now being outsourced. Oxford had agreed to provide additional neurophysiology capacity for GWH.</p> <p>The CCG delivered all cancer targets in July 2017. Risk remained around the two week wait and 62 day delivery. Patients waiting over 104 days continued to have full Root Cause Analysis undertaken. These were then shared with quality teams for review to assess impact and review themes and trends. Enhanced reporting was needed. Histopathology had been flagged as a concern. It was noted that although Cancer targets were green, sustainability of this level would be a challenge.</p> <p>JD reported that A&E performance was below the 95% target, RUH and GWH significantly below. JCu confirmed that this would be reported via the Local Delivery Board later in the week. All three acutes had reported excess delayed discharges block bed days. A national team were looking at GWH's Delayed Transfer of Care (DToC) issue. AG questioned if HomeFirst was working correctly at GWH. JCu explained that different models were being used by each acute. GWH had not integrated the service as SFT had. Learning from the service implementation should be shared across the Trusts.</p>	
FIN/17/09/09	<p>Proposed 2018/19 Committee Meeting Dates The Committee dates for 2018/19 were noted.</p>	
FIN/17/09/10	<p>For information: Minutes from the Estates Steering Group meetings held on 11 May 2017 and 8 June 2017 The Committee noted the Minutes from the Estates Steering Group meetings held on 11 May 2017 and 8 June 2017.</p>	
FIN/17/09/11	<p>For information: Minutes from the Information Management and Technology Steering Group meeting held on 11 April 2017 The Committee noted the Minutes from the Information Management and Technology Steering Group meeting held on 11 April 2017.</p>	
FIN/17/09/12	<p>Any Other Business There were none.</p> <p>The meeting was closed at 12.40hrs</p>	

**Date of next Finance and Performance Committee Meeting:
Tuesday 14 November 2017 11.15 – 13:15hrs**