NHS Wiltshire Clinical Commissioning Group

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 17 JULY 2018 AT 9.30HRS
AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Chair, Clinical Chair of CCG
Peter Lucas	PL	Vice Chair, Lay Member
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Toby Davies	TD	GP Chair, Sarum
Dr Anna Collings	AC	GP, Vice Chair, NEW *(from 9.40hrs)*
Dr Catrinel Wright	CW	GP, Interim Chair of West

In Attendance:

Sujata McNab	SM	Deputy Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Jo Cullen	JC	Director of Primary Care and Urgent Care/Group Director West
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
John Dudgeon	JD	Associate Director of Information
Lucy Baker	LB	Acting Director of Acute Commissioning
Sharon Woolley	SW	Board Administrator

Apologies:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Tony Marvell	TM	Wiltshire Council
Dr Andrew Girdher	AG	GP, Chair, NEW

Item Number	Item	Action
FIN/18/07/01	**Welcome and apologies for absence** RSH welcomed attendees, the above apologies were noted.	
FIN/18/07/02	**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. The meeting was quorate.	
FIN/18/07/03	**Minutes of the meeting 15 May 2018** The minutes of the meeting held on the 15 May 2018 were agreed to be an accurate record.	

FIN/18/07/05 ***(item moved)***	**Action Tracker:** The following actions were updated: • **FIN/18/03/04c –** LB reported that an Arden's paper would be taken to EMT on 23/07/18. This would be an item for the next Committee meeting. **ONGOING** • **FIN/18/03/08 -** SP reported that, as an STP, a priority list of capital bids had been submitted to be assessed by the regional team. This included 1. Re-development of GWH A&E site, 2. Midwife Led Units for RUH and SFT, 3. Devizes Integrated Care Centre (although it was noted that a portion of the capital funding had already been secured), 4. Trowbridge Integrated Care Centre. **CLOSED** • **FIN/18/05/04b –** TW advised that confirmation from NHS England awaited concerning the out of area definition. **ONGOING** • **FIN/18/05/06 -** SP had taken on this action, and had led a meeting of LP, PL and RSH to look at the structure. A robust investment plan was being developed; the draft would be brought to the September Committee meeting. **ONGOING**	**LB** **TW** **SP**
FIN/18/07/10 ***(item moved)***	**Estates Programme Update – Devizes** SP reported that funds had been secured for the redevelopment of the Devizes site to create the Integrated Care Centre. Devizes Hospital was in disrepair and needed investment. 'Do nothing' was not an option as a population growth and space shortfall in primary care also existed. Unused land by Green Lane Hospital would be redeveloped, although it would not be released until total funds were in place. A capital expenditure envelope of c.£10.2m had been agreed subject to business case approval. NHS Property Services had initially agreed £7m capital funds towards the development however recent updates indicated a total of £8.6m had been set aside to date. £2.3m of Estates and Technology Transformation Funding (ETTF) had now been confirmed by NHS England towards this project. Devizes MP, Claire Perry, was in support of the project, but was keen to make it a green build and environmentally sustainable. This could potentially increase the build costs, but would still conform to the value for money evaluation that was completed for NHS England. Achievement of the 'excellent' BREEAM (Building Research Establishment Environmental Assessment Method) assessment level had been factored into the build costs. Achieving the 'outstanding' level would increase the build costs and would need additional funds invested which would have revenue consequences which would need to be assessed. RSH, LP and Simon Yeo were to meet with Minister of State (Department of Health and Social Care) Stephen Barclay at Westminster later that day to further discuss the Devizes plans as a model of best practice. SP explained that NHS England had requested a priority list from each STP of capital bids, but it was unclear if it was to be a list of all capital projects planned for the footprint, including those with identified funding routes, or just those capital projects that required funding. The Trowbridge project was fourth in the list and had £3m of confirmed ETTF monies. However, ETTF came with time constraints, would not offset the ongoing costs of the development and only covered the primary care element. A £16m gap remained for the project. A new Project Phoenix fund was expected to be launched next summer which could possibly be used to support this development. Third party funding would also be considered. The outcome from the maternity service review and countywide review of estates would also need to be considered. The build would align to the new model of care implementation.	

FIN/18/07/04	**Matters Arising** **a) CHC Case Disputes with Swindon Borough Council and Wiltshire Council** MH advised that this action was also noted upon the Audit and Assurance Committee action tracker. MH had taken the action to follow this up; a meeting of LP, MH, SP and Dina McAlpine had been arranged for 24 July 2018. It was agreed that the Finance and Performance Committee would receive an update at the September meeting. A note would then be issued to the Audit and Assurance Committee. **ONGOING**	**MH**
FIN/18/07/06	**Financial Position** SM reported that the CCG was delivering its in-year surplus of £198k as reported to NHS England. Section 3 looked at the financial risks and reserves for the CCG. The CCG is required to hold a 0.5% contingency in order to meet potential risks. Additional to this, Wiltshire CCG had opted to hold a 1% headroom budget to be used to pump prime developments and fund non-recurrent investments. The main risk to the CCG was that of over performance in acute non-elective activity, although it was noted that insufficient data was currently available, but it was a still a risk to record that would be covered by contingency and reserves. Table 5 indicated the committed headroom reserves, which included reserves being held to support QIPP delivery. The QIPP report under section 4 was limited due to a lag in activity reporting. There were issues around the reliability and comparison of data from SFT; the team were working to resolve this. The CCG had achieved 85%yet of its QIPP target as requested by NHS England, and it was forecast to exceed 90%. It was noted that Planned Care was under target, but was expected to become aligned through the remaining months. LB acknowledged that the full implementation of the Blueteq system had been noted as a risk to the delivery of the QIPP element. Section 5 focussed on the acute contract performance, which showed the significant variation to the planned outturn in month 3. The main area of pressure was around non-elective activity, a particular challenge for GWH and SFT. This would be raised through the contract process. The 2018/19 activity plan had been based upon 2017/18 figures, so there was a notable gap. There were also contract variances on smaller contracts and independent sector contracts which were being reviewed. LB mentioned that a deep dive on the outpatient element had indicated that the growth was not necessarily due to an increase in GP referrals, but may be consultant growth. Further details were awaited. The SLAM meetings were used to understand the drivers and set actions against the identified pressures to keep control. PL queried the budget process used to set acute contracts, as over performance seemed to be recorded each year. SP explained that some pressures were down to timing and coding issues. The national model had been used to predict growth, but there was also some genuine growth within the three acutes. Some acutes chose to outsource elective activity to help retain referral to treatment (RTT) targets. RUH was currently on plan.	
FIN/18/07/07	**Status on CCG Project Milestones for QIPP Delivery** MH explained that this QIPP report complimented the QIPP information noted in the Finance Position paper. MH would be reviewing the QIPP reporting brought to the Committee to ensure information was not duplicated. Pages 5 and 6 contained the milestone plan for 2018/19. Planned Care QIPP's had been rolled over from 2017/18. The Blueteq scheme was the largest and newest,	

	and had a number of activity points. Assurance of Blueteq progress was required. ACTION: FIN/18/07/07.0 - Assurance required in relation to risks around implementation of the Blueteq scheme, and identified actions shared. ACTION: FIN/18/07/07.1 - Report to reflect progress of QIPP schemes against project milestones to date, supplementary to the information in the finance report. LB explained that Blueteq was an electronic system used to grant prior approval of the use of high cost drugs. Delivery of savings was already at risk, the slower rollout would impact upon other system areas. The milestones would be revisited and gaps identified. It was already being used within specialist commissioning. Implementation within Dermatology had already gone live across all providers. A band 8 Pharmacist was to be recruited by the CCG to work with the three acutes to support and roll out the implementation. Gastroenterology would be rolled out later in July, and Ophthalmology in October. SP queried if the phased approach was due to staff capacity. LB explained that the phased approach had been proposed and agreed by EMT. LB reported that the new MSK model had commenced from 1 June 2018, but was only dealing with knee referrals. Full service was expected to be in place by September. Wiltshire Health and Care (WH&C) had reported 81 new referred patients. The Electronic Referral Service (ERS) was working well with WH&C. No savings would be identified for year 1, but the key performance indicators were being monitored. The general physio service was also being monitored to ensure this was not penalised. Patient expectations were being managed. Further communications were to be sent out to GPs to raise awareness of the new model. AC raised that RTT time was not being accurately measured; triage and call time were being counted. TW explained that both sets of data would be reviewed to check definitions of assessments. CW reported that significate work pressures had been noted on the Extended Scope Practitioners (ESP). ACTION: FIN/18/07/07.2 - TW to clarify Extended Scope Practitioner capacity for business as usual work, in the light of the implementation of the MSK programme. Urgent care scheme reporting needed to improve. The data needed to be better understood to see where action was required. JC agreed that narrative was required within the report to understand the implications and the longer term pressures. Integrated Urgent Care data also needed to be incorporated into the report.	**LB / MH** **MH / SM** **TW**
FIN/18/07/08	**Delivery of Constitutional Targets Delivery Update** JD talked through the narrative of the report found on pages 6, 7 and 8 and highlighted the following: • RTT – although the target was not achieved, an improvement had been recorded in May, achieving 91%. The national focus was now on waiting list sizes; the list at the end of March 2019 was to be no larger than that recorded in March 2018. LB explained that waiting lists were growing at the front end, and some duplicate SFT pathways had been found. A validation exercise had been requested. • The Diagnostic Waits target had been breached for May with 92.6%. GWH had recorded the worst performance in the country. NHS Improvement now had weekly active monitoring in place on imaging capacity. There was a notable post gap at GWH. LB reported that imaging challenges combined with workforce issues and A&E demand had had a detrimental impact on GWH. A recruitment plan was now in place, with new starters expected in September. • Four of the nine cancer standards had been achieved in April. The May data	

	showed improvement. LB reported that all providers would deliver the 62 day quarter one target. There was a risk of not achieving against the two week wait due to the drive of patient choice. • A&E reporting would be changed to reflect locality performance and to include Minor Injury Unit activity. • The 7 and 15 minute standards had not been achieved. An STP wide project was being developed to improve response times and support recovery. The Ambulance Response Programme had not supported the significant change as expected. A strong improvement had been recorded of blocked bed days for last year, but had now plateaued; Delayed Transfers of Care (DTOC) was now below target on a monthly basis. The target was a percentage of the Wiltshire population for each provider. MS questioned the measurement of patients dying in their chosen place, which had been recorded as 100%. JD explained that this was reports received from WH&C against expected, planned deaths. RSH was concerned that the length of stay in community hospitals was at three weeks; creating stranded and super stranded patients. TW explained that 80% of patients were waiting for a care home placement. Community hospitals were being used as a block when it was difficult to place individuals. It was felt that market stimulation, joint with Wiltshire Council, was needed to fill the care gap. Step down facilities should be used to move them through and to free up resources. The Joint Commissioning Board would need to consider if a reduction in community beds would free up monies for investment in care home space. JC advised that an action plan of improved flow was being developed with BaNES and Swindon CCGs, looking at the similarities of the specification. This was to be reported to the Local Delivery Board. ACTION: FIN/18/07/08 - Community hospital flow data and length of stay data to be shared outside of the meeting with members for information. **a) 2017/18 Accident and Emergency Attendance Briefing** The paper was noted.	**JC / TW / JD**
FIN/18/07/09	**Better Care Fund Update** In the absence of Tony Marvell, MH highlighted the following key points in terms of the report: • Non-elective activity was above plan • Permanent admissions to care homes was recorded as 'good'. Members questioned the system of measurement and driver for this. Although below plan, it was not beneficial to the overall plan and would impact on the whole system. ACTION: FIN/18/07/09.0 - MH to clarify with Tony Marvell the driver for 'permanent admissions to care home', the impact upon the whole system and the systems used to measure. It was felt that table one was too simplistic; a more detailed dashboard was required. LP felt that it was the responsibility of the CCG and Wiltshire Council to ensure that there was a complete data set available to pull into one report to give a clearer picture. Timeliness of data was also raised and would be followed up with the Council. ACTION: FIN/18/07/09.1 - A more detailed and timely BCF dashboard was required. MH to follow up with Tony Marvell.	**MH / Tony Marvell** **MH / Tony Marvell**

	The DTOC plan had plateaued at 1200, suggesting that the target would not be achieved. April this year was an improvement on last year, but the target would still not be reached. Following the CQC review, a recommendation had been made to refresh the better Care Fund (BCF) plan. The areas of improvement had been included in Appendix B. An action plan would be produced against these to indicate the timescale expected. The existing BCF investments would be reviewed to see if they offered significant outcomes and value for money, and should continue.	
FIN/18/07/11	**For information: Minutes from the Information Management and Technology Steering Group meeting held on 29 May 2018** The Committee noted the minutes from the Information Management and Technology Steering Group meeting held on 29 May 2018.	
FIN/18/07/12	**For information: Minutes from the Strategic Estates Group meeting held on 20 March 2018** The Committee noted the Minutes from the Strategic Estates Group meeting held on 20 March 2018.	
FIN/18/07/13	**Any Other Business** **a) NHS 70th Birthday Funding** SP reported that additional funds were to be awarded as part of the funding settlement. The £800m was to assist with the expected growth and the pay award of Agenda for Change. **b) National Green Paper** The new Health Secretary, Matt Hancock, had confirmed that the green paper would be published in the Autumn. **c) Funding Settlement** The funding settlement would not be issued until after Brexit.	
	The meeting was closed at 11.03hrs	

Date of next Finance and Performance Committee Meeting:
Tuesday 18 September 2018, 09.30-11.30hrs