

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 28<sup>th</sup> November 2017  
Science Park, Wolverhampton**

**Present:**

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr M Hastings	Director of Operations
Dr D Bush	Governing Body GP, Finance and Performance Lead
Dr M Asghar	Governing Body GP, Deputy Finance and Performance Lead (part meeting)

**In regular attendance:**

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement

**In attendance**

Mrs H Pidoux	Administrative Team Manager
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**1. Apologies**

Apologies were submitted by Mr Marshall and Mr Hartland.

**2. Declarations of Interest**

FP.218 There were no declarations of interest.

**3. Minutes of the last meetings held on 31<sup>st</sup> October 2017**

FP.219 The minutes of the last meeting were agreed as a correct record with the following minor amendments to be made;

- FP.211 - Item 114 on resolution log– BCG to be changed to BCF
- FP 214 Black Country Partnership Foundation Trust – commissioning intentions should read as 2018/9.

#### **4. Resolution Log**

FP.220

- Item 114 (FP.204) – Letter to be sent to Wolverhampton City Council clarifying the CCG’s position on the BCF Risk Share Arrangement for 2017/18 – Mr Gallagher confirmed that a conversation had taken place with David Watts, Director of Adult Services. The Local Authority had agreed to the proposal set out in the original letter and this has been confirmed by email. The outcome is that the Risk Share Pool has been capped at £250k. The CCG will only be responsible for services it has commissioned.
- Item 115 (FP.205) – Impact of NHS Digital Referral Assessment Service (RAS) in Primary Care to be checked - Mr Middlemiss noted that due to the Black Country Partnerships Foundation Trust’s proposed merger the introduction of this Service had been delayed until at least April 2018. It was agreed to close this action and for an update to be brought back in February 2018. It was noted that the implications on Primary Care need to be considered.
- Item 116 (FP.213) – Finance report – discrepancy in the running costs reporting of pay for Governing Body member and the Chair and non executives to be reviewed – Mrs Sawrey noted that she had emailed an explanation of this to the Chair and Mr Trigg confirmed that this had given the clarification he required - action was closed.

#### **5. Matters Arising from the minutes of the meeting held on 31<sup>st</sup> October 2017**

FP.221 There were no matters arising to discuss from the last meeting.

#### **6. Contract and Procurement Report**

FP.222 Mr Middlemiss presented the key points of the report as follows;

##### Royal Wolverhampton NHS Trust

Performance Sanctions - It was confirmed that since the report had been written the total sanctions for Month 6 (17/18) had been agreed at £26,000. This was mainly attributed to ambulance handover time breaches. This related to 30 minute breaches rather than 60 minutes which was an improvement year on year when both targets were breached.

Sepsis Counting and Coding Change – Discussed at the last CRM meeting as the CCG and Trust have differing views about cost neutrality. It is the CCG view that this should operate like any other counting and coding, whereby a shadow year applies and that any financial increase resulting from the change will need to be reimbursed. A letter is being prepared setting out a formal challenge which will be sent to the Trust. To support this analysis of the impact completed by

the CSU will be included. It was noted that this is a national issue and the Trust will benefit financially in future years.

Cancer Activity Transfer – The Trust will include updates in relation to this as part of the monthly exception reporting process. The CCG has requested clarity of the number of patients to gain an understanding of the impact on achievement of the Cancer 62 day standard, which is not currently being achieved. The Trust is anticipating that there will be an adverse impact. There is also likely to be additional pressure applied to diagnostic reporting.

Overall there is a risk that constitutional standards could and will be affected by this additional activity and, therefore, it has been recorded as a risk at Board level by the CCG's Director of Operations.

Regular updates on the situation will be reported to the Committee.

Contract Round 2018/19 – This has commenced and it had been agreed that separate meetings will be held to progress the risk/gain share approach. The intention is to deliver changes by March 2018 for implementation in 2018/19. If this is not achievable the risk/gain share approach would be introduced in shadow form in 2018/19.

It was noted that there is a national variation which must be signed by 31<sup>st</sup> December and implemented by 1<sup>st</sup> January. The content of the variation includes revised Ambulance KPIs, changes to Learning from Deaths, GP referrals to be e-referrals from Oct 2018 and restricted sale of drinks with high sugar content; with the main impact of the variation being changes to service conditions for these issues. Overall the changes are not significant in terms of content and the timeframe does not have to drive completion and sign off of locally agreed variations. However, it was agreed that, as far as is practically possible, the aim is to have an agreed financial position by the end of December, in order to align with anticipated national reporting timeframes.

RWT have yet to share with the CCG their Forecast Outturn and baseline figure, these are now not expected until week commencing 4<sup>th</sup> December. It was highlighted that this is impacting on the discussions as without this information it is not possible to compare this with CCG figures and highlight any gaps.

The overspend at RWT is a significant risk to the CCG achieving year-end balance, actions are in place to remain in the cost envelope, however, without the figures from RWT this cannot be addressed. This information is also required for detailed modelling to take place in relation to the risk/gain share approach.

## Black Country Partnership Foundation Trust

Mr Middlemiss noted that since the report had been submitted a commissioning intentions letter had been finalised and sent to the Trust. The more complex areas of the contract i.e. STP are being discussed on a Black Country wide basis.

## Nuffield

Mr Middlemiss reported that a letter setting out the commissioning intentions for 2018/19 had been issued. The CCG is proposing to re-base the plan so that it is set at a more realistic level for the rest of this year and next year. This amount is affordable to the CCG if it does not exceed current allocation.

## Urgent Care Centre (UCC)

A third Contract Performance Notice had been issued due to the continued failure of the telephone call back performance metrics. Discussions had taken place with the CCG's Chief Officer about the level of performance against the 4 hour target as it should be possible to achieve this. The Chief Officer is to write to the Vocare Director to escalate these concerns.

It was noted that there had been no change in performance levels following the takeover of ownership and that these issues had been discussed at the Governing Body meeting private session.

Mr Hastings raised a point relating to a national contract variation. From October 2018 if any referrals are not made by ERS these will be rejected by RWT as they will not be paid for these. Work is ongoing to prepare for these changes and the CCG is supporting both the provider and primary care.

Discussion took place regarding the ongoing failure of the Trust to achieve the target for available appointment slots and the concern that the introduction of the contract variation for referrals will significantly worsen the situation.

Resolved – The Committee:

- noted the contents of the report and actions being taken.

## **7. Finance Report**

FP. 223 Mrs Sawrey introduced the report relating to month 7, October.

The following key points were highlighted and discussed;

- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its contingency reserves.

- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs
- Reporting that meeting QIPP, however, there is slippage as some schemes are not delivering, this is being offset by the use of reserves. No additional QIPP savings against the unallocated target had been identified in month 7.
- A nil net risk is being maintained as mitigations match identified risks which had reduced to around £2m.
- The CCG's cash performance has improved in October with the RAG being reviewed to Green.
- Due to a change in NHSE reporting requirements the CCG had undertaken a remapping of codes and services. This had affected the groupings of services and therefore it had not been possible to provide movements between months with the exception of Continuing Care, Prescribing, Delegated Primary Care and Running Costs. This will be re-instated going forward.
- RWT is giving concern as activity is indicating a potential forecast outturn of around £2m. The CCG is seeing new HRG codes being used as a result of the expansion of codes in 17/18, which carry a higher tariff i.e. Sepsis.
- Prescribing had deteriorated following the inclusion of new figures relating to 'No Cheaper Stock Obtainable' (NCSO) drugs. The associated data had been reviewed and reflects the cost pressure of £2-3m. The list of NCSO drugs is growing which worsen the position. NHSE's Direct of Finance, Brian Hanford has made a representation on behalf of CCG's for additional funding to cover this.
- The Local Authority had accepted the CCG's proposed cap of £250k in relation to the Risk Share Agreement for the Better Care Fund.

Mrs Sawrey raised that the concern for 2018/19 is the level of QIPP savings to be achieved to maintain balance. The Long Term Financial Model is indicating that the total will be around £11m, however, this is expected to raise to between £12m and £14m when slippage in 2017/18 and the amount being covered by non-recurrent monies is taken into account. Whilst the numbers are similar to this year and national planning assumptions indicate QIPP should be around £11m, the challenge is to find where additional savings can be found.

It was noted that the CCG's monthly Programme Boards received exception reports and actions to address failing schemes. It was considered that there can be instances when schemes deliver but over perform and then savings are not realised.

*Dr Asghar joined the meeting*

Resolved: The Committee noted;

- the contents of the report

## **8. Performance Report**

FP.224 Mr Bahia highlighted the key points of the Executive Summary relating to Month 6 performance, which were considered as follows;

- RTT – the original STF trajectory had been breached and the deadline had been revised to achieve by end of March 2018. September performance was 90.80% which was the worst of the year.

A data quality/validation exercise is ongoing to attain accurate numbers in relation to the Paediatric orthopaedic activity which is transferring from Walsall Manor Hospital to RWT. Additional clinics are being held to clear the backlog. An online training package is being developed for all admin staff to help validate waiting lists.

Concern remains in relation to the impact this will have on the achievement of Cancer wait performance

- A&E Urgent Care Performance – this indicator is becoming more challenging. Performance for September was 91.4% which was just ahead of the STF trajectory. There had been a 1.8% increase in attendances year on year. Recent figures are showing that winter pressures are impacting performance levels.

The STF payment was achieved in quarter 2. In quarter 3 the STF trajectory has been revised from 92% to 90% or if performance exceeds that of the same period last year payment will be made.

There are pressures in paediatrics as beds and wards have been closed due to cases of Norovirus.

Vocare performance issues continue. Initiatives are being put in place to increase the speed of the flow of patients.

Returns requested by NHSE to give assurance that plans are in place for the winter pressure period had been submitted. Actions include advertising in the local press regarding access to primary care over the Christmas and New Year period.

A&E Delivery Board is developing plans as to how to spend the winter funding monies.

It was noted that performance was improving, however, this has slipped again in November and it is a similar position across the region.

- 62 day cancer waits – NHSE is giving significant focus to this indicator. There are ongoing discussions between Trusts across the STP around a shared breach policy for Tertiary Referrals. Accountable Officers (AOs) have been invited to attend monthly/6 weekly Risk and Review Meetings with other AO's from across the STP to discuss shared issues affecting performance across the area.

A new Recovery Action Plan (RAP) is in place for recovery by end of March 2018. Actions in place include ongoing weekly radiology waiting list initiatives, weekly escalation meetings, a Cancer Patient Tracking list is being made available weekly to executives.

The additional Oncology work taken on from City/Sandwell will impact performance regarding this target. It may also impact RTT and diagnostics.

Urology remains an issue although RWT have recruited to vacant posts. The problems remain with the waits for robotic surgery.

Funding for cancer specialist who is reviewing early diagnosis pathways and theatre utilisation is running out.

- Delayed Transfer of Care (DToCs) – Performance is ahead of trajectory for health, however, issues still remain with social care delays predominantly those which are out of area patients. Approximately 40% of the delays for health and social care are attributed to Staffordshire.
- E-Referral – Appointment Slot Issues (ASI) rates – there are a number of issues that are being addressed and a review of the recovery trajectory shows that there is an expectation that performance will decline before it improves.
- C. Diff – this indicator is slightly ahead of threshold year to date. There is significant improvement year on year, 19 in 2017/18 compared to 31 in 2016/17. The threshold for C.Diff breaches is 35 for the full year.
- Ambulance handover breaches – breaches are increasing in relation to 30 minute handovers, however, there has been a decrease in the number of breaches for over the 60 minute threshold.
- E-Discharge – all wards continue to perform well. Assessment units are a challenge and are still below target. The main issues

are Gynaecology Assessment Unit (GAU) and Surgical Emergency Unit (SEU). Training for staff is in place and exception reports are provided.

Mr Bahia informed the Committee that the Improvement & Assurance Framework, (IAF), against which the CCG is assessed at year end, has been received. There are a small number of new indicators, small changes to others and some have been removed. The exiting process of assurance remains the same.

Dr Asghar and Dr Bush raised that whilst the majority of discharges from RWT have improved there are still issues with those received from the A&E department as these are seldom accurate and contain very little detail. It was suggest that this could be improved by introducing a structure to the content to be completed.

Resolved: The Committee noted

- the content of the report
- the comments made regarding the A&E department discharges

## **8. Any other Business**

FP.225 The Committee received the latest risks relevant to the Committee, corporate and organisational level risks. It was requested that members review the current ratings and feedback any comments to Mr Hastings or Peter McKenzie, Corporate Operations Manager.

It was agreed to circulate the matrix so that the consequences of the risk can be considered and for the Datix reference to be included in future reports.

Resolved: The Committee;

- noted the contents of the report
- asked that the matrix was circulated
- requested that the Datix reference is added to future reports
- agreed to review the current ratings and feedback any comments

## **9. Date and time of next meeting**

FP.226 Due to the timing of the December meeting it was agreed that this would be a virtual meeting. The reports for the standing items would be circulated and any comments fed back.

**Signed:**

**Dated:**