

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 27th March 2018
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
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

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr M Dhura	Senior Contract Manager
Mr P McKenzie	Corporate Operations Manager (part meeting)

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Mr Gallagher, Mr Marshall and Mr Middlemiss.

2. Declarations of Interest

FP.247 There were no declarations of interest.

3. Minutes of the last meetings held on 27th February 2018

FP.248 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.249 Item 120 (FP.243) - Recommendation to Governing Body to sign off the budget for 2018/19 – Mrs Sawrey to pick up with Mr Gallagher.

Item 121 (FP.2.44) - Risk relating to TCP on going plans to be added to the Committee Level Risk Register – risk added -action closed.

Item 122 (FP.244) – Adding a Corporate Risk relating to TCP performance and quality to be raised with Chief Nurse, Director of Quality – discussion had taken place and risk added – action closed.

Item 123 (FP.244) Risk relating to Cancer 62 Day waits to be added to Committee Level Risk Register - risk added – action closed.

5. Matters Arising from the minutes of the meeting held on 27th February 2018

FP.250 There were no matters arising to discuss from the last meeting.

6. Performance Report

FP.251 Mr Hastings highlighted the key points of the Executive Summary relating to Month 10 performance. The following was considered;

- RTT – Continues to miss the 92% target. As this had been removed from the STF payments there is less focus on this area. It is currently rated as Amber by NHSE and is not under scrutiny. It relates to a small cohort of patients and the CCG will continue to monitor to ensure performance does not deteriorate.
- A&E – continues to fail to meet target. However, RWT performance is better than the Black Country. Focus is not on RWT as it remains in the top 25% highest performers nationally.
- Cancer 62 day waits – This continues to be an area of focus for both NHS England (NHSE) and NHS Improvement (NHSI). The Recovery Action Plan is being reviewed by RWT as the CCG had requested that this should be more operational and measureable rather than high level clinical. This is monitored through the Clinical Quality Review Meeting (CQRM).

Mr Hastings reported that he participates in a telephone call each Friday which includes the Clinical Lead and Chief Operating Officer from RWT and representatives from both NHSE and NHSI.

This is being overseen by Mr Hastings from a performance aspect and Sally Roberts, Chief Nurse, Director of Quality for the Quality aspect. A meeting is to be arranged for them to meet with Gwen Nuttall, Chief Operating Officer and Simon Grummett, Clinical Lead from RWT.

The PTL meeting at RWT had been changed and is now more operational. For the last three weeks representation has included Executive Directors, cancer co-ordinators and diagnostic representatives. The meetings review all pathways (cancer sites) and allow the co-ordinators to obtain required information quickly.

Mr Hastings reported that the NHSE Cancer Alliance is working with UHB to develop a referral template to smooth the pathway for tertiary referrals. The aim is to roll this out across the Black Country.

- DTOC – has achieved the threshold in-month (excluding Social Care) and the combined threshold.
- E-referrals ASI rates - performance is at 17.26% which is above the 10% threshold, however, had achieved the 20% recovery trajectory. The Trust continues to report paper switch off is on target for October, however, there is still a lot of work to be done.
- Never Event – as discussed at the last meeting this was reported for a Wolverhampton patient at the Nuffield Hospital in December 7. An initial 48 hour report is to be submitted to the CCG's Quality and Risk Team, with the final Root Cause Analysis due for scrutiny by the end of March 18.

Mr Trigg highlighted that costs are increasing for RWT whilst performance is decreasing and queried how the Committee could monitor this. It was noted that whilst the number of patients is not increasing significantly the complexity and co-morbidity is increasing. Mr Sawrey reported that HRG codes are analysed and this information could be summarised and reported back to the Committee.

Resolved: The Committee;

- noted the contents of the report.
- analysis of HRG coding to be shared at a future date

7. Finance Report

FP. 252 Mrs Sawrey introduced the report relating to month 11, February 2018

The following key points were highlighted and discussed;

- Financial metrics are being met and the CCG is on target to meet duties.
- RWT is giving concern as there is currently an overspend of £2.8m. It is expected that this will be reduced by approximately £500k, following challenges and the outcome of 2 audits, VI practices and referrals to physiotherapy rather than utilising the MSK pathway and POLCV.

- Community Contract – there are concerns regarding district nursing and that the CCG is paying more for the activity. This will be challenged going forward around recruitment and recording of activity on PAS.
- Readmissions within 28 days of treatment – sanctions of just under £1m had been imposed. There is a need to identify the reason for the readmissions and actions to address this. RWT had submitted business cases to bid against this of £1.2m; the CCG had agreed to pay £77k.

Mr McKenzie joined the meeting.

- Transformational monies – RWT had made a £1.8m bid to reduce fixed costs, this is being considered by the CCG.
- QIPP – the actual achievement of reduced activity levels associated with QIPP schemes are not materialising, and are manifesting themselves in overspends, largely within the Acute portfolio. It was noted that the shortfall in QIPP this year will be carried over into next year.

Resolved: The Committee noted the contents of the report and the areas of concern

8. Contract and Procurement Report

FP.253 Mr Duhra presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

The CCG had agreed a contract offer with RWT for 2018/19, which incorporates national planning guidance and QIPP requirements.

The Staffordshire element of the RWT contract is in dispute due to a financial gap which had reduced to around £4m. RWT and Staffordshire are discussing risk share block arrangements and keeping the CCG aware of progress. This is to be agreed without prejudice so that Wolverhampton does not have to follow this. The deadline for these discussions is 20th April 18.

Rheumatology referrals – agreement regarding payments had been made and this is to be picked up with the Provider to agree going forward.

Care Quality Commission – Overall, following an unannounced visit, the Trust had reported to the CCG that the inspectors gave a positive review. One area of concern was with regards to the discharge lounge as there were some significant delays with patients waiting to be transported.

Cancer Two Week Wait (Breast Symptoms) – the Trust had failed to achieve this indicator for two consecutive months, the first time in this contract year. This was due to a 20% increase in referrals in December 17 which was not planned for. Neither the CCG nor the provider is aware of any national campaigns or local promotions to explain the recent influx on demand.

Performance Sanctions - Sanctions for Month 9 are the highest month to date at £84,900. This is predominately due to an increase in ambulance handover breaches, one MRSA breach and quarterly fines for cancer.

Emergency Care Data Set (ECDS) – CQUIN put in place to improve the alignment of coding. The CCG had raised concerns with regards to the potential finance impact of this. It had been agreed with RWT that this would be cost neutral to March 2019. The analysis of financial variances to be shared to enable this to be monitored.

Black Country Partnership Foundation Trust

The difference in the finance position had decreased and it is anticipated that this will be concluded soon.

Urgent Care Centre

An 8 week improvement plan had been implemented and weekly updates are provided to the CCG each Monday. Improvements are being seen and the provider is communicating well with the CCG. A recent Contract Review meeting went well. An exception reporting system is being developed in line with the process for other providers.

A meeting was recently held between CCG, RWT and Vocare to discuss improving the integration between the services. The aim is to move activity from A&E which should be going to the UCC, up to 70 patients a day which the contract allows for. The next steps are to review a day's activity, identify the preferred pathway and take lessons learned from this.

Resolved – The Committee

- noted the contents of the report
- actions being taken

9. Risk Report

FP.254 Mr McKenzie presented the latest risks relevant to corporate organisational and Committee level risks relevant to this meeting.

Changes to Corporate Risks

- CR01- Failure to meet QIPP Targets – QIPP Plan for 2018/19 had been submitted. This will be an ongoing risk.

- CR03 – NHS Constitutional Targets – an additional risk had been added to this Committee’s risk register (FP13) in respect of the 62 Cancer Target.
- CR07 – Failure to meet overall financial targets – discussion took place regarding closing the risk for 2017/18 and opening a new risk for 2018/19. It was agreed that consideration should be given to this being 2 risks; the current risk i.e. for the financial year and future risks to be considered further into the financial year.
- CR18 – Failure to Deliver Long Term Financial Strategy – it was agreed that it should be made clear which financial year this risk relates to and should be updated as plans are submitted. It was also agreed that the overall risk level should remain at 16 (very high).

Committee level risks;

New risks added were reported as:

- FP13 – 62 Day Cancer Waits –This target is receiving close scrutiny locally and nationally. Mitigation work is ongoing to address.
- FP14 – Transforming Care Partnership – Financial Impact – a query was raised regarding the ownership of the Corporate Risks in relation to this area. It was noted that the Governing Body will clarify ownership of these.

The existing risks were noted and discussed as follows;

- FP03 – Transforming Care and FP13 - it was agreed to close FP03 as this has been superseded by FP14.
- FP04 – Increased activity at RWT – it was clarified that this is closely monitored and mitigation work is ongoing. It was agreed that the risk should remain however the level of risk should be reduced.
- FP12 – Winter Pressures – Financial Impact – it was agreed to close this risk as the position for 2017/18 had been landed and this is overseen by the A&E Delivery Board.

It was note that there was no change in the risk position of CHC budgets, property services or the general ledger and controls.

Resolved: The Committee;

- Noted the changes to the Corporate and Committee Level Risk Registers
- The following actions to be undertaken
 - Corporate Risk
 - CR07 – to be closed for 2017/18 and reopened for 2018/19 (to be considered if this should be 2 risks, current and future)

Committee Level Risk

- FP03 and FP12 to be closed
- FP04 risk level to be reduced

10. Any other Business

FP.255 There were no items to discuss under any other business.

11. Date and time of next meeting

FP.256 Tuesday 24th April 2018 at 3.15pm

Signed:

Dated: