

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 26th June 2018
Science Park, Wolverhampton**

Present:

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

In regular attendance:

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

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Dr Bush and Mr Middlemiss.

2. Declarations of Interest

FP.268 There were no declarations of interest.

3. Minutes of the last meetings held on 24th April 2018

FP.269 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.270 Item 124 (FP.262) - New 2018/19 guidance for RTT to be reviewed for changes. – Mr Hastings confirmed that the guidance had been reviewed. Following RWT's submission of their RTT recovery plan, which had been based on the interpretation that this needs to be at a higher level than the performance at March 2017, the CCG had reviewed the guidance again. It is the CCG's interpretation that the backlog should be no higher than at March 2017 and that the national recovery target is 92%. The recovery plan has been pushed back to RWT for review.

Item 126 (FP.264) - Committee level risk register – the following actions were closed following recommendation at the last meeting- FP13, 62 Day Cancer Waits and FP09, Fraud – Pay and expenses – action closed.

Item 122 (FP.254) – 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) – completed action closed.

Item 127(FP.265) - Draft Annual Report – comments had been forward to Peter McKenzie and the final Annual Report completed and submitted – action closed.

5. Matters Arising from the minutes of the meeting held on 24th April 2018

FP.271 There were no matters arising to discuss from the last meeting.

6. Finance Report

FP. 272 Mr Gallagher and Mrs Sawrey introduced the report relating to Month 2 May 2018

The following key points were highlighted and discussed;

- Financial metrics are being met
- Forecast outturn breakeven due to the minimal information available
- Can mitigate all risks, however, this is finely balanced.

Dr Asghar joined the meeting

- QIPP deliverability – the CCG’s QIPP target does not need to be as high as the nationally set target. The internal target is £9.5m to £10m. A submission will be made to NHS England (NHSE) demonstrating that 90% of the target will be met some of which will be by the use of reserves. Details of this to be included in the next report.

The impact on the non-deliverability of some QIPP this year on the future year was queried. It was clarified that in 2019/20 reserves would be reinstated as a first call on available growth funding.

An audit of the Care Closer to Home Rapid Response Team had shown that there had been no hospital admissions for 83% of the patients seen. This audit had been undertaken on a randomly selected number of patients over a period of time.

- Risks and mitigations
 - Acute services risk with other providers £1m
 - Mental Health Services – there is pressure to deliver TCP and this was a risk as the funding transfer

agreement had not been agreed. The Mental Health risk had been reviewed and had reduced to approximately £500k.

- Prescribing – this has been increased and is covered by contingency and non-recurrent funding.

It was noted that additional money allocated to the NHS will not be seen until planning guidance is issued and this will not impact on 2018/19.

Resolved: The Committee

- noted the contents of the report

7. Contract and Procurement Report

FP.273 Mr Dhura presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

The Committee was reminded that last year Cancer Waits, RTT and A&E were part of the STF and were exempt from CCG financial sanctions. A&E continues to be exempt this year. Guidance is awaited for Cancer Waits and RTT.

An audit of readmissions had been undertaken. The findings are to be shared internally for comment and will then be shared with RWT for their comment. A meeting will be held to discuss avoidable readmissions.

RWT is initiating an independent review of its dermatology service which has long standing capacity issues. The review will help inform them of their provision options going forward. The CCG was offered the opportunity to jointly fund the review, after discussion at the MMO/PC Programme Board it was agreed to decline this request.

Black Country Partnership Foundation Trust (BCPFT)

A joint event had been held including GPs, clinicians and CCG representatives. Discussions had been constructive and further meetings will be arranged.

An increase in Improving Access to Psychological Therapies (IAPT) targets was noted. NHSE have advised that teams may need to expand by 50% but the investment for this is in CCG baseline. Mr Marshall raised a concern that there is no provision for training in the Black Country and West Midlands and where this can be accessed is currently under review.

Urgent Care/Ambulance/Patient Transport

Urgent Care Centre – an improvement in quality and performance continues to be seen.

An activity query notice had been raised by the provider. A response is still outstanding from Vocare relating to the finance and activity plan for 2018/19. In the absence of a response the CCG's reverts to the default position of Option 1 from the original procurement, which is the highest level of activity. In the meantime, the invoice for June service costs is being kept on hold.

A contract meeting had been held with Vocare who have requested a change in option for the contract as the current one is not affordable for them. A further meeting will be held to discuss this further. The rationale for changing the contract Option is required from Vocare and open discussion is needed to reach agreement.

It was raised that discussions are ongoing with RWT and Vocare, to increase the activity going into the Urgent Care Centre. Process mapping is being undertaken to identify patient pathways, however, this will take time to reach a conclusion.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

There had been an improvement in KPIs between March and April 2018. However, the Provider is still not meeting contractual requirements. A written reminder of the agreed expectations had been sent to the Provider, a response is awaited.

Resolved – The Committee

- noted the contents of the report
- actions being taken

8. Performance Report

FP.274 Mr Hastings explained to the Committee that the layout and content of the report had been revised following discussions with the Chair. The key points of the Executive Summary relating to April 2018 performance were highlighted and the following was considered;

- Urgent Care – had been performing reasonably well although volumes had increased over the last 2 weeks.
- There had been no 12 hour trolley breaches during April 2018
- Cancer 62 day waits – weekly calls continue and a Recovery plan is in place. The CCG is liaising with the Cancer Alliance and work is on-going to identify anything that can be brought into Primary Care.

Clarity was requested regarding the Black Country Partnership NHS Foundation Trust performance of Early Intervention Care Package within 2 weeks as it was unclear whether performance was good or bad. It was clarified that performance was below target, that this is a small cohort of patients and relates to 2 out of 6 patients.

It was raised that Shrewsbury and Telford Hospital NHS Trust (SaTH) is reducing the number of fast track breast clinics held which may affect RWT. This will be raised at the RWT Contract Review Meeting.

The changes to the report were acknowledged, in particular the introduction of the 'Influence factor' under each item and the inclusion of further detailed reference later in the report. It was felt that this was an improvement. It was asked that any further comments with regards to the content and layout should be feedback to Mr Hastings.

Resolved: The Committee;

- noted the contents of the report.

9. Risk Report

FP.275 Mr McKenzie presented the latest risks relevant to Corporate organisational and Committee level risks relevant to this meeting.

Changes to Corporate Risks

As discussed and agreed at Governing Body;

- CR07, Failure to meet overall financial targets to be closed and CR18, Failure to deliver Long Term Financial Strategy to remain.
- CR19, Transforming Care Partnerships, to be the responsibility of the Finance and Performance Committee

Committee level risks;

The existing risks were noted and discussed as follows;

- FP01, Tier 4 Obesity Services, recommendation from the risk handler that this Risk is now closed. This was supported by the Committee.

Resolved: The Committee noted;

- The following risk to be closed on the Corporate Committee Risk Register;
 - CR07 – Failure to meet overall financial targets
- The following risk to be closed on the Committee Level Risk Register;
 - FP01, Tier 4 Obesity Services

11. Any other Business

FP.276 There were no items to discuss under any other business.

11. Date and time of next meeting

FP.277 Tuesday 31st July 2018 at 2.00pm

Signed:

Dated: