

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 28th August 2018
Science Park, Wolverhampton**

Present:

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

In regular attendance:

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| Mrs L Sawrey | Deputy Chief Finance Officer |
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In attendance

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| Mrs M Grewal | Contract Manager |
| Mrs H Pidoux | Administrative Team Manager |

1. Apologies

Apologies were submitted by Mr Hastings and Mr Middlemiss

2. Declarations of Interest

FP.288 Dr Bush declared interests in two areas discussed under FP.293 Contracting report as follows;

- AQP Audiology as spouse works for Audiology at a local Provider
- Probert Court Nursing Home as his Practice provides a service at the home.

3. Minutes of the last meetings held on 31st July 2018

FP.289 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.290 Item 129 (FP.283) – RWT Consultant to Consultant Referrals to be benchmarked against the rates at other Trusts – Mrs Sawrey confirmed that this information was included in the Finance Report and stated that RWT performance was in the middle of local providers. The Contract

Team is looking at the policies for better performers in this area. It was highlighted that although it is possible to benchmark against other Providers it is not possible to tell if the referrals are appropriate. Mrs Sawrey to check if there is an audit due in this area.

Item 130 (FP.284) – Risks to be reviewed to ensure narrative reflects any changes to risk – Mr Gallagher confirmed that the review had been undertaken and the narrative revised to give the rationale for the rating where required.

5. Matters Arising from the minutes of the meeting held on 31st July 2018

FP.291 There were no matters arising to discuss from the last meeting.

6. Risk Report

FP.292 The Risk Report had been reviewed by Mr Gallagher and the following was noted;

Corporate – Organisational Risks:

- CR01 – Failure to meet QIPP targets – reporting meeting the QIPP target. Risk reduced from moderate to low.
- CR18 – Failure to Deliver Long Term Financial Strategy – mitigations had been identified for all risks, however, the plan included a significant QIPP target and the use of nonrecurring contingencies to meet financial targets. Risk reduced from very high to moderate
- CR19 – Transforming Care Partnerships – a risk share agreement across the STP had reduced the financial risk to the CCG. This is due to signed off by each CCG shortly. Risk reduced from very high to moderate.

Committee Level Risks

- FP04 – Increased activity at RWT – Scrutiny applied to proposed changes by CCG, including discussion at Governing Body. Continue to monitor and seek additional assurances to improve against performance on key Constitutional indicators. Risk reduced from High to Moderate.
- FP07 – CHC Budget – a query was raised regarding the wording that there is a significant risk of overspend however the risk level is reported as moderate. It was agreed to review the narrative in order to accurately reflect the risk level.

Resolved: The Committee

- noted the contents of the report

- narrative for Committee Level Risk FP07, CHC Budget to be reviewed

7. Contract and Procurement Report

FP.293 Mrs Grewal presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

Performance sanctions – these had not been imposed in Quarter 1 as national guidance was awaited on exemptions. This has now been received and the national variation includes MRSA, Electives and SUI reporting. Forecast sanctions are for around £100k.

Re-admissions Audit – an audit of 54 cases took place in June 2018 using the 30 day readmissions rule and the current agreed threshold. 8 cases were found to be avoidable. The outcomes were shared with the Trust who have accepted that 1 case was avoidable and have given the reasons why the others were not. A meeting has been arranged with the Trust to discuss.

Steven Marshall joined the meeting

Spyglass – The CCG had supported the business case from the Trust for this procedure which offers a better patient experience for patients with specific biliary disorders is less invasive and will help avoid unnecessary surgery being undertaken. The Committee was asked to note that discussions have been ongoing, including NHS England (NHSE), as there is a projected cost pressure of £40k, for an estimated 10 procedures per annum for Wolverhampton patients. NHSE stance is that this is a cost saving to the health economy and this cost should be found on a non-recurrent basis for Q2 to Q4.

Black Country Partnership Foundation Trust (BCPFT)

Improving Access to Psychological Therapies (IAPT) target – Achievement of the IAPT target remains a significant risk. The Trust had been unable to recruit any additional staff and continued to fall below target. A meeting was due to be held with the Trust to establish what plans they have to achieve target.

Also, it had been established that the Primary counselling service, Relate, cannot include their access rate data as IAPT as their counsellors are not IAPT accredited. Mr Marshall reported that the CCG had agreed to pay as a one off for staff to be trained to gain this accreditation. If staff then leave the expectation is that the Provider will replace them with appropriately trained staff.

Ward Closure – 136 Suite – Hallam Street – the facility is due to be closed for 10 weeks due to essential maintenance work. This posed a potential risk to Wolverhampton patients due to capacity issues at Penn Hospital if accepting Sandwell patients during this period. A mitigation plan and risk assessment had been requested and it has been confirmed by the Provider that Sandwell patients will not be referred to Wolverhampton but will be accommodated on a vacant unit at Hallam Street and there will be no impact on Wolverhampton patients.

Other Contracts

Any Qualified Provider (AQP) Audiology

Specsavers are on the framework to provide this service. A letter has been sent by the Company to 5 CCGs across the Black Country claiming that providers for this service are not being treated equally and fairly.

The lead commissioner for this contract Birmingham and Solihull CCG (BSOL) will respond on behalf of all collaborative commissioners and have requested that the Provider gives more specific details in regards to their issue with the procurement of the service.

This had been discussed with RWT colleagues who have advised that referral from AQP have decreased, however, referrals into ENT for this cohort of patients has increased. Therefore, GPs may be choosing not to refer by AQP. This will be investigated further by the CCG and discussed with the co-ordinating Commissioner prior to their response to Specsavers.

This potentially impacts on the future procurement of the service as the current contract is due to expire in June 2019. Further meetings are due to take place with relevant Black Country and BSOL commissioning leads to confirm next steps.

Probert Court Nursing Home

A recent CQC review was undertaken which identified a range of issues pertaining to safe and quality care provision. The CCG is awaiting the final report; however, anecdotal feedback suggests the outcome is likely to be either Inadequate or Requires Improvement.

The Home has struggled with clinical leadership and staff retention. As a result CCG corporate and quality leads want to ensure oversight and support of current care provision.

Mr Trigg queried what actions are being undertaken to achieve cancer target performance as the information indicates meetings, discussions and telephone calls taking place, however, it does not reflect actions be taken. It was clarified that there is minimal action the CCG can undertake, its role, as challenged by NHSE, is to hold the Trust to account and review remedial action plans to ensure they are robust and appropriate.

It was reported that the decision whether to extend the contract for the Assisted Conception Service for a further 12 months would be made by the Commissioning Committee.

Resolved: The Committee

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

8. Performance Report

FP. 294 Mr Gallagher reported the following key points;

Royal Wolverhampton NHS Trust (RWT)

- RTT – The CCG is held to account by NHSE and the target set is 92%. The Trust is working towards achieving the lower target set by NHSI of 91.5%. It was noted that, in context, the Trust is one of the best performers locally and zero 52 week waiters have been reported by the Trust. There are 5 Wolverhampton patients who remain over 52 weeks at other providers. The Trust is not meeting the 92% target and the trajectory does not reflect the Provider Sustainability Fund (PSF)
- A&E – the number of attendances had seen a 3.5% decrease for the previous month, however, there had not been an increase in performance, this had decreased to 91.29%
- Cancer waits – targets are not being achieved. A recovery plan is in place and work on going to support this. The July forecast from the Trust shows an increase across all performance standards with the exception of 31 and 62 cancer waits.
- Delayed Transfers of Care – A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month, this is overseen by the Better Care Fund. It was noted that it is difficult to get associated commissioners on board.
- MRSA – No breaches (against the zero threshold) had been reported for the Trust during June; however, this indicator had already failed Year End due to May performance.
- C-Diff – 1 breach reported in June (against a 3 per month threshold)
- Serious Incident Breaches (SUIs) – 1 breach identified in June.

Black Country Partnership NHS Foundation Trust (BCPFT)

- Care Programme Approach – follow up within 7 days remains on trajectory. Main issues relate to contacting patients.
- IPC Training Programme Compliance – Q1 performance was below the 85% target (82.13%). An exception report had been submitted by the Trust.
- CAMHS receiving treatment from NHS Funded Services – June performance reported as 7.89% and failing the 32% target, however, as part of the Data Quality Improvement Plan (DQIP) there is on-going work to review the current target as this relates to a whole community target rather than the Black Country only proportion.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken

9. Finance Report

FP.295 Mrs Sawrey introduced the report relating to Month 4 July 2018

The following key points were highlighted and discussed;

- Remain on target to achieve all financial metrics
- Forecasting recurrent underspend of £709k
- Elective activity is showing underperformance which gives concern for the achievement of RTT. Alternative provision may require consideration to achieve 92% target but as yet this has not been factored into the FOT
- Notification has been received from Medicines Optimisation that due to the NCSO (no cheaper stock obtainable) there is a year to date impact of additional £92k which will be included within the FOT next month. In addition the usual benefit of Cat M price changes expected in September will be a potential cost pressure of up to £600k in the financial year as the cost of generic drugs is increasing.
- The cost pressure incurred in funding the pay increase for staff has been recognised by NHSE and an additional Programme allocation of 26k and Running Cost allocation of £42k has been received to offset this pressure. Both allocations are recurrent and contribute c 50% of the overall cost of the pay increase.

Resolved: The Committee

- noted the contents of the report

10. Additions/updates to Risk Register

FP.296 There were no other additions or updates to be made to the Risk Register other than those discussed and agreed under item FP.292

Resolved: The Committee noted;

- that there were no additions or updates to be made.

11. Financial Control Planning and Governance Self-Assessment 2018/19

FP.297 Mr Gallagher introduced the Assurance document to be submitted to NHSE by 31st August. He explained the narrative behind the questions where all assessment criteria had not been met. There were considered and discussed as follows;

Contracts

Question 24 - The CCG can confirm, all contracts signed for 2018-19 including; any MOU's, secondment agreements, BCF, pool agreements etc. and any contract variations required for 2018-19 - this had been rated as 'no' as there are contracts where the CCG are associates which had not been signed. It was agreed to change this to 'partial' as all CCG contracts had been signed.

Question 25 - The CCG can confirm that they have no identified/outstanding contractual disputes (formal or informal)? – this was rated as no due to the ongoing dispute with RWT regarding £4.8m invoice submitted in 16/17. This was discussed including that this did not relate to the current financial year. It was agreed that the submission should remain as 'no' with the wording in the narrative giving clarity to the situation

Financial Control and Process

Question 42 – The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid reoccurrence? – this was rated as 'no' as this situation has already happened in year and reported to the Committee. This had occurred when a main provider submitted an invoice earlier than expected. The narrative to be updated to include that this was done to help the health economy and actions to be undertaken to avoid a reoccurrence.

The methodology for working out staff turnover percentage was challenged. It was stated that this had been queried with NHSE and confirmation received that this is based on an average monthly headcount. This is in line with the methodology used to report by other CCGs.

Resolved: The Committee:

- noted the contents of the submission
- following the amendments to be made as agreed the submission to be made by the deadline

12. Any other Business

FP.298 There were no items to discuss under any other business.

13. Date and time of next meeting

FP.299 Tuesday 28th August 2018 at 2.00pm

Signed:

Dated: