

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 27<sup>th</sup> November 2018  
Science Park, Wolverhampton**

**Present:**

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

**In regular attendance:**

Mrs L Sawrey	Deputy Chief Finance Officer
Mr V Middlemiss	Head of Contracting and Performance

**In attendance**

Mrs G Moon	Business Operations Manager
Mrs H Pidoux	Business Operations Support Manager

**1. Apologies**

Apologies were submitted by Mr Marshall

**2. Declarations of Interest**

FP.323 There were no declarations of interest.

**3. Minutes of the last meetings held on 30<sup>th</sup> October 2018**

FP.324 The minutes of the last meeting were agreed as a correct record.

**4. Resolution Log**

FP.325 Item 132 (FP.292) – Committee Level Risks – FP07 – CHC Budget – narrative to be reviewed to accurately reflect the risk level in respect of ‘the significant risk of overspend, however, the risk level is reported as moderate – clarified that whilst there is an overspend in CHC this can be fully mitigated against, therefore, the risk to the CCG is ‘Moderate’. Narrative to be amended to reflect this – action closed

Item 133 (FP.304) – Failure to deliver Long Term Financial Strategy – noted that the narrative related to 2018/19 (short term plan) and queried if this was reflected in the reduction of the risk from Very High to Moderate –

Mrs Sawrey to liaise with Mr Gallagher to clarify – clarification given that as the CCG is in a position to mitigate against its risks the level of risk had been reduced. Also the proposed Risk Share Agreement with RWT will reduce the financial risk for the CCG. It was highlighted that the CCG is due to be notified of its allocations for the next two years mid to late December which will inform long term plans going forward. The narrative of this risk to be amended to reflect the assurance gained following the discussions at this meeting – action closed

Item 134 (FP.304) – Transforming Care Partnerships – this was queried in the same way as Item 133 (FP.304) – Mrs Sawrey to liaise with Mr Gallagher to clarify – update given as Item 133 (FP.304) – action closed

Item 137 (FP.314) - Risk Report – consideration to be given to adding a Committee level risk relating to the RTT – an overarching constitutional risk for each area to be added – action closed

Item 138 (FP.320) – Aligned Incentives Agreement – Recommendation to be made to the Governing Body that the proposed risk share agreements with RWT for 2018/19 are adopted – recommendation made and accepted at the Governing Body meeting held on 13<sup>th</sup> November 2018 – action closed.

## **5. Matters Arising from the minutes of the meeting held on 30<sup>th</sup> October 2018**

FP.326 There were no matters arising to discuss from the last meeting.

## **6. Risk Report**

FP.327 The Risk Report was considered as follows;

Corporate – Organisational Risks:

- CR18 Failure to Deliver Long Term Financial Strategy – The risk assessment applies to the Long Term Financial Plan 2018/19. The CCG in accordance with national guidance will produce a revised Long Term Financial Plan for the period 2019-20 to 2024-25 which will go to the Governing Body for consideration by March 2019.

### Committee Level Risks

- FP07 CHC Budget – The risk is mitigated through reserves and non-recurrent slippage. The recurrent implications are considered as part of the long term financial plans.
- FP14 Transforming Care Partnership – Financial impact - The CCG is able to mitigate the non-recurrent financial risk through the application of reserves.

Resolved: The Committee noted the updates.

## 7. Performance Report

FP. 328 Mr Hastings the following key points;

### Royal Wolverhampton NHS Trust (RWT)

- RTT – validated NHS performance for September was confirmed as 90.82%. October figures are indicating that the Trust was very close to meeting target, achieving 91.98%. This is a focus area for regulators particularly that the waiting list does not go above the March 2018 baseline and RWT is on target to achieve this.

Zero 52 week waiters had been reported by the Trust, however, there are 3 Wolverhampton patients elsewhere who remain waiting over 52 weeks; 2 at The Royal Orthopaedic and 1 at Bart's Health NHS Trust. Since the report had been written the patient at Bart's Health NHS Trust awaiting a cosmetic procedure had been removed from the list as it had not been possible to contact the patient.

- Urgent Care – the Trust achieved the local target but failed to achieve the national target. The issue with ambulance handovers is due to the high number of conveyances. Wolverhampton patient attendees is slightly below plan, however, there is no drop in attendance from surrounding areas.

Issues with patient flow within the hospital is impacting on achieving this target because the patient waits in A&E if there are no beds available. It was requested that the conversion rates from arrival to decision to admit or treatment are checked.

- Electronic Discharge Summary – performance for Assessment Units has consistently failed to meet target for the last 12 months. This is a Local Quality Requirement and a review is to be undertaken to address if the target is still valid and realistic.
- Delayed Transfer of Care (DToc) – target was achieved in October.

- Cancer waits – the September validated national performance for 62 Day from the referral to 1<sup>st</sup> definitive treatment had been confirmed as 56.88% (based on 47 breaches out of 109, with 18 patients at 104+ days). This placed RWT at the bottom of the national table for 62 day performance. Additional funding is available, including local investment from the Cancer Alliance above and beyond national funding. An agreement needs to be reached with RWT as to how this will be invested as there is a need for sufficient capacity in surgery, staffing and diagnostics.

The National Cancer Team will be visiting on 4<sup>th</sup> December to work with RWT. The Trust had requested that the CCG be represented during the visit, it was to be agreed who this should be.

The Trust is working towards the rebased activity of 118 patients per month (from the original 105) in order to reduce the waiting list.

A review of the Urology pathway at the Trust had taken place and progress had been made in reducing the diagnostic pathway. RWT are confident this can be achieved. The revised trajectory is awaited and will be included in the report for the Committee.

Tertiary referrals are reviewed each week. The impact of other providers submitting late referrals is being collated and this will be shared with other CCGs.

Mrs Moon commented that October performance in this area is looking positive with performance above 70%. In November a large backlog will be seen, the focus will be on breach patients, and therefore performance will go back down. However, clearing the backlog will help going forward. It was clarified that additional sessions are planned to reduce waiting lists.

Current performance will be reflected in both the Committee and Governing Body Risk Registers.

RTT performance was discussed. Mr Middlemiss highlighted that October performance was just below 92% for CCG performance at RWT. Performance for September across all providers was 91.46%. It was confirmed that activity at Nuffield would have the biggest impact as other providers have minimal patient numbers. Nuffield to be challenged on their reporting as currently this is at 100%. It was noted that 83.7% is the national performance level for Trusts who are meeting target and RWT performance is in the top quartile in the country.

Black Country Partnership NHS Foundation Trust (BCPFT)

- IAPT Access – the 2018/19 in month target of 1.58% with 1.59% was achieved September for the first time in 2018/19, however the Year to Date remains below the cumulative target.

Additional rooms are being investigated at the Gem (Children and Young Person Centre) to increase session availability.

The Trust is to submit a plan for increasing staffing levels and had identified training courses for new staff. Following one week's induction, new staff activity will then be included as part of the IAPT Access performance.

Discussions are on-going with the Trust including the use of none NHS organisations. Commissioned to deliver the previous year's target 16.8%, however the CCG target is 19%. Additional investment is required to close this gap. An urgent meeting is to be held to move forward and clearly define the next steps. It was clarified that there is no recurrent funding available.

The Quality Premium was discussed and it was confirmed that the summary for 2017/18 had been finalised. It was agreed to circulate this to the Committee members.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken
- The conversion rates from arrival to decision to admit or treatment to be checked.
- Quality Premium summary for 2017/18 to be circulated

## **8. Finance Report**

FP.329 Mrs Sawrey introduced the report relating to Month 6 September 2018

The following key points were highlighted and discussed;

- No material changes and remain on target to achieve all financial metrics
- Reporting a surplus in non-recurrent resources. Working to identify non recurrent investments in the health economy to support providers i.e. RTT, winter pressures and cancer
- Leads are reporting that QIPP is off target by approximately £5m. There are flexibilities to cover this in reserves and this had been planned for.
- RWT underperforming significantly in electives which is down to planning rather than activity issues. 92% has been contracted.
- The number of GP and Consultant to Consultant referrals are increasing dramatically. It was considered whether the switch off

for paper referrals had impacted, however, this was felt to be unlikely

- The year to date Prescribing budget is reporting an overspend mainly due to Category M drugs and NCSO. The CCG had been informed by NHSE that with effect from November data there will be a significant reduction in the price of Cat M drugs which will alleviate the financial pressures on the prescribing budget. This has not yet been factored into the position and the impact will be evaluated.

Resolved: The Committee

- noted the contents of the report

## **9. Contract and Procurement Report**

FP.330 Mr Middlemiss presented the key points of the report as follows;

### Royal Wolverhampton NHS Trust

Dermatology – a letter had been issued to the Trust to formally issue notice on this service. The letter advised decommissioning of the service with the exception of Cancer 2 Week Waits, Red Flags and Complex Biologics. The end date of the notice period is 30<sup>th</sup> November 2019, which aligns with the end date of the contract with Concordia for current community service provision. A meeting is to be held with Trust colleagues, including clinicians, to ensure that both parties have a shared understanding of the activity data/patient co-horts that will be shifted into the community versus activity data/patient co-horts which will remain in the Trust.

E-Referrals – A response to a letter sent to RWT regarding concerns about electronic referrals had been received, however, this did not provide any specifics. The national target for all referrals to be done electronically was 1<sup>st</sup> October 2018. The Trust is still accepting some papers referrals and has been asked to clarify these areas and to provide justification as to why this needs to be. Exemptions are possible, however, these should be applied sparingly and for strong justifiable reasons. A meeting has been requested with the Trust to discuss. It was suggested that NHS Digital were contact to support with advice and guidance.

Mr Middlemiss agreed to carry out a risk assessment to ascertain if this should be added to the Committee Risk Register.

2019/20 Planning round – work had commenced on the planning round. The Risk Share Agreement will form the basis of negotiations. Sub groups are being set up for Finance and Activity, Commissioning and Information and

Quality. National planning guidance is anticipated to be published in December. It had been agreed at Officers meeting that month 6 figures will be used as a baseline for tariff modelling.

#### Black Country Partnership Foundation Trust (BCPFT)

A similar approach will be taken for the 2019/20 planning round as to RWT. This will be done jointly with Sandwell and West Birmingham CCG. The main difference is that an outcomes based contracting approach will form the basis of negotiations for 2019/20, rather than a risk/gain share approach. Sub groups will also be set up. As this is a tripartite agreement discussions are more difficult, however, both CCGs have agreed to work together towards aligning contract with BCPFT where possible.

#### Nuffield

The planning process for 2019/20 had commenced and a response had not been received from the provider with any specifics. A significant change to the current contract is not expected.

#### Marie Stopes International – Termination of Pregnancy Service

Following the Provider advising the CCG that a substantial increase in fees is required for them to continue with the contract. The options are to either extend the current contract or to carry out a procurement exercise. Financial modelling had been undertaken and CSU Procurement had produced a procurement options paper. This will be taken to the Commissioning Committee in January and will include recommendations.

#### Connect Health Limited

This is a 5 year contract which has over performed in the first year. An increased Year 2 contract value had been recommended and agreed by the Commissioning Committee. This more accurately reflected the anticipated activity increase. There is an existing Risk Share Agreement in the contract which will continue for Year 2.

Resolved: The Committee

- noted the contents of the report and the actions being taken
- Risk assessment to be undertaken relating to E-referral issues

**10. Additions/updates to Risk Register**

FP. 331 There were no additions or amendments to be added to the Risk Register.

Resolved: The Committee noted;

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

**11. Any other Business**

FP.332 There were no items to discuss under any other business.

**12. Date and time of next meeting**

FP.333 December meeting virtual meeting

**Signed:**

**Dated:**