

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 29th January 2019
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.334 There were no declarations of interest.

3. Minutes of the last meetings held on 27th November 2019

FP.335 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.336 Item 139 (FP.328) – The conversion rates at RWT A&E from arrival to decision to admit or treatment to be checked – item deferred

Item 140 (FP.328) – Quality Premium summary for 2017/18 to circulated – report included on agenda – action closed.

Item 141 (FP.339) – Risk Assessment for E-referral issues to be carried out as to whether this needs to be added to the Committee Risk Register – a meeting was due to be held with RWT and the level of risk would be

determined after this meeting and would validate if a risk assessment is required. An update to be given at the next meeting.

5. Matters Arising from the minutes of the meeting held on 29th January 2019

FP.337 There were no matters arising to discuss from the last meeting.

6. Risk Report

FP.338 The Risk Report was considered as follows;

Corporate – Organisational Risks:

- CR18 Failure to Deliver Long Term Financial Strategy – the Long Term Financial Plan for the period 2019-20 to 2024-25 was due to go to the Governing Body for consideration by March 2019, however, as this now had to be consistent with the STP Plan, which is due to be finalised in the summer, the deadline would be reviewed in line with the meeting schedule for the Governing Body.

Clarification was given that the plan for 2019-20 would be agreed locally by the Governing Body and the rest of the Long Term Financial Planning would be in line with the STP.

Mr Hastings reported that he was the CCG's SRO for Brexit. A list of preparations as directed by NHSE had been put in place. A report was to be taken to the February Governing Body meeting indicating that the risks are mitigated against. All GP practices had been contacted to return their mitigations; which is difficult to do as there are a lot of unknowns at present.

Committee Level Risks

- FP06 Over Performance of Prescribing Budget – a query was raised regarding the impact of a 'no deal' Brexit and a hike in prices and whether this should be reflected in the financial risk. It was discussed that this was already reflected due to increased prices for no cheaper stock available drugs and was covered in this financial year and would be considered going forward.
- FP05 Over-Performance of Acute Contract – consideration to be given to including over performance at other acute providers

other than RWT. Mr Middlemiss to liaise with the CCG's Governance & Risk Coordinator

- FP14 Transforming Care Partnership – Financial impact - The CCG is able to mitigate the non-recurrent financial risk through the application of reserves.
- FP08 NHS Property Services Charges 2017/18 &2018/19 – Mr Gallagher and Mr Hastings are currently reviewing this risk and will update accordingly

Resolved: The Committee noted the updates

7. Contract and Procurement Report

FP.339 Mr Middlemiss presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

Commissioner Queries – there were a number of on-going queries to which the Trust had not responded. At the last Contract Review meeting it was emphasised that timely responses are required for the process to be effective.

Dermatology – the CCG had formally issued notice on part of this acute service. Work was on-going by the CCG's Business Insight Team and RWT to gain a shared understanding of the activity data/patient cohorts that may be shifted into the community versus that which will remain at RWT.

It was noted that this is a challenging speciality and there had been difficulties in recruitment. The CCG had supported RWT who had engaged with Concordia and South Staff provider to revise care pathways.

The CCG is assessing commissioning an external Dermatology Consultant to provide a clinical view on the services which are proposed to remain with the Trust versus those to transfer.

E-referrals – the issue of agreeing local exclusions remain unsolved. A meeting was to be held early February to discuss.

2019/20 Planning Round – National planning guidance had been received. This was being interpreted to assess how this feeds into the planning round to develop an initial offer. There were no escalation issues at present.

Mr Gallagher explained that the guidance had been received later than expected and that the tariff had not been agreed. He highlighted that there

was a considerable amount of work to be done to interpret the guidance and understand all of the associate requirements. This will then progress to the CCG working up initial offers prior to the deadline of 21st March 2019 to sign off contracts.

A detailed plan was to be worked up by 5th February and would be brought to the next meeting.

Black Country Partnership Foundation Trust (BCPFT)

Improving Access to Psychological Therapies (IAPT) target – The CCG had committed to investing into IAPT services at BCPFT. The CCG had requested further information as to where the Provider is with its plan and the current position; however, it is difficult to get this information.

Additional staff had been recruited and training sourced. BCPFT is now referring patients to the third sector organisation Serenity for low intensity treatment. Since the report had been written the Trust was no longer sub-contracting to the independent provider IESO, however, it is in discussion with another 3rd sector organisation, Big White Wall. SLA's are in place for these services. This is a high priority focus area for NHS England (NHSE).

Additional investment had been given to gain greater assurance that the increased target will be achieved next year. Information of how this would be achieved had been requested, however, this had yet to be provided by the Trust. Mr Gallagher queried if a deadline for the response had been included in the request for information. Mr Middlemiss agreed to review the email sent to check this.

Other Contractual Issues

Planning round 2019/20 – Two Finance and Commissioning sub-group meetings had been held to date and an offer was being worked up. Mr Middlemiss reported that discussions had taken place with Mr Marshall regarding the importance of the sub categories of the offer and what these are targeted against and the expectations are delivered.

Nuffield

Contractual issues – there were no specific issues to report at this time.

Urgent Care/Ambulance/Patient Transport

WMAS – Non-Emergency Patient Transport Services (NEPTS) – a meeting had taken place following the Contract Extension Proposal from WMAS which requested a 55% increase in funding. The Provider had requested £2.5m increase to cover an unsustainable cost pressure. It was confirmed that the annual contract value is £4.5m; the CCG is responsible for 40% of this. Wolverhampton CCG holds the contract and Dudley is the main co-commissioner.

A combination of factors had impacted the costs of the service. WMAS had invested in additional staffing and vehicles which was at risk as it was not agreed with the CCG. However, the Provider had been informed by CQC that it needs to invest more for a safer service.

WMAS had agreed to review their proposal to ascertain what the minimum funding level is to maintain safe and effective service delivery. This had led to a request for minimum funding of £2.1m.

Other contracts

Midlands Partnership NHS Trust (formally SSOTP) – Mrs Sawrey highlighted a cost pressure arising from the over performance of this contract. Mr Middlemiss stated that there is a need to understand why District Nurses are not going over the border. This issue had been raised with the Trust and will be discussed further during the contract negotiation process. It was anecdotally noted that this was also an issue in other areas.

Resolved: The Committee;

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

8. Monthly Performance Report

FP.340 Mrs Moon presented the key points of the report as follows;

Referral to Treatment (RTT) – validated performance for November was at 90.8%. The dip in performance in November was reflected nationally. The Month 8 in-year trajectory (as agreed with NHSI) was not achieved. The Trust is focussing on the National requirement to sustain or reduce RTT waiting list size against the March 2018 deadline and is currently on track to achieve this.

The CCG's performance for patients registered with a Wolverhampton GP waiting start treatment at any Trust is 91.38%. This was mainly affected by performance at RWT and Nuffield.

Nuffield performance is at 87% although previously reporting achieving target. Data is being checked and verified. This will be reviewed at the Contract Review meeting. It had also been raised with other CCG's Performance Teams.

National validated data had confirmed an increase in the percentage of patients waiting less than 6 weeks from referral to Diagnostic Test (97.29% against the 99% target). The Trust is reporting full recovery by February.

Urgent Care – there was a dip in performance in November achieving 89.15%. The Black Country STP achieved 85.7% and England 87.6% Performance recovered to 92% in December. No push back on this had been received from NHSE as the Trust is one of the higher performers nationally.

Cancer Recovery Action Plan update – The Trust did not meet the recovery trajectory in November. The Trust is reporting that it is on target to achieve this in December. An improvement had been seen in 62 day waits; however, activity was down in December with patients choosing to defer treatment until after Christmas and New Year period. This will impact on 2 week waits in January. An increase in referrals was seen in January.

An increase in breast cancer referrals had been seen since October which was breast cancer awareness month. It was considered whether this impacted on the number of referrals each year.

Work is ongoing with STP and Cancer Alliance colleagues to improve performance in these areas.

Mr Gallagher queried whether it would be possible to share the Remedial Action Plan and information relating to late retiary referrals with Walsall following a query from the Walsall CCG's Governing Body. It was agreed that this information would be shared

Resolved: The Committee

- noted the contents of the report
- Mrs Moon to share STP Performance Action Plan with Mr Gallagher.

9. Finance Report

FP.341 Mrs Sawrey introduced the report relating to Month 10 January 2019

- All financial metrics are being meet
- Month 9 Forecast Outturn is breakeven
- Risks and mitigations are balanced, all known risks are fully mitigated

It was noted that previously RWT performance had been monitored on a PBR arrangement; however, going forward the aligned incentive contract will be implemented.

Elective activity is showing underperformance which is giving concern for the achievement of RTT at RWT.

The CCG is reporting achieving the QIPP target of £13.984m; however, reserves have been deployed as planned in order to meet the QIPP target.

Continuing Health Care Adult is recording an underspend overall. This is mainly due to a reduction in numbers. A key risk to the financial position is the potential increase in the number of high cost patients.

Mr Gallagher noted that since the report had been written an approach had been agreed with Black Country councils and funding agreements of allocations had been finalised for this year. The risk associated to this can be managed.

Prescribing – the Year to Date Prescribing budget is currently reporting an overspend, of which, £1.6m is due to No Cheaper Stock Obtainable (NCSO) and Category M.

It was highlighted that there is a significant work still to be completed prior to the signing of contracts and it would be challenging to do this by the 21st March deadline.

Mr Gallagher gave an update regarding the £4.8m outstanding RWT invoice. NHSE and NHSI are pressuring both organisations to resolve this issue. A payment of £2.4m had been accepted in principle, in exchange for the CCG's principles to move towards an Integrated Care Alliance. This needs to be considered by the Governing Body and a paper would be taken to the February meeting.

Mr Trigg queried whether the QIPP shortfall being covered by reserves would have an ongoing impact into the next financial year. Mr Gallagher explained that it had been planned at the start of the year to delivery QIPP target with the use of reserves. Although it is not a national requirement the reserves will be reinstated for the new financial year to enable a similar approach to be adopted in 2019-20

Resolved: The Committee

- noted the contents of the report

10. Additions/updates to Risk Register

FP. 342 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. Quality Premium

FP.343 Mrs Moon presented an updated on the current position of the CCG achievement of the Quality Premium for 2017/18 and 2018/19.

Confirmation of achievement for 2017/18 was expected in Quarter 3 of 2018/19, however, the CCG had not yet received formal verification. The

CCG is currently predicting no achievement of Quality Premium in 2017/18. However, if there is partial achievement plans will be required to spend the money which must be in line with the Scheme.

The CCG is currently predicting partial achievement in 2018/19. Further information would be shared with the Committee when received.

Resolved: The Committee noted;

- The update and current predictions for achievement in the final years 2017/18 and 2018/19

12. Any other Business

FP.344 There were no items to discuss under any other business.

13. Date and time of next meeting

FP.345 Tuesday 26th February 2019 at 3.15pm, CCG Main Meeting Room

Signed:

Dated: