

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 25<sup>th</sup> June 2019  
Science Park, Wolverhampton**

**Present:**

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

**In attendance**

Mr P McKenzie	Corporate Operations Manager
Mrs L Sawrey	Deputy Chief Finance Officer
Mr P Strickland	Governance and Risk Coordinator (part meeting)
Mrs H Pidoux	Business Operations Support Manager

**1. Apologies**

Apologies were submitted by Mr Green and Mr Middlemiss

**2. Declarations of Interest**

FP.379 Dr Bush declared an interest in an item contained in the Contract and Procurement report regarding Probert Court as his GP surgery provided a service to this provider. This was noted.

**3. Minutes of the last meetings held on 30<sup>th</sup> April 2019**

FP.380 The minutes of the last meeting were agreed as a correct record.

**4. Resolution Log**

FP.381 Item 144 (FP.361) – CYP receiving treatment from NHS funded community services – it was queried whether the submission from the Trust was just for the Trust – Mr Hastings to follow up and confirm.

Mr Strickland joined the meeting

Item 146 – Risk relating to stranded costs associated with the Community Dermatology Service procurement will be added to the Committee Risk

Register – details included in Contract and Procurement Report. Confirmation of costs still awaited from RWT. Mr Strickland to discuss with Mr Middlemiss and an update to be provided for the next meeting.

## **5. Matters Arising from the minutes of the meeting held on 30<sup>th</sup> April 2019**

FP.382 There were no matters arising to discuss from the last meeting.

## **6. Review of the Risk Register**

FP.383 Committee Risks

FP11 System pressures A&E performance and FP04 Increased activity at RWT were both noted as high risks.

FP08 NHS Property Services Charges 2017/19 & 2018/19 – Mr Hastings stated that NHS Property Services had reported that PS practices owed a substantial amount of money to the CCG relating to facilities management charges. This will go to Primary Care Commissioning Committee to agree a repayment process.

Mr Gallagher proposed that the risk register should be reviewed where appropriate to reflect the 2019/20 assessment. Mr Gallagher agreed to review the risks he was responsible for and to discuss the others with the responsible Executive. Mr Gallagher and Mr Strickland would then revise the risk register for the next meeting.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken
- Risks to be reviewed and potentially restated in line with Month 2 reporting

Mr Strickland left the meeting

## **7. Finance Report**

FP.384 Mrs Sawrey and Mr Gallagher introduced the report relating to Month 2 May 2019;

- Financial metrics are being met. Underspend from last year; £42k, had been brought forward.
- Extension to control total has been required due to NHSE directive, following an overall review of the regional financial position. Wolverhampton CCG has been requested to increase its in year surplus by £3.15m with a consequent increase in the CCG's QIPP target from £13.536m to £16.686m. As the CCG has been requested to contribute a disproportionate share within the Black Country (£3.15m of the £8.4m) the Black Country Risk Share agreement will be enacted to provide additional mitigation. The agreement needs to be revised as it does not currently include Sandwell and West Birmingham CCG. The Committee

will be kept updated and a proposed agreement brought for consideration as required.

- RWT SLAM reporting required additional scrutiny and challenge
- Breakeven reported due to limited monitoring data being received. Since report was written Month 2 data had been received.
- The pure positions reported at M1 were £1.7m over committed under National Tariff and £681k over following the application of the Aligned Incentive Scheme (AIS). The CCG had raised several queries which may have a significant impact on the M1 position.
- M1 QIPP delivery was not reported as activity data was currently not reconciled or cleansed.
- Issues had occurred with the drawdown of cash as cash remained at the end of the month. Actions are being taken to ensure that invoices are cleared to enable the more effective management of the cash drawn down.

Resolved: The Committee;

- Noted the contents of the report.

## **8. Contract and Procurement Report**

FP.385 Mr Gallagher reported, on behalf of Mr Middlemiss, the following key points;

Royal Wolverhampton NHS Trust (RWT)

- The April 2019 financial position showed an over performance of £700k
- CQUIN schemes had been agreed with RWT and performance will be monitored against these
- The clinical audit schedule for 2019 had been proposed to the Trust to include; A&E triage, Admissions Avoidance, POLCV, Special Educational Needs Assessment, MSK pathways and referrals for suspected Glaucoma. The aim of the audit programme is to provide the CCG with assurance that commissioned services are functioning effectively as per the agreed contract/specifications.
- Dermatology – The Trust had assured the CCG that work is underway on workforce alignment. The Trust had still not provided any information on stranded costs.
- Phoenix Walk In Centre – this service is provided by the Trust which the CCG pays towards. In line with NHSE Guidance how this is provided has to change by December 2019. The Walk in Centre must either close or transfer to an Urgent Treatment Centre. A report evaluating options and recommending a way forward is to go to Private Commissioning Committee for consideration.

Black Country Partnership Foundation Trust (BCPFT)

- Improving Access to Psychological Therapies (IAPT) target - this had not been achieved for Month 1 and the CCG had requested a plan from the Trust that shows what actions are being undertaken to ensure performance improves. The CCG had invested significant

funding in the contract to support achievement of the target and had confirmed with the provider that a contract performance notice would be issued in Month 2 if the target is not met.

- Data Quality Improvement Plan (DQIP) – the CCG had asked the Trust to engage in working together to identify Personal Health Budgets, in collaboration with Sandwell and West Birmingham CCG.

#### Nuffield

- Contractual issues – Agreement had been reached on 2019/20 contract values for all associate commissioners to the contract and Contract Particulars had been signed off.

A Quality Assurance visit had been scheduled for July and a Procedures of Low Clinical Value (PoLCV) Commissioning Policy Audit in August. The latter is important for ensuring adherence to the service specifications commissioned by the CCG and to ensure spend stays within plan.

#### Vocare

- CQC had rated the service provided by Vocare as Good overall. It was noted that this service was previously rated as Required Improvement by CQC during their visit in November 2018. An unannounced quality assurance visit was carried out by the CCG in April. No immediate risks or concerns were identified during the unannounced visit.

#### WMAS- Non-Emergency Patient Transport Service (NEPT)

- The Governing Body had agreed a 6 month extension to the contract to allow a re-procurement to be undertaken. This was to be considered at the private meeting of the Commissioning Committee.

#### Accord Housing Association Limited – Probert Court

- As terms could not be agreed with Accord for an extension of this contract, the service will end on 30<sup>th</sup> June 2019. The CCG is changing the model of provision and aims to commission several providers to provide the service.

#### Acorns Children's Hospice

- The CCG has been informed that Acorns is terminating the hospice at home service and considering closing its hospice in Walsall where commissioned inpatient and outreach services are delivered. A Black Country approach is being considered and an impact assessment will be completed and updates provided for the Committee.

Resolved: The Committee

- Noted the updates given and actions undertaken.

## 9. Monthly Performance Report

FP. 386 Mr Hastings introduced the report which focused on the CCG's performance against the NHS Constitutional Standards. The following key points were discussed and noted;

- A&E performance – this continues to be a challenging area both regionally and nationally. RWT performance is better than other Trusts in the area, however, performance fluctuates.
- Referral to Treatment (RTT) – monitoring will now take place against year end performance (March 2019)
- Cancer 2 week wait Breast Symptomatic – referrals continue to increase and the Trust is putting on additional clinics, however the current wait in Woverhampton is 38 days (target is 14 days). Dudley and Walsall are both achieving the target. A significant amount of work is being undertaken to tackle this from a system perspective. Providers, commissioners, Cancer Alliance and NHS Midlands are involved and it had been agreed to initiate a referral diversion service. Practices which are located near to the Dudley/Walsall borders will be giving the option of referring patients to the local acute provider in those areas if patients would prefer. It was noted that this is labour intensive with daily liaison with the practices and monitoring of performance. The success of this is dependent on a number of variables and it will be closely monitored to ensure RWT performance is improving and performance is not impacted adversely in the other areas.

Resolved: The Committee noted the update given.

## **10. Scheme of Delegations**

FP.387 Mr McKenzie presented a report for consideration in relation to the operational delegations to the Director of Finance, Mr Gallagher, following the implementation of the CCG's joint appointment of the Chief Finance Officer, Mr Green, with Sandwell and West Birmingham CCG.

It was agreed that the Committee would recommend to the Governing Body that the Director of Finance be given delegated authority to act on behalf of the Chief Finance Officer in the exercise of his authority set out in the areas of the CCG's Detailed Scheme of Delegation and to provide comments on Urgent Actions taken on behalf of the Governing Body by the Chair and Accountable Officer in line with Standing Order 3.8. This delegated authority is to be exercised when the Chief Finance Officer is unavailable to support operational efficiency.

Resolved: The Committee agreed to recommend the proposed operational delegation arrangements to the Governing Body.

## **11. Excess Treatment Costs**

FP.388 Mr McKenzie presented a report on activity undertaken in Quarter 4 of 2018/19 related to Excess Treatment Costs associated with research undertaken by the Local Clinical Research Network (LCRN) on behalf of Wolverhampton CCG which is the lead CCG for the West Midlands Region.

It was explained that the model developed involved the LCRM managing arrangements on a day to day basis using funding top-sliced from CCG allocations on a per capita basis. Confirmation was given that this is not a financial risk for the CCG as the money is top sliced prior to the CCGs receiving their allocations. Responsibility for this lies with NHSE including auditing and this is how the process is managed nationally.

Resolved: The Committee

- noted the contents of report
- took assurance that the LCRM is acting in line with the agreed model and delegation from the West Midlands CCGs.

## **12. Additions/updates to Risk Register**

FP.389 There were no additions or up dates for the risk register.

## **13. Any other Business**

FP.390 There were no items to discuss under any other business.

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

FP.391 Tuesday 30<sup>th</sup> July 2019 at 2.00pm, CCG Main Meeting Room

**Signed:**

**Dated:**