

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 30<sup>th</sup> July 2019  
Science Park, Wolverhampton**

**Present:**

|                 |   |
|-----------------|---|
| Dr M Asghar     | Governing Body GP (part meeting)                |
| Dr D Bush       | Governing Body GP, Finance and Performance Lead |
| Mr T Gallagher  | Director of Finance                             |
| Mr J Green      | Chief Finance Officer                           |
| Mr M Hastings   | Director of Operations                          |
| Mr V Middlemiss | Head of Contracting and Procurement             |
| Mr L Trigg      | Independent Committee Member (Chair)            |

**In attendance**

|                  |                                     |
|------------------|-------------------------------------|
| Mr P McKenzie    | Corporate Operations Manager        |
| Mrs L Sawrey     | Deputy Chief Finance Officer        |
| Mrs H Pidoux     | Business Operations Support Manager |
| Miss N Underhill | Observer, university student        |

**1. Apologies**

Apologies were submitted by Mr Marshall.

**2. Declarations of Interest**

FP.392 There were no declarations of interest.

**3. Minutes of the last meetings held on 25<sup>th</sup> June 2019**

FP.393 The minutes of the last meeting were agreed as a correct record.

**4. Resolution Log**

FP.394 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 email answer.

Item 146 (FP.376) – Risk relating to stranded costs associated with the Community Dermatology Service procurement will be added to the Committee Risk Register – RWT had submitted revised information on stranded costs and the level sought had reduced and is not at a scale that

puts the procurement at risk. The CCG and RWT's Directors of Finance (DoFs) had met and agreed the principles for the stranded costs and would meet again to agree the final figure. Following this a report will be brought to the Committee for consideration. A decision can then be made as to whether this needs to be included on the risk register.

Item 147 (FP.383) – Risk Register – moderate risks to be restarted in line with Month 2 reporting – this had been completed action closed.

## **5. Matters Arising from the minutes of the meeting held on 25<sup>th</sup> June 2019**

FP.395 There were no matters arising to discuss from the last meeting.

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

FP.396 Mr McKenzie reported that the risk registers had been reviewed by Mr Gallagher and Mr Strickland following discussion at the last meeting. Updates were given as follows;

### Corporate Risks

CR18 – Failure to deliver long term financial strategy - the level of risk had been raised to reflect the requirement to, in line with national guidance, produced a revised long term financial plan for 2019/20 and the narrative had been updated accordingly.

### Committee Risks

FP02 - Loss of Key Staff and Business Continuity – this risk had been reduced and the narrative updated.

Resolved: The Committee;

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

## **7. Monthly Performance Report**

FP.397 Mr Hastings introduced the report and the following key points were discussed and noted;

- Referral to Treatment (RTT) – performance continues to be below standard. The CCG is working closely with the Trust and is awaiting a RAP proposal from the Trust with definition at a speciality level to support recovery of performance back to standard.

It was queried why the England Commissioners figure (84.0%) was different to the England Providers figure (86.9%). It was felt that this could be due to cross border patients; however, this would be confirmed.

- Urgent care – pressure continues in the system.
- Cancer – there are capacity issues across all standards with 2 week wait Breast Symptomatic the most concerning. The waiting time at RWT had ceased rising and is now consistent. The backlog is also starting to clear. Following the introduction of a joint programme to relieve pressure on RWT by targeted Wolverhampton GPs asked to consider referring to Walsall or Dudley, where the waiting times are lower, a decrease in referrals to RWT by those practices had been seen. It was agreed to bring a report to the next meeting for consideration. It was clarified that the impact on the local providers is monitored to ensure the target is not breached due to addition referrals to them by the Wolverhampton practices.

Discussion is due to take place with the Cancer Alliance to gain agreement to look at capacity and demand across the Black Country in identified specialities.

Resolved: The Committee

- noted the update given.
- Clarification of England Commissioner and Provider figures to be sought
- Report on the impact of the joint programme to reduce pressure on RWT with targeted practices to be shared at the next meeting.

## 8. Finance Report

FP.398 Mrs Sawrey introduced the report relating to Month 3, June 2019;

- Financial metrics are being met.
- Extension to control total to £13.178 includes £3.15m of additional surplus as required by NHSEI. A review of QIPP schemes was being undertaken to ensure that the increase in the control total is covered by additional QIPP and to identify slippage in schemes. This is non-recurrent and is covered within risk/mitigation in year
- RWT SLAM Month 2 data required continued further analysis
- Breakeven reported due to limited monitoring data being received.
- M2 data is indicating overperformance at RWT with a significant overspend. A meeting between the CCG and RWT's DoFs and their deputies had taken place to work towards a joint understanding of the forecast position. These meetings are to take place monthly and the Finance and Activity subgroup is to be reintroduced to meet between the DoFs meetings.
- Mental Health NCAs continued to be an area of concern as the level of expenditure and patient complexity was increasing. Many of the patients were receiving observations resulting in higher

than normal daily rates. The levels of NCAs are volatile as is the type and cost of care required and received.

A number of patients had been discharged from Specialised Commissioning beds into WCCG commissioned beds. There had been and continued to be a number of discharges and there was an expectation that requests for joint funding packages with WCC for patients discharged into community packages will be forthcoming which are being quantified and would add to cost pressure. This was being managed by the Finance and Contracting teams.

The Committee considered the CCG/RWT Risk/Gain Share Model for 2019 and the variation to plan for the CCG due to the current over performance in unplanned activity. It was noted that significant movement would impact on the risk/gain share agreement for 2019/20.

Resolved: The Committee;

- Noted the contents of the report.

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

FP.399 Mr Middlemiss presented the following key points;

### *Royal Wolverhampton NHS Trust (RWT)*

- Maternity Cap – previously a cap had been introduced by RWT on the number of births it could safely manage. The Trust achieved the aim of keeping this number below 5000 births in 2018/19. The cap has not been formally lifted; however the Trust will continue to monitor the situation and will look to accept a limited number of cases from adjacent areas in 2019/20.
- Phoenix Walk In Centre – The Governing Body had supported the expansion of this service to an Urgent Care Centre. The CCG will write to RWT confirming agreement to the business case. This will include a confirmed financial quantum for 2019/20 and beyond, specific reporting requirements and details on how information will be included in the Service Level Agreement Monitoring (SLAM).

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

#### Performance and Quality Issues

- Improving Access to Psychological Therapies (IAPT) target - the Trust had underperformed in Month 1 and 2 and had submitted a Remedial Action Plan which showed continued underperformance until Month 5. The CCG had issued a Contract Performance Notice as this was unacceptable. The 3 key areas of concern were accommodation, reporting and recruitment. Further details and assurance are required from the provider. It was reported that the local Primary Care

Networks are keen to have IAPT staff in surgeries as it is beneficial to the patients. Work is continuing to source suitable locations.

#### Other contractual issues

- Decommissioning of Wellbeing Service – the CCG is decommissioning the service and transitioning it into Complex Care due to concerns with the service not being consultant led and unacceptably long waiting lists.

The target timeline for this change is proposed as December 2019 and an implementation plan is expected from the Trust by September 2019.

#### *Other Contracts*

##### Accord Housing Association Limited – Probert Court

From 30<sup>th</sup> June 2019 the contract with Accord for services at Probert Court had ended and been replaced by two alternative nursing homes, Eversleigh and Primrose Hill. The CCG's CHC and Quality Teams were supporting with implementing the service and ensuring the quality standards expected by the CCG are met.

Resolved: The Committee

- Noted the updates given and actions undertaken.

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

FP.400 There were no additions or up dates for the risk register.

#### **13. Any other Business**

FP.401 There were no items to discuss under any other business.

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

FP.402 Tuesday 27<sup>th</sup> August 2019 at 2.00pm, CCG Main Meeting Room

**Signed:**

**Dated:**