

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 27<sup>th</sup> August 2019  
Science Park, Wolverhampton**

**Present:**

Mr T Gallagher	Director of Finance
Mr S Marshall	Director of Strategy and Transformation
Mr V Middlemiss	Head of Contracting and Procurement
Mr L Trigg	Independent Committee Member (Chair)

**In attendance**

Mrs G Moon	Business Operations Manager
Mrs L Sawrey	Deputy Chief Finance Officer
Mrs H Pidoux	Business Operations Support Manager

**1. Apologies**

Apologies were submitted by Mr Green, Mr Hastings and Dr Bush

**2. Declarations of Interest**

FP.403 There were no declarations of interest.

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

FP.405 The minutes of the last meeting were agreed as a correct record with the following amendment to be made;

- Item FP399 – Contracting and Procurement report - The contract with Accord for services at Probert Court ended on 30<sup>th</sup> June 2019 not 31<sup>st</sup> July 2019 as stated.

Resolved: the above amendment was noted.

**4. Resolution Log**

FP.406 Item 146 (FP.376) – Risk relating to stranded costs associated with the Community Dermatology Service procurement will be added to the Committee Risk Register - the final outcome from RWT was awaited. The CCG had challenged on a number of assumptions including the utilisation of estates and the amount to be recovered through potential new

business. It had been confirmed by the Trust that estates would not be included in the stranded costs. Once the final figure is agreed this will be confirmed with the Committee, however, it is not anticipated that this will be significant enough to be included on the risk register.

Item 148 (FP.397) – Performance report – clarification to be sought re Referral to Treatment performance figures for England are different for Commissioners (84.0%) and Providers (96.9%), Whether this is because of cross border patients – clarification given that the NHSE figure is for services commissioned by the organisation and the providers figure is for all providers in England.

Item 149 (FP.397) – Performance report – 2 week wait breast symptomatic waiting times – report on the impact of the joint programme to reduce pressure on RWT with target practices to be shared at the next meeting – update given in Performance report, item 7 on agenda. A further verbal update to be given at the next meeting as part of the performance report.

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

FP.407 There were no matters arising to discuss from the last meeting.

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

FP.408 There were no updates to either the corporate or committee risk registers to be noted.

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

FP.409 Mr Middlemiss presented the following key points;

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

- Referral to Treatment – performance had further deteriorated during June (85.09% against 92%). Some of the reasons for this were capacity issues at sub-speciality level and reduction in the number of Waiting List Initiatives clinics undertaken due to tax and pension issues for consultants. The areas that had deteriorated the most were Ophthalmology, Gynaecology and Pain Management.

The CCG had received a Remedial Action Plan (RAP) however this had not been signed off as it did not contain sufficient detail. Dialogue is ongoing between the Trust and the CCG.

- Dermatology – the procurement process had been completed and the standstill part had passed. The Award letter had gone out to bidders and the successful bidders details, Circle Health, had been made public.

Staffs CCGs procurement for this service had paused, with the new service not due to go live until 1<sup>st</sup> April 2020. This presented a risk as to how their patients were going to be managed as Wolverhampton services goes live on 1<sup>st</sup> December 2019 is only for Wolverhampton patients. After discussions with RWT it had been agreed that the Trust would continue to provide the support for Staffs patients until their new service goes live.

- Phoenix Walk in Centre – a formal letter had been sent to the Trust confirming acceptance of the business case to expand the service to meet the requirements of transitioning to an Urgent Care Centre by 1<sup>st</sup> December 2019. The main caveat of the investment is a requirement to make available to the CCG information for all attendances, based on the national data set for Emergency Care. This will be included as part of normal reporting from Month 9 onwards.

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

- Improving Access to Psychological Therapies (IAPT) target – the sourcing of suitable primary care accommodation is being discussed and direction had been given that this should not delay the signing of the Remedial Action Plan.
- Transfer of the Non Contract Activity funding to the Provider – The provider needs to undertake considerable due diligence before they can accept this budget. To aid this, the CCG had recently issued a Partnership Agreement outlining the responsibilities of the two parties, the service scope and the risk/gain share arrangements. Further meetings had been scheduled with the Trust with the aim of formalising the Partnership Agreement by mid-September.

#### *Other Contracts*

- Non-Emergency Patient Transport Services (NEPTS) – The re-procurement Invitation to Tender stage had now closed. The evaluation of bidder responses is underway and due to be completed by 6<sup>th</sup> September 2019.
- Accord Housing Association Limited – Victoria Court – a proposal had been put forward to Accord to change the current bed utilisation at Victoria Court by commissioning more step-down beds and less rehabilitation beds. The proposal was to be taken to the Commissioning Committee and the outcome would be brought back to this meeting for information.
- BMI Priory Health Care – From April 2019 the CCG had taken on the responsibility for contracting the Diep Flap Breast Reconstruction service from RWT. The CCG manages this on behalf of Wolverhampton residents and associate CCGs to the RWT Contract.

One of the key changes of the transfer affected the invoice and payment arrangements. The processes and new working arrangements had recently been clarified and both parties had an agreed mutual understanding of these.

Resolved: The Committee noted the updates given and actions undertaken

## **7. Monthly Performance Report**

FP.410 Mrs Moon introduced the report and explained that changes to the report had commenced to ensure it was CCG focused. The following key points were discussed and noted;

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

- Referral to Treatment (RTT) – Underperforming against national target. It had been discussed at the recent contract review meeting that the national pension issue was impacting on performance as consultants were not undertaking additional work including additional clinics to reduce waiting lists. A meeting is due to be held with the Trust to discuss the RAP.

Waiting lists are increasing month on month. Ophthalmology work, mainly cataracts, is being outsourced to clear the back log. Work by RWT to validate waiting lists had not commenced as expected and is due to begin in September.

- Urgent care – A&E performance for RWT in July was 89.9% (England at 86.5% and Black Country STP at 86.8%).
- Delayed Transfers of Care rates remain low at 2.89% for June indicating the Trust is managing patient flow.
- Cancer – referrals continue to remain high which is impacting on RTT performance.

A joint programme to relieve pressure on RWT waiting list for 2 week wait breast referrals commenced in July 2019. Targeted GPs across Wolverhampton, Cannock, SES & Seisdon CCG, Telford & Wrekin CCGs, Walsall and Dudley are being asked to discuss the alternative option of being referred to Walsall or Dudley, where waiting times are lower, with their patients at point of referral. This had been extended to cover practices within 3 miles of borders. The uptake is still limited. The CCGs Chief Nurse had met with representatives from the Primary Care Networks to gain an understanding of what was required to improve uptake and it was felt that further communication was

required to increase knowledge of the initiative. The waiting list is currently 51 days for RWT, Walsall 15 days and Dudley 9 days.

The CCG is investigating the option of commissioning a Community Breast Pain Clinic together with the introduction of pain management prior to referral.

A RAP for all cancer standards is in place and reviewed monthly with revised improvement trajectories agreed. The Trust is achieving the RAP actions; however, the trajectories are not being achieved. Mega clinics, seeing up to 40 patients in one day are planned from September.

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

- IAPT – performance is measured based on quarterly performance, however, is monitored monthly. NHSE figures are based on a rolling quarter and confirmed the April performance as 5.86% and above threshold of 4.75% for Quarter1 – Quarter 3. In order to achieve the increased threshold throughout the year, monthly monitoring will continue with focus on ensuring events are planned earlier in the year to ensure the achievement of the standard in 2019/20.
- Eating Disorder– difficulties experienced across the STP in age group of patients being able to attend routine appointments, further discussion is due to take place with BCPFT regarding options available to support access. Low numbers (18/20 on a rolling 12 month basis) affect performance against the national standard of 95%.

It was discussed that IAF and Quality Premium figures will be brought to the next meeting if the information is available as the 2019/20 guidance is yet to be published.

Resolved: The Committee noted the update given and the actions undertaken.

### **8. Finance Report**

FP.411 Mrs Sawrey introduced the report relating to Month 4, July 2019;

- Financial metrics are being met
- The cash target for M4 had been achieved
- Q1 allocation for Thrive into Work has been received
- RWT Month 3 data required further analysis

Mrs Sawrey highlighted that there are 2 areas that have the potential to create financial challenges;

**Prescribing** including the impact of high cost drugs and devices, insulin pumps for children and adults.

**Activity at RWT** had increased and the CCG had undertaken an analysis of trends utilising the actual 18/19 expenditure to inform the potential forecast outturn for 19/20. This indicated a potential Aligned Incentive Scheme (AIS) overspend of £3.5-4.5m. A forecast overspend of £3.0m had been assumed in the CCG's financial position (of which £0.5m was managed through reserves).

Non-electives in M4 were indicating 2% overspend. Work was being undertaken to review activity and coding changes. A report would be compiled in September for the CCG Executive Team's consideration.

Resolved: The Committee;

- Noted the contents of the report

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

FP.412 The potential of continued acute over performance and coding issues to be reviewed by Mr Gallagher and anything appropriate to be raised as a risk to be brought forward.

## **10. Primary Care – Financial Position as at Month 3, June 2019**

FP.413 Mr Gallagher explained that this report was brought to the Committee for information as it goes to the Primary Care Commissioning Committee for consideration on a quarterly basis. The table showing performance against budget across all areas of primary care spend was discussed.-

Resolved: The Committee noted the contents of the report.

## **11. Any other Business**

FP.414 There were no items to discuss under any other business.

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

FP.415 Tuesday 24<sup>th</sup> September 2019 at 3.15pm, CCG Main Meeting Room

**Signed:**

**Dated:**