

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 24<sup>th</sup> September 2019  
Science Park, Wolverhampton**

**Present:**

Dr M Asghar	Deputy Clinical Lead for Finance and Performance
Mr T Gallagher	Director of Finance
Mr J Green	Chief Finance Officer
Mr M Hastings	Director of Operations
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
Mr P McKenzie	Corporate Operations Manager

**1. Apologies**

Apologies were submitted by Dr Bush and Mrs Sawrey

**2. Declarations of Interest**

FP.416 There were no declarations of interest.

**3. Minutes of the last meetings held on 27<sup>th</sup> August 2019**

FP.417 The minutes of the last meeting were agreed as a correct record.

Resolved: The above was noted.

**4. Resolution Log**

FP.418 Item 146 (FP.376) – Risk relating to stranded costs associated with the Community Dermatology Service procurement will be added to the Committee Risk Register - it was noted that, following further information in respect of the costs, the risk in relation to this matter was mitigated and did not need to be added to the risk register – Action to be closed.

## **5. Matters Arising from the minutes of the meeting held on 27<sup>th</sup> August 2019**

FP.419 There were no matters arising to discuss from the last meeting.

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

FP.420 It was noted that, risk FP05 – Overperformance of the acute contract was in the process of being reviewed in the light of work being undertaken to understand the potential impact of coding changes and service levels at RWT. An update would be provided at the next meeting.

The Chair asked whether there was a financial risk associated with Brexit that needed to be added to the risk register. Mr Hastings confirmed that currently it was not expected that there would be a financial impact.

RESOLVED: That the update be noted.

## **9. Finance Report**

FP.421 Mr Gallagher introduced the report relating to Month 5, August 2019 highlighting the following key points;

- All metrics in relation to financial performance were currently being met, including QIPP performance;
- Additional allocations had been received during the month, including system development funding in relation to cancer services
- A reported overspend in relation to acute overperformance at RWT was being analysed. It was noted that it was expected that work at the trust to reduce waiting lists would contribute to the overperformance.
- The risk gainshare agreement in place with the trust was mitigating the impact of the forecast overspend.
- Spend relating to Continuing Healthcare and Funded Nursing Care was reporting an overall underspend.
- It was noted that there was a potential that the prescribing budget would be impacted by issues relating to no cheaper stock being available following EU Exit.

RESOLVED: That the report be noted.

### **FP.422 Contracting report**

Mr Middlemiss presented the following key points;

*Royal Wolverhampton NHS Trust (RWT)*

- Referral to Treatment – the Trust's Recovery Action Plan (RAP) had now been signed off. This would mean that key actions, including validating waiting lists could be monitored. In response to a question from Mr Gallagher, it was confirmed that the RAP included activity targets that could now be modelled to understand the financial impact. In response to a further question, it was confirmed that the validation of waiting lists had not yet started due to staff training not yet being completed.
- Breast Cancer two week waits – performance was beginning to improve following the introduction of diversion of referrals to Walsall and Dudley.
- Diagnostics – performance across diagnostics was deteriorating, particularly in relation to endoscopy. The Trust was considering providing access for private sector providers to run additional sessions to address the issues. Performance on MRI and CT scans were improving.
- Dermatology – work was underway to support the mobilisation of the new community dermatology provider. This was happening in conjunction with a change in pathway for RWT services. There was a potential risk associated with the commissioning of services in Staffordshire being discussed at the Commissioning Committee.
- Phoenix Walk in Centre – Mr Marshall highlighted that, following agreement of the contract variation, the Trust had now confirmed that they would provide information in relation to patient flow in line with the emergency data set.

#### *Other Contracts*

- Nuffield – issues had been discussed in relation to the reporting of waiting times on ERS. Nuffield were looking into the issue. Mr Hastings agreed to discuss the issue with the IM&T team.
- Grants – in addition to the continuation of grants provided to Compton Care for their Isolation and Prevention Service and the Disability Resource Centre's Fit for Life Programme a grant had been issued to First Person plural to offer training and forums in support of the Wolverhampton Sexual abuse forum.

Resolved: The Committee noted the updates given and actions undertaken

## **7. Monthly Performance Report**

FP.423 Mrs Moon introduced the report The following key points were discussed and noted;

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

- Referral to Treatment (RTT) – As reported in the contracting report, a Recovery Action Plan had been agreed. Ophthalmology waiting times were increasing, possibly in response to additional demand from Staffordshire.
- Urgent care – performance remains challenging nationally. A new performance target was being trialled in some trusts. West Midlands Ambulance Service had now taken over the 111 provision, which was intended to deliver benefits in terms of patient coordination and flow through the system.
- Cancer – as highlighted in the contracting report, the diversion of referrals was having a positive impact on performance at RWT. The impact on performance at Walsall and Dudley was being monitored. Performance against other cancer standards was also improving.

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

- IAPT – performance against access to treatment was in line with trajectory. Performance against moving to recovery was being closely monitored.
- Physical health checks – performance was under trajectory and work was being undertaken with colleagues in primary care to raise with practices. Further work was required to understand the split of activity between primary and secondary care.

Mr Hastings advised that the report had been presented in its current format for the first time and committee members' feedback was requested.

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

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

FP.424 There were no updates to the register on this occasion.

## **9. Devolvment of Mental Health Non-Contracted Activity (NCA) Budget to Black Country Partnership NHS Foundation Trust**

FP.425 Mr Middlemiss introduced the report, which outlined a proposal, due to be considered by the Commissioning Committee, to devolve management of the budget for non-contracted activity in Mental Health to Black Country Partnership Trust.

The report outlined that this spend related to mental health patients placed out of area due to capacity in the local trust. Currently, when capacity was not available, bed managers within the trust sourced an alternative placement, that was then paid for by the CCG. It was proposed that, following financial modelling, the expected budget for this activity will be transferred to the trust as part of their contract, on a shadow basis initially. Mr Marshall highlighted that it was intended to support transformation across the system by providing positive incentives to manage patient flow to avoid costly out of area placements.

Mr Marshall advised the committee that, following discussions with the trust, a query about liability for patients had been raised. This was being escalated to the trust's Chief Executive.

Resolved: The Committee noted the contents of the report and supported the proposal.

## **10. Any other Business**

FP.426 NHS Oversight Framework – Mrs Moon tabled a report outlining details of the Oversight Framework for 2019/20. This framework replaced the CCG Improvement and Assessment Framework and provided an overall assessment of performance of services commissioned for the CCG's population. It was proposed that performance against this framework would be monitored quarterly using a balanced scorecard to identify priorities for action. A draft of the scorecard was presented for comment.

Resolved: The Committee noted the contents of the report.

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

FP.427 Tuesday 29<sup>th</sup> October 2019 at 2.00pm, CCG Main Meeting Room

**Signed:**

**Dated:**