

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 29th October 2019
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Dr M Asghar	Deputy Clinical Lead for Finance and Performance (part meeting)
Dr D Bush	Clinical Lead for Finance and Performance
Mr T Gallagher	Director of Finance
Mr S Marshall	Director of Strategy and Transformation
Mr V Middlemiss	Head of Contracting and Procurement
Mrs L Sawrey	Deputy Chief Finance Officer

In attendance

Mrs H Pidoux	Business Operations Support Manager
Mrs E Reade	Performance Support Officer

1. Apologies

Apologies were submitted by Mr Green, Mr Hastings and Mrs Moon.

2. Declarations of Interest

FP.428 There were no declarations of interest.

3. Minutes of the last meetings held on 24th September 2019

FP.429 The minutes of the last meeting were agreed as a correct record.

Resolved: The above was noted.

4. Resolution Log

FP.430 There were no outstanding items to consider.

5. Matters Arising from the minutes of the meeting held on 24th September 2019

FP.431 There were no matters arising to discuss from the last meeting.

6. Review of the Risk Register

FP.432 The register was reviewed and there were no updates to be made.

9. Performance Report

FP.433 Mrs Reade presented the report on the behalf of Mr Hastings;

Royal Wolverhampton NHS Trust (RWT)

- Referral to Treatment – at the Contract Review meeting the Trust had reported that the recovery period, originally to October, will be pushed back further.
- 52 week waits – there were no patients waiting 52+ weeks to start treatment. One patient had been wrongly reported as exceeding this, however, it was identified that the patient's clock had been stopped incorrectly. This was actioned as soon as this was discovered and a root cause analysis had found that there was no harm to the patient.
- Data validation of waiting list is underway with the focus of reducing the backlog to the March 19 position.
- There had been a decrease in diagnostic performance which was below standard for the first time since January. Support from a private sector provider is being investigated to alleviate pressure on the Endoscopy Department. Full recovery is expected by October 19.
- Performance of 88.5% is being achieved against the national standard of 95% for A&E attendances admitted, transferred or discharge within 4 hours from arrival in September. Whilst performance remains challenged across the country RWT are performing well against other local providers. England performance is at 77.0% and the Black Country STP is at 83.2%
- There was one 12 hour breach which was mental health related and 3 8 hour breaches, non-mental health related, due to capacity issues.
- Cancer targets - performance against the 14 day target had improved following diversion of referrals. Daily monitoring is being undertaken across the 3 areas, Wolverhampton, Dudley and Walsall, to maintain parity. The performance for 62 waits remains static, however, the Trust was reporting that this is not expected to recover by March 2020 trajectory. A request had been made to revise the cancer trajectory and this would be discussed during the weekly cancer call held each Friday.
- C. Diff – figures had increase due to new reporting laws. The CCG's Quality team are working closely with the Trust to reduce the number of cases.

Dr Asghar joined the meeting.

- IAPT – this target is being changed and updated prevalence figures (denominator for indicator) had been made available, however, as the figures had seen a wide increase, analytical

tools will be made available to CCGs to map current trajectories to the latest prevalence estimates over the next 5 years to reduce sudden increases and potential unachievable goals.

Resolved: That the report be noted.

Finance Report

FP.434 Mrs Sawrey introduced the report relating to Month 6, September 2019 highlighting the following key points;

- All metrics in relation to financial performance were currently being met. There had not been much movement in the position.
- There is an underspend of £750k at Nuffield. An additional £1m was included in the contract last year, however, it had been identified that this was based on incorrect data. Therefore, the underspend was due to overbilling by the provider last year rather than a drop in activity.
- It was highlighted that RWT are almost at the collar of the cost and volume contract agreement. Activity is low in community and there is a need to understand why this is. Due to proposed changes vacancies had been put on hold which had impacted on activity.
- The position reported at Month 4 before the application of the agreement showed an over performance of £3.3 under National Tariff and an over performance of £1.2m after the application of the AIS.
- The impact of coding changes are being reviewed and this needs to be bottomed out in order to determine the baseline for 20/21. This will be carried out internally at the CCG and brought back to the Committee for consideration when completed.
- The preferred option would be to adopt a Risk gain share agreement for the next financial year rather than the adoption of the national tariff and the impact of the coding issues needs to be resolved prior to this being implemented.

Resolved: The Committee noted the updates given

7. Contracting Report

FP.435 Mr Middlemiss presented the following key points;

Royal Wolverhampton NHS Trust (RWT)

- Dermatology – mobilisation of this service is at risk due to;
 - Workforce/TUPE - the Trust had confirmed that there are no staff that will transfer from the Trust to Circle (the new provider). It had been expected that, as previously indicated by the Trust, staff would transfer and therefore Circle could not recruit as confirmation of numbers were needed. Circle have stated that even with expedited recruitment staff

would not be in place for the service to commence on 1st December.

- IT & transition of patient data – as part of the mobilisation plan the new provider requires the Trust to agree datasets and commence downloads by 31st October, which had not occurred.

Circle have escalated these issues as they are not able to take on people on the waiting list due to the level of risk. The focus will be on the transfer from the current community provider and new referrals. RWT have stated that there are plans to clear the backlog; however, the timescale for this is unknown.

It was confirmed that there are no stranded costs for staff. The only costs are for overheads and these would be considered time limited to the end of the financial year.

Communication will need to be circulated to GPs; however, the definitive position needs to be known prior to doing this.

Consideration was given as to whether this was a specific risk for this Committee. The Committee were informed that this risk is already being considered by the Commissioning Committee. It was agreed that was the most appropriate place as the risk is organisational and not financial.

- Phoenix Walk In Centre – Acceptance of the business case to extend the service to an Urgent Treat Centre had the caveat that it was a requirement to make available to the CCG information for all attendances, based on the national dataset for Emergency Care. The response letter from the Trust had been received but did not give this assurance. A meeting is to be held to discuss as this data is essential and there are concerns around the quality of data available.

There was no activity detail contained in the business case. It is currently a block arrangement and detailed information is required from 1st April 2020 to facilitate meaningful contract negotiations or it would remain a block arrangement.

Black Country Partnership Foundation Trust (BCPFT)

- Transfer of the Non Contract Activity funding to the Provider – the provider had requested assurance around indemnity of providers out of area placements. It is unclear why this is required as operationally the placement has not changed and all the budget is held by them. The Trust's position is that it would prefer the CCG to continue to hold the budget while improvements are made to out of area placements. This is to be

escalated to the Chief Executive at the Trust and then the regulator if necessary. It was queried if there was to be a shadow running period and where any additional costs would lie. It was agreed to share this information with Mr Marshall.

- Non-Emergency Patient Transport Services – re-procurement had concluded and the outcome had been agreed by Wolverhampton CCG's Governing Body. As this is a joint decision with Dudley CCG, the outcome of their decision is awaited.

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

8. Additions/updates to Risk Register

FP.436 There were no updates to the register on this occasion.

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

10. Any other Business

FP.437 There were no items raised.

Resolved: The Committee noted the contents of the report.

11. Date and time of next meeting

FP.438 Tuesday 26th November 2019 at 3.15pm, CCG Main Meeting Room

Signed:

Dated: