

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 27<sup>th</sup> November 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 J Green	Chief Finance Officer
Mr M Hastings	Director of Operations
Mr V Middlemiss	Head of Contracting and Procurement
Mrs L Sawrey	Deputy Chief Finance Officer

**In attendance**

Mrs G Moon	Business Operations Manager
Mrs H Pidoux	Business Operations Support Manager

**1. Apologies**

Apologies were submitted by Mr Marshall

**2. Declarations of Interest**

FP.439 There were no declarations of interest.

**3. Minutes of the last meetings held on 29<sup>th</sup> October 2019**

FP.440 The minutes of the last meeting were agreed as a correct record.

Resolved: The above was noted.

**4. Resolution Log**

FP.441 There were no outstanding items to consider.

## 5. Matters Arising from the minutes of the meeting held on 29<sup>th</sup> October 2019

FP.442 It was noted that a risk had been added to the Commissioning Committee Risk Register in relation to the mobilisation of the reprocurd dermatology service.

## 6. Review of the Risk Register

FP.443 The register was reviewed and the following noted;  
CR18 - Failure to Delivery Long Term Financial Strategy – Mr Green reported on the latest STP submission of meeting future targets. The final STP plan will set out how this can be addressed and the consequences. Further updates will be given to this meeting as appropriate and Mr Gallagher to update risk register to reflect this.

## 7. Contracting Report

Mr Middlemiss presented the following key points;

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

Contract performance – acute over-performance had been highlighted at the RWT Contract Review meeting and will continue to be closely monitored. Community performance is significantly under-performing which will impact on how this is contracted in 2020/21

The second meeting of the planning round for 2020/21 had been held and agreement was reached that the approach should be open and collaborative. The CCG flagged the additional financial challenge as a consequence of the additional contribution to support the overall regional position. A one page breakdown of the final plan submission was shared including the assumed level of QIPP and the gap, to allow discussion to be more focussed and to give direction to the sub groups.

Dermatology – The level of risk was now not as high as previously reported. A start date of 31<sup>st</sup> March 2020 had been agreed with Circle, the new provider. Interim provision had been agreed with the current provider. This approach allows Circle to commence in a planned way. Recruitment to posts had commenced as staff are not to be TUPE'd from RWT. Agreement had been reached that it will be RWT's responsibility to address the backlog and will take on new patients up to, and including, 22<sup>nd</sup> November. A breakdown of new and follow up numbers are to be confirmed by RWT for the Contract Variation Order (CVO).

The reason for there being no TUPE'd staff was raised and it was confirmed that the trust had not shared full details on this. Clarification was given that the issue of stranded costs was no longer relevant due to the change in circumstances. It was queried if the delay had caused additional costs? The detail was not known, however, plans for this were included in the procurement and provision made in the LongTerm

Financial Model. The costs for Omnes (formerly Concordia), the current provider, for the additional four months were known and it was anticipated that this would not cause a cost pressure for this year.

Phoenix Walk In Centre – in relation to the conversion to an Urgent Care Centre there are two outstanding issues; the recording of activity and the capture of the Emergency Care Dataset. Data quality is paramount for the Urgent Care Strategy. Offers of support from the CCG to resolve access to data issues had been declined. It was agreed that Mr Hastings would escalate this. Before the Contract Variation can be signed for the investment to be transferred these issues need to be resolved.

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

Transfer of the Non Contract Activity funding to the Provider – the trust had agreed to implement this on an initial 6 month shadow period upto the end of March 2020. An implementation meeting is to be held including the appropriate people to agree a process and start date.

111 – the service integration is anticipated to increase the utilisation of the WMAS Clinical Assessment Service (CAS) leading to reduced ambulance conveyances for non-emergency situations. Initial modelling undertaken by the West Midlands Integrated Urgent Care team had shown a 2% reduction in conveyances, circa £240k savings for the CCG. However, the Business Insight team had been unable to reconcile the figures and further work is to be undertaken. This had been added as a QIPP programme and would be modelled and monitored.

Resolved The Committee noted;

- the contents of the report
- that a specific risk had been raised relating to the delayed start date for the dermatology service, with reference to the mitigations described in the report
- issues with data access for Phoenix Walk In Centre to be escalated

## **8. Performance Report**

FP.444 Mrs Moon presented the report;

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

- Referral to Treatment – a RAP was in place for elective care and RWT had reported that performance had stabilised and the waiting list is not increasing. A waiting list validation exercise had shown an issue with patients where the clock had been stopped but not reported. This was an internal problem and RWT are working to establish the main cause and take steps to improve the system. Diagnostics – the trust was reporting

recovery by October, however this, had now changed to January 2020. It had been flagged that the RTT waiting list would not reach the same position as at March 2019. The trust had reported that NHSI had advised what would be acceptable, however, this had not been validated by the CCG.

- Urgent Care, 4 hour waits – the national position is not achieving the national target. RWT is performing better than local trusts.
- 12 hour breaches – 1 had occurred in October related to mental health bed availability
- Cancer targets - performance against the 14 day target is reported to reach standard in December. The diversion initiative had been turned off and this is being managed between Wolverhampton and Walsall. Super clinics had ceased, however, additional clinics are being held at weekends. 62 day wait RAP anticipates recovery by March 2020. Performance is steady at around 50%.
- E.A.S.2: IAPT recovery rate– performance had been flagged with the trust at the Data Quality Improvements Process (DQIP) due to the variation in reporting. Reporting on SQPR that achieving target but this was not carrying through to national data validation. Detailed work is being undertaken to determine the reason.
- E.A.3 – IAPT People who had entered treatment as a proportion of people with anxiety or depression (local prevalence) – activity currently below target. The trust is reporting that this is increasing and reporting will achieve standard by the end of the year.
- E.H.13 – Physical Health Checks for People with a Severe Mental Illness – achieved 42.07% against a planned trajectory of 50%. Performance is assessed on a rolling 12 month basis with the National requirement to achieve 60% in 2019/20, which will be assessed based on March 2020 position.

Resolved: That the report be noted.

## **9. Finance Report**

FP.445 Mrs Sawrey introduced the report relating to Month 7, October 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.
- RWT contract continued to overspend and, M7 SLAM data was indicating this was increasing
- An underspend at Nuffield is understood to be linked to the MSK pathway and how patients are referred into the system. This is being reviewed and discussed with the provider
- The RWT community contract at Month 7 was very close to breaching the collar agreement and, therefore, close monitoring would take place for Month 8

- FNC was currently forecasting an overspend of £452k due to an increase in the number of patients and higher charges. This is offset by an underspend in CHC of £696k.
- SEND reporting an over spend of £183k due to an increase in children accessing the service and the rising cost per child. This had been reviewed and the charges are legitimate and the cost has been factored into the LTFM for the next financial year.
- GP Prescribing was currently reporting an overspend of £381k for the year to date and a forecast overspend of £653 based on 5 months data. This included an assessment of the impact of new information being made available e.g. the Cat M price increase with effect from 1<sup>st</sup> August and the latest information in respect of NCSO which is anticipated to cost an additional £200k on the forecast position reported at Month 6.
- Overall Running Costs was reporting £116k underspend for year to date and a £200k underspend at year end. Running costs would have to reduce in 2020/21.
- The Cash target for Month 7 had been achieved. Recent budget holder training had included direction on invoice management.
- The risk position at Month 7 had been reviewed and the level of risk had been reduced as a consequence of assignment to individual programme areas particularly in relation to Mental Health.

Resolved: The Committee noted the updates given

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

FP.446 There were no updates to the register on this occasion.

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

#### **11. Any other Business**

FP.447 There were no items raised.

Resolved: The Committee noted the contents of the report.

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

FP.448 December 2019, virtual meeting only, papers to be circulated.

**Signed:**

**Dated:**