

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

Minutes of the meeting held on 26th April 2016
Science Park, Wolverhampton

Present:

Dr D Bush	Governing Body Finance and Performance Lead (Chair)
Mr J Oatridge	Independent Committee Member
Mrs C Skidmore	Chief Finance and Operating Officer
Mr S Marshall	Director of Strategy and Transformation
Mr M Hastings	Associate Director of Operations

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement
Mrs H Pidoux	Administrative Officer

1. Apologies

There were no apologies submitted for the meeting.

2. Declarations of Interest

FP.16.39 There were no declarations of interest.

3. Minutes of the last meeting held on 29th March 2016

FP.16.40 The minutes of the last meeting were agreed as a correct record.

One amendment to be made to item FP.16.31 QIPP Report, forecast delivery at Month 11 reported at £10.5m should read as reported at £10.3m.

4. Resolution Log

FP.16.41 There were no open actions at this time.

5. Matters Arising from the minutes of the meeting held on 29th March 2016

FP.16.42 There were no matters arising from the minutes of this meeting.

6. Finance Report

FP.16.43 Mrs Sawrey introduced the report which contained the draft year end financial position of the CCG as at 31st March 2016 as contained in the draft annual accounts. It was noted that the financial position will not be final until the annual external audit is completed. The External Auditors will be on site at the CCG from week commencing 2nd May.

Mrs Sawrey reported that the accounts were submitted with the annual report in advance of the NHS England deadline. She explained that the CCG planned to achieve a surplus of £5.9m. Following discussions with NHS England (NHSE) agreement was reached to extend this to £6.9m. The CCG actually achieved a further £67k about this.

Plans are in place to draw down over the next 3 years any surplus more than the required 1% (as requested by national guidance); however, further guidance is awaited as to whether the CCG will be able to do this in16/17.

Dr Bush queried if there were plans in place to spend the non-recurring money if agreement is given that this can be drawn down. Mr Marshall reported that there are plans that have been developed and are on hold until it is confirmed that the money is available. The aim of the plans is to reduce non-elective activity with a move of services to the Community.

Resolved: The Committee;

- noted the contents of the report and the update given.

6. QIPP Report

FP. 16.44 Mrs Sawrey reported that the QIPP delivery year to date at month 12 was £10.3m against the target of £11.8m. This means that delivery is at 87% of the QIPP target. This is the best performance since becoming a CCG.

The undelivered QIPP of 13% or £1.5m has been covered in the reported financial position of the CCG.

Resolved: The Committee;

- Noted the contents of the report and the current position.

7. Monthly Contract/Performance Report

FP.16.45 Contract and Procurement

Mr Middlemiss gave an update on the current contract negotiations position since the report was submitted to the meeting;

- Royal Wolverhampton NHS Trust (RWT) – contract signed off with the caveat that 2 key CQUINS are still to be agreed. These have been discussed throughout negotiations and both parties have agreed to resolve these outstanding issues by the end of May.

- Black Country Partnership Foundation Trust (BCPFT) – this contract has been signed. There is an increase in value from 15/16 and there are reviews planned in 2016/17 relating to service specifications and CQUIN work.
- West Midlands Ambulance Service (WMAS) – the host commissioner has confirmed that this contract has been signed. WCCG has increased its amount of investment from 2015/16 along with other local CCGs. It was noted that the amount is within the value contained in the Long Term Financial Model.

Mrs Skidmore reported that the level of growth across commissioners has been modelled and this has indicated that Wolverhampton is an outlier compared with other local CCGs with a higher level of growth. This will be monitored over the next 12 months to identify what is happening in the system to cause the growth and how to address this.

It was noted that the offers relating to the outstanding contracts to be agreed and signed are not materially different from the CCG's plan.

The Procurement Schedule was considered and updates given since the report was issued as follows;

- Step Down/CHC Framework – valuation stage is complete. 8 providers have met the criteria and this will be taken forward to the next stage.
- MSK – no bids were submitted at ITT stage. A meeting is planned to reconsider procurement options.
- Translation – The Governing Body agreed at a private session that an OJEU procurement process should be undertaken.
- AQP Audiology – this process is live and the closing date is in 2 weeks' time.
- Non-Emergency Patient Transport (NEPTs) – bids have been received and scored and this procurement is moving to bidder interview stage.
- Independent Living Equipment Service – discussions have taken place with the Local Authority regarding a joint procurement. Consideration is being given to the viability of this approach including timescales and the level of risk for the CCG.

Mr Oatridge raised a query with regards to contracts which are nearing the time when a reprocurement process is required. He reported that it had been raised as a concern as both Commissioning Committee and Governing Body are often asked to agree 3 month extensions to contracts to allow the process

to be completed. It was agreed to attach the Contract Register as an appendix to this report for this Committee's information going forward.

Resolved: The Committee

- Noted the content of the report and the updates given
- Requested that the Contract Register in date order is appended to this report in the future.

FP.16.46 Performance

Mr Bahia reported that at Month 11, of the indicators, 61 are green and 40 are red. There are in total 122 indicators, 21 of which are for information only. The following key points from the report were highlighted;

- RTT (Referral to Treatment 18 weeks) – performance continues to meet headline target and this is expected to continue to year end. Work continues to improve the failing specialities General Surgery, T&O, Oral Surgery and gynaecology. The recovery plans for Urology are dependent on recruitment.
- A&E 4 hour waits – performance issues continue, the Remedial Action Plan trajectory of 90% has been missed. The Vocare Urgent Care Centre opened with a skeleton service in March and was fully opened on 1st April. As yet no significant improvement in activity has been seen, it is expected that this could take time to improve as the service becomes embedded. It was noted that there has been discussion around how the activity is counted and a meeting is planned to discuss how it should be reported.
- Cancer Waits (62 days) - targets continue to breach. The actions set out in the agreed Remedial Action Plan have mostly been met; however, currently trajectory indicates that the revised target agreed in the Plan is unlikely to be met. Guidance has been issued in relation to tertiary referrals and the issue of fines. This continues to be a concern and is being reviewed. It was noted that this target is being missed across the board locally and therefore it is not possible to refer elsewhere. Concerns are ongoing regarding the recruitment of Urology Consultants which is a national problem.
- DTOC (Delayed Transfer of Care) – trend over the year has shown a significant improvement in performance. A stretch target has been agreed with RWT for 2016/17.

- IAPT (Percentage of people who are moving to recovery of those who have completed treatment in the reporting period) – work last year increased the number of patients; work was also carried out to the model of care and how to count activity. A marked change was noted in September last year and is expected to hit target in March this year. It is planned to respectively look back at counting figures for the first 6 months and it is expected that an improvement may be seen.

Resolved: The Committee;

- Noted the contents of the report.

8. Constitutional target requirements for 16/17

FP.16.47 Mr Bahia reported that a significant number of submissions have been made to NHSE over the last 6 months relating to planning and modelling for 2016/17. The final submissions had been made the week prior to this meeting. The final submission relating to the Quality Premium is due to be submitted by Friday 29th April and 3 local priority indicators have been identified.

A report will be brought to the May Committee meeting giving greater detail and the finalised documents,

Resolved – The Committee;

- Noted the update
- Will receive a detailed report at the next meeting.

9. Any other business

FP.16.48 Mr Oatridge raised a query following discussion at a Governing Body Development Session as to how assurance is gained that information received is correct.

Mr Hastings reported that audits had been completed in 2015/16 relating to this area, (an overview of data quality to provide assurance on performance and clinical quality).

It was suggested that the outcome of the audit reports were shared with the Committee for broader discussion at the next meeting.

It was noted that some data sets do change as the initial data received is a snapshot at that time. The data is then validated and reported at a later stage.

Resolved – The Committee

- Noted the concerns of the Governing Body and the need for assurance.

- Outcomes of data quality audits to be shared and discussed at the next Committee meeting.

10. Date and time of next meeting

FP.16.49 Tuesday 31st May 2016 at 2.00pm, CCG Main Meeting Room

Signed:

Dated: