

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

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

Present:

Dr D Bush	Governing Body Finance and Performance Lead (Chair)
Mr J Oatridge	Independent Committee Member
Mr S Marshall	Director of Strategy and Transformation (part meeting)
Mr M Hastings	Associate Director of Operations
Mr P Price	Lay Member

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

Apologies were submitted by Mrs Skidmore.

Dr Bush informed the Committee that Mr Price will be the Chair of this Committee from the August meeting.

2. Declarations of Interest

FP.16.72 Dr Bush declared an interest in item FP.16.80 Costing Template for Extended Primary Care Services

3. Minutes of the last meeting held on 28th June 2016

FP.16.73 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.16.74 Item 87 (FP.1667) – Committee to receive update on A&E coding issues as appropriate – including in report on agenda – action closed.

5. Matters Arising from the minutes of the meeting held on 31st May 2016

FP.16.75 There were no matters raised.

6. Finance Report

FP.16.76 Mrs Sawrey reported that all financial targets are being met, with the exception of BPPC non NHS by number of Invoices. This is currently amber rated, however, it is anticipated that this will return to green in the reporting next month.

The following key points were highlighted and discussed

- The final tranche of 2014/15 brokerage to Dudley CCG as agreed through the Black Country Risk Share agreement has been repaid in full.
- Mr Price queried the use of reserves to mitigate against risk and if there were any plans if the problems were to increase. Mrs Sawrey clarified that risk has been absorbed into the forecast and there is minimal flexibility which is non-recurrent. An additional risk has been identified following the recent notification of a 40% increase in the cost of Funded Nursing Care, a rise from £120 to £156 per week. This gives a £1m to £1.1m cost pressure to be absorbed
- Acute services continue to cause concern particular coding issues relating to A&E and in Specialties. Mrs Sawrey explained that a meeting was held in June to discuss the A&E issues and RWT were given until 18th July to respond. However, there was a misunderstanding in respect of the response and the deadline has been extended until Friday 29th July. The Committee was asked to consider a contract challenge and invoke an independent external audit if the response is not considered to be adequate.

Steven Marshall joined the meeting.

Coding issues were discussed in detail and, for one area in particular, it was clarified that whilst there is no difference in tariff between the codes, therefore, this is not impacting on the bottom line, however, incorrect data impacts on planning and contract negotiations.

Clarification was given that these issues are raised with RWT through the monthly Contract Review meetings. It was noted that speciality coding is not prescribed in the contract with RWT however, there are service conditions relating to the accuracy of coding. Last year a sub group of the CQRM met to review data quality. This could be re-introduced, however, it was highlighted that the outcomes from this last year were not very good.

It was agreed that the response from RWT would be reviewed on receipt. If this was not considered satisfactory a formal contract challenge would be issued and an independent external audit of data codes would be expedited

- NHS111 – the forecast has increased reflecting the potential for increased costs arising from the step in provider.
- Continuing Health Care – guidance has been received that there will be a 40% increase in FNC costs backdated to April 2016 which will create a cost pressure.
- Better Care Fund (BCF) - there are concerns relating to the BCF figures received from the Local Authority. These have been challenged and a meeting planned to review these. This is a risk, however, assurance was given that this is included in the position and mitigated against. An update will be brought back to the next meeting.
- QIPP – The CCG target for QIPP for 2016/17 is £11.26m. Schemes have been identified for £9.14m (82%). In Month 3 £764K of additional QIPP against the target has been identified reducing the Unallocated QIPP from £2.116m to £1.352m.
- Risks – Acute over performance and BCF are the biggest risks at £1.5m gross but mitigated to £1.13m. Full delivery of the QIPP programme is anticipated; however some risk relating to the delivery of the unallocated QIPP is identified. Delayed or reduced investment plans would require the CCG to review the use of funds to support the Primary Care Strategy.

Risks have been identified associated with NHS Property Services moving to charging market rents. RWT are currently reviewing community sites, where staff are based and these are being rationalised. The CCG has been advised that risk associates with NHS Property Services will be centrally funded in 2016/17.

Resolved: The Committee;

- noted the contents of the report and the current position, particularly with regard to risk.
- Agreed that if the response from RWT relating to data coding was unsatisfactory an external independent audit would be instigated.
- An update relating to BCF figures to be brought to the next meeting.

6. Performance Report

FP.16.77 Mr Bahia highlighted that of the indicators, 45 are green rated, 22 are red rated and 20 are unrated. Mr Bahia explained the report has been amended to show the indicators where information on national targets is still to be published.

The following key points from the report were highlighted;

- RTT – performance at headline level failed to achieve target, 90.95% against a target of 92%. The Trust has advised that this is due to industrial action by Junior Doctors and a review of waiting list practices in Orthodontics.

Detailed action plans have been received from the 5 failing specialities, General Surgery, Gynaecology, T&O, Plastic Surgery and Urology, which include recovery trajectories and actions. A recovery plan for Orthodontics is expected by end of July. Mrs Sawrey stated concern over the underperformance of Elective activity, both in patient and day case as well as over performance in Out Patient First attendances. The concern raised was if outpatient continue to rise and convert into Elective activity and the trust are already underperforming on plan this could have a detrimental effect on RTT. It was noted that a decision would be required by the middle of September if the CCG wished to look at an alternative providers.

Clarification was given that as this indicator falls within the Sustainability and Transformational Fund Improvement (STF) the CCG will not be able to enforce contractual fines for 2016/17.

- A&E – challenges continue and the Trust failed to achieve the STF recovery trajectory for the month. An agreement is in place to amalgamate the Vocare Urgent Care Centre activity with the Trust A&E activity and for the combined figure to be reported through Unify from August. A separate line will be added to the Performance Dashboard so that performance of both providers can be monitored.
- Cancer Waits – failed to achieve target for a number of reasons including strike action by Junior Doctors, consultant sickness and on-going issues in Urology. It was highlighted that as these are small numbers of patients, one breach has a significant impact on failing to achieve target.
- 62 day Cancer Waits Tertiary Referrals – performance has dropped in reporting month and continues to fail to achieve the national target. There are challenges in recovering performance and the NHS England Area Team (NHSE AT) is involved with discussion to find a resolution to improve performance.

- C Diff - there have been 6 cases in May, further information is awaited. The Trust has reported that they are looking at recruiting to an Anti-Microbial Prescribing (AMP) post to address this issue.

Resolved: The Committee

- Noted the content of the report and the updates given.

7. Monthly Contract and Procurement Report

FP. 16.78 Mr Middlemiss reported that the Trust has submitted trajectories for the following areas relating to STF;

- A&E 4 hour waiting time
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

As the Trust is part of the STF process the CCG will not be able to impose 'Double Jeopardy, which means that contractual sanctions, withholds or impose recovery trajectories outside the agreed STF trajectories for these KPIs. Sanctions outside the affected areas can still be applied.

As discussed earlier in the meeting issues with A&E coding are being closely monitored.

Mr Oatridge raised a query relating to the agreement to waive the fines associated with RTT for Months 1 and 2 because of the impact of Junior Doctor strikes as these were exceptional circumstances. He asked for clarification of how this was agreed and whether there is a delegated scheme for this process and if the governance around this was followed. It was agreed that this would be reviewed and an update brought to the next meeting.

The non-achievement of CQUIN target (Quetiapine), a drug used for patients with psychosis, has been reviewed with Black Country Partnership Foundation Trust (BCPFT). A Recovery Plan is to be developed and a shared care agreement to be produced by September 2016. Also GPs should be given open access to pharmacy and clinicians at BCPFT for advice and guidance. A joint assessment is planned to assess which other mental health drugs require closer monitoring for patients discharged to primary care.

It was reported that the contract with Vocare (Urgent Care Centre provider) is still to be signed. This presents a degree of risk to the CCG, as the service has been delivered since 1st April. Urgent resolution is

being sought with Vocare and meetings have been set up accordingly and the aim is to resolve this in the near future.

The Procurement Schedule was considered and it was agreed that there is a need to report on when contracts are due to expire so that an informed decision can be made as to when to start procurement processes to limit the need to roll over contracts in future.

Mr Middlemiss reported that the Contract Register is being reviewed to include this level of detail and will be used to inform commissioning intentions. This level of detail will be reported to the Commissioning Committee and discussed there.

Resolved – The Committee:

- noted the contents of the report
- requested an update regarding the process and governance relating to the waving of fines at the next meeting.

8. Detailed Financial Policies & Scheme of Delegation

FP.16.79 Mrs Sawrey reminded the Committee that the Prime Financial Policies (PFPs) and Scheme of Reservation and Delegation (SoRaD) form part of the CCG's constitution and an annual review is required to ensure they continue to be aligned with the CCG's objectives and overall governance framework. In addition, the Detailed Financial Policies (DFPs) need to be reviewed to ensure they are consistent with the PFPs.

The minor changes to the DFPs were reviewed and approved. It was noted that there were no major changes.

The amendments to the PFPs, SoRaD and Detailed Scheme of Delegation were reviewed and noted.

Resolved – The Committee;

- approved the changes to the DFPs
- reviewed the changes to the PFPs and SoRaD and recommended to the Governing Body that these are approved.

9. Costing Template for Extended Primary Care Services

FP.16.80 Mrs Sawrey reported that a model for costing new or revised extended Primary Care Services has been developed in conjunction with input from both the Clinical Reference Group and Finance Task and Finish Group where membership included GPs, Practice Manager, Practice Nurse and representation from the LMC.

It was reported that this is well tested model used elsewhere and has been supported by the Clinical Reference Group.

It was highlighted that the reimbursement has a variable level of hourly rates. It was questioned if there is a possibility of double counting of profit. Clarification was given that this reimbursement is to cover locum backfill, which is high cost, or work carried out outside normal working hours.

Resolved – The Committee

- noted the contents of the report
- took assurance from the approach being taken in respect of new or amended Extended Primary Care Services commissioned.

Post meeting note:

Chair's action – as Dr Bush declared an interest in this item, as a GP in the area, Mr Price confirmed that the model was supported and agreed by the Committee.

10. Any Other Business

FP.16.81 There were no items raised under any other business.

11. Date and time of next meeting

FP.16.82 Tuesday 30th August 2016 at 2.00pm, CCG Main Meeting Room

Signed:

Dated: