

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 28th June 2016
Science Park, Wolverhampton**

Present:

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

In regular attendance:

Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement
Mr P McKenzie	Corporate Operations Manager
Mrs H Pidoux	Administrative Officer

1. Apologies

Apologies were submitted by Mrs Sawrey.

Declarations of Interest

FP.16.61 There were no declarations of interest.

2. Minutes of the last meeting held on 31st May 2016

FP.16.62 The minutes of the last meeting were agreed as a correct record with the caveat that the following amendment is made;

Item FP.16.56 – ‘it was reported that for the first time in 20 years there have been no reported MRSA breaches across RWT and the CCG in month’ to be changed to ‘it was reported that for the first time in 20 years there have been no reported MRSA breaches across RWT and the CCG in year’.

3. Resolution Log

FP.16.63 There were no open items as at 31st May 2016.

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

FP.16.64 There were no matters raised.

6. Finance Report

FP.16.65 Mrs Skidmore reported to the Committee on the CCG financial position as at Month 2, May 2016. She acknowledged that although it is early in the reporting year and not all data sources are yet to report, it is expected that both the running and programme cost targets will be achieved.

Mrs Skidmore highlighted that risk is incorporated in the forecast modelling. It was noted that there is a small unallocated commissioning reserve which was not negotiated into the contract which can be used in year if a need arises to purchase additional activity to meet constitutional targets such as Referral to Treatment (RTT).

Mr Oatridge joined the meeting.

The CCG's risk position was discussed and Mrs Skidmore explained that as the final plans were signed off the CCG was notified that it would not be possible to spend from the 1% reserve which created an unmitigated risk, which was reported to the NHS England (NHSE) Area Team. The expectation is that this should be reducing over time. However, there is now a clear expectation from the NHSE Area Team that this needs to be reduced in full in the Month 3 reporting or the current financial rating will not be maintained.

Mrs Skidmore stated that it may not be possible to close the full gap of £1.8m risk in Month 3. She confirmed that the position will be discussed with the Area Team during the regular monthly call once Month 3 figures have been collated.

A query was raised as to what would happen if it is not possible to clear the unmitigated risk. It was confirmed that risks would need to be covered with resources identified for activity in other areas if they could not be reduced or removed.

The current QIPP position was considered and Mrs Skidmore brought the Committee's attention to the change in reporting style to show activity and financial information. QIPP has now been amalgamated into the Finance Report.

Mrs Skidmore noted that reports from the Programme Boards are that plans are on track and that they are focusing on reducing the £2m unallocated savings.

The QIPP Board is reporting the following key headlines;

- 4 possible schemes are being worked up which may contribute to the unallocated QIPP position.

- There are concerns that the Hopper currently has very few new ideas, particularly as the QIPP target for next year is around £14m.
- The Better Care Fund group are meeting to review schemes to ensure the stretch target is delivered.
- There is a need to speed up the process from scoping to solution development as the progress of ideas/schemes through gateways is proving very slow. It was acknowledge that this needs to be done without compromising the quality of decision making.
- Programme Boards are to review allocation of projects and capacity to ensure the CCG is focusing on the right schemes and to test whether resource is sufficient to deliver the programme.

It was queried where ideas for schemes come from and it was confirmed that this could come from anyone including discussions at locality meetings.

A question was raised regarding the spike in spending in March and Mrs Skidmore clarified that this was due to a number of large items (such as CQUIN) which are not paid until March as some are not settled until year end.

Resolved: The Committee;

- noted the contents of the report and the current position, particularly with regard to risk.
- noted the steps being undertaken to plug the gap in QIPP savings.

6. Performance Report

FP.16.66 Mr Bahia highlighted that of the indicators, 37 are green rated, 14 are red rated and 42 are unrated. Mr Bahia explained that the high number of unrated indicators will reduce in future months once further data is recorded in the template.

The following key points from the report were highlighted;

- 18 Weeks referral to treatment (RTT) incompletes – the headline level failed to achieve target in Month 1. This was primarily affected by the Junior Doctor's strike, however, initial specific data for May indicates that the Trust has failed to achieve target again. 5 specialities are failing and the Trust has been asked to broaden the Recovery Plan to cover all 5 specialities. A pragmatic view is being

taken and fines not imposed. However the Trust will be closely monitored on its actions to achieve target.

- A&E 4 hour waits – performance issues continue.

It was reported that discussion re on-going with RWT and Vocare regarding operational flow. A meeting is due to help to discuss the merging of data and how to improve the flow of data. A Remedial Action Plan (RAP) is in place with a trajectory for recovery by July (which was noted as challenging).

- Cancer Waits – as previously reported issues continue with Urology due to capacity. Issues with tertiary referrals also continue to affect performance. A revised RAP is expected at the end of June and will be discussed with RWT when received.
- C Diff – 5 breaches have already occurred which means it will be a challenge to hit trajectory. The Trust has put forward their intention to recruit to an Anti-Microbial Prescribing post. Discussion had taken place that this role should be looking at a city wide campaign. The issue is being monitored by the CCG Quality Team and through the Clinical Quality Review meetings.
- E-Discharge – all wards failed to achieve target mainly due to the Junior Doctors strikes and issues with the PAS system. It was noted that this was an area where money from sanctions imposed has been invested to support training and improved IT systems. A RAP is in place and will continue to be monitored.
- Early intervention in Psychosis programmes – there are issues with patients not attending for appointments often on multiple occasions. A RAP is in place and systems and options to improve performance are being reviewed. An update will be brought back to this Committee when a plan is in place.

Resolved: The Committee

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

7. Monthly Contract and Procurement Report

FP.16.67 Mr Middlemiss explained that the report has been revised to complement information provided in previous reports on the agenda.

The key points highlighted were;

- Sustainability and Transformation Fund (STF) – at the June Contract Review meeting RWT advised that it is expecting to be eligible for participation in the STF and confirmation is expected shortly. This will impact on the CCG's performance monitoring of

local quality indicators and particularly the application of withholds and sanctions. A full update will be provided at the next meeting.

- Performance Sanctions – update given that since the paper was written there has been an additional sanction relating to RTT performance giving a total of £364,000.

Mr Hastings commented that Choose and Book information is now available to be reported. Mr Middlemiss agreed to ensure that this information is captured in future reports.

A potential up coding issue was discussed at the Contract Review meeting as there was significant over performance in A&E seen in Month 1 and 2. It was explained that there are a number of HRG codes for A & E now being reported differently causing a higher cost to the CCG. This has been raised with the Trust as it now a significant outlier to other local trusts and there is a step change in data. They have until 18th July to provide a response. Updates will be brought to this Committee.

Mr Middlemiss explained that the procurement schedule contained in the report has been revised to show procurements in progress and those due to take place this year. This included the CCG as both the host and associate commissioner. This was reported to NHSE in June.

A discussion took place around whether an overview of when contracts are due to end should be included in the report to give a forward view. It was agreed to include this, however, it was considered that it was more pertinent for the Commissioning Committee to have an overview of this.

Mr Oatridge asked for more clarification around the unsigned contract with Stafford and Stoke on Trent Partnership NHS Trust and the fact that the contract is in arbitration. It was explained that whilst this is a large contract in total (for Community Mental Health), this is with the lead commissioner and it is a relevantly small contribution for the CCG.

Resolved – The Committee:

- noted the contents of the report
- will receive update on A&E up coding issues as appropriate

8. New Lay Member – Finance and Performance Committee Representative

FP.16.68 Mr McKenzie gave an update on the proposed appointment of a Lay Member to the Committee following the issuing of revised guidance for managing conflicts of interest.

The guidance gave a strong recommendation for an additional lay member of the Governing Body. At this time agreement had already been made by the Finance and Performance Committee to appoint an additional lay member to support the on-going development of its assurance and scrutiny role.

Following discussion to determine the most appropriate response to the guidance and in line with the need to strengthen the membership of this Committee, the preferred option was to expand this role description to become a Governing Body member. The additional responsibilities will entail chairing this Committee and becoming a member (and deputy chair) of the Joint Primary Care Commissioning Committee.

The Governing Body will be asked to agree the proposed approach to establishing a new lay member position at its meeting on 12th July 2016.

The role will proceed in a shadow format until it is formally finalised in the CCG's Constitution. It was clarified that Mr Price will become the Lay Member Chair of the Finance and Performance Committee. Dr Bush will continue to attend the Committee as a GP member.

Correct process will be followed to fill the resulting Lay Member vacancy for the Audit and Governance Committee. This will also affect the Auditor Panel which will oversee the procurement of the CCG's external auditors who should be appointed by December 2016.

Resolved – The Committee;

- noted the proposed appointment of an additional Lay Member to the Governing Body
- noted the recruitment of an additional Lay Member to this Committee
- took assurance from the process followed.

9. New Assurance Regime

FP.16.69 Mrs Skidmore explained that information on the new assurance regime was shared with the Committee for information. She noted that a greater level of information will need to be submitted to the Area Team including minutes of meetings.

It is also proposed that finance colleagues from NHSE will attend some meetings in a supportive manner and to share best practice.

Resolved – The Committee

- noted the requirements of the new assurance regime.

10. Any Other Business

FP.16.70 There were no items raised under any other business.

11. Date and time of next meeting

FP.16.71 Tuesday 26th July 2016 at 3.15pm, CCG Main Meeting Room

Signed:

Dated: