

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 27 September 2016**  
**Science Park, Wolverhampton**

**Present:**

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

**In regular attendance:**

Mr G Bahia	Business and Operations Manager
Mrs L Sawrey	Deputy Chief Finance Officer

**In attendance**

Mr A Sharma	Senior Contracts Manager
Miss M Patel	Administrative Officer

**1. Apologies**

Apologies were submitted by Mr Middlemiss and Mrs Pidoux

**2. Declarations of Interest**

FP.16.92 There was no declarations of interest.

**3. Minutes of the last meeting held on 30 August 2016**

FP.16.93 The minutes of the last meeting were agreed as a correct record.

**4. Resolution Log**

FP.16.94

- Item 90 (FP.16.78) – Update regarding the process and governance relating to the waiving of fines to be brought to the next meeting – Mrs Skidmore presented a briefing paper. Item closed.
- Item 91 (FP.16.88) - Performance Report to be revised to highlight important areas for discussion – Information had been revised and was presented in the report at the meeting today. Item closed.

## **5. Matters Arising from the minutes of the meeting held on 30 August 2016**

FP.16.95 Mr Bahia advised that under FP.16.88 that under the section 62 day Cancer Wait Tertiary Referrals. The sentence should be amended to - **A meeting had been set up for the 8 September with Dudley CCG's Head of Quality and steps are being taken to resolve this issue.**

## **6. Finance Report**

FP.16.96 Mrs Sawrey reported on the Month 5 financial position, stating that it had proven to be a very difficult month to close down. The financial target had been hard to achieve.

- The acute portfolio has deteriorated in month, in particular for Dudley Group of Hospitals. There has also been more activity within the smaller contract hospitals but there does not seem to be a reduction in the numbers attending at RWT. The Dudley Group of Hospitals overspend is mainly due to emergency vascular work.
- CHC costs have increased and the under spend had been reduced. The length of stay in terminal phase was increasing (10 weeks instead of 6) and CHC packages were very expensive.
- RWT – There has been no real change in the main hotspots. Electives are underspent and non-electives and outpatients are overspent. Queries remain with A&E with particular regard to the double counting of people attending A&E. The Committee discussed this in depth.
- Diagnostic Consultant to Consultant referrals are being looked into. The majority of referrals are mostly related to scans and MRI scans.
- The other two key areas discussed were BCF and QIPP. QIPP savings have deteriorated. Following a BCF Deep Dive in month 5 (conducted by all leads), the main area of concern in slippage in recruitment to the community team.
- The Committee discussed the issues around the Rapid Response Team including recruitment.

Mrs Skidmore advised that the Finance position had been discussed in depth at a recent Senior Management Team meeting and options, ideas and practical actions have been identified. There would be a further meeting taking place the following week to discuss forward planning.

Mrs Sawrey gave a QIPP Board update:

- Currently there were limited QIPP schemes in the pipeline, delivery boards have been asked to address this via development of commissioning intentions.
- Mrs S Southall would be attending future QIPP Board to give an overview of feedback from practice visits.
- The effect of new tariff changes could increase the QIPP from £14million to as much as £20million in 2017/18.
- Mr Price recognised the QIPP position but asked that a fuller update on the reasons for the slippage against targets to be included in next month's report, together with an update on progress against future QIPP plans.

Mrs Skidmore had attended the Accountable Officers Meeting in the morning and shared with the group a document on 2017-2019 Operational Planning and Contracting. This item was not for circulation and was discussed in the group.

Resolved: The Committee;

- Noted the contents of the report and the current position, particularly with regard to the risks inherent in the finance position.

## **6. Performance Report**

FP.16.97 Mr Bahia highlighted that of the indicators for Month 4, 41 are green rated, 26 are red rated and 26 are unrated. Following discussions at the last Finance and Performance Committee meeting, the Monthly Performance Exception Report had been revised to highlight key areas.

The following key points from the report were discussed;

- Handover between ambulance and A&E – There were 87 handover delays for patients waiting over 30 minutes in July 16/17 plus 5 handover delays for patients waiting over 60 minutes. Contractual sanctions were enforced based on the numbers of breaches each month, with fines for Month 4 estimated at £22,400.
- E-discharge – There continues to be issues with achievement of the e-discharge target. E-discharge for performance for all wards and assessment units is failing. New Junior Doctors arriving at the Trust were completing e-discharge training. The fine for not achieving this target is estimated to be £10,000 in total.

- Serious Incident (SI) reporting – A programme of work is ongoing through the Pressure Ulcer Prevention Steering Group and the Trusts Falls Policy is under review.
- Stroke – The indicator had failed to meet the 60% target for the first time in July reporting 58.82% in month. The trust had confirmed that there has been an issue with a number of patients that had been incorrectly flagged as 'high risk'. Training has been provided to remedy this.
- Mixed Sex Accommodation – Early indications in August reported multiple mixed sex accommodation breaches. The CCG are awaiting updates from the Trust.
- DToCs – Performance for July achieved the Q2 stretch target of 3.20% for delays (excluded Social Care (1.29%)). 4.43% had been confirmed as the overall delays position.
- RTT – Delivery was under the STF trajectory. There remains a problem with capacity issues including recruitment.
- A&E – This has failed the target and STF trajectory. Human Factors training has taken place. The SRG Meeting has now been replaced by the A&E Delivery Board.
- 62 day Cancer Waits Tertiary Referrals – Mr Bahia, Ms N Ensor and Mr V Middlemiss took part in a teleconference with Ms M Minott - Head of Quality and Risk at Dudley. Miss Minott had not been aware of the late tertiary referrals sent from Dudley. She committed to look into this.
- C.Diff – There have been fewer breaches reported.
- RTT Waits over 52 weeks for incomplete pathways – There are 64 patients that had breached the 52 weeks relating to Orthodontics remaining to be seen. Work to see all patients affected by this issue is ahead of target.
- IAPT measures – There has been significant improvements in this area. DNA's however continue to affect performance figures.

Following discussions at the last Finance and Performance Committee meeting, the Monthly Performance Exception Report had been revised to highlight key areas. Mr Price thanked Mr Bahia for the revisions to the document.

Resolved: The Committee

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

## **7. Monthly Contract and Procurement Report**

FP. 16.98 Mr Sharma presented the Monthly Contract and Procurement Report on behalf of Mr Middlemiss. The report focused primarily on Month 4 (July).

Areas highlighted in the report were:

- Remedial Action Plans
  - A&E RAP – Joint triage arrangements with Vocare commenced from the 1 September 2016. Vocare have seen increases in activity.
  - E-discharge – This covers ward and assessment areas.
  - Cancer RAP – The 62 day wait target is being missed because of the delay in receiving patients from Dudley Group of Hospitals. A clinical audit is taking place.
- Performance Sanctions
  - There have been a number of breaches where financial sanctions had been applied.
- Other RWT Contractual Issues
  - There have been issues with coding and duplication. This is being looked at and reimbursements have been sought where there has been overcharging.
- BCPFT
  - A RCA had taken place regarding the prescribing and monitoring of Quetiapine which was a drug used for patients with psychosis.

Resolved – The Committee:

- noted the contents of the report

## **8. Any Other Business**

FP.16.99 There were no items raised under any other business.

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

FP.16.100 Tuesday 25 October 2016 at 3.15pm, CCG Main Meeting Room

**Signed:**

**Dated:**