

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 25<sup>th</sup> April 2017  
Science Park, Wolverhampton**

**Present:**

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

**In regular attendance:**

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

**In attendance**

Mrs H Pidoux	Administrative Team Manager
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**1. Apologies**

Apologies were submitted by Mr Oatridge.

Mr Price welcomed Mr Trigg to the meeting and explained that he would be taking over as interim chair of the Committee from the May meeting

**2. Declarations of Interest**

FP.153 There were no declarations of interest.

**3. Minutes of the last meetings held on 28<sup>th</sup> March 2017**

FP.154 The minutes of the last meeting, public and private, were agreed as a correct record with the caveat that the following change was made to the public minutes;

- Item FP.148 Monthly Performance Report – the number of green rated indicators to be changed to 40 from 43.

#### **4. Resolution Log**

FP.155

- Item 100 (FP.16.127) – Consideration to be given to how the key areas of performance are reported to Governing Body - noted that the report reflects the Area Team monthly monitoring agenda. The Committee asked for the report to bring the Committee's attention to any discussion points to draw out where the Committee has some influence to resolve or if there is a need to escalate.
- Item 101 (FP.16.135) – Quality and Safety Committee minutes to be reviewed re level of discussion re Safeguarding training at RWT and decision required as to which Committee takes the lead for monitoring the uptake of Safeguarding training – this is to be taken to the Executive meeting to discuss with the Executive Director of Nursing and Quality – deferred until Executive Director returns from sick leave.
- Item 102 (FP.135) – The lack of information re Safeguarding Training for Board Level Staff at RWT to be checked to ensure that the training is being undertaken at that level – a section relating to Safeguarding Training report has been included in the Monthly Performance report – action closed
- Item 104 (FP.148) – Brief report to April meeting outlining on-going work around Demand Management and Referral Management - plan brought to the meeting and discussed under item FP.158 monthly performance report – action closed
- Item 105 (FP.150) – Draft Annual Report – any comments to be forwarded to Peter McKenzie, Corporate Operations Manager – on agenda – action closed.

#### **5. Matters Arising from the minutes of the meeting held on 28<sup>th</sup> March 2017**

FP.156 There were no matters arising from the previous minutes.

#### **6. Finance Report**

FP.157

Mrs Sawrey reported that the Year End Accounts had been closed and no queries had been received from NHS England (NHSE) at the time of the meeting. All financial metrics were achieved and QIPP delivery was 95% of the target. This was the highest level of QIPP achieved by the CCG.

A surplus of £10.43m has been delivered which is £0.883m over target (£6.172) plus £3.375 being the release of the 1% reserve to the bottom line (as nationally mandated)

Mrs Sawrey stated that there were no major movement to report with the exception of the Better Care Fund. She noted that it is disappointing that there are still issues with Local Authority accounting methodology and systems. Assurance was taken previously that, following processes put in place after similar issues last year, problems had been addressed. It would appear that this is not the case.

It was confirmed that there are no sanctions the CCG can use if the outturn worsens. Any additional overspend included in City of Wolverhampton Council's impact on the CCG's finances in 2017/18. An audit of the whole Pooled Budget Agreement could be considered if necessary. Mrs Skidmore confirmed that the Better Care Fund is included in the Internal Audit programme for 2017/18, the details are to be finalised.

Mr Price queried if there are any areas of significant overspend which the CCG does not have flexibility to cover that can be drawn out. It was agreed to review and revisit risk profiling at the next meeting.

Mr Price commended the CCG on its achievement and recognised the hard work of the Finance Team and Budget Holders in doing this.

Resolved: The Committee

- Noted the content of the report
- Requested that a report on risk and mitigation is brought to the next meeting.

Mr Marshall left the meeting

## **7. Monthly Performance Report**

FP.158 Mr Bahia highlighted that of the indicators for Month 11, 40 are green rated, 29 are red rated, 23 have no submissions and 2 is awaiting target.

Mr Bahia stated that work is being undertaken to improve reporting particular around measures where there are no submissions or targets are missing. This will be embedded in 2017/18 reporting.

The following key points from the report were discussed;

- Safeguarding – a dashboard giving an overview of safeguarding training (children and adults) performance against target. A number of issues had been highlighted during the CCG's interrogation of the data following the request from the Committee. Going forward discussions are taking place in relation to the indicators and how to report the information which will mean the reporting is more reliable and will flag any concerns.

A query was raised in relation to the 100% achievement of Board level staff attending training and it was asked that this should be ratified.

It was confirmed that if targets are continually not met there are specific financial sanctions in the main contract linked to quality requirement that can be implemented.

- RTT - continues to perform marginally below threshold mainly due to capacity and demand issues. 4 Dermatology staff left at the same time which had impacted on performance. The provider is reporting that performance can be recovered by the end of Quarter 1. Performance in March has increased to 91%,
- Diagnostics – Continues to perform marginally below target due to two areas CT and MRI scans. The sole cardiac consultant left for maternity leave and the locum consultant brought in to cover cannot maintain workload level of substantive staff. The Trust has tried additional recruitment but this has been unsuccessful. A change in NICE guidelines in November 2016 has also increased the number of referrals.
- A&E – A RAP is in place and a small improvement has been seen. CCG are discussing activity levels with Vocare. Delays with first assessments are primarily due to over reliance on locums. The Trust is discussing a revised trajectory with NHSI.
- 62 day cancer waits – historically performance has been below target. Breaches have occurred in 5 areas, Urology, Colorectal, Head and Neck, Upper GI and Gynaecology. Saturday clinics were planned throughout April; however these will see patients who have already breached. The outcome of the Trusts discussions with NHSI regarding a recovery trajectory is awaited.

It was noted that NHSE and NHSI have different trajectories for meeting targets. These need to be clear when the CCG is developing RAPs.

- Zero tolerance RTT waits over 52 weeks wait for incomplete pathways – Performance is currently ahead of the recovery trajectory (all orthodontic patients). The Trust has provided an updated Remedial Action Plan for the Orthodontic breaches with a recovery trajectory confirming zero breaches by June 2017.
- Delayed Transfer of Care – issues are predominately delays awaiting assessments, further care or domiciliary packages. There are a higher number of Staffordshire delays, accounting for 25% of all delays. In line with the national view a reducing trajectory has been set for next year to be achieved by Q4.
- Handover breaches – a high number of breaches occurred in February, however, there has been a significant reduction in the number of breaches in March.
- Discharge Summary – it has been identified that the issues are people related as there are no problems with the system and further training is to be arranged to improve this.

Mr Bahia reported that provisional data has been received from RWT for the majority of performance indicators for Month 12. Although the figures are subject to change they give an indication of the final performance position for the year. It was noted that this information was as expected.

Mr Price asked if it would be possible to identify where reports have made a difference so that this can be shared with the Governing Body.

Referral and Demand Management – Mr Hastings gave an overview of the work being carried out to address the issues relating to referral to treat to improve performance in this area. A summary of the agreed actions have been shared with NHSE.

Members were asked to review the 'live' document shared at the meeting and to consider areas of focus and any comments to be shared with Mr Hastings.

It was agreed that an updated report should be brought back on a quarterly basis.

Resolved:

- The Committee noted the content of the report
- 100% achievement of Board level staff attending safeguarding training to be ratified
- Consider where reports have influenced performance and sharing with Governing Body
- Referral and Demand Management document to be reviewed and comments forwarded to Mike Hastings
- Updated Referral and Demand Management report to be brought back to the Committee on a quarterly basis.

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

FP.159 Mr Middlemiss presented this report based on Month 11 information and highlighted the following key points;

Royal WolverhamptonTrust (RWT) -

- Exception Reporting Proposal –the new mechanism proposed by the CCG has been agreed in principle by the Trust. The Provider has advised that they will start populating exception reports in June 2017.

In addition, the Trust has agreed in principle to take over presenting the contract performance finance and activity data, working to the same timeframe so that it commences Month 1 data. The CCG in conjunction with the CSU will still undertake the same level of analysis it has been doing which includes benchmarking with other acute providers. This will ensure the

CCG is prepared with questions to take into the CRMs and to raise queries if the RWT data fails to provide the required level of assurance for activity lines off trajectory.

Mr Middlemiss reported that further work is on-going to embed the new query log process, an internal forum for the CCG to review responses from the Trust.

- Sanctions – it was noted that the total fines value for Month 11 is £78,700.
- Business cases for fines/MRET/readmissions – Business cases for MRET, re-admissions and sanctions have been received and accepted with a caveat that this is with the expectation that they will be clearer for 2017/18. The CCG will require the Trust to be more proactive with submissions.

It was agreed that a draft proposal setting out the CCG's expectations should be brought to the next meeting.

- Dermatology – the Trust is experiencing major challenges in this speciality due to a shortfall in Dermatology consultants. The CCG is holding discussions with local providers regarding capacity and capability to take on some of the work. The Trust has been asked to provide a breakdown of referrals by GP and condition. A meeting was due to be held with RWT to discuss options, plans and future provision of the service.

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

- Routine EIS referrals within 10 days – The target for routine EIS referrals within 10 days achieved 100% in February. However a RAP has been issued to the Trust as this indicator is often breached due to patient 'did not attends'. Actions have been set to address this issue and to review the Trust DNA and Access Policy as part of the RAP.
- Data Quality Improvement Plan (DQIP) – Following a meeting with BCPFT and other Commissioners actions have been agreed to address data submission concerns in the following areas, Early Intervention Psychosis, CAMHS, Eating Disorders, IAPT, Dementia and Out of Area Placements.

## Nuffield

- Contract issues - Nuffield Health have submitted a Business Plan wanting to increase the BMI rate from 35 to 39 for all patients. This is because they believe Wolverhampton to be an outlier compared to other Nuffield Hospitals within the group, whereby those other hospitals see patients with a BMI cut off of 39. The CCG's Head of Quality and Risk has asked for advice in regards to the clinical benefit of this and how the additional risk for patients with a higher BMI will be managed. Further information is awaited.
- A suggestion contained in the report that Nuffield submit data on day 20 rather than day 10 to ensure accuracy was questioned as the SLAM data is required earlier than day 20 for finance forecasting purposes. It was agreed to discuss this outside the meeting.

## Other Contracts/Significant Contract Issues

### Urgent Care Centre (UCC) –

- As Vocare are failing to deliver the quality standards set out in the contract and quality issues raised following CQC inspection, the CCG is working closely with CQC to address the issues. This is being managed via the monthly Contract and Quality Review meetings held with Vocare and a recently established Improvement Board which includes a CQC representative. An urgent response and action plan has been requested from Vocare.

As a result of the significant underperformance in the 16/17 contract, the CCG have written to the Provider advising of the year end claw back, as supported by the F&P Committee in February. Upon receipt of M12 data, the year-end underspend has been updated to £204k and an invoice has been issued accordingly. Vocare have replied asking the CCG to consider lowering the activity plan for 2016/17. Further discussion will be held, however, the view of the Committee was that the Provider would need to evidence this.

### WMAS Non-emergency Patient Transport

- Performance has been deteriorating and the Provider has advised that this is due to an unusual set of circumstances, including a high level of annual leave at year end which had been agreed by the previous Provider. The CCG remains concerned and has reiterated to the Provider that this is not acceptable on an on-going basis. The Provider is working to reduce the decline in performance.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- A draft proposal setting out the CCG's expectation for MRET/readmissions/fines business cases should be brought to the next meeting.

## **9. Draft Annual Report**

FP.160 Mr Price stated that Mr McKenzie, Corporate Operations Manger had confirmed that minor changes as requested had been made to the Annual Report which was shared at the last meeting. A conclusion will be shared with Mr Price before it goes to the Governing Body meeting at the end of May.

The Committee;

- Noted that the Annual Report had been completed and a conclusion will be shared with Mr Price before it is taken to Governing Body.
- Noted that the Committee has discharged it's duties as set out in its terms of reference.

## **10. Any Other Business**

FP.161 Mr Trigg raised a point relating to the use of acronyms. He requested that either a glossary of terms is included in reports or that they written out in full on the first instance of being included in a report.

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

FP.162 Tuesday 30<sup>th</sup> May 2017 at 2.30pm, CCG Main Meeting Room

**Signed:**

**Dated:**