

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 30<sup>th</sup> May 2017  
Science Park, Wolverhampton**

**Present:**

Mr L Trigg	Independent Committee Member (Chair)
Mrs C Skidmore	Chief Finance and Operating Officer
Mr S Marshall	Director of Strategy and Transformation
Mr J Oatridge	Chair of the CCG
Dr D Bush	Governing Body GP, Finance and Performance Lead

**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**

Mr T Gallagher	Chief Finance Officer, Walsall CCG
Mr M Hartland	Chief Finance Officer, Dudley CCG
Mrs H Pidoux	Administrative Team Manager

**1. Apologies**

Apologies were submitted by Mr Hastings

Mr Trigg welcomed Mr Gallagher and Mr Hartland to the meeting. It was confirmed that as from 1<sup>st</sup> June 2017, due to Mrs Skidmore leaving her role, Mr Gallagher will be the Chief Finance Officer for Wolverhampton CCG for 2.5 days a week and Mr Hartland will be providing strategic finance support to the CCG.

**2. Declarations of Interest**

FP.163 There were no declarations of interest.

**3. Minutes of the last meetings held on 25<sup>th</sup> April 2017**

FP.164 The minutes of the last meeting were agreed as a correct record.

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

FP.165

- Item 100 (FP.16.127) – Consideration to be given to how the key areas of performance are reported to Governing Body – it was noted that the packs are currently under development for 2017/18 reporting and any feedback from Mr Trigg as the Chair or any members would be appreciated. – Action closed.
- 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 – due to sick leave and the subsequent annual leave of the Executive Director for Nursing and Risk, this would be followed up with her by Mr Hastings going forward.
- Item 106 (FP.157) – Risk and mitigation 17/18 information – on private agenda – action closed
- Item 107 (FP.158) – 100% achievement of Board level staff attending safeguarding training to be ratified – this has been raised with RWT and awaiting a response which will include May data. Deferred to the next meeting.
- Item 108 (FP.158) – Referral and Demand Management documents to be reviewed and comments feedback to Mr Hastings – completed – action closed.
- Item 109 (FP.159) – A draft proposal setting out the CCG's expectation for MRET/readmissions/fines business cases to be brought to the next meeting – included in Contract and Procurement Report on agenda – action closed.

#### **5. Matters Arising from the minutes of the meeting held on 25<sup>th</sup> April 2017**

FP.166 There were no matters arising from the previous minutes.

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

FP.167

Mrs Sawrey confirmed that the accounts had been submitted to NHS England (NHSE) that day. The CCG reported a £75k surplus comprising of £3k overspend in programme costs and £78k underspend in Running Costs.

It was noted that the escalation of the £4.8m invoice issued by RWT is yet to be resolved. The CCG is awaiting feedback on this.

Resolved: The Committee noted;

- That the final accounts have been submitted and the details of the surplus reported
- The current situation regarding the RWT invoice.

## 7. Monthly Performance Report

FP.168 Mr Bahia highlighted that of the indicators for Month 12, 46 are green rated, 28 are red rated, 18 have no submissions and 2 are awaiting target.

The following key points from the report were discussed;

- RTT - continues to perform marginally below threshold mainly due to capacity and demand issues. Demand management work is continuing. The Trust has highlighted the end of June 17 for recovery.

Mr Marshall raised that assurance had been given by the Trust that the Dermatology performance would not be compromised as staffing levels were being managed and were using local providers. It was felt that the direct impact of these issues on RTT performance should be reviewed when April data is available.

- Diagnostics – Continues to perform marginally below target due to two areas CT and MRI scans. RWT are recruiting additional staff and are reporting expected recovery by the end of June 17.
- A&E – an improvement in performance has been seen. It was noted that a graphical representation of performance was included in the report, however, due to variances it is difficult to show a 'like for like' comparison.
- 62 day cancer waits – historically performance has been below target. Key areas of concern are capacity in speciality areas including Urology, which is a national issue, and late tertiary referrals. A second recovery trajectory has been submitted by RWT to NHSI and the outcome of this is awaited.
- Zero tolerance RTT waits over 52 weeks wait for incomplete pathways – Performance is currently ahead of the recovery trajectory (all orthodontic patients). The Trust's Remedial Action Plan for the Orthodontic breaches has a recovery trajectory confirming zero breaches by June 2017.
- Delayed Transfer of Care – health related transfers are below the 2.5 % threshold and on target, however, social care delays are impacting significantly on combined performance. This is being monitored through the A&E Delivery Board.
- Percentage of all routine EIS referrals, receive initial assessment within 10 working days – the March data refers to 13 clients in total, of which 1 client breached standard. It was noted that for such a small co-hort of patients, 1 breach has a significant impact on performance.
- Delayed Transfer of Care (Mental Health) – this has been an on-going issue throughout the year, however, since January there has been a significant improvement.
- C. Diff – there has been a reduction in breaches. A new programme of work at the Trust has brought the numbers down.
- Handover breaches –there has been a significant reduction in the number of breaches in March, however, there have been a

significant increase in breaches over the year which the Trust accredits mainly to the batching of ambulance arrivals.

Mr Bahia highlighted the following positives from the report;

- MRSA Bacteraemia– the target for this is nought and there have been no breaches all year
- Over 90% average performance for A&E where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department
- Health related DTOCs are below threshold
- C Diff – significant improvement in the number of cases seen
- Mental Health IAPT's – all national measures have been achieved.

Resolved: The Committee noted the content of the report

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

FP.169 Mr Middlemiss presented this report based on Month 12 information and highlighted the following key points;

Royal Wolverhampton Trust (RWT) -

- Sustainability and Transformation Fund (STF) indicators  
RWT have confirmed that the trajectories for A&E, compliant by July 2017 (92%) and RTT, to be compliant by July 2017 (92%) have been agreed by NHSI. The trajectory for Cancer 62 day waits is still to be agreed.

Once the trajectories are agreed these will be part of the Remedial Action Plans for these areas if they apply to ensure uniform trajectories are being used.

- MRI/CT and Plain film X-rays  
The Trust is outsourcing to an external company to reduce the backlog of unreported scans. The majority of these are related to internal referrals. RWT are reporting that the backlog will be cleared by July 2017 and is currently on trajectory to achieve this.

The Committee asked for assurance as to how the Trust is planning to prevent a backlog reoccurring as there is a high level of scans being undertaken. It was noted that the Trust had not reported the backlog, it was discovered due to a Serious Incident Report. Due to this it is now reported through the Clinical Quality Review meeting. The Committee also asked for information on who the work is

being outsourced to and the contractual agreement in place.

- 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. The Trust has expressed concerns around some areas of the proposal and a meeting is planned to discuss these.

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 that are deemed to be 'off trajectory'. RAPs will be applied where necessary. It is felt that the benefits will be seen once the process is embedded.

- Service Development Improve Plan (SDIP)  
This key document remains unsigned. As part of the contract negotiation round it was agreed that this would be agreed in Quarter 4 and varied into the contract by the commencement date (1<sup>st</sup> April 2017). This is being flagged as a risk. Some elements of the plan have required escalation to director level. The Plan has been revised to reflect director agreements and reformatted to distinguish between those schemes requiring RWT input from those which do not. This version is now with the Trust for agreement and to be finalised by the end of May.
- Sanctions – it was noted that the total fines value for Month 12 is £55,450.

Business cases for fines/MRET/readmissions – as requested at the last Committee meeting a draft proposal setting out the CCG's expectations for the 2017/18 financial year was included in the report. The proposal set out in the report was considered by the Committee.

In relation to point 10, the Committee agreed that the recommendation for approval/rejection by the internal business case forum should be made to the Commissioning Committee and subsequently the Governing Body.

Following discussion the Committee approved the proposal

- Dermatology – following the major challenges experience by the Trust in this speciality due to a shortfall in Dermatology consultants, two further locums have been recruited and additional support obtained from an external provider.

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

- Data Quality Improvement Plan (DQIP)  
A way forward has been agreed and is due for sign off.
- Service Development Improve Plan (SDIP)  
A final version is being shared with the Trust for sign off. This will then be monitored through the contract review meeting.

#### Other Contracts/Significant Contract Issues

##### WMAS Non-emergency Patient Transport

- Performance has shown a deteriorating position month on month. WMAS has been advised that the CCG will await the receipt of Quarter 1 data (April to June 17), before making a decision to raise a Contract Performance Notice (CPN). Areas of concern have been highlighted.

##### Urgent Care Centre (UCC) –

- An Improvement Board has now been established and an extensive action plan has been drawn up by Vocare. A Step-In Team has been established by Vocare to provide support to the local team. An invoice to the value of £204k has been raised in reference to the activity underperformance between April 16 and March 17. The CCG has offered the Provider an opportunity for Vocare to claim some of the funds back via an incentive based offer, to a total sum of £80k. Robust proposals are required to improve triage and out of hours service. An exit plan will also be required as this money is non-recurrent.

#### Resolved – The Committee:

- noted the contents of the report and actions being taken.
- approved the draft proposal setting out the CCG's expectation for MRET/readmissions/fines business cases.

## 10. Any Other Business

FP.170 The Committee thanked Mrs Skidmore for her contribution in her role as Chief Finance and Operating Officer and recognised the immense amount of work she had done during her time working in Wolverhampton for both the PCT and CCG. Best wishes were given to Mrs Skidmore for her new role.

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

FP.171 Tuesday 27<sup>th</sup> June 2017 at 3.15pm, CCG Main Meeting Room

**Signed:**

**Dated:**