

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 27th June 2017
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr M Hastings	Director of Operations
Mr S Marshall	Director of Strategy and Transformation

In regular attendance:

Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement

In attendance

Mrs M Garcha	Executive Director of Nursing and Quality (part meeting)
Mrs H Pidoux	Administrative Team Manager

1. Apologies

Apologies were submitted by Dr Bush, Mr Oatridge, Mrs Sawrey and Mr Hartland

2. Declarations of Interest

FP.172 There were no declarations of interest.

3. Minutes of the last meetings held on 30th May 2017

FP.173 The minutes of the last public and private meetings were agreed as a correct record with the following minor amendments to be made.

It was agreed to amend item FP.186 of the public minutes relating to the Monthly Performance reporting on MRSA to read;

- The MRSA bacteraemia target is nought and there have been no breaches.

4. Resolution Log

FP.174

- Item 101 (FP.135) – Decision required as to which Committee takes the lead for monitoring the uptake of Safeguarding training –

Mrs Garcha attended the meeting and confirmed that the Quality and Safety Committee scrutinise both the quantitative and qualitative issues related to Safeguarding. She further clarified that the CCG has leads for both Adult and Children's Safeguarding. Regular reports are taken to the Clinical Quality Review Meeting (CQRM). Representatives from the CCG also attend Strategic Provider meetings relating to safeguarding which report into the CQRM. Mrs Garcha stated that the CCG has representation at the Local Children's Safeguarding Board. It was agreed that if discussions relating to Safeguarding at this Committee require escalation this should be done through the Quality and Safety Committee.

It was noted that the delay in this action being addressed was due to a number of factors which had delayed it being taken to the Weekly Executive meeting as planned and that Mrs Garcha was not aware of the action – action closed.

Mrs Garcha left the meeting

- Item 107 (FP.158) – 100% achievement of Board level staff attending safeguarding training to be ratified – Mr Bahia reported that all Board Level staff have now completed the Safeguarding model. It was noted that assurance for this is raised through the CQRM meeting – action closed.

5. Matters Arising from the minutes of the meeting held on 30th May 2017

FP.175 Mr Trigg raised that at the last meeting it had been agreed to close the action regarding feedback relating to the format of papers and reporting. He proposed that this should be discussed under 'any other business'. He put forward that instead of presenters talking through their reports only the key issues to be considered should be brought to the Committee's attention either through a verbal report or the significant highlights being included at the front of the report.

6. Finance Report

FP.176 Mr Gallagher reported that at Month 2 the CCG is on target to achieve a surplus based on the monitoring information, however, he noted that this is not yet robust due to it being early in the financial year and that assumptions are based on breakeven. All key metrics are being met.

The CCG target for QIPP for 17/18 is £10.62m. The majority of this is embedded in contracts. £2.018 is not within contracts and of this £616k

has identified plans. The worst case scenario is that the remaining QIPP will not be found as this would be a risk to the CCG finances. A robust analysis of the delivery of QIPP is due to commence to close the existing gap and Programme Boards have already begun work on this.

Through the use of contingency reserves the CCG can offset QIPP failure, however the consequence of this is that there would be none of these reserves to draw on if required.

The level of risk and the mitigations against this was noted in the report and discussed. It was highlighted that there will be a comprehensive assessment of risk and mitigation going forward throughout the year. Assurance was provided that there is a robust process in place for the monitoring and delivery information needed going forward.

Mr Gallagher informed the Committee that the outcome of the escalation of the £4.8m invoice issued by RWT was still awaited.

It was noted that the variances in the performance against plan were not material. As variances start to occur, the QIPP Board, which is chaired by Mrs Sawrey holds the Chairs of the Programme Boards to account. This is then reported into the Finance and Performance Committee via the monthly Finance Report. It is the role of this Committee to report on QIPP to the Governing Body.

A query was raised as to why there was an £1m excess in cash. It confirmed that this had been received from NHS England (NHSE) however the reason for this was not clear. Mr Gallagher agreed to clarify this with Mrs Sawrey.

Resolved: The Committee noted;

- The contents of the report
- Noted that the situation regarding the RWT is still to be confirmed
- Asked for clarification relating to the £1m received from NHSE.

7. Monthly Performance Report

FP.177 Mr Bahia highlighted the following key points from the report;

- Exception and Remedial Action Plan Log - A new exception reporting process has been introduced to better manage performance at RWT. The Trust will be expected to give narrative and set out actions and specific trajectories to recovery. This information will be included in future reports.
A discussion took place relating to the target this is measured against, whether it is the monthly or amalgamated yearly target. It was agreed to review the presentation of this for future reports.

- RTT – performance is marginally below threshold. This is discussed at the CQRM and the trajectory to recovery is around July.

The Trust has raised concerns that Shrewsbury and Telford Hospitals NHS Trust (SaTH) are closing relevant lists which may potentially impact on performance due to additional referrals. The Trust has asked for the CCG's support in writing to SATH setting out these concerns and the CCG has agreed to this. This will continue to be monitored at the CQRM meeting.

- Diagnostics – has been under achieving for several months, however, the target will have been achieved in May. The Trust is confident that this performance will be maintained.
- A&E – performance has been the best monthly since Sept 2016. A summary of recommendations and actions relating to the key areas from the Matthew Cooke report to the CCG's Quality and Safety Committee is awaited.
- 62 day cancer waits – breaches have occurred in 2 weeks wait and both 31 day standards which is unusual. In April there was a reduction in capacity and an increase in referrals was seen aligned to cancer campaigns. All three areas have recovered and targets have been achieved in May.

The Trust has signed up to a new CQUIN project, agreeing that all referrals by October 2018 will be through the electronic ERS system. Issues have occurred regarding the availability of appointments to be booked. Analysis of this is taking place and the CCG are pushing back to the Trust to ensure appointments are available.

- 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. Issues around Staffordshire delays are impacting on performance. The Staffordshire and Cannock CCG's have formally responded to NHSE regarding improving the DTOC position and have identified actions to address the issue.
- Black Country Partnership NHS Trust – Percentage of people who are moving to recovery of those who have completed treatment in the reporting period IAPT – moving towards achieving target.

During the last call with NHSE there was found to have been a variance in figures published by NHSE. The CCG is working with both the provider and NHS to understand the variance and identify any data anomalies.

Resolved: The Committee noted the content of the report

8. Monthly Contract and Procurement Report

FP.178 Mr Middlemiss presented this report and highlighted the following key points;

Royal Wolverhampton Trust (RWT) –

- Business Cases for fines/MRET/readmissions - it was noted that this had been considered at the last Committee meeting. The proposal had been shared with the Trust for comments by 16th June. As no further comments had been received and as there had been a number of opportunities for the Trust to comment this proposal will now be introduced. This will give a more proactive approach and the Trust will be required to generate and submit relevant business cases throughout the year.
- Dermatology – The Trust is working on a detailed action plan which is to be shared with the CCG. After discussion it was noted that there was disparity around what was being reported to different areas of the CCG. It was agreed that it is important to review the plan to consider its contents.
- Service Development Improvement Plan (SDIP) – A letter had been received from RWT raising 3 areas of concern. These have been resolved and agreement reached. This will be varied into the contract and will help support 18/19 QIPP.

Black Country Partnership Foundation Trust (BCPFT) –

- Performance Dashboard – it has been agreed that a specific performance dashboard will be produced for Wolverhampton alone rather than a combined one. This will provide better information and assurance for the CCG.

Other Contracts/Significant Contract Issues

- WMAS Non-emergency Patient Transport (NEPT) – issues continue with long waiting times and collection. A letter has been received from RWT raising concerns as these impact on

discharges and causes beds to be blocked. The Provider has been requested to provide detailed information for the Contract Review meeting next week. A Contract Performance Notice will be issued if the response is not adequate.

Urgent Care Centre(Vocare)

Since the implementation of the Improvement Board the position has improved. Vocare have paid the invoice for underachievement. A business case has been submitted to the CCG to recoup some of the money via an incentive based offer. The submission details that the funds would be used to supply dedicated Vocare National Triage Service support for Wolverhampton GP Out of Hours and the Urgent Care Centre. This submission has been approved with 50% of the money being paid and the other 50% to be paid at a later date.

Resolved – The Committee:

- noted the contents of the report and actions being taken.

10. Any Other Business

FP.179 It was agreed that going forward reports to the Committee should contain an additional executive summary at the beginning to highlight key areas for the Committee to consider. The rest of the reporting should remain the same as in current reports.

11. Date and time of next meeting

FP.180 Tuesday 25th July 2017 at 3.30pm, CCG Main Meeting Room

Signed:

Dated: