

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 25th July 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
Dr D Bush	Governing Body GP, Finance and Performance Lead

In regular attendance:

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

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Mr Hartland.

2. Declarations of Interest

FP.181 There were no declarations of interest.

3. Minutes of the last meetings held on 27th June 2017

FP.182 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.183

- Item 109 (FP.176) – Clarification to be sought relating to the £1m excess in cash – Mrs Sawrey noted that an amount of Cash is drawn down each month from NHSE. An anticipated payment to the Local Authority has been delayed although the cash has been drawn down. It is expected that this will have been paid by the next reporting round.

5. Matters Arising from the minutes of the meeting held on 27th June 2017

FP.184 Mr Trigg noted that at the previous meeting changes to the format of reports was discussed and he would pick this up throughout the meeting in respect of each report.

6. Contract and Procurement report

FP.185 Mr Trigg commented that he was happy with the lay out and content of this report and did not need any revision.

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

Royal Wolverhampton Trust (RWT) –

Exception Reporting Proposal – this process was implemented two months ago and there are concerns regarding the quality of the information received from RWT as this is poor and insufficient. The Trust is to be reminded at the Contract Review Meeting (CRM) of the key principles which were agreed to improve the process and that there needs to be a significant improvement to the level of reporting.

It was queried if there were any levers that could be used regarding this. Mr Middlemiss confirmed that a Contract Performance Notice could be issued. .

Mr Gallagher joined the meeting

Performance Sanctions – It was noted that there should be an additional row in the table relating to electric discharge summaries for assessment areas where fines for £5k have been issued taking the sanctions total to £19k.

Dermatology – A letter has been received from RWT outlining a proposal to deal with the present pressures on this service. A staffing model has been planned to consolidate the workforce by transferring this work from Cannock to New Cross Hospital. RWT also proposes to cease the Dermatology surgical service and transfer appropriate patients to either Maxillo-Facial or plastic surgery.

This was discussed in detail and the following issues and actions identified;

- Follow ups activity is significantly above plan which contradicts the fact that there are capacity issues it was agreed to pick this up at the next CRM.
- It was noted the Community provider has different contractual responsibilities. It was agreed to speak to the Sharon Sidhu, head

of Strategy and Transformation and Sharon Nisbet, Assistant Development Manager to establish if there are any performance issues for this provider.

- Any financial implications of transferring the surgical services to either Maxillo-Facial or plastic surgery to be raised at the CRM.
- Discussion to take place with Sarah Southall, Head of Primary Care around the options available in Primary Care.

Service Development Improvement Plan (SDIP)

This plan is now included in the RWT contract.

Activity Query Notice – The CCG has supported RWT in raising concerns to Shropshire and Telford CCG regarding the suspension of the ophthalmology referrals to Shropshire and Telford Hospitals Trust (SaTH). This has increased the amount of cross border referrals to RWT which could impact on the Trust's ability to meet its headline RTT target although the extent of this risk is not known at this stage. A joint activity review is to be undertaken and further meetings held to complete this. The impact will continue to be monitored.

Black Country Partnership Foundation Trust

Care Programme Approach – Letter of Concern – following two patient incidents it has been highlighted that the Trust's Care Programme Approach (CPA) policy is not applied to all patients that may be suitable. A letter raising specific concerns hand request further information for assurance purposes has been sent. A full review has been requested and a Task and Finish group initiated.

WMAS – Non-Emergency Patient Transport (NEPT)

Issues continue with performance which is below required standards. The provider has acknowledged that there are problems and actions are being taken to address this including restructuring of the management team to ensure it is sufficiently resourced and resilient. The main concerns are that where the key performance indicators are failing this is impacting on other providers due to the delay in discharging patients. The CCG is in the process of raising a Contract Performance Notice.

Urgent Care Centre

A Contract Performance Notice has been issued. There are two key areas of concern;

Data reporting against the 95% waiting time target – information is not being reported correctly and there are concerns regarding the ability to meet target.

Quarter 4 sanctions remain unresolved in terms of agreement between both parties relating to Serious Untowards Incidents and failure to meet the 95% target. The Provider had written to the CCG requesting that the money clawed back due to underperformance was waived. The Committee supported the CCG's stance that it is not prepared to do this as it relates to do different issues and the Provider is being held to account.

Probert Court Nursing Home

This service is currently suspended to new admissions. As a result of this bed utilisation at the Home is very low which equates to poor value for money on the block contract and the CCG paying for alternative arrangements for patients. A letter has been sent to the provider advising them of the CCG's intention to recover a proportion of the contract value to cover this loss. A proposal will be developed at the end of the suspension period.

Resolved: The Committee;

- Noted the contents of the report
- Agreed these actions in relation to Dermatology Service
 - Review follow up activity levels at CRM
 - Discussions performance of Community Provider for Dermatology Service
 - Interrogate financial implications for the transferring surgical services to either Maxillo-Facial or plastic surgery
 - Consider options available in Primary Care.
- Supported the CCG's stance not to waive the financial sanctions imposed at Month 4

7. Monthly Performance Report

FP.186 the changes to the report were noted by the Committee it was asked that a report page reference was added to the indicators in the Executive Summary going forward.

Mr Bahia highlighted the following key points from the report;

- RTT – Performance is the highest since April 2016. RWT are not expecting to meet target against its projection in Month 4. The Provider is working on where performance has fallen away and how to address this. It was noted that NHS will change this slippage and that the CCG will need to give assurance that it is being addressed and that performance will improve.

- A&E – Increased performance (4 hour wait), the highest for a number of months and is above proposed STF trajectory.

No specific impact of the recent cyber-attack was seen, performance was consistent.

- 62 day cancer waits – this is the most challenged area. As part of a shared learning programme, the Trust has been paired with Leeds Teaching Hospital NHS Trust and a visit occurred during June. The CCG is awaiting feedback on any learning and actions following the visit.

Performance is discussed at the Clinical Quality Review Meeting (CQRM) and Contract Review Meeting (CRM) with the Trust who confirm that they have been in discussions with NHS Improvement (NHSI) regarding an STF trajectory to achieve only 83% by year end, however, this is not yet been formally agreed. It was noted that Transformation money was made available against this target. It was agreed to raise this at the CRM meeting that a plan is required as to how this money will be spent. Clarification was given that an action to improve and sustain performance is embedded through the CQRM meeting.

- Delayed Transfer of Care (DToCs) – standards are being met for health related transfers, however, social related transfers continue to fail to meet target. This is discussed at the monthly CQRM and CRM and as part of the CCG Assurance Call Agenda with NHS England. A threshold of 3.5% by September 2017 (combined NHS and Social Care related delays) has been agreed between RWT and the Local Authority. A set of actions have been agreed to support this work and to achieve the threshold below September 2017.

It was agreed to check if the numbers include Staffordshire and Walsall patients.

- Diagnostics tests – performance has achieved the 99% target for the first time since October 2016. RWT are looking to maintain this standard consistently.

Black Country Partnership NHS Trust – there are discrepancies between local and national reported figures (locally achieving over 50%, nationally under 50%). The Trust is carry out a review of data including cleanse and audit to recover performance as it is below standard. Clinicians are on board to review discharges and information on system. Weekly updates are received by the CCG and there is confidence that this can be recovered. An update will be brought following the next CQRM meeting.

Resolved: The Committee

- noted the content of the report
- asked that that clarification be sought as to whether the DToC numbers include Staffordshire and Walsall patients.

8. Finance Report

FP.187 Mrs Sawrey reported that at Month 3, June 2017, the CCG is on target to meet financial targets with the exception of the cash balance which is expected to recover by the next reporting round as discussed earlier in the meeting.

Additional QIPP savings have been identified in Month 3, some of which is non recurrent. The CCG is maintaining a nil net risk as mitigations match identified risk at Month 3.

Mrs Sawrey highlighted that in Month 3 the CCG had received a number of non-recurrent allocations and plans are being developed to spend these. Recurrent allocations have also been received in relation to delegated Primary Care.

The greatest risks to the CCG finances were reported as RWT over performance, Mental Health and Prescribing.

Elective activity at RWT is underperforming at Month 3 and there are concerns relating to the impact of this on RTT performance. Non elective activity continues to over perform substantially.

A&E activity and costs are above plan as over performance continues. Discussions took place regarding the triage pathway and whether this is influencing where patients are seen as the Urgent Care Centre is under performing against contract.

It was noted that a resolution has not been received regarding the £4.8m invoice from RWT which is currently in dispute. It was noted that there are concerns that this could be a reoccurring issue this year.

Mr Hastings raised that work is ongoing with Black Country Partnership NHS Trust to reduce delayed transfers once a patient is deemed fit for discharged. It is anticipated that the figures for this will reduce following this work.

There is limited data available for Prescribing at this point of the financial year. This will be closely monitored going forward.

The Chair suggested changes to be made to the report in future.

Resolved – The Committee:

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

10. Any Other Business

FP.188 There were no items raised.

11. Date and time of next meeting

FP.189 Tuesday 29th August 2017 at 2.00pm, CCG Main Meeting Room