

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 29th August 2017
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
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 Hastings and Mr Hartland

2. Declarations of Interest

FP.190 There were no declarations of interest.

3. Minutes of the last meetings held on 25th July 2017

FP.191 The minutes of the last meeting were agreed as a correct record. Change to the wording of item FP.185 WMAS Non-emergency Patient Transport (NEPT) to read 'delay in discharging patients'.

4. Resolution Log

FP.192

- Item 110 (FP.185) – Dermatology Service capacity issues
 - Review follow up activity levels at RWT – activity is not indicating a pattern of reduction at this stage.
 - Review performance of Community Provider – the average referral rate per month has increased. There is a need to assess if the service is working to full capacity.

- Interrogate financial implications of transferring surgical services to either Maxillo-Facial or plastic surgery – a response to be sent to the Trust letter received in June requesting assurance that the CCG would not be financially disadvantaged by this due to paying for 2 separate referrals.
- Consider options available in Primary Care – confirmed that there are no other options available in Primary Care over and above the current service arrangements. There are no GPs with Dermatology as a special interest.

It was agreed that this action should remain open.

- Item 111(FP.186) – Delayed Transfers of Care (DToC) – clarification to be sought as to whether numbers include Staffordshire and Walsall patients – confirmed that the numbers do include all patients, not just Wolverhampton – action closed.

5. Matters Arising from the minutes of the meeting held on 25th July 2017

FP.193 The Chair asked for it to be noted that he had apologised to Mrs Sawrey for the way he handled the proposed changes to the Finance Report at the last meeting.

6. Finance Report

FP.194 Mrs Sawrey highlighted the changes made to the report following discussions at the last meeting including a more robust Executive Summary with the detail included in appendices and the addition of RAG ratings. The following key points were highlighted and discussed;

- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so is utilising all its reserves.
- Following a review of the financial position at Month 4 the level of risks and associated mitigations had been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is compensated for by underspends on Running Costs. This is not a desired position.
- The CCG is continuing to recurrently overspend around £800k Forecast Outturn (FOT) which is offset by non recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase to around £12m if this level of overspend continues.

- Royal Wolverhampton Trust (RWT) is giving concern as the Month 3 activity is indicating a potential forecast outturn (FOT) of approximately £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff creating a cost pressure for the CCG. One of these areas, Sepsis was discussed as it was felt that there may be incorrect coding of this. It was agreed that Dr Bush would review the activity coded to Sepsis to assess the appropriateness of the coding.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the Mental Health Commissioner that the spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is considerable flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing had moved significantly in the recently received Month 2 data which had adversely affected the FOT, moving by £500k. This is generally volume driven. Work is ongoing to identify where this is occurring and assessing the reasons for the significant movement. SMT will be receiving a full analysis mid-September and further information will be included in future reports.
- Continuing Health Care (CHC)/Funded Nursing Care (FNC) had worsened in Month 4 mainly as a result of increasing numbers in CHC and Terminal phase. However, the worsening FOT still indicated a FOT within budget but at a reduced underspend.
- Better Care Fund (BCF) had been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements. The CCG is proposing a capped risk level to stabilise the financial position.
- No additional QIPP had been identified over and above reported at Month 3 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes is not materialising.

It was noted that a resolution relating to the £4.8m invoice from RWT, for lost income relating to Non Elective admissions, had yet to be reached by NHS England and NHS Improvement.

Resolved: The Committee;

- noted the contents of the report
- agreed for Dr Bush to review Sepsis activity reporting
- noted that there is no resolution concerning the £4.8 invoice from RWT

7. Contract and Procurement Report

FP.195 Mr Middlemiss present the key points of the report which predominantly related to Month 3 as follows;

Royal Wolverhampton NHS Trust

Exception Reporting Proposal – Mr Middlemiss explained that the CCG had written to the Trust regarding the quality of the reports received as these were inadequate. In response to this the latest reports showed a noticeable improvement in the quality of the information included. There were still some gaps which were highlighted at the Contract Review meeting. Assurance was taken that the Trust are embracing the process and that it is embedding. This will continue to be monitored.

Performance Sanctions – Financial sanctions for Month 2 had been agreed with the provider, which total £22,550.

Activity Query Notice – meetings are ongoing between the Trust, the CCG and Shropshire CCGs to discuss the growth referrals from Telford and Shropshire CCG following the closing to referrals in three sub-speciality areas due to consultant workforce shortages. This particularly related to ophthalmology. The CCG had not seen information relating to activity, this had been shared between the Providers. The CCG's concern was the impact this would have on the headline Referral to Treatment (RTT) position; however, this is thought to be minimal. The CCG is seeking confirmation of this from the Providers. It is expected that the closure to referral in the sub-specialities will remain until the end of March 2018.

Black Country Partnership Foundation Trust

Learning Disability Psychiatrists – Letter of Concern – the CCG had written to the Provider raising concerns over Psychiatric cover in the community where clinicians are also covering inpatient admissions when the two services should be separate. There is a concern that the CCG is paying twice for this consultant activity. The Provider had requested an extension to investigate and respond this letter and this had been agreed as 4th September 2017.

Nuffield

MRI Direct Access Business Case – the CCG’s internal Business Case Panel had considered the re-submitted business case. The Panel recommendation was that it should not be supported as the current proposal does not support the CCG’s strategic commissioning intentions.

WMAS – Non-Emergency Patient Transport (NEPT)

The expected performance of the current NEPTS service is below the required standard, however, the Provider is working collaboratively with the CCG and has responded to the Contract Performance Notice which has been served. WMAS have produced a Remedial Action Plan (RAP) for each failing indicator. This will continue to be monitored through the contract review process.

Urgent Care Centre (UCC)

Major concerns regarding the UCC Provider, Vocare, continue. A Recruitment and Retention Plan was submitted as requested by the CCG however this was inadequate and Vocare have been asked to rectify this. A follow up Contract Performance Notice (CPN) had been raised with the Provider due to Data reporting (incorrect reporting day) and out of hours national quality requirements. Vocare had been reminded that if a rectification plan is not agreed within 25 days of the CPN being issued the CCG will withhold 2% of the monthly mandate for each failed milestone.

NHSE had held a meeting with Vocare which CCG representatives attended and the Vocare Improvement Board continues to meet. The main areas of concern that Vocare need to prioritise are:

- Mandatory training
- Clinical modelling (work with CCG and RWT, re long term solutions)
- Home visits and managing the breaches
- Paediatric assessment (joint SOP and RWT)
- Recruitment and Retention

It was confirmed that, where it is possible to apply sanctions, this is being undertaken.

A report from the Improvement Board is being submitted to the Governing Body for consideration.

It was noted that the CQC report had been published and was in the public domain.

Probert Court Nursing Home

Following the suspension to new admissions following concerns about the level of care being delivered, weekly visits are ongoing by the Quality Team. A recommendation has been made to allow readmissions on a phased return.

The suspension had meant that bed utilisation is very low which is poor value for money on the block contract. The CCG had also had to finance alternative step down arrangements. The Provider had accepted in principle and the logic of recovering the costs which the CCG is able to quantify. It was noted that Accord are new providers at this Home, however, they were aware of the level of investment that was required when taking over in order to make the necessary improvements.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- supported the internal Business Case Panel recommendation not to support the MRI Direct Access Business Case

8. Performance Report

FP.196

Mr Bahia highlighted that of the indicators for Month 3, 68 are green rated, 26 are red rated, 17 have no submissions and 6 are awaiting target.

The key points of the Executive Summary were considered as follows;

- RTT – The Trust had reported that the target would be achieved in either June or July but performance had decreased which is a concern. The STF trajectory is also being missed. A number of factors are impacting on performance including in patients waiting for electives and patients waiting for review of diagnostics. The CCG had requested an Exception Report to gain more information.
- A&E Urgent Care Performance – a slight decrease in performance had been reported in June. The Trust had failed to achieve the National Target, however, has achieved the STF trajectory. There had been an increase in attendances year on year of 30.6%

It is being closely monitored as to whether the issues relating to the Urgent Care Centre are impacting on the level of attendances in A&E.

- 62 day cancer waits – failed to achieve target in June. As previously reported RWT had visited a Trust in Leeds to share

mutual learning. Following this no real pathway changes had been identified.

NHSI have commissioned NHS Intelligence to map each Trust to a coach to spend time at the Trust to review pathways and processes. To date this work had not identified any specific key areas.

The Trust had made a bid for Transformational Funding of £100k with the objectives of clearing the current backlog and to increase capacity. On receipt of this funding the trajectory will be changed to hit a target of 85% by September.

- Delayed Transfer of Care (DToCs) - Performance had improved, however, concerns remain relating to Social Care transfers. Representatives attend the A&E Delivery Board which is responsible for improvements in this area. New reporting methodology had been implemented for this year.
- E-Referral – Appointment Slot Issues (ASI) rates – The Trust had signed up to start the ‘Paper Switch Off’ CQUIN project which relates to routine appointments (non urgent). A recovery trajectory had been developed as part of the Quarter 1 CCG CQUIN submission for the ASI indicator with achievement of 8% by March 2018 (4% by April 2018). Work is underway to review the shortfall in the booking system capacity and to ensure that slots are available.
- E-Discharge - targets had been achieved for all wards and assessment units. This level of achievement is continuing into July. RWT had introduced changes to the process to highlight where there are any issues and to address these.

Mr Bahia informed that the Committee that the Final Activity Plans would be submitted to NHSE England the following day.

Resolved: The Committee noted

- the content of the report
- submission of the Final Activity Plan

10. Redesign of QIPP Governance and Reporting

FP.197 Mrs Sawrey presented a paper which informed the Committee of a new governance structure for QIPP reporting had been agreed by the Senior Management Team. The new structure would operate from September 2017 and be reviewed in 6 months’ time.

The main change is the reduction of 4 Programme Boards to 2 and the elimination of the QIPP Programme Board. This will release Executive and support time whilst maintaining the high level of assurance in

reporting. The 2 remaining Programme Boards will report directly to the Finance and Performance Committee via the Finance Report. Direct Executive support will still be available for escalation of issues.

Resolved: The Committee noted and supported the proposal for the new QIPP governance and reporting arrangements with a review in 6 months' time.

11. Any other Business

FP.198 There were no items raised.

12. Date and time of next meeting

FP.199 Tuesday 26th September 2017 at 9.30 am, Armstrong Room, Science Park