

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 26th September 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:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager

In attendance

Mr M Duhra	Contract Portfolio Manager
Mrs H Pidoux	Administrative Team Manager

1. Apologies

Apologies were submitted by Dr Bush, Mr Middlemiss and Mr Hartland.

2. Declarations of Interest

FP.200 There were no declarations of interest.

3. Minutes of the last meetings held on 29 August 2017

FP.201 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.202

- Item 110 (FP.185) – Dermatology Service capacity issues - it was agreed that this action should remain open as a contract review meeting was due to be held where this would be discussed.
- Item 112(FP.194) – Sepsis activity reporting to be reviewed by Dr Bush to assess the appropriateness of coding – Dr Bush had reviewed the information in detail; however, it would be necessary to review patient

notes to obtain further information. Guidance had been received stating that a cost counting adjustment should be made in 2017/18 only relating to the change in recording data. Commissioners will recoup the difference from providers to maintain cost neutrality. Further information will be included in the finance report going forward – action closed

5. Matters Arising from the minutes of the meeting held on 26 August 2017

FP.203 Mr Gallagher reported that an email had been received from the Deputy Director of Finance at NHS England (NHSE) requesting that the CCG draw together material that could be used to support the case for non-payment of the invoice issued by RWT in respect of the Physician A Model should this go to arbitration.

It was agreed that legal advice should be sought on this matter. It was noted that a substantial amount of work and information was sent to the Director of Finance at NHSE when this issue first arose. It was agreed to review this and ensure it includes the necessary detail before seeking legal advice.

Resolved : Previous submission to be reviewed and legal advice sought.

6. Finance Report

FP.204 Mr Gallagher highlighted that the report was more detailed than previous reports as from September a mid-year review is carried out and more information is available for acute providers.

The following key points were highlighted and discussed;

- the CCG is meeting all key metrics with the exception of the cash balance. This has exceeded the target due to an unexpected cash payment from City of Wolverhampton Council (CWC) which was expected in September but was paid in August. Cash flows are to be discussed with CWC as this had further implications.
- Currently forecasting to meet QIPP target. However, there is a slippage of £1.5m in non-contracted and £1m of savings is still to be identified. Reserves and non recurrent money is being utilised to meet the target which is a risk to the CCG as this leaves no contingency to support unexpected cost pressures.
- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs.
- Over performance is occurring in Non Contract Activity (NCAs), ambulance services and prescribing
- RWT is giving concern as Month 4 activity is indicating a potential forecast out turn of circa £1.5m to 2m. New HRG codes are being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the Mental Health Commissioner that spend will reduce and fall back in line with

budget as cases are reviewed and the costs reduced. A detailed plan is required to inform a robust forecast outturn and identify the risk related to achievement.

- There is some flexibility within Delegated Primary Care to utilise in bringing forward plans and commit recurrent spend. More detailed work is required around non recurrent spend and whether this should be held to offset overheating in acute contracts.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the Risk Share arrangements. A formal letter is to be sent to CWC setting out the CCG's position.
- GP Prescribing has moved significantly again contributing to the CCG's overall recurrent pressure. Further work is on-going and a plan developed to address this.

The risks and mitigation section of the report was considered and it was noted that although there is currently a balanced position there is no further flexibility to cope with unexpected cost pressures.

A review of the Long Term Financial Model is to be completed in line with the mid-year review to ensure reporting is as robust as possible. A Quarter 2 Budget Review meeting is being held with the Executive Team on 12th October and the outcome would be reported back to the November meeting of this Committee.

Resolved: The Committee noted;

- the contents of the report
- letter to be sent to CWC setting out the CCG's position for the BCF Risk Share Arrangements for 17/18

7. Performance Report

FP.205

Mr Bahia highlighted the key points of the Executive Summary which were considered as follows;

- RTT – validated performance data for July had shown that the STF trajectory had been missed. The key issues affecting performance are around the numbers waiting for elective care (Orthopaedics, Ophthalmology and ENT) and the number of patients waiting for review of diagnostics (Maxillo-facial). There are concerns as the Trust was reporting a recovery by end December 2017 however, the latest Exception Report received is putting this at March 2018. The CCG will face challenge from NHSE and this is to be discussed at the next Contract Review Meeting. As this is part of the STF the CCG cannot impose financial sanctions, it has to be managed in line with the contract. The CCG had brought enough activity to meet demand. If work is outsourced to another provider a Contract Variation Order would need to be issued as there is no additional money for this activity.

- A&E Urgent Care Performance – July performance had seen an increase from the previous month. The National Target of 95% had not been reached, however, the agreed 17/18 SFT Trajectory or July of 90% had been achieved.

The performance for July placed the Trust as 26th best performing in the country (out of 137). Only 13 Trusts achieved the 95% standard in the reporting month.

- 62 day cancer waits – failed to meet target due to a number of challenges. The Trust had taken part in a shared learning programme; however, this had not identified any specific pathway changes. A pathway and process flow coach had been assigned by NHS Intelligence (NHSI) to review current patient flows. Work is on-going with Dudley Group of Hospitals to review the CT Colonography Cancer pathway.

A Remedial Action Plan and an Exception Report are in place. This target will remain a challenge going forward and it is not expected that the recovery plan will be met.

- Delayed Transfer of Care (DToCs) - Performance had improved; however, concerns remain relating to Social Care transfers. Details of a contact in Staffordshire had been shared with RWT to be contacted when issues arise. Representatives from Staffordshire and Walsall were due to attend the A&E Delivery Board which is responsible for improvements in this area; however, no representatives had attended. This had been raised with NHSE.
- E-Referral – Appointment Slot Issues (ASI) rates – the recovery trajectory shows that there is an expectation that performance will decline before recovery to 4% by April 2018.
- Never Events – it was reported to the Committee for information that year to date 3 Never Events had occurred at RWT. This is not captured in the SPQR. However, these are discussed at the Quality and Safety Committee. Mr Oatridge, CCG Chair had written to the RWT Chair setting out his concerns as this is more than previously seen. In 2016/17 there were 5 Never Events over the whole year. Never Events are not nationally mandated; however they are including in the contract key performance indicators. Root Cause Analysis of each Never Event had either been completed or is underway.
- E-Discharge - targets continue to be achieved for all wards and assessment units.

Resolved: The Committee noted

- the content of the report

8.
FP.206

Contract and Procurement Report

Mr Duhra present the key points of the report as follows;

Royal Wolverhampton NHS Trust

Total sanctions for Month 3 (17/18) totalled £23,000.

The Trust has reported for the first time performance above contract standard for both E Discharge targets.

Non contract activity is proactively monitored on a rolling 60 day programme.

It was noted that the regular meetings between RWT and Telford and Shropshire following an Activity Query Notice (AQN), which had been raised in relation to a significant growth in Ophthalmology referrals from that area, had been stood down.

Following the completion of a POLCV audit, which was administered to ensure compliance against the agreed policy, one of the recommendations from the report was that 8% of activity was incorrectly charged. Therefore, the CCG intention is to retain 8% of the POLCV Budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met. The Trust at the last RWT Contract Review Meeting in August objected to this approach. This is to be escalated to director level.

Black Country Partnership Foundation Trust

Issues with providers submitting data had been resolved with NHS Digital (NHSD).

NHSD have confirmed that a new Referral Assessment Service (RAS) is being launched and is expected to be delivered in February 2018. This will allow providers to set up services on the system and book an appointment when they establish the most suitable pathway for a patient. It was raised how this would impact in primary care and it was agreed to check the details.

No communication has been received from CWC regarding their request to become an associate to the WCCG contract, and therefore, the Contract Variation Order (CVO) is still outstanding. CWC to be contacted for agreement that the current service specification be used for this CVO whilst work is being done to update the specification.

WMAS – Non-Emergency Patient Transport (NEPT)

A Contract Performance Notice is in place for all Key Performance Indicators that are underperforming. An Information Breach Notice has also been issued due to the lack of response to information requested in relation to four reporting incidents that require further information and assurance of mitigating actions, including two potential Serious Incidents that are of significant concern.

It was highlighted that a new team is now in place at WMAS and appear to be proactively addressing the issues.

Urgent Care Centre (UCC)

There continues to be operational and performance concerns at Vocare. At the last Vocare Improvement Board (16th August 2017), five priority areas were discussed:

- a) mandatory training
- b) clinical modelling (work with the CCG & RWT re long term what is the best model)
- c) Home visits and managing the breaches
- d) Paediatric assessment (Joint Standing Operating Procedure with RWT)
- e) Recruitment and Retention

Two Contract Performance Notices (CPN) had been raised with provider:

- A follow up Contract Performance Notice (previously issued in February 2017) had also been raised with provider due to Data Reporting (incorrect reporting data) and out of hour's national quality requirements (definitive clinical assessment within 15 minutes for walk in patients). The provider had been reminded that if a rectification plan is not agreed within 25 days of issuing the CPN, the CCG will withhold 2% of the monthly mandate for each failed milestone. This withhold had presently been actioned.
- A second CPN has been issued as there had been gaps in staff rotas and consequently the CCG required assurance that the service is operational 24 hours a day and has the right number and level of staff.

An Information Breach Notice (IBN) had also been served to the provider as Vocare had not submitted 'Quality Accounts' as required on an annual basis and failed to submit CCG validated A&E activity information to the CCG.

Probert Court Nursing Home

Mr Duhra reported that since the report had been issued to the Committee the suspension on the Home had been lifted. Fortnightly visits by the Quality Team will continue to ensure that standards are maintained at a satisfactory level.

Penn Manor Medical Centre

Penn Manor Medical Centre had informed the CCG that they wish to sub contract all clinical services to Royal Wolverhampton Trust as from 1st October 2017 under the vertical integration pilot scheme. The application was presented to Primary Care Committee on 5th September 2017 and approval given for this to go ahead.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- The impact of Referral Assessment Service (RAS) in primary care to be checked.

9. Any other Business

FP.207 There were no items raised.

10. Date and time of next meeting

FP.208 Tuesday 31st October 2017 at 2.00pm, Main Meeting Room, CCG Offices, Science Park

Signed:

Dated: