

WOLVERHAMPTON CCG

Governing Body Meeting – 12th April 2016

Agenda item 12a

Title of Report:	Commissioning Committee – Reporting Period March 2016
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in March 2016.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	N/A
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	N/A

Governing Body
12th April 2016



• Domain 3: Financial Management	N/A
• Domain 4: Planning (Long Term and Short Term)	N/A
• Domain 5: Delegated Functions	N/A



1. PURPOSE OF REPORT

- 1.1. The purpose of the report is to provide an update from the Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of March 2016.

2. MAIN BODY OF REPORT

2.1 Contracting & Procurement Update – Month 10 January 2016

Contract offers received to date include:

- Birmingham Children's NHS Trust
- Birmingham Women's NHS Foundation Trust
- Dudley Group Foundation NHS Trust
- Robert Jones and Angus Hunt NHS Trust
- Dudley and Walsall Mental Health Trust
- University of Birmingham Trust
- West Midlands Ambulance Trust

Progress continues to be made with the negotiations with Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust. A financial envelope has been agreed and it is anticipated that contracts will be signed off by 31st March 2016.

Royal Wolverhampton NHS Trust

Percentage of A&E Attendances where the patient was admitted transferred or discharged with 4 hours.

The Trust's monthly performance has improved slightly since December to 89.31%, however the RAP trajectory of 92% was not achieved and commissioners have been asked to withhold 2% of the A&E payment, in line with General Conditions (GC) 9 of the contract.

Cancer Targets

Three cancer wait targets did not achieve their targets in January.

The percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer has dipped to 71.34% with an overall Q3 breach of 80.48%. This is directly linked to patients choosing not to have appointments during the holiday period.



The validated UNIFY January cancer wait data is not yet available so no action has been undertaken this month.

New breaches occurred in the following two areas:

- Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery
- Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. This was due to bed capacity issues.

Referral to Treatment (RTT) within 18 weeks (September and October data)

The percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral was on target in December. Overall the Trust has been achieving against this target throughout the year, however performance has been declining. At a speciality level the Trust is failing to achieve in the following areas:

- General Surgery
- Oral surgery
- Trauma and Orthopaedics
- Urology

A Recover Plan is in place.

E- Discharge - RWT

The Trust acknowledges that they will not achieve this target for the year. Monitoring will continue to take place through the Quality and Contract meetings.

Performance/Sanctions

2015-16 total sanctions levied to RWT to date equates to £1,402,080.00 across the whole contract.

RWT have submitted a number of bids to the CCG which are currently being reviewed.

Activity & Finance

Overall Position by Commissioner

- Over performance is currently at £7.3m with Cannock equating to £8.5m.
- Stafford & Surrounds is the biggest under performer at £2m with Wolverhampton at £1.4m below plan.



Speciality Performance

- The Top 10 Specialties equate to £8.5m of over performance
- General Surgery is currently £2.8m above plan
- General Medicine is currently £1.0m

Community Services by Commissioner

- As at month 9, the Community element of RWT contract is £136k under plan.
- Dudley CCG is currently £14k above plan
- Wolverhampton CCG remains “break even”

Community Over-Performing Specialities

- Community Matrons continue to be the top over performing specialty, and is now £188k above plan YTD
- District Nursing is now £172k over plan
- CICT Rehab also continues to over perform and over performance has increased to £72k in month 9
- 14 specialties are under plan equating to £694k of under-performance.

Contract Negotiation Update

Weekly escalation meetings are in place and there are a number of key issues/significant gaps to be resolved relating to the following areas:

- Clinical Decision Unit tariff
- Urgent Care Centre (percentage reduction of A&E activity)
- End of Life block payment
- Chest Pain pathway
- WUCTAS – change in medical triaging process
- Critical Care local price
- Level of growth to be applied

Black Country Partnership Foundation Trust

Action plans are in place for the following areas which are being monitored through the Contract Quality Review Meeting:

- Early Intervention Services
- CPA
- Safeguarding training. A remedial plan is now in place.
- BCPFT Mandatory Training for Infection Prevention and Control. A revised trajectory has been agreed plus fines if not settled.

Two open Contract Performance Notices were discussed at the January Clinical Quality Review meeting and action plans are being monitored.



Contract Negotiation Update

The following issues/gaps exist which were reviewed at an Escalation Meeting:

- IAPT funding
- Non-recurring funding
- Bed day costs for WCCG patients

Other Contracts

Nuffield – contract negotiations are progressing well and a draft contract has been issued.

Vocare (Urgent Care Centre provider) – A draft contract has been issued. Step in arrangements have now been established for the period 9th to 31st March, as requested by RWT via the System Resilience Group.

Non-Emergency Patient Transport (NSL) – this contract is due to run through until September 2016. On-going problems exist with non-payment of invoices from certain associate commissioners which the CCG is helping NSL to resolve.

2015-16 Procurement Schedule

The procurement schedule is on target. However, there is some slippage with procurement for the Non-Emergency Patient Transport procurement. If a start date is delayed an interim provider will be sought.

Action – The Committee request that Governing Body note the content of the report.

2.2 Community Team Neighbourhood Specification

The Committee were presented with a report that sought approval of a Service Specification for the implementation of new Community Neighbourhood Locality Teams based around Primary Care. The teams will be the foundation for further development of new models of care closer to home and will work in partnership with patients to develop goals and outcomes which optimise their health and social wellbeing.

Currently all Community Nursing Teams operate in silos and services are fragmented with duplicated activity. This results in unacceptable professional ‘traffic’ in people’s homes and people ‘falling through the gaps’ during transition between service providers. The proposed new service has been agreed and co-produced through the BCF work stream for Intermediate and Community Care. It is anticipated that it will realise a number of benefits and opportunities for efficiencies, but the main driver for



this initiative is to provide local, person centred care and support for Primary Care in the case management of high risk patients.

The Service Specification was approved in principle and it was requested that a more detailed specification, identifying how the specific teams function and what the demand profiles are, is submitted to the next Committee in May.

Action – The Committee request that Governing Body note the content of the report and decision made.

2.3 Draft Commissioning Committee Annual Report

The Committee are invited to consider the Annual Report and suggest any appropriate amendments prior to submitting it to the Governing Body for assurance. In particular, the Committee are asked to confirm what conclusions they can draw from the Annual Report around whether the Committee has been effective in meeting its duties set out in the Terms of Reference.

Action – The Committee request that Governing Body note the content of the report sign off the formal version of Commissioning Committee Annual Report.

3. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

Attached ~ Community Neighbourhood Specification

Name	Dr Julian Morgans
Job Title	Governing Body Lead – Commissioning & Contracting
Date:	25th March 2016

