

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 24th March 2016
Commencing at 1 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~		Present
Dr J Morgans (JM)	Chair	Yes

Patient Representatives ~

Malcolm Reynolds (MR)	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall (SM)	Director of Strategy & Transformation	Yes
Claire Skidmore (CS)	Chief Financial Officer	No
Manjeet Garcha (MG)	Executive Lead Nurse	Yes
Viv Griffin (VG)	Assistant Director, Health Wellbeing & Disability	No
Juliet Grainger (JG)	Public Health Commissioning Manager	No

In Attendance ~

John Ferguson (JF)	Interim Head of Contracting & Procurement	Yes (Part)
Karen Evans (KE)	Solutions & Development Manager	Yes (Part)
Ranjit Khular (RK)	WCC Public Health	Yes
Peter McKenzie (PMc)	Corporate Operations Manager	Yes (Part)
Liz Hull	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Claire Skidmore, Viv Griffin, Sarah Southall, Vic Middlemiss and Juliet Grainger.

Declarations of Interest

CCM466 None.

RESOLVED: That the above is noted.

Minutes

CCM467 Minutes of Commissioning Committee held on Thursday 25th February 2016 were accepted as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM468 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

CCM469 There were no action points to review.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM470 The Committee was presented with an overview of contract performance for 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 Recovery 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.

RESOLVED: That the content of the update report is noted.

Community Neighbourhood Team Specification

CCM471 The Committee was 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.

RESOLVED: It was agreed to report back to the Committee in May with an indication of the overarching service specification. It was acknowledged that demand profiles will form part of the on-going program of work.

Dementia Services & Older Adults Mental Health

CCM472 Item deferred to Committee in April 2016.

RESOLVED: That the above is noted.

Learning Disability Community Service

CCM473 Item deferred to Committee in April 2016.

RESOLVED: That the above is noted.

Commissioning Committee Draft Annual Report

CCM474 The Committee was 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 was asked to confirm what conclusions they could draw from the Annual Report around whether the Committee has been effective in meeting its duties set out in the Terms of Reference.

RESOLVED: Authority delegated to the Chair to sign off the final version of the Commissioning Committee Annual Report to the Governing Body.

Action - PM to include a Commissioning Committee Future Plan and details to demonstrate how the Committee has made a difference.

Any Other Business

Committee Membership

CCM475 Dr Ahmed has tendered his resignation to Commissioning Committee and work is underway to implement a robust Recruitment Strategy which will assist with the vacancy being filled.

RESOLVED: The Committee acknowledged the hard work undertaken by Dr Ahmed.

Date, Time & Venue of Next Committee Meeting

CCM476 Thursday 28th April 2016 at 1pm in the CCG Main Meeting Room.