

**WOLVERHAMPTON CCG**

**Governing Body**  
**23<sup>rd</sup> May 2017**

<b>TITLE OF REPORT:</b>	<b>Commissioning Committee – Reporting Period April 2017</b>
<b>AUTHOR(s) OF REPORT:</b>	Dr Julian Morgans
<b>MANAGEMENT LEAD:</b>	Mr Steven Marshall
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in April 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	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.
<b>RECOMMENDATION:</b>	That the report is noted.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of April 2017.

## 2. MAIN BODY OF REPORT

### 2.1. Contract & Procurement Update

The Committee was presented with an overview and update of key contractual issues in relation to Month 11 (February 2017) for activity and finance.

#### ***Urgent Care Centre***

Vocare is not delivering to the quality standards set out within the contract. The CCG is working with the CQC to address the issues that have been identified and this is being managed via the monthly Contract Review Meetings held with Vocare and an Improvement Board.

As a result of underperformance in the 2016/17 contract, the CCG have written to Vocare advising of the year end claw back and an invoice will be issued accordingly.

#### ***Royal Wolverhampton NHS Trust***

A&E - The Trust's Month 11 (February 2017) A&E performance showed a 3% improvement from the previous month.

E-discharge - The Trust remains challenged on achieving dispatch of e-discharge summaries within 24 hours for both ward and assessment areas.

Cancer 62 days – The Trust has advised that breaches are all Urology patients and that work is being completed to clear the backlog. However, in line with other tertiary providers of cancer services, it does not expect to meet the target for the whole of 2017/18.

Exception Reporting Proposal – An exception reporting proposal has been discussed with the Trust who has advised that they will start populating reports from June 2017.

Performance Sanctions – Total fines for Month 11 - £78,700.



Dermatology – The CCG has been made aware of the issue relating to a shortfall in Dermatology Consultants. A Communication will be sent to GP's once further information is received from the Trust.

### ***Black Country Partnership Foundation Trust***

Fines / Sanctions – Sanctions applied, year to date, remain at £5,000.

SQPR – The Delayed Transfers of Care target was achieved for the first time this year.

CQUIN – RWT has given assurance that its clinicians are willing to work with BCPFT clinicians to help reduce A&E attendances. This has been formalised in a letter to BCPFT with assurance that these issues will be taken into account when the CQUIN milestones are evaluated.

Data Quality Improvement Plan – A meeting was held between Wolverhampton CCG, BCPFT and Sandwell and West Birmingham CCG to address data submission concerns and key actions have been agreed.

### ***Nuffield***

A Business Case is being discussed with regards to Nuffield Health wanting to increase the BMI rate from 35 to 39. The CCG's Head of Quality and Risk has requested assurance about the clinical benefit of this and how they will manage additional risks for patients with a higher BMI.

It was confirmed that any change in the recommendations for BMI for surgery must agree with our local NHS parameters.

### ***Procurement Update***

Primary Care Counselling – Following a mini-procurement exercise, Relate have been offered a six month pilot contract. Mobilisation has commenced in conjunction with Primary Care Groups and the service will start in May. Continuation beyond the initial six month period is subject to evaluation and identification of on-going funding.

Procurement Programme Proposal 2017/18 – The Committee reviewed a proposal for 2017/18, which was approved subject to the queries raised in relation to units for End of Life and Eye care.



**Action – The Committee request that Governing Body note the above.**

### **3. RECOMMENDATIONS**

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

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**Date:** 10<sup>th</sup> May 2017

