

Trust Board Report

Meeting Date:	Monday 22 nd July 2013
Title:	Contracting and Commissioning Update
Executive Summary:	This report provides an update relating to the contractual relationship with our Commissioners
Action Requested:	Trust Board are asked to note the report
Report of:	Director of Planning and Contracting
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Resource Implications:	LDP and Contract negotiations for 2013/14 have been concluded with local Clinical Commissioning Groups and with Specialised Services. Directors and Senior Management are regularly reviewing the service, contractual and financial implications.
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Contracting and Commissioning Update, Trust Board, 22 nd April 2013 and 20 th May 2013
Appendices/ References/ Background Reading	None
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1.	Introduction The Trust Board received reports in April and May 2013 updating on progress with contract negotiations with Commissioners. This report provides an update and progress with the current contracting arrangements as part of the LDP process for 2013/14.
2.	Contract 2013/14 As outlined in the Contracting and Commissioning Update to Trust Board 20 th May 2013, contracts with local CCGs and with Specialised Services have been signed on 2 nd May 2013. 2.1 NHS Wolverhampton CCG (Acute and Community) The contract was signed with NHS Wolverhampton CCG on 2 nd May 2013. Collaborative Commissioners in Staffordshire have identified some blocks of funding that have been incorrectly allocated between CCGs. As Collaborative Commissioners had not signed the original contract, a contract variation is not possible. Therefore, a revised contract has been drawn up which will be signed by all parties, including RWT. The later version will supersede the contract signed in May. This does not alter the overall contract value, but changes the allocation between commissioning organisations. This has been outside of the control of RWT, and we have requested confirmation of the reasoning from the lead Commissioner to provide assurance to auditors and external scrutineers. 2.2 NHS England – Specialised Services A significant part of the in-year work is implementation of the national service specifications affecting specialised services. These specifications should be implemented by 1 st October. Initial work to self-assess current service delivery against these specifications was due to be submitted to NHS England by Friday 19 th July 2013. This will allow commissioners to assess the work required and the levels of support required for providers. 2.3 Wolverhampton City Council The contract with Wolverhampton City Council has not been signed by the end of Q1 as anticipated due to a number of issues with the Local Authority terms and conditions. These issues have now been negotiated, and agreement in principle has been reached. Work continues on both sides to finalise the contract documentation with the objective of signing contracts by the end of July.
3.	CQUIN As identified in previous reports to the Board, there are two sets of CQUINs in place for the 2013/14 year. These are based around the two primary contracts that are in place with NHS Wolverhampton Clinical Commissioning Group (CCG) and Specialised Services Commissioning (SSC). The Trust has a robust internal performance monitoring and management framework in place to assess the performance of each CQUIN, against the stated milestones, on a monthly basis. A report is presented on a monthly basis to the following groups within the Trust:

- Operational Finance Group – oversight of performance and manage concerns
- Contracting and Commissioning Group – assurance around contractual performance
- Senior Nurses Performance Meeting – understand clinical and quality impact of schemes.

Out of the 15 CQUIN schemes at the end of Q1, 10 schemes are currently rated as Green, 5 schemes are rated as Amber and no schemes as Red. There are currently no financial risks forecast for Q1 performance. Details of the amber rated schemes can be found below:

No	Indicator Name	RAG Rating	Comment
2	NHS Safety Thermometer	Amber	Exceptionally challenging target (50% reduction in PU) good progress to date, concerns around maintaining trajectory until year end
3	Dementia - Assessment	Amber	Need to undertake dementia assessment of 90% of all >75age within 72 hours of emergency admission, as yet not hit 90%. Funding now in place for nurse assessment
5	Personalised Management Planning	Amber	Requires electronic solution and software development, timeline is very tight against agreed milestones
8	FP10HP Formulary and Generic Adherence	Amber	Need to agree trajectories with commissioner following submission of baseline position.
13	Renal Dialysis	Amber	Await notification of national dataset requirements for Renal Registry return. Parameters to be added to current Renal Registry set when received.

4.

QIPP

As part of the contract negotiations, Commissioners proposed an ambitious QIPP plan totalling £4.327m. As part of the discussions, RWT sought assurances that the QIPP plans would be deliverable, and would enable costs to be removed from RWT expenditure to support the reduction in income. As a result of these discussions the QIPP plan within the contract was reduced to £1.282m, with the balance to be addressed in year, and included within the contract as a Service Development Improvement Plan (SDIP)

The SDIP includes a series of actions to initiate each piece of work, and many of these are aimed at commencing the work during Quarter 1. The initiation of the majority of these workstreams is the responsibility of Commissioners. There are likely to be issues with the delivery of the anticipated schemes in line with the QIPP programme, as many of the workstreams have either commenced late or have not yet begun.

As part of the contract negotiations, RWT have pledged to work with Commissioners to deliver the actions required to deliver QIPP, and will do so as and when workstreams are initiated.

5.

Business Cases

During the last month, the business case for Lucentis for Diabetic Macular Oedema has been approved by the Clinical Commissioning Group. This business case will allow recent NICE guidance to be implemented. RWT are awaiting Commissioner responses on business cases for Fibrosan, Human Growth Hormone and Direct Access Spirometry.

Wolverhampton City Council have approved a business case for delivery of IGRA testing for Tuberculosis, which will enable immediate screening to be

	actioned, thereby reducing the need for patient re-attendances.
6.	<p>Patient Identifiable Data</p> <p>Prior to April 2013, Primary Care Trusts held legal permissions to hold patient identifiable data. When PCTs were abolished, these permissions were not transferred to Clinical Commissioning Groups, Commissioning Support Units or NHS England. Patient identifiable data may not be used for any purpose other than direct patient care, and so can still be shared and discussed between clinicians who may share clinical responsibility for a particular patient. Therefore, commissioners are not legally allowed to receive patient identifiable data. There is a plan to develop a network of local accredited Information Centres who will be able to receive this level of data. They will then provide pseudonimisation which will allow Commissioners to track a patient through the system, but will not identify that patient.</p> <p>This is causing considerable difficulty for Commissioners, and RWT are working with them to understand what level of information is permissible to share and to understand the medium-term solutions as they are formed.</p>