

TRUST BOARD – 1 MAY 2014

CHIEF EXECUTIVE'S OVERVIEW

FutureFit

Recent discussions with the FutureFit programme team and the Area Team of NHSE, have concluded that the volume of detailed modelling required to ensure public consultation could proceed with the appropriate amount of validated information available, will require public consultation to commence in June 2015 rather than January 2015 which the Trust had hoped for. It is nevertheless expected that in January 2015 the preferred service model with some indication of the estate options will be agreed and available to the public.

Outcome of formal arbitration with Telford & Wrekin CCG

At the last Board meeting the prospect of arbitration regarding the 2014/15 contract with Telford & Wrekin CCG was identified. Further discussions with the CCG failed to reach agreement and a formal arbitration panel considered the CCG's case and the Trust's counter-arguments on the 1st April. There were four items disputed by the CCG and the outcome was as follows:

- The CCG disputed changes to the coding and counting of patient activity initiated by the Trust in 2013/14 equivalent to £0.8m: **The Panel found in favour of the Trust;**
- The Commissioners disputed (financial value £1.6m):
 - The Trust applying the Payment by Results 'top up'* for rehabilitation services that are otherwise covered by national prices;
 - how many rehabilitation beds are provided; and
 - whether the service being provided is being delivered in accordance with the contract.

The Panel found in favour of the Trust but suggested that the nature of the rehabilitation service required by the commissioners should be resolved as soon as possible;

- The CCG disputed the coding of Stroke with a Zero Day Length of Stay; b) the coding of TIA as Stroke; and c) the application of Stroke Best Practice Tariff to such cases. Financial value £140K. **The Panel did not consider this item due to the low materiality of the issue.**

- The CCG wished to reduce the contract value by £2.6m to reflect the impact of their QIPP schemes – the Trust did not accept this due to the lack of information supporting the QIPP schemes and the inability to assess their likely impact.

The Panel did not arbitrate on this item but reinforced the national guidance that QIPP schemes must be underpinned by robust plans that are properly formed and evidenced

Assessment of workforce risks

The review of the level of risk associated with the limited medical workforce availability in the Emergency Departments and in Acute and General Medicine, and to a lesser extent ITU is in progress with a view to this being submitted to the May Board meeting.

**Peter Herring
Chief Executive**