



Cannock Chase Clinical Commissioning Group

Cannock Chase CCG Governing Body Meeting
to be held on Thursday 7th February at 14:30 – 17:00
at The Davy Unit, Cannock Chase Hospital, Brunswick Road, Cannock

AGENDA

A=Approval D=Decision I=Information

		Enc	Lead	A/D/I
1	Welcome by the Chairman		JM	
2	Apologies for Absence Neil Chambers		JM	
3	Conflicts of Interests	Verbal	JM	I
4	Minutes of the meeting held <ul style="list-style-type: none"> • Unconfirmed minutes of the Governing Body held on 8th November 2012 • Quality Committee • Audit Committee • QIPP Committee 	Enc 01	JM	A
		Enc 02	JM	I
		Verbal	AC	I
		Verbal	AC	I
5	Quality Report	Enc 03	VJ	A
6	Chair of the Governing Body	Verbal	JM	I
7	Chief Officer Report	Enc 04	AD	A/D
8	West Midland Quality Review Service Report into Long Term Conditions	Enc 05	AD	A

9	Finance Report <ul style="list-style-type: none"> • Finance Report • Audit Committee ToR 	Enc 06	AC	A
		Enc 07	AC	A
10	Performance Report <ul style="list-style-type: none"> • Performance Report November 2012 • Performance Monitoring and Assurance Update 	Enc 08	AC	A
		Enc 09	AC	I
11	Questions from the Public			
12	Any Other Business			
13	Date of Next Meeting : Thursday 4 th April 2013 (15:30 – 17:00) The Chase Golf Club, Pottal Pool Road, Penkridge, Stafford, ST19 5RN			



Cannock Chase Clinical Commissioning Group

Minutes of
Cannock Chase Governing Body Meeting
Clinical Commissioning Group
 held on Thursday 8th November
 at Cannock Chase Hospital

	Present	Action
	<p>Dr Johnny McMahon (JM) Andrew Donald (AD) Andy Chandler (AC) Val Jones (VJ)</p> <p>Manjit Obhari (MO) Dr Tim Berriman (TB) Dr Mo Huda (MH) Dr Anna Onabolu (AO) Clive Cropper (CC) Pauline Scott (PS) Lesley Powell (LP) Neil Chambers (NC) Paul Gallagher (PG)</p> <p>In Attendance:</p> <p>Peter Gregory (PGr) Jonathan Bletcher (JB) Sally Young (SY)</p> <p>Adele Edmondson (AE) Katie Woods (KW)</p>	<p>Chair, Cannock Chase CCG Chief Officer Chief Finance Officer Nurse Board Member, Director of Quality & Safety Secondary Care Consultant Clinical Lead Clinical Lead Clinical Lead Practice Lead Practice Lead Practice Lead Lay Member for Governance Lay Member for PPI</p> <p>LMC Observer CCG Director Head of Strategic Compliance & Governance Internal Relationship Manager Executive Assistant</p>
1.0	Welcome & Introductions	
1.1	JM welcomed all to the first Cannock Chase Governing Body meeting held in public. All members of the Governing Body introduced themselves, a further welcome was given to Manjit Obhari and Peter Gregory.	
1.2	JM stated that whilst the meeting was held in public it is not a public meeting.	
1.3	JM summarised key areas of work for Cannock Chase CCG over the last 12 months such as the joint decision to the partial closure of Mid Staffs Foundation Trust A&E overnight and authorisation. All authorisation documents have been submitted for approval. The Cannock Chase CCG authorisation visit from panel members will take	

1.4	<p>place on November 14th.</p> <p>The Governing Body meeting will be the first of six to be held in public, during the year. JM advised that the seat of authority is with the Membership Board which is comprised of GPs and Practice Staff. The demographic of the Membership Board is appropriate to organise affairs for Cannock Chase CCG and offer an opportunity for GPs to feed into discussions. The Membership Board gives GP's the patient's voice.</p>	
2.0	Apologies for Absence	
2.1	Beccy Smith, Practice Lead	
3.0	Conflict of Interests & Presentation of Register of Interests	
3.1	No Declarations of Interests were identified and the Register of Interests was approved.	
3.2	JM advised the Governing Body that the Register of Interests is available on line. On the CCG website www.cannockchasecc.nhs.uk	
4.0	Any Questions from the Public	
4.1	None raised	
5.0	Chair Report	
5.1	No further items to report	
6.0	Quality Report	
6.1	VJ presented her report to the Governing Body which provides assurance on the level of readiness of Cannock Chase CCG in preparing to undertake its core function; to promote and sustain quality improvement.	
6.1	The first half of the report outlines how Cannock Chase CCG is developing capacity and capability to promote and sustain quality improvement. The CCG has completed a Quality Strategy which has been submitted as part of the Authorisation Process. The strategy includes a baseline assessment for quality improvement against the National Quality Board framework.	
6.2	The second half of the report focusses on current quality and safety matters as reported to the Clinical Quality Review Group. VJ highlighted to the Governing Body the main issues as being; Breast Cancer Services at Mid Staffs Foundation Trust and the Littleton Ward at Cannock Hospital.	
6.3	Breast Cancer services have been the subject of a Risk Summit to address concerns raised following a cancer peer review of the service. The CCG have formally requested further assurance from the Trust and the Clinical Lead and Director of Quality and Safety will be working with Mid Staffs Foundation Trust to develop an assurance plan.	
6.4	Following soft intelligence, regarding Littleton Ward the CCG are conducting a Commissioning review of the role, purpose and outputs of Littleton Ward.	

6.5	VJ also highlighted District Nursing provided by Staffordshire and Stoke on Trent Partnership Trust. Concerns have been raised with regards to staffing levels. The Trust have agreed to conduct a review in North Staffordshire of District Nursing and this review will now be extended to include South Staffordshire District Nursing Service.	
6.6	The Governing Body was asked to ;	
	<ul style="list-style-type: none"> • Note the progress made by the CCG on developing the capacity and capability to fulfil the statutory duty to promote and sustain quality improvement. 	
	<ul style="list-style-type: none"> • Note the key quality and safety matters reported to the Clinical Quality Review Groups and the actions taken in response. 	
7.0	Chief Officer Report	
7.1	AD presented his report to the Governing Body, which was in 3 parts: <ul style="list-style-type: none"> • To outline the work towards CCG Authorisation. • To provide an update on matters relating to the development of the CCG. • To formally adopt the documents, plans and policies as detailed. 	
7.2	AD reported that Cannock Chase CCG has been operating as a shadow organisation since July 2011. Cannock Chase CCG has been developing its organisational arrangements alongside accepting devolved responsibility for commissioning on behalf of South Staffs PCT since July 2011.	
7.3	The authorisation is reaching conclusion, subject to the NHS Commissioning Board approval Cannock Chase CCG will be authorised with or without conditions. All documents for authorisation were submitted on the 28 th September 2012 alongside the CCGs application. The Governing Body are asked to formally adopt the documents listed in appendix A which can be found on the CCG website www.cannockchasecc.nhs.uk	
7.4	AD also asked the Board to formally approve the policies on Complaints and Safeguarding which have now been finalised by the CCG, alongside the formal agreement of the Governing Body to set up sub-committees for Audit, Remuneration and Terms of Service, Joint Quality Committee with Cannock Chase CCG and the Quality, Innovation, Productivity and Prevention Committee.	
7.5	PG expressed his thanks for the Communications and Engagement Strategy however, PG did feel that the plan could be over ambitious particularly as there was significant work to do in Cannock to ensure all 27 practices had set up a Patient Participation Group.	
7.6	AD informed the Governing Body members that close working with PG will ensure that objectives of the plan are met. He further made the point that although the strategy ambitious it was probably the right thing to do to demonstrate how CCGs wanted to be different. The Governing Body was asked to;	

7.7	<ul style="list-style-type: none"> • Note the report and progress to date • Adopt the documents submitted for authorisation and the policies and procedures for Complaints Handling and Children and Adult Safeguarding. • Agree the establishment of the four Governing Body Committees; Audit, Quality, Remuneration and Terms of Service and QIPP (Quality Innovation Productivity and Prevention) • Adopt their Terms of Reference. 	
8.0	Finance Report	
8.1	<p>AC presented his report to the Governing Body, which sets out the in-year financial position at month 6, based on 5 months of Secondary Care data. The CCG is currently showing an overspend of £1.579m against plan. The CCG planned position was break-even at the end of month 6. A number of significant pressures have been identified. The CCG is still forecasting a balanced position at the year-end. This is, however, reliant on delivering all the mitigating actions to offset the current known risks. The CCG holds a £1.031m contingency reserve of which 6/12ths (£0.5m) have been phased into the year to date position.</p>	
8.2	<p>Based on the information from Providers the main significant areas of over-spend at Month 6 are with Walsall Hospitals (£534k), Mid Staffs Hospitals (£483k) Royal Wolverhampton (£347k), University Hospitals Birmingham (£145k), Burton Hospital (£113k) and Continuing Care (£390k).</p>	
8.3	<p>PG asked AC if quality is factored into the mitigating schemes. AC advised that it is, as part of QIPP quality impact assessment are carried out.</p>	
8.4	<p>NC asked the Governing Body for clarity around Innovation. AD answered that innovation will entail transforming services. JB concurred that it was assuring that services are appropriate.</p>	
8.5	<p>Discussion moved to 18 weeks at MSFT, AD assured the Governing Body that two extra orthopaedic surgeons have been appointed to develop sustainability.</p>	
8.6	<p>The Governing Body was asked to;</p> <ul style="list-style-type: none"> • Note the year to date position of £1.579m deficit, and the value of contingency factored into the month 6 position. • Note the forecast year end position, associated risks and required mitigating actions. • Note the over spend to date on a number of provider contracts and continuing care. 	

9.0	Performance Report	
9.1	AC presented the report to the Governing Body which provides a high level summary of the key performance issues for the CCG's main providers for 2012/13	
9.2	The report provides assurance and details of remedial action being taken to improve performance and mitigate risk and, where applicable, contract queries that have been issued and financial penalties applied.	
9.3	Performance is based on Red, Amber and Green (RAG) dashboards and exception reporting. The majority of the source dashboard reports are based at Provider level and are monitored against set targets.	
9.4	It is intended in future to strengthen the report to provide exception reporting and assurance on Staffordshire and Stoke on Trent Partnership Trust (SSOTP) and South Staffordshire and Shropshire Healthcare Trust. Additional information has been requested from these providers to support future updates to Board, through the Staffordshire Commissioning Support Unit Contract Management Team.	
9.5	NC asked why the performance report was only reporting on August performance. AC outlined the process of validation that created delays in reporting. AC assured the Governing Body that the CCG Management Team receive weekly reports on performance and it was pleasing to note that performance in the last three months at Mid Staffordshire Hospitals had improved across a range of standards.	
9.6	The Governing Body was asked to: <ul style="list-style-type: none"> • Note areas where the current performance rating is red and the remedial actions being taken to improve performance and mitigate risk. 	
10.0	Procurement Strategy	
10.1	AC presented the Procurement Strategy that sets out how the CCG will develop its procurement activities. It does not set out the detailed procurement processes or approval routes as these will be covered by the CCG's Governance, Standing Financial Instructions and Procurement Policies and Procedures.	
10.2	This Procurement Strategy has been designed to support the CCG by demonstrating an understanding of the current requirements and guidance for Procurement Activities of NHS Bodies.	
10.3	The strategy will ensure that the CCG meets its legal duty with regard to compliance with the Public Procurement Regulations 2006.	
10.4	The Governing Body was asked to: <ul style="list-style-type: none"> • Note and approve the strategy. 	

11.0	Questions from the Public pertaining to the Agenda	
	<p>1) GAL suggested that Cannock Chase CCG introduce themselves to the local population by way of a two page article in a free newspaper. As most of the local population are not aware of who Cannock Chase CCG are and what they do.</p> <p>GAL also suggested to the Governing Body that a booklet of conduct for members of the public would be useful. As well as members of the public being able to submit questions to the Governing Body before the meeting.</p> <p>GAL invited members of the Governing Body to attend the annual Cannock Community Forum.</p> <p>JM thanked GAL for his question and suggestions. JM advised that the Governing Body will take on board his suggestions and via Adele Edmondson arrange a meeting with the local press.</p> <p>2) MF commented that it was nice to hear that engagement with stakeholders has also included the council. MF supported GAL's suggestion for a CCG Officer to attend the Cannock Community Forum.</p> <p>3) RL asked the Governing Body in relation to the Chief Officer Report how members are going to take forward prevention whilst ensuring quality remains.</p> <p>JM answered that it is vital to be preventative, Cannock has already been successful for example; Weight Watchers have tailored their programme due to the successful outcomes in Cannock with regards to Adult Weight Management.</p> <p>JM summarised that there are two areas in prevention that need to be assessed; Primary and Secondary. Primary stops healthy people developing illnesses and Secondary supports patients with long term conditions becoming more ill.</p> <p>JB advised the Governing Body that joint working with the Council and Public Health will drive these forward. Cannock Chase CCG goals are also focussed on prevention.</p> <p>4) GA asked the Governing Body if paper copies of the reports could be available for the next meeting as not everybody has access to the social media. GA offered to share with the Governing Body a piece of work called 'Mosaic', which details areas with Cannock Chase that have social media access.</p> <p>GA asked the Governing Body about the future of commissioned services at Cannock Hospital.</p> <p>JM answered that the CCG are responsible for commissioning services that are cost effective and in the best interest of the patient. The priority is the services not the estate.</p> <p>AB congratulated the Governing Body for getting through difficult times. Given the special services locally in relation to the Monitor</p>	

	<p>Review. AB asked if the CCG would consider, a further committee to deal with any aspects of implementation following the Monitor Review .</p> <p>5) JM concurred with AB's suggestion however, JM cannot pre-empt Monitor's work and any group would need to be in conjunction with Stafford and Surrounds.</p> <p>AD agreed with JM and outlined that this was as much about the timing of setting up such a committee, rather than whether they should set up a committee for implementation which does make sense.</p> <p>MF suggested that a briefing document surmising the reports for future Governing Body meetings would be useful, as well as audio equipment for members. MF asked for attendance from CCG Officers to future Practice Management Committees.</p> <p>PG advised that smaller practices are harder to manage, Resident Champions will be assigned to practices to encourage patients to attend to ensure the groups are reflective of the area.</p> <p>AO advised members that meetings are being held with the Commissioning Support Services (CSS) and all GPs to show good examples of practices.</p>	
12.	Any Other Business	
	No matters identified	
13.	<p>The Chair thanked all for attending the meeting and the meeting was closed.</p> <p>The next meeting shall be held on 7th February 2013 (14:30 – 17:00)</p>	

Agreed as a true and accurate record:

Signed Date

Print (CHAIR)

**Stafford & Surrounds
Clinical Commissioning Group**
Quality Committee Meeting held on 22nd November 2012
At Greyfriars Therapy Centre, Stafford, ST16 2ST

	Present	Action
	Val Jones (VJ), Lynn Tolley (LTo), Lisa Evans (LE), Jane Chapman (JC), Sharuna Reddy (SR), Marianne Holmes (MH), Tim Berriman (TB), Anne-Marie Houlder (AMH), Mark Doran (MD), Jonathan Bletcher (JB), Laura McGarvie (Note-taker(LMcG))	
2.0	Apologies	
	Sam Buckingham, Heather Widdowson, Adele Edmondson, Gareth Morris	
3.0	Minutes of the Last Meeting / Action Log	
	The minutes of the last meeting were agreed as accurate.	
4.0	Declarations of Interest	
	There were no declarations of interest to declare.	
5.0	Action Log	
	The action log was updated.	
6.0	Terms of Reference	
	These have now been approved via Authorisation process and are available on the website to view. These were agreed by the group.	
7.0	Equality Delivery Strategy Update	
	It was noted that Sally Young will attend the next meeting and deliver a presentation around the form of an update to the Equality Delivery Strategy.	
8.0	Quality Strategy Update	
	<p>Within the Quality Strategy which was submitted for the CCG authorisation process is the Quality Improvement Plan and a Baseline Assessment of CCG Capacity and Capability for Quality.</p> <ul style="list-style-type: none"> • The Baseline Assessment contains target dates for actions from October 2012 to March 2013 at which point it will be complete. • The Quality Improvement Plan has targets or outcomes based on quality improvement areas organised around the three Domains, Patient Safety, Patient Experience and Clinical Effectiveness. <p>Both plans will be monitored through exception reporting to the Quality Committee. With the baseline assessment monthly and the Quality Improvement Plan which will be an agreed annual plan monitored on a quarterly basis.</p> <p>Reporting Schedule A schedule of dates of when reports will be due has been developed and will be circulated out to the group electronically. This schedule lists the reports which will be due for submission to the committee and have been staggered throughout the year. There will be a report next month which will be based on the Baseline Assessment and Strategy.</p> <p>A brief overview and discussion took place and it was noted that the baseline assessment framework is based on the National Quality Board framework for building capacity for quality improvement arising from the Early Warning Systems work.</p>	LMcG

	<p>It was noted that within the Quality Improvement Plan were the RAG ratings which were showing as red and amber for the 1st and 2nd quarters which was before the development of the Plan . Going forward this would be monitored quarterly on an exception basis.</p> <p>AMH queried whether this was a function undertaken by Cluster and VJ responded that this was developed by the CCG.</p> <p>MD queried whether the improvement plan lent itself to the mental health outcome picture around quality. TB asked if information had been received from the East around Mental Health. MD said that he had not yet attended a mental health meeting in the east so could not currently comment.</p> <p>AMH asked for future meetings, MD present around quality indicators for mental health. MD responded that mental health have not yet signed up for the 2012/13 schedules and they are currently still working to the old schedules and indicators which were set, therefore a current picture cannot be given as the information is not accurate.</p> <p>VJ asked for MD to give a 15 minute presentation at the next meeting around mental health. This was agreed by MD.</p> <p>AMH expressed concern around the mental health services and asked if the community mental health services were being used. MD said that the CCG requires to contact Sarah Laing in the east for a more detailed report but MD will prepare a short report for the next meeting and can share a copy of the survey findings with the committee.</p>	<p style="text-align: center;">MD</p> <p style="text-align: center;">MD/VJ</p>
9.0	Provider Quality Reports and Highlights	
	<p><u>Cluster</u></p> <p>The CCG report was sent to the Transitional Cluster Committee for approval. It was noted that the Authorisation visits have now taken place along with the Governing Body Board meetings which are open to the public.</p> <p>A new system has been used within the CSU to deal with complaints and also act as a soft intelligence system but this still requires some tweaking due to some confusion within the system which is also a potential risk to the organisation.</p> <p>BPAS will be added to the list of providers. TB asked if primary care mental health services should be included within the list of providers (EWISS/CHEW). JC said that monthly meetings are currently held with both organisations, but there was no KPI quality measures to benchmark against. MD thought there were measurable KPI's available for these organisations and will send these to JC.</p> <p>A discussion around the providers and models took place. MD asked the committee if they would risk rate organisations. VJ said that this was something to be explored. JC said that this may be difficult to undertake as the organisation may have a high risk on occasion's dependant on their capacity and demand but a steer would be needed based on the AQP new contracts.</p> <p><u>MSFT – Breast Cancer Services</u></p> <p>AMH said that the surgeons at MSFT have now been reported to the Royal College of Surgeons as the College has now amended their Terms of Reference and this will be carried out in January 2013.</p>	MD

	<p><u>SSOTP</u> MD said that the North CCG conducted a poll population survey and found that district nursing services were not acceptable due to staff issues. It was also noted that teams based within GP practices were working together and an independent review was going forward due for completion by December 2012.</p> <p>The North CCGs commissioned a review and had not considered the notion of a joint North Staff review and when approached by the South did not want this to delay the start. South CCGs would pursue a review which would be informed by the outcome for the North review .Terms of reference when developed would come to this committee for recommendation for funding.</p> <p>JB asked if there was any concern around the service specification for district nursing teams as there are currently four separate specifications for the South alone and these have been vague in content. AMH said that the main area of concern is the step down service into the intermediate care teams and asked if previous satisfaction surveys have been conducted. MD said that he will contact the North to seek permission to see if the North model can be shared along with surveys findings and outcomes and will send further details around this to VJ. This was agreed.</p>	MD
10.	Serious Incident / Adverse Incident Report	
	<p>It was noted that there are currently over 100 open incidents. Many of these are pressure ulcers and the Trust has struggled with the backlog whilst integrating three provider arms. There has been a drive by the SHA to reduce the backlog of management of incidents. The largest number across the SHA were in Staffordshire Cluster with this Trust having the largest number.</p> <ul style="list-style-type: none"> • MD said that he is involved with the learning from the Root Cause Analysis and can give assurance around this but noted to the committee that assurance could not be given that the Trust will reach the target set by the SHA for pressure ulcers. • This was no more than 10 overdue per month. • It was noted that the pressure ulcer steering group was now in place but there was no CQUIN this year for pressure ulcers. <p>TB queried if we were still outlying against the West Midlands targets. MD responded that he was not sure of the current position, but as Cluster had taken a more relaxed approach the quality leads now had the directive to lead.</p> <p><u>Littleton Ward</u> The CCG in conjunction with the providers has developed an initial action plan to address the governance issues which is being implemented. The CCG report provides fuller information on this.</p> <p><u>VTE</u> TB said that OOHs are still not doing VTE's and stated that assurance is still outstanding. LE said that a letter has been sent out to all contracting providers but LTo raised concern that there was not a large throughput of patients therefore concern around patient safety was expressed along with CCG vulnerability. JB said that this sits currently with Dr Clesa and asked that notice be served. It was noted that in October eight breaches were reported for MSFT, and these were recently notified by Colin Ovington at MSFT.</p> <p><u>Rowley Hall Hospital</u> Rowley Hall Hospital had reported a Never Event however on examination buy</p>	

	<p>the Cluster and the CSU risk manager it was agreed that it did not constitute such an event and was de-escalated. This related to nerve block injection in preparation for given to the wrong side. The medical director has also been informed of the incident.</p>	
11.0	Safeguarding Reports	
	<p><u>Adults</u> JCo is the lead nurse for adult safeguarding and a brief overview of the report was given by VJ. It was noted that the PCT currently authorise DoLs but under section 75 the authority in future will move to the Council for these to be authorised.</p> <p><u>Nursing Homes</u> JC currently sits on the nursing home quality assurance group and said that most of the issues raised are around residential care home settings.</p> <ul style="list-style-type: none"> • It was noted that this group requires to become more proactive to review quality within homes with the development of routine monitoring mechanisms in the form of unplanned visits and more proactive measures. • It was also noted that this was a hard to manage area due to the high number of homes and contracts insitu. <p>VJ asked for a report around control and issues of assurance around provider issues and reporting of metrics to be brought back to this meeting. This was agreed.</p> <p><u>Children</u> Heather Widdowson is the Children's lead for safeguarding children within Staffordshire and has reported that there is currently no permanent designated doctor for safeguarding, but this will be sent to advert shortly.</p> <ul style="list-style-type: none"> • It was noted that staff within the A&E department have all been trained in safeguarding but no official register is kept. • Quarterly reports will come to this committee in future which will act as a baseline for future reporting. • Designated doctors sit within MSFT/Acute Trusts/Provider organisations and SSOTP employ named nurses and these both provide named designated commissioners. <p>VJ has asked for a list of designated individual contractors training requirements and this will be shared at a future meeting when collated. MD confirmed that all providers have received visits conducted by Nesta Williams and can share the results of these with the committee. The child death nurse has been jointly agreed to be funded and will be hosted by Burton hospital. This is a new post that will be out to advert shortly.</p>	JC/VJ
12.0	Serious Incident Report	
	<p>This will become a monthly report in future. There has been a drive by Cluster to reduce the number of serious incidents reported and the top areas reported have been around delayed diagnosis and under 18 years old in an adult ward.</p> <p>Pressure ulcers are currently sitting at grade 3. There was 1 instance last month but numbers are reducing and the figure for avoidable pressure ulcers is sitting at 5% currently.</p> <p>Infection Control – outbreak of 9 e-coli cases on ward 10. It was also noted that within ward 10 there was increase in the number of slips, trips and falls noted. LTo has met with MSFT around maternity and reported that robust processes are in place for MSFT but asked the committee to note that Burton has had four maternity deaths recently.</p>	

	<p>MD said that more work is being undertaken in conjunction with Burton hospital around these deaths and VJ confirmed that these had been noted via the SI system.</p> <p>It was also noted that the number of suicides within the county has increased. The issue of alcohol and suicide for Staffordshire was noted as an outlier and no definitive action is yet being taken to address this but a review will be undertaken.</p> <p>TB asked what not in receipt implied within the report. This was confirmed that the data was not being received for mental health at that time but within the last 12 months the mental health services had registered information in their receipt.</p>	
13.0	CCG Quality Update	
	There was nothing else to note.	
14.0	Any Other Business	
	<p>LTo said that a member of Cluster will be in attendance at the next meeting.</p> <p>MD said that the CSU was restructuring and by December the decision around Quality lead for the CSU will be revealed.</p>	
	Date of Next Meeting	
	<p>The date of the next meeting was agreed <i>as 20th December 2012 @ 2:00pm.</i> The venue will be <i>Boardroom, Greyfriars Therapy Centre, Frank Foley Way, Stafford, ST16 2ST</i></p>	



Cannock Chase Clinical Commissioning Group

REPORT TO THE Clinical Commissioning Group Governing Body Meeting TO BE HELD ON Thursday 7th February 2013

Subject:	Quality and Safety Report					
Board Lead:	Val Jones					
Recommendation:	For Approval		For Discussion		For Information	√

PURPOSE OF THE REPORT:

To update the CCG Governing Board members on CCG progress for Transition and to provide an overview of the main quality and safety performance issues for local providers.

KEY POINTS:

Please see attached Report

1. The CCG has made further progress with developing capacity and capability in that the Joint CCG Quality Committee is now established and receiving regular Controls and Assurance reports.
2. CCG Board members now have access electronically to integrated quality and safety dash boards which include analysis of trends and patterns
3. Newly formed Quality Surveillance Groups will share information and intelligence across the health and care sectors using national quality dash boards for each provider.
4. The Governance model for the CCG is now operating in tandem with the Cluster Quality in readiness for the Transfer of responsibilities and the component parts are mapped with the attached report

Implications

Legal and/or Risk	Enable the CCG to meet its statutory responsibilities for commissioning quality; reduce and mitigate risks to the organisation and to patients.
Care Quality Commission	Enable the CCG to meet commissioner responsibilities for CQC Essential Standards for Health including that providers have up to date registration with the CQC.
Patient Safety	Integral element of the Quality Strategy which describes the systems that will be deployed to “keep patients safe.”
Patient Engagement	Integral element of the Quality Strategy which describes how the CCG will use patient engagement and experience to form the intelligence essential for effective and safe commissioning
Financial	Following the baseline assessment of the CCG structure, systems and processes there maybe implications for additional funding.
Sustainability	A three year plan which will be refreshed on an annual basis through the annual Quality Improvement Plan
Workforce / Training	Organisational Development Plan for the CCG is in place to develop members, staff and leadership.

Relevance to Key Goals

To reduce health inequalities across Cannock Chase through targeted interventions.	Commissioning for quality will enable the CCG to put in place exemplary systems for commissioning intentions and provider performance management that will deliver its Key Goals
To identify and support patients with Long Term Conditions to ensure care delivery closer to home.	
To improve and increase overall life expectancy.	
To develop integrated services with simple, easy access.	

RECOMMENDATIONS / ACTION REQUIRED:**The Governing Body is asked to note :**

1. The continuing progress made by the CCG in preparation for transfer of commissioning responsibility from April 2013.
2. The role of the newly established Quality Surveillance Groups for promoting quality and safety issues.
3. The key quality and safety matters reported to the Clinical Quality Review Group and actions taken in response.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			X
Has an equality impact assessment been undertaken?			X
Have partners / public been involved in design?			X
Are partners / public involved in implementation?			X
Are partners / public involved in evaluation?			X



**Report to Clinical Commissioning Group
Cannock Chase Governing Body
Quality and Safety Report**

1.0 Purpose

The purpose of this report is to provide Cannock Chase (CC) Governing Body assurance of continuing progress by the Clinical Commissioning Group (CCG) on the development of its capacity and capability for the transfer of responsibility for commissioning quality, safe services from April 2013.

2.0. Introduction

2.1. The report describes the continuing progress made by the CCG towards the transfer of commissioning responsibility and demonstrates how patient experience is used within the governance model for the CCG.

2.2. The report advises the members on the role of the newly formed Quality Surveillance Groups in sharing vital information and intelligence on provider quality and safety performance.

2.3. The main body of the report provides an update on key quality and safety matters as reported to the Clinical Quality Review Groups (CQRMs).

3.0. Transition to the new system – Status Report

3.1. The previous report to the Governing Body meeting in public described the Transition to the new health service, the critical role for clinical commissioners and the way in which the CCG was developing capacity and capability to undertake responsibility for commissioning health services for the population in Cannock Chase and its surrounding area. It considered the national framework for assuring the competence of CCGs for quality assurance functions which is updated in this report with the CCG's current status.

3.2. Later in the report members are informed of further developments made towards a high level of organisational readiness and preparedness by the CCG and the local **NHS Commissioning Board Area Team** for the transition; the relationship to the latest guidance issued in January 2013 by the **National Quality Board** (NQB) on how to establish local Quality Surveillance Groups.

4.0. Newly Formed Quality Surveillance Groups (QSGs)

4.1. The recent guidance issued by the NQB explains the rationale for the newly formed QSGs which is essentially a **safety mechanism** for ensuring that information and intelligence on the quality and safety of health services is shared across the many new organisations and structures across the health and care economy taking on new responsibilities and functions. The QSGs will operate at local (ie Cluster level) and



Regional levels. Core membership includes NHSCB, CCGs, Regulators (Monitor & CQC), Public Health and the Local Authority and will be a proactive forum for:-

- A shared view of risks to quality through information sharing
- An early warning mechanism of risk about quality; and
- Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and for on-going operational liaison between organisations.

4.2. National Quality Dashboards on the comparative performance of each provider against historical trends are currently being developed by the Public Health Observatory will be available to the QSGs. However these alone will not provide judgement on the quality of the provider and will need to be used in conjunction other local reports on quality and safety including those from the responsible CCGs; to provide a composite profile of each provider.

5.0. CCG Authorisation Process

The final phase of the national authorisation process for CCGs is in progress where Cannock Chase CCG has undergone the site inspection for assessment against essential standards for authorisation. Additional evidence on systems and processes of particular **significance** to Cannock Chase has been provided by CCG following the inspection which was **Safe Guarding** and how **Patient Feedback** is used to inform quality and safety monitoring. Confirmation on the level of autonomy (termed as "**Assumed Liberty**") for commissioning and any attached conditions for CCGs having undergone third wave authorisation is expected any time and certainly before the end of March.

6.0. Safe Guarding

6.1. The CCG has an Executive Lead for Safeguarding, who is the Director of Quality & Safety. Through the Collaborative Commissioning Service Level Agreement the host CCG Commissioner is held to account by Cannock Chase CCG for providing reports on **controls and assurance**, and provider performance on Safeguarding. The reports are presented by the Designated Nurses to the CCG Joint Quality Committee where they are scrutinised alongside the report from Cannock Chase CCG Executive Lead for Safe Guarding, who attends both the Children and Adult Safe Guarding Boards. The outcome is then reported to the CCG Governing Body.

6.2. Safe guarding for adults and children in Staffordshire now have a unique advantage in that the same independent chair presides over both the adult and children's local safe guarding boards which will facilitate greater cohesion and consistency of policy and practice across the County for NHS and Local Authority commissioners and their service providers . The CCG Director for Quality and Safety will be working with the host CCG to develop a **safe guarding performance dash board**. A recent inspection of children's service by Ofsted found them to be adequate overall with some parts rated as "good".

7.0. Early Warning Systems – Monitoring Patient Feedback

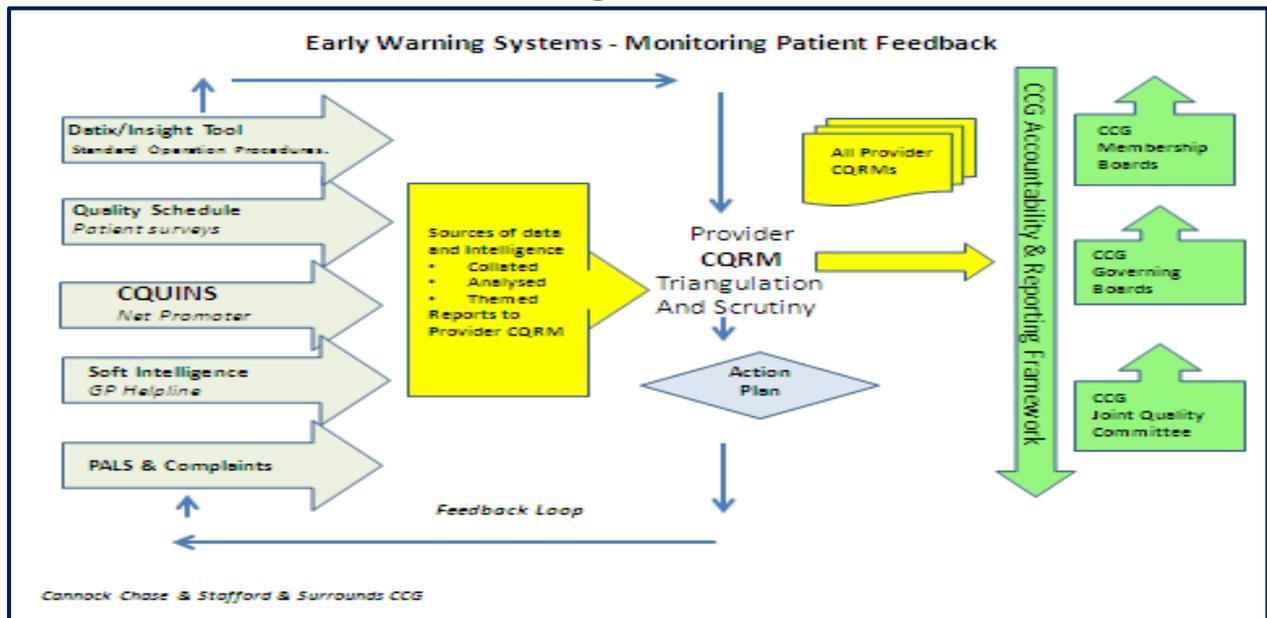
7.1. Highlighted in a number of reports is the importance of using patient feedback or experience with other sources of information and intelligence to compile a more

robust profile of the quality and safety of services. The CCG has in place early warning systems

which capture both formal and informal (or soft intelligence) data from a range of sources including a GP dedicated line for Mid Staffordshire hospital as a direct result of the first enquiry and the crucial role of GPs in information sharing on patient experience.

7.2. The system (see *Diagram 1*) collates systematically, informal data (or soft intelligence) with formal data (such as quality and safety indicators of services) with the feedback through GPs, patient views through complaints, queries and surveys results. All this information is **triangulated** to determine whether there are quality and safety issues and an action plan developed which is monitored through the Clinical Quality Group Review Group (CQRG) for that provider. The outputs from each CQRG are then reviewed across the commissioning portfolio at the **CCG Joint Quality Committee** to identify emerging trends for patient pathways that cross different providers and any unintended consequences which have the potential to become a quality and safety risk.

Diagram 1

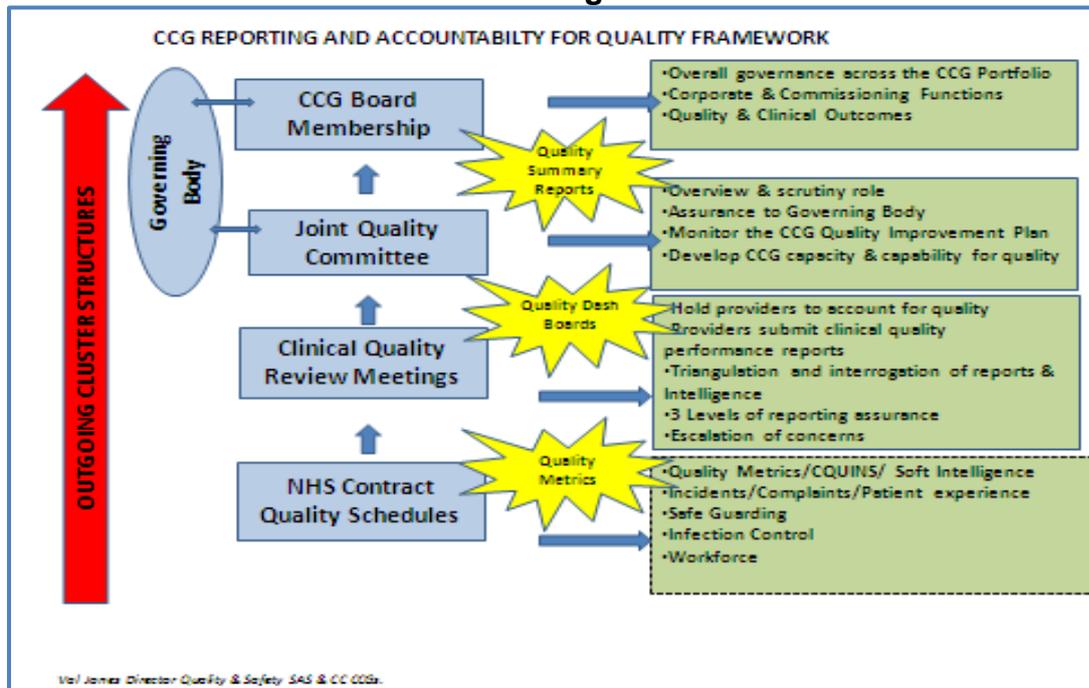


8.0. Level of organisational readiness and preparedness

8.1. During the transition period it has been necessary to operate “double running” with the Staffordshire and Shropshire Cluster of PCTs (now forming the NHSCB local area team) retaining legal responsibility for commissioning quality and safety whilst CCGs develop their systems in preparation for April 2013. Since the previous public meeting of the Cannock Chase Governing Body the CCG has made further progress with the Joint Quality Committee having become established and chaired on alternate months by the GP chair of either Cannock Chase CCG or SAS CCG.

8.2. An integrated electronic Quality and Safety Dashboard has been developed illustrating the performance metrics of all providers across the health economy and is now available to the CCG members to complement the report from the Director of Quality and Safety. This provides a rolling month by month history of performance and is being further developed to provide trends analysis graphs for each metric that will enhance the CCG’s ability for early warning of emerging quality or safety risks and to be able to take remedial action. The CCG Reporting and Accountability Framework (see *Diagram 2*) together with the Early warning system in Diagram 1 demonstrates how the CCG governance model functions.

Diagram 2



9.0. Provider Quality Reports Main Issue and Themes

9.1. The following describes the current Quality and Safety matters that the Governing Body members need to be aware:

10.0. Mid Staffordshire Hospital NHS Foundation Trust

10.1 This is the main acute provider for the CCGs with approximately 70% of patients attending this hospital. SAS CCG is the lead commissioner for this provider and the GP Clinical Lead chairs the CQRM. The following are matters which should be noted by the Governing Board Members:

- Breast Cancer Services
- Littleton Ward – Cannock Hospital
- Fair Oaks Ward – Cannock Hospital



10.2 Risk Assessment

There are no immediate quality and safety risks to patients from the above services all issues are monitored through the Clinical Quality Review Group.

10.3 Breast Cancer Services

This service was reported as an issue in the previous report to the Governing Body and has had a high level of scrutiny including media attention. A review by the Royal College of Surgeons has been agreed for the 14/15th February 2013. This will be followed in March by the scheduled review by the cancer peer group which conducted the original review last March. A composite action plan responding to the reviews that have taken place is now being monitored by CQRM. There are no outstanding complaints or incidents for this service and whilst a national patient survey conducted a year ago showed poor results a recent one conducted by LINKS showed more mixed results.

10.4 Breast Screen Age Extension

The Trust is currently working through an action plan developed by Public Health. One of the challenges is the recruitment of a consultant radiologist/radiographer however the Trust is putting in place a succession plan to ensure that this problem does not recur. The commissioners are developing a contingency plan to ensure that this service will not be delayed beyond March when the cancer peer review will be completed.

10.5 Littleton Ward – Cannock Hospital

The issues relating to this ward were also reported in the previous report to the Governing Body. The interim action plan has now been implemented and whilst this has demonstrated marked improvements in discharge arrangements and length of stay it is still very early to say whether they will be sustainable. It is also not possible in this short period of time to see what effect this will have on patient experience and quality although staff morale and level of sickness was reported to the Accountable Officer during an unannounced visit to this ward on 11th December to have improved as a result with greater clarity of the governance and operating model of the ward. Issues regarding medical cover for this ward are being explored as the current arrangements are no longer able to provide continuity and consistency evidenced by the erratic Venous Thrombolytic Embolism (VTE) Commissioning for Quality and Innovation (CQUIN) performance. An interim arrangement is being sourced whilst the commissioning review of this ward is completed.

10.6 Fair Oaks Ward – Cannock Hospital

The CCG have previously reported on this ward where a number of incidents reported by community staff to Walsall Community Health Trust (the employing organisation) were not then reported to either MSHFT or to the CCG. The incidents related to the functioning of the MDT and the quality of the discharge process. An unannounced visit was undertaken by commissioners and no immediate quality or safety issues were noted. Further reports have been received and a full commissioning review will not take place.



11.0. Staffordshire and Stoke On Trent Partnership Trust

11.1 District Nursing

The North CCGs review of the District Nursing service has now been completed and a final report is pending. The South CCGs are to use the findings of this review to inform and target a review in the South although it is clear from the scope of the TORs used for the review that many of the areas are common to both South and North. This includes alignment of the workforce organisation and delivery systems to the CCG commissioning intentions for building greater capacity and responsiveness for services in the community.

12.0. University Hospital North Staffordshire

12.1 Waiting List

This provider is struggling with a substantive backlog of patients waiting to be seen across the range of specialities. A number of actions have been initiated:

- Commissioners are to work with the Intensive Support Team to provide support modelling the clearance of the backlog.
- GPs have been advised of the position and the arrangements for patients.
- CCGs and the CSU will conduct a Real Time Quality Monitoring Exercise to determine the impact this has had on patients.
- Areas for redesign and pathway work across the LHE will be fed into the specialist groups for T&O, Ophthalmology, Cardiology and Respiratory are working on redesign

The pressure on this provider is also becoming apparent with patient flow A&E breaches reported.

13.0. Burton Hospital Foundation Trust

13.1 Performance

There has been some concern regarding the overall performance of this provider which is impacting on their quality and performance outcomes. These issues are being managed by the host CCG through CQRM and the Cluster Quality Committee with a high level meeting with the Trust senior management.

14.0. South Staffordshire and Shropshire Hospital NHS Foundation Trust

14.1 Serious Incident (SI) Thematic Review

There has been an increase of SIs reported with a 40% increase in the South however nationally they are not an outlier and previous actions have improved the quality of reporting to the NPSA. A thematic review has been conducted to identify areas for action which included improving the variable standard of investigation and the level of engagement with family and carers. This will provide a baseline for future reports.



15.0. Infection Control

15.1 Mid Staffordshire Hospital NHS Foundation Trust

MSFT have had 2 Clostridium difficile cases for November and December this brings their total to 21 cases against an annual target of 24 with the high risk of exceeding this trajectory should 3 more cases appear. Next year's target set by the NHSCB is an issue in that it was calculated prior to an outbreak and in effect requires a 50% reduction in cases recorded for 2012/13. This is not felt to be a feasible trajectory which will also impact on the overall trajectory set for the CCG. Representation has been made to the NHSCB to review this trajectory.

15.2 Staffordshire and Stoke On Trent Partnership Trust

The community hospitals located in the North have had a total of 9 Clostridium difficile cases with none reported in November which also places them at high risk of exceeding their annual target of 11. The investigation of the non-trust apportioned cases have demonstrated that a significant number have spent time in an acute provider. This is being actioned by the Infection control team who have confirmed all necessary steps are being taken.

15.3 University Hospital North Staffordshire

This provider is well within its trajectory for Clostridium Difficile cases.

15.4 Burton Hospital Foundation Trust

This provider has had one case of Clostridium Difficile in November and December making their current position a total of 18 cases against an annual trajectory of 25.

15.5 South Staffordshire and Shropshire Healthcare Foundation Trust

There are currently no infection control issues.

16.0. Patient Experience & Patient Surveys

16.1 Mid Staffordshire Hospital NHS Foundation Trust

Following a meeting with commissioners recent changes to the way in which patient experience is presented using a dash board across all wards and areas has enabled the Trust to highlight areas with emerging issues which can then be triangulated with nursing care indicators. This has resulted in improvements and a change in leadership being made to one ward. There has been a slight increase in November's Friends and Family Promoter Question results. The number of complaints for November has continued to fall in line with the downward trajectory over the year resulting in the number being halved from the baseline figure.

16.2 Burton Hospital NHS Foundation Trust

Patient Opinion/survey results – There has been a very slight improvement in the Trust's own patient experience data this month although concern remains with regard to the overall position. In November results were variable with slight improvements in some areas and slight drops in others. There was a significant drop in Ward 44's Friends and Family Score for November. A number of actions have been implemented by the trust, which will be closely monitored and further updates will be reported.



16.3 Staffordshire and Stoke On Trent Partnership Trust

A common theme for complaints during November was related to Adult Social Care Services in respect of withdrawal of direct payments and delays in completing assessments which impacts on service user's receiving a service. A new complaint process has been implemented within the Complaints department along with remedial action to improve response times. A targeted approach is being used for the Friends and Family Question using large sampling and real time data.

16.4 South Staffordshire & Shropshire Foundation Trust

The Trust shared a thematic review of their patient experience work to date and planned for the future. There has been an increase in complaints received by the trust this quarter. The Trust Complaints Manager is seeking to work with colleagues in neighbouring mental health trusts to develop a simple benchmarking programme.

16.5 University North Staffordshire Hospital

The result for November's Family and Friends Net Promoter Score is 73.08 which is within the upper quartile.

17.0. Patient Safety (including Slips/Trips/Falls and Pressure Sores)

Both pressure ulcers and Falls were identified last year as priority areas for action nationally using CQUIN and serious incident reporting as a contractual levers to drive improvements. Both are monitored at CQRM there will need to be evaluation of the full year effect over the baseline to determine the success of this strategy.

17.1 For Pressure Sores: - Acute Trusts are expected to demonstrate a reduction in the rate of grade 2, 3 and 4 pressure ulcers per 10,000 bed days over the year, through an agreed improvement plan and improvement in the proportion of risk assessments completed with a care plan in place.

17.2 For Slips, Trips and Falls: - The risk assessment and prevention of falls is aimed at achieving a reduction in the rate of patient falls per 1,000 bed days over the year. All adult patients who are admitted to hospital (excluding day cases and maternity) must have a falls risk assessment completed within 24 hours of admission and a falls prevention care plan implemented for those patients assessed as being at medium/high risk of falls.

17.3 Mid Staffordshire Hospital NHS Foundation Trust

The Trust remains above the baseline target set for falls of 5.5% per 1,000 bed days by the end of the financial year. Additional work continues to be undertaken across the Trust to reduce the number of falls, this includes the implementation of the 'falls care bundle', on-going training, and the implementation of 'slipper socks' across the organisation.

There have been no Grade 4 pressure ulcers (PUs) in Quarters 2 & 3 and a marked reduction in Grade 3s continuing the overall downward trajectory.

17.4 Staffordshire and Stoke On Trent Partnership Trust

The majority of SIs occurred in patients' homes mainly pressures ulcers slips, trips and falls. There are now only 8 incidents overdue which is below the CQRM agreed target of



no more than 10 and a marked improvement on the previous month. However the SHA are now moving to a zero based target for all providers end of January 2013 which will be challenging.

17.5 Burton Hospital NHS Foundation Trust

The Trust have already failed to achieve the CQUIN year-end target of no more than 7 hospital acquired avoidable grade 3/4 PU. Work is on-going to reduce the number of pressure ulcers and is closely linked to meeting the SHA ambition. Pressure ulcer risk assessment the Trust saw an improvement to 90.63% against a target of 95%, achieving 25% of the CQUIN target.

17.6 University Hospital North Staffordshire

Falls Risk assessment completion has continued to be above the 95% target with 100% completed during November 2012. Falls Bundle scores for November are 78.9% which is an improvement on previous month's figures. Work is on-going with Matrons and staff to continue to improve compliance.

18.0. Conclusion

The report has outlined the national and local developments for the transition into the new health system that will become fully operational from April. In particular this has focused on the development of the newly formed Quality Surveillance Groups where intelligence and information from across the health and care system on individual providers will be shared to develop composite profiles of health provider performance on quality and safety and agree coordinated action. An overview of the main quality and safety matters for local providers as reported to the CQRMs has been given and the systems and processes for capturing patient experience and other informal intelligence have been mapped within the overall CGG Reporting and Accountability Framework.

19.0. Recommendations

The Governing Body is asked to note :

- The continuing progress made by the CCG in preparation for transfer of commissioning responsibility from April 2013.
- The role of the newly established Quality Surveillance Groups for promoting quality and safety issues.
- The key quality and safety matters reported to the Clinical Quality Review Group and actions taken in response.



Cannock Chase Clinical Commissioning Group

**REPORT TO THE Clinical Commissioning Group Governing Body
Meeting
TO BE HELD ON: Thursday 7th February**

Subject:	Chief Officer Report					
Board Lead:	Andrew Donald					
Recommendation:	For Approval		For Discussion		For Information	✓

PURPOSE OF THE REPORT:

<ul style="list-style-type: none"> ➤ To provide an update on the following matters: <ul style="list-style-type: none"> • Authorisation • Securing Excellence in GP Information Technology • Everyone Counts NHS Planning Framework 2013/14 • Legacy & Transition • Commissioning & Contracting Round 2013/14 • QIPP 2013/14 • Conversation Staffordshire ➤ To agree the following policies: <ul style="list-style-type: none"> • Private Sector Sub Policy • Information Governance Framework • Information Governance Policy • Information Governance Strategy • Guidance for Inclusion of Information Governance Requirements • Confidentiality Staff Code of Conduct • Information Security Procedures • Information Sharing Code of Practice • Primary Impact Assessment Guidance • Information Risk Assessment and Management Plans • South Staffordshire PCT – Statement of Terms and Conditions • South Staffordshire PCT – CRB Policy and Employment With a Criminal Conviction • Gifts & Hospitality ➤ To outline the CCG's response to a petition received from 38°
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KEY POINTS:

Updates have been provided on:

- Authorisation
- Securing Excellence in GP Information Technology
- Everyone Counts NHS Planning Framework 2013/14
- Legacy & Transition
- Commissioning & Contracting Round 2013/14
- QIPP 2013/14
- Conversation Staffordshire

A number of policies are available for approval

Relevance to Key Goals

To reduce health inequalities across Cannock Chase through targeted interventions.

To identify and support patients with Long Term Conditions to ensure care delivery closer to home.

To improve and increase overall life expectancy.

To develop integrated services with simple, easy access.

Implications

Legal and/or Risk	
CQC	
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce / Training	

RECOMMENDATIONS / ACTION REQUIRED:

The CCG Governing Body is asked to:

- The Governing Body is asked to note the updates
- The Governing Body is asked to approve the Private Sector Sub Policy
- The Governing Body is asked to approve the Information Governance policies, which will demonstrate how the CCG intends to fulfil these requirements
- The Governing body is asked to approve and adopt the HR policies relating to South Staffordshire PCT, until HR has redrafted these to a CCG format
- The Governing Body is asked to approve the Gifts & Hospitality policy
- The Governing Body is asked to note the petition delivered by 38 degrees

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			✓
Has an equality impact assessment been undertaken?			✓
Have partners / public been involved in design?			✓
Are partners / public involved in implementation?			✓
Are partners / public involved in evaluation?			✓

1.0 Purpose

To provide an update on the following matters:

- Authorisation
- Securing Excellence in GP Information Technology
- Everyone Counts NHS Planning Framework 2013/14
- Legacy & Transition
- Commissioning & Contracting Round 2013/14
- QIPP 2013/14
- Conversation Staffordshire

To agree the following policies:

- Private Sector Sub Policy
- Information Governance Framework
- Information Governance Policy
- Information Governance Strategy
- Guidance for Inclusion of Information Governance Requirements
- Confidentiality Staff Code of Conduct
- Information Security Procedures
- Information Sharing Code of Practice
- Primary Impact Assessment Guidance
- Information Risk Assessment and Management Plans
- South Staffordshire PCT – Statement of Terms and Conditions
- South Staffordshire PCT – CRB Policy and Employment With a Criminal Conviction
- Gifts & Hospitality

To outline the CCG's response to a petition received from 38°

2.0 Updates

Authorisation

The CCG received its draft terms of authorisation letter on the 10th January 2013 which set out the present conditions which will be applicable to it as a statutory body on the 1st April 2013. During mid-February the CCG will receive a formal letter setting out its terms of authorisation. From this date the CCG will be a statutory body.

On receipt of the draft terms the CCG has been able to submit further evidence which could remove some of the conditions in the draft terms. There are five conditions related to Cannock that we are unable to submit further evidence for at this stage although the CCG will have the opportunity to have these conditions reviewed at the end of March. However, it is envisaged that the outstanding conditions due to the challenging financial environment may remain in place. The conditions will then be subject to review in year by the NHS Commissioning Board Area Team.

All plans submitted for authorisation have now been reviewed for current progress and an update will be provided at a future Governing Body meeting.

Securing Excellence GP IT

The Commissioning Board released 'Securing Excellence in GP IT' in December 2012. The document outlines what is expected to happen during the transition between PCTs and the receiver organisations of

LAT and CCGs. The document outlines what is covered in GP IT, who is responsible and provides options regarding provision of services.

Accountability and Responsibility:

The Commissioning Board becomes accountable for delivery of primary care information services on 1 April 2013 – including funding and operational management of GP IT – it will delegate that responsibility, along with associated funding, to CCGs. This will include: delivery of clinical systems and associated hardware and network services; and provision of support services to GP practices, such as training. CCGs will commission these services locally.

LATs will be responsible for compliance monitoring for ensuring that all parties comply with their contractual obligations. The CCG or through its nominated management function will have delegated authority and expertise in terms of overseeing performance management of local suppliers and general practices in using the IT services to enable them to be held to account. Where a situation may arise that cannot be resolved the CCG will seek support of the NHS CB to take contractual action. The CSU will act on behalf of CCGs to hold the HIS suppliers to account through monthly performance meetings. A mechanism needs to be agreed to ensure that relevant information and any failures is feedback to CCGs where appropriate.

CCGs will be responsible for the management of devolved revenue budgets for core, mandated and discretionary services.

CCGs will be responsible for commissioning the delivery of providing IT services for:

- the planning and implementation services for the migration of GP clinical systems;
- the planning and implementation of national systems and initiatives;
- signatories to CCG-practice and local GPSoC call-off agreements and ongoing maintenance and management of these agreements; and
- clinical safety and assurance (adherence to dataset change notices for deployment and use of health software) for discretionary services.

Strategy:

The NHS CB will continue to set overall direction, standards, strategy and budgets, such as the GP Systems of Choice (GPSoC) contract, and will maintain national infrastructure. CCGs are best placed to plan the use of IT systems to support service delivery and service change to enable better patient care across local health communities.

PCT Asset Transfer:

The CB will have responsibility for all GP IT assets transferred from PCTs. The NHS CB will discharge responsibility and associated funding to CCGs for GP IT service delivery.

Other Primary Care Contractors:

IT support for general dental practices, dispensing appliance contractors, community pharmacies and community optometry practices will be incorporated into the NHS CB's operating arrangements, through its local area teams (LATs). These operating arrangements too have now been published.

Provision of IT services:

CCGs on behalf of the NHS CB will commission GP IT services from appropriate providers, such as commissioning support units (CSUs), or may choose to deliver these services themselves. Any appointed GP IT service provider will have to deliver to a set of quality standards, including compliance with the

Information Governance Toolkit, determined by the NHS CB in conjunction with CCGs. Also new standards are being introduced that providers must comply with and Staffordshire CSU has nominated itself to be part of the early implementer sites for this testing and assurance process.

Finance:

The CB will continue to provide national funding direct to CCGs to cover local costs for the provision of core, mandated and some discretionary services transferred from PCTs in 2013/14. The funding will be divided across commissioners for the service provision and will be based on 2012/13 expenditure levels. Overall funding will not exceed flat cash 2012/13 expenditure.

IT assets owned by PCTs, irrespective of number or value, will transfer from PCTs to the CB as the 'receiver organisation'. The CB will direct CCGs to manage the assets on its behalf and delegate appropriate financial resources for this.

The funding provided to CCGs will include provision for agreed asset replacement programme costs.

Funding to support new, expansion of, mergers of and any changes to premises, including closures, is the responsibility of the general practice to seek authorisation from NHS CB. Funding for the IT elements in changes to GP practice premises will be provided by NHS CB through its LATs (subject to approved business case) as part of their overall funding for approved property schemes. The CSU IT Team will assist the Practice in building the necessary case and coordinate the authorisation process with the LAT.

Impact:

Staffordshire CCGs have agreed SLAs with the CSU for the provision of these services in 2013/14. The CSU is currently working with the two Staffordshire based HIS services to ensure the smooth running of these services to CCGs next year. The HIS services are currently splitting out the costs between GP IT, CCG, CSU and LAT. It is likely that the GP IT costs may become a separate funding stream which sits outside of the £25per head allocation. The GP IT costs are currently within the costs of the CSU.

The CB will also fund Registration Authority smart card services which are currently included within the SLA with CCGs which will need to be taken out of the current product matrix and a new SLA agreed with the CB LAT. The costs for this service are currently in the CSU baseline costs which will need to come out, although the impact will not significant as it includes 4 band 3 posts and 1 band 5 to cover all of our CCG customers.

What Next?

In the coming weeks, the NHS CB will provide more detail to support implementation of GP IT operating arrangements including:

CCG budgets for core, mandated and discretionary services; and financial operating procedures for GP IT allocations and capital expenditure programmes.

Development of common operating policies and procedures to support LATs, including contractual management frameworks and guidance on dealing with concerns about individual performance, issues and incidents.

Everyone Counts – NHS Planning Framework for 2013/14

Everyone Counts NHS Planning Framework for 2013/14 was released on the 18th December 2012 (<http://www.commissioningboard.nhs.uk/everyonecounts/>) which sets out a new approach to NHS Planning (see attached letter).

This document gives detailed guidance to CCG's on what is required of them, how CCG's will be judged and what incentives are available to CCG's if they make progress against both nationally and locally determined outcomes.

Legacy and Transition

As we move towards the 1st April 2013 a significant amount of work is underway to ensure that the transition to the new NHS architecture is as smooth as possible. There are many matters that will transfer and work is underway to define the matters of legacy that need to be taken forward by CCG's, this will involve face to face meetings between the outgoing PCT Chief Executive and CCG Chief Officers as well as detailed document transfers.

There is also a significant amount of work required to set up the new CCG organisation as statutory bodies. This work is progressing well, however there will be significant work post 1st April 2013 to review, align and define new policies where appropriate. Work is also in place to ensure all contracts presently held by the PCT are transferred to CCG's.

As we approach 1st April 2013 further areas of work not initially identified as being the responsibility of CCG's are now being transferred to CCG's, these include:

- the implementation of Choose & Book
- the introduction of the Summary Care Record

Both of these areas will be challenging for the CCG and neither of these has had significant GP support in the past for many reasons.

Choose and Book (CaB) remains a National and Regional programme, however utilisation of the system by GP's in South Staffordshire is one of the lowest in the country. CaB has benefits in that practices can easily trace referrals, there is a full electronic record, it enables choice both of provider and appointment, provides GP's with directory of services and wait times at each Trust and assist in the referral going to the right speciality and clinician through referral criteria. CaB has an Advice and Guidance facility which all Trusts have to provide for each speciality which can be used for opinions and management plans which has the potential to reduce referrals into secondary care.

As of the 1st of April CCG's will take over responsibility for CaB from the local area teams (LATS) and any new AQP will need to be on CaB and commissioned by the CCG's.

All legacy / transition matters are being managed through the management team and where necessary appropriate clinical advice and leadership is being sought.

Commissioning & Contracting Round 2013/14

The Commissioning & Contracting Round for 2013/14 is underway. All contracts should be agreed by the end of February 2013. Stafford & Surrounds CCG led on the Mid Staffordshire NHS Hospitals Trust for all South Staffordshire CCG's and the work to date suggests that the timescales will be achieved.

Cannock Chase lead on the contract with Staffordshire and Stoke-on-Trent Partnership Trust, again processes are in place to achieve contract sign off in line with national timelines.

Quality, Innovation, Productivity and Prevention (QIPP) 2013/14

The delivery of QIPP in 2013/14 will be challenging. The expectations are that CCG's will deliver 4% - 5% efficiency this year from within its allocations. This means that an increasing focus will be on:

- reducing unwarranted variation
- reducing emergency admissions
- ensuring best clinical practice in managing people who have a long term condition
- efficiencies in prescribing

Discussions have been held with Governing Body members and the QIPP plan in detail will be presented for sign off at the April Governing Body meeting.

Conversation Staffordshire

One of the biggest challenges is to develop a new relationship with patients and the public which is built on partnership. There are a number of plans in place to advance this aim through the change in systems and processes. However, there is a need to be more radical in our arrangements for patient and public engagement.

Conversation Staffordshire is an idea developed between Staffordshire Link and the CCG to attempt to have a conversation with circa 280,000 people (circa 144,000 Stafford & Surrounds and circa 130,000 Cannock Chase) commencing in late February / early March with a number of linked events happening in different locations at the same time.

The objective at one level is to get people talking about the issues that affect them and how that impacts on public services particularly health care. At another level this is about attempting to build a base of people who want to work with the CCG on the commissioning of health care and thereby be part of the decision making process around the provision of services in the future.

The whole process is being led by Staffordshire Link and the CCG is grateful for their support in this regard.

The Governing Body are asked to note the updates.

3.0 Policies

Private Sector Sub Policy

The purpose of this policy is to provide guidance for Trust & CCG staff when the private sector is required to deliver care for patients. The document focuses primarily on the governance arrangements for sub-contracting care to the private sector. Operational Staff must work closely with the Income and Contracting Team to ensure that all criteria are met before agreeing contracts with the private sector

The policy sets out flowcharts for internal approved provider processes, for private sector providers, site visit guidance, quality report schedule, principles for patient selection for private sector care, guidance for patients and a PCT request forms.

The policy needs to be approved at the February Governing Body meeting so that it can be used for the contracting round.

The Governing Body is asked to approve the policy.

Information Governance Policies (IG)

Information is a vital asset, both in terms of clinical management of individual patients and the efficient planning and management of resources. Information governance is a legal framework which provides guidance to staff on the handling of information within the NHS. It highlights the importance of protecting Personal/Patients information and promoting access to corporate information.

The Information Governance Toolkit (IG Statement of Compliance) is the process by which organisations enter into agreement with NHS CFH for access to its services, including the NHS National Network (N3), in order to preserve the integrity of those services. The CCG needs to score a level 2 when it submits the IGT at the end of March.

The Governing Body is asked to approve the policies below, which will demonstrate how the CCG intends to fulfil these requirements.

Information Governance Framework
 Information Governance Policy
 Information Governance Strategy
 Guidance for Inclusion of Information Governance Requirements within Third Party Contracts
 Confidentiality Staff Code of Conduct
 Information Security Procedures
 Information Sharing Code of Practice
 Privacy Impact Assessment Guidance
 Information Risk Assessment and Management Plan

The Governing body is asked to adopt the following HR policies relating to South Staffordshire PCT, until HR has redrafted these to a CCG format.

South Staffordshire PCT- Statement of Terms and conditions
 South Staffordshire PCT - CRB Policy & Employment of people with a criminal conviction

The Governing Body is asked to approve the Information Governance and Human Resources policies.

Gifts & Hospitality

The Governing Body is asked to adopt the Standards of Business Conduct for NHS Staff, 1993. These standards assist NHS employers and staff in maintaining strict ethical standards in the conduct of NHS business including

- Summary of main provisions of the Prevention of Corruption Acts 1906 and 1916- Part A
- General Policy guidelines – Part B
 - The standards of conduct expected of all NHS staff where their private interests may conflict with their public duties
 - The steps which NHS employers should take to safeguard themselves and the NHS against conflicts of interests
- Action list for NHS managers
- Short staff guide

- Ethical code of the Institute of Purchasing and Supply (IPS)

HFMA GP Finance have produced a very useful briefing paper on personal corporate reputations which is enclosed with the papers. A section on the website will include these papers plus the Bribery Act 2010 and the NHS Commissioning Board Standards of Business Conduct 2012.

The Governing Body is asked to approve the Gifts & Hospitality policy.

4.0 Response to 38° Petition Received

38 degrees is a UK campaigning community with more than 1 million members. They are writing to all CCGs to ask for specific requirements to be included in each CCG's conditions. A petition signed by 240 people has been handed into Cannock Chase CCG by 38 degrees.

The CCG welcomed the petition and the requests made by 38 degrees and can confirm the CCG already has included the following in its constitution;

- Schedule E – Prime Financial policies (commissioning policy). The CCG already consider social and ethical factors when commissioning, rather than solely economic factors. The CCG also has a Sustainability Plan published on its web-site <http://www.cannockchasecc.nhs.uk/>
- Foreword - The Chair of the CCG has written the foreword in plain English.
- Section 4 - Mission, vision and values. The CCG has set these out in the constitution and they underpin a raft of documents produced for authorisation. Members of the public attended the event where these were agreed last June and were part of developing these. The CCG is committed to disclosure (we have put all the documents required for authorisation and Governing Body papers on the web-site <http://www.cannockchasecc.nhs.uk/>)
- Section 5 - Functions and General Duties: The CCG is committed to engaging with all its population and as such is launching Conversation Staffordshire in March. We are also hosting an event on February 12th funded by the Strategic Health Authority. Cannock Chase CCG and Stafford and Surrounds CCG, Staffordshire County Council & Staffordshire & Stoke on Trent Partnership Trust are working together to hold an event which will focus on **Delivering Better Services which are Personal, Fair & Diverse**. We have invited members of the public, third sector organisations and local Foundation Trusts plus neighbouring CCGs to focus in on how we proactively reach a broader cross section of people to help shape decisions about local health services and how by working together we can do things better.
- Section 8 – Standards of Business Conduct and Managing Conflicts of Interest. We have included a lengthy section in our constitution regarding this having taken advice from solicitors, as we want to ensure we act with transparency.

The CCG constitution can be found on the Web-site on the link below, alternatively members of the public can request a copy from the CCG Headquarters at Greyfriars Therapy Centre:

Greyfriars Therapy Centre
Unit 12 Frank Foley Way
Greyfriars Business Park
Stafford
ST16 2ST

<http://www.cannockchasecc.nhs.uk/>

The Governing Body is asked to note the petition delivered by 38 degrees

5.0 Conclusion

The above details further progress on the CCGs development

6.0 Recommendations

- **The Governing Body is asked to note the updates**
- **The Governing Body is asked to approve the Private Sector Sub Policy**
- **The Governing Body is asked to approve the Information Governance policies, which will demonstrate how the CCG intends to fulfil these requirements**
- **The Governing body is asked to approve and adopt the HR policies relating to South Staffordshire PCT, until HR has redrafted these to a CCG format**
- **The Governing Body is asked to approve the Gifts & Hospitality policy**
- **The Governing Body is asked to note the petition delivered by 38 degrees**



Cannock Chase Clinical Commissioning Group

REPORT TO THE Clinical Commissioning Group Governing Body Meeting TO BE HELD ON: Thursday 7th February 2013

Subject:	West Midlands Quality Review of Long Term Conditions – Final report and response				
Board Lead:	Andy Donald				
Officer Lead:	Jonathan Bletcher				
Recommendation:	For Approval	√	For Discussion		For Information

PURPOSE OF THE REPORT:

To brief the Governing Body of the key findings from the recent West Midlands Quality Review (WMQR) of the services for people with Long Term Conditions in the Mid Staffs Health Economy and set out an economy wide action plan to address the identified gaps in services.

KEY POINTS:

The West Midlands Quality Review is a collaborative venture by all organisations in the West Midlands to improve quality. The service develops evidence based quality standards and through peer review visits reviews the services.

The WMQR visited the Mid Staffs economy to review the care of people with long term conditions on 16th-18th October. The review focused on the care of adults and children with diabetes, and adults with long term conditions particularly Chronic Obstructive Pulmonary Disease, Heart Failure and Neurological Conditions excluding stroke. The reviewers visited services in the acute trust and community and met with clinicians, patients and commissioners.

The organisations involved have received a copy of the final report which will be available on the WMQR website in February 2013.

The report identified four key system wide areas for improvement which were; integration of services, information sharing and communication, documentation and care for people with multiple LTC. There were also a number of additional findings that relate to individual organisations.

Each organisation will ensure it addresses the actions required to improve services and as commissioners the CCG will hold them to account. However, where the improvements require a system approach the Commissioning Board that oversees the Clinical Services Implementation Plan will manage the response via the Clinical Working Groups.

Attached is an action plan which identifies the areas for improvement and the key organisations responsible for delivering the improvement and the action required. Organisations are reviewing the action plan and will agree leads for each action at the February Commissioning Board.

Relevance to Key Goals

To reduce health inequalities across Cannock Chase through targeted interventions.	
To identify and support patients with Long Term Conditions to ensure care delivery closer to home.	
To improve and increase overall life expectancy.	
To develop integrated services with simple, easy access.	

Implications

Legal and/or Risk	
Care Quality Commission	
Patient Safety	While the WMQR did not identify any immediate concerns they have identified opportunities to improve care delivery
Patient Engagement	Patients in services contributed to the process
Financial	
Sustainability	
Workforce / Training	

RECOMMENDATIONS / ACTION REQUIRED:

The CCG Governing Body is asked to: approve the action plan

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?		√	
Has an equality impact assessment been undertaken?		√	
Have partners / public been involved in design?			√
Are partners / public involved in implementation?		√	
Are partners / public involved in evaluation?		√	

Key

WMQRS	West Midlands Quality Review Service
CSIP	Clinical Service Implementation Programme
CWG	Clinical Working Group
SSOTP	Staffordshire & Stoke on Trent Partnership Trust
MDT	Multi-Disciplinary Team
CoPD	Chronic Obstructive Pulmonary Disease
NICE	National Institute for Clinical Excellence
SALT	Speech & Language Therapist
LTC	Long Term Conditions

	Mid staffs	SSOTP	Primary care	Commis sioning		Lead	Completion date
Communication					CSIP Board review & revise communications plan Implement and sustain communications plan		March 13 April onwards
Integration					CSIP to ensure work of CWG delivers integration		
Documentation					CSIP Board to examine all documentation developed by CWG against WMQE standards		
IT					CSIP Board to oversee progress of IT subgroup		
Multiple LTC					CSIP Board to ensure pathway work talks account of patients with multiple		
Annual reviews							
Lack service specs							
Diabetes care							
F/up women with gestation diabetes							
*Capacity and cover arrangements for consultant inadequate					SSOTP to lead review of capacity and cover arrangements and develop options for commissioners		
Diabetes service fragmented					Diabetes pathway group to develop recommendation for improved integration and regular MDT meetings to address issues		
*Lack of structured education programme for type 1 diabetes					Commissioners to request business case for service		
*Inadequate dietetic input to community service					Diabetes pathway group to advise of options		
Clinical leadership unclear					MSFT to review & advise commissioners		
Access to advice OOH					MSFT to review & advise commissioners		
Competencies for nursing staff to be defined for management of diabetic patients & CPD documented					MSFT to review & advise commissioners		

Concern over limited access to foot care for in patients					MSFT to review & implement foot care pathway		
Poor discharge info regarding diabetes care to primary care & community					MSFT to review & advise commissioners		
Annual review used by secondary care & community teams to be updated & needs to be shared with primary care					MSFT & SSOTP to review & advise commissioners		
*Review of requirement for OOH diabetes cover					Diabetes pathway group to advise		
Care co-ordinator for diabetic patients to be recorded in pt notes					MSFT & SSOTP to review & advise commissioners		
*Review need for psychological support					Diabetes pathway group to advise		
Providers to review need for additional admin support					Providers		
Review discharge criteria for community service					Diabetes pathway group to advise		
Review discharge information provided to primary & community care					MSFT to review with input from community & primary care		
*Review Stafford Type 2 education programme to ensure NICE compliant					Diabetes pathway group to advise		
Possible lack of information to patients on retinal screening					Diabetes pathway group to advise		
COPD							
Lack of integrated pathway for acute & community care					?CSIP pathway		
*Commission transport for pts to access pulmonary rehab							
Poor access to pathology & x-ray					Providers to investigate and advise		

reports							
*commission consultant in-put							
Consider standardising model of community care							
Ensure there is sufficient capacity specialist nurse capacity for COPD in patients					MSFT to review and advise commissioners		
Review pathway for respiratory patients at the end of life					Pathway group		
Share good practice at MSFT					MSFT to advise		
Heart Failure							
Diagnostic pathway was not NICE compliant.					Pathway development		
Secondary care did not provide adequate information & advice at the time of diagnosis					Pathway development		
Criteria for referral to heart failure team unclear					Pathway development		
Inadequate information in referral to community Heart Failure team					Pathway development		
*GPs did not have access to serum natriuretic peptide testing					Commission service		
Need to improve communication between secondary care & community heart failure team					Pathway development		
Pathways need to be documented to evidence compliance with NICE					Pathway development & standard documentation		
*commission cardiac rehab for HF patients							
Data for pts on outlying wards (over 30%) not included in National Heart Failure Audit					MSFT to review and advise		

No evidence available to clarify whether guidelines on deactivation of medical devices are implemented					Audit to be completed		
Staffing levels on coronary care below recommended levels					MSFT to review and report to commissioners		
Chronic neurological conditions							
Uncertainty over recruitment process for vacant neurologist post					MSFT to advise		
Pathways may not meet all the guidelines and not documented					Pathway group		
*poor access to psychologist					Commissioners to consider		
*Concern over SALT capacity					SSOTP to review & advise		
Cover arrangements for specialist nurses is poor					MSFT to review & advise		
*Further implement patient self management & patient education frameworks					MSFT to advise commissioners		
Documentation ratification process unclear					MSFT to review & advise		
Commissioning							
Lack of documented strategy esp. for people with multiple LTCs					Strategy in development	JB	
Absence of local network for children's diabetes care					? link to N.staffs group		
Services for people with less common neurological conditions unclear					Neurological pathway development		



Cannock Chase Clinical Commissioning Group

REPORT TO THE Clinical Commissioning Group Governing Body Meeting TO BE HELD ON Thursday 7th February 2013

Subject:	Finance Report as at Month 9 (31st December 2012)					
Lead Board Member/Manager:	Andy Chandler					
Recommendation:	For Approval	<input type="checkbox"/>	For Discussion	<input checked="" type="checkbox"/>	For Information	<input checked="" type="checkbox"/>

PURPOSE OF THE REPORT:

To present the finance position for the CCG as at Month 9 (31st December 2012) and forecast for 2012/13.

KEY POINTS:

1. This report sets out the in-year financial position at month 9, based on 8 months of Secondary Care data. The CCG is currently showing an over-spend of £2.1m against plan. The CCG planned position was break-even at the end of period 9. A number of significant pressures have been identified, details of which are contained within the body of the report.
2. The CCG is still forecasting a balanced position at year end. This is, however, after factoring in the receipt of £2.5m of SHA support and delivering £1.9m of mitigating actions.
3. The CCG holds a £3.5m contingency reserve of which 9/12ths (£2.7m) has been phased into the year to date position.
4. Based on the information from Providers the main significant areas of over-spend at Month 8 are with Walsall Hospitals (£1.1m), Royal Wolverhampton (£0.8m), Burton Hospitals (£0.3m), Rowley Hall (£0.3m) and Continuing Health Care (£0.6m).

IMPLICATIONS:

Legal and/or Risk	Note the risks identified relating to delivery of CQC Productivity and Prevention (QIPP), Acute Trust Continuing Care.
CQC	Not applicable
Patient Safety	Not applicable
Patient Engagement	Not applicable
Financial	Note the year to date and year end forecast deficit.
Sustainability	Not applicable
Workforce / Training	Not applicable

Relevance to Key Goals:

To reduce health inequalities across Cannock Chase through targeted interventions.	Financial plan supports delivery.
To identify and support patients with Long Term Conditions to ensure care delivery closer to home.	Financial plan supports delivery.
To improve and increase overall life expectancy.	Financial plan supports delivery.
To develop integrated services with simple, easy access.	Financial plan supports delivery.

RECOMMENDATIONS / ACTION REQUIRED:

<p>The Cannock Chase CCG Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the year to date position of £2.1m deficit, and the value of contingency factored into the month 9 position. • Note the over spend to date on a number of provider contracts and continuing health care. • Note the forecast year end position, associated risks and mitigating actions.
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KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?			X
Has an equality impact assessment been undertaken?			X
Have partners / public been involved in design?			X
Are partners / public involved in implementation?			X
Are partners / public involved in evaluation?			X

1. Cannock Chase CCG Financial Position

- 1.1. The overall position for the CCG is included in table 1 below. There is a year to date deficit of £2.1m. The detailed position is shown at Appendix 1.

Table 1 - Cannock CCG	Current Performance			Forecast		
	YTD Budget	YTD Actual	Variance	Annual Budget	Forecast	Variance
	£000	£000	£000	£000	£000	£000
Acute Contracts	69,984	72,923	2,939	91,410	96,876	5,466
Mental Health	10,259	10,337	79	13,644	13,743	100
Community Services	9,331	9,398	67	12,514	12,610	96
Other Commissioned Services	14,401	14,665	264	19,163	19,547	385
Total HCHS	103,975	107,323	3,348	136,730	142,777	6,047
Prescribing	16,502	16,775	274	21,685	22,070	385
HQ Recharges	1,227	1,264	36	1,623	1,680	57
Contingency Reserve	2,661	0	(2,661)	3,550	0	(3,550)
QIPP/Other	(1,056)	49	1,105	(1,408)	65	1,473
StHA				2,500		(2,500)
Mitigating Actions				0	(1,911)	(1,911)
CCG Total	123,309	125,411	2,102	164,681	164,681	0

- 1.2. The CCG is still forecasting a balanced position at the year end, based on 8 months contract information. This position, however, assumes delivering £1.9m of mitigating actions and containing current known risks as outlined at section 4.2.
- 1.3. The main areas of risk remain around Acute Contracts which show an over-spend of £2.9m as at Month 9 which is forecast to increase to c£5.5m at the year end. There is also an over performance on Continuing Health Care at Month 9 of £0.6m with a forecast overspend of £0.9m. QIPP achievement also remains a key area of risk. QIPP achievement has not been good and the current finance forecast position has factored in the non-delivery of £1.6m of QIPP with a remaining balance of circa £0.4m to be delivered for the remainder of the year.

2. Contract Performance

- 2.1 Walsall Manor Hospital – year to date over-spend of £1.1m (forecast over-spend £1.6m) with the main areas of pressure identified as Outpatient First Attendances (T&O and Paediatrics), Outpatient Follow-Ups (T&O, General Surgery), Day Case (T&O) and A&E.
- 2.2 Royal Wolverhampton Hospital – year to date over-spend of £0.8m (forecast over-spend £1.2m) with the main areas of pressure identified as Non Elective (specifically General Medicine), Outpatient First Attendances (Cardiology, T&O and Ophthalmology), Outpatient Follow-ups (Ophthalmology & Dermatology) and A&E.

- 2.3 Burton Hospital – year to date over-spend of £0.3m (forecast over-spend £0.5m) with the main areas of pressure identified as Non-Electives Non-Emergency (specifically Obstetrics) and Non-Electives.
- 2.4 Rowley Hall – year to date over-spend of £0.3m (forecast over-spend £0.4mk) mainly on Trauma & Orthopaedics and Gastroenterology.
- 2.4 Continuing Health Care – year to date over-spend of £0.6m (forecast over-spend £0.9m) which is following the trend from previous years.

3. Quality, Improvement, Productivity and Prevention (QIPP)

- 3.1 The CCG Finance Plan, as previously presented to the Board, has a targeted delivery of £3.6m of QIPP savings. The required savings for each individual scheme have been added to the relevant budget line.
- 3.2 The current finance forecast position has factored in the non-delivery of £1.6m of QIPP with a remaining balance of circa £0.4m to be delivered for the remainder of the year.

4. Contingency/Risks

- 4.1 The CCG currently holds a contingency reserve budget of £3.5m, £2.7m of which has been released into month 9.
- 4.2 There are still a number of risks that need to be managed to ensure the CCG achieves a break even position at the end of the financial year namely containing current acute and continuing care over performance at current forecast levels and delivering the remainder of the QIPP programme.
- 4.3 There is an additional financial risk facing the CCG that hasn't currently been factored into the position around the impact of activity flowing to other peripheral providers. This relates to the fact that Burton & Wolverhampton Hospitals have seen a marked increase in emergency admissions from Cannock Chase patients that they believe has caused a significant financial burden on their respective organisations as under PbR they only receive 30% of the tariff for these additional admissions.
- 4.4 In order to support the year financial position of the overall PCT, a number of actions have been agreed with the Cluster Finance Team in the form of an agreed action plan. In addition a formal financial recovery approach has been taken between now and the year end to ensure that the surplus position is achieved

Appendix 1**Finance Position as at 31st December 2012**

Cannock CCG	Current Performance			Forecast		
	YTD Budget	YTD Actual	Variance	Annual Budget	Forecast	Variance
	£000	£000	£000	£000	£000	£000
Hospital and Community Health Services						
<u>Acute</u>						
Mid Staffordshire Foundation Trust	44,121	44,161	40	56,929	58,536	1,607
Burton Hospitals Foundation Trust	3,293	3,625	332	4,378	4,890	512
Heart of England Foundation Trust (HEFT)	681	731	50	908	975	67
Royal Wolverhampton Hospital Trust	6,392	7,234	842	8,453	9,628	1,175
Dudley Group of Hospitals	90	141	51	119	188	69
University Hospitals of Birmingham	1,309	1,473	164	1,745	2,025	279
University Hospital North Staffordshire NHS Trust	2,593	2,463	(130)	3,484	3,239	(245)
Derby Foundation Trust	288	286	(1)	384	386	2
Walsall Manor Hospital Trust	5,779	6,888	1,109	7,637	9,231	1,594
Birmingham Childrens Hospital	605	708	103	807	961	154
Row ley Hall	491	774	283	655	1,010	354
Other acute	4,341	4,439	98	5,909	5,807	(101)
Sub-Total Acute	69,984	72,923	2,939	91,410	96,876	5,466
<u>Mental Health</u>						
Sth Staffordshire & Shropshire Healthcare FT	8,667	8,682	15	11,530	11,523	(7)
Other Mental Health & Learning Disability Agreements	1,592	1,656	64	2,114	2,220	106
Sub-Total Mental Health	10,259	10,337	79	13,644	13,743	100
<u>Community</u>						
Staffordshire & Stoke on Trent Partnership Trust	9,190	9,212	22	12,286	12,317	31
Other Community Agreements	141	185	44	228	293	65
Sub-Total Community	9,331	9,398	67	12,514	12,610	96
<u>Other</u>						
West Midlands Ambulance	2,955	2,970	15	3,902	3,924	22
Continuing Care & Funded Nursing Care	8,168	8,786	618	10,890	11,778	888
Other Service Agreements	3,278	2,909	(368)	4,370	3,846	(525)
Sub-Total Other	14,401	14,665	264	19,163	19,547	385
<u>QIPP/Other</u>						
Reserves - Locality	0	0	0	0	0	0
Reserve - Cancer Semen Storage	(0)	0	0	0	0	0
Reserve - Healthwatch	23	23	(0)	31	31	(0)
Reserve - M&E NTL Safety Therm	10	10	(0)	13	13	(0)
Reserve - WM Perinatal Safety Therm	16	16	(0)	22	21	(0)
QIPP Savings	(1,105)	0	1,105	(1,474)	0	1,474
Contingency Reserve	2,661	0	(2,661)	3,550	0	(3,550)
Planned Surplus	0	0	0	0	0	0
Primary care Workers	0	0	0	0	0	0
StHA	0	0	0	2,500	0	(2,500)
Mitigating Actions	0	0	0	0	(1,911)	(1,911)
Sub-Total QIPP/Other	1,605	49	(1,556)	4,642	(1,846)	(6,488)
Total HCHS	105,580	107,372	1,792	141,372	140,931	(441)
<u>Prescribing</u>						
GP Prescribing - normal	15,644	15,978	334	20,539	21,035	496
GP Prescribing - High Cost	5	0	(5)	7	4	(4)
Home Oxygen	403	349	(54)	537	434	(103)
Central Topslice	383	361	(22)	511	481	(29)
Essential Shared Care	67	87	21	91	116	25
Sub-Total Prescribing	16,502	16,775	274	21,685	22,070	385
<u>Locality Management</u>						
Locality Management	1,227	1,264	36	1,623	1,680	57
Sub-Total CCG Management	1,227	1,264	36	1,623	1,680	57
Total Locality	123,309	125,411	2,102	164,681	164,681	0



Audit Committee

Terms of Reference

1. Constitution

The audit committee (the Committee) is established in accordance with the CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

2. Membership

The Committee shall be appointed by the Governing Body and shall consist of not less than three members, one of whom shall be the lay member for Governance. That member shall be appointed as chair of the Audit Committee.

The quorum shall be two members. It will also include the lay member for PPI and the Secondary Care Consultant.

In attendance

Chief Finance Officer

Internal Audit

External Audit

Local Counter Fraud Specialist

The Chief Officer shall be invited to attend and shall discuss at least annually with the Audit Committee the process for assurance that supports the Statement of Internal Control. All other senior managers may be invited to attend by exception, particularly when the committee is discussing areas of risk or operation within their area of responsibility.

The Head of Strategic Compliance & Governance shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee Members.

3. Frequency and Notice of Meetings

Meetings shall be held not less than five times a year. The External Auditor(s) or Head of Internal Audit may request additional meetings if they consider it necessary.

4. Authority

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee, or interim and temporary members of staff, who are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

5. Duties

The key duties of the Committee are as follows:

Integrated Governance, Risk Management and Internal Control



The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that supports the achievement of the CCG's objectives.

Its work will dovetail with that of any quality committee, which the CCG's should establish to seek assurance that robust clinical quality is in place.

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Statement on Internal Control), together with any accompanying Head of Internal Audit Statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the CCG.
- The underlying assurance processes that indicate the degree of achievement of the CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, Accountable Officer and CCG. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the Assurance Framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG.
- An annual review of the effectiveness of internal audit.

External audit

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:



- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG. These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority, etc) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies, etc).

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work.

Counter fraud

The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

Financial reporting

The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG financial performance.

The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

The Committee shall review the annual report and financial statements before submission to the Governing Body and the CCG, focusing particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;



- Letter of representation; and
- Qualitative aspects of financial reporting.

6. Other Matters

The minutes of the Committee shall be formally recorded by the Head of Strategic Compliance & Governance and submitted to the Governing Body. The chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure, or require executive action.

The Committee shall be supported administratively by the Head of Strategic Compliance & Governance, whose duties in this respect will include:

- Agreement of agendas with chair of the Committee and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent issues/areas
- Enabling the development and training of Committee members.

7. Review Data

These terms of reference shall be reviewed annually.

The first review date shall be 31st March 2013.



Cannock Chase Clinical Commissioning Group

REPORT TO THE Clinical Commissioning Group Governing Body Meeting TO BE HELD ON: THURSDAY 7TH FEBRUARY 2013

Subject:	Performance Report – November 2012				
Board Lead:	Andy Chandler				
Officer Lead:	Chris Wood				
Recommendation:	For Approval		For Discussion	√	For Information

PURPOSE OF THE REPORT:

- To provide a high level summary of the key performance issues for the CCG's main providers for 2012/13 (November 2012). Performance is based on RAG dashboards and exception reporting.
- To provide assurance and details of remedial action being taken to improve performance and mitigate risk and, where applicable, contract queries that have been issued and financial penalties applied.

Full Provider performance dashboards are available via the member's area of the CCG website www.cannockchasecc.nhs.uk

KEY POINTS:

1. Performance measures not achieved in November 2012:

MSFT – Daily Discharges & Weekend Discharges; Diagnostic Waiting times >6 weeks; Cancer Waiting Time Patients receiving 1st definitive treatment for cancer <62 days of an urgent GP referral.

SSOTP - Complaints – % responded to in timescale agreed with complainant; Delayed transfers of care Community Hospitals within SSOTP (% of occupied bed days); Time from referral to Implementation of all services; Older people remaining at home at 91 post discharge.

SSSHFT - Delayed Transfers and 18 weeks non-admitted waiting time for Paediatrics

RWHT - Delayed Transfers (local stretch target)

Relevance to Key Goals

A 10% reduction the levels of obesity against the expected prevalence	Performance metric to be developed to show improvement.
A reduction in the proportion of people with undiagnosed disease from 30 – 10 %.	Performance metric to be developed to show improvement.
A “levelling up” of health outcomes so that all residents experience the same health care outcomes	Performance metric to be developed to show improvement.
A reduction in excess winter deaths of 50%	Performance metric to be developed to show improvement.
A reduction in unplanned admissions to hospital for people with Long Term Conditions of 50%	Performance metric to be developed to show improvement.

Implications

Legal and/or Risk	Note the risks identified relating to delivery of Quality, Improvement, Productivity and Prevention (QIPP), Acute Trust Activity and Continuing Care. Reputation risks if any of the elements of the national operating framework are not delivered.
CQC	None
Patient Safety	Patients and their safety are at the centre of everything the CCG commission. Poor performance in services where patients are waiting longer than required to access services may be a patient safety risk.
Patient Engagement	The inclusion of patient feedback in performance reporting is essential for Board assurance. Work is ongoing with colleagues in the Quality and Governance team to establish lines of reporting.
Financial	Financial risks associated with delivering key performance targets and delivering contracts in line with contract values.
Sustainability	
Workforce / Training	Work to develop understanding of performance management

RECOMMENDATIONS / ACTION REQUIRED:**The CCG Governing Body is asked to:**

- **Note** those areas where the current performance rating is red and the remedial actions being taken to improve performance and mitigate risk.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?		X	
Has an equality impact assessment been undertaken?		X	
Have partners / public been involved in design?		X	
Are partners / public involved in implementation?		X	
Are partners / public involved in evaluation?		X	

Key:

RAG	Red Amber Green
MSFT	Mid Staffordshire Foundation Trust
SSOTP	Staffordshire & Stoke on Trent Partnership Trust
SSSHFT	Shropshire & South Staffs Healthcare Foundation Trust
RWHT	Royal Wolverhampton Hospital Trust
AQP	Any Qualified Provider
EWISS	Emotional Well Being in Stafford and Surrounds
NCB	National Commissioning Board
KPIs	Key Performance Indicators
CSIP	Clinical Service Implementation Programme
QOF	Quality Outcome Framework
PTL	Patient Target List
EDD	Expected Discharge Date
OBD	Occupied Bed Days
DTC	Delayed Transfer of Care
CMT	Contract Management Team
ENT	Ear Nose Throat
IV	Intravenous therapy

1. Performance Report –November 2012

1.1 Staffordshire Cluster Performance Report – Integrated Measures (see Appendix 1)

This is the latest validated key performance indicators at South Staffordshire PCT and Provider level. From April 2013 this will be available at a CCG level.

1.2 Mid Staffs

Mid Staffs has submitted the following exception comments to the PCT for each of the following indicators that are under performing. These have been reviewed by CCG Leads and were discussed at the Contract Review Meeting on 10th January 2013.

Diagnostic Waiting Times						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
<p>There were 45 breaches:</p> <p>Main areas: Non-Obstetric Ultrasound – 21 breaches due to lack of capacity for follow up MSK scans.</p> <p>Dexa – 4 breaches – patient choice MRI – 4 breaches - 2 due to capacity issues for arthrograms. Audiology – 5 breaches – due to staffing issues.</p> <p>Cystoscopy – 5 breaches due to various reasons. Gastroscopy – 3 breaches – mainly due to capacity issues.</p> <p>Latest Update: There are currently a total of 40 diagnostic breaches as at the end of December. Mainly:- 11 breaches for MSK diagnostic ultrasounds and 9 cystoscopy breaches.</p>	<p>Longer term solution is being sought. There will be 4 additional non-obstetric ultrasound providers under AQP around the end of this calendar year.</p> <p>There is a mixture of capacity and patient choice.</p> <p>For areas where capacity has been identified as an issue this is being reviewed within the teams capacity and demand modelling.</p> <p>MSFT had committed to achieving the target from December onwards. However, further patient choice issues may feature for December. A joint meeting is arranged for 24th January 2013 with the Trust to agree a Remedial Action Plan.</p>	0	45 (98.52%)	948 (95.79%)	↑	January 2013

Cancer Waiting Time <62 days Urgent Referral to Treatment						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
<p>There were 8.5 patient breaches of the waiting time standard. The first was a complex case with a delay of 6 days due to patient choice to delay a test. Second patient required referral to another provider for a procedure. Delays encountered between MDT and Outpatient appointment.</p>	<p>The Oncology contract is being reviewed to identify cover arrangements.</p> <p>All pathways are being reviewed for timings on diagnostic tests to improve patient flow. Proactive monitoring of cancer patients on pathway at weekly performance and PTL meetings by managers and executives with focussed attention on breach avoidance through earlier escalation.</p>	85%	82.65 %	88.1%	↓	December 2012

Daily Discharges						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
<p>Lack of identification of patients for discharge on the following day; Confirmation of care packages not always identified until the day of discharge; Not all patients go to</p>	<p>Commencement of the Patient Flow Wheel which will have a dedicated team to focus on the blockages; Identification of potential discharges the day before at daily Bed Meeting; Utilisation of real time</p>	30%	9.62%	9.82%	↓	Ongoing

the discharge lounge as they require a stretcher ambulance.	bed management which incorporates EDDs.					
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Weekend Discharges						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
Difficulties continue in the early identification of potential discharges for the weekend to the senior nursing team. SC&H do not provide cover at weekends and nursing homes do not take weekend admissions.	Acute ward consultants are asked to complete a weekend pro-forma for all their ward patients to identify patients who need a weekend review for discharge. This is not always completed and this is being managed by weekly performance meetings.	50%	38.25%	43.28%	↔	Ongoing

1.3 The following indicators improved at Mid Staffs since last month and targets were achieved for November:-

- Ambulance Turnaround times (Achieved 85.94%, Target 85%)
- Breastfeeding Initiation (Achieved 71.25%, Target 68.5%)

1.4 **Staffordshire & Stoke on Trent Partnership Trust**

17 of the 54 indicators have been rated as red. The most significant are as follows:-

% of complaints acknowledges within agreed timescales						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
Performance issues relate to the handling of social care complaints within agreed timescales.	The Complaints Team have now sent out revised complaint information to all staff who investigate complaints which highlights the importance of negotiating complaint timescales to 30 working days if the complainant agrees, this will then allow more time for the Quality Assurance process.	100%	100% Health, 40% Social Care	N/A	↑	

Delayed Transfer of Care						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
In November, there were 450 OBDs occupied by DTOC patients, which equated to 5.2% of OBDs. The main reason for DTOC is 'Patient/Family Choice' which equated to 304 days in November. The new Community Hospitals lead reports that the Patient Choice Policy is now being prioritised and will be in place by 31st January 2013.	Regular ward reviews now take place and include service managers to ensure that the agreed discharge process is followed and that referrals to social care are undertaken in a prompt and timely way. The result of this confirm and challenge process is a greater degree of accuracy and efficiency in situation reporting.	3.5%	5.2%	3.6%	↑	

Time from referral to implementation of Social Care Services						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
The timeliness from a social care assessment to services being implemented continues to be challenging with 69% of cases being dealt with within 8 weeks, against a target of 80%. It is	Performance for SC30 is consistent with previous months at 69% against a target of 80%. East Staffs and Lichfield remain the only districts meeting the target for this indicator. Part one relates to assessments being carried out in a timely manner, while the second part of	80%	69.0%	N/A	↓	

<p>encouraging to note that component parts of this indicator are now rated green, and discussions are ongoing with Staffordshire County Council to improve the timelines of care packages being put in place,</p>	<p>the indicator relates to the implementation of services and is shared with Staffordshire County Council (SCC) as the authority is responsible for commissioning contracts. Despite these levels of performance the Annual Quality Improvement Survey results show that approximately four out of five clients felt that the waiting time for their assessment had not caused them any problems, however this was significantly lower in South West Staffs which also has the lowest level of compliance with 49.6%.</p> <p>An action plan is in place with a particular focus on the South West where separate meetings have been convened in order to review issues and set a trajectory for recovery. It should be noted that all teams are currently showing an improvement from the actual outturns from 2011/12.</p>					
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Older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services & SC20 Older people still at home and needing no on-going Social Care services 91 days following receipt of reablement services.						
Current Issues	Actions for resolution	Target	Nov-12	YTD	Current Trend	Expected Improvement Date
<p>The current levels of data capture are insufficient to evidence the overall impact of these services.</p>	<p>New recording processes have now been implemented to enable Social Care staff to capture this vital information which evidences both the success of reablement in terms of improving outcomes for people, and also the associated financial savings identified in the Medium Term Financial Strategy.</p> <p>Overall performance for November is at the highest reported level with 81.7% of people recorded as remaining in their own home 91 days following hospital discharge.</p>	86%	81.7%	N/A	↑	

1.5 Other Notable Performance:

1.5.1 Shropshire and South Staffordshire Foundation Trust - 2 areas have been rated red:-

- Delayed Transfers – Actual 7.43% for November, however under achieving for year to date 7.74% (Target 7.5%)
- 18 weeks non admitted waiting time for Paediatrics – Actual 95.9% for November, however under achieving for year to date 92.2% (Target 95%)

1.5.2 Royal Wolverhampton Hospital NHS Trust – 1 area rated red

- Delayed Transfers – Actual occupied bed days 4.89% for November (Local Stretch Target >3.5%).

1.5.3 CEW current waiting times:- The current waiting time is 16 weeks, with a maximum wait of 11 weeks for a Therapist.

1.6 Additional provider dashboards

Available on the member's area of the CCG website:

- Staffordshire and Stoke on Trent Partnership Trust (Detailed exception report and dashboard)

- CEW (Referral, activity and waiting times report)
- Royal Wolverhampton NHS FT (Performance dashboard)
- Shropshire & South Staffs Healthcare Trust (Performance dashboard)

2.0 Recommendations

The Board notes the report and the actions taken to improve underperforming areas.

Staffordshire Cluster Report – Integrated Measures – as at 16th January 2013

					Current Performance	YTD Performance	Current Performance			YTD Performance		
Indicator		Target	Frequency of Update	Latest Data	South Staffs	South Staffs	BHFT	MSFT	UHNS	BHFT	MSFT	UHNS
Ref	Description											
PHQ01	Ambulance Clinical Quality- Category A 8 Minute Response Time	75%	M	Dec-12	70.0%	74.9%	N/A	N/A	N/A	N/A	N/A	N/A
PHQ02	Ambulance Clinical Quality- Category A 19 Minute Transportation Time	95%	M	Dec-12	94.6%	95.9%	N/A	N/A	N/A	N/A	N/A	N/A
PHQ03	Cancer 62 day (two month) wait from urgent referral to treatment	85%	M	Nov-12	85.5%	87.4%	85.9%	93.3%	85.7%	90.5%	88.5%	88.9%
PHQ04	Cancer 62 day wait (referral from NHS Cancer Screening Service)	90%	M	Nov-12	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%
PHQ05	Cancer 62 day wait (Consultant Upgrade)	94%	M	Nov-12	100.0%	94.1%	100.0%	98.2%	97.2%	N/A	96.2%	98.4%
PHQ06	Cancer 31 day (one month) wait to first definitive treatment	96%	M	Nov-12	98.0%	98.2%	98.7%	100.0%	99.2%	97.8%	100.0%	98.6%
PHQ07	31-Day Standard for Subsequent Cancer Treatments - Surgery	94%	M	Nov-12	94.2%	98.0%	100.0%	100.0%	96.8%	95.2%	100.0%	98.6%
PHQ08	31-Day Standard for Subsequent Cancer Treatments - Drug	98%	M	Nov-12	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%
PHQ09	31-Day Standard for Subsequent Cancer Treatments - Radiotherapy	94%	M	Nov-12	98.0%	98.0%	N/A	N/A	100.0%	N/A	N/A	97.4%
PHQ10	Mental Health Measure: Early Intervention in Psychosis	^	Q	Q3 11-12	34	44	N/A	N/A	N/A	N/A	N/A	N/A
PHQ11	Mental Health Measure: Crisis Resolution Home Treatment	^	Q	Q2 12-13	214	214	N/A	N/A	N/A	N/A	N/A	N/A
PHQ12	Mental Health Measure: Care Programme Approach (CPA)	95%	Q	Q2 12-13	97.40%	97.40%	N/A	N/A	N/A	N/A	N/A	N/A
PHQ13a	Mental Health Measure: Improved access to psychological services	^	Q	Q2 12-13	48.60%	48.60%	N/A	N/A	N/A	N/A	N/A	N/A
PHQ13b	Mental Health Measure: Improved access to psychological services	^	Q	Q2 12-13	2.50%	2.50%						
PHQ14	People with long-term conditions feeling independent and in control of their condition	Increase	Bi-Annual				N/A	N/A	N/A	N/A	N/A	N/A
PHQ15	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Reduction in Rate	M	Nov-12	0.77	N/A				N/A	N/A	N/A
PHQ16	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Reduction in Rate	M	Nov-12	0.36	N/A				N/A	N/A	N/A
PHQ17	Emergency admissions for acute conditions that should not usually require hospital admission	Reduction in Rate	M	Nov-12	0.96	N/A				N/A	N/A	N/A
PHQ18	Patient Experience Survey	Overall Increase	A									
PHQ19	Referral to Treatment: 18 Weeks Admitted **	90%	M	Oct-12	92.35%	89.49%	91.1%	92.6%	93.3%	92.2%	76.5%	93.7%
PHQ20	Referral to Treatment: 18 Weeks Non-Admitted **	95%	M	Oct-12	97.82%	96.34%	98.2%	97.1%	98.7%	98.2%	90.1%	98.0%
PHQ21	Referral to Treatment: 18 Weeks Incomplete **	92%	M	Oct-12	96.26%	94.19%	95.7%	98.1%	95.0%	96.3%	89.3%	96.2%
PHQ22	Diagnostic Test waiting times	99%	M	Oct-12	99.01%	98.10%	99.7%	97.6%	99.9%	99.9%	95.4%	100.0%
PHQ23	A&E waiting time- Total Time in the A&E Department	95%	W	WE 30/12/12	N/A	N/A	95.0%	89.7%	85.1%	95.8%	95.0%	90.2%
PHQ24	Cancer two week wait from GP urgent referral	93%	M	Nov-12	97.0%	95.4%	99.3%	96.2%	97.4%	94.0%	92.3%	97.9%
PHQ25	Cancer two week wait from GP referral (symptomatic breast)	93%	M	Nov-12	96.0%	95.4%	94.6%	94.7%	99.5%	96.2%	94.8%	98.5%
PHQ26	MSA Breaches	0	M	Oct-12	8	8	7	0	0	8	0	0
PHQ27	HCAI measure (MRSA)	9	M	Oct-12	0	5	0	0	0	1	0	0
PHQ28	HCAI measure (Clostridium difficile infections)	174	M	Oct-12	24	112	2	9	2	16	17	40
PHQ29	VTE Risk Assessment	90%	M		N/A	N/A	96.1%	96.0%	98.4%	96.6%	96.0%	97.7%
PHQ30	Smoking Quitters	^	Q	Q4 11-12	1,291	4,488	N/A	N/A	N/A	N/A	N/A	N/A
PHQ31	Coverage of NHS Health Checks (Offered)	20%	Q	Q1 12-13	N/A	3.00%	N/A	N/A	N/A	N/A	N/A	N/A
	Coverage of NHS Health Checks (Screened)	10%	Q	Q1 12-13	N/A	1.70%	N/A	N/A	N/A	N/A	N/A	N/A



Cannock Chase Clinical Commissioning Group

**REPORT TO THE Clinical Commissioning Group Governing Body
Meeting
TO BE HELD ON: THURSDAY 7TH FEBRUARY 2013**

Subject:	Performance Monitoring and Assurance Update					
Board Lead:	Andy Chandler					
Officer Lead:	Chris Wood					
Recommendation:	For Approval		For Discussion		For Information	✓

PURPOSE OF THE REPORT:

To introduce a vision, culture and process of performance management in order to foster service level improvement and ultimately provide improved patient care and efficiencies, and monitor the success of the CCG organisations.

KEY POINTS:

Performance monitoring and management systems and processes are being developed in line with the CCG vision, goals and priorities to enable the local health economy delivery of transformation change.

Relevance to Key Goals

To reduce health inequalities across Cannock Chase through targeted interventions.	Performance metric to be developed to show improvement.
To identify and support patients with Long Term Conditions to ensure care delivery closer to home.	Performance metric to be developed to show improvement.
To improve and increase overall life expectancy.	Performance metric to be developed to show improvement.
To develop integrated services with simple, easy access.	Performance metric to be developed to show improvement.

Implications

Legal and/or Risk	Note the risks identified relating to delivery of Quality, Improvement, Productivity and Prevention (QIPP), Acute Trust Activity and Continuing Care. Reputation risks if any of the elements of the national operating framework are not delivered.
Care Quality Commission	None
Patient Safety	Patients and their safety are at the centre of everything the CCG commission. Poor performance in services where patients are waiting longer than required to access services may be a patient safety risk.
Patient Engagement	The inclusion of patient feedback in performance reporting is essential for Board assurance. Work is ongoing with colleagues in the Quality and Governance team to establish lines of reporting.
Financial	Financial risks associated with delivering key performance targets and delivering contracts in line with contract values.
Sustainability	
Workforce / Training	Work to develop understanding of performance management

RECOMMENDATIONS / ACTION REQUIRED:**The CCG GOVERNING BODY is asked to:**

- **Note** the performance monitoring developments and steps being taken to develop a structured Performance Framework for Cannock Chase CCGs.

KEY REQUIREMENTS	Yes	No	Not Applicable
Has a quality impact assessment been undertaken?		X	
Has an equality impact assessment been undertaken?		X	
Have partners / public been involved in design?		X	
Are partners / public involved in implementation?		X	
Are partners / public involved in evaluation?		X	

Key:

RAG	Red Amber Green
MSFT	Mid Staffordshire Foundation Trust
SSOTP	Staffordshire & Stoke on Trent Partnership Trust
SSSHFT	Shropshire & South Staffs Healthcare Foundation Trust
RWHT	Royal Wolverhampton Hospital Trust
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EWISS	Emotional Well Being in Stafford and Surrounds
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KPIs	Key Performance Indicators
CSIP	Clinical Service Implementation Programme
QOF	Quality Outcome Framework
PTL	Patient Target List
EDD	Expected Discharge Date
OBD	Occupied Bed Days
DTC	Delayed Transfer of Care
CMT	Contract Management Team
ENT	Ear Nose Throat
IV	Intravenous therapy

Performance Monitoring and assurance within Stafford and Surrounds and Cannock Chase CCGs

1.0 Purpose

To introduce a vision, culture and process of performance management in order to foster service level improvement and ultimately provide improved patient care and efficiencies, and monitor the success of the CCG organisations.

To formulate the next steps to developing a performance framework signed up to across both CCGs, providing a highly visible standardised system of reporting and monitoring enabling structured challenges from CCG Members and colleagues.

2.0 Background

Performance management and monitoring of healthcare providers is paramount to the success of the NHS in providing a quality service to patients. It is even more important given the current climate of the NHS and transition into its new form as outlined in the Government Whitepaper 'Liberating the NHS' in 2010. During the PCT Clusters transition to Clinical Commissioning Groups (CCG) and post-authorisation assurance a grip of performance issues needs to be demonstrated by Acute Providers and emerging CCGs with the support and development from the PCT Cluster as the statutory commissioning body until 31st March 2012, and the emergent Local Area Team of the NCB from 1st April 2013.

Through the CCG Authorisation Process numerous strategy documents have been reviewed and updated to make clear the visions and priorities of the new commissioning organisations. Therefore performance monitoring and management systems and processes are being developed in line with these visions and priorities to enable the local health economy delivery of transformation change.

It is also clear internal performance and accountability should be monitored to understand the current service position, aid development within the CCGs and improve service level delivery.

3.0 Monitoring and development

3.1 Vision

The vision is to support the delivery of the organisations strategic objectives through:

- Dashboard / flash reporting by CCG
- Frequency of reporting in order to facilitate performance management (monthly / quarterly)

- To ensure Finance, Quality and Safety, QIPP and performance reporting are properly triangulated, and in so doing, develop an integrated QIPP, performance and finance report in line with best practice.
- Monitoring the system as well as the function to show the impact of one function against another.
- To ensure that performance reporting, including performance against standards and targets, quality indicators and KPIs is enhanced more comprehensively with the inclusion of forecasting.
- Linkage to integration of new CCG portfolios and workstreams, with owners held to account for non-delivery and under performance.

3.2 Dashboard / information systems

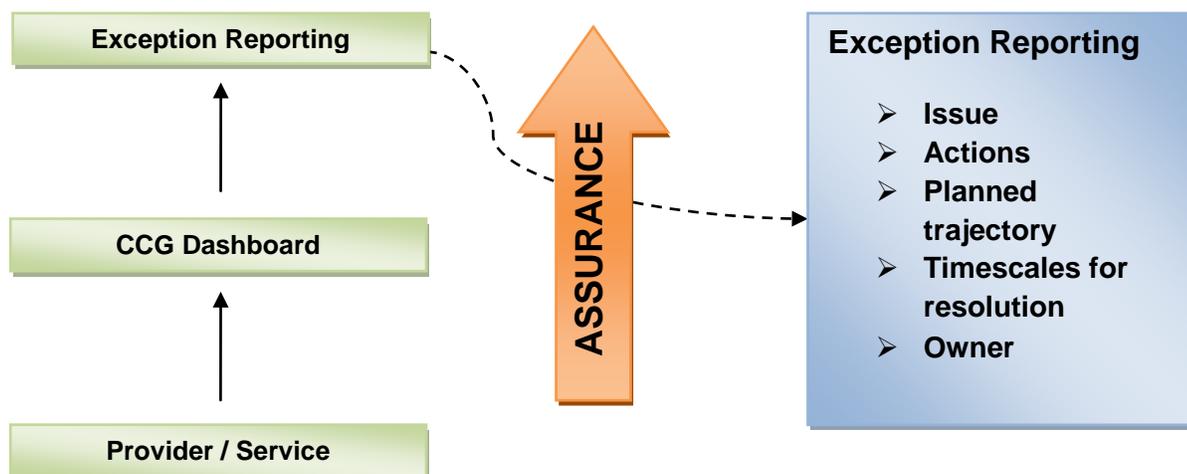
A number of high-level monitoring dashboards are being developed to be reported monthly and quarterly in the following areas:

- Quality and Safety
- Planning Framework Key Performance Indicators (by CCG for 2013/14) / Commissioning Outcomes Framework / NHS Mandate / Quality Premium targets
- Financial and Contract Monitoring (Budget Manager and Locality Manager practice performance)
- Urgent Care Dashboard (system-wide)
- Collaborative Commissioning monitoring
- QIPP & CSIP Performance Report
- QOF Reporting and profiling (through Primary Care Commissioning and Public Health)
- Corporate (Internal CCG) Performance Monitoring

Performance information will be accessible together in one central location on the CCG websites.

3.3 Performance Reporting

Business as usual reporting will be undertaken in a 3 stage process.



4.0 Actions and Timescales

The next stage is to agree a full Performance Monitoring, Management and Assurance Framework. This will encompass all elements of organisational and provider performance, CCG Governance and assurance arrangements (across both CCGs), and the process for engaging performance management processes.

All performance metrics are intrinsically linked across organisational portfolios and functions so the framework will be clear around ownership and expectations.

The following areas of monitoring are the main priorities during 2012/13. The Performance Framework will be produced in line with the 2013/14 NHS Frameworks and agreed provider contracts.

Area	Description
Performance Framework document	Overarching Performance monitoring, management and assurance Framework documentation.
Quality and Safety	System wide monitoring of Quality and Safety agenda, to include early warning indicators, Datix information and soft intelligence
CSIP	Robust performance monitoring report set up and performance report for CSIP Board
QIPP monitoring	Transformational and transactional QIPP scheme monitoring (finance / activity / quality impact) for 2013/14 rolled out through SCSU
Referral Management	Monitoring of planned care over performance by practice during Q3 and Q4
Collaborative Commissioning	Framework agreement for monitoring and reporting inter-CCG commissioning, including main acute contracts in 2013/14
CCG Dashboard	To be evolved from Cluster Dashboard to monitor national and local KPIs by CCG and provider
QOF	Primary Care dashboard to support development / LESs / DESs / finance
Urgent Care	Staffordshire system-wide timely monitoring, planning and forecasting of emergency services
Acute Performance targets for 2013/14	Work through KPI metrics with CMTs for 2013/14 contract proposal and negotiation. Operating Framework released Dec 2012 and new Acute Contracts released Feb 2013.

5.0 Recommendations

The Board notes the above performance monitoring developments and steps being taken to develop a structured Performance Framework for Stafford and Surrounds and Cannock Chase CCGs.

The Performance Framework proposal and delivery will provide assurance of a system-wide monitoring and reporting network across the local health economy.

The report provides awareness of current priorities and identified actions to move the performance culture forward within the organisation.

Assurance that triangulation of all functions is key to supporting and delivering transformation change in South West Staffordshire Health economy.

Chris Wood
Head of Performance
Stafford and Surrounds and Cannock Chase CCGs
January 2013

Appendix 1 – Integrated CCG Monitoring Functions

