

CCG AUTHORISATION Regional Report

As part of the evidence portfolio for authorisation, SHAs are asked to submit a report for each CCG which will highlight key issues and offer insight into the system context within which each CCG is operating during their shadow commissioning year of 2012/13.

This report, along with the CCG data profile and stakeholder survey, provides an external view of the CCG. It will be used as part of the triangulation phase of the desktop review, form part of the briefing pack for the site visit panel and will be used as reference material when considering the proportionate response required to any conditions imposed by the NHSCB.

For Wave 4 CCGs, reports should be sent by the relevant SHA to the CCG by 22nd October. NHS Midlands and East will aim to send reports out by 19th September. CCGs then need to submit the report, as well as a short response, as part of their evidence portfolio onto the Authorisation Knowledge Management System by the submission deadline of 1 November.

The report should be developed on the basis of local knowledge with a concise supporting narrative that provides valuable insight to assessors. The purpose of the report is not to set out a judgement on the evidence submission, but rather to provide contextual opinion on the local system challenges, CCG state of readiness to take on its full duties in April 2013, scope for improvement and the capacity and capability of the CCG leadership to respond to these challenges.

Reports should be no longer than 5 sides of A4.

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| CCG Name | East Staffordshire CCG |
| Commissioning Landscape | <ul style="list-style-type: none"> • Burton Hospitals Foundation NHSFT • South Staffordshire & Shropshire Healthcare NHS FT • Staffordshire and Stoke on Trent Partnership NHS Trust • Derby Hospitals NHS Foundation Trust |
| Underlying quality and safety of services including CQC inquiries | <p><u>Burton Hospital</u> <u>Quality</u> Never Event – Total of 1 reported period 2011/12 (Q1-Q4) and 0 reported period 2012/13 (Q1)</p> <p><u>CQC Concerns</u> <u>Queens Hospital Burton.</u> Compliance visit in July 2012 found the trust was compliant in all areas except the following where moderate concerns were identified:</p> <ul style="list-style-type: none"> • Outcome 9 - Management of Medicines <p>Termination of Pregnancy Services Review June 2012 found the trust compliant in all areas. Dignity & Nutrition in Older People Review June 2011 found the trust compliant in all areas.</p> <p><u>Patient Experience</u> Adult Inpatient Survey 2011 (published April 2012) showed the Trust was 'About the same' (as other similar trusts) in all other sections. Adult Outpatient Survey 2011 (published April 2012) showed Trust was 'Better' in relation to 'Leaving the Appointment' & 'About the same' in all other sections.</p> <p><u>HCAI performance</u> C-Dif: 3 against a trajectory of 7 (2012/13 Q1 data) MRSA: 1 against a trajectory of 0 (2012/13 Q1 data)</p> <p><u>South Staffordshire & Shropshire Healthcare NHS FT</u> Quality: The Mental Health Trust performance Framework – User Experience domain published in August 2011 identified areas for improvement relating to access & waiting. In 2010/11 the Trust developed and strengthened systems and processes for routinely gathering real time information from its service users. In the Trusts 2011/12 Quality Accounts it identifies the Real Time Experience Survey (RTPES) as one of its key successes in 2010/11, with work continuing in 2011/12 to further understand and improve services.</p> <p><u>Patient Experience</u> Community Mental Health Survey 2011 (published April 2012) showed Trust was 'about the same' (as other similar trusts) in all 10 areas surveyed.</p> |

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| | <p><u>Staffordshire and Stoke-on-Trent NHS Partnership Trust</u> Quality: No specific concerns HCAI</p> <ul style="list-style-type: none"> • C-Diff: Trust have confirmed compliant with new C.Diff Testing requirements. • MRSA: Noted that work being carried out on pre-48hr cases with special focus on wound & catheter care in community showing positive results <p>CQC Review of Longton Hospital (April 2012)</p> <ul style="list-style-type: none"> • Compliant but minor concerns regarding Outcomes: <ul style="list-style-type: none"> ○ 1: Respecting and involving people who use services ○ 4. Care and welfare of people who use services ○ 14. Supporting Staff <p><u>Derby Hospitals NHS FT</u></p> <ul style="list-style-type: none"> • CQC have found the Royal Derby Hospitals FT compliant on their visits in January when they inspected acute services with overnight beds, community health care services hospice services and rehabilitation services and March when they visited the Termination of Pregnancy services. • There have been 3 never events reported since December 2011 related to wrong implant/prosthesis. Two of these relate to mismatched hip replacement ball and socket prosthesis. These were identified through an internal audit following this a national audit was completed and a further 2,500 have since been identified nationally. • There are no concerns regarding health care associated infections the Trust are within trajectory. The HSMR has been below 100 for the last 6 quarters. The ombudsman received 38 complaints from patients regarding Derby Hospitals Foundation Trust of these one was resolved through intervention. No MSA breaches reported. The organisation is in the middle 50% of reporters of incidents, with a rate of 5.9 incidents per 100 admissions. |
| <p>CSS provision – key risks and issues, development required</p> | <p>Staffordshire CSU is the main CSS provider to East Staffordshire CCG. Assessment of Staffordshire CSS at Checkpoint 2 (March 2012) was Scenario A; CSS proceeds with medium to low issues. Managing Director and Development Plan in place, SLA for 2012/13 agreed.</p> |
| <p>Provider issues – financial health, reconfiguration issues, organisational issues (e.g. FT applications, mergers, CCP referrals, IRP referrals)</p> | <p><u>Staffordshire and Stoke on Trent Partnership NHS Trust</u></p> <ul style="list-style-type: none"> • The trust was established 1st September 2011. The Trust runs five community hospitals in the northern part of the county. They are pursuing an integrated model of care across community health and adult social care in Staffordshire. They acquired adult Social Care from Staffordshire County Council in April 2012. • The Trust has a trajectory of 11 CDIs for 2012/13 and had 4 reported cases in April, 3 patients being transferred from the local acute hospital and the 4th case is being investigated. No further cases of serious concern reported since. A challenge panel has been held to review the findings of the RCAs for each individual case and the PCT are continuing to challenge performance via regular CQRG meetings. Elective MRSA/non elective MRSA screening has been reported as 100%. • The Trust are not able to obtain data on some indicators which has resulted in them being rated as amber/red |

on governance with a GRR of 2.5 (June 2012). Data capture issues are impeding the Trust's ability to confirm compliance with the District Nursing response times. The Trust has also failed to deliver the target for smoking quitters and is working on new opportunities to meet this target.

- Forecast Outturn £2.0m surplus which is in line with the plan. Financial risk rating on PMR self reported score is showing red – the SHA understands that this is related to the fact that the Trust's assets have yet to be agreed for accounting transfer. CIPs amount to £15.8m which is 4.4% of turnover, of which all but £0.5m is identified. CIPs are currently rated as Amber risk, however this is considered to be linked to current position of the Care Trust acquisition and the SHA is confident that the required level of CIPs will be delivered.
- The Trust has submitted its first draft IBP/LTFM at the end of June and feedback has been provided by the SHA. Historical Due Diligence is commencing in August/September 2012. The Trust have used KPMG to provide board development. The SHA review of the IBP/LTFM identified a number of challenges that the trust need to implement, delivering change before the Trust's submission on 1st April 2013. This timescale will be challenging for the Trust.
- The CCG will need to prepare for being interviewed by the SHA in 2012/13 and by Monitor in 2014/15 regarding their support for the Trust becoming an FT and the alignment of their commissioning intentions/knowledge of their IBP

South Staffordshire and Shropshire Healthcare NHS FT

- Monitor Finance Risk Rating: 4
- Monitor Governance Risk Rating: Green

Burton Hospitals NHS FT

- Monitor Finance Risk Rating: 2
- Monitor Governance Risk Rating: Red
- The trust is in significant breach of its terms of authorisation (Nov 11) based on risks identified by Monitor (an FRR of 2). In particular the Trust has significant financial problems related to the delivery of cost reductions (which require some local funding to assist with transition costs) and income being below planned levels. A formal system redesign programme is in development, although Burton FT has undertaken some redesign work to reduce bed capacity. BHFT has a relatively small catchment with no clarity as to whether there is potential for development with other tertiary providers.

Derby Hospitals NHS Foundation Trust

- Trust FT authorisation date: 1 July 2004
- Monitor Ratings as at March 2012:
 - Financial Risk Rating: 3 - regulatory concerns in one or more components. Significant breach unlikely.
 - Governance Risk Rating: RED - Likely or actual significant breach of terms of authorisation.

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| | <ul style="list-style-type: none"> • The governance risk rating for DHFT was amended from amber-green to red in Mar-12 due to the trust being found in significant breach of its terms of authorisation. • The Trust was found in significant breach of its authorisation in Jan-12. The decision was based on the trust's financial performance and the challenges it is facing to improve its position during the next 12 months. The financial risk rating for DHFT was changed from FRR2 to FRR3 at Q4 2011/12 due to an improvement in the trust's financial position. • Finance: The Trust's annual plan forecasts a FRR of 3 in all quarters with the exception of Q2 with a planned FRR of 2. • Service Performance: A&E - met the A&E target in only Q2 of 2011/12. The Trust achieved 2012/13 Q1 with 95.2% and has a year to date position of 96.4% as at 05/08. RTT - performance significantly challenged for admitted and incomplete pathways which were failed for the whole of 2011/12. All 3 RTT standards were met for the first time in Apr-12. HCAIs – below YTD ceiling for both MRSA and CDiff. Cancer – Under-performance in Q1 12/13 for 62 day (78.5%). • Reconfiguration: Access to unscheduled care (review of performance in A&E and the Medical Assessment Unit to agree service/pathway improvements, review and revision of the various routes into care to help ensure consistency of clinical thresholds and service pathways and review options for single point of access, using implementation of 111 to review the range and availability of services available for non-urgent care. • Whilst there is a significant PFI liability this has not been raised as a material concern. The financial position for the Monitor risk rating is a pre-technical deficit of £2.9m. This compares with a planned pre-technical deficit of £2.5m. The Trust is therefore £0.4m away from the planned pre-technical position. |
| PCT legacy | |
| Performance as a sub-committee of the PCT working within delegated powers | <p>There was early delegation of responsibility to the CCGs. SHA has encouraged CCG Chair involvement at monthly Performance and QIPP reviews with Staffordshire PCT Cluster and the Annual Accountability Reviews and has witnessed a good level of clinical engagement, CCG ownership and delivery in Staffordshire PCT Cluster.</p> <p>The CCG is actively managing around 74% of the commissioning budget under delegated authority and have led the 2012/13 commissioning and contracting round with providers and are taking full responsibility for delivering QIPP plans with their providers.</p> |
| Issues and challenges – are there any key legacy issues that might constrain the CCGs ability to act or that the CCG needs to respond to? | <p>East Staffordshire and SE Staffs & Seisdon CCGs are working on a redesign of services with Burton Hospitals NHSFT. This work involves modelling the service requirements for 2016/17.</p> <p>There are significant QIPP and financial challenges across South Staffordshire and the CCG has a share of this. The CCG are lower funded per head of population than other CCGs, but any benefit derived from moving to a fair shares allocation is likely to be small in the short run therefore they will need to work on the basis of the current financial baseline.</p> |

| CCG progression to 2013 | |
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| Ownership and progress in delivery of 12/13 plan, including QIPP and key performance targets. | <p>The schemes comprising the QIPP portfolio for 2012/13 have been devolved to CCGs. CCGs are subject to a monthly review of progress against milestone, activity and finance plans. This is then reported via the Clusters F&P Committee. The current position shows over activity against plan across UNIFY, particularly in respect of NEL Admissions. Year-to date financial performance is reported as 'on plan'.</p> <p>All Staffordshire CCGs have worked on the development and quality impact of QIPP schemes and individual CCGs have led on different areas.</p> |
| Credibility of commissioning plan for 13/14 – confidence in plan and CCG ownership | <p>CCGs are leading the development of two separate transformation strategies in the south of the Cluster, which are intended to deliver a sustainable system.</p> <p>East Staffordshire CCG is well represented at regular Performance Review meetings with the SHA and contributes to the discussions around clinical issues.</p> |
| Financial health | |
| Running cost allowance. Impact of baseline exercise and any emerging issues | <p>Running costs: PCT Cluster outturn in 11/12 of £34 per head suggests little challenge to get to CCG £25 ceiling. PCT baseline exercise has been repeated and will be completed during June and July 2012. East Staffordshire CCG is currently circa £2.5 million below its fairshare allocation. Initial allocations expected to be based on current spending with little movement towards capitation in 13/14 and over the next few years.</p> |
| Underlying financial position of health economy | <p>Surplus of £0.35m in 11/12 and planned surplus of £0.75m in 12/13 is relatively low. Significant challenges to fund transition costs of local providers in particular Mid Staffs FT.</p> |
| Credibility of financial plan | <p>CCG plan not yet received.</p> |
| Leadership | |
| Is there confidence in the CCG leadership to respond to the CCGs development needs? | <p>The CCG has yet to appoint a Chief Officer (Accountable Officer) despite advertising twice and this remains a challenge to appoint to this key post. The CCG currently has engaged management consultancy to provide the needed support but a permanent solution is critical. A Chief Finance Officer has been appointed (previously acting Director of Finance for the Staffordshire cluster). The CCG remains just within the £25 running cost envelope and will need to look at how to address the risks of sustainability e.g. through exploring more shared posts with neighbouring CCGs and best use of the Commissioning Support Unit.</p> <p>A joint appointment of a specialist nurse (previously deputy to the Nursing Director at the cluster) with responsibility for quality has been made by East Staffordshire CCG and South East Staffordshire & Seisden Peninsular CCG.</p> <p>The Chair (Charles Pidsley) has attended the Hay assessment centre.</p> |
| Is there confidence in the CCG leadership to respond to the local system challenges? | <p>Staffordshire as a whole had a supportive environment for development with their CEO Graham Urwin who is now LAT Director. There are significant challenges facing a leadership team that has not yet been fully formed.</p> |
| Are there any significant | <p>The CCG's local acute provider Burton Hospitals NHS Foundation Trust is currently in financial turnaround and</p> |

stakeholder issues?

the whole health system will need to work together to provide sustainable local services.