

World Class Commissioning Panel Report

South Staffordshire PCT

May 2010



Overview

First, the panel thanks South Staffordshire PCT for participating in this round of assessments for World Class Commissioning.

The panel asks the PCT to accept this report in the spirit in which it is intended: a support tool on the journey to world class commissioning and as a considered *perception* of the organisation's strengths and weaknesses based on the insight the PCT itself gave the panel into its commissioning approach.

The panel report sets out four main areas for consideration by South Staffordshire PCT. It also sets out the panel's assessment on the Governance ratings and the Competency scores and the Potential for Improvement Commentary relating to the PCT Trajectory and Organisational Development.

Commentary

The panel identifies 4 major areas for consideration by the PCT at this stage on its journey

The panel were impressed by the following strengths of the PCT:

- A cohesive Board with excellent inter-relationships between executives, non executives and clinicians
- Mature partnership work intrinsic to the working of the PCT; LA, acute sector and local clinicians
- Strong historical financial position with clear strategic direction in a complex environment
- Well developed Practice Based Commissioning (PBC) at the heart of PCT decision making
- Learning embedded in the Board and organisation from the challenges at Mid-Staffordshire Hospital
- Developing work with the public and patients restoring confidence in the local population

1. **Headline: Good set of outcomes; reconsider the levels of ambition**

Observation:

- The Board has a comprehensive understanding of its outcomes and these are well grounded in the needs of the communities across South Staffordshire
- There is good aspiration for a number of the outcomes; however the panel believe that the Board could review its ambition in a number of the trajectories e.g. Life expectancy, Infant mortality
- The panel were impressed that the patient experience metric is included as part of the top 10 dashboard; further thought should be given as to how this the measure can be benchmarked.

Recommendation: The Board to continue the good work and aim high to further the ambition to be ‘ best in class ‘

2. **Headline: Clear strategic story in a complex environment**

Observation:

- The PCT has a good strategy and story with seven strategic goals and a set of strategic initiatives linked to national and local needs; the panel suggests the strategic plan document should be more coherently constructed as the current plan does not do justice to the story
- There is a clear strategic direction to develop care services outside hospital including managing urgent care and the development of long term conditions: the future configuration of acute services will require careful attention as part of this strategic story.

Recommendation: The Board to continue to develop the strategic story and ensure that this is reflected in written documentation

Commentary continues

3. **Headline: Robust financial plan**

Observation

- The PCT has a well developed revised financial plan in 2010/11 that meets the operating plan requirement; the plan includes an appropriate level of contingency and has in place systems to flexibly introduce investment opportunities into future years
- The finance plan is embedded through out the organisation featuring in devolved PBC budgets and has been actively constructed with clinicians
- The PCT has presented a cautious approach to future investment; the future investment profile is closely aligned to the progress made in respect of the PCT QIPP programme
- Whilst the PCT demonstrates a pro-active approach towards scrutiny of its spending further opportunities could be realised with a more systemised approach.

Recommendation: The Board to consider engaging independent validation of the total PCT spend to identify whether further opportunities for cost savings can be realised; the panel suggests a peer review with Wolverhampton

4. **Headline: Strong resilient and confident Board**

Observation:

- Strong and cohesive board with excellent inter-relationships between executives, non-executives and clinical leaders; members exhibit a real understanding and focus on managing risk and performance across the partnership
- The PCT embraces partnership working; with strong evidence of a broad range of partners and the public being integral to the decision making and delivery of its strategic goals
- There are evident clinical leadership capabilities as part of PBC and across the system; however there is a requirement to systematise the good quality improvement work evident in pathway redesign to accelerate the transformation across the health system.

Recommendation: The Board to continue its resilient diligent work in partnership; and further develop the role out of improvement and innovation methodology and capability across the system to leverage change and achieve breakthrough performance

Panel scorecard

● Previous
● Current

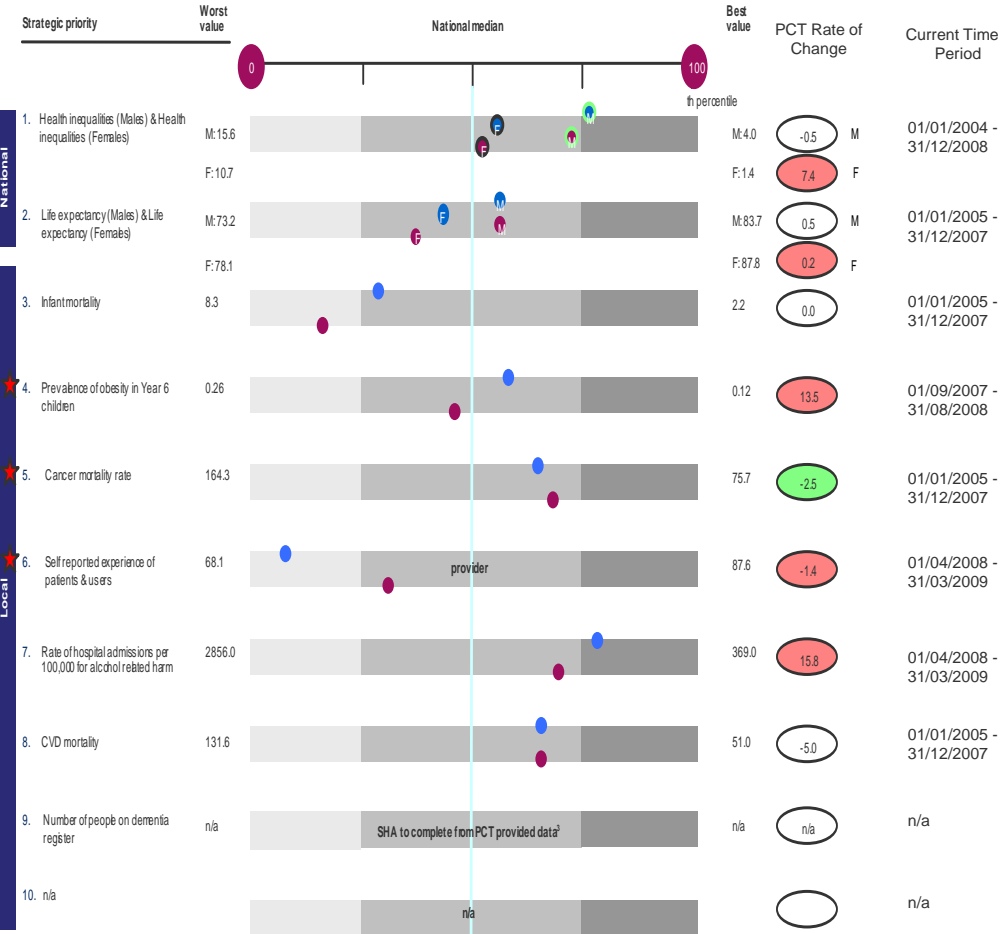
South Staffordshire PCT

Health outcomes and quality

Outcomes Selection Date: 2009/10

COMPETENCIES

GOVERNANCE



Local leader of NHS

Collaborates with partners

Patient and public engagement

Clinical leadership

Assess needs

Prioritisation

Stimulates provision

Innovation

Procurement and contracting

Performance management

Ensuring efficiency and effectiveness of spend

Strategy



Finance



Board



Potential for Improvement Commentary

PCT trajectory

Commentary

- This assessment has identified the good progress that the Board has made since assessment in WCC year 1. The Board and organisation has transformed, particularly in the face of the challenges in the health economy, with real cohesion commitment and passion to improve health and the quality of services in South Staffordshire. The outcomes are well grounded in the needs of the population.
- The strategic story is clear with a focus on the development of care outside hospital. The amber rating reflects the lack of detail in the strategic plan. There is a robust financial position with a measured and achievable savings plan. Significant challenges remain with acute sector configuration.
- The PCT has potential to improve to a world class commissioning organisation. The PCT has improved in 8 of its competencies.

Areas for development

- The Board is in an excellent position to steer the organisation to deliver the strategic changes; the level of ambition may be scaled up as the strategic and financial position becomes clearer. Acute configuration will require careful attention as the story develops within the patch.
- The panel considers that the PCT should learn and share approaches to development within its cluster to take advantage of joint capacity and capability building to develop their commissioning competence. The organisational development plan needs to focus on critical delivery areas including:
 - ensure best use of the new West Midlands' Digital Service to improve information flows and shape opinions/aspirations to support the focus on the patient experience in competency 3
 - identify PCTs that scored highly in competencies 5 and 6 and adapt approaches for the local population
 - work on competencies 7, 9 and 11 in partnership with West Midlands Healthcare Commissioning Services to optimise the committed resources.

Organisational development

Commentary

- Alignment: Robust and mature partnership alignment is clearly evident and intrinsic to the work of the Board and the organisation with a broad range of partners; there is a good focus on developing the partnership with patients and the public.
- Execution: There are great delivery stories; the PCT has put together a new social enterprise 'Starfish' to deliver mental health services in the community that has reduced urgent admissions; real time monitoring has reduced extended length of stay.
- Renewal: There is well developed and devolved PBC covering five community areas: this forms a solid foundation to ensure PBC clinicians both lead and are engaged in strategic initiative development and delivery; re-design of the intermediate care team is a great example.

Areas for development

- Alignment: The PCT will need to continue the robust and diligent work to develop its strategic story with all its providers ; there will need to be particular attention to the acute configuration as the strategic story is developed further.
- Execution: The transformation plan is focused on service pathway redesign, clinical leadership is strong however world-class service improvement capacity and capability should be embedded in all health and social care settings.
- Renewal: The Board is in a great place to steer the organisation through its next phase of development and should move from a 'fire fighting' mindset to a strategic approach which is well within its capability.

Governance – Panel assessment on Strategy

● Last year's rating □ This year's self-rating
 ✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
A	1. Vision and goals	●	●	✓
	2. Initiatives to ensure delivery of strategic goals and the PCT's programme of change	●	✓	□
	3. Consistency of financial plan with the strategy	●	✓	□
	4. Board challenge, ownership and monitoring of strategic plan delivery	●	●	✓
	5. Achievement of milestones to date	●	●	✓

Rationale for scoring

1. The PCT vision links across 7 strategic goals delivered through 13 Initiatives, and there is a pyramid structure set out. Strategic initiatives are set out but there is insufficient detail. On panel day, the NEDs were able to clearly articulate the vision and goals for the organisation.
2. Initiatives mostly address the vision. The PCT has outlined strategic initiatives and QIPP saving initiatives. The PCT have described three prioritised goals in the downside scenario but have not provided a clear rationale as to why these were selected. The impact of some initiatives is not always credible such as the link to infant mortality initiative improving children's community services. On panel day the PCT described a vigorous process, there was agreed broad strategic themes – the focus was on high impact, measurable initiatives.
3. The PCT has not been clear in how balance will be achieved in the worse case scenario and this is not consistent with the financial plan. The disinvestment against the initiatives appeared over-ambitious and the QIPP initiatives lack sufficient detail to identify how this will be delivered. On panel day the PCT explained that the assumptions on savings from some initiatives had been revised.
4. The PCT has been developing the strategy since 2007 and there is a strong focus on addressing inequalities and listening to the public. The Board exhibited clear ownership and understanding of the plan. The Board receives a performance plan once a quarter against planned timescales and milestones and much of this is then devolved through PBC budgets. There is a clear line of performance against milestones that flows through to named individuals accountable for delivery which are often jointly owned. Key partners are fully involved in the QIPP Board and bed reductions are included in contracts which are aligned and signed off. On panel day a NED identified key risk as: QIPP delivery, managing the demand and capacity balance and configuration across the system, and the demands from any further inquiry into the events at Mid-Staffordshire Hospital.
5. The PCT sets out key achievements for last year and has also provided detail for certain targets such as 18 weeks and cancer waiting times. On panel day, the PCT has a set of clear timed milestones against initiatives which are monitored and challenged when necessary. The PCT has slipped on delivery of the urgent care hub by 6 months but the majority have been achieved.

Recommendations going forward

The Board to continue to develop the strategic story and ensure that this is reflected in written documentation

Governance – Panel assessment on Finance

● Last year's rating □ This year's self-rating
 ✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
	1. Historical financial management	●	●	✓
	2. Robust financial management	●	●	✓
	3. Robustness of planning assumptions	●	●	✓
	4. Sustainable financial position as 'base case'	●	●	✓
	5. Sustainable financial position under different financial scenarios	●	✓	□

Rationale for scoring


1. The PCT delivered a surplus of £4.7m in 2008/09 and in 2006/07 the outturn position was a surplus of £690k. In 2007/08 the PCT delivered a surplus of £4.6m and in 2009/10 was also in balance.
2. The Board receives a monthly finance report that outlines current and forecast performance against a set of key financial metrics. The Board are encouraged to scrutinise and challenge. The UoR score of 3 for management of risk and internal control indicates there are no significant issues regarding invoicing or debt and asset management.
3. The PCT's assumptions and scenario planning reflect SHA recommendations and the contingency figure. On panel day, the PCT evidenced that provider capacity would be aligned with the PCT's plan.
4. The PCT is forecasting delivery of the agreed £4.5m surplus in 2010/11, which represents 0.5% of turnover, and a surplus of £8.7m in subsequent years. The PCT is not showing an operating deficit and the plan appears broadly credible.
5. The PCT is forecasting delivery of surpluses in all years which match the forecast base case scenario outturns. The upside scenario allows the introduction of a number of additional strategic initiatives. The down case scenario requires adjustments to strategic investments in CVD risk assessment, patient experience and cancer but this is inconsistent with the strategic plan.

Recommendations going forward

The Board to consider engaging independent validation of the total PCT spend to identify whether further opportunities for cost savings can be realised; the panel suggests a peer review with Wolverhampton.

Governance – Panel assessment on Board

● Last year's rating □ This year's self-rating
 ✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
	1. Organisation	●	●	✓
	2. Risk	●	●	✓
	3. Information	●	●	✓
	4. Performance	●	●	✓
	5. Delegation	●	●	✓
	6. Board interaction	●	●	✓

Rationale for scoring

- The PCT has defined capacity and capability using the 7S framework with detailed action plans set out across five key themes. These align to those identified in self assessment and there are time-scales and milestones. The importance of the staff survey is referenced in the organisational development plan and these map to some extent to the action plans. On panel day, the PCT's top 3 capability priorities are talent leadership, partnership working and clinical engagement. The PCT is developing a business academy with the university and has an e-learning tool used in partnership.
- The PCT has outlined PEC structures. On panel day, the Board identified lack of clinical representation as a previous problem and has reconfigured with several new Board members. Clinical risks are discussed every week at the executive which feeds up to the PEC and Board. Clinical quality reviews provide an opportunity to carry out deep clinical scrutiny at individual service level.
- The Board receives finance, performance and quality assurance reports on a monthly basis. Board reports and provider performance reports are well set out.
- The PCT have shown evidence of performance discussion. The PCT is achieving 94% (green) of its Tier 1 and 2 Vital Signs and Existing Commitments (based on DH assessment criteria for WCC). On panel day, the PCT gave an example A&E waiting time performance at Burton, the Board intervened through discussion with the PBC cluster and have a GP leading on creating a hub to have a stronger interface between primary and secondary care. Performance notices and improvements plans have been served with active Board engagement.
- Working in partnership is identified as one of five key themes in the strategic plan and this is reflected in the organisational development plan. Strategic initiative 6 (intermediate care) is focused on the development of integrated health and social care teams. On panel day the PCT described comprehensive performance and governance arrangements for delegated commissioning arrangements.
- The PCT has developed a use of resources framework to guide the prioritisation process for 2009/10. The PCT has a panel for considering Investment (and disinvestment) proposals, this includes one NED. On panel day the Board showed broad and collective ownership for the strategy and its priorities and implementation.

Recommendations going forward

The Board to continue its resilient diligent work in partnership; and further develop the role out of improvement and innovation methodology and capability across the system to leverage change and achieve breakthrough performance

Outcomes

x Top quartile rate of improvement ■ Upper Quartile ★ Newly Selected
x Bottom quartile rate of improvement ■ Lower Quartile ● Previous
● Current

South Staffordshire PCT health outcomes and quality

Outcomes Selection Date: 2009/10

Strategic priority	3 year historic rate of improvement (CAGR, %) ¹				PCT aspiration (CAGR)	
	PCT	National	ONS cluster	Top decile ⁴		
National	1. Health inequalities (Males) & Health inequalities (Females) M	-0.5	0.8	1.4	-3.9	-0.7
	F	7.4	1.2	2.8	-9.4	-1.2
National	2. Life expectancy (Males) & Life expectancy (Females) M	0.5	0.4	0.4	0.8	0.5
	F	0.2	0.3	0.3	0.6	0.2
National	3. Infant mortality	0.0	-3.0	-9.1	-14.5	-8.6
Newly Selected	4. Prevalence of obesity in Year 6 children	13.5	8.5	4.5	-7.5	-1.8
Newly Selected	5. Cancer mortality rate	-2.5	-1.5	-0.6	-4.5	-1.2
Local	6. Selfreported experience of patients & users	-1.4	-0.1	n/a	1.5	1.9
Local	7. Rate of hospital admissions per 100,000 for alcohol related harm	15.8	5.7	7.8	-0.9	7.7
Local	8. CVD mortality	-5.0	-7.1	-3.7	-9.9	-3.9
Local	9. Number of people on dementia register	n/a	n/a	n/a	n/a	24.1
Local	10. n/a					

Observations from the Analytical Phase

Changes in outcomes from last year

- Teenage pregnancy and stroke care outcomes were replaced by #4,5,6 based on WCC feedback from 2009.

Performance over last year :

- 6 outcomes have slipped, 5 outcomes are at the bottom quartile rate of improvement.
- There has been little change in outcomes #8 and #9
- There has been improvement in #5 and #6

Aspirations:

- The level of aspiration for the following outcomes appears ambitious but credible: #3 and #5
- The aspiration for #4 appears to be over-ambitious
- The aspirations for the following outcomes might be more aggressive: #7 and 8

Panel Recommendations:

- Consider adopting more ambitious trajectories for #1 and #2 as resources allow

¹ 3 year period where available – please see appendix for variations where applicable for some indicators

⁴ Top decile defined as the PCTs with the largest rate of improvement

Overview – Competencies

- This year's self rating
- Last year's rating
- ✓ Panel Assessment



Topline introduction













PCT has provided evidence to meet or go above their self-assessment on 7 competencies

PCT has showed evidence to improve on last year in 8 competencies

* 1 Competency added this year, hence last year's rating not available

Competency 1 – Panel assessment

 Panel Assessment
  Last year's rating
  This year's self-rating













Competency	Measure	Level			
		1	2	3	4
Are recognised as the local leader of the NHS	• Reputation as the local leader of the NHS				
	• Reputation as a change leader for local organisations				
	• Position as an employer of choice				

Rationale for scoring

- a. In the key stakeholder survey, respondents agree that the PCT is recognised as a local leader of the NHS (score of 4.95 out of 6). The PCT's CEO is the lead on the LAA Board and the PCT has mentioned its lead role on pandemic flu but detail is not clear. Survey results show that the population agree that the NHS is improving services (MORI survey comparison of 2006 and 2009 results). The PCT has used patient feedback to inform the PCT's strategy and goals.
- b. In the key stakeholder survey, respondents somewhat agree that the PCT significantly influences their decisions (score of 4.14 out of 6). However, it is not clear how the PCT has led region wide improvements that have required influencing other commissioners. Survey results do not support a level 3 score.
- c. For commissioning staff the PCT scores about the same as the SHA and national average for staff receiving relevant training and having well structured appraisals, and above SHA and national average on staff agreeing they have an interesting job or feeling there are good development opportunities and staff understanding where their role fits in. On panel day, examples of training programmes were evidenced to improve this further. Evidence of an environment of ongoing (at least 2 years) commissioning development and satisfaction was not identified.

Competency 2 – Panel assessment

 Panel Assessment
  Last year's rating
  This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities and deliver increased productivity	• Creation of Local Area Agreement based on joint needs				
	• Ability to conduct constructive partnerships				
	• Reputation as an active and effective partner'				

Rationale for scoring

- The JSNA is refreshed annually and was last done March 2009. The priorities in the LAA, such as alcohol related admissions are based on the JSNA. The PCT CEO leads the LAA Board and performance is monitored.
- In the key stakeholder survey, respondents somewhat agree that the PCT engages them to inform and drive strategic planning (score of 4.05 out of 6). The health needs of the population are identified within the JSNA. An LAA performance report has been produced and the PCT is not red on any of its targets, however clear evidence of partnership effectiveness and evaluation is not clear. The PCT has identified joint public health posts, but the governance arrangements are not clear. The PCT is part of the Shropshire and Staffordshire local collaborative commissioning arrangements, and have led a PCT task group on bariatric surgery. The survey results do not support a level 3 score.
- In the key stakeholder survey, respondents somewhat agree that the PCT is an effective partner. (score of 4.36 out of 6). The PCT has set out to track delivery although the detail provided is not sufficient to establish whether these partnerships (relating to substance misuse and disabled children etc) have been clear successes. On panel day, the PCT evidenced examples of milestones that were set for partners with assurance that the changes were implemented. Survey results do not support a level 3 score.

Competency 3 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	• Influence on local health opinions and aspirations	●	✓	□	●
	• Public and patient engagement	●	✓	□	●
	• Improvement in patient experience	●	●	✓	●

Rationale for scoring

- The PCT explained how it used Equality Impact Assessments to shape communications with seldom heard groups. On panel day, the PCT evidenced smoking cessation social marketing campaigns which have proactively reached out to ethnic minority groups. In the key stakeholder survey, respondents somewhat agree the PCT proactively shapes health opinions and aspirations (score of 3.88 out of 6). On panel day, the PCT provided example of taking forward the personalised agenda in terms of personalised budgets and integration with social care services to provide more appropriate care. The survey score does not support a level 3 score.
- The PCT has a strategy to actively communicate with the public through a range of channels and has set out its inclusive approach to communications, this includes publicised channels for feedback but this does not explain how the PCT engages with seldom heard groups. The PCT disseminates information to the public through, newsletter, social marketing, press and PR. In the MORI survey the public and patients somewhat agree on the positive impact of the local NHS. On panel day, the PCT evidenced changes to services based on engagement with patient participation groups. The survey does not support a level 3 score.
- Public and patients agree that the PCT is helping to manage and improve the health and well-being of the population (MORI survey). On panel day, the PCT explained how feedback is systematically and rapidly followed up and has shown how feedback influences planning of future communications. Examples of patient experience is fed in through the PBC, with a GP Practice helpline to the PEC which feeds into the commissioning process. The PCT evidenced changes in stroke care commissioning which resulted in improvement in the quality of care. The PCT have excellent examples: Mystery Shopper, every 25th patient interviewed, bed-side interviews with patients to ensure real time patient feedback on Mid-Staffordshire Acute Hospital.

Recommendations going forward

Please see Potential for Improvement Commentary on page 5

Competency 4 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Lead continuous and meaningful engagement of a broad range of clinicians to inform strategy and drive quality, service design, and efficient and effective use of resources	• Clinical engagement	●	●	☑	●
	• Dissemination of information to support clinical decision making	●	●	☑	●
	• Reputation as leader of clinical engagement	●	●	☑	●

Rationale for scoring













- The PCT has engaged with acute, primary and community staff on care pathway development, redesign and service review and has a number of PBC GPs on the PEC. The One Step Beyond approach provides evidence of strong clinical lead service improvement and implementation. The PCT has clinically led service-improvement boards to play a key role in service transformation and this is being reconfigured to support delivery of the QIPPP Programme. The PCT facilitate good links between primary and secondary care such as integrated care pathways.
- All PBC rated the quality and timeliness of information provided by the PCT as very good. The PCT has explained its process for identifying and investigating innovation opportunities but has not clearly demonstrated that this has been used to share quality improvement ideas. All PBC groups said that all areas of support were very good. On panel day there is data analyst support which provides quality information such as acute data on a monthly basis as well information around other areas such as LAA target. The analysts also provides ad-hoc reporting including variance from previous performance. There are also detailed quality reports that are benchmarked such as referrals management and prescribing. The re-launch of dermatology guidelines has resulted in a 25% reduction in referrals in one of the clusters. The PCT provide protected learning time once a month for all GPs where the cluster members get together and share quality improvement ideas such as the GP-led urgent care hub. There is a practice by practice dashboard that provides comparable data for clinical variance, and there is a group that also looks at soft intelligence – this is then escalated for action.
- In the key stakeholder survey, respondents agree the PCT proactively engages clinicians, feedback score 4.57 out of 6. The One Step Beyond program is used as a clinically-driven vehicle for service improvement such as supporting the care closer to home programme.

Competency 5 – Panel assessment

 Panel Assessment

 Last year's rating

 This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	• Analytical skills and insights				
	• Understanding of health needs trends				
	• Use of health needs benchmarks				

Rationale for scoring

- a. The JSNA is a detailed assessment which uses a consistent methodology. The PCT has 10 priority outcomes which can be linked to the JSNA and current and future needs are modelled.
- b. The PCT maps local health risks using 'Instant Atlas' which uses many sources to identify demographic variances. The PCT has carried out disease modelling and specific trends are mapped such as dementia. On panel day, the PCT evidenced trend analysis for health and well-being issues such as alcohol and obesity as produced by the PCT's Staffordshire Observatory. Insights to the JSNA include a broad range of stakeholders and a good example seen in Children's services.
- c. The PCT has provided benchmarking statistics for the LAA targets. GPs are benchmarked against GPs in their own consortium and this information is provided to them on a real time basis to change behaviours. On evidence of plans to improve outcomes to meet targets the PCT evidenced it has achieved 98% coverage of children covered on the obesity programme. Further, the obesity prevalence reduced by about 1% in the past year. On panel day, the PCT described events which include providers and partners to disseminate information. The PCT evidenced the 'Instant Atlas' tool as a work in progress tool which will have information on demographics and health outcomes by ward.

Recommendations going forward













Please see Potential for Improvement Commentary on page 5

Competency 6 – Panel assessment

 Panel Assessment

 Last year's rating

 This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Prioritise investment of all spend in line with different financial scenarios and according to local needs, service requirements and the values of the NHS	<ul style="list-style-type: none"> Predictive modelling skills and insights to understand impact of changing needs on demand 				
	<ul style="list-style-type: none"> Prioritisation of investment and disinvestment to improve population's health 				
	<ul style="list-style-type: none"> Incorporation of priorities into strategic investment plan to reflect different financial scenarios 				

Rationale for scoring

- a. The PCT has carried out simple financial modelling including recognition that a refocus of goals/initiatives will be required in a downside scenario, demand modelling is also carried out. The JSNA provides examples of modelling for a number of areas including End of Life and for selected health conditions for over 65s.
- b. The PCT have adopted the Portsmouth process for prioritisation which covers all suggested criteria apart from NICE technology appraisals. This process was used to select the 13 strategic initiatives. The prioritisation criteria used included evidence of need, clinical engagement, PPE and programme budgeting. The PCT has mapped health outcomes at goal level. There is high-level mapping to initiatives but these do not have a clear fit for example the Mind the Gap Programme states one of the measures for success is the reduction of adult obesity but the prevalence of child obesity is the WCC outcome mapped. The PCT has consulted with a broad range of stakeholders and have had strong clinical input from the Service improvement boards and the Patients' council. On panel day the PCT evidenced the example of case management of long term conditions, identifying patients who are more at risk of unplanned admission and aiming to improve quality by keeping them at home but also reducing cost as keeps them out of hospital. The prioritisation tool used identified the impact on health outcomes through investment/disinvestment process.
- c. There is recognition of gaps identified in the JSNA (12) with the absence of smoking – whilst not selected as a WCC health outcome it is being addressed by the Mind the Gap initiative. The PCT stated priorities include both investment and savings, and the PCT have indicated which would be their three top priority goals in a down side scenario and QIPPP goals on a base line scenario. The PCT has provided only high-level assumptions, such as PBR Tariffs and resource allocation. The PCT have outlined cross cutting initiatives which include individual goals such as IT and Estates. On panel day the key priorities in the investment programme have been identified which will continue in the worst case scenario e.g. long term conditions and urgent care as these would bring greatest quality and cost benefits. The PCT uses a prioritisation tool to identify the key outcome improvements.

Recommendations going forward













Please see Potential for Improvement Commentary on page 5

Competency 7 – Panel assessment

 Panel Assessment

 Last year's rating

 This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity and capability				
	• Alignment of provider capacity with health needs projections				
	• Creation of effective choices for patients				

Rationale for scoring

- a. The EY Healthcare Market Analysis (HCMA) write up gave examples of 5 areas that had been analysed including deep analysis for the prison population, this is also supported by further examples in the strategic plan. The PCT provided examples are of responses to patient feedback such as the provision of phlebotomy services closer to home, examples covering cost and quality are also provided. The PCT has carried out provider analysis such as Adult Mental Health which has looked at a range of providers to improve patient choice.
- b. The PCT has carried out demand projection for the acute. The PCT has used a capacity planning model (AETNA) to forecast how demographic change will impact on demand for hospital services but it is not clear is how this information has been used to adjust provider capacity at specialty level. The HCMA write up demonstrated a number of gaps identified (i.e. Specific issues) including sexual health and end of life care and also showed use of various forms of market management including the identification of barriers to entry. On panel day the PCT stated current contracts and outturn with demographic data were used for demand projections and then benchmarked using external support to identify areas to challenge. The PCT has looked at procedures of limited clinical value and adjusted commissioning policies and activity to ensure that these aren't being offered on a routine basis. The PCT has used a number of tools and a scenario generator to manipulate and change scenarios and triangulate with Mosaic. Strong clinical engagement has helped to model patterns of care to be addressed e.g. dementia.
- c. The PCT has provided a range of examples where choice has been a key driver and these include End of Life Care and Phlebotomy close to home. The Commissioning handbook sets out the timescales for review. The PCT has demonstrated very good links with PBC and primary care and have developed good PPE at practice level but it is not clear how this influences choice. South Staffordshire patients being offered a choice of hospitals remained the same as last year (50%), however, the number of patients been given first choice has dropped to below the SHA average. The PCT works with a broad range of providers offering a choice of location and a range of services. Information is made available to patients to help them make choices – examples include Dementia and others. On Panel day, choice, in one of the clusters, is offered through a centralised choose and book services. The PCT has ensured that services are provided at a range of care settings where possible such as Diabetes advice at shopping centres. A NED inferred that whilst patient choice is important it is equally important that the system is simple enough to navigate. The PCT has used supply to health as a mechanism for addressing gaps in choice.

Recommendations going forward













Please see Potential for Improvement Commentary on page 5

Competency 8 – Panel assessment

 Panel Assessment

 Last year's rating

 This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Promote and specify continuous improvements in quality (e.g., CQUIN, IQI) and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities				
	• Implementation of improvement initiatives				
	• Collection of quality and outcome information				

Rationale for scoring

- a. The PCT has carried out a range of benchmarking including for LoS, Warfarin monitoring, and TCS Activity. The PCT has also looked a range of pathway improvements such as dementia, Sexual Health, Stroke and End of Life. Each pathway provides detail of specific interventions. There is good evidence of PPE in pathway design as exemplified on End of Life pathway and through the Patient’s council.
- b. The PCT does have a focus on improving the quality of patient experience. The Stroke pathway highlights the implications for provider quality, productivity and staff (with specialist knowledge). The PCT measures performance against key objectives for sample pathways. On panel day the PCT has a clinical review quality process that is place for main providers and is planned for roll out in primary care. Map of medicine is available to all practices, and a range of IHI tools are being used such as REACT. The PCT is using Lean methodology for urgent pathway re-design at Burton. There have also been a number of other Lean reviews such as community services.
- c. Provider performance reports identify clear quality and outcome metrics but it was unclear how these are chosen and developed. The PCT has a monthly reporting process in place with the Community services arm and Burton Hospitals. On panel day the PCT has developed a Stroke pathway and described the design of metrics that were informed by clinicians initially, challenged by the Board and further development such as the use of CQUIN. The Stroke Association were also involved in helping shape the PCT Stroke strategy and patients were involved in presentation to the Board.

Recommendations going forward

Please see Potential for Improvement Commentary on page 5

Competency 9 – Panel assessment

✓ Panel Assessment ● Last year's rating ◻ This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Secure procurement skills that ensure robust and viable contracts	• Understanding of provider economics	●	◻✓	●	●
	• Negotiation of contracts around defined variables	●	◻✓	●	●
	• Creation of robust contracts based on outcomes	●	◻✓	●	●

Rationale for scoring

- The PCT has shown some evidence that it understands provider economics and market dynamics across all settings. The acute, primary and other contract forms show that the PCT considers a broad range of metrics e.g. patient satisfaction surveys monitored at ISTC. The PCT approach to procurement is in line with the Principles of Cooperation and Competition. On panel day the PCT evidenced using tendering process for the provision of services through the 3rd sector. There is investment in community services to support reduction of acute beds. The PCT has set up good associate commissioner arrangements. PBC bring a good awareness of what services they can provide. The PCT has used the market (30 tenders in last year) to encourage new providers but also for services at existing providers to improve stroke services.
- The PCT has a locally agreed indicator with the acute, for referral to smoking cessation services for pregnant women – this is linked to the PCT’s strategic initiative 3 on infant mortality. There is also a CQUIN scheme in place for End of Life care which is one of 7 strategic goals. Procurement capacity/capability relating to contract negotiations is limited. One example of contract form relates to a contract awarded by DH in 2004. The Commissioning strategy document makes reference to a procurement portal to improve staff access to procurement guidance, but this is work in progress. On panel day the PCT described an externally supported event to bring in a range of commissioners and negotiating teams so they were fully briefed e.g. on new to follow up ratios and described a clear strategy for negotiation.
- The PCT commissions support from HCS for modelling of cost/activity in acute sector. The contract for new health-centre includes KPIs across a range of areas such as access, prevention and service delivery. A CQUIN scheme relating to improvements in End of Life care has been agreed with Mid-Staffordshire Acute Trust. On panel day, the PCT described outcome and quality metrics in new contracts and confirmed that all contracts are signed prior to activity commencing.

Recommendations going forward

Please see Potential for Improvement Commentary on page 5

Competency 10 – Panel assessment Panel Assessment

● Last year's rating □ This year's self-rating













Competency	Measure	Level			
		1	2	3	4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of performance information	●	●	□	●
	• Implementation of regular provider performance discussions	●	□	□	●
	• Resolution of ongoing contractual issues	●	●	□	●

Rationale for scoring

- a. The data provided in performance reports is up-to-date and a range of indicator domains are covered - these and board reports are readily accessible from PCT website. The PCT has monthly clinical quality review meetings with all main providers. On panel day the PCT described that all contracts have specific performance information requirements that are reported, where they are off target there is action plan in place. The data team in the locality can provide month-to-month analyses. Cancer monitoring is carried out within a month of data capture and is forensically analysed. There are 3 areas of real-time data on emergency admissions, reports of any inpatients of more than 28 days and extended LoS – this is real time directly from the Trust. The PCT receives HAI reports 4 times a day.
- b. Following the Healthcare Commission investigation into Mid-Staffs, the Quality Strategy was assessed as weak in 2007/08 and 2008/09. The Board reports on Mid-Staffs action plans and minutes from the Quality and Safety Committee show improved focus on CQR. On panel day, the PCT described a standard performance set of metrics that are monitored monthly for all providers, exceptions go to the month contract meeting and performance notices will be issued. There is also a range of performance reporting and governance in place for PBC. The analysts and panel did not evidence level 3 competence around sustainable improvements.
- c. The continuing actions at Mid-Staffs demonstrates a proactive approach to working with providers, action plans and follow up monitoring seen in relation to Mid-Staffs through Board minutes and Safety and Quality Committee minutes. There are improvement plans that are ongoing (not complete) at Mid-Staffs, and as a result a strong track record of improvement plan delivery was not seen. On panel day the PCT gave an example where one provider failed to meet C.difficile trajectories and resulting in fewer and shorter outbreaks. The PCT recognised a problem with community mental health which resulted in a new mental health Social Enterprise 'Starfish'.

Competency 11 – Panel assessment Panel Assessment

● Last year's rating  This year's self-rating

Competency	Measure	Level			
		1	2	3	4
Ensuring efficiency and effectiveness of spend	• Measuring and understanding efficiency and effectiveness of spend				
	• Identifying opportunities to maximise efficiency and effectiveness of spend				
	• Delivering sustainable efficiency and effectiveness of spend				

Rationale for scoring

- Expected impact on outcomes are compared against local commissioning standards. The PCT has used benchmarking of strategic goals. The PCT has used its knowledge of the health market to make commissioning decisions, but it is not clear whether any decisions have used the PCT's understanding of optimal economics within major care settings. On panel day the PCT described the use of benchmarking information including, programme budgeting, Better Care Better Value, SHA information, external support through Teamwork and staff engagement to identify savings. A new stroke pathway has been implemented across the whole PCT – the acute phase was decommissioned from Mid Staffs Hospital and re-commissioned with other providers to meet national standards. The rehabilitation part of the stroke pathway has also been tendered with well specified outcome measures resulting in a more cost effective service.
- The PCT has stated that pathways are subject to checks for duplicated interventions and in comparison with Map of Medicine models. A review of PCT estates has been completed. On panel day, opportunities for taking forward corporate service functions, such as legal services and building developments, with the LA are being progressed.
- The PCT has identified a set of QIPP initiatives to reduce demand for certain services and save costs. On panel day it was clear that PBC is central to the PCT and clinicians are very involved in the QIPP agenda. A PBC LES has been aligned to QIPP. The efficiency savings have been identified through a bottom up approach and therefore are owned by the clinicians.

Recommendations going forward

Please see Potential for Improvement Commentary on page 5