

World Class Commissioning Panel Report

NHS Herefordshire

May 2010



Overview

First, the panel thanks NHS Herefordshire 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 NHS Herefordshire. 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 in the PCT:

- **A Board highly committed to the people and place of Herefordshire**
- **A capable board providing strong leadership and direction**
- **An exemplary integrated public service management structure**
- **Robust under-pinning joint strategic needs assessment**
- **A clear strategic direction with a vertically integrated service model**
- **A Board poised to lead the challenging agenda and ensure delivery**

1. **Headline: Ensure patient experience is on the top 10 dashboard**

Observation:

- The Board has a clear and well understood vision for the health and well being of the people of Hereford with an aligned set of outcomes.
- There is recognition in the Board that delivery of the vision will require strong connection with local people and understanding of the patient experience; however the panel believe that the Board should consider a comprehensive patient outcome measure on its top 10 dash board to focus attention during the significant transformation programme.

Recommendation: The Board should consider a patient experience measure on its top 10 dashboard

2. **Headline: An ambitious transformation change programme but this needs to be underpinned by more detail on delivery**

Observation:

- The Board is able to articulate the vision and transformation journey to deliver a vertically integrated model of care and comprehensive redesign of care pathways.
- However, the strategic plan lacks detail on the strategic initiatives and how this will be achieved. Verbal evidence was given on panel day that the transformation plan had been completed within days of the panel.

Recommendation: The Board needs to make robust assessment of the plan, be clear about key milestones and rigorous in managing delivery

Commentary continued

3. Headline: **Significant financial challenge to both the PCT and the system**

Observation:

- The whole system is not fully aligned to the financial challenge particularly in light of recently completed transformation analytical work
- Moving forward the PCT needs to identify its 'big bet' initiatives and review investment trade-offs in 2010/11 to deliver outcomes and cost reduction.

Recommendation: Review the financial plan in light of the recently completed transformation plan to ensure the best alignment of investment initiatives

4. Headline: **System health and service improvement to support delivery**

Observation:

- There is a capable and cohesive Board; however, the stakeholder surveys suggest that the system health is not strong and as 'system health is one of the best predictors of future performance', the organisation needs to examine the root causes and update the organisational development plan with clear initiatives and time-lines to address the key issues.
- There is an ambitious transformation change programme but the PCT have not evidenced the **step change** requirement in service improvement and innovation capability and capacity to industrialise the transformation across the system and achieve breakthrough Performance.

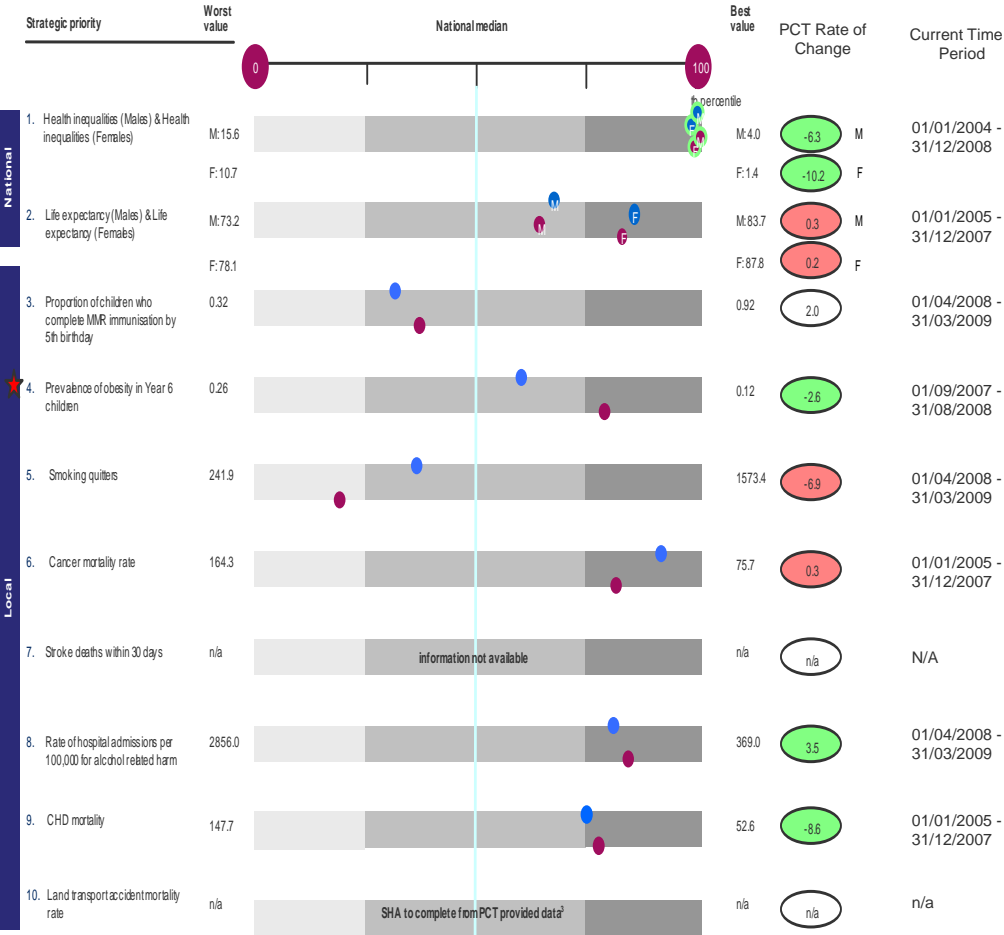
Recommendation: Review the organisational development plan with a focus on organisational system health and systematic service improvement capacity and capability

Panel scorecard

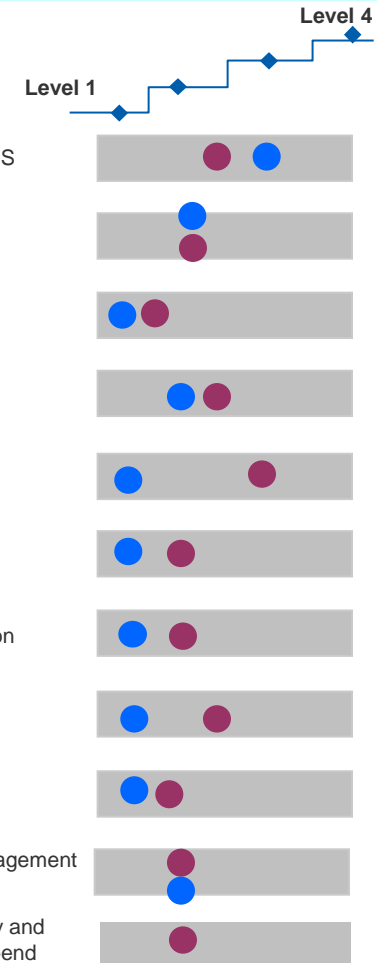
● Previous
● Current

NHS Herefordshire Health outcomes and quality

Outcomes Selection Date: 2009/10



COMPETENCIES



GOVERNANCE

Strategy
A

Finance
A

Board
G

Potential for Improvement - Commentary

PCT trajectory

Commentary

- This assessment has confirmed the strength of leadership in the Board made by the panel in Year 1 of WCC. The panel were impressed by the commitment to the people of Herefordshire and the integrated management structure.
- The panel believes that the PCT has made real progress in the development of its strategy and transformation plan but this has not been reflected fully or well in the strategic plan document. The panel was told that there was now alignment with Hereford Hospitals NHS Trust on the financial plan and that a detailed delivery plan had just been completed by the Transition Board.
- The organisation is preparing well; the competency assessments show an improvement in 8 competencies.

Organisational development

Commentary

- **Alignment:** The PCT has achieved alignment to develop vertical integration within the Hereford system with sign up and commitment to a new and innovative system of working across the health and social care system.
- **Execution:** It is evident that the new integrated public services management structure across the local authority and PCT is delivering benefits; there is more corporate capacity and capability available to the PCT and a clear plan to deliver the PCT management cost reductions leveraging the benefit of total place working.
- **Renewal:** The panel are impressed with the leadership and vision which has shaped public services working in Herefordshire and will continue to create opportunities for new and innovative approaches

Areas for development

- The Board needs to review the recently completed delivery plan, ensure sign up in the patch and develop the capacity and capabilities of individuals and organisations in the system to ensure delivery of the transformation. The robustness of financial alignment with the acute provider and the achievement of savings will require careful tracking and performance management.
- 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 requires strengthening with a focus on:
 - ensuring the best use of the new West Midlands' Digital Service to improve information flows and shape opinions/aspirations to support competency 3
 - identify PCTs who have scored highly in competency 6 to develop predictive modelling and prioritisation expertise
 - give attention to competency 4 and 8 developing clinical leadership and systematic world class service improvement capability which will be critical to enable transformation
 - in partnership with West Midlands Healthcare Commissioning Services, work on competencies 7, 9, 10 and 11. to ensure that these critical system competencies support improved service delivery.

Areas for development

- **Alignment:** In the leadership surveys, stakeholders agree that Hereford are a local leader of the NHS but do not shape health opinions; a priority for the PCT must be to focus on improvement of organisational and system health to reflect the strength of the integrated organisation
- **Execution:** The transformation plan is focused on major service pathway redesign, which requires world-class service improvement, capacity and capability throughout the commissioner and provider organisations.
- **Renewal:** The Board needs to build its ability and that of the senior executives and clinical leadership, to lead this transformational change. This would be helped by the re-establishment of their previous link with Kaiser Permanente or another established integrated care system to draw on their experience and learning.

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


- The PCT's vision is firmly grounded in the PCT and national context, and is realistic. However, health needs, initiatives and outcomes have not been clearly related back to the PCT's vision and strategy. On panel day evidence was provided that the PCT grasped the scale of system challenges (financial challenge on the acute hospital, scale issues of mental health in the county).
- Initiatives are not detailed in terms of costing and financial scenarios. On panel day the PCT explained that the detailed transformation plan had just been submitted to the PCT and SHA by their Transformation Board.
- The general financial plan is complete and includes financial scenarios with detailed shifts in investment year by year. However scenario planning for investment and disinvestment is lacking along with detailed timelines.
- The Board are engaged and challenge the development of the strategic plan at regular intervals. Strategic initiatives do however need to be more clearly set out. On panel day further evidence of Board engagement in strategic development and regular and robust challenge in the development of the strategic plan to identify health improvement priorities was evident. However, limited evidence was provided on the prioritisation process or trade-offs. Reference was made to a programme board which will manage the change process.
- The PCT has not achieved major changes in overall operational milestones despite having moved the needle in outcomes. On panel day evidence was provided on the approach to tracking of WCC outcomes and plans to correct trajectories which were lagging. Investment has been made to put in place a performance monitoring system which measures both performance targets and milestones.

Recommendations going forward

The Board needs to make robust assessment of the plan, be clear about key milestones and rigorous in managing delivery

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

- Recent historical finances were within 0.5% of SHA recommendations. The PCT delivered a surplus of £475k in 2008/09.
- Monthly reporting to the Board of financial metrics is in line with the key statutory targets. The organisation manages its risks and has a sound system of internal control.
- All assumptions are aligned with the SHA recommendations and guidelines and contingency figures reflect SHA request for 2% for Strategic Change Reserve and local QIPP in 2010/11. However, the assumptions on savings were not backed up by a credible delivery plan and in the Long Term Sustainability Model submission there was a lack of alignment with Herefordshire Hospital Trust on the finance and activity plan.
- No operating deficit is forecast. The plan identifies financial challenges and risks, however, some areas lack detail. Evidence given to the panel by the SHA QIPP team suggests that there was not alignment of the financial plan between the acute hospital and the PCT.
- The PCT predicts a breakeven position in every year and is within the SHA's current expectations. The plan details break even over all scenarios. However, there is limited detail in a number of areas.

Recommendations going forward

Review the financial plan in light of the recently completed transformation plan to ensure the best alignment of investment initiatives

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 organisational development plan clearly describes the organisational structure, responsibilities and values. However, it lacks plans and clear actions with milestones going forward to further develop the capacity and capability of the PCT and in particular the Board. On panel day, the PCT shared evidence of key capability on stakeholder engagement plans with events such as the Hereford conversation.
- Evidence demonstrates regular reporting of risks with consideration by the Board. Some risks seems a little generic and could be better linked to priorities and initiatives to better link input from clinicians. Evidence unclear how the effectiveness of PEC is reviewed. On panel day evidence was shared on how the Board assesses risk across pathways rather than by organisation.
- Performance reports are presented monthly with a full range of data, are accessible and explained. Further, the PCT has implemented Performance Plus. On panel day evidence was provided of an example of Board intervention where performance of the ambulance trust was below par.
- Board papers do not provide clear evidence of where the PCT has acted to address key performance issues. The PCT is only delivering 84% (amber) of its Tier 1 and 2 Vital Signs and Existing Commitments (based on DH assessment criteria for WCC).
- Roles and accountabilities for joint arrangement are clear. The PCT Chair of the West Midlands SCG Board and has ensured appropriate reporting arrangements are in place. On panel day, evidence was provided that PBC performance is monitored and there are constructive interactions with the Board
- Board Documentation shows active involvement of the Board in making strategic decisions and some good examples of Board development, in particular understanding of disinvestment. On panel day, examples of disinvestment decisions on low level treatments were provided.

Recommendations going forward

Review the organisational development plan with a focus on organisational system health and systematic service improvement capacity and capability

Outcomes

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

NHS Herefordshire 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: -6.3	0.8	2.1	-3.9	-1.6
		F: -10.2	1.2	-2.9	-9.4	-1.0
	2. Life expectancy (Males) & Life expectancy (Females)	M: 0.3	0.4	0.5	0.8	0.3
		F: 0.2	0.3	0.3	0.6	0.2
	3. Proportion of children who complete MMR immunisation by 5th birthday	2.0	2.7	3.4	19.2	4.4
★	4. Prevalence of obesity in Year 6 children	-2.6	8.5	0.9	-7.5	-10.7
	5. Smoking quitters	-6.9	3.0	7.6	22.1	49.1
Local	6. Cancer mortality rate	0.3	-1.5	-1.8	-4.5	-7.9
	7. Stroke deaths within 30 days	n/a	n/a	n/a	n/a	-13.7
	8. Rate of hospital admissions per 100,000 for alcohol related harm	3.5	5.7	3.5	-0.9	-15.9
	9. CHD mortality	-8.6	-8.2	-7.8	-10.2	-12.7
	10. Land transport accident mortality rate	n/a	n/a	n/a	n/a	-14.1

Observations from the Analytical Phase

Changes in outcomes from last year

- PCT measured childhood obesity last year but now outcome #4 is part of the nationally defined dataset
- Addition of land transportation accidents (replacing suicide). PCT will need to ensure the inclusion of this outcome in particular is supported by PCT Strategic Plan and initiatives.

Performance over last year :

- Forward progress on #1, #3, #4, #7, #8, #9, #10
- Bottom 25th percentile performance on #5
- Below national median on #3 and #5

Aspirations:

- The level of aspiration for 5 outcomes appear ambitious and credible #1, #3, #2, #8 and #4
- The aspirations for outcomes #5, #6 and #8 appear ambitious but the PCT has begun developing plans to support the trajectories

Panel Recommendations:

- The PCT to reconsider including the patient experience outcome given the significant redesign programme they are embarking on

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

Outcomes Briefing

Local Outcomes and Those Lacking Data

Herefordshire PCT

PCTs were able to select outcomes from a menu provided by the national WCC team based on existing indicators, or where appropriate, develop their own local indicators.

This page provides information regarding local indicators where the PCT provided their own data for analysis or where national data was not available for a range of reasons against one or more of the 'pick list' indicators.

Outcome(s) lacking detail	Commentary	Panel Steer
Stroke Deaths within 30 Days	Source is an annual audit within Acute Trusts. Figures from this question are not published as part of the public Sentinel Audit Data Set due to small numbers.	<ul style="list-style-type: none"> • Can the PCT describe their current position and the systems they have in place to monitor this indicator throughout the year? • Without a real understanding of the baseline position it is difficult to comment on the level of aspiration. • The PCT is planning to reduce the number of deaths by an achievable number year on year.

	Baseline (06/07)	Yr 1 09/10	Yr 2 10/11	Yr 3 11/12	Yr 4 12/13	Yr 5 13/14
Stroke deaths within 30 days, Rate per 100,000 patients admitted with stroke	18,986	24,022	21,353	18,683	16,014	13,345

Overview – Competencies

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



Topline introduction

PCT has provided evidence to meet their self-assessment on 1 competency

PCT has showed evidence to improve on their rating last year on 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) The PCT is recognised as a local leader of the NHS, achieving a score of 4.78 out of 6 in feedback survey. The PCT actively participates in the local health agenda through its unique partnership / shared services with the local council. The NHS patient survey indicates the measure of public confidence in the local NHS shows they agree to some extent that the local NHS is improving services (MORI survey 2006, 2009).
- b) There is evidence that key stakeholders agree that the PCT significantly influences their decisions and actions achieving a score 4.63 out of 6. There is evidence of a unified communications team working with Hereford Partnership which has strong links with many local partners. On panel day an example of changing the falls service was given following an OSC report about high levels of falls. A needs assessment including 3rd sector and other partners was undertaken and a revised service developed incorporating primary care, social care and hospital services resulting in a 10% reduction in falls in the elderly. Other examples include: Sexual health – lifestyle intervention challenge – service implemented across schools, hospital and GPs giving an improvement of 4% to 23% on the Chlamydia screening target; Head and Neck cancer – driven by patient concern about quality of radiotherapy services in Cheltenham, the PCT worked across 3 counties to look at the need, resulting in a proposal for a LINAC in Herefordshire to give easier access for patients which has now been agreed.
- c) The staff survey shows 74.7% of all commissioning staff have received job-relevant training, learning or development in the last 12 months (below SHA and National Average). The feed back survey scores indicate 76.8 % of commissioning staff agree that they have an interesting job (below national average). There is evidence that the PCT ensures the ongoing environment supports commissioning staff satisfaction, staff turnover rate 9.2 is below both national average and SHA average. However this needs to be weighed up against staff sickness absence rate of 4.7 which is slightly higher than both national average and SHA average. The analysts and panel did not consider that PCT fosters an environment of ongoing (at least 2 years) commissioning staff development and satisfaction to support level 3 competence.

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

- a) There is evidence of local strategic partners working together. The LAA priorities 09/10 were refreshed and identified through extensive consultation, input from local partner organisations, and the local community. LAA priorities and targets are based on needs highlighted in the JSNA and are clearly articulated in the strategic plan initiatives. The PCT and LA are jointly accountable for LAA targets.
- b) Key stakeholders disagree that PCT proactively engages their organisation score 3.48 out of 6 (SHA average of 4.4). The PCT, in partnership with the Herefordshire Council, has worked to produce a JSNA. NHS Hereford (NHS) has led the development of the Health and Wellbeing Partnership (HWP). The HWP includes NHS, the Council, the acute hospital, Practice Based Commissioners, the 3rd Sector and carers. No evidence was found to suggest how partnership effectiveness is evaluated. Shared posts have effective governance and joint accountability. The Chair of the PCT is also the chair of the West Midlands Specialised Commissioning Group. The survey supports a level 1 score.
- c) The feedback survey suggests that key stakeholders somewhat agree that the PCT is an effective partner scoring 4.04 out of 6. Key improvement targets have been identified and there is some evidence to support delivery through partnerships. A Health and Wellbeing partnership has been formed as part of the Herefordshire Partnership arrangements and has agreed refreshed plans to achieve health related LAA targets by March 2011. NHS agreed an integrated Commissioning Plan with Practice Based Commissioners and Specialist Commissioning e.g. Cancer. The survey supports a level 2 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

- a) Stakeholders do not agree that the PCT shapes the health opinions and aspirations of the local population (3.5 out of 6). There is insufficient evidence of clear success stories of delivery in documentation. There is some evidence that the PCT has a strategy in place for communicating with public and patients e.g. the Commissioning for Quality Strategy sets out a vision for meaningful and consistent engagement. A joint single customer insight unit is being established. The survey supports a level 1 score.
- b) The PCT has a strategy that actively engages patients and public in PCT business and a joint customer insight unit has been established. The '100' survey is used to inform planning and on panel day the PCT provided evidence that the PCT /LA update goes to every household. Further, evidence of dissemination of information across the carers association was also provided. There is some evidence the PCT captures patient/public views which have affected commissioning plans e.g. LINKs monthly meetings with PCT officials; members embedded in many different PCT work/planning groups. There are a variety of channels to capture views of public and patients, e.g. customer insight team, social marketing and other events. In addition, the NHS patient survey average feedback score, self reported experience of patients and users, is 75 out of 100. The MORI poll indicates that the public somewhat agree that the local NHS engages with them confirming a level 2 score.
- c) Public and patients agree (MORI survey) that the NHS is helping to improve the health and well being of the population. There is some evidence that the PCT has collected patient feedback. Examples of impact include improvements in cardiac care and talking books. However there is no evidence in the documentation that the PCT actively reviews trends in patient and carer feedback, including complaints, PALs (Patient Advice & Liaison Service) or that patient survey data is sent to providers. The PCT highlighted the insight unit which collects a range of data including patient surveys and the PCT gave an example of a nursing home complaint which led to a contractual change. The analysts and panel did not evidence patient feedback systematically driving commissioning decisions and a level 2 score confirmed.

Recommendations going forward

Please see Potential for Improvement Commentary 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

- a) Evidence shows engagement with a range of staff on care pathway development, redesign and review. There is active clinical leadership across the PCT agenda e.g. clear delegated authority to PBC and a range of clinicians working across primary and secondary care to support local quality and efficiency improvement e.g. monthly practice based commissioning information system covers patient activity, costs, benchmarks etc. The PCT has established a clinical reference group (PEC) which provides a corporate clinical governance and leadership forum. Clinical forums are established for all main providers. Clinicians are engaged in all work streams overseen by the transition board. On panel day the PCT demonstrated some GP engagement in influencing decision-making, as well as in the selection of performance metrics. Clinicians met with diabetic service users to look at opportunities for improvements in the pathway/service delivery. KPMG have modelled movement of care. Herefordshire carers group were able to feed into care pathways. The analysts and panel have not identified evidence that all engagement groups actively drive PCT planning with ongoing improvement of health outcomes to support a level 4 score.
- b) The Board minutes refer to a clinical and quality directorate. On panel day evidence presented included: example of dissemination - regular monthly reports on PBC are sent to all practices. The reports are used to discuss pathway improvement opportunities. NEDs are involved in the QOF review. Evidence of benchmarking/cost to inform clinicians and redesign of pathways was presented. The analysts and panel did not identify evidence that quality reports are systematically viewed by a broad range of clinicians with clear steps taken to reduce unacceptable variation to support a level 3 score.
- c) The PCT proactively engages clinicians score 4.22 out of 6 (Key stakeholder survey). Evidence demonstrates the PCT has implemented initiatives to redesign care e.g. Chronic Obstructive Pulmonary Disease. It is unclear how clinicians lead initiatives to improve quality. There is evidence that PBC clinicians meet monthly to support the business case process. While it is unclear if the PCT has robust processes in place to ensure decisions on PBC plans and business cases are communicated within 8 weeks the MORI survey indicates it at the SHA average. The survey supports a level 2 competence.

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) Insights from stakeholders are used e.g. quality of life survey. The PCT has analysed the population healthcare needs and on panel day described a robust segmentation of population by healthcare needs. There is limited analysis of progress to reducing gaps e.g. health inequalities. There is evidence that local health needs are prioritised (e.g. change for life programme to tackle childhood obesity) and evidence regarding trends and future predictions, including assessment of current and future needs both met and unmet, in relation to vulnerable adults, gypsies and travelers.
- b) The PCT has an understanding of needs at ward level. There is evidence that the PCT has identified trends in major health and well-being issues, good health for children and young people, and gastro services. The PCT gathered key insights from public, patients, clinicians and other stakeholders in developing the JSNA. An automated programme benchmarks all targets, including by practice population. On panel day the PCT describes using QOF and maps against the prevalence model – all action plans for WCC outcomes are based on closing inequalities gap. This is done on a monthly basis. Evidence based judgments are made at the Performance and Quality Group. Childhood obesity – tools enable the focus to be in specific schools (or other areas of need) and milestones have been set for short term – 8% reduction in obesity. The MEND programme is being implemented on a targeted basis.
- c) The PCT has benchmarked WCC indicators against national targets and peer PCTs. Benchmarking has also been used to identify saving opportunities using tools such as NHS comparators and Better Care Better Value. The PCT has plans in place to improve performance and tracks progress and improvements. On panel day in terms of disseminating reports and sharing information examples given were: a quarterly performance meeting with Leader of Council and cabinet, 'Herefordshire Matters' – regular column for DPH, meeting with local paper editors, websites and working with schools. Information also goes out to PBCs on all outcomes.

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	• Predictive modelling skills and insights to understand impact of changing needs on demand	✓	●	□	●
	• Prioritisation of investment and disinvestment to improve population's health	●	✓	□	●
	• Incorporation of priorities into strategic investment plan to reflect different financial scenarios	●	●	✓	●

Rationale for scoring













- Financial and activity scenario analysis has been provided. On panel day, limited evidence from the JSNA demonstrates analysis of current trend, across scenarios. Quality of care has been assessed in terms of lives saved. Board demonstrated knowledge on treatments of limited value and use of risk stratification in 3 GP practices pilot which is fundamental to the health improvement plan. The analysts and panel did not identify evidence to support level 2 competence.
- Clear prioritisation criteria have been defined by the PCT but these criteria could be expanded to include predicted improvements in health outcomes. Stakeholders and processes behind investment decisions have not been articulated. The analysts and panel could not identify evidence of predicted improvements in health outcomes being used to make decisions on investment/disinvestment; little evidence of clinical engagement or cost considerations when creating the approach. Examples presented included: ROI analysis indicates premature mortality, long term disability, cancer, stroke and RTAs are priorities. A level 2 score is confirmed.
- The PCT has identified initiatives and has detailed their impact on revenue. Priorities include investment and disinvestment as appropriate. Enabling initiatives are identified. On panel day examples presented included: alcohol and RTA – 6 delivery groups from partnership brought together; DVT across acute and primary care, giving a 50% reduction in admissions over a year.

Recommendations going forward

Please see Potential for Improvement Commentary 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 PCT has conducted a provider-analysis and a range of providers (present and future) have been identified. While patient feedback has been provided for some services, relative cost of services was not evidenced. On panel day evidence was provided for some segments on quality of care e.g. PCT understands market issues in dentistry but limited evidence on cost of home and social care. The analysts and panel could not find identify evidence of working in priority market segments.
- b) There is limited evidence of different forms of market management being used. On panel day examples were given of opening a GP surgery in a under-doctored, deprived area; mental health and home and social care. The analysts and panel could not identify evidence to support level 3.
- c) The PCT has a clear strategy for creating more choice and has given evidence of how this choice strategy has been moved to action. The analysts and panel could not identify evidence of how an understanding of the market and patient feedback input to make decisions on investment to support level 3 competence.

Recommendations going forward

Please see Potential for Improvement Commentary 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) Evidence has been submitted by the PCT of proactive and regular review of key pathways and interventions have been identified for moving patients along the pathway. On panel day it was explained that public health data is used at practice level to carry out risk stratification with GP data being extracted to feed into this. The PCT is using data to identify families most in need, reflecting an integrated approach.
- b) There is evidence of a quality improvement program throughout the strategic plan. Pathways have been redesigned in partnership with KPMG. On panel day the PCT demonstrated it had a quality strategy and made certain that this was understood by staff. This is fed back into the staff insight unit. NEDs are involved in a QA process reviewing a number of provider services. Achievement against milestones is measured by the Transition Board. The analysts and panel could not identify evidence to support level 3 competence.
- c) Evidence for outcome and quality targets have been identified and metrics have been developed with the relevant stakeholders. On panel day it was confirmed that a quality schedule is included in all new contracts. KPIs on quality are all service-user led with involvement of a broad range of clinicians. The analysts and panel could not identify evidence to support level 3 competence.

Recommendations going forward

Please see Potential for Improvement Commentary 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

- a) Patient experience and a range of metrics are monitored for key providers. Evidence from EY has been submitted to show compliance with competition rules. On panel day the PCT demonstrated it had developed a service by service approach to ensure a sustainable local system which is of a safe and optimal quality. Examples were given of services provided which were contracted out to Worcester or Gloucester FT which are now provided in Hereford. The analysts and panel did not identify evidence to support level 3 competence.
- b) Negotiation detail is described for Hereford Hospitals Trust within contracting forms, with full detail described for primary care settings, particularly dental provision. Service targets are clearly defined and included in contract examples for primary care. These targets align with strategic priorities. A good example was identified of a commissioning framework to ensure inclusion of quality requirements (Commissioning for Quality). There was a strong thread running throughout strategic plan demonstrating the use of patient feedback. On panel day the PCT evidenced preparation for contract negotiations. Further, a contract with the main acute provider of a 3 year first to follow-up provision, which will result in an impact of £800k. The analysts and panel did not identify evidence to support level 3 competence.
- c) Dental contract example describes service metrics, activity expectations and PCT defined outcomes. The panel probed for systematic use of contracts to achieve outcomes/savings. On panel day there was evidence of work on productivity in community hospitals but outcomes/savings were not explicitly contracted confirming a level 1 score.

Recommendations going forward

Please see Potential for Improvement Commentary 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) Provider Performance reports are well explained and clearly separated by provider. These show historical data is updated on a monthly basis; reports on website are at monthly intervals. On panel day evidence was provided of PCT intervention when the acute provider did not meet emergency admission targets. The analysts or panel did not identify evidence of near real time monitoring to support a level 3 score.
- b) Performance reports are published monthly on the website covering all providers. Performance discussion frequencies were described; whilst tolerances for risk identification aren't clear, actions are described for escalation (e.g. OOH contract example – issues escalated to PEC to review and monitor). Performance for all providers are tracked and monitored by Board and PEC, with reports separated by provider. The strategic plan states there is monitoring of root causes, however the performance report does not reflect this. On panel day the PCT provided evidence of data-collected on QOF at individual practice level which was presented to the Board and made public. The analysts and panel did not identify evidence a consistent focus on root causes to enable sustainable improvements to achieve a level 3 score.
- c) The PCT has pro-active contract compliance including monthly monitoring, increasing to weekly for Dental practices. The contract example states that action plans are required, there is no evidence provided to demonstrate this. On panel day the PCT shared an example of review of primary care providers through the overview and scrutiny committee; action also taken to review mental health provision based on input from the overview and scrutiny committee. The analysts and panel did not identify evidence to support sufficient tracking and a strong record of delivery to achieve a level 3 score.

Recommendations going forward

Please also see Potential for Improvement Commentary page 5

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

- a) The PCT gave examples for stroke and frail elderly where costs, outcomes and efficiency had been considered. Benchmarking has taken place within the West Midlands and the Southwest. The PCT and Trust are working jointly on the transformational agenda and non-recurrent financial support has been identified procuring a new mental health provider following programme budgeting analysis of high spend/low outcomes. The analysts and panel did not identify evidence to support level 3 competence.
- b) The PCT has considered the efficiency and effectiveness of its pathways and considers impact through a review of return on investment. On panel day, the PCT described a policy for procedures of low clinical value was implemented in 2009/10. Alternative providers have been commissioned. The PCT described investments in priority areas (obesity, CVD) which have delivered efficiencies. The analysts and panel did not identify evidence to support level 3 competence.
- c) The PCT has a set of efficiency and effectiveness initiatives. On panel day, the PCT described clinical engagement in care pathways - discussions attended by 200 clinicians. For the mental health procurement, there was extensive involvement of clinicians in the design and development of care pathways. Performance monitoring was demonstrated through a performance and quality committee which receives KPIs. There is a programme management approach with director accountability. An example was given of stroke targets failing leading to Board action and subsequent improvements. Risks are monitored through a risk register and Board assurance framework. Clinical/quality committee deals with risks and mitigating actions. 5 key clinical pathways have been stress tested for intended consequences which are assessed and monitored. The analysts and panel did not identify evidence to support level 3 competence.

Recommendations going forward

Please also see Potential for Improvement Commentary page 5