NHS CROYDON
CLINICAL COMMISSIONING GROUP GOVERNING BODY

Meeting in Public

Tuesday 1 July 2014
1.00 – 300 p.m.

Maple Room, Fairfield Halls, Park Lane, Croydon, CR9 1DG
Croydon Clinical Commissioning Group  
Governing Body Meeting in Public  

Agenda

Meeting:  1 July 2014, 1.00 – 3.00 pm  
Location:  Maple Room, Fairfield Halls, Park Lane, Croydon  CR9 1DG

Members of the public are welcome to attend this meeting of Croydon CCG’s Governing Body meeting. There will be the opportunity to ask questions during the Open Space. Questions will be limited to one question, plus one supplementary question, per person.

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<td>1</td>
<td>1.00</td>
<td>Apologies for absence</td>
<td>Chair</td>
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<td>Declaration of Interests</td>
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<td>3</td>
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<td>Minutes of meetings held 3 June</td>
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<td>Matters Arising Action Log</td>
<td>Chair</td>
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Standing Items

5  1.10  Joint Chair/Chief Officer Report  
   For information  
   Tony Brzezicki/Paula Swann  
   Enclosure 3

Strategy

6  1.25  Outcomes Based Commissioning Project for over 65s in Croydon: Overview and progress paper.  
   For discussion and noting  
   Stephen Warren  
   Enclosure 4

Delivery: Quality and Performance

8  1.40  2014/15 Finance Report  
   For noting and agreement  
   Mike Sexton  
   Enclosure 5

9  2.00  2014/15 QIPP Programme  
   For information and noting  
   Mike Sexton  
   Enclosure 6

10  2.10  Month 1 Performance Report  
   For information and noting  
   Michelle Rahman  
   Enclosure 7

12  2.20  Quality Report May 2014  
   For discussion and noting  
   Michelle Rahman  
   Enclosure 8
## Part 2 Agenda Items

### Open Space for Public Questions

- **2.50**

### Any Other Business

- **Any other business**

### Date of next Meetings in Public

- **2 September 2014 : 1 until 4 p.m.**

### Agenda items for Meeting on 2 September 2014

- Finance Report
- QIPP Report
- integrated Contract Performance Report
- Contract Performance Report
- Quality Report
- primary and Community Care Business Case
- JSNA Homelessness Chapter
- Annual Report Director of Public Health
- Committee Annual Reports
- Risk Management: Board Assurance Framework
- Minutes of the Clinical Leaders Group
- Minutes of the Integrated Governance and Audit Committee
- Minutes of the Finance Committee
- Minutes of the Quality Committee

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A glossary of terms/abbreviations can be found at the back of the pack of papers.

Copies of the papers can be found at [www.croydonccg.nhs.uk](http://www.croydonccg.nhs.uk)

To then resolve to exclude the public from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business.

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**Part 2 Agenda Items**
Croydon Clinical Commissioning Group  
Governing Body Meeting in Public  

DRAFT MINUTES  

Date: Tuesday 3 June 2014  
Time: 1:00pm – 3.15 p.m.  
Location: Maple Room, Fairfield Halls, Park Lane, Croydon, CR9 1DG

<table>
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<tr>
<th>Present:</th>
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<td>Governing Body Members</td>
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- Tony Brzezicki (TB) Chair  
- Agnelo Fernandes (AF) Assistant Clinical Chair  
- John Chan (JC), GP Member and Medical Director (arrived for agenda item 6)  
- Atif Hasan (AH) GP Governing Body Member (arrived during agenda item 6)  
- John Linney (JL) Governing Body Member  
- Paula Swann, (PS) Chief Officer  
- Mike Sexton (MS) Chief Finance Officer  
- Stephen Warren, Director of Commissioning  
- Michelle Rahman (MRa) Director of Governance and Quality  
- Helen Pernelet (HP) Lay member (Governance and PPI), Vice Chair  
- David Hughes (DH) Lay member - Finance  
- Jon Norman (JN), Secondary Care Consultant  
- Amy Page (AP) Chief Nurse  
- Mike Robinson, Director of Public Health, LA (arrived during agenda item 5)  
- Hannah Miller (HM), Executive Director, Adult Services Health and Housing LA (arrived during agenda item 6)  |  
- Maureen Glover (MG) Board Secretary  
- Anne Hooper (AH), Healthwatch  |

Ref: 2014/06/01  

1 Introduction and Apologies  
1.1 There were no apologies.  

Ref: 2014/06/02  

2 Declaration Of Interests  
2.1 There were no declarations of interest.  

Ref: 2014/06/03  

3 Minutes of the last meetings  
3.1 The minutes of the meeting held on 6 May were agreed as an
4 **Matters Arising**

4.1 It was noted that there were no outstanding actions.

4.2 Tony Brzezicki advised that Mr Collier was unable to attend the meeting but he had thanked the CCG for the full response given to the question he posed at the last meeting.

5 **Report from Chair / Chief Officer**

5.1 The report was presented to the Governing Body. Paula Swann drew attention to the removal of one of the CCGs conditions in relation to QIPP delivery. The remaining two conditions in place related to the CCG’s lack of a clear and credible plan to deliver the QIPP challenge within financial resources. This was a really good position and demonstrated the CCG’s ability to deliver against the authorisation actions.

5.2 Attention was also drawn to the change in the Constitution to reflect the fact that the number of GP practices had reduced from 61 to 60 and also to the Legislative Reform Order currently going through Parliament which would enable CCGs to form joint committees.

5.3 Tony Brzezicki said a very positive Board to Board meeting had been held with CHS and it was encouraging to see that CHS’s vision of the future was aligned to the CCGs to a much greater degree than thought. A significant piece of work would be undertaken going forward to align the QIPP programmes. This was a very positive development.

*The CCG Governing Body noted the report.*

6 **Draft SWL 5 Year Strategic Plan**

6.1 Paula Swann gave a brief introduction and said the Governing Body was asked to approve the SWL 5 Year Strategic Plan. The proposed collaborative commissioning approach had been agreed at the Governing Body meeting in April and the first draft, which had been previously shared with the Governing Body, had been submitted to NHSE on 4 April. It should be noted that this plan formed the strategic direction and set out the priorities for SWL to deliver the London Quality Standards. It was noted that currently no one trust had met all of the standards and the ambition was to meet 7 day working in maternity and urgent services in a financially and operationally sustainable way over the next 5 years. This strategy focused on improved quality and outcomes for people in SWL and details of how each trust would help deliver the strategy would be discussed over the next few months.

6.2 Paula Swann highlighted the four main drivers in the Case for Change...
as the need to improve the quality of care, financial sustainability, the rising demand for healthcare, and the availability of sufficient numbers of consultants and other specialist staff.

6.3 The Strategy also reflected the work of the 7 clinical redesign groups and it was noted that there had been input into these from Croydon commissioners and officers. Croydon GPs had also been briefed on this strategy at the last GP Open meeting and the strategic direction of the CCG, which included the strategy, had been approved by the Council of Members on 29 May. The strategy would be very challenging in the context of savings and also gaining collective agreement across providers and commissioners in SWL. Attention was drawn to the next steps in terms of moving forward to implementation.

6.4 Reference was made to the headline that there was a short fall £210m and an explanation was requested about how this was built up, particularly when other CCGs were in surplus. Paula Swann advised that the £210m reflected the QIPP challenge SWL CCGs needed to deliver to achieve financial control totals over the next 5 years. David Hughes said he considered, given the QIPP challenge, it was misleading to use the this as a headline.

6.5 The observation was made that Croydon currently commissioned its mental health services from SLAM in SEL and clarification was sought about how this would fit with the SWL strategy. Stephen Warren advised that compared to other CCGs Croydon was more advanced as it had already developed a Mental Health Strategy which could feed into the process. It was considered the priorities identified in Croydon’s Mental Health Strategy were fully reflected in the SWL strategy and that Croydon was in a strong position to be able to influence it.

6.6 The comment was made that funding for the 2 and 5 year plan was currently based on population level and future growth in population but Croydon had only been allowed 1% growth despite the expectation that growth would be considerably above that. The SWL aggregated population growth was greater than that allowed for in Croydon’s plan and an explanation for this was requested. Mike Sexton advised this was due to the fact a number of other boroughs had higher ONS projections. David Hughes said there was a need to work with the Council to correct the assumptions. He considered that Croydon should receive funding akin to growth.

6.7 Reference was made to the significant workforce gap and whether this was based on London Quality Standards for all secondary care providers. It was noted this was based on what the six CCGs in SWL needed to do to meet the London Quality standards. Savings for secondary care pathways were very ambitious and part of the paper suggested that they were not realistic or achievable and Jon Norman asked for Croydon’s CCG’s view. Mike Sexton responded that the ambition of individual boards was to deliver what was required to stand
alone. The challenge in the system over a longer period of time was sustainability. Paula Swann added that the critical point Mike Sexton made was individuality. All of the providers had submitted individual 5 year plans to deliver financial balance, however, each plan was based on a growth strategy, particularly linked to repatriation which would result in activity moving around the system. The challenge for providers was to look at how to deliver services in a different way. It was known that the new Head of NHSE wanted to move care away from secondary care and bearing this in mind would NHSE accept all of these ambitious 5 year plans. Tony Brzezicki said on going discussions were being held in this regard.

6.8 An explanation was requested about how this strategy would impact on the CCG’s current plans. An example was given as maternity where it was surprising to note that consultant obstetrician presence 24 hours a day would be achieved by 2018/19. One of the CCG’s aims was to improve quality and it was considered that 24 hour consultant presence was needed earlier. Paula Swann said this was a good question. There were in the region of 30 London Quality Standards in relation to maternity services. A number of these were strategic priorities, some of which were required to be delivered in the first couple of years. It was recognised that the most difficult standard to achieve was 168 hours of consultant cover. In SWL trusts were currently delivering circa 98 hours per week. One trust was achieving 148 hours but there was a significant step towards achieving 168 hours. There were insufficient consultant obstetricians to be on site at providers but it was noted that experienced obstetricians were on call 24 hours a day. Whilst from a quality of care perspective this was the CCG’s ambition in terms of delivery it would take until 2018/19 and would require reconfiguration of services.

6.9 The observation was made that it was good to hear progress was being made towards delivering the London Quality Standards and it was recognised that the risk register should reflect this work going forward.

The CCG Governing Body approved the draft South West London 5 Year Strategic Plan.

Ref: 2014/06/07

7 5 Year Financial Plan
7.1 Mike Sexton introduced the report and advised that of the £210m QIPP challenge Croydon was required to achieve a total of £34.6m over the 5 year period. Attention was drawn to the fact there had been two or three iterations of the 5 year Financial Plan since January and this version, which underpinned the SWL plan, would be submitted on 20 June 2014.

7.2 Mike Sexton highlighted key areas of the report which included funding issues in relation to the pace of change; cost pressures particularly around mental health; the QIPP programme which had been benchmarked by PwC; the risks in relation to demographic and
demand growth projections; QIPP idea generation and delivery; anticipated allocations in years 3 to 5 and the ability to deliver outcomes Based Commissioning.

David Hughes reiterated Mike Sexton’s comments. Croydon CCG continued to be underfunded for the 5 year period in excess of £100m which was unfair on the population. He considered the actions taken were too small and he hoped the CCG and the borough would continue to raise this as an issue. The situation was exacerbated by the fact the growth in population was understated.

Clarification was requested about whether there was confidence that enablers to deliver financial recovery were still in place and would deliver going forward. It was noted that various levers were in place and the CCG was actively pursuing these to deliver its plans. Newer enablers identified were Outcomes Based Commissioning and the Better Care Fund. Reference was made to an earlier discussion about the mental health cost pressure and confirmation was provided that mental health was included within the scope of the BCF, in addition to a focus on reducing unnecessary hospital admissions. Paula Swann said it was worth reflecting on the level of investment in the 5 year plan for mental health.

The CCG Governing Body agreed the 5-Year Financial Plan subject to the caveats relating to the assumptions and risks set out in the report.

Ref: 2014/06/08

8 2013/14 Annual Accounts and Annual Report and Accounts 2013/14 (agenda items 8 and 9)

8.1 Mike Sexton advised that the papers included in the pack had been updated and copies of the final version of the report were tabled. It was noted that the integrated document included the Statement of Accountable Officer’s Responsibilities, the Annual Governance Statement, Independent Auditor’s Report, Financial Statements and notes to the Financial Statement.

8.2 Mike Sexton advised that under the Constitution the Council of Members was required to approve the Annual Accounts. This was the inaugural year and the CCG had managed the process whereby the Integrated Governance and Audit Committee (IGAC) met on 29 May and recommended the accounts, followed immediately afterwards by a meeting of the Council of Members. It was noted that the Council of Members meeting was not quorate but had subsequently become quorate through email ballot. The Council of Members approved the Annual Accounts and Report subject to the Governing Body’s final view.

8.3 The Governing Body was advised that it had been an Interesting process with a number of challenges and issues related to late guidance and an inflexible approach. The draft accounts had been scrutinised on 22 April and 29 May by IGAC and the Council of
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<td>8.4</td>
<td>Members had been provided with relevant assurance. The CCG was reporting an £18.2m deficit position and this number had been audited as a true and fair view of the position. At the IGAC meeting on 29 May the Annual Accounts had been reviewed page by page and a number of comments were made regarding description and lay out which, whilst qualitative in nature, were not substantial items and did not impact on the accounts outturn. The auditors stated they had not identified any items that would prevent them from agreeing a true and fair view opinion. Subject to the proposed formatting changes to the accounts and the auditors unchanged audit opinion the IGAC recommended the accounts to the Governing Body and Council of Members. It was noted that there was a requirement for the CCG’s accounts to be audited in accordance with the Audit Commission Act and the external Auditors, Grant Thornton, had provided 3 opinions: An unqualified opinion that the financial statement was true and fair; the Regularity Opinion was that expenditure and income was in accordance with purposes intended except for exceeding revenue resource limit; there was nothing to report on the Value for Money Conclusion except for exceeding revenue resource limit and legal directions. It was noted that the Value for Money Conclusion for all CCGs this year was limited. Grant Thornton had written to the Secretary of State advising of the breach of revenue resource limit as required under the Audit Commission Act.</td>
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<td>8.5</td>
<td>The Governing Body was advised that the documents requiring approval were the Annual Report, the Statements by the Accountable Officer, the Annual Accounts and the Letter of Representation. David Hughes said these documents were included in one integrated document and, as such, only required one approval.</td>
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<td>8.6</td>
<td>Helen Pernelet, Chair of IGAC confirmed that Mike Sexton had covered the detail of discussions at the IGAC meeting and David Hughes added that statement reflected the thinking and comments made. David Hughes was thanked for his input all year into the accounts. David Hughes said it has been a very difficult environment for Mike Sexton, Michelle Rahman, and teams for preparing these accounts particularly in light of slow and changing guidance from NHSE. This was a large document and it was recognised that it had taken a lot of hard work to prepare it. He talked about the regularity position and said the external auditors were correct in reporting the CCG’s deficit. It was noted that the CCG had not overspent and had achieved £1.7m under the agreed budget which was a good result. The law did not recognise a deficit and it was important to understand the regulatory opinion in that context. Tony Brzezicki personally thanked Mike Sexton and his team for all their hard work and also Helen Pernelet and David Hughes who had provided support and scrutinised the process.</td>
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<td>8.7</td>
<td>Tony Brzezicki welcomed Michelle Rahman, Interim Director of Quality and Governance to the meeting. Michelle Rahman was covering for Fouzia Harrington while she was taking a sabbatical.</td>
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8.8 Michelle Rahman introduced the Annual Report and Accounts which included the Remuneration Committee, the Statement of the Accountable Officer and the Annual Accounts. The Governing Body was advised that had been good participation from a range of GPs and that it was particularly good to note that the CCG had a full establishment of clinical leaders. Attention was also drawn to the achievements the CCG had delivered during the first year with its partners. Following approval of the Annual Report the CCG’s intention was to focus on sections of the report which described some of the real situations across services and promote them across patients and other stakeholders. The ambition for next year was to continue to progress the pathways, and to focus on quality and finance. The changes the CCG was making continued to be based on the quality improvements that would make a difference to patient experience. It was noted that the table on attendances at meetings in the Annual Governance Statement had been amended as requested.

8.9 Agnelo Fernandes said the CCG had achieved an immense amount in a short space of time and there was now a need to highlight its successes which was something the CCG had not been good at doing. Tony Brzezicki agreed and said that the CCG’s financial position could cloud its vision as a commissioner which was about quality of care. Huge improvements had been seen in the quality of care and a very significant change had been seen over a short period of time. Tony Brzezicki said he commended the Annual Report.

The CCG Governing Body agreed:
- The 2013/14 Annual Accounts and Report, subject only to any non-material changes that may arise between approval and signing.
- As far as each member was aware there was no relevant audit information of which the clinical commissioning group’s auditors were unaware.
- Agreed that each member had taken all the steps they ought to have taken as a member of the Governing Body in order to make themselves aware of any relevant audit information and to establish that the clinical commissioning group’s auditors are aware of that information.

Ref: 2014/06/09

9 2013/14 QIPP Programme – Month 12 Update
9.1 The paper was presented to the Governing Body for noting. It was reported that it was largely unchanged from Months 10 and 11 and confirmation was provided that the £14m QIPP target had been met.

9.2 The observation was made that the CCG had hit its QIPP target for the second year running and it was recognised that although other CCGs might be seen to deliver a bigger number in future years, Croydon CCG had delivered significant QIPP savings in previous years.

9.3 The comment was made that there was a need to focus on the quality
aspect of each scheme. It was noted that this was a fair comment and had been discussed at QOB. Michelle Rahman said there would also be discussions about what was making a difference for patients and how the CCG would know.

*The CCG Governing Body noted the report.*

**Ref: 2014/06/10**

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<td>10.1</td>
<td>Mike Sexton introduced the report and advised that the Governing Body had agreed the financial plan for 2014/15 in April and within that plan was a QIPP target of £11m. It was noted that the QIPP plan included 34 schemes with a financial benefit of £12.3m. The Governing Body was asked to agree the final QIPP plan 2014/15. It was noted that work had been undertaken with PWC to ensure schemes were at the right stage for implementation. The next report would focus the quality and financial benefits for the programme.</td>
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*The CCG Governing Body agreed the final plan for 2014/15.*

**Ref: 2014/06/11**

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<td>11.1</td>
<td>Michelle Rahman introduced the report and highlighted, as a health and social care system, the hard work undertaken to deliver the 4 hour A&amp;E wait target. CHS was one of the few trusts to deliver against this target this year. Attention was also drawn to the work over the year to make sure the right schemes were in place to avoid attendances and manage throughout for those patients who attended. There had been some challenge related to ambulance handover times but it was reported that the majority of ambulance handovers were now within 60 minutes. Jon Norman congratulated the team and others in the hospital for the tremendous achievement of the A&amp;E 4 hour wait target and improvement in ambulance handover times.</td>
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11.2 The RTT target was being achieved at the aggregate level and most of the time at speciality level. There was a challenge with regard to diagnostics waits where the target had not been met. This issue, in the main, was related to a change in NICE guidance which resulted in more scans being provided for patients and CHS might not have planned adequately for the increase in demand. Weekly conference calls were being held to discuss the activity in the system. There was evidence that the Trust was working towards achieving the trajectory and was likely to hit the target by August. There was a need to continue with the weekly conference calls and to hold the trust to account. It was also noted that the CSU had been asked to act on the CCG’s behalf to look at alternative providers for diagnostics to ensure there were no further delays to access. |

11.3 Paula Swann commented on performance and said CHS and neighbouring trusts had done really well this year. It was recognised how volatile delivering some of these targets could be and there would be a national focus on some of these targets over the coming year.
A&E had continued to be volatile over the last few weeks and the target had not been consistently met during April and May. There would also continue to be a focus on IAPT. The Governing Body was advised that Croydon was a long way from the national target of 15%. For 2013/14 the CCG had delivered something in the region of 3.5% and for 2014/15 expected to be at 4.5%. It was noted, even with the investment reflected in the financial plan, it would not be possible to get close to the target of 15%. 2014/15 would be a challenging year for the CCG and many other health organisations but it was clear there was a need to deliver what was set out in the CCG’s plan.

With regard to RTT there was a need to ensure the Trust focused on RTT at the specialty level. There was a challenge outside of the local area at Kings where there was under-performance and the contracting team was working with them to address this.

Agnelo Fernandes said really good achievement had been made in terms of performance but there was a need to triangulate this information received about what patients were actually experiencing. Tony Brzezicki referred to the amber card scheme which enabled clinicians to flag concerns. Soft intelligence was also received from the clinical leadership group. It was also noted that as patients became more aware of their rights under the Constitution, the CCG was hearing more directly from patients. In response to a question about level of feedback received from patients and how many amber cards were received, it was noted that the CCG had not seen as many amber cards as it would have liked. GP colleagues historically felt if they raised issues it had not made a difference. This was not the case now and GP were being encouraged to use the amber cards more often. The PPI team would also be focusing on the area of patient feedback. Anne Hooper from Healthwatch reiterated the work done earlier in the year with Fouzia Harrington about how to share information with the CCG regarding feedback from patients. It was also recognised that there was a need to simplify the process for patients to provide feedback and the suggestion was made to implement a “green” card.

The CCG Governing Body noted the report.

Ref: 2014/06/12

12

12.1 Contracting Portfolio Report

Stephen Warren presented the report and drew attention to the fact that there had been under performance on specialist services and over performance on children’s services within the community services contract. As a priority there was a need to understand this and address the imbalance, particularly as specialist services would impact on the transformation agenda.

12.2 It was noted that the CCG had seen increased over performance on the contract with Kings and also some issues with regard to the 18 week target and Consultant to Consultant (C2C) referrals. The Governing Body was advised that a deep dive had been undertaken.
into the activity at Kings and the analysis produced was helpful in terms of identifying where the increases were. The key priority over the next few months would be to focus on the Kings contract and the proposal was to set up a Focus Task Group to look at this to see what impact could be made with regard to activity shifts and the number of C2C referrals. The key priority in next few months would be to focus on the Kings contract.

12.3 Reference was made to the statement in the report that a verbal update would be given to the Governing Body at its next meeting on the 30 cases of c.diff from non-acute to understand where they had originated from. It was noted that the non-acute cases identified related to primary care or nursing homes and the CCG was trying to get a more detailed breakdown. In the majority of cases these infections were identified following an admission and were captured within 72 hours. A piece of work was being undertaken to understand where the infection generated and to ensure patients received the right level of treatment in the community following discharge. There was a need to ensure that learning was shared with care homes and providers who accessed patients in their own homes. It was noted that this was not a particular problem for CHS and that CHS did well in comparison to other trusts in SWL. It was considered that the wording about the 30 cases under investigation did the CCG a disservice.

12.4 Reference was made to podiatry and dietetics and it was noted that there had been some issues which were being resolved through the contract and CQR. These were relatively small contracts and did not represent a major risk.

*The CCG Governing Body noted the report.*

Ref: 2014/06/13

13 Highlight Quality Report for Reporting Period 1 – 30 April 2014

Michelle Rahman introduced the report and drew attention to the 2012/13 In-Patient survey which had been run across all trusts by the Picker Institute. The survey result for CHS was disappointing in that it was worse than the previous year and CHS found themselves in the bottom quartile of all trusts. CHS had undertaken a lot of work which had not yet been reflected in the survey. There had been positive results from "Listening to Action" where patients were listened to and changes were implemented based on their experience. CHS had asked Picker to help them understand their results compared to other trusts and also to look at questions to focus that would help improve the experience of patients. It was recognised that if questions were related to improving privacy and dignity this would bring about changes in other areas as well. An improvement had been seen in the staff survey and it was generally known that when an improvement was seen in the staff survey this was followed by an improvement in the In-Patient Survey. The Governing Body was advised that the Trust was also running another survey in the next three months to understand whether the actions they had taken had made a difference.
13.2 Reference was made to the summary which showed a high number of pressure ulcers. It appeared the number had increased and assurance was sought about whether the actions implemented were making a difference. Tony Brzezicki said although the total may have gone up the number in CHS had gone down, a dramatic improvement had been seen on the wards and CHS compared well to London and other local trusts. The majority of pressure ulcers came from the community with one third not being known to the service. The Health and Wellbeing Board was undertaking a deep dive to look at how to raise awareness for carers and other providers. Mike Robinson said there was a need to identify a new way of tackling the problem where people were not known to services. It was noted that the Chief Nurse at CHS was working with Michelle Rahman and individuals from the Council to draft a paper for the Health & Wellbeing Board which would make recommendations about how to raise awareness in the community.

13.3 Michelle Rahman was asked whether there was any update regarding Amberley Lodge. Stephen Warren said he had started discussions with the Local Authority to address some of the issues and further meetings had been arranged to take these forward. An update would be provided for the Governing Body.

13.4 Hannah Miller said in response to the Winterborne and Francis Reports a need had been identified for broader training for carers with regard to pressure ulcers. With regard to care homes there was a jointly funded care support team that would visit a home where an issue had been identified to undertake intensive training.

*The CCG Governing Body noted the report.*

Ref: 2014/06/14

14 Rapid Joint Strategic Needs Assessment – Healthy Weight

14.1 Mike Robinson presented the report and advised that Anna Kitt the lead author was available to answer any questions. The JSNA was a series of reports commissioned by the Health and Wellbeing Board designed to ensure there was a common understanding of the needs of the population and against which commissioners could make sure appropriate services were commissioned that met the needs of the population. The report would be signed off at the Health & Wellbeing Board meeting in July and had been brought to the Governing Body for discussion and for members to identify any points they would like incorporated. The next step would be to ask commissioners to respond to the findings of the report later in the year.

14.2 Mike Robinson emphasised that unhealthy weight was a serious and difficult problem, with one third of children aged 11 years and a quarter of adults being overweight. There were a number of things that could be done to address this complex problem but it would require involvement of all stakeholders. Tony Brzezicki said this was a really important report and noted that only 3% of obese children had slim parents. This was a cultural issue that needed to be addressed within families.
### 14.3 The Governing Body discussed the report. It was noted that exercise was important and clarification was requested about the criteria for the referral scheme. Mike Robinson said patients could be referred by their GP but that people should be encouraged to take responsibility for their own health. Those people who were at risk or had difficulty taking responsibility for their own health could be referred to the scheme. The comment was made that when individuals had completed the scheme they would put weight back on. The large number of fast food outlets did not help people to maintain a healthy diet and Mike Robinson was asked whether the LA had a policy with regard to planning permission for the number of fast food outlets that could be opened. Mike Robinson said he had consulted with planning colleagues and this was something to give further consideration to. An Eat Well Network was being established to try and encourage smaller businesses to offer a healthy menu option. There was also a need to ensure that food banks offered fresh fruit and vegetables.

### 14.4 The observation was made that the data provided showed a general reduction in obesity between 10 and 11 year olds and early teenage years and clarification was requested about whether this was actually the case. It was noted it was difficult to get robust information. Young children were all measured in school but it was more difficult to capture data for teenagers and young adults who were not frequent attenders at GPs.

### 14.5 There was also a discussion about the fact that there was a higher risk of obesity among the Asian and African population of Croydon and Mike Robinson was asked whether an additional strategy was being considered to address this. Anna Kitt advised that a NICE paper had recently been published which looked at BMI and the fact that people of South Asian origin were more likely to have diabetes at early age. A whole system approach was needed for those communities covering physical activity, wellbeing and social esteem.

*The CCG Governing Body considered the conclusions and recommendations in the report.*

**Ref: 2014/06/15**

### 15 Governing Body Assurance Framework and Risk Report

15.1 The report was presented for information and there was no discussion.

*The CCG Governing Body noted the report.*

**Ref: 2014/06/16**

### 16 Register of Interests

16.1 The Register of Interests was presented for information. There was no discussion.

*The CCG Governing Body noted the minutes.*

**Ref: 2014/06/17**
<table>
<thead>
<tr>
<th>17</th>
<th>Minutes of the Finance Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1</td>
<td>The minutes of the Finance Committee were presented for information. There was no discussion.</td>
</tr>
</tbody>
</table>

*The CCG Governing Body noted the minutes.*

Ref: 2014/06/18

<table>
<thead>
<tr>
<th>18</th>
<th>Minutes of the Clinical Leaders Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>The minutes of the Clinical Leaders Group were presented for information. There was no discussion.</td>
</tr>
</tbody>
</table>

*The CCG Governing Body noted the minutes.*

Ref: 2014/06/19

<table>
<thead>
<tr>
<th>19</th>
<th>Public Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.1</td>
<td>Peter Howard made the observation that it had been difficult to hear what had been said at the meeting. He advised that at a recent patient group meeting there had been a discussion about ultrasound treatment and the fact that people who had GPs in West Wickham or Lambeth were able to get their treatment on the NHS whereas patients in Croydon had to pay for it themselves. Mr Howard said it was unfair and that if the CCG did not waste £1.4m on CReSS for triage it could fund ultrasound for people in Croydon who needed it. He also referred to the fact that people in other areas were able to be referred to Crystal Palace for ultrasound.</td>
</tr>
</tbody>
</table>

Tony Brzezicki said he was sorry that Mr Howard’s issues with CReSS raised at the last meeting had not been resolved. It was not possible to comment on services that were commissioned in Bromley as this was out of the area. Mr Howard was advised that the CCG was looking to redesign the whole pathway for muscular skeletal services which would include physiotherapy and ultrasound. It was noted, however, that it was not always in the patient’s best interest to have ultrasound. The CCG did not commission from Crystal Palace but did commission a full range of muscular skeletal services for its patients and none of them were deprived. Agnelo Fernandes also advised that every GP practice in Croydon had a named physiotherapist that GPs could consult with to discuss treatment for individual patients. |

19.3 Marie Wilson a tissue viability nurse asked a question about the pathways for chronic leg ulcers and whether consideration was being given to an AQP for chronic wound management. |

19.4 Stephen Warren said he had described before the work that was being undertaken with stakeholders across the system looking at the cause of pressure ulcers. Some investment had also been made in primary care to provide support to general practices. With regard to an AQP this could be looked at in the context of the whole planning round but it was considered there was a need for a more wholistic approach. |

Ref: 2014/05/20

| 20 | Any Other Business |
20.1 There was no other business.

21 Date of Next Meeting
21.1 1 July 2014

Signed……………………………………………………..

Dated………………………………………………………

Page 14 of 14
## CCG GOVERNING BODY MEETING - ACTION LOG

Last updated: 28.5.14

<table>
<thead>
<tr>
<th>Ref No</th>
<th>CCG Date</th>
<th>Owner (responsible)</th>
<th>Action</th>
<th>RAG Status</th>
<th>Due Date</th>
<th>Notes (progress to date, problems encountered, etc.)</th>
</tr>
</thead>
</table>

All actions have been completed.

**Key to RAG Status:**
- **Green:** On target to meet resolution date
- **Orange:** Up to 1 week behind target resolution date
- **Red:** More than 1 week behind target resolution date

Enclosure 2
Title of Paper: JOINT CHAIR/CHIEF OFFICER REPORT

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Tony Brzezicki - Clinical Chair / Paula Swann – Chief Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Author</td>
<td>Tony Brzezicki - Clinical Chair / Paula Swann – Chief Officer</td>
</tr>
<tr>
<td>Contact details</td>
<td>Tony <a href="mailto:Brzezicki@nhs.net">Brzezicki@nhs.net</a> <a href="mailto:paula.swann@croydonpct.nhs.uk">paula.swann@croydonpct.nhs.uk</a></td>
</tr>
<tr>
<td>Committees which have previously discussed/agreed the report.</td>
<td>N/A</td>
</tr>
<tr>
<td>Committees that will be required to receive/approve the report</td>
<td>N/A</td>
</tr>
<tr>
<td>Purpose of Report</td>
<td>Information</td>
</tr>
</tbody>
</table>

**Recommendation:**

The Clinical Commissioning Group (CCG) Governing Body is asked to receive the report for information.

**Executive Summary:**

This is the joint Clinical Chair/Chief Officer’s regular report to update the CCG Governing Body members on developments and key meetings in the local NHS and wider policy issues as appropriate.

**Overview of Key Business Activities**

The following summary highlights key meetings and events undertaken since the previous Governing Body meeting in June:

- CCG Assurance Meeting
- CCG Clinical Leaders Meeting
- CCG Finance Committee
- CCG GP Network Meetings
- CCG GP Open Meeting
- CCG Integrated Governance & Audit Committee
- CCG Patient and Public Involvement Forum
- CCG Quality Committee
- Croydon Reablement & Discharge Meeting
- Croydon Local Alcohol Action Area Programme Board
- Croydon Safer Partnership Board
- Croydon Health Services & CCG QIPP Meeting
- Croydon Health Services – Clinical Quality Review Meeting
- Integrated Commissioning Unit – Executive Board
- Liaison and Commissioning Meetings with LA Croydon Executives
CCG GP Clinical Leader Elections
Croydon CCG held elections for the appointment of Chair, Assistant Chair and 4 clinical and network leads. Elections were based on the nominations made for each of these roles, there were no new candidates nominated or requesting to be considered for available roles and therefore the current incumbents were not contested.

All practices were sent a ballot paper and requested to cast votes which were returned directly to the LMC for counting. The LMC confirmed 27 eligible votes were cast and the results supported continuation of the current incumbents, therefore Dr Tony Brzezicki continues in his role as Chair Croydon CCG and Dr Agnelo Fernandes Assistant Chair.

All clinical and network leads have also received sufficient votes to enable them to continue in their roles. Dr Brian Okumu, a locum GP who is Clinical Network Lead for New Addington and Selsdon Network chose not to stand for re-election on this occasion and will therefore stand down from his role on 30 June. Brian is thanked for his dedicated and knowledgeable contribution, leading the network and in maternity and child wellbeing.

CCG Lay Member – Finance
David Hughes has confirmed that he will be stepping down from his role as Lay member (Finance) by the end of August. David is thanked for his significant contribution to the CCG over the last 18 months contributing broadly as a member of the governing body but particularly his leadership and chairing of the Finance, Remuneration and CCG Policies Committees. More recently David has chaired the Outcomes Based Commissioning Board which is leading on the CCG’s ambition to implement this radical change. The role has been advertised and interviews are planned for July.

Primary Care Co-Commissioning Interest
CCGs have been invited by NHS England to express interest in co-commissioning primary care in order to drive quality improvements and better outcomes through better integrated care outside hospitals. This will give local CCGs greater influence over the way NHS funding is utilised locally to deliver improvements to patient experience in a way that cannot be delivered within the current operating system.

Co-commissioning of primary care is capable of being delivered across a spectrum from aligned priorities and co-ordination of effort through to a single commissioner with delegated authority. Approaches to co-commissioning primary care are expected to be developed through existing Strategic Partnership Groups, which for Croydon is the South West London Commissioning Collaborative (SWLCC) with a reporting line to the reconstituted Primary Care Transformation Board.
The CCG in conjunction with SWLCC has submitted an expression of interest for the co-commissioning of general practice. Whilst there is potential for core contract monitoring and management to be delivered with other CCGs across SWL, influencing those discussions and maintaining control over more service design elements, the focus for Croydon CCG is to co-commission GP contractual elements related to Outcome Based Commissioning for Over 65s plus ensuring equity of service delivery through supporting quality concerns of GP variation.

There is expected to be a national timeline set out for reviewing and identifying next steps once expressions of interest are submitted.

Additionally, NHS E will be looking at how CCGs can have more impact on NHS England’s specialised commissioning activities.

South West London Collaborative Commissioning
The SWLCC five year strategy approved by the Governing Body on the 3rd June was submitted on the 20th June. The strategy, supported by an executive summary, a paper setting out the implementation approach and a draft implementation route map, sets out the significant challenges for health services in SWL and our ambitions for transforming health services across the entire SWL health system.
Title of Paper: OUTCOMES BASED COMMISSIONING PROJECT FOR OVER 65S IN CROYDON: OVERVIEW AND PROGRESS PAPER.

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Stephen Warren, Director of Commissioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Author</td>
<td>Joanne Devlin, OBC Project Team</td>
</tr>
<tr>
<td>Committees which have previously</td>
<td>The case for change for the project was</td>
</tr>
<tr>
<td>discussed/agreed the report.</td>
<td>agreed last autumn and the Governing Body</td>
</tr>
<tr>
<td></td>
<td>agreed in February 2014 to go to</td>
</tr>
<tr>
<td></td>
<td>procurement to commission the support to</td>
</tr>
<tr>
<td></td>
<td>take the work forward.</td>
</tr>
<tr>
<td>Committees that will be required to</td>
<td>None</td>
</tr>
<tr>
<td>receive/approve the report</td>
<td></td>
</tr>
<tr>
<td>Purpose of Report</td>
<td>For the CCG Governing Body to note and</td>
</tr>
<tr>
<td></td>
<td>discuss the project progress, key</td>
</tr>
<tr>
<td></td>
<td>deliverables and issues.</td>
</tr>
</tbody>
</table>

Recommendation:

The CCG Governing Body is asked to:

note the progress to date in taking the project forward and key deliverables over the next couple of months.

Background:

Against the plan for the project the following progress has been made:
- (March – June 14): Engagement to develop outcomes with patients and clinicians

The next phases of the project currently being taken forward includes the following
- (June to July 14) Detailed design of incentives, options for commercial models, provider engagement, competency and capability and on-going engagement
- (July-August 14): Development implementation approach including contracting, procurement options (if required), payment mechanisms, final agreement on scope

The CCG Governing Body and Local Authority will need to make a go/no go decision on whether to move further forward with the project at the 2nd September 2014 Governing Body meeting.
### Key Issues:

The Outcomes Based Commissioning Approach will enable the CCG to do things differently in Croydon to meet our challenges and create services that are:

- more joined up, allowing people to live more independently and stay at home for longer;
- access services better suited to the needs of the people that use them;
- that incentivise proactive health management;
- improve outcomes and user/patient experience; that are not activity driven – as not all activity is necessary or effective;
- that put the users/patients at the centre of their care, supported to manage their lives/conditions and actively involved in decisions about their care that use health and social care resources more effectively.

Our approach includes working with the public, patients and stakeholders across the health and care economy.

### Governance:

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To commission integrated, safe, high quality service in the right place at the right time.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To have collaborative relationships to ensure integrated approach</td>
</tr>
<tr>
<td></td>
<td>To achieve financial balance over five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks</th>
<th>The project has a detailed supporting risk log which is regularly reviewed.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Financial Implications</th>
<th>The project will be significant in supporting the CCG’s QIPP programme going forward</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Conflicts of Interest</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical Leadership Comments</th>
<th>Regular updates on the project are being provided to the Clinical Leads Group and GP Open Meetings. The project also has a clinical engagement stream.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Implications for Other CCGs</th>
<th>Other CCGs will want to learn from the development of this approach in Croydon.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Equality Analysis</th>
<th>EIA are considered in the development of all quality and governance processes.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient and Public Involvement</th>
<th>Detailed within the update.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Communication Plan</th>
<th>The programme has its own communication plan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Information Governance Issues</th>
<th>These are being identified and dealt with through the programme</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reputational Issues</th>
<th>Successful implementation of OBC in Croydon has the potential to significantly enhance the CCGs reputation.</th>
</tr>
</thead>
</table>

Page 2 of 3
OBC Project for over 65s in Croydon

Overview and progress paper
1 July 2014
Why is there a need to explore Outcome Based Commissioning (OBC): Case for Change for Older People:

The population in Croydon is both growing and ageing. This is placing increasing pressure on the health and social care system:

• **Croydon has both a growing and ageing population:** over the next five years, the number of over 65s living in Croydon will have grown by 10%.

• **Increasing numbers of patients are living with long-term conditions:** these include conditions such as diabetes, heart, and lung conditions

• **There is potential for Croydon to improve its performance in terms of care for patients over 65:** this includes a higher rate of admissions, emergency admissions, and emergency readmissions to hospital

• **People over 65 are the highest users** of health and social care services and account for approximately £170m of spend per annum

<table>
<thead>
<tr>
<th>Metric</th>
<th>Increase by 2016</th>
<th>Increase by 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65 with a life limiting Long Term Condition</td>
<td>+ 8.1%</td>
<td>+ 17.6%</td>
</tr>
<tr>
<td>Over 65 with depression</td>
<td>+ 8.7%</td>
<td>+ 17.3%</td>
</tr>
<tr>
<td>Over 65 with Dementia</td>
<td>+ 10.6%</td>
<td>+ 34.7%</td>
</tr>
<tr>
<td>Over 65 suffering from a fall</td>
<td>+ 9.8%</td>
<td>+ 20.1%</td>
</tr>
<tr>
<td>Over 65 hospitalised because of a fall</td>
<td>+ 7.1%</td>
<td>+ 17.4%</td>
</tr>
<tr>
<td>Over 65 unable to manage at least one self-care activity</td>
<td>+ 0.2%</td>
<td>+ 10.0%</td>
</tr>
<tr>
<td>Over 65 living in a care home</td>
<td>+ 10.2%</td>
<td>+ 23.9%</td>
</tr>
<tr>
<td>Over 65 living alone</td>
<td>+ 8.2%</td>
<td>+ 17.2%</td>
</tr>
</tbody>
</table>

Source: POPPI data: [http://www.poppi.org.uk/](http://www.poppi.org.uk/)
What we hope to achieve through Outcome Based Commissioning:

We want to look at doing things differently in Croydon to meet our challenges and create services:

- **that are more joined up** and allow people to live more independently, stay at home for longer and are better suited to the needs of the people that use them

- **that incentivise** proactive health management, improve outcomes and user/patient experience

- **that are not activity driven** – as not all activity is necessary or effective

- **that put the users/patients at the centre of their care**, supported to manage their lives/conditions and actively involved in decisions about their care

- **that use health and social care resources more effectively**
Potential benefits of Outcome Based Commissioning

- Outcomes based commissioning is a new approach (for health) to commissioning that rewards both value for money and delivery of better outcomes that are important to users/patients.

- ‘Outcomes’ refer to the impacts or end results of services on a person’s life. As such, outcome-focused services aim to achieve the aspirations, goals and priorities of service users.

- Opportunities to improve efficiencies within the current system. This belief is consistent with results obtained elsewhere. E.g. in the US where they spend more on healthcare (e.g. Geisinger, PACE), and Spain where they spend less (e.g. Ribera and many others).

- Ability to transfer appropriate risk to a provider (or providers) and create the circumstances and incentives that allow them to innovate and drive better outcomes for people in Croydon.

Potential benefits of OBC:

Delivering services that meet patients needs
- Services are focused on delivery outcomes that are meaningful to patients/carers
- Ability to build a different relationship with the public and patients involving them in maximising value as well as campaigning for more resources.
- Improved patient experience by promoting service integration and reducing fragmentation
- Placing greater emphasis on prevention with incentives to work in partnership

Improving services through innovation and collaboration
- Releasing innovative potential in providers, with clinicians taking responsibility for maximising value from the allocated programme budget, and delivering the outcomes the people of Croydon want
- Facilitating a culture of collaboration and integration between providers across the health and social care economy
- Delivering better value, sustainable services, and removing barriers to a more integrated approach

Realising efficiencies in the system
- Using a contract duration that promotes investment up front, to enable shifts in working practices to deliver savings and efficiencies over longer term
- Reducing the number of KPIs to those that are necessary – with a focus on outcomes
Our approach: Stages and activities of work

- Project is set out across 3 phases: we have initiated phase 2
- A Go/no go decision is scheduled for September
- Our approach includes working with public, patients and stakeholders across the health and care economy

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2 (March - September 2014)</th>
<th>Phase 3 &amp; Business as Usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case for change</td>
<td>Outcomes that matter</td>
<td>Implementation and Contracting options</td>
</tr>
<tr>
<td>Completed 2013</td>
<td>Detailed design</td>
<td>Implementation Contracting</td>
</tr>
<tr>
<td>Run, monitor, improve</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcomes that Matter (March – June)
- Workshops with patient groups to identify outcomes that matter to them
- Test outcomes with clinicians and wider stakeholders through workshops
- Develop outcomes hierarchy and measurement
- Develop baseline to map current services and contractual arrangements to inform detailed design phase

Detailed design (June – July)
- Design of incentives model for whole system
- Provider engagement on outcomes framework and scope of services
- Options for commercial models developed
- Assessment of regulatory, contractual, taxation considerations
- On-going patient, public and clinical engagement

Implementation and contracting options (July – August)
- Development of implementation approach including:
  - Contracting model and procurement options (if required)
  - timing and phasing
  - payment mechanisms
- Agreement of budget/financial envelope
- Agreement of service scope
Development of an Outcomes Framework

**High Level Outcomes**
- ‘I’ Statements co-produced with local patients, clinicians and 3rd sector stakeholders

**Outcome Goals**
- Co-produced statements that give definition to the high level outcomes.

**Outcome Indicators**
- Balanced set of indicators that clearly demonstrate achievement or otherwise of the desired outcomes.

**Incentivised Indicators**
- Indicator subset selected to incentivise outcome improvement. Includes baseline of performance and associated threshold reflecting adequate (or improving) performance.
Co-producing Outcomes in Croydon

The development of the high level outcomes and outcome goals were defined by a process that ensured that the public, the users and providers of the services for the over 65’s were the driving force behind their creation.

The process is illustrated below:
Overview of engagement activities

- Interviewers engaged with 20 shoppers at the daily market
- Individuals were asked to fill out ‘I’ statement cards
- Interviews with 13 individuals currently living in sheltered housing
- All 13 had recent experiences of hospital care
- Ages ranged from 60-92 years of age
- Provided insight into transfer of care from hospital to care home/sheltered housing
- BME Forum engaged with 180 people including one-to-one interviews and group discussions
- Engagement occurred across different locations and with a variety of groups, such as; Ishmaeli Senior Citizens Group, Westbury Caribbean Elders Group, CACCSO and Gujerati Women’s Group
- 50 individuals from various clubs for older people (Age UK/ Croydon 60+) were interviewed
- Most of these (35) had recent experiences receiving healthcare in an acute setting
- A stand was set up in Access Croydon for 2 days to gain insight from the general public
- During conversations, 25 people filled out various ‘I’ Statement cards based on what they ‘think/ feel/ need/ and would like’ from their health & social care
- 40 people were engaged with at the ‘Information for Carer’s Day’
- A stall was set up that captured the attention and engagement from all who attended the event.
- Provided views from both carers and those that are cared for.
Outcomes co-produced in Croydon

OUTCOME DOMAIN 1:
• To able to manage memory loss & dementia
• Eat well and keep active from a younger age
• Have access to information, that is consistent, in a format that is accessible and understandable to me
• Expect and have access to proactive and preventative care
• Feel that my wider social networks [including faith groups] are involved and supported to help me stay well
• Feel that I and my family are supported to help me stay well
• Have access to appropriate choices about services
• Have equality of access to services regardless of where I live and my financial status
• Live as active a life as possible
• Live as sociable a life as desired
• Maintain positive mental wellbeing when my circumstances change
• Plan for old age - Practically e.g. finances, personal care ...life skills

OUTCOME DOMAIN 2:
• Meet my full physical, mental and social potential
• plan for a more dependent future ... whilst I can
• plan for old age - Practically e.g. finances, personal care ... life skills
• live "at home, not in a home" for as long as safely possible and for as long as I choose, including by self-care
• know how to access services
• feel that my wider social networks [including faith groups] are involved and supported to help me stay well
• feel safe in my home
• feel safe in my community
• expect and have access to proactive and preventative care
• can access opportunities to meet my desire for social activities & choose when and where I meet others and socialise
• carers and families feel supported to help people to maintain my wellbeing
• expect integrated and co-ordinated healthcare, social care and voluntary sector involvement
• expect that the care I receive will be safe
• expect my feedback will be listened to and affect change where appropriate
• expect to be respected as a whole person (holistically) and not a single condition including social, cultural and psychological aspects
• experience care that is tailored to me, physically psychologically and socially, including with regard to issues around privacy
• experience care that is timely including to prevent deterioration and promote recovery
• experience consistency of care between carers
• feel supported to care for myself where appropriate
• feel I am a partner in decisions about my care, including identifying risks
• receive information that is in line/coordinated with the care I receive

OUTCOME DOMAIN 3:
• be assured that when something unexpected happens, my next of kin and GPs are contacted early to find out about me
• can experience appropriate translation services
• manage the level of pain experienced
• expect care from the right person at the right time in the right place
• expect care that is on time and punctual
• have appropriate help to navigate my way through the system
• expect information that is in line/coordinated with the care I receive
• expect integrated and co-ordinated healthcare, social care and voluntary sector involvement
• expect to be respected and treated as individual even in a group with a similar need
• expect and receive support to ensure appropriate treatment / feel I am a partner in decisions about my care
• expect that the care I receive will be safe
• expect to be respected as a whole person (holistically) and not a single condition including social, cultural and psychological aspects
• expect to have a plan in place that anticipates crises
• experience timely recovery to maximum possible level of health
• receive information that is in line/coordinated with the care I receive
• Expect to receive good care when in a crisis
Commissioning, Contract & Providers *(current focus of project)*

- Commissioning governance
- Commissioning responsibilities and support
- Strategic alignment
- Potential for pooling and setting budgets
- Accountability
- Scope of services and population
- Contract value
- Outcomes alignment
- Incentivisation and payment
- Risk transfer
- Assessment of risk profile
- Phasing of services for inclusion
- How providers come together
- Commercial structure
Competency and capability of providers

The CCG and Council have set out indicative competencies and capabilities of providers delivering an outcome based contract in a self-assessment framework for providers.

Core Competencies and Capabilities

The framework defines the skills and attributes that providers may need to demonstrate when delivering outcome based contracts to better meet the needs of their populations:

- **Core competencies** describe the overarching ability of providers to manage and deliver OBC contracts and the range of care services included within them. Competencies can be considered in three key areas: Technical, Relational, and Developmental.

- **Capabilities** are the specific functions that enable delivery of co-ordinated care and underpin the core competencies. Some of the capabilities relate more to some competencies than others but strength should be demonstrated across them all. Eight capabilities have been identified per the diagram opposite.

Focusing on providers competencies and capabilities, rather than resources (e.g. number of staff), reflects a different relationship between commissioner and providers that is in line with moving to delivery health and social care that is less fragmented and engages clinicians, practitioners and the public more.

The competencies and capabilities also contain statement to promote high standards of **professional care**.
<table>
<thead>
<tr>
<th>Contract coverage – i.e. What are you paying for?</th>
<th>a) Which outcomes and how measured?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Which patients are covered?</td>
</tr>
<tr>
<td></td>
<td>c) Which health and social care costs are covered?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract types &amp; parties – i.e. How &amp; who are you paying?</th>
<th>a) What types of contract options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Who are contracting parties?</td>
</tr>
<tr>
<td></td>
<td>c) What this means for commissioning responsibilities and support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract design – i.e. How are you paying?</th>
<th>a) Contract duration and contract phasing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Expected value of contract</td>
</tr>
<tr>
<td></td>
<td>c) Payment mechanisms &amp; how is payment linked to outcomes (what this means re risk transfer)?</td>
</tr>
<tr>
<td></td>
<td>d) Other contract terms</td>
</tr>
</tbody>
</table>
Governance arrangements for project

- A joint CCG and LB Croydon governance structure has been established for the duration of phase 2 of the project (until September)

- Ongoing governance arrangements to support the implementation of OBC will be developed during phase 2

- The programme has been commissioner led and involves providers, voluntary groups and the public throughout the process

- The governance structure is made up of existing strategic groups within their relevant organisations and time-limited project groups

- Organisations across the health and social care economy have been asked to nominate appropriate representatives to engage in these groups at stages throughout the project
Any questions?

Thank you
REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY

1 July 2014

Title: 2014/15 FINANCE: PERIOD 02

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Mike Sexton</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Report Author</td>
<td>Marion Joynson</td>
</tr>
<tr>
<td></td>
<td>Head of Finance &amp; Business</td>
</tr>
<tr>
<td>Contact details</td>
<td><a href="mailto:mike.sexton@croydonccg.nhs.uk">mike.sexton@croydonccg.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:marion.joynson@nhs.net">marion.joynson@nhs.net</a></td>
</tr>
</tbody>
</table>
| Committees which have previously discussed/agreed the report | Senior Management Team
|                          | Finance Committee         |
| Committees that will be required to receive/approve the report | Clinical Leaders Group |
| Purpose of Report        | Noting and Agreement      |

Recommendations:

RECOMMENDATIONS
1. That the Governing Body note that:
   - Month 02 reported actual expenditure for acute is breakeven due to the lack of data from providers or poor data quality where monitoring information has been received. Prescribing data is not yet available and the ytd position is based on historic prescribing patterns.
   - The outturn is a deficit of £2.8m in line with the planned deficit at Month 02. The CCG is forecasting delivery of the full year £17m deficit plan and the £11m QIPP savings with planned reserves deployed against the acute, adverse variances;
   - The performance on meeting the Public Sector Payment Policy (95% within 30 days) has improved and continues to be addressed.
Key Messages and Issues (making reference to paragraph within report)

- **Financial Performance**
  
  The outturn financial performance (£2.8m deficit) is in line with the planned deficit as at Month 02.

  The forecast position of £17m deficit includes full delivery of the £11m QIPP programme. This represents 90% of total identified QIPP but 100% of the QIPP target. This remains challenging with £6.8m of schemes currently red rated although as key projects demonstrate delivery over Quarter 1, the risk ratings should improve.

  In finalising the M2 outturn position, the CCG has made prudent accruals and conservative estimates of the CCG’s commitments and liabilities.

Governance:

| Conflicts of Interest (indicate any conflicts of interests and how they were managed) | N/A |
| Clinical Leadership Comments where appropriate | CLG is supportive of GP Engagement Scheme and is leading the QIPP programme. |
| Financial Implications | Forecasting delivery of financial targets. |
| Implications for other CCGs | N/A |
| Equality Impact Assessment | N/A |
| Patient and Public Involvement | N/A |
| Information Privacy Issues | Restrictions on access to patient level activity data limiting the ability of CCG to review provider performance and to monitor some QIPP schemes. |
| Reputational Issues | Delivery of financial plan. Benchmark QIPP savings alone are not sufficient on their own to deliver financial recovery |
| Communication Plan | 2014/15 financial position has been managed with local providers and CCGs. |
1. CONTENTS

The report is structured as follows:

- Main Report
- Annex 1 – Allocations
- Annex 2 – Budget Virements
- Annex 3 - Summary Statement of Financial Performance
- Annex 4 - Statement of Financial Position (as at 31 May 2014)

2. INTRODUCTION

2.1 This Finance Report sets out the financial performance for the two months ended 31 May 2014. The availability of performance data at this point in the year has been limited, with monitoring data outstanding from some providers, whilst other monitoring data received was of poor data quality. Letters have been sent to Trusts to remind them of the timetable and need for robust data.

2.2 No variances against the planned year to date acute position have been reported and the CCG is reporting delivery against its QIPP and financial targets.

3. FINANCIAL PERFORMANCE SUMMARY

3.1 Financial Performance Targets

Under a “Call to Action” and following the December 2013 planning guidance ("Every Counts: Planning for 2014/15-2018/19"), for 2014/15 each CCG is required to: (i) deliver an in-year 1% control total underspend (£4m), and (ii) maintain a 2.5% non-recurrent development and financial risk reserve (£10m), including 1% of this spend (£4m) to be applied to transformation of local services. For this year, 1% of this non-recurrent reserve (£4m) has been returned to NHSE, and a deficit Plan (£17m) has been submitted to NHSE(London). We are still awaiting formal sign off of our 2 year and 5 year financial plans.

As in the previous year, the key focus for the year, in addition to observing strict financial control and management obligations, is to continue to de-risk and deliver a further £11m QIPP plan in 2014/15. The CCG was successful in delivering the 2013/14 £14m QIPP plan
3.2 **Financial Performance Indicators**

For 2013/14, the CCG was successful in delivering an improved position of £18.2m deficit against the £19.9m deficit plan. For 2014/15, the CCG has submitted a £17.0m deficit plan. The current position against Key Performance Indicators is summarised below.

<table>
<thead>
<tr>
<th>Financial Performance Target/Indicator</th>
<th>Measure</th>
<th>Target</th>
<th>Forecast</th>
<th>Status</th>
<th>Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Resource Limit (RRL)</td>
<td>In-Year Deficit</td>
<td>(£17.0m)*</td>
<td>(£17.0m)*</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cumulative Deficit (NHSE Reporting)</td>
<td>(£35.2m)</td>
<td>(£35.2m)</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Capital Resource Limit (CRL)</td>
<td>Stay within CRL</td>
<td>£0.0</td>
<td>£0.0m</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Cash Forecast</td>
<td>Stay with Cash Forecast</td>
<td>£430.4m</td>
<td>£430.4m</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Administration Duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better Practice Payment Policy</td>
<td>Payment of valid invoices within 30 days</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NHS: 95.7% - 100% Non NHS: 95.9% - 96.1%</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Other Significant Financial Targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QIPP</td>
<td>Delivery of Programme Savings</td>
<td>£11.0m</td>
<td>£11.0m</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>Running Costs</td>
<td>Stay within running cost envelope.</td>
<td>£9.1m</td>
<td>£7.7</td>
<td>Green</td>
<td></td>
</tr>
</tbody>
</table>

*It should be noted that whilst the CCG is performing in line with its deficit plan, it will be normal practice for the external auditors to qualify the regulatory opinion on the basis that expenditure will have exceeded the allotted funds.
3.3 Data Availability

For Period 2 the following performance data is available.

- **Acute Services**: Service Level Agreement (SLA) monitoring data is available from some providers for Month 1, some of which was of poor data quality. This is expected to significantly improve for Month 2.

- **Mental Health**: Only monthly contract payment data available from South London & the Maudsley Mental Health Foundation Trust (SLaM). The 2014/15 contract has yet to be signed. Expected Heads of Terms agreed by end June 2014.

- **Community Services**: 1 month contract performance data.

- **Out of Hospital Care**: 1 month contract performance data (except GP Local Enhanced Services schemes).

- **Prescribing**: Not available. Accrual based on historic patterns.

- **Running Costs**: 2 month’s actual data.

3.4 Revenue Resource Limit Changes

The total revenue resource limit at Month 2 is £415.5m (including Running Costs). The analysis of this is in Annex 1.

Future adjustments are expected for (i) the allocation reduction for the 2013/14 deficit of £18.2m per the final audited 2013/14 accounts; (ii) GP IT (£1.0m) and (iii) operational resilience funding of £2.2m (covering winter pressure planning).

3.5 Budget Virements

In respect of 2014/15 financial planning, the Governing Body have previously received the following documents:

- 2014/15 budgets (April 2014 meeting)
- Final 2014/15 QIPP plan (June 2014 meeting)
- Update on 14/15 Contract Signing (June 2014 meeting).

Since these papers there have been a number of key budget virements which have been incorporated. These reflect the following changes: (i) final signed SLA financial plans, (ii) final agreed QIPP Plan, and (iii) minor classification issues. The net impact on reserves is £0.1m. The impact of these against summary budget lines is shown in Annex 2.
Out of 25 contracts, 9 have been signed (including CHS, Guys, Kings & St Georges), and 6 have been agreed (including Moorfields). There are 10 small contracts which have still to be agreed and counter offers from the CCG have been sent back to these Trusts.

Further budget adjustments may be made to reflect (i) final agreement on the SLaM contract negotiations and (ii) final agreement on the 10 remaining non-local acute SLAs. These changes will be neutral to the overall position but will improve in-year monitoring.

3.6 **Financial Performance Summary**

Based on the year-to-date performance data as at Month 2, the CCG is reporting a deficit of £2.8m in line with the overall £17m deficit plan for 2014/15. This includes delivery of £11.0m QIPP programme. The financial position is summarised below and outlined in Annex 3.

![Croydon CCG Statement of Financial Position](image)
3.7 **Acute Services**

The CCG did not receive a full set of Month 1 monitoring reports from providers in time for reporting Month 2. As a result, the performance year to date for acute providers has shown a break-even position. The forecast position reflects the agreed contracts value for the year and a conservative estimate on overperformance especially where the contract value has not yet been agreed. At this stage in the year, it is forecast that this overspend will be financed by the acute growth reserves.

3.8 **Out of Hospital Care**

The Out of Hospital annual budget of £60.7m includes £33.1m on Community Services contracts (including £26.6m with CHS), £21.2m on Adult & Children’s continuing care and £6.4m on Out of Hospital services.

The Community Services contract is a block agreement that has been increased to include additional investment for Adult Community Services and other QIPP schemes (Falls, COPD). Croydon Health Services, as the provider, is progressing well in recruiting to the new services. The benefit to patients with long term conditions will be more stable management of their conditions resulting in fewer A&E attendances, and fewer and shorter stays in hospital.

Adult, Children’s and Funded Nursing Continuing Care are overspent by £0.1m, primarily in adults continuing care where projections are slightly higher than the budget, although this is not forecast to be extrapolated to the year end. With the new database established, management is continuing to review the underlying trends and drivers, in addition to quarterly cleansing of the database.

3.9 **Mental Health**

At this stage, contract payments under the Mental Health SLA with SLaM are in line with the 2013/14 contract value until the 2014/15 SLA has been agreed. There is a small overspend of £0.2m which reflects a prudent accrual for overperformance based on the average of last 4 months activity data in 2013/14. Given the planned investment by the CCG into stabilising the inpatient activity, we would not expect to see this level of overperformance across the year once the SLA has been agreed.

The CCG is seeking to agree a service redesign programme for both adult mental health and older people’s mental health that will see people supported in the community with reduced frequency of crises, in line with our published strategy.
3.10 **Learning Disabilities**

As at month 2, there is a small underspend against these budgets. This is primarily due to current discussions with NHSE where there are plans to return 1 patient back to the CCG as responsible commissioner. Whilst a budget has been established, these discussions around transfer of responsibility have not yet been finalised.

3.11 **Running Costs and Other Programme Costs**

A significant proportion of this expenditure (£6.6m) is included in the service level agreement with South London Commissioning Support Unit (SL CSU). The 2013/14 contract expires in September 2014 and it is anticipated that £0.5m QIPP savings will be achieved in relation to running cost efficiencies in the new contract – in respect of a general reduction in price, and more accurate pricing methodologies for services used by multiple CCGs.

Running costs are forecast to outturn at £7.1m which is within the £9.1m running cost allocation.

3.12 **Aligning Financial Objectives with GP Members: Financial Element of Delivery and Development Scheme**

The 2013/14 performance against the scheme has been finalised and is currently in the process of being shared across all practices. The Clinical Leadership Group has received a full briefing on the methodology in calculating the 2013/14 outturn, which was agreed by the Senior Management Team. On average there has been 90% achievement by the practices.

For 2014/15, the CCG has proposed a Delivery and Development Scheme to ensure clinical and financial objectives of individual practices are aligned with those collectively agreed for the CCG. The Clinical Leaders Group has agreed the budget setting methodology for 2014/15. The Practice and GP Network level budgets will be shared at the July Network meetings. Future reports will include performance at GP Network level.
4.1 The 2014/15 QIPP plan was finalised and agreed at the 3 June 2014 Governing Body. The current planned financial savings total is £12.2m net including an investment of £3.8m. This provides a contingency against the QIPP target of £11m, reflecting the degree of risk on schemes for Mental Health, Long Term Conditions and new schemes.

4.2 The graph below shows Croydon’s actual and planned monthly position at Month 1:

![QIPP savings per month: Plan vs Actual](image)

4.3 The forecast outturn (FOT) net position of £11m shows a delivery of 90% of the planned savings and 100% delivery of the QIPP target. It should be noted that it is difficult to forecast accurately at such an early stage of the year.

4.4 Using the following RAG risk calculations (Red = 50% of delivery / Amber = 75%) and Green = 100%) the risk adjusted savings total is £9.33m. This equates to 85% of the QIPP target. As key projects demonstrate delivery over Quarter 1, the risk ratings would improve.
4.5 The projects included in the final QIPP Plan have undergone a rigorous process of scrutiny and iterations to refine the saving and reinvestment assumptions have been made as a result of this. Furthermore, the Non-Elective Threshold Adjustment has been calculated and included, which has reduced the saving target of the projects aimed at reducing Non-Elective Admissions by £2.1m.

4.6 Croydon CCG engaged external support for two months to assist in the finalisation of the QIPP programme, which included a suggested list of benchmarked opportunities. Clinical support has been retained to work with project managers for a period of 4-5 weeks to further develop these plans and commence implementation.

5. **RISKS AND CONTINGENCIES**

5.1 There are a number of risks which may impact on the delivery of the CCG’s 2014/15 Financial Position. The CCG has limited reserves to manage these risks.

5.2 The key generic financial risks the CCG is exposed to in 2014/15 are:

- Inability to strengthen the robustness of savings/QIPP initiatives to deliver the required £11m savings plan.
- Continued increases in acute and non-acute (including prescribing) activity in excess of growth estimates and over-performance reserves.
- The actual value of continuing care restitution claims in relation to the provisions carried forward from PCTs.
- Effective application of contract levers to enforce financial penalties for non-compliance with activity and quality contract terms.

5.3 There are a number of mechanisms in place to manage risk, in line with NHSE guidance:

- All provisions and reserves are excluded from individual budgets in favour of centralised control and application.
- The demographic and residual growth reserves (acute and non-acute) have been created to mitigate against the risk of increased demand in service areas caused generally as a result of population and demand growth.
- The CCG has earmarked (0.5% / £2m) for the SWL CCG financial risk sharing agreement, the purpose of which is to share risk with the other SWL CCGs on in-year unknown risks. All members will contribute 0.5% funded from the 2.5% headroom contingency. All plans submitted against this risk pool will require the agreement of the Financial Review Group (FRG).
- The CCG has committed £1.2m of the 2.5% headroom contingency to contribute to the national risk pool for continuing care restitution claims.
- The CCG is in the process of reviewing 2013/14 year end accruals against actual outturn invoices from providers. It is already known that
there is a £750k favourable position on prescribing. This issue is not reflected in the year to date position.

- The mandatory contingency (0.5% / £2m) reserve is, as in prior years, entirely uncommitted and is expected to contain any unforeseen pressures that the CCG may face or be required to fund during 2014/15.

5.4 The risk analysis and mitigations are summarised below:

<table>
<thead>
<tr>
<th>CROYDON CCG SCENARIO ANALYSIS</th>
<th>Downside (£m)</th>
<th>Forecast (£m)</th>
<th>Upside (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Plan</td>
<td>(17.0)</td>
<td>(17.0)</td>
<td>(17.0)</td>
</tr>
<tr>
<td>Acute overperformance including UCC cost pressures</td>
<td>(3.2)</td>
<td>(2.2)</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health overperformance</td>
<td>(4.0)</td>
<td>(0.8)</td>
<td>-</td>
</tr>
<tr>
<td>QIPP under delivery</td>
<td>(5.0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Prescribing growth over plan</td>
<td>(0.8)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other budget movements</td>
<td>-</td>
<td>(0.3)</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL RISKS</td>
<td>(13.0)</td>
<td>(3.3)</td>
<td>-</td>
</tr>
<tr>
<td>Mitigations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Contingency (Acute/QIPP/etc)</td>
<td>4.0</td>
<td>3.3</td>
<td>-</td>
</tr>
<tr>
<td>Balance of 1.5% Non Recurrent Headroom</td>
<td>1.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>0.5% Contingency</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SWL Risk Pool</td>
<td>2.0</td>
<td>-</td>
<td>2.0</td>
</tr>
<tr>
<td>TOTAL MITIGATIONS</td>
<td>9.5</td>
<td>3.3</td>
<td>2.0</td>
</tr>
<tr>
<td>NET POSITION</td>
<td>(20.5)</td>
<td>(17.0)</td>
<td>(15.0)</td>
</tr>
</tbody>
</table>

6. STATEMENT OF FINANCIAL POSITION, CASHFLOW, AND CAPITAL

6.1 The Statement of Financial Position (as at 31 May 2014) is summarised in Annex 4. The net working capital position (net £34.8m liability) reflects £44.9m of creditors offset by debtors and prepayments of £10.5m and cash £0.1m.

A significant element of the accrued liabilities relates to prescribing (£7.7m) and approximately £6.3m relates to invoices and accruals from acute providers for 2013/14 over performance which have not yet been invoiced until the M12 freeze position is finalised. The balance relates to non-SLA expenditure and contingencies.

The accounts receivable of £1.9m relates to recharges with Croydon Council. Following resolution, settlement is expected in July 2014.

The CCG is continually reviewing workflow processes to ensure non-NHS creditors are paid on a timely basis and meet the Better Payment Practice Policy target of 95% of creditors paid within 30 days. In addition to weekly cash meetings with budget holders, all invoices which are currently unpaid
and have been in our system for greater than 20 days are reviewed to identify those invoices which are about to breach.

6.2 Capital Resource Limit and Capital Schemes

The CCG holds no fixed assets. However, £1.3m capital has been secured for investment in IT for GP Practices. This will be funded by and recorded on the balance sheet of NHS England.

7. RECOMMENDATIONS

7.1 That the following issues are noted:

• The period 2 reported figures are largely based on Plan, given the limited availability of performance data available for May 2014.
• The forecast outturn is to achieve a planned deficit of £17m and delivery of £11m QIPP savings.
• The performance on meeting the Public Sector Payment Policy (95% within 30 days) has been achieved in months 1 and 2, although needs to be continually monitored.

7.2 That the following issues are agreed:

• the budget virements outlined in Annex 2.
• the full implementation of the clinically and quality led QIPP savings programme to minimise the financial deficit and risks.

Mike Sexton
Chief Finance Officer
NHS Croydon CCG
Annex 1: Allocations

Croydon CCG
Revenue Resource Allocation
As at 31 May 2014

<table>
<thead>
<tr>
<th>Month Notified</th>
<th>Programme Allocation</th>
<th>Running Cost Allocation</th>
<th>Total Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurrent £m</td>
<td>Non Recurrent £m</td>
<td>Total £m</td>
</tr>
<tr>
<td>Confirmed Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Allocation</td>
<td>406.4</td>
<td>0.0</td>
<td>406.4</td>
</tr>
<tr>
<td>Running Costs Allocation</td>
<td>0.0</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Total Allocations</td>
<td>406.4</td>
<td>0.0</td>
<td>406.4</td>
</tr>
</tbody>
</table>

Anticipated Allocations

| TBA | |
| 0.0 | 0.0 |

Total Anticipated Allocations

| |
| 0.0 | 0.0 | 0.0 | 0.0 |

Total Allocations

| 406.4 | 0.0 | 406.4 | 9.1 | 415.5 |
## Annex 2: Budget Virements

<table>
<thead>
<tr>
<th>Date</th>
<th>12th June</th>
<th>4th April</th>
<th>Budget Virement</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>(415,471)</td>
<td>(415,471)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

### APPLICATION OF FUNDS

#### Acute

- **Foundation Trusts**
  - £40,603
  - £39,055
  - £1,548
  - Increase of £1,059k due to signed SLAs. Reclassification from Trust to FT of £489k.

- **Acute Trusts**
  - £194,214
  - £195,569
  - (1,355)
  - Decrease of £866k due to signed SLAs. Reclassification from Trust to FT of £489k.

- **Acute Other**
  - £13,382
  - £13,000
  - £382
  - Increase due to signed SLAs.

- **Total Acute**
  - £248,199
  - £247,624
  - £575

#### Out of Hospital Care

- **NHS Contract Community**
  - £27,138
  - £26,595
  - £543
  - Reclassification of GSST Bowley Close contract £373k from Non-Acute Other to NHS.

- **Continuing & Funded Nursing Care**
  - £21,205
  - £21,911
  - (706)
  - £1,579k earmarked for CHC retrospective claims tx to reserves. £873k reduction to QIPP on 3 and 12 month reviews.

- **Non-Acute Other**
  - £6,384
  - £6,450
  - (66)
  - Reclassification of GSST Bowley Close contract £373k from Non-Acute Other to NHS. Increase in signed contracts.

- **Total Out of Hospital Care**
  - £54,727
  - £54,956
  - (229)

#### Primary Care

- **Enhanced Services**
  - £3,272
  - £2,678
  - £594
  - Increase of £592k due to reclassification from corporate non-pay

- **Intermediate Services**
  - £4,511
  - £4,905
  - (394)
  - QIPP realignment

- **Prescribing**
  - £2,164
  - £1,616
  - -
  - QIPP realignment: Anti-dementia drugs from SLAM

- **Total Primary Care**
  - £51,414
  - £51,100
  - £314

#### Mental Health

- £50,753
- £50,368
- £385
- Investment of £600k into IAPT, less SLAM and SWL & St Georges contract negotiations.

#### Learning Disabilities

- £4,603
- £4,405
- £198
- Reinstated budget for patients to transfer back to CCG as responsible commissioner.

- **Total Programme Costs**
  - £409,696
  - £408,453
  - £1,243

#### Corporate Costs

- **NHS SLCSU SLA**
  - £6,578
  - £7,078
  - (500)
  - QIPP realignment: SLCSU high level QIPP.

- **NHS Croydon CCG - Pay**
  - £2,442
  - £2,502
  - (590)
  - Reclassification of costs between Pay / Non-Pay.

- **NHS Croydon CCG - Non Pay**
  - £830
  - £1,622
  - (792)
  - Decrease of £532k due to reclassifications and £260k due to recharge to CSU for desk space.

- **Total Corporate Costs**
  - £9,850
  - £11,202
  - (1,352)

- **Total Programme & Corporate Costs**
  - £419,546
  - £419,655
  - (109)

#### Reserves and Contingencies

- **Contingency (0.5%)**
  - £2,032
  - £2,032
  - -

- **Contingency (1.5% headroom)**
  - £6,095
  - £6,095
  - -

- **General Reserve**
  - £4,798
  - £4,689
  - £109
  - Reclassification of £1,579k CHC funds to reserves, less £1,470k reserves used to fund budget increases, primarily Moorfields cost pressures.

- **Total Reserves and Contingencies**
  - £12,925
  - £12,816
  - £109

#### Applications including Reserves

- £432,471
- £432,471
- -

#### Deficit after Reserves

- £17,000
- £17,000
- -
## Annex 3: Summary Financial Performance (Period 02)

<table>
<thead>
<tr>
<th>Resources</th>
<th>Revised 2014/15 Budget £000s</th>
<th>Memo QIPP Plan £000s</th>
<th>Periods to Date Budget £000s</th>
<th>Actual £000s</th>
<th>Var £000s</th>
<th>Full Year Actual £000s</th>
<th>Var £000s</th>
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<tbody>
<tr>
<td><strong>Total Resources</strong></td>
<td>(415,471)</td>
<td>(69,245)</td>
<td>(69,245)</td>
<td>(415,471)</td>
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### APPLICATION OF FUNDS

#### Acute
- **Foundation Trusts**: 40,603
  - Revised: 1,125
  - Budget: 6,767
  - Actual: 6,767
  - Var: - (0)
  - Total: 41,728
  - 1,203

- **Acute Trusts**: 194,214
  - Revised: 9,360
  - Budget: 32,369
  - Actual: 32,369
  - Var: 0
  - Total: 198,055
  - 1,172

- **Acute Other**: 13,382
  - Revised: 832
  - Budget: 2,323
  - Actual: 2,325
  - Var: 2
  - Total: 13,485
  - 103

- **Total Acute**: 248,198
  - Revised: 9,653
  - Budget: 41,366
  - Actual: 41,461
  - Var: 95
  - Total: 250,687
  - 2,489

#### Out of Hospital Care
- **NHS Contract Community**: 27,138
  - Revised: 447
  - Budget: 4,523
  - Actual: 4,524
  - Var: 1
  - Total: 27,138
  - -

- **Continuing & Funded Nursing Care**: 21,205
  - Revised: 1,319
  - Budget: 3,534
  - Actual: 3,642
  - Var: 107
  - Total: 21,326
  - 120

- **Non-Acute Other**: 6,384
  - Revised: 591
  - Budget: 1,064
  - Actual: 1,074
  - Var: 10
  - Total: 6,664
  - 280

- **Total Out of Hospital Care**: 54,728
  - Revised: 1,175
  - Budget: 9,121
  - Actual: 9,239
  - Var: 118
  - Total: 55,127
  - 400

#### Primary Care
- **Enhanced Services**: 3,272
  - Revised: 6
  - Budget: 545
  - Actual: 504
  - Var: (42)
  - Total: 3,023
  - (249)

- **Intermediate Services**: 4,511
  - Revised: 1,272
  - Budget: 752
  - Actual: 848
  - Var: 96
  - Total: 4,405
  - (105)

- **Primary Care Other**: 1,615
  - Revised: -
  - Budget: -
  - Actual: -
  - Var: -
  - Total: 1,615
  - -

- **Prescribing**: 42,017
  - Revised: (1,151)
  - Budget: 7,003
  - Actual: 7,003
  - Var: 0
  - Total: 42,017
  - -

- **Total Primary Care**: 51,414
  - Revised: 127
  - Budget: 8,569
  - Actual: 8,623
  - Var: 54
  - Total: 51,060
  - (354)

#### Mental Health
- **Mental Health**: 50,753
  - Revised: (204)
  - Budget: 8,459
  - Actual: 8,576
  - Var: 117
  - Total: 51,560
  - 807

#### Learning Disabilities
- **Learning Disabilities**: 4,603
  - Revised: (831)
  - Budget: 1,096
  - Actual: 1,141
  - Var: 44
  - Total: 4,429
  - (174)

- **Total Programme Costs**: 409,697
  - Revised: (11,736)
  - Budget: 68,283
  - Actual: 68,623
  - Var: 340
  - Total: 412,863
  - 3,167

#### Corporate Costs
- **NHS SLCSU SLA**: 6,578
  - Revised: (500)
  - Budget: 1,096
  - Actual: 1,141
  - Var: 44
  - Total: 6,578
  - 169

- **NHS Croydon CCG - Pay**: 2,442
  - Revised: -
  - Budget: 407
  - Actual: 398
  - Var: 9
  - Total: 2,611
  - 169

- **NHS Croydon CCG - Non Pay**: 830
  - Revised: -
  - Budget: 138
  - Actual: 95
  - Var: (43)
  - Total: 786
  - (44)

- **Total Corporate Costs**: 9,849
  - Revised: (500)
  - Budget: 1,642
  - Actual: 1,633
  - Var: (9)
  - Total: 9,974
  - 120

- **Total Programme & Corporate Costs**: 419,546
  - Revised: (12,236)
  - Budget: 69,924
  - Actual: 70,256
  - Var: 332
  - Total: 422,837
  - 3,291

#### Reserves
- **Reserves and Contingencies**: 12,925
  - Revised: 1,236
  - Budget: 2,154
  - Actual: 2,157
  - Var: 3
  - Total: 9,634
  - 3,291

### Deficit/Surplus after Reserves
- **Applications including Reserves**: (432,472)
- **Deficit**: - (432,472)
- **Total**: (432,472)

### Summary Financial Performance (Period 02)

- **Revised 2014/15 Budget**: (415,471)
- **Memo QIPP Plan**: (69,245)
- **Periods to Date Actual**: (69,245)
- **Full Year Actual**: (69,245)

- **Deficit/Surplus after Reserves**: 17,000
- **Total**: 17,000
## Acute Commissioning (Period 02)

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<tr>
<th>COST CENTRE NAME</th>
<th>2014/15 Annual Budget £000s</th>
<th>Memo QIPP Budget £000s</th>
<th>2015/16 Actual £000s</th>
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<td>(360)</td>
<td>(360)</td>
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<td>(2,159)</td>
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<td>32,369</td>
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<td>195,397</td>
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<td>251</td>
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<td>Non cont drugs High cost</td>
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<td>95</td>
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<td><strong>Sub-total</strong></td>
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<td><strong>Grand Total</strong></td>
<td>248,198 (9,653)</td>
<td>41,366</td>
<td>41,461</td>
<td>95</td>
<td>250,687</td>
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*Page 52 of 250*
## Out of Hospital Commissioning (Period 02)

### NHS COMMUNITY CONTRACTS

<table>
<thead>
<tr>
<th>COST CENTRE NAME</th>
<th>2014/15 Annual Budget</th>
<th>Memo QIPP Plan</th>
<th>Budget</th>
<th>Actual</th>
<th>Var</th>
<th>Actual</th>
<th>Var</th>
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<tbody>
<tr>
<td>CROYDON Community SLA</td>
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<td>GUYS ST THMAS Community SLA</td>
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<tr>
<td><strong>Total</strong></td>
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### CONTINUING & FUNDED NURSING CARE

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<th>Memo QIPP Plan</th>
<th>Budget</th>
<th>Actual</th>
<th>Var</th>
<th>Actual</th>
<th>Var</th>
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<td><strong>Sub-total</strong></td>
<td><strong>21,205</strong></td>
<td>(1,319)</td>
<td><strong>3,534</strong></td>
<td><strong>3,642</strong></td>
<td><strong>107</strong></td>
<td><strong>21,326</strong></td>
<td>120</td>
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### Intermediate Care - Beds

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<th>COST CENTRE NAME</th>
<th>2014/15 Annual Budget</th>
<th>Memo QIPP Plan</th>
<th>Budget</th>
<th>Actual</th>
<th>Var</th>
<th>Actual</th>
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**Page 55 of 250**
## COST CENTRE NAME

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<tr>
<th>COST CENTRE NAME</th>
<th>Revised 2014/15 Budget £000s</th>
<th>Memo QIPP Plan £000s</th>
<th>PERIODS TO DATE</th>
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<td>Non NHS Prov. - (CHC &amp; Other)</td>
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Page 56 of 250
## Corporate Cost (Period 02)

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<th>COST CENTRE NAME</th>
<th>Revised 2014/15 Budget</th>
<th>Memo Q2P Plan</th>
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<td>(58)</td>
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### Running Costs

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Annex 4: Statement of Financial Position (Period 02)

Statement of Financial Position

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<th>Closing 31/05/2014 (£000s)</th>
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<td>Total Current Assets</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td>7,651</td>
<td>10,627</td>
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</tbody>
</table>

|                              |                            |                             |
| **Current Liabilities**      |                            |                             |
| Accounts Payables            | 11,524                     | 16,073                      |
| Accrued Liabilities          | 23,588                     | 25,881                      |
| Partially Completed Spells   | 2,645                      | 2,645                       |
| Other                        | 223                        | 340                         |
| Total Current Liabilities    | 37,980                     | 44,939                      |

|                              |                            |                             |
| **Long Term Liabilities**    |                            |                             |
| Provisions - Continuing Care | -                          | -                           |
| Provisions - Other           | 500                        | 500                         |
| Total Long Term Liabilities  | 500                        | 500                         |

|                              |                            |                             |
| **Tax Payers Equity**        |                            |                             |
| General Fund                 | (30,829)                   | (34,812)                    |
| Other Reserves               | -                          |                             |
| Total Tax Payers Equity      | (30,829)                   | (34,812)                    |

|                              |                            |                             |
| **TOTAL EQUITY & LIABILITIES** | 7,651                  | 10,627                      |
REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY

1 July 2014

Title of Paper: 2013/14 QIPP PROGRAMME – MONTH 1 UPDATE

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Mike Sexton</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Report Author</td>
<td>Richard Pontin</td>
</tr>
<tr>
<td></td>
<td>Head of QIPP Delivery and PMO</td>
</tr>
<tr>
<td>Committees which have previously discussed/agreed the report.</td>
<td>QIPP Operational Board Senior Management Team Finance Committee</td>
</tr>
<tr>
<td>Committees that will be required to receive/approve the report</td>
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</tr>
<tr>
<td>Purpose of Report</td>
<td>For Information and Noting</td>
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Recommendation:

The Governing Body is asked to:
Note the Month 1 position of the 2014/15 QIPP Programme.

Background:

As reported to the Governing Board, the clinically-led QIPP program for 2014/15 has been finalised.

The QIPP programme is a range of initiatives to deliver quality benefits to patients, and consequential financial benefits, through Quality improvement of services, Innovation in delivering healthcare, Productivity improvement, and Prevention of disease and illness.

A major theme of the QIPP Programme in 2014/15 is to transform the Community Services in Croydon, ensuring outcomes for patients with long term conditions meet the 5 quality domains detailed in the national outcomes framework:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions (LTC)
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

The plan continues to reduce the number of inappropriate or unnecessary admissions and planned appointments in hospital, and ensure that patients were directed to the most appropriate provider for their care (e.g. GP, Intermediate or Acute) as per domains 4 and 5 above.

In developing the plan, Croydon CCG engaged external clinical support to assist in the development and strengthening of the QIPP plan, which includes 3 additional QIPP schemes:

• Gynaecology
• Extending the existing Musculoskeletal programme
• Increasing the In-patient threshold for treatments of limited clinical effectiveness.
Key Issues:

The clinically-led QIPP programme is expected to improve care for patients by reducing the need for high-cost hospital care, with consequential financial benefits of up to £12.2m (target of £11.0m).

Key risks to delivery in 2014/15 included:
- Project management capacity & service redesign capability
- Clinical engagement in design and delivery
- Availability of data from providers to manage and evidence the QIPP programme.

To mitigate the risk of non-delivery, the following actions have been taken:
- Alignment of GP Delivery and Development scheme to reward delivery of the QIPP programme, including adopting improved patient pathways.
- External clinical consultancy support is being used to identify and develop further opportunities.
- Improve the uptake of new pathways by prioritising initiatives such as: Peer review programme / identification and supporting of outlying practices (understanding implementation issues)
- Close working with Croydon Health Services at all levels: clinical, management, and director level.
- Recruitment to project management and commissioning vacancies, development of a competency framework and personal development plan (PDP) aligned to the development needs.
- Increasing the capacity in the PMO team / producing detailed documentation of the PMO processes including a timetable (as to the responsibilities) and reviewing the current terms of reference for QIPP related meetings.
- Review of the portfolio's for each of the clinical.

Governance:

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<th>Corporate Objective</th>
<th>To achieve financial balance over five years</th>
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<td>Financial Implications</td>
<td>The delivery of a £11m QIPP programme.</td>
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<tr>
<td>Conflicts of Interest</td>
<td>No specific conflicts of interest. In general, some projects include LES schemes which GP Board Members and Clinical Leaders have an inherent pecuniary interest.</td>
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<tr>
<td>Clinical Leadership Comments</td>
<td>Clinical Leader chairs the QIPP Operational Board (QOB). The CCG’s Clinical Leadership Group (CLG) is leading the 3-Year QIPP programme. Each QIPP Scheme has an identified GP Lead.</td>
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<tr>
<td>Implications for Other CCGs</td>
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<td>Equality Analysis</td>
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<td>Patient and Public Involvement</td>
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<td>Communication Plan</td>
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<tr>
<td>Information Governance Issues</td>
<td>Monitoring of some schemes is impaired by the inability to access patient level data.</td>
</tr>
<tr>
<td>Reputational Issues</td>
<td>QIPP programme delivery is critical in addressing CCG authorisation conditions and directions.</td>
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1 Executive Summary:

1.1 Croydon CCG has a QIPP target to deliver £11.0m net savings in 2014/15 which contributes to the longer term £34.4m identified in the agreed 5-Year Financial Plan (September 2013).

1.2 The QIPP portfolio contains 35 projects (12 New in 14/15 and 23 FYE from 13/14). Each project has inherent qualitative aspects that will result in a more positive experience of care for the patient.

1.3 Linked to the qualitative improvements are consequential financial savings due to inefficiencies in the current service and pathways. The current planned financial savings total is £12.2m net with an investment of £3.8m. The CCG is forecasting a saving of £11m, 90% of the plan.

1.4 The projects making up the QIPP plan have been individual RAG rated against their ability to deliver their stated qualitative & financial benefits. Current prudent RAG status have 10 projects as Red (49% of QIPP financial value) / 19 as Amber (20%) and 6 as Green (31%).

Appendix 2 details the full QIPP program with RAG status.

1.5 The QIPP projects can be grouped into Transactional, constitute 38% of the target savings and Transformational 62%. The transformational savings predominantly made up of:
   - Reduction of inappropriate activity
   - Shifting of activity for greater quality outcomes

1.6 The grid below (table 1) details at a cumulative level the activity reduction planned at the acute hospitals in and around the Croydon patch:

### Activity Reduction in Secondary Care inherent in the 2014/15 QIPP plan:

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<th>Activity Type</th>
<th>Activity Reduction</th>
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<tbody>
<tr>
<td>Outpatient - First appointments</td>
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<td>Outpatient - Follow-up appointments</td>
<td>38,689</td>
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<td>A&amp;E Attendances</td>
<td>1,693</td>
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<tr>
<td>Emergency admissions</td>
<td>2,339</td>
</tr>
<tr>
<td>Elective In-Patients</td>
<td>384</td>
</tr>
<tr>
<td>Outpatient - Procedures</td>
<td>1,846</td>
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<td>Direct Access - Diagnostic Referrals</td>
<td>6,475</td>
</tr>
<tr>
<td>Excess Bed Days</td>
<td>5,644</td>
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</table>

Table 1
1.7 The activity has been roughly assumed to be reduced out of the 5 acute trusts at the following percentages:
- Croydon University Hospital 76%
- St Georges Hospital 9%
- Kings Hospital 4%
- Epsom & St Hellier 3%
- Guys & St Thomas 3%

1.8 The CCG has engaged external support to review the structure of the service redesign team so that:
- Competencies at each level of the structure are clearly articulated
- Project managers have greater support through line management
- Improved accountability by the project manager through line management.

1.9 The QIPP programme and governance process has been updated and simplified. The Project Process flows have been simplified and have been merged with the governance flows so that there is one flow-diagram detailing the complete process.

2 QIPP Performance Summary at Month 1

2.1 This report and the attached Dashboard (Appendix 1) provide an update by the Programme Management Office (PMO) on the performance of Croydon’s 2014/15 QIPP Plan as at month 1, June 2014.

2.2 Graph 1 below, details the cumulative profiled savings and forecasted saving. Graph 2 details the month on month comparisons between the planned savings and the actual savings.

Graph 1

QIPP PROFILED SAVINGS 2014/15

- Planned Savings
- Forecasted Savings
2.3 The forecast outturn (FOT) net position of £11m shows a delivery of 90% of the planned savings and 100% delivery of the QIPP target.

2.4 It should be noted that it is difficult to forecast accurately at such an early stage of the year.

2.5 Using the following RAG risk calculations (Red = 50% of delivery / Amber = 75%) and Green = 100%) the risk adjusted savings total is £9.33m. This equates to 85% of the QIPP target. (see graph 3)
2.6 Quality Showcase Report:

As part of the monthly QIPP report there will be an additional section. On a monthly basis a project will detail the quality benefits of the scheme and how it will impact patients. The quality report will detail:
- The need/evidence for the project
- The quality benefits linking to the National outcome framework domains
- The patient experience – what has changed for the patient
- The Project performance against its plan

The programme for the Quality report will begin in month 2 report and will follow the proposed plan per table 2:

**PROPOSED PLAN FOR PROJECT QUALITY REPORTING:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Project/ Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Cardiology</td>
</tr>
<tr>
<td>3</td>
<td>Transforming Adult Community Services</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes</td>
</tr>
<tr>
<td>5</td>
<td>Learning Disabilities</td>
</tr>
<tr>
<td>6</td>
<td>Adult Continuing Care</td>
</tr>
<tr>
<td>7</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>8</td>
<td>Prescribing</td>
</tr>
<tr>
<td>9</td>
<td>MSK</td>
</tr>
<tr>
<td>10</td>
<td>FALLS &amp; Bone Health</td>
</tr>
<tr>
<td>11</td>
<td>Mental Health</td>
</tr>
<tr>
<td>12</td>
<td>Urgent Care (UCC)</td>
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</table>

Table 2
### Performance by QIPP Category

#### PRODUCTIVITY: Mental Health

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
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<tbody>
<tr>
<td>£1.037</td>
<td>£1.037</td>
<td>£0</td>
<td>RED</td>
</tr>
</tbody>
</table>

**Major Schemes:**

- Mental Health Continuing Care (£175K)
  - There will be greater scrutiny of care provided as per domain 5 of the outcomes framework.
  - Collaborative working between Local Authority / CCG and providers will oversee the quality of care provided.
  - Dedicated mental health specialist will diligently review clients in placements to ensure their needs continue to be appropriately met by the provider.
  - Work with local secondary mental health care provider to provide advice and support to care homes in the care and management of patients, particularly those who present with ‘challenging’ behaviours.

#### PRODUCTIVITY: Community Support Service

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0.115</td>
<td>£0.115</td>
<td>£0</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

**Major Scheme:**

- Paediatric Speech and Language Therapy (£115K)
  - Under the new service, speech and language therapy will be accessible to all pre-school children and their parents, via all children’s centres. Drop-in sessions, where language development ideas can be shared and speech and language clinics for parents to ask questions about their child’s development will be on offer.
  - The new SALT service will be using specialist knowledge and expertise to build skills in the wider workforce in order to ensure that speech, language and communication skills are appropriately supported across all levels of need and provided in the most appropriate settings.
  - The service will enable earlier identification and intervention through the training of others who work with children on a daily basis, such as nursery and school staff, and who will be skilled to provide pre-referral advice in community settings.
PRODUCTIVITY: Activity shifts

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0.923</td>
<td>£0.923</td>
<td>£0</td>
<td>AMBER</td>
</tr>
</tbody>
</table>

**Major Scheme/s:**
Gastroenterology (£351K)

- **Vague Abdominal Symptoms**
  Patients with symptoms undergo a colonoscopy, an unpleasant and invasive process which is painful, leaves the patient groggy and drowsy and can be humiliating. The new pathway will make use of a faecal calprotectin test which, in between 45-80% of cases, will diagnose IBS, rendering further tests unnecessary, a much improved experience for the patient.

- **Hernia**
The new pathway will see GP’s undertake the pre-op themselves before surgery, reducing the number of secondary care appointments and shortening the patient pathway.

INTEGRATED CARE: Long Term Conditions (LTC)

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£6.622</td>
<td>£6.622</td>
<td>£0</td>
<td>RED</td>
</tr>
</tbody>
</table>

**Major Scheme/s:**
Transforming Adult Community services: (TACS) (£4.268m)

The programme covers a range of projects including Enhanced Case Management, Rapid Response, Single point of Assessment and Increased Intermediate Care Bed provision. Together they form a transformational programme that will drive forward the provision of patient focused, quality, integrated care with optimum clinical outcomes.

Quality outcomes of the programme are:

- Delivery of holistic, person centred approach to care which is integrated across multiple organisations.
- Improved access to care.
- Proactive and reactive working focusing on the best outcomes for patients.
- Multi organisational sharing of information and improved communication across services.
- Improvement in patients feeling supported to remain independent within their own home.
- Improved patient experience of services.
### INTEGRATED CARE: Planned

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1.890</td>
<td>£1.890</td>
<td>£0</td>
<td>RED</td>
</tr>
</tbody>
</table>

**Major Scheme/s:**

- **Gynaecology:** (£364)
  
  Shared Decision Making between the patient and the clinician make a decision about their healthcare which they are most comfortable with especially with regards to Hysterectomies.

  Further management in primary Care resulting in:
  - Better care closer to home reducing the inappropriate visits to the acute trust
  - Reducing the variation in care across the GP practices
  - Increases the GP education loop regarding gynaecology conditions.

  Streamlining services within gynaecology to provide more timely access to services for the patient.

- **Community Integrated Musculoskeletal Service:** (£516K)
  
  The new service will:
  - Provide a single point of access for all musculoskeletal conditions
  - Focus on self-management and prevention
  - Deliver the right care, at the right time for patients
  - Provide world class customer service to patients and referring clinicians
  - Provide each GP practice with a named physiotherapist to offer education, clinical advice and problem solve.

### INTEGRATED CARE: Urgent Care

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0.538</td>
<td>£0.538</td>
<td>£0</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

**Major Scheme:**

The Urgent Care Centre (£538K)

The overall aim of the GP-Led Minor Injury Walk-in Service is to meet the ‘Minor Injury needs of Older People, Adults, Young People and Children, which cannot be met through core GP services, through current community provision or treated by the individual within Croydon.

### INTEGRATED CARE: Referral Management

<table>
<thead>
<tr>
<th>Planned Net Saving Full Year (£m)</th>
<th>Actual Net Saving FOT (£m)</th>
<th>Variance (£m)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0.614</td>
<td>£0.614</td>
<td>£0</td>
<td>RED</td>
</tr>
</tbody>
</table>

**Major Scheme:**

Diagnostics (£189K)

By using guideline software when ordering scans GPs adherence to national guidelines on diagnostic MRI and Ultrasound referrals will increase. This will result in more appropriate and clinically effective referrals being made.
4 QIPP Operational Board (QOB)

4.1 QOB has been refreshed for the 2014/2015 financial year. The QOB reports have been reformatted and simplified which has been welcomed by the project managers as it is less onerous for them to complete (part of the report is automated). The new format has been agreed by QOB as it gives a snap shot of the project on a page detailing all the pertinent information. The new format will be live on Thursday the 19th June.

Appendix 3 – New Format.

4.2 All projects are reviewed on a regular basis by QOB with red-rated schemes being recalled 2-4 weekly, amber schemes 4-6 weekly and green schemes 6-8 weekly. The latest Business Programme for QOB can be seen in Appendix 2.

5 Key Risks

The following key risks and mitigations are highlighted:

5.1 Clinical Engagement: A number of the projects are relying on primary care to adapt to new pathways / methodologies. If the CCG can effectively communicate to Primary Care and the GP’s can adapt to the proposed changes the savings will be materialised. However failure to properly connect with the GP’s and failure for the GP’s to adapt to the new pathways methodology will result in reduced impact of the scheme.

To mitigate this risk, the following are being finalised (i) the GP Delivery and Development scheme will reward delivery of the QIPP programme, including adopting improved patient pathway, (ii) peer review programme via GP networks, including identification of, and support to, outlier practices (understanding implementation issues), (iii) closer working with CHS at clinical and managerial levels, and (iv) reviewing the portfolio of each clinical leader.

5.2 Monitoring Data

5.2.1 Data from Providers: Providers ensuring that they provided accurate data in a timely manner to the CCG. SLA month 1 data has not been received. This will be escalated through the contracts.

5.2.2 Reconciliation of Project Data to Contract Data: There is a lack of detail regarding the holistic reporting at on acute contracts. The QIPP plan has detailed the activity impact at the acutes. The projects detail individually how the savings will be made however there seems to be no data / reporting linking acute performance to the QIPP delivery. The PMO along with BI (CSU) and some senior management will be addressing this issue eg Cardiology – savings predicated on reducing inappropriate activity in the acutes. The project will monitor the savings by increased activity in the new community setting – but nothing ties back to the activity at the acutes comparing 2013/14 spend vs /2014/15 spend.

5.2.3 Project Activity Assumptions: Due to the Cerner implementation there was a lack of accurate acute data in the Q3 & Q4 of 2013/14. Many of the 2014/15 QIPP savings were calculated by extrapolating the Q1&2 activities to understand the full year impact. This may result in some of the activity assumptions being wrong.
5.3 **Project Activity Assumptions**: Due to the Cerner implementation there was a lack of accurate acute data in the Q3 & Q4 of 2013/14. Many of the 2014/15 QIPP savings were calculated by extrapolating the Q1&2 activities to understand the full year impact. This may result in some of the activity assumptions being wrong.

5.4 **Strengthening of Management Structures**: To deliver change more effectively, the following are underway:

- Completion of recruitment programme for project management and commissioning vacancies, development of a competency framework and personal development plan (PDP) aligned to the development needs.
- Increasing the capacity in the PMO team and producing detailed documentation of the PMO processes including a timetable (as to the responsibilities) and reviewing the current terms of reference for QIPP related meetings.

Richard Pontin  
09 June 2014

Appendix:

1. Project Review Schedule for QIPP Operational Board (QOB)
2. New QIPP Programme Report
3. New QOB Project Report Format

Additional supporting papers are available from Richard Pontin, Interim Head of QIPP Delivery and PMO; Telephone - 020 3668 1897 Email – richard.pontin@croydonccg.nhs.uk
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Manager</th>
<th>Project Partner</th>
<th>Category</th>
<th>Status</th>
<th>Implementation Phase</th>
<th>Total Cost</th>
<th>Revenue</th>
<th>Savings</th>
<th>YTD Savings</th>
<th>FY2014/15 Savings</th>
<th>Date</th>
<th>QOB</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Learning Disabilities: Cerebral Palsy</td>
<td>Avril Gilliam-Hill</td>
<td>Yinka Ajayi-Obe</td>
<td>Project</td>
<td>Complete</td>
<td>80% Complete</td>
<td>£3,790</td>
<td>£52</td>
<td>£157</td>
<td>£165</td>
<td>£219</td>
<td>12/12/12</td>
<td>QOB</td>
<td></td>
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<tr>
<td>Elder People: Mental Health: Cancer Care and Urology</td>
<td>Mike Sexton</td>
<td>Yinka Ajayi-Obe</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£50</td>
<td>£18</td>
<td>£190</td>
<td>£150</td>
<td>08/2014</td>
<td>QOB</td>
<td></td>
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<tr>
<td>Intermediate Urology Service</td>
<td>Brian Okumum</td>
<td>Farhhan Sami</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£45</td>
<td>£18</td>
<td>£190</td>
<td>£150</td>
<td>08/2014</td>
<td>QOB</td>
<td></td>
</tr>
<tr>
<td>Intermediate Ophthalmology Service</td>
<td>Jane Pettifer</td>
<td>Jane Hill</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£45</td>
<td>£18</td>
<td>£190</td>
<td>£150</td>
<td>08/2014</td>
<td>QOB</td>
<td></td>
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<tr>
<td>Cardiology Services Redesign: Chest Pain and Community Clinics</td>
<td>Michelle Ramen</td>
<td>Farhhan Sami</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£45</td>
<td>£18</td>
<td>£190</td>
<td>£150</td>
<td>08/2014</td>
<td>QOB</td>
<td></td>
</tr>
<tr>
<td>Transformation: Elderly Services</td>
<td>Marion Joynson</td>
<td>Faramarz</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£45</td>
<td>£18</td>
<td>£190</td>
<td>£150</td>
<td>08/2014</td>
<td>QOB</td>
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<tr>
<td>Pathway Redesign: Children with Asthma</td>
<td>Tom Cox</td>
<td>Yinka Ajayi-Obe</td>
<td>Project</td>
<td>Complete</td>
<td>100% Complete</td>
<td>£2,187</td>
<td>£45</td>
<td>£18</td>
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<td>£150</td>
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<td>QOB</td>
<td></td>
</tr>
<tr>
<td>Not Essential: Children's Continuing Care: Reduction in cost of Placements</td>
<td>Laura Osborn</td>
<td>Tom Cox</td>
<td>Project</td>
<td>In progress</td>
<td>50% Completed</td>
<td>£2,187</td>
<td>£45</td>
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<td>Yinka Ajayi-Obe</td>
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<td>£190</td>
<td>£150</td>
<td>08/2014</td>
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* Enc 6.1 QIPP REPORT
Original aims of the Croydon Referral Support Service:

- Increasing the uptake of intermediate services
- Reducing the number of secondary care attendances
- Improving the quality of referrals sent by Croydon GPs
- Ability to collate casemix data to inform future commissioning decisions.

Team: Deborah Russell / Jessica Holloway

PM
Finance
Clinical
Director

**GROSS SAVINGS**

<table>
<thead>
<tr>
<th>INVESTMENT £000'S</th>
<th>TARGET £000's (net)</th>
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<tbody>
<tr>
<td>£</td>
<td>-£ 176.00</td>
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**RISKS**

**MILESTONES:** Unless otherwise stated the owner of these milestones is the PM

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Target Date</th>
<th>Status</th>
<th>Next steps</th>
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<tbody>
<tr>
<td>Bi-monthly meeting with CReSS to discuss KPI/figures and activity</td>
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<td></td>
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<tr>
<td>Obtain agreement from SMT, CLG and relevant bodies to extend the CReSS contract for a further year</td>
<td></td>
<td></td>
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<tr>
<td>Review the aesthetics of the website</td>
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**KPI Performance**

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</tbody>
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**COMMENT**

MONITORING: Graph showing the plan vs actual / forecasted savings

![Graph showing savings progress](image-url)
### Project Area: Occurrence (weeks)

|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY

1 July 2014

Title of Paper: MONTH 1 PERFORMANCE REPORT

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Michelle Rahman</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interim Director of Quality and Governance</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Report Author</th>
<th>Leo Whittaker</th>
</tr>
</thead>
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<tr>
<td></td>
<td>South London Commissioning Support Unit</td>
</tr>
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<table>
<thead>
<tr>
<th>Committees which have previously discussed/agreed the report.</th>
<th>Senior Management Team</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Committees that will be required to receive/approve the report</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purpose of Report</th>
<th>For Information and Noting</th>
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Recommendation:

- The Governing Body is asked to note month 1 performance and actions taken at the time of reporting.

Background:

This report provides assurance of CCG performance on key targets, to date. Month 1 (April) data is reported where available.

The national Indicators for 2014/15 are articulated in the “Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams” and is further explored for CCG’s in the “CCG Assurance Framework”.

The majority of indicators have provider wide and Commissioner wide targets. The CCG performance Scorecard (Appendix 1) and Provider performance Scorecard (Appendix 2) includes monthly and quarterly indicators showing the latest performance position for each indicator. Descriptions of the indicators and their metric construction can be found in Appendix 3.

Red, Amber, Green (RAG) ratings have been applied to highlight the performance of each indicator. Red and Amber denote that the indicator is not meeting its associated target and Green denotes that the indicator is meeting its target.
Key Issues:

The indicators where performance has not met their thresholds are shown in Table 1.

Month 1 (April) data is reported where available; the full performance scorecard is within Appendix 1 and further commentary available under the in Section 3. The indicators that are not meeting the standards are shown below.

Table 1: Indicators not meeting Target

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Mar</th>
<th>Apr</th>
<th>Page Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNEX A: OUTCOME MEASURES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.A.3 IAPT Roll-Out*</td>
<td>2.61%</td>
<td>2.64%</td>
<td>9</td>
</tr>
<tr>
<td>ANNEX B: NHS CONSTITUTION</td>
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<td></td>
</tr>
<tr>
<td>Monthly Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.B.4 Diagnostic tests waiting time</td>
<td>81.09%</td>
<td>82.9%</td>
<td>12</td>
</tr>
<tr>
<td>E.B.5 A&amp;E waiting times</td>
<td>95.2%</td>
<td>94.6%</td>
<td>13</td>
</tr>
<tr>
<td>E.B.12 Cancer First Treatment 62 days, GP Referral</td>
<td>68.5%</td>
<td>TBC</td>
<td>14</td>
</tr>
<tr>
<td>E.B.15ii Ambulance Category A (Red 2) 8 minute response time</td>
<td>80.9%</td>
<td>70.6%</td>
<td>14</td>
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<tr>
<td>E.B.S.4 RTT 52 weeks (Incomplete)</td>
<td>3</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>E.B.S.7 Ambulance Handover delays (30 minutes)</td>
<td>21</td>
<td>38</td>
<td>17</td>
</tr>
<tr>
<td>ANNEX C: ACTIVITY MEASURES</td>
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<td></td>
</tr>
<tr>
<td>Monthly Indicators</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E.C.4 Non-elective FFCEs</td>
<td>3,098</td>
<td>3,121</td>
<td>18</td>
</tr>
<tr>
<td>E.C.10 Other Referrals</td>
<td>4,101</td>
<td>R</td>
<td>20</td>
</tr>
</tbody>
</table>

*IAPT data is provisional from SLaM and not from the national source, HSCIC
1.1 Performance Focus Areas

**Improving Access to Psychological Therapies (IAPT) (E.A.3)**

Whilst national monitoring of this indicator is quarterly, provisional data from South London and The Maudsley (SLaM) indicates that the access rate dropped to 2.64% in April. However, the CCG is expecting 5.00% of people diagnosed with depression or anxiety, to access IAPT services this year, against the revised local target of 5.00% (previously 4.8%) due to additional investment made in the second quarter. This additional investment will significantly increase the size of the workforce and therefore access rates.

**Diagnostic test waiting times (E.B.4)**

Croydon CCG missed the diagnostic 6 week target in April with performance of 82.9%. The largest number of breaches at CHS was within non-obstetric ultrasound.

An action plan is in place and CHS has provided additional capacity of 400 slots per week. The Trust has sourced further additional capacity from private providers. This additional capacity has been undertaken as planned. In addition to these measures, the CCG is seeking to commission additional direct access capacity at Shirley Oaks.

**A&E waiting time - total time in the A&E department (E.B.5)**

Croydon Health Services (CHS) had a difficult April, failing to achieve the 95% target with performance of 94.6%. The Trust experienced high numbers of attendances and perceived high acuity. Additionally, challenges were identified with flow throughout the hospital.

The provider has carried out an analysis to identify the peaks seen in Emergency Department (ED) attendances. This has enabled a re-evaluation of the skill-mix required at various times resulting in appropriate amendment to rotas.

St George’s Healthcare (SGH) A&E performance continues to be challenged. The Trust has now failed the last four months failing both April and May. SGH is now unlikely to achieve Q1 as performance of over 96% is required.

The Trust has struggled with high numbers of attendances, particularly in the evening and this has led to delays for an ED assessment. Bed capacity continues to be a problem, with high admissions and insufficient discharges over recent weeks.

SLCSU has been in frequent dialogue with SGH as part of managing pressure surge to ensure all actions available to manage surges in the ED, are taken.

The Trust has been held to account through both the Urgent Care Working Group (UCWG) and there has been A&E performance escalation meetings involving the CCGs, SLCSU, NHSE and the TDA.

**All cancer 62 day urgent referral to first treatment (E.B.12)**

Due to the lag in availability of Cancer Waiting time performance data, March’s position is reported here. April’s data will be included within the M2 report.

Croydon CCG failed to meet the 62 day standard for GP referral to first definitive treatment (E.B.12). March’s position was 68.5% against the threshold of 85% with 17 out of 54
The breaches were reported via breach reports requested by the Cancer Commissioning team. Of the 17 patient pathways that breached the standard:

- 4 were attributed to CHS
- 4 were shared between CHS and SGH
- 8 were shared between CHS and RMH
- 1 was shared between SASH and RSCH

The provider continues to work through issues with the Image Exchange Portal (IEP) system. The Cancer Services Manager is working towards resolving this with IT.

CHS have stated that changes to the Prostate pathway are underway to improve the patient pathway and prevent delays.

Ambulance Category A (Red 2) 8 minute response time (E.B.15.ii)
The CCG’s performance in M1 was below the threshold, with 70.6%. The following narrative is from NWL CSU as lead for the LAS contract:

LAS Category A performance improved during the last 7 days, resulting in a slightly improved ‘provider-wide’ position of 69.9%. However both YTD and weekly performance remain below target of 75%.

On the 19th of May 2014 a Contract Query Notice was issued by Rob Larkman to LAS, requiring an action plan that demonstrates rectification of the current performance.

The team have held a preliminary meeting with the LAS to discuss performance and a CCG summit.

Number of 52 week Referral to Treatment Pathways, Incomplete (E.B.S.4)
The CCG had five +52 week waits in April relating to:

- 3 patients at King’s College Hospital (KCH) – General Surgery and Gastroenterology
- 1 at University College London Hospital (UCLH) - Gynaecology
- 1 at St George’s Hospital (SGH) – General Surgery

For key actions being taken, please refer to page 16.

Ambulance handover time (E.B.S.7)
In April, CHS’ performance worsened slightly compared with March, with the Trust reporting 38 x 30 minute breaches. However, there were no 60 minute breaches recorded.

Non-elective FFCEs (First Finished Consultant Episode) (E.C.4)
The CCG’s performance has been rated as red in April, with 3,121 non-elective FFCEs against the planned 2,650. In March the CCG reported 3,098 FFCEs. The plans are being revised in June; therefore, the RAG rating for April may change.

Other Referrals for first Outpatient Appointment (E.C.10)
The number of other referrals for first outpatient appointments in general and acute
specialities was just above plan, with 4,101 against the expected 3.965. The plans are being revised in June; therefore, the RAG rating for April may change.

**Governance:**

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To commission integrated, safe, high quality service in the right place at the right time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks</td>
<td>The risk register will be reviewed to take into account the impact of breaches to the diagnostic target.</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>It is not anticipated that performance breaches notes will impact adversely on the CCG’s financial position.</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>There are none</td>
</tr>
<tr>
<td>Clinical Leadership Comments</td>
<td>Clinical Leads will be informed of performance breaches by exception along with the actions taken to achieve recovery.</td>
</tr>
<tr>
<td>Implications for Other CCGs</td>
<td>Recognition that Croydon CCG is effectively managing performance.</td>
</tr>
<tr>
<td>Equality Analysis</td>
<td>Performance reporting and the CCG’s ambition to improve performance is for the benefit of the population of Croydon and all users of Croydon commissioned services.</td>
</tr>
<tr>
<td>Patient and Public Involvement</td>
<td>The Interim Director of Quality and Governance will work with PPI leads to engage our local population in the actions we are taking to manage performance alongside issues raised through complaints and PALs.</td>
</tr>
<tr>
<td>Communication Plan</td>
<td>To be developed during Q2 2014</td>
</tr>
<tr>
<td>Information Governance Issues</td>
<td>Information Governance may impact on validation of breaches at a patient level. This will not impact on the CCG’s ability to understand themes related to breaches.</td>
</tr>
<tr>
<td>Reputational Issues</td>
<td>Failure to manage performance effectively would attract adverse attention from patients, the public and NHS England</td>
</tr>
</tbody>
</table>
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3.2.11 Cancelled Operations (E.B.S.2)

3.2.12 Mental Health Measure – Care Programme Approach (CPA) (E.B.S.3)

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3.3.5 A&E Attendances (E.C.7-8)

3.3.6 GP Written Referrals (E.C.9)

3.3.7 Other Referrals for first Outpatient Appointment (E.C.10)

3.3.8 Total Referrals (E.C.11)

3.3.9 First Outpatient Attendances following GP Referrals (E.C.12)
1 Executive Summary

This report provides assurance of CCG performance on key targets, to date. Month 1 (April) data is reported where available.

The national Indicators for 2014/15 are articulated in the “Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams” and is further explored for CCG’s in the “CCG Assurance Framework”.

The majority of indicators have provider wide and Commissioner wide targets. The CCG performance Scorecard (Appendix 1) and Provider performance Scorecard (Appendix 2) includes monthly and quarterly indicators showing the latest performance position for each indicator. Descriptions of the indicators and their metric construction can be found in Appendix 3.

1.1 The Performance Scorecards
The Performance Scorecard (Appendix 1) shows Commissioner Performance and Croydon Healthcare Services (CHS) performance, for the “Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams”. Performance is shown with the most recent data, which, for some indicators could be two months behind. An early sight of data will be provided where this is known.

Red, Amber, Green (RAG) ratings have been applied to highlight the performance of each indicator. Red and Amber denote that the indicator is not meeting its associated target and Green denotes that the indicator is meeting its target.

1.2 Performance Summary
With the available data present in the CCG scorecard, Appendix 1, the commissioner achieved 18 green rated indicators, 1 amber and 4 red, for the month of April. No cancer waiting time data was available for April at the time of data extraction.

The indicators, where performance has not met their thresholds, are shown in Table 1.

Month 1 (April) data is reported where available; the full performance scorecard is within Appendix 1 and further commentary available under in Section 3.
### Table 1: Indicators not meeting Target

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Monthly Indicators</th>
<th>March</th>
<th>April</th>
<th>Page Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANNEX A: OUTCOME MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.A.3 IAPT Roll-Out*</td>
<td></td>
<td>2.61%</td>
<td>R</td>
<td>2.64%</td>
</tr>
<tr>
<td><strong>ANNEX B: NHS CONSTITUTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.B.4 Diagnostic tests waiting time</td>
<td></td>
<td>81.09%</td>
<td>R</td>
<td>82.9%</td>
</tr>
<tr>
<td>E.B.5 A&amp;E waiting times</td>
<td></td>
<td>95.2%</td>
<td>G</td>
<td>94.6%</td>
</tr>
<tr>
<td>E.B.12 Cancer First Treatment 62 days, GP Referral</td>
<td></td>
<td>68.5%</td>
<td>R</td>
<td>TBC</td>
</tr>
<tr>
<td>E.B.15ii Ambulance Category A (Red 2) 8 minute response time</td>
<td></td>
<td>80.9%</td>
<td>G</td>
<td>70.6%</td>
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<tr>
<td>E.B.S.4 RTT 52 weeks (Incomplete)</td>
<td></td>
<td>3</td>
<td>R</td>
<td>5</td>
</tr>
<tr>
<td>E.B.S.7 Ambulance Handover delays (30 minutes)</td>
<td></td>
<td>21</td>
<td>R</td>
<td>38</td>
</tr>
<tr>
<td><strong>ANNEX C: ACTIVITY MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.C.4 Non-elective FFCEs</td>
<td></td>
<td>3,098</td>
<td>R</td>
<td>3,121</td>
</tr>
<tr>
<td>E.C.10 Other Referrals</td>
<td></td>
<td>4,101</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

*IAPT data is provisional from SLaM and not from the national source*

#### 1.3 Performance Focus Areas

**Improving Access to Psychological Therapies (IAPT) (E.A.3)**

Whilst national monitoring of this indicator is quarterly, provisional data from South London and The Maudsley (SLaM) indicates that the access rate dropped to 2.64% in April. However, the CCG is expecting 5.00% of people diagnosed with depression or anxiety, to access IAPT services this year, against the revised local target of 5.00% (previously 4.8%) due to additional investment made in the second quarter. This additional investment will significantly increase the size of the workforce and therefore access rates.
**Diagnostic test waiting times (E.B.4)**

Croydon CCG missed the diagnostic 6 week target in April with performance of 82.9%. The largest number of breaches at CHS was within non-obstetric ultrasound.

An action plan is in place and CHS has provided additional capacity by increasing available slots and sourced additional capacity from private providers. In addition to these measures, the CCG is expediting commissioning of additional direct access capacity at Shirley Oaks.

The trust has provided a trajectory to secure delivery by August 2014/15, the Director of quality and governance is meeting on a weekly basis with the Trust to assess performance against the trajectory. Weekly data demonstrates the Trust is exceeding capacity most of the time however there is not currently sufficient resilience in the system when staff have unexpected leave.

**A&E waiting time - total time in the A&E department (E.B.5)**

Croydon Health Services (CHS) had a difficult April, failing to achieve the 95% target with performance of 94.6%. The Trust experienced high numbers of attendances and perceived high acuity. Additionally, challenges were identified with flow throughout the hospital.

The provider has carried out an analysis to identify the peaks seen in Emergency Department (ED) attendances. This has enabled a re-evaluation of the skill-mix required at various times resulting in appropriate amendment to rotas.

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SLCSU has been in frequent dialogue with SGH as part of managing pressure surge to ensure all actions available to manage surges in the ED, are taken.

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**All cancer 62 day urgent referral to first treatment (E.B.12)**

Due to the lag in availability of Cancer Waiting time performance data, March’s position is reported here. April’s data will be included within the M2 report.

Croydon CCG failed to meet the 62 day standard for GP referral to first definitive treatment (E.B.12). March’s position was 68.5% against the threshold of 85% with 17 out of 54 patient pathways breaching.
The breaches were reported via breach reports requested by the Cancer Commissioning team. Of the 17 patient pathways that breached the standard:

- 4 were attributed to CHS
- 4 were shared between CHS and SGH
- 8 were shared between CHS and RMH
- 1 was shared between SASH and RSCH

The provider continues to work through issues with the Image Exchange Portal (IEP) system. The Cancer Services Manager is working towards resolving this with I.T.

CHS have stated that changes to the Prostate pathway are underway to improve the patient pathway and prevent delays. The Trust is seeking to resolve internal gaps in process by ensuring themes identified from breach reports are addressed.

**Ambulance Category A (Red 2) 8 minute response time (E.B.15.ii)**

The CCG’s performance in M1 was below the threshold, with 70.6%. The following narrative is from NWL CSU as lead for the LAS contract:

LAS Category A performance improved during the last 7 days, resulting in a slightly improved ‘provider-wide’ position of 69.9%. However both YTD and weekly performance remain below target of 75%.

On the 19th of May 2014 a Contract Query Notice was issued by Rob Larkman to LAS, requiring an action plan that demonstrates rectification of the current performance.

The team have held a preliminary meeting with the LAS to discuss performance and a CCG summit

**Number of 52 week Referral to Treatment Pathways, Incomplete (E.B.S.4)**

The CCG had five +52 week waits in April relating to:

- 3 patients at King’s College Hospital (KCH) – General Surgery and Gastroenterology
- 1 at University College London Hospital (UCLH) - Gynaecology
- 1 at St George’s Hospital (SGH) – General Surgery

For key actions being taken, please refer to page 21.

**Ambulance handover time (E.B.S.7)**

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Non-elective FFCEs (First Finished Consultant Episode) (E.C.4)
The CCG’s performance has been rated as red in April, with 3,121 non-elective FFCEs against the planned 2,650. In March the CCG reported 3,098 FFCEs. The plans are being revised in June; therefore, the RAG rating for April may change.

Other Referrals for first Outpatient Appointment (E.C.10)
The number of other referrals for first outpatient appointments in general and acute specialities was just above plan, with 4,101 against the expected 3,965. The plans are being revised in June; therefore, the RAG rating for April may change.
2 Introduction to 2014/15 Everyone Counts

The national Indicators for 2014/15 are articulated in the “Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams” and is further explored for CCG’s in the “CCG Assurance Framework”.

The majority of indicators have provider wide and Commissioner wide targets. The CCG and provider Performance Scorecard (Appendix 1) includes monthly, quarterly and annual indicators and shows the latest performance position for each indicator.

The standards and measures are broken down into three categories within the published guidance:

| Annex A: Outcome Measures | NHS England have identified key outcome and delivery measures that will be used to provide assurance to CCGs and NHSE that progress is being made toward improving outcomes for patients and tackling health inequalities. Indicators with a “E.A.” prefix relate to the Outcomes Framework. |
| Annex B: NHS Constitution Measures | The NHS Constitution enshrines the rights and pledges applicable to all NHS patients. The metrics within this section are largely around access and waiting times. These are the ‘must dos’ that CCGs will have to demonstrate commitment to, whilst delivering transformational change. Delivery of a number of these targets is also a requisite for achieving CCG Quality Premium payments. Indicators with an “E.B.” prefix relate to the NHS Constitution. |
| Annex C: Activity Measures | The activity measures are used to ensure that commissioners are delivering against their referral and activity plans, sustaining compliance with the NHS Constitution, whilst providing patients with access to services providing the right care, by the right person at the right place and time. Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in a hospital setting. |
Indicators continue to reflect the five domains of the NHS Outcomes Framework:

- Domain 1 – Preventing people from dying prematurely
- Domain 2 – Enhancing quality of life for people with long-term conditions
- Domain 3 – Helping people to recover from episodes of ill health or following injury
- Domain 4 – Ensuring people have a positive experience of care
- Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.

In 2014/15, the Everyone Counts performance indicator set saw a number of changes. These included an introduction of new CCG indicators and a removal of others. These changes are summarised below in table 2:

**Table 2 - New/Removed Indicators, Everyone Counts 2014/15**

<table>
<thead>
<tr>
<th>New 2014/15 Indicators</th>
<th>Removed 2013/14 Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital deaths attributable to problems in care</td>
<td>Under 75 mortality rate from cardiovascular disease</td>
</tr>
<tr>
<td>Improving the reporting of medication-related safety incidents</td>
<td>Under 75 mortality rate from respiratory disease</td>
</tr>
<tr>
<td>IAPT Recovery Rate</td>
<td>Under 75 mortality rate from liver disease</td>
</tr>
<tr>
<td>Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</td>
<td>Under 75 mortality rate from cancer</td>
</tr>
<tr>
<td>All subsequent outpatient attendances</td>
<td>Proportion of people feeling supported to manage their condition</td>
</tr>
<tr>
<td>GP Written Referrals</td>
<td>Emergency readmissions within 30 days of discharge from hospital</td>
</tr>
<tr>
<td>Other Referrals for first Outpatient Appointment</td>
<td>Total health gain assessed by patients: i. hip replacement; ii. Knee replacement; iii. Groin hernia; iv. Varicose veins</td>
</tr>
<tr>
<td>Total Referrals</td>
<td>Ambulance Crew Clear</td>
</tr>
<tr>
<td>First outpatient attendances following GP referrals</td>
<td></td>
</tr>
</tbody>
</table>

A large number of indicators were also introduced to monitor NHS England, directly commissioned services, namely; primary care, specialised services, public health section 7a services, prisoner health services (health and justice) measures. The CCG Performance Report will not include these indicators.

A description of each indicator and construction of the metric can be found in Appendix 3.
3 Indicator Performance

3.1 Annex A: Outcome Measures

3.1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare (E.A.1)

No data was available at time of extraction of the M1 scorecard. This indicator is reported annually.

3.1.2 Health-related quality of life for people with long-term conditions (E.A.2)

No data was available at time of extraction of the M1 scorecard. This indicator is reported annually.

3.1.3 IAPT Roll-Out (E.A.3)

Around one in six adults in England suffer from a common mental health problem. Monitoring for IAPT roll out is quarterly. No HSCIC data was available at time of M1 data extraction.

Provisional data from South London and The Maudsley (SLaM) indicates that the access rate dropped to 2.64% in April. However, the CCG is expecting 5.00% of people diagnosed with depression or anxiety, to access IAPT services this year, against the revised local target of 5.00% (previously 4.8%) due to additional investment made in the second quarter. This additional investment will significantly increase the size of the workforce and therefore access rates.

3.1.4 Composite measure on emergency admissions (E.A.4)

There is no M1 data available as monitoring of this indicator is quarterly; there is also a four month delay for data to be published.

3.1.5 Patient experience of hospital care (E.A.5)

As an annually reported indicator, no data is available at M1.

3.1.6 Friends and family test (E.A.6)

The national metric construction is being developed further. No data was available at time of M1 extraction.

3.1.7 Composite indicator comprised of i) GP Services ii) GP Out of Hours (E.A.7.i-ii)

No data was available at time of extraction of the M1 scorecard. This indicator is reported annually.
3.1.8 Hospital deaths attributable to problems in care (E.A.8)
With the metric being in development, no data is available at time of extraction of the M1 scorecard.

3.1.9 Improving the reporting of medication-related safety incidents (E.A.9)
No data was available at time of extraction of the M1 scorecard.

3.1.10 Estimated diagnosis rate for people with dementia (E.A.S.1)
No data was available at time of extraction of the M1 scorecard. The previous year’s data is expected to be published in September / October 2014.

3.1.11 IAPT Recovery Rate (E.A.S.2)
IAPT recovery rate data is monitored quarterly. No HSCIC data was available at time of M1 data extraction.

3.1.12 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (E.A.S.3)
No data was available at time of extraction of the M1 scorecard. This indicator is reported annually.

3.1.13 Healthcare acquired infection (HCAI) measure (MRSA) (E.A.S.4)
There were no new MRSA cases assigned to the CCG in March (M12) or April (M1 2014/15).

3.1.14 Healthcare acquired infection (HCAI) measure (clostridium difficile infections) (E.A.S.5)
In April, Croydon CCG had 3 incidences of CDiff, this was below the maximum permissible number of 4.

3.2 Annex B: NHS Constitution Measures

3.2.1 Referral to Treatment pathways (E.B.1-3)
The CCG were green against all 18 week RTT targets in month 1, achieving 90.2% against the target of 90.0% for admitted care, 96.4% against the target of 95.0% for non-admitted care and 93.8% against the target of 92% for incomplete pathways. Whilst RTT is being met at aggregate level there are challenges to address at specialty level for general surgery, oral surgery and trauma and orthopaedics. The contracting team have been requested to review waiting list data and ensure visibility and management of specialty level performance. In addition to this more focus is
being placed on the management of patient tracking lists to ensure good systems and processes are in place for tracking patients. The trust is implementing a programme of audits as a means of validating processes.

3.2.2 Diagnostic test waiting times (E.B.4)

Croydon CCG missed the diagnostic 6 week target in April with performance of 82.9%. The largest number of breaches at CHS was within non-obstetric ultrasound.

An action plan is in place and CHS has provided additional capacity of 400 slots per week. The Trust has sourced further additional capacity from private providers. This additional capacity has been undertaken as planned. In addition to these measures the CCG is seeking to expedite commissioning of additional direct access capacity at Shirley Oaks.

CHS has provided a backlog clearance trajectory which is being monitored against, the Trust is on target to achieve the target by August 2013.

CHS, SL CSU and Croydon CCG continue to have weekly conference calls to seek assurance on delivery.

Table 3- April (M1) Diagnostic Test Waiting Time Breaches

<table>
<thead>
<tr>
<th>TEST/PROCEDURE</th>
<th>Total waits</th>
<th>Breaches (over 6 weeks)</th>
<th>% Breaches (over 6 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology - Audiology Assessments</td>
<td>295</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Barium Enema</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cardiology - echocardiography</td>
<td>522</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Cardiology - electrophysiology</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>139</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>291</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>63</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>DEXA Scan</td>
<td>177</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Flexi sigmoidoscopy</td>
<td>43</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Gastroscopy</td>
<td>202</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>1206</td>
<td>26</td>
<td>2%</td>
</tr>
<tr>
<td>Neurophysiology - peripheral</td>
<td>90</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>neurophysiology</td>
<td>Non-obstetric ultrasound</td>
<td>5396</td>
<td>1406</td>
</tr>
<tr>
<td>Respiratory physiology - sleep studies</td>
<td>20</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Urodynamics - pressures &amp; flows</td>
<td>30</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>8476</strong></td>
<td><strong>1447</strong></td>
<td><strong>17.07%</strong></td>
</tr>
</tbody>
</table>
3.2.3 A&E waiting time - total time in the A&E department (E.B.5)

Croydon Health Services (CHS) had a difficult April, failing to achieve the 95% target with performance of 94.6%. The Trust experienced high numbers of attendances and perceived high acuity. Additionally, challenges were identified with flows throughout the hospital.

The provider has carried out an analysis to identify the peaks seen in Emergency Department (ED) attendances. This has enabled re-evaluation of the skill mix required at various times resulting in appropriate amendment to rotas.

CHS has also seen surges in ambulance arrivals, especially in the afternoons and evenings, where the number of arrivals per hour was above the Intelligent Conveyancing threshold for high pressure for a hospital of Croydon’s size.

In addition to this, CHS has struggled with patient flows within the hospital. The Trust has had difficulties with bed capacity, particularly early in the day. To combat this, CHS has refocused its attentions with senior input on the wards and increased escalation of internal delays to improve patient flow.

The Trust has been held to account through both the Clinical Quality Review Group (CQR) and A&E performance has been added to the weekly conference calls with the Trust, CCG and SLCSU.

St George’s Healthcare (SGH) A&E performance continues to be challenged. The Trust has now failed the last four months failing both April and May. SGH is now unlikely to achieve Q1 as performance of over 96% is required.

The Trust has struggled with high numbers of attendances, particularly in the evening and this has led to delays for an ED assessment. Bed capacity continues to be a problem, with high admissions and insufficient discharges over recent weeks.

SLCSU has been in frequent dialogue with SGH as part of managing pressure surge to ensure all actions available to manage surges in the ED, are taken.

The Trust has been held to account through both the Urgent Care Working Group (UCWG) and there has been A&E performance escalation meetings involving the CCGs, SLCSU, NHSE and the TDA.

The CCGs, supported by SLCSU, are exploring the contract options available including drafting a contract query due to A&E performance. A remedial action plan was requested from the Trust which has been provided and is being reviewed. The 5 point plan focuses on discharge processes, ambulatory care, senior health-frailty, ITU & Critical care, SAU and surgical pathways.

3.2.4 Cancer 2 week waits (E.B.6-7)

The CCG met both two week targets in March, 97.5% against the 93.0% target for All Cancer 2 week waits and 99.4% of Breast Symptoms (cancer not initially suspected) were seen against the 93.0% threshold.
3.2.5  **Cancer day 31 waits (E.B.8-11)**
Each of the 31 day cancer standards were met in March:

- 98.1% first definitive treatment in 31 days, against a threshold of 96%
- 100.0% subsequent treatment in 31 days, surgery, against a threshold of 94%
- 100.0% subsequent treatment in 31 days, drug regime, against a threshold of 98%
- 95.5% subsequent treatment in 31 days, radiotherapy, against a threshold of 95%

Due to the delay in published cancer target data, no performance data is currently available for April.

3.2.6  **Cancer 62 day waits (E.B.12-14)**
Croydon CCG failed to meet the 62 day standard for GP referral to first definitive treatment (E.B.12) March’s position was 68.5% against the threshold of 85% with 17 out of 54 patient pathways breaching.

The breaches were reported via breach reports requested by the Cancer Commissioning team. Of the 17 patient pathways that breached the standard:

- 4 were attributed to CHS
- 4 were shared between CHS and SGH
- 8 were shared between CHS and RMH
- 1 was shared between SASH and RSCH

The provider continues to work through issues with the Image Exchange Portal (IEP) system. The Cancer Services Manager is working towards resolving this with I.T.

CHS have stated that changes to the Prostate pathway are underway to improve the patient pathway and prevent delays.

3.2.7  **Ambulance clinical quality – Category A (Red 1) 8 minute response time (E.B.15.i)**
In April, the CCG met the target with 76.7%.

3.2.8  **Ambulance clinical quality – Category A (Red 2) 8 minute response time (E.B.15.ii)**
The CCG’s performance in M1 was below the threshold, with 70.6%. The following narrative is from NWL CSU as lead for the LAS contract:

LAS Category A performance improved during the last 7 days, resulting in a slightly improved ‘provider-wide’ position of 69.9%. However both YTD and weekly performance remain below target of 75%.

On the 19th of May 2014 a Contract Query Notice was issued by Rob Larkman to LAS, requiring an action plan that demonstrates rectification of the current
The team have held a preliminary meeting with the LAS to discuss performance and a CCG summit meeting is in the process of being arranged in order to discuss further actions.

The core reasons provided for underperformance to date are as follows:
- Unpredictably high Cat A activity.
- Lower than expected staff recruitment.

Although overall Cat A performance is significantly below plan, Red 1 (the most time critical calls) performance remains just below target at 74.6% YTD. Red 1 is an NHS Constitution requirement and factor of achieving CCG Quality Premium payments.

Until the CCG summit meeting has convened the actions required and being taken remain as follows:
- Review of arrangements in primary care services and alternative care pathways for managing patients, with known medical conditions, that could contribute to increases in activity
- LAS will review demand from 111 providers and have requested commissioners to request 111 providers ensure review of calls transferred to LAS to ensure only those requiring emergency services are referred
- LAS will work with the media on key messages for people in London to support them to stay well, especially in hot weather
- LAS plan to make changes to the auto dispatch system in the control rooms to reduce the number of multiple attendances to calls

3.2.9 Ambulance clinical quality - Category A 19 minute transportation time (E.B.16)
This indicator was met in M1, with the CCG achieving 96.4% against the 95.0% target.

3.2.10 Mixed Sex Accommodation (MSA) Breaches (E.B.S.1)
There were no MSA breaches for Croydon CCG in April.

3.2.11 Cancelled Operations (E.B.S.2)
No data was available at time of extraction of the M1 scorecard. This indicator is reported quarterly.

3.2.12 Mental Health Measure – Care Programme Approach (CPA) (E.B.S.3)
No data was available at time of extraction of the M1 scorecard. This indicator is reported quarterly.
3.2.13 Number of 52 week Referral to Treatment Pathways (E.B.S.4)

The CCG had five +52 week waits in April relating to:

- 3 patients at King’s College Hospital (KCH)
- 1 at University College London Hospital (UCLH)
- 1 at St George’s Hospital (SGH)

KCH – Of the long waiters at King’s, two relate to two patients in General surgery. The breaches fall within Bariatrics and Gastroenterology.

Bariatrics has additional ring-fenced beds now available in the Centenary wing at Denmark Hill. The Trust plans further offsite work after funding has been reviewed.

(Gastroenterology) HpB patients are complex and typically require a day’s list to complete. Additional theatre capacity became available in February allowing 4 all day lists per week. The limiting factor for HpB is critical care capacity, development of the modified Christine Brown ward is now completed giving 15 critical care beds. Cancelations are a risk due to emergency demand.

Orthopaedics is using spare capacity at Guy’s & St Thomas’ Hospital (GSTT) with around 30 patients transferred a month, there is also increased use of the Orpington site as an elective centre for KCH now expanding with Saturday lists. Increasing the Orpington to full capacity is reliant on additional staffing, consultants, ward staff and theatre staff. The trust continues to recruit to these areas.

Neurosurgery has additional beds in Brunel Ward as Orthopaedic work moves to Orpington site. Saturday lists are planned to be introduced and the Trust intends to renegotiate its contract with a private provider to make this financially viable.

UCLH - The long waiter at UCLH is in gynaecology. The SLCSU have contacted the Trust to understand the issues that have resulted in the long wait and the actions being taken to treat the patient and prevent long waits in the future.

SGH - The long waiter at St George’s relates to a patient in General Surgery. The patient had a ‘To Come In’ (TCI) date on the 4th June. The reasons for the increase in long waiting patients being reported in recent months is multi-factorial and include technical issues affecting patient tracking lists following the Cerner PAS upgrade, clinician capacity constraints and significant bed pressures experienced in Q4 2014.

The key actions that SGH are taking include:

- Creating a project board which is reviewing the implementation and monitoring progress/resolution of outstanding technical issues
- Weekly RTT management meetings by care group
- A weekly escalation email of long waiters is now sent by the Associate Director of Finance, Contracting and Performance, to the Divisional Directors of Operations and Divisional Clinical Chairs to review personally and action those patients waiting for more than 40 weeks
The Trust has also initiated a monthly RTT Compliance meeting chaired by an Executive Director. Monthly meetings are being held with South London CSU reviewing RTT performance, and RCAs for long waiting patients.

3.2.14 Trolley waits in A&E (E.B.S.5)
CHS had no 12 hour trolley waits in M1.

3.2.15 Urgent operations cancelled for a second time (E.B.S.6)
There were no instances of urgent operations cancelled for a second time at CHS, in April.

3.2.16 Ambulance handover time (E.B.S.7)
In April, CHS’ performance worsened slightly compared with March, with the Trust reporting 38 x 30 minute breaches. However, there were no 60 minute breaches recorded.
3.3 Annex C: Activity Measures

3.3.1 Elective finished first consultant episodes (FFCEs) (E.C.1-3)

In April, the FFCEs for elective and daycase were below the locally defined plan, and therefore, rated as green within the CCG scorecard.

- Elective FFCEs – 591 against a plan of 668
- Daycase FFCEs – 2,485 against a plan of 3,217
- Total Elective FFCEs – 3,076 against a plan of 3,885

*Figure 1: Total Elective FFCEs, Rolling 12 months against plan*

3.3.2 Non-elective FFCEs (First Finished Consultant Episode) (E.C.4)

The CCG’s performance has been rated as red in April, with 3,121 non-elective FFCEs against the planned 2,650. In March the CCG reported 3,098 FFCEs. The plans are being revised in June; therefore, the RAG rating for April may change.
3.3.3 All first outpatient attendances (E.C.5)
M1 saw the CCG report 7,576 new outpatient attendances against a plan of 8,375. Although this is below the planned values it is a slight increase on activity reported for March 7,486.

Figure 3: All First Outpatient Attendances, Rolling 12 months against plan
3.3.4 All Subsequent Outpatient Attendances (consultant led) (E.C.6)
No April data was available from Unify at time of extraction.

3.3.5 A&E Attendances (E.C.7-8)
Croydon CCG saw 6,863 type 1 A&E attendances in April, this compares with the 5,388 seen in March.

All Types A&E was rated green in April, with 12,151 attendances against a plan of 12,928.

3.3.6 GP Written Referrals (E.C.9)
April’s figures show Croydon below the plan set for GP written referrals, with an actual of 6,717 against the planned 7,134.

3.3.7 Other Referrals for first Outpatient Appointment (E.C.10)
The number of other referrals for first outpatient appointments in general and acute specialities was just above plan, with 4,101 against the expected 3,965. The plans are being revised in June; therefore, the RAG rating for April may change.

3.3.8 Total Referrals (E.C.11)
In April, the CCG saw a total of 10,818 referrals against an expected 11,099.

3.3.9 First Outpatient Attendances following GP Referrals (E.C.12)
Data for M1 reports that the CCG had a total of 4,203 new outpatient attendances following a GP referral against the planned level of 4,873.
Extracted
Provisional
Extracted
Provisional
Provisional
Provisional
Extracted
Extracted
Provisional
Provisional
Provisional
Provisional

ANNEX C MEASURES
G and A elective FFCEs
EC001
G and A daycase FFCEs
EC002
G and A total FFCEs
EC003
Non elective FFCEs
EC004
All first outpatient attendances
EC005
All subsequent outpatient attendances
EC006
A and E attendances (Type 1)
EC007
A and E attendances (all types)
EC008
GP written referrals (G and A)
EC009
Other referrals (G and A)
EC010
Total referrals
EC011
First outpatient attendances following GP referral
EC012
G
G
G
R
G

G
G
R
G
G

591
2,485
3,076
3,121
7,576
6,863
12,151
6,717
4,101
10,818
4,203

12,928
7,134
3,965
11,099
4,873

G
G
R

0
0
5

0
0
0

668
3,217
3,885
2,650
8,375

G
A
G
G

G
G
G
R

G
G

76.7%
70.6%
96.4%
0

90.2%
96.4%
93.8%
82.9%

0
3

Apr

75.0%
75.0%
95.0%
0

90.0%
95.0%
92.0%
99.0%

0
4

Target

May

Jun

Jul

Aug

Enc 7 Appendix 1

Last updated: 03 Jun 2014
Produced by the South London CSU Business Intelligence Team. For any queries please contact us at slcsu.performance@nhs.net

Calculation Types:Data are averaged across the quarter or year
Average
Period data are running totals; Quarterly and annual data are summed
Cumulative
Most Recent Data are for the most recent period only
No data aggregation
None
Data are summed across the quarter or year
Sum

Data Status:Public
Provisional
Signoff
Reported
Extracted

Reports use data from unify public extracts.
Reports show performance which may not be complete for the latest month.
Reports are produced after comissioner sign off extracted from national systems
Reports are produced by partner organisations.
Data that has be extracted from a national information system.

Signoff
Signoff
Signoff
Signoff
Provisional
Provisional
Provisional
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Provisional
Provisional
Provisional
Provisional
Public
Provisional
Signoff
Signoff
Signoff

ANNEX B MEASURES
RTT 18 weeks (admitted patients)
EB001
RTT 18 weeks (non admitted patients)
EB002
RTT 18 weeks (incomplete pathways)
EB003
Diagnostic tests waiting time
EB004
A and E waiting times
EB005
Cancer two weeks (monthly)
EB006
Cancer two weeks (quarterly)
EB006
Breast symptoms two weeks (monthly)
EB007
Breast symptoms two weeks (quarterly)
EB007
Cancer first definitive treatment 31 days (monthly)
EB008
Cancer first definitive treatment 31 days (quarterly)
EB008
Cancer subsequent treatment 31 days, surgery (monthly)
EB009
Cancer subsequent treatment 31 days, surgery (quarterly)
EB009
Cancer subsequent treatment 31 days, drug (monthly)
EB010
Cancer subsequent treatment 31 days, drug (quarterly)
EB010
Cancer subsequent treatment 31 days, radiotherapy (monthly)
EB011
Cancer subsequent treatment 31 days, radiotherapy (quarterly)
EB011
Cancer first treatment 62 days, GP Referral (monthly)
EB012
Cancer first treatment 62 days, GP Referral (quarterly)
EB012
Cancer first treatment 62 days, Screening (monthly)
EB013
Cancer first treatment 62 days, Screening (quarterly)
EB013
Cancer first treatment 62 days, Consultant upgrade (monthly)
EB014
Cancer first treatment 62 days, Consultant upgrade (quarterly)
EB014
Ambulance Red 1 8 minute response
EB015
Ambulance Red 2 8 minute response
EB015
Ambulance Red 19 minute transportation
EB016
Mixed sex accommodation breaches
EBS01
Care programme approach follow up
EBS03
RTT 52 weeks (admitted patients)
EBS04
RTT 52 weeks (non admitted patients)
EBS04
RTT 52 weeks (incomplete pathways)
EBS04

Data Status

Provisional
Provisional
Provisional
Provisional
Provisional
Provisional
Provisional
Provisional

Indicator

Freeze Date: 03 Jun 2014

Croydon CCG
CCG All Indicators Scorecard

ANNEX A MEASURES
Potential Years of Life Lost
EA001
Health related quality of life
EA002
Unplanned admissions, chronic ambulatory care
EA004
Unplanned admissions, asthma etc, under 19
EA004
Unplanned admissions, not usually needing admission
EA004
Unplanned admissions, lower respiratory tract under 19
EA004
MRSA (PIR Assigned)
EAS04
C Difficile
EAS05

Page 98 of 250

Sep

Oct

Monthly Performance
Nov

Appendix 1

Dec

Jan

Feb

Mar

Trend

Sum
Sum
Sum
Sum
Sum
Sum
Sum
Sum
Sum
Sum
Sum
Sum

Average
Average
Most Recent
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Average
Cumulative
Average
Most recent
Most recent
Most recent

Most Recent
Most Recent
Most Recent
Most Recent
Most Recent
Most Recent
Sum
Sum

Calculation
Type
Quarter 2

Quarter 3

Quarterly Presentation
Quarter 1

Quarter 4

Sum
Sum
Sum
Sum
Sum
Sum
Sum
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Sum
Sum
Sum
Sum

Average
Average
Most Recent
Average
Average
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Average
Cumulative
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Most recent
Most recent
Most recent

Most Recent
Most Recent
Most Recent
Most Recent
Most Recent
Most Recent
Sum
Sum

Calculation
Type

G
G
G
R
G

G
G
R
G
G

6,863
12,151
6,717
4,101
10,818
4,203

R

R
R

3,931

2,864
8,701

R
R
A
5
2
4
G
G
R
0
0
5

591
2,485
3,076
3,121
7,576

G
G
G
R

A
G
G
A

R
R

78.1%
76.0%
98.0%
13

87.1%
95.8%
94.3%
98.8%

1
5

G
A
G
G

G
G
G
R

G
G

Last Year

76.7%
70.6%
96.4%
0

90.2%
96.4%
93.8%
82.9%

0
3

Actual

Year to Date


## Appendix 2

### Croydon Health Services

**Provider All Indicators Scorecard**

**Freeze Date:** 30 May 2014

### Monthly Performance

| Indicator | Data Status | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Q1 | Q2 | Q3 | Q4 | Year to Date |
|-----------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| **A and E attendances, Type 1** | Provisional | | | | | | | | | | | | | | | | | |
| **No data aggregation** | | | | | | | | | | | | | | | | | | |
| **Quarterly Performance** | | | | | | | | | | | | | | | | | | |
| **Calculation Types** | | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | |
| Sum | | | | | | | | | | | | | | | | | | |
| **Year to Date** | | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | |
| Sum | | | | | | | | | | | | | | | | | | |

### Quarterly Performance

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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Year to Date</th>
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<td><strong>Ambulance handover within 30 minutes</strong></td>
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<td><strong>Cancer first treatment 62 days, Screening (quarterly)</strong></td>
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<tr>
<td><strong>Cancer subsequent treatment 31 days, surgery (quarterly)</strong></td>
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### annually

| Indicator | Data Status | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Q1 | Q2 | Q3 | Q4 | Year to Date |
|-----------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| **A and E attendances, All types** | Provisional | | | | | | | | | | | | | | | | | | |
| **No data aggregation** | | | | | | | | | | | | | | | | | | |
Annex A: Outcome Measures

Potential years of life lost (PYLL) from causes considered amenable to healthcare (E.A.1)
Deaths from causes considered ‘amenable’ to health care are premature deaths that should not occur in most cases in the presence of timely and effective health care. The causes of death are defined for this composite indicator, which have been chosen to measure how successful the NHS is in meeting its objectives.

This indicator also accounts for 15% of the CCG Quality Premium.

Health-related quality of life for people with long-term conditions (E.A.2)
Performance will be derived from responses to the EQ-5D Health-Related Quality of Life Questionnaire. This indicator falls within domain 2 – Enhancing quality of life for people with long-term conditions, of the NHS Outcomes framework.

Achievement of this indicator will be measured against the CCG’s annual plan.

IAPT Roll-Out (E.A.3)
Around one in six adults in England suffer from a common mental health problem, such as depression or an anxiety disorder. The purpose of this indicator is to measure improved access to psychological services for people with depression and/or anxiety disorders.

This is done using two indicators (the other indicator being E.A.S.2). E.A.3 measures the proportion of people that enter treatment against the level of need in the general population (the level of prevalence addressed or ‘captured’ by referral routes).

The expectation is that CCGs extrapolate local prevalence from the national Psychiatric Morbidity Survey 2000 as part of their needs assessment. IAPT roll out also accounts for 15% of the CCG Quality Premium.

Composite measure on emergency admissions (E.A.4)
This metric is a composite measure of:

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions,
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s,
- Emergency admissions for acute conditions that should not usually require hospital admission,
- Emergency admissions for children with lower respiratory tract infections (LRTI).
Success against this indicator is defined as a reduction in emergency admissions which can be influenced by effective collaboration across the health and care system.

This indicator is also a quality premium measure which is up to 25% of the available award. The threshold for the quality premium is to achieve:

a) A reduction, or a zero percent change, in emergency admissions for the above conditions for the CCG population between 2013/14 and 2014/15

Or

b) The Indirectly Standardised Rate of admissions in 2014/15 at less than 1,000 per 100,000 population.

**Patient experience of hospital care (E.A.5)**

This indicator is amended from the NHS Outcomes Framework, domain 4 – Ensuring that people have a positive experience of care.

A composite of 15 questions from the national inpatient survey will be used. The survey is collected at a provider-level; however, guidance states that an algorithm will be used to attribute provider-level data on patient experience to a geographical CCG footprint. Currently the algorithm assigns trust-level outcome data to a CCG footprint per annum where a CCG sends more than 10% of admitted patients to each provider.

Success will be measured as a reduction in ‘poor’ as a response to the inpatient survey questions included in the composite score.

**Friends and family test (E.A.6)**

NHS England are yet to publish a detailed metric construction for this indicator. However, local providers that represented 10% or more of the CCG’s activity for the first half of 2013/14 will be used as the baseline for 2014/15 and success will be to evidence an improvement in the proportion of positive recommendations.

Whilst not the same metric, there is a Quality Premium measure in 2014/15 which links to the FFT. The indicator is about addressing issues identified in the 2013/14 FFT, supporting roll out of FFT in 2014/15 and showing improvement in a locally selected indicator from domain 4 of the CCG Outcomes Indicator Set. This measure is worth up to 15% of the quality premium payment.

The national metric construction is being developed further.

**Composite indicator comprised of i) GP Services ii) GP Out of Hours (E.A.7.i-ii)**

Linked to CCG Outcome Framework, domain 4: Ensuring that people have a positive experience of care, these indicators are detailed under Outcome Ambition 6 of ‘Setting 5-year ambitions for improved outcomes’ guidance.
This indicator will look at the rate of responses of ‘fairly poor’ or ‘very poor’ experience across General Practice and Out-of-hours services, per 100 patients, as collected through the GP Patient Survey. Information from 2012 will be used as a baseline.

**Hospital deaths attributable to problems in care (E.A.8)**

This indicator is still in development. The Everyone Counts technical guidance gives autumn 2015 as the earliest roll-out for measuring this national ambition, with local granularity expected no earlier than 2016/17.

**Improving the reporting of medication-related safety incidents (E.A.9)**

A patient safety incident (PSI) is any unintended or unexpected incident that could have, or did, lead to harm for one or more person receiving NHS funded healthcare.

Medication incidents are PSIs which actually caused harm or had the potential to cause harm involving an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.

Through improving reporting in the short term, the NHS can build the foundations for driving improvement in the safety of care received by patients.

Achievement of this indicator is likely to be linked to improved reporting compared with Q1 and Q2 of 2013/14, with respect to providers with 10% or more of the CCG’s total activity. Clarification is required from NHSE around the indicator, as it was published within the Everyone Counts technical guidance.

However, quality premium measure 5) Improved reporting of mediation-related safety incidents, which could attract up to 15% of a CCG’s quality premium payment, describes the threshold as being met where:

- A CCG agrees a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15; and
- These providers achieve the specified increase

The local measure may include improved levels of reporting from primary care.

**Estimated diagnosis rate for people with dementia (E.A.S.1)**

This indicator’s purpose is to monitor progress toward improving diagnosis rates for dementia, enabling patients and carers/families to access appropriate services earlier supporting planning for impact of the disease.

Performance will be expressed as a percentage of people on the dementia register for England in the Quality and Outcomes Framework (QOF) against the prevalence of dementia as given by the NHS England Dementia Prevalence Calculator.

Planning guidance states that an increase in the dementia diagnosis rate to 65% should be achieved by March 2015.
IAPT Recovery Rate (E.A.S.2)
E.A.S.2 measures the proportion of people who complete treatment who are moving to recovery. The definition of completing treatment are where a patient has left treatment within the reported period, having attended two or more treatment contacts, including planned completion, unscheduled discontinuation, referral to another service, death and unknown reasons.

Moving to recovery is defined by a patient being identified as meeting the threshold for treatment for depression and/or anxiety as determined by scores on the Patient Health Questionnaire, or other specific measure appropriate for the patient's diagnosis, at point of initial assessment and being below that threshold at the final session.

NHS England expects the recovery rate to reach 50%.

IAPT recovery rate data is monitored quarterly

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (E.A.S.3)
This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.

The indicator is also part of the Adult Social Care Outcomes Framework (ASCOF).

HCAI indicators are part of Domain 5 of the NHS Outcomes Framework - Treating and caring for people in a safe environment and protecting them from avoidable harm. These indicators look at the CCG’s progress towards the NHSE zero tolerance on MRSA infections and significant reduction of incidence of C-diff.

The MRSA indicator counts the number of meticillin-resistant staphylococcus aureusis (MRSA) bacteraemia assigned to the CCG following a post infection review, which was a change in the counting methodology of 2012/13 which was the number of cases within the GP Registered population.

As a zero tolerance standard, success is defined as no incidences of MRSA assigned to the CCG in 2014/15.

Healthcare acquired infection (HCAI) measure (clostridium difficile infections) (E.A.S.5)
The C-Diff indicator counts the number of Clostridium difficile infections for patients aged 2 or more, on the date the specimen was taken. Meeting this target for the year is dependent upon the CCG falling below the calculated threshold for incidences of c-diff.
For 2014/15 the CCG’s threshold has been calculated as 59. This is actually higher than the permitted threshold in 2013/14 due to the formula used to derive the target based upon previous year’s incidences.

Annex B: NHS Constitution Measures

Referral to Treatment pathways (E.B.1-3)
The RTT indicators are based upon NHS constitution standards and monitor the operational achievement of patients’ right to be seen within 18 weeks, from referral to consultant lead pathways for treatment of non-urgent conditions. The indicators, therefore, monitor the length of time from referral through to elective treatment for admitted, non-admitted and incomplete pathways.

The RTT indicators are also used to calculate the Quality Premium for CCGs in 2014/15.

The targets for admitted, non-admitted and incomplete pathways within 18 weeks are 90%, 95% and 92% respectively. These RTT waiting time standards leave an operational tolerance to allow for patients who wait longer than 18 weeks to start their treatment because of choice or clinical exception.

Diagnostic test waiting times (E.B.4)
This indicator monitors the percentage of patients waiting 6 weeks or more for a diagnostic test. The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy.

All referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and all settings in which they are carried out (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centre etc.) are counted. Other than tests carried out following direct access referral, almost all other tests carried out in secondary care are part of the outpatient attendance or inpatient spell and not counted separately.

These operational standards are measured according to GP Registered patients for CCG Performance and referrals for Provider performance.

The threshold for achieving this metric, defined as the percentage of patients waiting 6 weeks or more for one of 15 key diagnostic tests, is less than 1%, i.e. 99% of patients waiting for one of the 15 key diagnostic tests should be seen within 6 weeks or less.

A&E waiting time - total time in the A&E department (E.B.5)
The A&E 4 hour wait is an NHS Constitution pledge. It is the percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.
This indicator is also one of the NHS Constitution Rights and Pledges that will be used to calculate the CCG Quality Premium Payment.

The indicator is met where 95% or more of patients are transferred, admitted or discharged from A&E within 4 hours of arrival.

**Cancer 2 week waits (E.B.6-7)**

Due to the lag in availability of all Cancer Waiting time performance data, March’s position is reported here. April’s data will be included within the M2 report.

Waiting no longer than 2 weeks from point of referral to being seen by a consultant for suspected cancer is a legal right of patients under the NHS Constitution.

The two week wait services are a vital component of the patient pathway ensuring fast access to diagnostic tests, supporting the provision of an earlier diagnosis and therefore assist in improving survival rates for cancer.

The 2 week cancer wait standards are another NHS Constitution right that will be used to calculate the CCG Quality Premium Payment in 2014/15.

To achieve these targets, for the CCG’s registered population, 93.0% of all patients referred urgently by their GP for suspected cancer are to be seen within 14 calendar days.

Similarly, 93.0% of patients urgently referred with breast symptoms for investigation are to be seen within 14 calendar days for the CCG to have met this standard.

**Cancer day 31 waits (E.B.8-11)**

The 31 day wait metrics monitor the percentage of patients receiving a first definitive and subsequent treatment within one month of a diagnosis of cancer. Treatments are divided into surgery, drug regimens and radiotherapy.

Maintaining these standards will ensure that cancer patients receive all treatments within their package of care within clinically appropriate timeframes, thus providing a better patient-centred care and improve cancer outcomes.

In order for the CCG to meet the 31 day cancer standards, it must achieve or exceed:

- 96% for first definitive cancer treatment within 31 days.
- 94% subsequent surgical cancer treatment within 31 days.
- 98% subsequent drug regime cancer treatment within 31 days.
- 95% subsequent radiotherapy cancer treatment within 31 days.

**Cancer 62 day waits (E.B.12-14)**

62 day wait targets report the percentage of patients receiving their first definitive treatment for cancer within two months from an urgent referral from a GP, screening service or consultant decision to upgrade the patient’s priority status.
Maintaining these standards will ensure that a cancer patient will receive timely access to treatment and move along their pathway of care at a clinically appropriate pace, thus providing better patient-centred care and improve cancer outcomes.

The national thresholds for the 62 day cancer standards are:
85% for All cancer two month urgent referral to first treatment (E.B.12)
90% for 62 day wait for first treatment following referral from an NHS cancer screening service (E.B.13)

There is no operational standard for 62 day wait for first treatment for cancer following a consultant's decision to upgrade priority (E.B.14). Whilst this measure will not be centrally assessed, performance data will be monitored and published within national statistics.

**Ambulance clinical quality – Category A (Red 1) 8 minute response time (E.B.15.i)**
Faster response times improve health outcomes and experience for patients with immediately life-threatening conditions. The Red 1 incidents may be immediately life threatening and the most time critical.

These should receive an emergency response within 8 minutes, irrespective of the location, in 75% of cases.

**Ambulance clinical quality – Category A (Red 2) 8 minute response time (E.B.15.ii)**
Category A, Red 2 incidents are presenting conditions that may be life threatening but less time critical than Red 1 and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

**Ambulance clinical quality - Category A 19 minute transportation time (E.B.16)**
Presenting conditions, which may be immediately life threatening, should receive an ambulance response at the scene within 19 minute irrespective of location in 95% of cases.

**Mixed Sex Accommodation (MSA) Breaches (E.B.S.1)**
The NHS has committed to delivering single-sex sleeping accommodation in hospitals. This is the subject of a pledge within the NHS Constitution. Since April 2011, NHS providers have routinely reported breaches of single-sex sleeping accommodation as set out in the relevant guidance, which attracts a contractual penalty in relation to each patient affected. All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

**Cancelled Operations (E.B.S.2)**
The handbook to the NHS Constitution lays out the pledge to all patients, where an operation is cancelled on or after the day of admission, for non-clinical reasons, the
hospital is to offer another binding date within 28 days or the patient’s treatment will be funded at the time and hospital of the patient’s choice.

Cancelled operations only apply to elective procedures. The indicator records a breach where a patient has had their operation cancelled and the provider failed to offer a binding date within a 28 day period.

The sought outcome of this indicator is a reduction in the number of cancelled operations.

**Mental Health Measure – Care Programme Approach (CPA) (E.B.S.3)**

This indicator reports the proportion of patients under adult mental illness specialities on a CPA who were followed up within 7 days of discharge from psychiatric inpatient care within the quarter.

Follow up includes face to face or telephone contact. The measure of success is defined as having achieved at least 95% of all patients on a CPA followed up within 7 days, within the quarter.

**Number of 52 week Referral to Treatment Pathways (E.B.S.4)**

With an operational tolerance on the 18 week RTT pathway standards, the 52 week standards are an attempt to establish the absolute maximum waiting, as such there is a zero tolerance for any referral to treatment wait of more than 52 weeks, where an intervention is required.

Narrative is provided on >52 Week Incomplete Pathways only. The rationale for this is that most admitted and non-admitted >52 week waiters will be reported first as >52 week Incompletes.

Additionally, once the >52 week patient has been treated they will be recorded under admitted or non-admitted. Therefore, focus upon incomplete pathways is given priority to ensure the necessary actions are taking place to enable the long waiting patients to be treated as soon as possible.

**Trolley waits in A&E (E.B.S.5)**

Trolley waits, over 12 hours in A&E, is a national indicator within the standard NHS contract and results in a fixed penalty of £1,000 per breach. The indicator reports on the number of patients that have waited over 12 hours in A&E from the decision to admit to the point of admission.

There should be no instances of 12 hour trolley waits.

**Urgent operations cancelled for a second time (E.B.S.6)**

With the intention to improve patient experience and outcomes, this standard looks at number of urgent operations cancelled by the provider for non-clinical reasons which have already been subject to a previous cancellation for non-clinical reasons, excluding patient choice.
Non-elective patients are included within this metric. The definition of urgent can be agreed locally in light of clinical and patient need, however, it is recommended that guidance from the National Confidential Enquiry into Perioperative Deaths (NCEPOD) should be followed.

No patient should have an urgent operation cancelled for a second time.

Ambulance handover time (E.B.S.7)
The ambulance handover time indicator is a count of delays longer than 30 and 60 minutes from the point at which the ambulance arrives to the time the clinical handover has been completed and the patient is physically on hospital apparatus.

Success will be taken as a reduction in the numbers of delays.

Annex C: Activity Measures

Elective finished first consultant episodes (FFCEs) (E.C.1-3)
The purpose of collecting this group data is to support central cross-governmental forecasting, e.g. Office for National Statistics (ONS) and Treasury in forecasting or national Gross Domestic Product (GDP).

Elective FFCEs are collected with the expectation that elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution’s right to access services within maximum waiting times.

Non-elective FFCEs (First Finished Consultant Episode) (E.C.4)
Whilst Non-Elective First Finished Consultant Episodes (FFCEs) are not a currency within the acute contracts, it is used as a proxy for central reporting and success is defined as a reduction in the growth of FFCEs.

All first outpatient attendances (E.C.5)
The purpose of this indicator is to demonstrate to NHS England that the CCG’s plans for referrals and activity are realistic and will sustain compliance against patients’ rights within the NHS Constitution for access to services within the maximum waiting times.

This indicator is a count of all first, consultant led, outpatient attendances in general and acute specialties.

Success criteria for this indicator, as stated within Everyone Counts technical guidance, is to sustain compliance with the NHS constitution’s right to access services within maximum waiting times. As with other Monthly Activity Return (MAR)
indicators in 2013/14, performance will be determined by a comparison to a local plan submitted to NHSE.

All Subsequent Outpatient Attendances (consultant led) (E.C.6)
Also with the purpose to demonstrate the CCG’s activity plans are realistic and maintain compliance against the NHS Constitution’s waiting times, this indicator is a count of all subsequent outpatient attendances within a given period. Both face to face and non-face to face activity is included.

A&E Attendances (E.C.7-8)
This indicator is intended to monitor a reduction of inappropriate A&E usage. A reduction in the growth of the number of A&E attendances may indicate a more appropriate use of expensive emergency care and improved use of other services where appropriate.

GP Written Referrals (E.C.9)
Monitoring of GP written referrals to a first outpatient appointment within the General and Acute specialties is a further measure to triangulate whether the CCG’s plans are realistic and sustainable. As with other Monthly Activity Return (MAR) indicators, performance will likely be measured against the plan provided to NHSE from the CCG.

Other Referrals for first Outpatient Appointment (E.C.10)
The measure of non-GP referral requests for a first consultant outpatient appointment in a given period is another proxy for appropriateness of the CCG’s plans and management of demand for general and acute services within a secondary care setting. Performance against the local plan is likely to be the method of measurement.

Total Referrals (E.C.11)
Total referrals, simply an aggregate of EC9 (GP Referrals) and EC10 (Non-GP Referrals).

First Outpatient Attendances following GP Referrals (E.C.12)
A count of all first outpatient attendances taking place within the period, where a patient was seen by a consultant or clinician acting for the consultant, for examination or treatment. No threshold or criteria for success is given within the technical guidance, however, the rationale for this indicator is concerned with CCGs demonstrating that their referral and activity plans are realistic and will allow patients to access services in line with the NHS Constitution, in a sustainable way.
Title of Paper: QUALITY REPORT

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Michelle Rahman, Interim Director of Governance and Quality</th>
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<tbody>
<tr>
<td>Report Author</td>
<td>Emma Jackson, Quality &amp; Clinical Governance Lead</td>
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<tr>
<td>Committees which have previously</td>
<td>Senior Management Team</td>
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<td>discussed/agreed the report.</td>
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<td>Committees that will be required</td>
<td>Clinical Leaders</td>
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<td>to receive/approve the report</td>
<td>Quality Committee</td>
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<tr>
<td>Purpose of Report</td>
<td>Governing Body</td>
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Purpose of Report

For Discussion and Noting

Recommendation:

The Senior Management Team is asked to:

- Note the May Quality Report and the actions being taken to address key concerns.
- In particular review and note items highlighted in bold in Part 1 High-level overview: Key issues, that represent a new assurance or outcome for the May reporting period; and items highlighted in yellow throughout the report which require either consideration by SMT in terms of progressing recommendations, or represent significant assurance actions.

Background:

This report outlines the Quality Assurance for the CCG’s main providers. There is continued effort to develop the quality dashboards for each provider.

- **Part 1 of this report includes Key Issues**, which detail by exception the provider Quality issues in terms of level of concern, progress and escalation. It covers those that are already in the system and under review. Key Issues section is updated on a month by month basis. The status may not advance within this timeframe due to the complexities of change in healthcare systems. **Items tabled as a new assurance or outcome for the May reporting period are indicated in bold.**
- **Part 2 aims to summarise the key outcomes from the CCG’s Quality Committee**, which occur bimonthly.
- **Part 3 of this report provides a narrative on the developments from the provider’s key Quality and Safety assurance meetings**, as well as an overview of routinely collected Quality and Safety surveillance indicators.
- **Appendix A presents Croydon Health Services Month 12 2013/14 quality and performance dashboard.**

Key Issues:
The key messages are as follows:

**Croydon Health Services NHS Trust**

- **Inpatient Survey**: The Trust rating on “overall experience” is 7.1/10 which was the lowest score achieved of all acute Trusts (national average 7.7/10), and a similar outcome to previous years. Partnership working with the Picker Institute has developed an “Immediate action plan” from importance mapping.
- **Friends & Family Test**: Mirroring the inpatient survey, the combined FFT score continues to be below national average, at 52 in March versus the national average of 63. Review of qualitative feedback has highlighted the main themes which are being targeted with trust wide quality improvement initiatives.
- **Staff Survey**: The trust achieved the 2013/14 CQUIN for an improvement on the 2012 results: significantly better on 15 questions, worse on 1 question and no difference in 75 questions. It is expected that improvement in patient experience will follow improvement in the staff survey.
- **Workforce Vacancy**: The Trust vacancy rate is at 11.79% in March, from 17% in April 2013. However in year the trust proportion of temporary staff has only reduced by 0.9%, implying that while vacancies are reducing this is not having an impact on temporary staff use. Actual vs. Intended staffing numbers will become mandatory to report from 28th June 2014.
- **Serious Incidents**: There were a total of 29 SIs reported in April 2014 by Croydon Health Services NHS Trust, (10 Acute and 19 Community), all of which were Grade 1. 13 of the community cases are pressure ulcers which have been approved for closure as they were not attributable to CHS.
- **Harm Free Care**: Overall, CHS continues to perform better than all organisations for prevalence of new harms. There has been an increase in all pressure ulcers and Trust acquired pressure ulcers in February and April 2014. The Head of Nursing for Patient Safety is meeting with Directorate leads to discuss trends in specific ward and community areas.
- **Venous Thromboembolism Risk Assessment**: The Trust did not achieve their 13/14 end of year target for VTE risk assessment, due to technical issues when transferring from VitalPAC to Cerner in December. However Root Cause Analysis (RCA) reviews were completed for all of 10 Hospital Acquired Thrombosis identified between January - March 2014 and only 1 was found to be potentially preventable.
- **Service issues**:  
  - Anticoagulation: Data submitted in May show wait times for the service are within an acceptable range, and extra staff have been recruited to the service.
  - Discharge information: The contract query notice has been closed in May, and improvements will be further incentivised via the 2014/15 CQUIN.
  - Podiatry: The service increased its capacity to assess new patients and can now see ~ 38 new patients per week.
  - Diagnostic Services: Weekly update meetings are in place between Trust leads and the CCG. An external clinical review is being commissioned to examine for any harm that may have occurred in each patient due to a delay in receiving a scan. The RCA report is due on 27th June 2014.

**South London and the Maudsley NHS Trust (SLaM)**

- **Quality monitoring**: The CCG have proposed metrics and a structure for a quality and performance dashboard to improve on the current reporting arrangements and to better enable the CCG to look at information and intelligence to inform quality discussions. Negotiations are on-going and will likely require support at Director Level to achieve agreement from SLaM and its implementation.
**Staff Survey:** Compared with the 2012 survey, SLaM improved in 11 categories, 2 categories remain unchanged, and 15 categories were less positive than the previous year. Each CAG has been asked to develop an Action Plan in relation to the responses.

**Serious Incidents:** SLaM reported 2 SIs in April 2014 involving Croydon residents, 1 of which was a Grade 2, homicide by an inpatient, so the Trust’s RCA review must be paused until the Police Investigation closes.

**Care UK 111**
- The Coroner’s report has now been published relating to the SI in 2013. There were no significant changes to the interim RCA report. The SLCSU SI team have critiqued the RCA report and concluded that the action plan is robust and has identified lessons learned for implementation and review. The SI has been recommended for closure and monitoring.

**Virgin Urgent Care Centre**
- CQC Visit: UCC have submitted their compliance action response to both the CQC and the CCG, detailing significant changes to address the issues identified. The CCG and NHSE have been assured by the progress of the UCC. The CSU plan to carry out further visits on behalf of the CCG for continued assurance.

**Amberley Lodge Nursing Home**
- The CCG met with the Local Authority on 14th May to consider the evidence for the quality issues presented. The LA will lead on the investigation with a core team to undertake a visit; contractual levers will be used to improve and sustain quality.

**Moorfields secondary care eye services**
- Data transfer when the service moved from CHS to Moorfields has resulted in around 8437 records that are incomplete or misrepresented. A recovery plan and timescales was submitted to the CCG and update received on 5th June.

**Infection Control**
- At the close of 2013/2014, Croydon CCG reported 49 cases of *Clostridium difficile*, 6 above trajectory. SLCSU infection control team confirmed that CHS fully complies with protocols for testing and diagnosing *C difficile* infections. The team are investigating the cause for the higher number of CCG cases.
- CHS have had two cases of *C diff* year to date 2014/15. Collaboration between the Infection Control Team, the antimicrobial pharmacist and microbiologists continues to ensure that performance persists and improves further in 2014/15 following significant reductions in 2013/14.
- CHS and the CCG have had no cases of MRSA for April or May 2014.
- CHS are progressing well towards implementing the toolkit for the National Patient Safety Alert addressing carbapenemase-producing organisms, by the 30th June. Currently the main risk is how to provide enough isolation facilities. This is an issue for all NHS Trusts.

### Governance:

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To commission integrated, safe, high quality services in the right place at the right time.</th>
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<tbody>
<tr>
<td>Risks</td>
<td>Risks identified in this paper are considered and included in the Corporate Risk Register as appropriate.</td>
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<tr>
<td>Clinical Leaders comments where appropriate</td>
<td>None</td>
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<tr>
<td>Financial Implications</td>
<td>None as a result of this paper. Any financial implications of improving quality would be reported separately.</td>
</tr>
<tr>
<td><strong>Conflicts of Interest</strong></td>
<td>No conflicts of interest have been identified or declared as relevant to decision making processes relating to this report.</td>
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<tr>
<td><strong>Clinical Leadership Comments</strong></td>
<td>Not applicable in influencing the content of this report.</td>
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<tr>
<td><strong>Implications for other CCGs</strong></td>
<td>Where the CCG is the host commissioner, it is required to ensure it manages quality and performance of these providers. There is currently no single host commissioner for South London and Maudsley NHS Foundation Trusts; where significant quality risks are identified in this Trust the information will be shared with relevant CCGs.</td>
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<tr>
<td><strong>Equality Analysis</strong></td>
<td>Any action plans developed for those areas of high risk will take into account the needs of all our communities.</td>
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<tr>
<td><strong>Patient and Public Involvement</strong></td>
<td>There are no current projects or recommendations resulting from this report that require PPI.</td>
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<tr>
<td><strong>Communication Plan</strong></td>
<td>Outputs of this report are communicated at the Clinical Quality Review Group for the relevant providers, and at CCG Governance meetings.</td>
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<tr>
<td><strong>Information Governance Issues</strong></td>
<td>Patient confidentiality is maintained.</td>
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<tr>
<td><strong>Reputational Issues</strong></td>
<td>Failure to manage quality issues effectively or identification of poor standards of quality could attract adverse attention from patients, the public and NHS England.</td>
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EXECUTIVE SUMMARY
QUALITY REPORT 15th April 2014

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Appendix A. Croydon University Hospital Performance Dashboard Month 12
PART 1. HIGH-LEVEL OVERVIEW

1. Background

Quality assurance refers to the organisations and processes for defining, assuring, maintaining and improving quality that is external to the organisations that deliver care. *Quality in the new health system – Maintaining and improving quality from April 2013* refers to the fact that CCG Commissioners must assure themselves of the quality of the services that they have commissioned.

As part of Croydon CCG’s Commissioning for Quality Improvement Framework, the Quality Report provides the Governing Body with a strategic overview of quality issues relating to commissioned health services for the Croydon population. The report aims to provide early warning for action and also delivers assurance on quality. Provided is a summary of challenges, initiatives and improvements being noted with relation to the quality of services. The report is developed primarily as a largely qualitative repository for local intelligence about quality issues in the local health economy. In this, it complements the Integrated Performance report and enhances the depth of some of the issues it highlights.

<table>
<thead>
<tr>
<th>RAG ratings used throughout this report are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED  - concern; remedial action needed to achieve objectives: timeline/objectives at risk</td>
</tr>
<tr>
<td>AMBER - some concerns; action being taken to resolve this OR careful monitoring: timeline/objectives may be at risk</td>
</tr>
<tr>
<td>GREEN - no concerns; on target: timeline/objectives are within plan with no risk</td>
</tr>
<tr>
<td>GREY - no data available or not applicable</td>
</tr>
</tbody>
</table>

1.1 Quality Dashboard – CCG Commissioned Services Quality Report SMT June

<table>
<thead>
<tr>
<th>REGULATIONS</th>
<th>Croydon Health Services NHS Trust</th>
<th>South London &amp; Maudsley Mental Health Trust</th>
<th>Intermediate Services</th>
<th>Urgent Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC Registration, Enforcement action</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREY</td>
<td>GREY</td>
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<tr>
<td>EXTERNAL/INTERNAL REVIEWS</td>
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<tr>
<td>Care Quality Commission Compliance</td>
<td>AMBER</td>
<td>AMBER</td>
<td>AMBER</td>
<td>AMBER</td>
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<tr>
<td>PATIENT SAFETY</td>
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<tr>
<td>Patient Safety Incidents</td>
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<tr>
<td>Pressure Ulcers</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
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<tr>
<td>Falls</td>
<td>GREY</td>
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<td>GREY</td>
<td>GREY</td>
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<tr>
<td>Clostridium Difficile trajectory</td>
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<tr>
<td>MRSA</td>
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<tr>
<td>VTE Compliance</td>
<td>GREY</td>
<td>GREY</td>
<td>GREY</td>
<td>GREY</td>
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<tr>
<td>CLINICAL EFFECTIVENESS</td>
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<tr>
<td>CQUINS Data</td>
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<td>SHMI</td>
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<tr>
<td>PATIENT EXPERIENCE</td>
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<tr>
<td>PALS &amp; Complaints</td>
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<tr>
<td>Mixed Sex Accommodation</td>
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<tr>
<td>Friends &amp; Family Test or Patient Survey</td>
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</table>

*Quality in the new health system – Maintaining and improving quality from April 2013, National Quality Board, Oct 2012*
2. Key Issues - Update YTD 2014

This section provides an overview of areas about which the Governing Body should be aware. The headlines are updated month by month; however progress within healthcare systems may not be reflected within this time period. An indication of the level of concerns of each issue is described with the escalation ratings defined below. Items tabled as a new assurance or outcome for the May reporting period are indicated in bold.

<table>
<thead>
<tr>
<th>Escalation Level</th>
<th>Description</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level A</td>
<td>Initial concerns over quality, showing improvement</td>
<td>Recovery plan progressing, no further action required currently</td>
</tr>
<tr>
<td>Level B</td>
<td>Some concerns over quality or sustainability</td>
<td>Recovery plan requested from provider or being put into operation</td>
</tr>
<tr>
<td>Level C</td>
<td>Persistent or prolonged concerns about quality or sustainability</td>
<td>Formal warning letter or meeting indicating possible performance / contract query notice</td>
</tr>
<tr>
<td>Level D</td>
<td>Serious concerns about quality or sustainability</td>
<td>Contract query notice issued to provider or service suspended</td>
</tr>
</tbody>
</table>

### Quality Issue: CQC Inspection

CQC September investigation concludes:
- The trust's new senior management team have made impressive progress;
- Services are largely delivered effectively and outcomes are within expected ranges;
- A&E should be improved in terms of design and staff vacancy rate;
- Staffing levels and skill mix require improvement;
- Quality assurance is not always understood at ward level;
- There are challenges with patients' experience of care;
- Complaints are not always handled within the expected timescale.
- Some parts of the hospital are in poor condition.

Following the CQC Inspection in September 2013, the Quality Improvement Plan (QIP) was developed by the Trust. This was shared as draft at January CQRG, and with the TDA, followed by a progress review at May CQRG.

For specific details please refer to corresponding topics in this section (2.1):
- Workforce;
- Patient experience;
- Complaints service.

Quality Improvement Plan reported quarterly at CQRG for the Trust and CCG to be assured that the CQC will find evidence of progress when the Trust is re-inspected later this year.

There are a total number of 57 recommendations within the Quality Improvement Plan, each with a number of milestones totalling 189.

For details please refer to corresponding topic in this section (2.1): Workforce; Patient experience; Complaints service.
### National Inpatient Survey

CHS has scored in the bottom 5% -10% since 2004. The 2013 National Inpatient Survey was published in April 2014. For the 10 areas reported, CHS has got worse in 7 and remained about the same in 3. A 'better' result was not achieved in any section.

Nationally, in 2012 the trust was lowest of all in 21 questions, and in 2013 the trust is lowest on 25 questions, leaving CHS the lowest performing acute trust nationally.

### Staff Survey

Compared to the 2012 survey, in 2013 CHS is significantly better on 15 questions, worse on 1 question, and about the same on 75 questions.

### Friends and Family Test score

The combined score in March is 52 versus the national average of 63. The FFT score for A&E has been stronger than the inpatient FFT score.

### Partnership working with the Picker Institute

Partnership working with the Picker Institute to analyse the inpatient survey results developed an “Immediate action plan” from importance mapping. This will deliver enhanced pain management, communication, visibility of staff, mealtime choice and support, and patient information.

The Trust will monitor effectiveness of these quick win areas against FFT score and plan to undertake an interim survey to help define the gap ahead of the next annual CQC Inpatient survey.

### CHS Patient Experience and Financial Improvement Plan 2014/15

Communicates further evaluation and strategy to recover patient experience. Further description is available under CHS Patient Experience.
<table>
<thead>
<tr>
<th>Quality Issue:</th>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>CHS Workforce updates are reviewed quarterly at CQRG.</td>
<td><strong>Vacancy rate:</strong> Has decreased to 11.79% for March.</td>
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<tr>
<td></td>
<td>The Trust is implementing the Shelford Group Safer Nursing care tool to allow review of staffing on all wards and recommendations for action.</td>
<td><strong>Temporary Staff:</strong> However in year the proportion of temporary staff has only reduced by 0.9%, implying that while vacancies are reducing this is not having an impact on temporary staff use.</td>
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<td></td>
<td><strong>The Trust undertook two overseas nurse recruitment campaigns. The goal is to ensure that actual staffing is provided by substantive and not temporary staff.</strong></td>
<td>Staff groups suffering the highest level of vacancies are qualified nursing and midwifery (50% of trust vacancies) followed by administrative and clerical (at 20%).</td>
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<td></td>
<td><strong>CHS commissioned a workforce benchmarking exercise from PwC and identified a number of opportunities across the Trust, which have been developed into work streams.</strong></td>
<td>Within the clinical directorates, Surgery has the highest vacancy rate (14.83%) followed by Family Services (13.27%).</td>
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<tr>
<td></td>
<td>In line with changes to 2014/15 standard contract regarding workforce reporting, the CCG will ensure the Trust report to them at least once every six months with the outcome evaluations into intended and actual staffing levels at ward / service level, linked to indicators of service quality and patient experience.</td>
<td><strong>Registered nurse: bed ratio:</strong> 0.9 in March 2014, from 0.86 in Nov 2013. NICE recommend 1:8 and the CCG will request the Trust’s review of its current staffing ratios and the implications of the NICE consultation when available. CHS achieved their 2013/14 CQUIN for a nursing skill mix ratio of 70:30 (London Quality Standards).</td>
<td></td>
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<tr>
<td></td>
<td><strong>Actual vs Intended staffing numbers:</strong> mandatory reporting from 28th June 2014.</td>
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</table>
## Quality Issue:

<table>
<thead>
<tr>
<th>CHS</th>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>MAST compliance remains below target with little variation. PDR compliance has steadily declined in achievement from 84% in April 2013 to 63% in March 2014.</strong></td>
<td><strong>Performance has fluctuated through the year 2013/14 from 19% (May) to 80% (Nov). Since November the service has seen a steady decline down to 43%, bringing the final YTD actual to 50% against a target of 80%.</strong></td>
<td>B</td>
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</table>

### Complaints Service

- **The Trust is required to respond to 80% of formal complaints within 25 working days.**
- **Systems and process failures in handling and processing complaints responses has led to delays in returning timely responses to complainants.**
- **The department is challenged by staff leavers and sickness.**

- **Complaints performance is being monitored by CHS Quality and Clinical Governance Committee, and the Patient Experience Committee.**
- **An escalation process for overdue responses has been implemented, resulting in quicker turnaround to meet deadlines.**
- **Weekly meetings between Complaints team and Directorate lead identify barriers to a prompt response.**
- **Complaints Team being given weekly targets and held accountable for achievement.**

### Non-CHS Pressure Ulcers prevalence

- **A large proportion of pressure ulcers occur in patients who are not in receipt of health care services from CHS. This is evident nationally; NHS Safety Thermometer results suggest on average ~ 75 per cent of patients with pressure ulcers are recorded as not being acquired whilst the patient was in the care of the current provider.**

- **The CCG and CHS are approaching the 2014/15 PU reduction CQUIN (target reduction 15%) in the context of all relevant providers in the local health community, in order to support joint working of organisations across a patient pathway and improve standards of pressure ulcer care in the community.**

- **The Trust achieved the Harm Free care CQUIN for quarter 4 2013/14 with in excess of a 30% reduction in pressure ulcer prevalence.**

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Supporting excellence in commissioning to improve outcomes for patients
<table>
<thead>
<tr>
<th>Quality Issue: CHS Assurance Outcomes Escalation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Venous thromboembolism Risk Assessment Performance</strong></td>
</tr>
<tr>
<td>Technical issues hampered the assessment of VTE and its reporting when assessment was transferred from VitalPAC to Cerner in December 2013.</td>
</tr>
<tr>
<td>Regular report will be published to show compliance by ward/speciality/consultant; and continue with training/teaching programs to raise awareness of VTE among front line clinicians.</td>
</tr>
<tr>
<td>A “soft stop” has now been successfully introduced on Cerner.</td>
</tr>
<tr>
<td>The Trust did not achieve their target end of year 13/14 for VTE risk assessment. However measures recently introduced have considerably improved recorded performance with April figure rising to 97% from 87.8% in March.</td>
</tr>
<tr>
<td>Root Cause Analysis has been completed for all of the 10 Hospital Acquired Thrombosis identified between January - March 2014. Only 1 was found to be potentially preventable.</td>
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<td>B ▼</td>
</tr>
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</table>

<p>| <strong>Anti-coagulation</strong> |
| Delayed follow-up of patients; Department organisational issues, particularly staffing and capacity. Capacity unable to meet demands for all new urgent appointments. Progress review in January identified a failure to complete action plan targets. |
| Service performance being managed via the contract. Contract query notice issued in January. Cumulative figures of patients seen, wait times and total numbers of patients discharged into community care provided on a monthly basis. The clinical pathway for anti-coagulation is due to be launched in 2014/15. |
| The CCG met with trust leads in May to receive an update on progress. The trust confirmed recruitment of two additional clinical and two administrative staff to the service. Data submitted show wait times for the service are within an acceptable range. The proposal to use Rivaroxiban in lieu of warfarin is being discussed with local GP Leads, which might further reduce service pressure. |
| B ▼ |</p>
<table>
<thead>
<tr>
<th>Quality Issue: CHS</th>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urology</strong>&lt;br&gt;Delayed diagnoses of prostate cancer; lack of Consultant cover out-of-hours.</td>
<td>Working group established to generate a revised urology cancer pathway, now implemented.&lt;br&gt;External audit of the service undertaken. A repeat audit has recently completed by the clinical lead looking into compliance with the revised cancer pathway.&lt;br&gt;The Urology best practice pathway will be launched early in 2014.</td>
<td>External audit recommendations to make current locum holder substantive and employ two more consultants completed.&lt;br&gt;Internal audit against pathway compliance was shared for April CQRG, showing poor compliance (64%). The Trust plan to re-audit in 3 months’ time following a plan to increase the profile of the pathway.</td>
<td>A ▼</td>
</tr>
<tr>
<td><strong>Discharge letter, prescriptions and reports to GPs</strong>&lt;br&gt;GP feedback of inadequate discharge summaries including absence of required clinical information and procedure dates on discharge letters and transcribing errors on prescriptions.</td>
<td>Initially managed via the contract. Excusing Notice response received from the trust in December 2013; the CCG agreed with the action points to address the issues.&lt;br&gt;Whilst the quality has improved all actions were not entirely successful, partly due to Cerner functionality and the need to improve training for users of the system.</td>
<td>CCG and CHS have agreed a CQUIN for 2014/15 to include agreement of template for discharge summaries reflecting best practice; and audit of quality of discharge summaries.&lt;br&gt;Contract query notice closed May 2014 with focus on implementation of the CQUIN.</td>
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<tr>
<td><strong>Podiatry</strong>&lt;br&gt;Concerns due to difficulties accessing the service and long wait times of up to 26 weeks, as a result of failed migration of caseload onto Cerner.&lt;br&gt;Further issues with capacity due to maternity leave.</td>
<td>The service sent out letters to patients that were referred in January, offering appointments in April. There will be a waiting time of approx. 16 weeks.&lt;br&gt;Locum in place to recover lost activity and another vacancy filled in January.</td>
<td>Progress report received in April, describing referral numbers. The service increased its capacity and can now see approx. 38 new patients per week.&lt;br&gt;While reducing the long waiting times the trust have highlighted a perceived need to invest in the service to provide on-going care for the high risk groups,</td>
<td>B ▶</td>
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</table>
Diagnostic Services

The Radiology department CHS has largely delivered the 99% diagnostics standard till January 2014. In March 2014, the Trust submitted a non-compliant position to the target, identifying ~2200 patients waiting longer than the 6 weeks standard.

This is due to complications with electronic health records (Cerner).

The Trust presented a briefing paper in March with detailed action plan to address the current issues around resolving the waiting list, as well as booking the backlog of patients awaiting scans through additional capacity from alternative providers.

The issue has been logged as a Serious Incident triggering a full Root Cause Analysis investigation. The report is expected 27th June 2014.

Weekly update meetings are in place between Trust leads and the CCG.

Following a review by the NHS Intensive Support Team (IST), a revised recovery trajectory has been submitted (recovery by the end of August 2014). In order to better understand the issue and expected progress, the CCG have requested a monthly trajectory for clearing the backlog, and predictions of demand, along with the IST report.

The trust have assured that no patients are facing a wait time of over 8 weeks. However weekly calls have indicated that a small number of patients have waited over 11 weeks. An external clinical review is being commissioned by the CCG to examine for the occurrence of harm that may have occurred in each patient due to a delay in receiving a scan.

### 2.2 Quality Issue: SLaM

<table>
<thead>
<tr>
<th>Quality Issue: SLaM</th>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive demand: Pressure on acute inpatient beds; Poor access to certain services, particularly Croydon Integrated Psychological Therapies Service (CIPTs) and Improving Access to Psychological</td>
<td>The CCG agreed in January to facilitate a CIPT service review to address the relatively low level of provision for step 4 psychological therapies, and ensure active management of patients waiting for the CIPTs service review in progress.</td>
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</table>

The trajectory of bed occupancy is reducing and private bed overspill on track for zero during May.
### 2.3 Quality Issue: Urgent Care

<table>
<thead>
<tr>
<th>Quality Issue</th>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care Centre (UCC)</strong></td>
<td>UCC have submitted their compliance action response to both the CQC and the CCG, detailing significant changes to address the issues identified.</td>
<td>The CCG and NHSE have been assured by the progress of the UCC.</td>
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<td></td>
<td>The CCG continues to be vigilant with the monitoring of quality and performance data at CQRG.</td>
<td>The CSU plan to carry out further visits on behalf of the CCG to provide assurance around how many patients are seen by the HCA when the department has a surge of patients.</td>
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<tr>
<td><strong>Urgent Care Out-of-Hours (OOH)</strong></td>
<td>Croydon CCG performed a service review visit on 28th January to consider service provision against best practice standards. A return visit occurred on 2nd April to confirm that the recommendations had been implemented.</td>
<td>A positive visit that gave assurance to Commissioners. Many of the areas highlighted following the January visit had been partially or fully actioned. The CCG made recommendations aligned with best practice and shared the findings with the OOH Service for learning and implementation.</td>
<td>A ▼</td>
</tr>
</tbody>
</table>

Virgin Care took over the OOH service from PC24 in November. The transition stage was difficult, with Standard Operating Procedures and contact details for the employed allied healthcare professional not being transferred across services.
### 2.4 Quality Issue: Continuing Care

<table>
<thead>
<tr>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amberley Lodge Nursing Home</strong>&lt;br&gt;Concerns were raised over a range of quality issues that have been picked up over a number of years within the Nursing Home, where the CCG commissions some NHS continuing care mental health services. When addressed the areas have not shown consistent and stable improvement.</td>
<td>The CCG met with the Local Authority on 14th May to consider the evidence for the quality issues presented. The LA will lead on the investigation and feedback findings to the CCG. A core team would undertake the visit and contractual levers be used to improve (and sustain) the quality.</td>
<td>The service remains commissioned and under investigation.</td>
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<td>Safeguarding colleagues met alongside the CCG and LA and have systematic information on specific quality issues and how the provider has managed to address them satisfactorily.</td>
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</table>

### 2.5 Quality Issue: Acute Ophthalmology Services

<table>
<thead>
<tr>
<th>Assurance</th>
<th>Outcomes</th>
<th>Escalation Level</th>
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<tbody>
<tr>
<td><strong>Moorfields Eye Services</strong>&lt;br&gt;The transfer of secondary eye services from Croydon Health Services to Moorfields took place as planned in April. However data transfer issues has resulted in around 8437 records that are incomplete or misrepresented. For example appointments outcome as “appointment to be given at a later date” but no future appointments booked.</td>
<td>Moorfields provided an analysis of records dividing issues into Patient Safety, RTT and Data Quality. A recovery plan update was received on 5th June. 1094 patients have to be reviewed individually as to whether they need an early outpatient appointment. To date (June), 530 have been evaluated. The CCG requested that Moorfields declare a serious incident and undertake an RCA, likely to require CHS input.</td>
<td>Some patients have breached or will before the situation is resolved. There is a small possibility that some of these patients have come to harm; records are being assessed individually to determine what action is needed. Some patients have breached or will before the situation is resolved. There is a small possibility that some of these patients have come to harm; records are being assessed individually to determine what action is needed.</td>
</tr>
</tbody>
</table>
CCG will be liaising with the lead commissioners (Islington CCG) to ensure this SI is shared.
PART 2. QUALITY ASSURANCE REPORTING AND MONITORING

3. Key CCG Quality Meeting Outcomes

This section aims to summarise discussions and actions following the CCG’s main Quality assurance meetings.

3.1 Quality Committee

The Quality Committee is a Committee of the CCG Governing Body that has been established to provide assurance that commissioned services are safe and of high quality and that there are adequate plans in place to respond to any issues of poor quality that may arise.

The following table itemises outputs from the April Quality Committee for consideration by the Governing Body.

<table>
<thead>
<tr>
<th>Quality Committee Item (April)</th>
<th>Description</th>
<th>Proposed Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCG’s challenge as commissioners to providers</td>
<td>Discussion around improving the effectiveness in communicating urgency to providers when responding to quality concerns, particularly when service quality issues are identified that are not explicitly defined contractually. Aim to ensure service issues are progressed and improved upon within a satisfactory timeframe.</td>
<td>The Director of Governance and Quality would consider appropriate actions with relevant CCG / SLCSU members and ensure appropriate contract management to direct the trust’s response times and progressing actions.</td>
</tr>
<tr>
<td>Patient Experience CQC national inpatient survey 2013 results</td>
<td>The Care Quality Commission’s national inpatient survey was published in April. According to the results, patients rated the trust as worse than others in seven of 10 areas – including care and treatment, waiting to get a bed on a ward, and nurses.</td>
<td>The CCG would seek an initial response from CHS at May CQRG. Longer term, an opportunity lies in an enhanced focus on patient experience in the CCG’s outcomes-based-commissioning work programme.</td>
</tr>
<tr>
<td>Standardising the Commissioning process for new Services</td>
<td>Clearly defined processes and standardised documentation would enable the CCG to ensure the commissioning process for a new service has included consideration of key quality, safety and engagement elements before service implementation.</td>
<td>A simple commissioning framework is being ratified to make explicit the stages of commissioning and when to consider essential elements such as clinical and public engagement, Quality Impact assessment, Safeguarding, and Equality and Diversity assessment.</td>
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</table>
PART 3. QUALITY COMMENTARY

4. Croydon Health Services NHS Trust

4.1 Regulation and Inspections

The Care Quality Commission’s Inspections

CHS is under compliance actions following the CQC Inspection in September 2013, due to breaches of the regulations with a minor impact on people or where the impact is moderate but it’s happened for the first time.

Following the CQC Inspection in September 2013, the Quality Improvement Plan (QIP) was developed by the Trust. This is an overarching document which sets out the trajectory of service improvements across all aspects of the acute services to be achieved within 2014/15. This covers CQC compliance actions as well as recommendations from seminal reports. Progress against plan is reviewed regularly at CQRG, for the CCG to be assured that the CQC will find evidence of progress when the Trust is re-inspected later this year.

4.2 Patient Safety

Serious Incidents

There were a total of 29 SIs reported by Croydon Health Services NHS Trust in April 2014, (10 Acute and 19 Community), all of which were Grade 1. These are categorised into 24 grade 3 / 4 pressure ulcers (13 of which are not attributable to CHS and closure has been agreed); 1 maternity Delayed Diagnosis, 1 Fall, and 1 Suboptimal Care of Deteriorating Patient within the A&E. Another 2 SIs were for confidential information leaks. All RCA investigation reports are due in June or July 2014. Further details are provided in the South London Commissioning Support Unit (SLCSU) Serious Incident Report.

NHS Safety Thermometer: Harm Free Care

This point of care survey can be used alongside other measures to assess local and system progress. It allows teams to measure the proportion of patients that are “harm free” during their working day, for example at shift handover or during ward rounds. The word “harm” in this context is used to describe only a fraction of possible healthcare complications (or “harm”), qualified as “harm free” care from pressure ulcers, falls, urinary catheter infections and venous thromboembolism (VTE). Safety Thermometer data represents a point prevalence; information is gathered on one designated day.

Table 1 demonstrates CHS performance against the percentage average across all organisations for each “harm”.

Overall the trends in harm free care show CHS continue to perform better than “all organisations” (the average for April) for prevalence of new harms. Areas of poor performance will be reported here by exception.
Table 1. The NHS Safety Thermometer for Croydon Health Services NHS Trust compared against percentage average across all organisations

<table>
<thead>
<tr>
<th>Patient Safety Thermometer Category 2013/14</th>
<th>Nov13</th>
<th>Dec13</th>
<th>Jan14</th>
<th>Feb14</th>
<th>Mar14</th>
<th>Apr14</th>
<th>All Orgs Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Sample Size</td>
<td>907</td>
<td>996</td>
<td>999</td>
<td>954</td>
<td>898</td>
<td>905</td>
<td>-</td>
</tr>
<tr>
<td>Total Falls (%)</td>
<td>27</td>
<td>17</td>
<td>17</td>
<td>13</td>
<td>15</td>
<td>5</td>
<td>(2.05)</td>
</tr>
<tr>
<td>Falls with Harm (%)</td>
<td>16</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>(0.84)</td>
</tr>
<tr>
<td>Pressure Ulcer Prevalence (%)</td>
<td>45</td>
<td>34</td>
<td>35</td>
<td>36</td>
<td>37</td>
<td>34</td>
<td>(4.88)</td>
</tr>
<tr>
<td>New Pressure Ulcers (%)</td>
<td>12</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>14</td>
<td>9</td>
<td>(1.10)</td>
</tr>
<tr>
<td>UTIs (%)</td>
<td>13</td>
<td>23</td>
<td>21</td>
<td>9</td>
<td>7</td>
<td>18</td>
<td>(3.12)</td>
</tr>
<tr>
<td>UTIs in patients with catheter (%)</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>(0.90)</td>
</tr>
<tr>
<td>Patients not VTE Risk Assessed (%)</td>
<td>18</td>
<td>22</td>
<td>35</td>
<td>44</td>
<td>26</td>
<td>3</td>
<td>(29.32)</td>
</tr>
</tbody>
</table>

Data source: HSCIC NHS Patient Safety Thermometer

UTI = Urinary Tract Infections
All Orgs = All organisations

Falls

The Trust report a 35% reduction in the number of all inpatient falls since April 2011.

Work is under way with Cerner leads to begin to run weekly reports by ward detailing compliance with falls assessments and care plans, as this has been identified as an area of poor compliance.

Wards are monitored monthly for trends in falls incidence and discussed monthly at Directorate quality boards. 95% of reported falls are within adult care pathways Directorate. The CCG plan to visit the Elderly Care Wards and will be reviewing compliance with good practice in falls prevention.

Pressure Ulcers

Croydon Health Services has achieved the Pressure Ulcer CQUIN for quarter 4 2013/14, with in excess of a 30% reduction in pressure ulcer prevalence. The Trust is developing an action plan for 2014/15 with the emphasis on engaging with the whole health economy including GP’s and nursing homes.

There has been an increase in all pressure ulcers and Trust acquired pressure ulcers from February to April 2014. This rise is most apparent from Elderly Care Wards. The Head of Nursing for Patient Safety is meeting with Directorate leads to discuss trends in specific ward and community areas. Graph A illustrates that the linear trend for incidence of new PUs occurring within CHS improved substantially through February 2013 to February 2014, and while the trend compares favourably to other organisations, the increase is apparent in February, March and April.
Graph A. Patients with New Pressure Ulcers for Croydon Health Services, average for South London, and average for all organisations.

The total prevalence of pressure ulcers within all CHS services (acute and community) is reflected in Graph B. There is a very clear reduction in numbers through the year, and CHS perform better than the average for both the South London subset and all organisations for the past 6 months. The slight increase in numbers for the past three months can be attributed to the increase in CHS services previously described, during March and April.
4.3 Clinical Effectiveness

Mortality Review Update

The NHS Medical Director recently highlighted the increased risk to patients who are admitted to hospital at the weekend. Data representing a six month snap-shot in 2013/14 was presented in the Trust Board January Quality report, and shows there is some fluctuation in mortality by day of admission. The variation seen on Sunday and Monday is being reviewed by the Director of Public Health for Croydon. However, whatever day they were admitted, patients had a SHMI risk of less than 100.

Service Reviews

See section 2.1 for details of service reviews.

4.4 Patient Experience

Inpatient Survey 2013 Results

On 8th April 2014, The Care Quality Commission (CQC) published the results of the eleventh, annual, national adult inpatient survey. Trusts are benchmarked against each other, with each question rated ‘about the same’ (amber rating), ‘better’ (green rating) and ‘worse’ (red rating) when compared with other trusts.

Out of ten sections, CHS scored ‘worse’ on 7 out of 10 sections, which is the same result as 2012. A ‘better’ result was not achieved in any section, and 3 sections were ‘about the same’. The pattern of results remains the same across the two years in the sections with the ‘waiting list and planned admission’; the ‘hospital and ward’; and ‘overall’ sections scoring ‘about the same’. The remaining 7 sections scored as ‘worse’. 
On 7 questions the trust’s position has improved and is no longer the lowest scoring trust in 2013 on these questions. These are: information about condition/treatment in A&E; privacy when being examined or treated in A&E; waiting to get to a bed on a ward in A&E; cleanliness of the hospital room/ward; involvement in decisions about discharge; given enough notice about when discharge and being told how to take medication in a way you could understand.

On 8 questions, the trust’s score has deteriorated to fall into the position of the lowest score of all acute trusts in 2013, worsening since 2012. These are: noise at night from patients; doctors answering patients questions; doctors talking in front of you; privacy when discussing treatment/condition; privacy when being examined/treated; staff explaining risks/benefits of treatment; staff explaining what would happen during operation/procedure; staff answering questions about operation/procedure.

CHS have commissioned the Picker Institute to analyse the results, and highlight the key improvement actions. The “Quick Wins” have timescales for completion in July.

Quick wins
- Comply with protected mealtimes strategy on all inpatient wards
- Registered nurse to attend all ward rounds
- All Emergency Department patients provided with pain relief as required, within one hour of attendance in the department
- Inpatients to receive pain medication within one hour of prescribing
- Increase staff attendance at discharge training
- Provide dignity gowns for patients

Longer term actions
- Strengthen frontline and nursing leadership
- Strengthen ward team communication through board round process on all wards
- Reinvigorate patient feeding programme, and consider introducing staff volunteers scheme
- Review Pre-Op assessment and care process to ensure information is provided to patients in the format and way in which they would like it
- Build further awareness of privacy and dignity throughout the organisation, and what it means to patients.

In addition, in response to the national Inpatient Survey results 2013 the Quality Round questions for inpatient areas have been updated from April 2014 to reflect the above priorities in patient experience improvements.

In order to further assure and involve their patients, the Trust has introduced a “ward board” initiative, using large information boards in wards to include:

- Checks to make sure patients have had food and drink;
- Close-monitoring so that pain relief is available when needed;
- the name and photograph of the nurse in charge of the ward for patients and visitors;
- the number of ward staff on duty each day, compared to recommended levels;
- and the ward’s scores related to safety, infection control and hygiene (the NHS Safety Thermometer)

Also included on the boards is feedback from patients about hospital’s food and overall care.
The boards are part of a wider initiative the Trust is undertaking with its staff called ‘Releasing Time To Care’ – a national scheme which aims to support front line staff in spending more time with patients.

The CCG are arranging an announced visit to the Elderly Medicine wards and will be reviewing implementation of some of the actions, including the Quick Win areas, described above.

**Friends & Family Test**

**FFT CQUIN**

The Trust has successfully completed year one (2013/14) of the FFT, and have achieved the national CQUIN. Despite fluctuations, the trust achieved over 25% response rate for the final quarter of 2013/14, Graph C.

In year two of the CQUIN, the requirement is for implementation to national standards across the whole Trust, including community services, and increase response rates.

**Graph C**

![Graph C showing CHS and National Response Rates - Combined data](image)

Data source: SLCSU BI production from NHSE Statistical Work Areas Website

Combined scores for each month in the year 2013/14 are displayed in Graph D.

Graph E shows comparison to other SWL Trusts.

The combined FFT score for Croydon Health Services continues to be below the national average (Graph E). Data for March shows similar scores between Croydon, Kingston, and Kings College Hospital when the inpatient and A&E scores are combined (Graph E).
Graph D.

CHS and National Scores - Combined data

Data source: SLCSU BI production from NHSE Statistical Work Areas Website.

<table>
<thead>
<tr>
<th>Month</th>
<th>April-13</th>
<th>May-13</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>63</td>
<td>65</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td>62</td>
<td>64</td>
<td>65</td>
<td>64</td>
<td>64</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>CHS</td>
<td>55</td>
<td>53</td>
<td>51</td>
<td>53</td>
<td>54</td>
<td>59</td>
<td>46</td>
<td>53</td>
<td>51</td>
<td>48</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>

Graph E. March FFT Scores for South West London Acute Trusts

Data source: SLCSU BI production from NHSE Statistical Work Areas Website.

Kingston = Kingston Hospital NHS Foundation Trust; CHS = Croydon Health Services NHS Trust; St G = St George’s Healthcare NHS Trust; KCH = King’s College Hospital NHS Foundation Trust; ESH = Epsom and St Helier University Hospitals NHS Trust.
**FFT Improvement Actions**

Qualitative feedback from the FFT shows that the main themes as to why patients score CHS low have remained the same since April 2013. In A&E, the causes include lengthy waiting times, not keeping patients informed, organisation and planning, cleanliness and poor environment. For inpatient wards, the negative factors are ward organisation, staff (particularly nurses) shortages, staff attitude, privacy and dignity breaches, and long waits during the discharge process.

Trust-wide quality improvement initiatives that will address some of these areas include the Emergency Department re-design, LIA wave 3, 1:1 coaching of ward managers by the Head of Nursing for Patient Experience, and a new Improving Patient Experience Group. Ward managers are being supported to review daily all feedback comments and weekly FFT reports are made available for frontline teams. The CCG and trust have agreed a local CQUIN for 2014/15 to target discharge planning and timely discharges. Finally, the Picker Institute have reported on the qualitative analysis of data for Q4 2013-14 and provided an action plan to target quality improvement in key areas (see page 22, “Quick Wins”).

**Maternity FFT:** The FFT was introduced in October 2013 for maternity services using a national framework. Women are surveyed at four touch points across the pathway.

Graph H shows the scores for CHS compared to four regional Trusts. CHS is relatively consistent amongst their four services, with Birth FFT experience showing a comparably high score. While St Georges appear to be high scoring for Birth services, their response rate was only 1.3% and therefore not a statistically valid return (must be above 15%).

**Graph H. March FFT Maternity Scores for four South West London Trusts**

<table>
<thead>
<tr>
<th></th>
<th>Kingston</th>
<th>CHS</th>
<th>St G</th>
<th>KCH</th>
<th>ESH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ante Natal</td>
<td>58</td>
<td>69</td>
<td>79</td>
<td>100</td>
<td>73</td>
</tr>
<tr>
<td>Birth</td>
<td>58</td>
<td>86</td>
<td>100</td>
<td>54</td>
<td>86</td>
</tr>
<tr>
<td>Post Natal Ward</td>
<td>57</td>
<td>56</td>
<td>17</td>
<td>40</td>
<td>82</td>
</tr>
<tr>
<td>Post Natal Community</td>
<td>65</td>
<td>66</td>
<td>62</td>
<td>40</td>
<td>63</td>
</tr>
</tbody>
</table>

4.5. **Croydon Health Services Performance Dashboard**
CHS Trust Board Performance dashboard for March 2014 is provided in Appendix A.
5. Mental Health - South London and Maudsley NHS Foundation Trust (SLaM)

5.1 Regulation and Inspections

No Actions required:
Lambeth site CQC visits in January 2014 concluded SLaM were compliant with all standards assessed.

Actions outstanding:
Ladwell Unit & Lewisham Hospital (visit 28th November 2013) – Scheduled inspection against 4 outcomes. One Compliance Action (minor impact): “People should be cared for in safe and accessible surroundings”. Minor fixes have been made to estates and facilities (E&F) but more significant planning is required. The interim update on action plan has been submitted to the CQC; a follow up CQC visit is yet to be undertaken.

Maudsley Hospital (visit 29th October 2013) - Scheduled inspection against 6 outcomes. One Compliance Action (moderate impact): “Safety and suitability of premises”. Most actions are now complete, except two E&F issues requiring further work - i.e. air con and nursing office relocation. The interim update on action plan has been submitted to the CQC; a follow up CQC visit is yet to be undertaken

5.2 SLAM Quality Dashboard

The CCG have requested that SLaM produce a quality and performance dashboard to allow better assurance and monitoring of quality, safety and performance parameters. This was proposed in May and negotiations are on-going.

Data presented is Croydon commissioned services in SLaM unless otherwise indicated with an asterisks (*) as Trust-wide.

Table 3. SLaM Quality Dashboard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Quarter, '13-14</th>
<th>Month, '14-15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Patients Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sl's</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>*HCAI</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*All Falls</td>
<td>35</td>
<td>12</td>
</tr>
<tr>
<td>*Falls with harm</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>*New PUs-Grade 3 &amp; 4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Inpatient admissions gate-kept by crisis/ Home Treatment Team (%)</td>
<td>Target 95%</td>
<td></td>
</tr>
<tr>
<td>AMH</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>MHOA</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>CAMHS</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>MHLD</td>
<td>93</td>
<td>95</td>
</tr>
<tr>
<td>Patients on CPA followed up within 7 days of discharge from inpatient care (%)</td>
<td>Target 95%</td>
<td></td>
</tr>
<tr>
<td>AMH</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>MHOA</td>
<td>90</td>
<td>75</td>
</tr>
<tr>
<td>CAMHS</td>
<td>92</td>
<td>83</td>
</tr>
</tbody>
</table>
There is currently a recording issue relating to Home Treatment Team (HTT) gatekeeping data, and the Trust has taken several steps to address it. This includes accepting referrals for admission only from Home Treatment team staff from 8am - 10pm and a daily review of all AMH admissions to the Trust in the preceding 24 hours to see whether HTT were involved. Where necessary, teams will be contacted and asked for justification where HTT referral did not occur and the results of this reviewed as part of operational management processes.

5.3 Patient Safety

**NHS Safety Thermometer: Harm Free Care**

Data from SLCSU Business Intelligence Service (BIS) are provided in Table 4.

Table 4. The NHS Patient Safety Thermometer for South London and Maudsley NHS Foundation Trust, compared against percentage average across all organisations
### Patient Safety Thermometer

<table>
<thead>
<tr>
<th>Category</th>
<th>2013/14</th>
<th>Nov13</th>
<th>Dec13</th>
<th>Jan14</th>
<th>Feb14</th>
<th>Mar14</th>
<th>Apr14</th>
<th>All Orgs Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients not VTE Risk Assessed (%)</td>
<td>183 (91.50)</td>
<td>161 (90.45)</td>
<td>138 (81.18)</td>
<td>102 (68.92)</td>
<td>109 (70.78)</td>
<td>89 (67.42)</td>
<td>89 (29.32)</td>
<td></td>
</tr>
<tr>
<td>Patients with New VTE (%)</td>
<td>1 (0.50)</td>
<td>0 (0.00)</td>
<td>2 (1.18)</td>
<td>1 (0.68)</td>
<td>1 (0.65)</td>
<td>1 (0.76)</td>
<td>1 (0.47)</td>
<td></td>
</tr>
</tbody>
</table>

Data source: HSCIC NHS Patient Safety Thermometer

UTI = Urinary Tract Infections

All Orgs = All organisations

Patient sample size is low compared with other organisations, making direct comparison difficult. Caution should be exercised due to spurious variations that are inevitable with small numbers. The area for under performance is the failure to undertake VTE risk assessment in patients. This is likely to be because VTE risk assessment is not applicable to the majority of patients admitted to mental health wards. Commissioners have flagged to SLaM that data should be collected and reported appropriately, only reporting VTE risk assessment in the relevant patient population. The CCG expect to see an improvement in this indicator over the following months.

A significant amount of work is taking place within SLaM to address the areas of Harm Free Care and ensure that the appropriate care bundles and risk screening tools are applied to patients. From July all the screening tools will be accessed together with a flag on electronic records to enable more simplified access and improve completion levels. A Harm Free Care Committee with cross CAG representation has been in place since April 2014. This is a subcommittee of the Trust Physical Healthcare Committee and enables shared learning and continuous improvement across the organisation. The weekly Pressure Ulcer Group meeting (Skin Matters) is a subcommittee of this group and the overall governance of this agenda feeds into the Trust Quality Committee.

### Serious Incidents

SLAM reported 2 SIs in April 2014 involving Croydon residents, 1 of which was a Grade 2, homicide by inpatient. The RCA investigation must be paused until the Police Investigation is complete. The second SI was a Grade 1 and the report will be due before July.

### 5.4 Patient and Staff Experience

#### Annual NHS Staff Survey Results 2013

The SLaM 2013 survey comprised a sample of 850 employees of the workforce, with a response rate of 37% (the lowest 20% of all Mental Health and Learning Disabilities Trusts in England).

Compared with the 2012 survey, SLaM improved in 11 categories, 2 categories remain unchanged, and 15 categories were less positive than previous year. Compared with other Mental Health Trusts the top ranking scores were in staff engagement, effective team work and staff training and staff feeling satisfied with the quality of work and patient care they are able to deliver. Lowest scores were in staff experiencing physical violence, harassment, bullying or abuse from patients or discrimination at work.

SLaM is developing a comprehensive Communications Plan to feedback the results of the survey; and each CAG has been asked to develop and Action Plan in relation to the responses.
5.5 Clinical Effectiveness

Physical Health Checks following admission
As part of the 2013/14 CQUIN, SLaM performed an audit into the percentage of new AMH and MHOA in-patients who received the following tests on admission, according to best practice: HbA1c/Glucose, Lipids, Blood pressure, ECG and weight. The baseline audit conducted on admissions during Quarter 1 found 22% of individuals had all of the tests completed and recorded. Compliance of 92% was achieved in Quarter 4. There has been a substantial improvement each quarter and performance is now reliable in this aspect of care.

6. Urgent Care Services

6.1 Care UK 111

Patient Safety
Complaints/Concerns
There was one formal complaint opened for Croydon 111 in April from a caller who chose the walk in centre, but on arrival at 7.30pm was told the doctor could not attend.

Serious incidents
There were no serious incidents raised for Croydon 111 in April 2014.

The Coroner’s report has now been published relating to the SI in 2013. There were no significant changes to the interim RCA report. The SLCSU SI team have critiqued the report and conclude that the action plan is very robust and has identified lessons learned for implementation and review. The SI has been recommended for closure and monitoring.

Effectiveness
Calls managed by Clinical and Health Advisors are regularly audited using a 111 standard tool, and are reported in the Care UK 111 Service Quality and Safety Report. Exceptions or worsening performance will be reported here. There were no particular areas of concern for the month of April – no failure of 2 audits for any Health Advisor, and no call audit remedial action plans were undertaken.

Performance
- Call volumes remain high at 13.9 per 1000 population.
- For April, it was noted that the overall performance level was disappointing for the month and marked by 2 particular weekends of poor service level. This affected performance in % of calls answered in 60s (90% from 96-98% previous months) and calls abandoned after 30s (1.8% from 0.52 and 0.19% previously). However, clinical performance was less affected, with queues being prioritised and managed to ensure no patient risk.
- Ambulance and referrals to A&E have decreased reflected in the increased referral rate to primary care.
- Warm transfer rate was maintained at 78% with a slight improvement in callers called back within 10 minutes.
- 96% of callers had their calls completed in one phone call.
Patient Experience
Based on 58 returns in April, 83.3% of patients would recommend 111 to friends and family, and 16.7% would not recommend the service.

6.2 Virgin Urgent Care Out-of-Hours (OOH)

Virgin care is the current provider for provision of the Out-of-Hour Service for Croydon CCG. Key service issues will be reported by exception.

6.3 Exception reporting OOH

The CCG return visit: This was positive with nearly all actions partially or fully completed. The CCG made recommendations based on best practice for OOH services. Virgin UCC have responded by pulling together learning from the 10 published CQC reports resulting from the first inspections of GP Out of hours services (published in April 2014), and the CCG recommendations, into one single improvement action plan.

Service Issues: The Coordinate my Care (CMC) Adastra module did not fulfil the requirements for reporting, and Virgin is manually updating the CMC until the upgrade is successful.

Patient Experience: There has been a delay to the implementation of the IWanGreatCare patient feedback pilot due to technical issues with the tablet devices; this is expected to be fully functional by the end of May.

6.4 Virgin Urgent Care Centre

The Urgent Care Centre is co-located and at the front end of the Croydon University Hospital Emergency Department. The Reception area is shared by UCC / ED and booking in of patients is undertaken by the Reception team. Reception staff use a jointly agreed protocol to stream patients to the most appropriate service: either the Urgent Care Centre or the Emergency Department. From mid-November Croydon CCG awarded funding to support the implementation of a pilot to strengthen the streaming process with the introduction of a “Clinical Early Warning Score”.

Regulations and Inspections

The CQC carried out an unannounced inspection to the Urgent Care Centre (UCC) in July 2013, and 20th September 2013. The final report from the September review was published 25th January 2014; four regulations were examined.

The CCG’s March Quality report details (in Table 5) a summary of the formal Virgin UCC response and actions which was submitted to the CQC in February. This provided sufficient assurance to the CCG that the compliance actions have been addressed. Actions that are pending include confirmation of implementation of “IWantGreatCare” for service user feedback, which was delayed due to technical issues; and also evidence of timely and proper input and collaboration with CHS in joint Serious Incidents investigations. The CCG is meeting with both providers to progress the development of these reports. There has been no SI involving the interface between both services since September 2013.

Clinical Effectiveness

Work continues between Virgin care and CHS Information Management Teams to address the problems encountered with data extraction from Cerner.
The service modification pilot for the VitalPac Early Warning Score (ViEWS) continues. The HCA process demonstrates that the original reception streaming was safe as only a negligible amount of patients were transferred to ED after being reviewed by a HCA. The CCG has met with the new CQC team and explained that the UCC streaming model without a HCA assessing ViEWS scores was reliable.

The auditing of ViEWS activity remains challenging as it relies on manual processes. Data from the service lead suggest numbers are slowly improving. The monthly average percentage for patients undergoing initial assessment within target time (20mins) is rising, up to 87.19% in April (from an activity of 2669 patients) from 82.17% in February (activity 2672 patients). The CCG has requested an audit around how quickly those patients who were not seen by the HCA were reviewed by the doctor, to provide further assurance to the CCG and help to explain the system better.

The CSU will carry out further visits on behalf of the CCG to provide assurance around how many patients are seen by the HCA when the department has a surge of patients.

**Patient Safety**
There were no Serious Incidents in April for the UCC.

Incidents and complaints are reviewed at the UCC monthly clinical governance meeting, with action logs filed for organisational learning and audit purposes.

7. **Intermediate Services**

Commissioners receive quarterly quality reports from the Intermediate services providers. This includes assurance against the following:
- Care Quality Commission Compliance
- Service Audits
- Service User Survey and resultant Service Improvement Plan
- Performance KPIs
- Complaints reporting
- Significant Event reporting

Reports are reviewed at the Desktop Clinical Quality Review Group and reported in this paper by exception.

7.1 **Exception reporting Intermediate Services**

No significant quality issues identified.

8. **Infection, Prevention and Control**

*Based on information from Penny Spence, Infection Prevention & Control Specialist, South London Commissioning Support Unit*

Reported numbers for May are yet to be verified. Shut down occurs on the 15th of the following month when numbers are finalised.

8.1 **Clostridium Difficile Performance**

At the close of 2013/2014, Croydon CCG reported 49 cases of *Clostridium difficile* (occurring within the Croydon population), 6 above trajectory. Thirty of these were non-acute Trust 31
cases. The acute Trust reported 13, against a trajectory of 18. Acute Trust apportioned cases must fulfill the following criteria:

1. The patient’s specimen location is reported as an ‘Acute Trust’
2. The patient’s location at the time the specimen is reported as
   - ‘Inpatient’
   - ‘Day patient’
   - ‘Emergency assessment’
3. Patient’s specimen date is on, or after, the fourth day of admission. (e.g. if admission is on 1\textsuperscript{st} January, then the fourth day of admission is the 4\textsuperscript{th} January)

Any case which does NOT meet the above criteria will be apportioned to the CCG and is known as a ‘pre 72 hour \textit{Clostridium difficile} infection’ i.e. the patient has been in hospital for less than 72 hours. This also includes any GP specimens received for testing.

The SLCSU infection control team have confirmed that CHS is fully complying with the current protocols for testing and diagnosing \textit{Clostridium difficile} infections. The team are therefore currently investigating antibiotic prescribing in primary care to review whether this is impacting on the relatively higher volume of \textit{C diff} cases in the community. Collecting the data with the CCG pharmacy team is a lengthy process. They are also reviewing whether the coding of cases is accurate, and whether patients have had a recent inpatient stay when testing positive in the pre-72 hr. period. The timeframe for completion of the investigation is July 2014.

Table 5 shows performance in the first two months of 2014/15, and the new annual trajectories set by Public Health England.

\textit{Table 5. Croydon \textit{Clostridium Difficile} (CDT) Cases per month 2013/14 by acute Trust and CCG}

<table>
<thead>
<tr>
<th>\textit{Clostridium difficile}</th>
<th>April</th>
<th>May</th>
<th>YTD</th>
<th>Trajectory 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Trust (CHS)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Croydon CCG</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>59</td>
</tr>
</tbody>
</table>

\textit{Data source: Validated Public Health England data capture system HCAI data. YTD = Year to date. Annual trajectories are set by Public Health England.}
Graph I displays cumulative monthly counts of *C. difficile* infection per 1000 population by CCG (patients aged 2 years and over).

*Graph I.*

![Cumulative Clostridium Difficile Rates per 1000 by CCG April 2013 to March 2014](image)

Source: SLCSU BI production of Public Health England data capture system HCAI data

C&W= Chelsea & Westminster; CHS = Croydon Health Services; ESH= Epsom and St Heliers; GSS = Guys and St Thomas’s; Kings = King’s College Hospital; StGH = St Georges; WMH = West Middlesex.

### 8.2 MRSA Performance

The national target for MRSA for 2014-15 is set at zero.

**Table 6. Croydon MRSA Bacteraemia Cases in 2014/15**

<table>
<thead>
<tr>
<th>MRSA</th>
<th>April</th>
<th>May</th>
<th>YTD</th>
<th>Trajectory 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Trust (CHS)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Croydon CCG</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Two MRSA bacteraemia Post Infection Reviews are currently being investigated from previous months, and will be completed by 20/06/14. One case is provisionally assigned to CHS and the other to the CCG.
8.3 SW London Comparison

Table 7. MRSA and C Diff figures for SW London Acute Hospitals: Year-to-date (to end of May 2014/15)

<table>
<thead>
<tr>
<th>Trust</th>
<th>MRSA zero tolerance (no objective for 2014/15)</th>
<th>Clostridium difficile</th>
<th>C diff Trajectory for 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>ESTH</td>
<td>0</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Kingston</td>
<td>0</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>SGH</td>
<td>0</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>Royal Marsden</td>
<td>0</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

Data Source: Validated Public Health England data capture system HCAI data

8.4 Stage 2 of the National Patient Safety Alert: Addressing rising trends in Carbapenemase-producing enterobacteriaceae

In the last 5 years England has seen a rapid increase in the incidence of infection and colonisation by multi-drug resistant carbapenemase-producing (CPE) organisms. This reflects similar problems world-wide and indicated the need for urgent guidance, particularly on Infection Prevention and Control management.

Public Health England published a toolkit for acute Trusts for the early detection, management and control of CPE and how to provide assurance that the Trust’s plans are robust, safe, high quality and give assurance particularly on how to manage with limited facilities.

The March 2014 alert requires all acute Trusts to be taking steps to implement the “Toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae” by 30th June 2014. CHS are progressing well and have completed the gap analysis and are taking all the steps to implement the toolkit by the 30th June. Currently the main risk is how to provide enough isolation facilities. This is an issue for all Trusts.

8.5 Contractual sanction for Clostridium difficile

The changes in applying contractual sanction for C difficile cases in excess of an acute organisation’s yearly objective has progressed well. It is anticipated the final process will be agreed by early July 2014.

Report Author: Dr Emma J Jackson
Email address: emma.jackson19@nhs.net
Date: 10th June 2014
REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING IN PUBLIC

1 July 2014

Title of Paper: GOVERNING BODY ASSURANCE FRAMEWORK AND RISK REPORT

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Michelle Rahman</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interim Director of Quality and Governance</td>
</tr>
<tr>
<td>Report Author</td>
<td>Funke Ojutalayo</td>
</tr>
<tr>
<td></td>
<td>Corporate Affairs Officer, SL CSU</td>
</tr>
<tr>
<td>Committees which have previously</td>
<td>Senior Management Team</td>
</tr>
<tr>
<td>discussed/agreed the report.</td>
<td></td>
</tr>
<tr>
<td>Committees that will be required to</td>
<td>Croydon Governing Body</td>
</tr>
<tr>
<td>receive/approve the report</td>
<td></td>
</tr>
<tr>
<td>Purpose of Report</td>
<td>For information and noting</td>
</tr>
</tbody>
</table>

Recommendation:

The Senior Management Team is asked to:

- Note the movement of risks on the GBAF.

Background:

The Governing Body Assurance Framework (GBAF) and the Risk Register together provide a strategic and operational account of the overall risks to Croydon Clinical Commissioning Group (CCG) and the actions, controls and assurance framework set up for the effective management of these risks.

The Governing Body and its Committees need to be reasonably assured that the principal objectives of the CCG are being achieved and that it receives regular reports on risks and assurances linked to these objectives. It also needs to assure that:

- The Board Assurance Framework 2014/15 is reviewed, updated and monitored regularly
- It is satisfied with the controls in place and progress made in implementing actions required to deliver on objectives

This report includes:
A summary of the changes to the GBAF since its last iteration.

- Appendix 1 – Summary of Governing Body Assurance Framework
Key Issues:

Changes to the Governing Body Assurance Framework (See section 2.1)
The following strategic risk has been identified and included in the GBAF for the attention of the Governing Body:

- (907) "Risk that Outcomes Based Commissioning (OBC) does not realise the quality and financial benefits outlined in the case for change"

There has been very little movement on the GBAF over the last month and the current reported position forms the baseline for 2014/2015. In addition to the inclusion of risk (907) above, risks (648) and (631) have been de-escalated.

Table 2 – Summary of Risk Movement on the GBAF

<table>
<thead>
<tr>
<th>Corporate Objectives</th>
<th>No of Very High Risks (15 – 25)</th>
<th>No of Medium Risks (8 – 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Escalated/new risks</td>
<td>Deescalated or removed risks</td>
</tr>
<tr>
<td>1. To develop as a mature membership organisation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. To commission integrated, safe, high quality service in the right place at the right time.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. To have collaborative relationships to ensure integrated approach</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. To achieve financial balance over five years</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Governance:

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>The Governing Body Assurance Framework supports the achievement of all Croydon CCG’s corporate objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks</td>
<td>All relevant risks included in the body of the report</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>The CCG must ensure that it has a rigorous system of internal control which facilitates the effective management of its functions, and which includes arrangements for the management of risk.</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>No conflicts of interest have been identified.</td>
</tr>
<tr>
<td>Clinical Leadership Comments</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Implications for Other CCGs</td>
<td>No implications identified.</td>
</tr>
<tr>
<td>Equality Impact Assessment</td>
<td>In order to facilitate mainstreaming of the monitoring and control of identified EA risks; Risk owners should be aware of the equality implications of controls and risks and include them in the Corporate Risk Register.</td>
</tr>
<tr>
<td>Patient and Public Involvement</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Communication Plan</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Information Governance Issues</td>
<td>All relevant information governance risks and issues included in the body of the report.</td>
</tr>
<tr>
<td>Reputational Issues</td>
<td>Robust management of Croydon CCG’s principal risks allows for effective decisions to be made across the CCG’s business, enhancing its reputation for good governance.</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Governing Body Assurance Framework (GBAF) and Risk Report

1. Governing Body Assurance Framework (GBAF)

The Governing Body Assurance Framework (GBAF) identifies Croydon Clinical Commissioning Group's (CCG) key risks to the delivery of its strategic objectives, and the controls and assurances which are in place. The Senior Management Team (SMT), Integrated Governance and Audit Committee and Governing Body need to be reasonably assured that the strategic objectives are being achieved and that it receives regular reports on risks and assurances linked to the principal objectives.

The assurance framework is generated and owned by the Governing Body in a ‘top down’ approach. It is a record of the principal strategic objectives and risks expressed as a risk on each strategic objective, on which controls, assurance, gaps and action plans are clearly articulated. Governing body business agendas should focus on addressing these key risks.

Croydon has determined that its Governing Body Assurance Framework (GBAF) should detail risks which are reported at as scoring 15 and above for their current or inherent score. A number of exceptions may exist to this reporting threshold where, for example, the IGAC has identified risks it considers should be reported on the GBAF which may later be deescalated owing to the score attached to them by management.

The GBAF is attached as Appendix 1 as a summary. They bring together relevant risks to objectives from previous iterations with risks identified at the governing body session in June 2013 and the review of strategic risks carried out in December 2013.

2. Changes to the Governing Body Assurance Framework

There has been very little movement on the GBAF over the last month and the current reported position forms the baseline for 2014/2015.

The following strategic risk has been identified and included in the GBAF for the attention of the Governing Body:

- Risk (907) “Risk that Outcomes Based Commissioning (OBC) does not realise the quality and financial benefits outlined in the case for change”

It is believed that potentially, providers may be unable to deliver or respond to the requirements of outcome based commissioning within the required timescales, and that those timescales may be too short to allow sufficient opportunity for market development; thus impacting on meeting the needs of health and social care service delivery.
This and the danger that not all the services needed to realise the greatest benefits are within scope will prove to be a significant risk for the CCG, both reputationally and on its ability to make the necessary savings to narrow its financial gap.

The following strategic risk has been de-escalated:

- Risk (648) “Authorisation directions and conditions of authorisation will not be lifted”

The reduction of conditions of authorisation from 7 to 3 conditions has reduced the CCG’s overall exposure to this risk consequently its likelihood of occurrence. The overall risk score has been reduced from 4 x 4 (Very High) to 3 x 3 (High).

- Risk (631) “Risk that the provision in the balance sheet for Continuing care retrospective claims is not sufficient to cover the liability”

NHSE has imposed a national risk pooling arrangement to fund potential claims in this area. This has resulted in a reduction of both potential impact and likelihood of occurrence and the risk score has been reduced from 4 x 4 (Very High) to 3 x 3 (High) to reflect this.

### Table 2 – Summary of Risk Movement on the GBAF

<table>
<thead>
<tr>
<th>Corporate Objectives</th>
<th>No of Very High Risks (15 – 25)</th>
<th>No of Medium Risks (8 – 12)</th>
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<tbody>
<tr>
<td></td>
<td>Escalated/new risks</td>
<td>Deescalated or removed risks</td>
</tr>
<tr>
<td>1. To develop as a mature membership organisation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. To commission integrated, safe, high quality service in the right place at the right time.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. To have collaborative relationships to ensure integrated approach</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. To achieve financial balance over five years</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3. Summary of Risk Movement in last Reporting Period

Since the last reporting period there has been little movement on the Risk Register.

- Risk (280) “Purley and New Addington UCC - Practice Business Case for Relocation may not be cost effective.”

This risk is no longer active and has been closed due to the implementation of the new service model on 1st May 2014.

- Risk (773) “SLaM Foundation Trust - Risk that a commissioner is unaware of actual or potential quality failures identified in one Borough which may reoccur in the commissioner’s own borough.”
It is recommended that the risk likelihood score be reduced from ‘2’ (Unlikely) to ‘1’ (Rare). It is believed that due to the effective application of controls, raised awareness of risk and knowledge sharing across all four boroughs it would be extremely rare for quality failures to go unchecked across SLaM.

No additional risks have been reported.

4. Next Steps

Risk management is an iterative process and we will continue to ensure risks are identified, assessed and monitored. The Integrated Governance and Audit Committee will continue to review the risk register and associated BAF in detail and will provide assurance to the Governing Body that risks are effectively managed and control.

Report Author: Funke Ojutalayo
Email address: funke.ojutalayo@nhs.net
Date: 23 May 2014
Croydon CCG Summary of Strategic Risks
1. To develop as a mature membership organisation
2. To commission integrated, safe, high quality service in the right place at the right time
3. To have collaborative relationships to ensure integrated approach
4. To achieve financial balance over five years
1. To develop as a mature membership organisation

There is a risk that the membership becomes disengaged. (812)
Michelle Rahman

There is a risk of inadequate engagement with Clinical Networks and their sponsorship and delivery of CCG objectives. (813)
Michelle Rahman

There is a risk of a change in national policy direction. (814)
Paula Swann

Authorisation directions and conditions of authorisation will not be lifted (648)
Michelle Rahman
New Strategic Risks

2. To commission integrated, safe, high quality service in the right place at the right time

- Risk that the CCG lacks adequate or insufficient control of proposed reconfiguration of health services within the area to the extent that it becomes unaffordable (809) Stephen Warren
- Risk that the CCG fails to retain sufficient controls on the shape, outcomes, and priorities of the Croydon Joint Commissioning Unit and ability to influence (810) Stephen Warren
- Risk that commissioned providers do not work together effectively to realise the CCG’s commissioning objectives to provide integrated pathways (818) Stephen Warren
- Risk that CCG fails to attract and retain staff with relevant key skills and experience (822) Paula Swann
- Risk that Independent Contractors Services (ICS) may lack knowledge and skills to fulfil Safeguarding obligations to children and adults (846) Amy Page
- Risk that the CCG fails to develop fit for purpose contracts to agreed deadlines (OBC) (848) Stephen Warren
- Pace required for delivery of financial recovery may have a detrimental effect on quality of care in provider services (636) Michelle Rahman
- Risk of poor quality of services if quality improvements and performance targets are not being achieved (637) Michelle Rahman
- Providers are unable to respond to required scale and pace of change in innovation, quality and performance (446) Stephen Warren
- Risk that Outcomes Based Commissioning (OBC) does not realise the quality and financial benefits outlined in the case for change (907) Stephen Warren
- Risk that Croydon CCG may not develop fit for purpose contracts to agreed deadlines (OBC) (942) Stephen Warren
- Risk that Commission Support Unit (CSU) lacks the capacity to deliver contract with the Clinical Commissioning Group (645) Stephen Warren
- Risk that Independent Contractors Services (ICS) may lack knowledge and skills to fulfil Safeguarding obligations to children and adults (944)

Page 153 of 250
3. To have collaborative relationships to ensure integrated approach

Risk that the CCG fails to adequately engage with patients and the public in the delivery of redesigned healthcare (836)
Fouzia Harrington
• 695, 696, 699

Risk that the CCG fails to maintain adequate relationship with Healthwatch (837)
Stephen Warren

Risk that SLCSU strategy threatens the established ways of working with Croydon CCG and service delivery. (847)
Paula Swann

Risk that the CCG fails to maintain and mature and balanced relationship with NHS England (833)
Michelle Rahman
• 642, 697, 698
4. To achieve financial balance over five years

- Risk that the CCG fails to manage increasing demand for Mental Health Services; in particular, Acute Inpatients (808)
  - Mike Sexton
  - 427

- There is a risk that a series of inherent deficits across the Croydon Health and Social Care economy establishes short-term and silo decision making which threatens integrated solutions. (819)
  - Mike Sexton

- Risk that the Better Care Fund fails to generate envisaged savings with insufficient health focus. (820)
  - Paula Swann

- Risk that national policy (such as Tariff Deflator and business rules) threatens CCG’s five-year financial plan to achieve recurrent break-even. (821)
  - Mike Sexton

- Insufficient commissioning resource available to deliver savings (404)
  - Stephen Warren

- CCG’s population health needs exceed the funding available to commission (628)
  - Mike Sexton
  - 413, 508, 755

- QIPP schemes (2013–2014) will not deliver anticipated financial savings (629)
  - Mike Sexton
  - 420, 422, 424, 756

- NHSE will not grant any latitude on the Operating Plan requirements. Risk that cash support of £20m is not granted to support revenue deficit. (627)
  - Mike Sexton
  - 430, 694, 753, 754

- Over-performance in provider services and ineffective application of contract controls and other levers. (630)
  - Mike Sexton
  - 420, 422, 424, 756

- Risk that the provision in the balance sheet for Continuing care retrospective claims is not sufficient to cover the liability (631)
  - Mike Sexton

- Over-performance in provider services and ineffective application of contract controls and other levers. (630)
### Croydon Clinical Commissioning Group - Governing Body Assurance Framework - June 2014

#### Objective:

1. To develop as a mature membership organisation

<table>
<thead>
<tr>
<th>Ref</th>
<th>Objective</th>
<th>Risk</th>
<th>Assured</th>
<th>Current</th>
<th>Assurance Source</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>814</td>
<td>Risk of a change in national policy direction.</td>
<td>4 4 Very High (16) CCG Chief Officer and Chair engagement with NHSE Networks.</td>
<td>4 4 Very High (16)</td>
<td>Feedback to Governing Body by Chair and Chief Officer (ongoing)</td>
<td>Clinical Engagement Plan (delivered December 2013)</td>
<td>Improve Attendance at GP Open Meetings</td>
<td>Michelle Rahman 30/6/14</td>
<td>4 3 High (12)</td>
</tr>
<tr>
<td>812</td>
<td>Risk that the membership becomes disengaged.</td>
<td>4 4 Very High (16) Clinical Engagement Plan</td>
<td>4 4 High (12)</td>
<td>Quorate meetings held (October 2013 and January 2014)</td>
<td>LMC</td>
<td>Senior management engagement</td>
<td>Michelle Rahman 30/6/14</td>
<td>4 2 High (8)</td>
</tr>
<tr>
<td>648</td>
<td>Authorisation directions and conditions of authorisation will not be lifted.</td>
<td>4 4 Very High (16) Authorisation implementation plan in place to address each condition.</td>
<td>3 3 High (6)</td>
<td>NHSE monitoring the implementation plan (quarterly assurance meetings) SMF governing records Ongoing external scrutiny by NHSE (ongoing)</td>
<td>No national guidance on lifting directions.</td>
<td>Implementation of plans</td>
<td>Michelle Rahman 30/6/14</td>
<td>3 2 Moderate (5)</td>
</tr>
<tr>
<td>Ref</td>
<td>Description</td>
<td>Current</td>
<td>Assurance Source</td>
<td>Assurance Gaps</td>
<td>Actions</td>
<td>Target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>813</td>
<td>Risk of inadequate engagement with Clinical Networks and their sponsorship and delivery of CCG objectives. Case: 1) Limited capacity for engagement support to clinical networks Effect: 1) Failure to deliver on health outcomes 2) Failure to deliver on financial strategy 3) Failure to provide optimum patient care in pathway development</td>
<td>4 3 High (12)</td>
<td>Clinical Engagement Team</td>
<td>Clinical Engagement Plan (December 2013 approval)</td>
<td>PwC Review on network support</td>
<td>4 2 High (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Variation of Primary Care Project</td>
<td></td>
<td></td>
<td></td>
<td>Review Clinical Engagement Team capacity &amp; Clinical Network support model</td>
<td>Stephen Warren 300614</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Objective 2: To commission integrated, safe, high quality service in the right place at the right time

### Risk 809

**Risk:** The CCG has no adequate or sufficient control of proposed reconfiguration of health services within the area to the extent that it becomes a threat to the objectives of the CCG.

**Cause:**
1. Complex nature of reconfiguring health services.
2. Political interest in outcomes.
3. Challenge of working with CCGs with divergent local interests.

**Effect:**
1. Impact on services commissioned through CHS.
2. Reduced ability to improve service quality and range of services.
3. Failure to meet savings targets over the long-term.

**Objective:**
2. To commission integrated, safe, high quality service in the right place at the right time.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>Assurance Scheme</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>C</th>
<th>L</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>809</td>
<td>Risk that the CCG has no adequate or sufficient control of proposed reconfiguration of health services within the area to the extent that it becomes a threat to the objectives of the CCG.</td>
<td>5</td>
<td>4</td>
<td>Very High (20)</td>
<td>5</td>
<td>4</td>
<td>Very High (20)</td>
<td>Timelines for implementation included in 5 year strategy</td>
<td>Engagement with process which eventually replaces BSBV</td>
<td>Stephen Warren</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>Assurance Scheme</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>C</th>
<th>L</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>907</td>
<td>Risk that outcomes-based commissioning (OBC) does not realise the quality and financial benefits outlined in the case for change.</td>
<td>4</td>
<td>5</td>
<td>Very High (20)</td>
<td>4</td>
<td>5</td>
<td>Very High (20)</td>
<td>1) Engagement of NHS England (Programme Board)</td>
<td>Active monitoring of engagement and outputs</td>
<td>Stephen Warren</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Stephen Warren**
### Objective:

**2. To commission integrated, safe, high quality service in the right place at the right time**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Current</th>
<th>C</th>
<th>L</th>
<th>Total C</th>
<th>Assurance Source</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>640</td>
<td>Providers are unable to respond to required scale and pace of change in innovation, quality and performance.</td>
<td>4</td>
<td>Very High (16)</td>
<td>4</td>
<td>Very High (16)</td>
<td>SLA Minutes of contract meetings</td>
<td>1) Minutes of joint meetings (Monthly CQRGs) 2) SMT Minutes (Weekly) 3) Shared Implementation plans (for specific issues) 4) Performance Management/Reports (monthly) 5) Joint QIPP Implementation Group minutes (monthly)</td>
<td>4</td>
<td>High (12)</td>
</tr>
<tr>
<td>610</td>
<td>Risk that the CCG fails to respond to required scale and pace of change in innovation, quality and performance.</td>
<td>4</td>
<td>Very High (16)</td>
<td>4</td>
<td>Very High (16)</td>
<td>ICU/Executive Group Minutes (Monthly)</td>
<td>Section 75 development</td>
<td>4</td>
<td>High (12)</td>
</tr>
<tr>
<td>622</td>
<td>Providers are unable to respond to required scale and pace of change in innovation, quality and performance.</td>
<td>4</td>
<td>Very High (16)</td>
<td>4</td>
<td>Very High (16)</td>
<td>Communication Strategy Implement on behalf of the CCG</td>
<td>1) As yet, no internal/external audit assurance 2) Increased capacity within the commissioning team 3) Improved commissioning capability to facilitate change 4) Integrated Commissioning Unit Development Plan in place</td>
<td>4</td>
<td>High (12)</td>
</tr>
<tr>
<td>Ref</td>
<td>Description</td>
<td>Inherent</td>
<td>Control</td>
<td>Current</td>
<td>Action</td>
<td>Target</td>
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<tr>
<td>848</td>
<td>Risk that Croydon CCG may not develop fit for purpose contracts to agreed deadlines (OBC)</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>1) Procurement process</td>
<td>4 Unknown baselines</td>
<td>2</td>
<td></td>
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<tr>
<td></td>
<td>Cause: 1) No established baseline for an outcomes based contract 2) Provider(s) unwilling or unable to make required changes 3) Outcome indicators do not adequately speak to outcome constructs 4) Overly complex definitions being difficult to operationalise</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>2) Contract meeting</td>
<td>Stephen Warren 30/06/14</td>
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<td></td>
<td>Effect: 1) Outcome constructs don’t reflect things that matter to patients and public 2) Destabilisation of existing providers 3) Outcome indicators not acceptable to providers 4) Lack of shared care record reduces scope of provider transformation and information flows to support approach 5) Poor Information Governance</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>3) Quality Sub Committee minutes</td>
<td>Stephen Warren 30/06/14</td>
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<td></td>
<td>Stephen Warren</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>4) LA &amp; NHSE Meetings</td>
<td>Stephen Warren 30/06/14</td>
<td></td>
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<tr>
<td></td>
<td>5) PPi Network</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>6) Public Information Governance</td>
<td>Stephen Warren 30/06/14</td>
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<tr>
<td></td>
<td>Co-production of outcomes with providers as part of process of negotiating contracts.</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>1) Procurement process</td>
<td>Stephen Warren 30/06/14</td>
<td></td>
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<tr>
<td></td>
<td>Ensure core population identifiable from routinely collected data.</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>2) Contract meeting</td>
<td>Stephen Warren 30/06/14</td>
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<tr>
<td></td>
<td>Example of national and international best practice shared with providers.</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>3) Quality Sub Committee minutes</td>
<td>Stephen Warren 30/06/14</td>
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<tr>
<td></td>
<td>Longer term contracts to motivate providers.</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>4) LA &amp; NHSE Meetings</td>
<td>Stephen Warren 30/06/14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Robust engagement process with local and national patient / public groups.</td>
<td>4 Very High</td>
<td>4</td>
<td>4 Very High</td>
<td>5) PPi Network</td>
<td>Stephen Warren 30/06/14</td>
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</tbody>
</table>

| 635 | Risk that pace of delivery of financial recovery may have a detrimental effect on quality of care in provider services | 4 Very High | 4 | 4 Very High | 1) Quality Sub Committee minutes | 5 Quality Impact Assessments to be performed on QIPP schemes | 5 Very High |
|     | Cause: 1) Financial drivers might overtake quality improvement objectives | 4 Very High | 4 | 4 Very High | 2) Senior Management Team minutes | Michele Rahman 30/06/14 |
|     | Effect: 1) Quality of patient care is sub-standard 2) Reputational damage to CCG | 4 Very High | 4 | 4 Very High | 3) Clinical level QIPP Operational Board minutes | Michele Rahman 30/06/14 |
|     | Michelle Rahman | 4 Very High | 4 | 4 Very High | 4) CHS SLAM QIPP meeting minutes | Michele Rahman 30/06/14 |
|     | CCG assessment of a state of process. | 4 Very High | 4 | 4 Very High | 1) Quality Sub Committee minutes | Michele Rahman 30/06/14 |
|     | Clinical leadership embedded throughout the quality governance arrangements. | 4 Very High | 4 | 4 Very High | 2) Senior Management Team minutes | Michele Rahman 30/06/14 |
|     | Francis recommendations | 4 Very High | 4 | 4 Very High | 3) Clinical level QIPP Operational Board minutes | Michele Rahman 30/06/14 |
|     | Integrated Finance, Activity and Quality Report | 4 Very High | 4 | 4 Very High | 4) CHS SLAM QIPP meeting minutes | Michele Rahman 30/06/14 |
|     | Intermediate Services CQI Re-established | 4 Very High | 4 | 4 Very High | 1) Quality Sub Committee minutes | Michele Rahman 30/06/14 |
|     | Quality considered to be factored into the development of QIPP Schemes. | 4 Very High | 4 | 4 Very High | 2) Senior Management Team minutes | Michele Rahman 30/06/14 |
|     | Quality Framework | 4 Very High | 4 | 4 Very High | 3) Clinical level QIPP Operational Board minutes | Michele Rahman 30/06/14 |
|     | Quality Monitoring Group | 4 Very High | 4 | 4 Very High | 4) CHS SLAM QIPP meeting minutes | Michele Rahman 30/06/14 |
|     | Quality Impact Assessments undertaken on QIPP Schemes | 4 Very High | 4 | 4 Very High | 1) Quality Sub Committee minutes | Michele Rahman 30/06/14 |

Objective: To commission integrated, safe, high quality service in the right place at the right time

Inherent

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Risk</th>
<th>Current</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>To commission integrated, safe, high quality service in the right place at the right time</td>
<td>2 Very High</td>
<td>2 Very High</td>
</tr>
</tbody>
</table>

Inherent

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<th>Risk</th>
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<tbody>
<tr>
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<td>To commission integrated, safe, high quality service in the right place at the right time</td>
<td>2 Very High</td>
<td>2 Very High</td>
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<tr>
<td>637</td>
<td>Risk of poor quality services if quality improvements are not being achieved</td>
<td>4</td>
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<tr>
<td>645</td>
<td>Commissioning Support Unit (CSU) lacks the capacity to deliver contract with the Clinical Commissioning Group.</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>618</td>
<td>Risk that commissioned providers do not work together or work effectively to realise the CCGs commissioning objectives to provide integrated pathways</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Objective:** To commission integrated, safe, high quality service in the right place at the right time

**Risk:**
- Risk of poor quality services if quality improvements are not being achieved
- Commissioning Support Unit (CSU) lacks the capacity to deliver contract with the Clinical Commissioning Group.
- Risk that commissioned providers do not work together or work effectively to realise the CCGs commissioning objectives to provide integrated pathways

**Assurance Source:**
- QRG monthly review
- KPIs written into contracts
- Quality Framework
- Scheduled Service Review
- Staff monthly review of Dash board report covers all indicators

**Assurance Gaps:**
- Quality Report to Quality Committee
- Contract performance reviews
- Contingency monies available for gaps in tenders which are not commissioned
- Detailed tender services level agreement, including KPIs, negotiated
- Joint Staff Engagement events
- Monthly Contract Meeting
- Monthly reporting against KPIs
- Performance management escalation processes in contract
- Signed SLA (Spring 2013)
- Documented contract monitoring processes (Monthly SLA Meetings)
- Deputy Director lead for contract management (Monthly SLA Meetings)
- CSU Managing Director is CCG Account Manager

**Actions:**
- Develop and strategy to deliver contract in case of non delivery
- Develop clear specifications promoting collaborative working between providers
- Allment of provider KPIs and to promote integrated working

**Target:**
- Integrated finance, activity and quality report being developed
- Develop and strategy to deliver contract in case of non delivery
- Develop clear specifications promoting collaborative working between providers
- Allment of provider KPIs and to promote integrated working
<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Current</th>
<th>Assurance Scheme</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>846</td>
<td>Risk that Independent Contractors Services (ICS) may lack knowledge and skill to fulfil Safeguarding obligations to children and adults.</td>
<td>4</td>
<td>High (12)</td>
<td>Advice provided via Safeguarding Team for all ICS</td>
<td>Other ICS’s lack same level of engagement as GPs</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Case:</strong> 1) Responsibility for delivering Safeguarding Adult and Children training no longer rests with the CCG.</td>
<td>3</td>
<td></td>
<td>Development of GP Safeguarding leads code</td>
<td>Develop communication links with ICS to raise awareness of Safeguarding support.</td>
<td></td>
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<tr>
<td></td>
<td><strong>Effect:</strong> 1) Inadequate Safeguarding skills 2) Risk to vulnerable children and adults 3) Potential for harm</td>
<td></td>
<td></td>
<td>Implementation of Case Reflection Model for GPs</td>
<td>Sally Innis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amy Page</td>
<td></td>
<td></td>
<td>Increased GP access to Safeguarding Information</td>
<td>300614</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Safeguarding Newsletters</td>
<td></td>
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<td></td>
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<td></td>
<td>Safeguarding section on CCG Website</td>
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<tr>
<td>844</td>
<td>Risk that CCG fails to adequately secure Personal Confidential Data (PCD)</td>
<td>4</td>
<td>Very High (16)</td>
<td>Robust Risk Management processes</td>
<td>Assessment against the IG Toolkit External Audit for SLCSU December 2013 and Internal Audit of CCG approach March 2014.</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Cause:</strong> 1) Poor Implementation of information management policies and processes 2) Systems change</td>
<td>3</td>
<td></td>
<td>SLCBU ASH Status Level 1 Achieved</td>
<td></td>
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<tr>
<td></td>
<td><strong>Effect:</strong> 1) Inability to provide assurance to key partners and stakeholders 2) Inability to demonstrate “trusted” status 3) Difficulty in business processes 4) Failure to meet legal requirements</td>
<td>3</td>
<td></td>
<td>SLCBU OSPRCO Implementation Plans</td>
<td>Michelle Rahman</td>
<td></td>
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<td></td>
<td>Michelle Rahman</td>
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## Controls

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<tbody>
<tr>
<td>847</td>
<td>Risk that SLCU strategy threatens the established ways of working with Croydon CCG and service delivery.</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
<td>Staff Briefings</td>
<td>Regular SLA Reviews to meet CCG Objectives</td>
<td>Paul Young</td>
</tr>
<tr>
<td>836</td>
<td>Risk that the CCG fails to adequately engage with patients and the public in the delivery of redesign with healthcare</td>
<td>3</td>
<td>3</td>
<td>High (9)</td>
<td>PPI section on all Board and cover sheets</td>
<td>Ratified PPI Strategy</td>
<td>Monthly PPI report to the Quality Sub Committee</td>
<td>PPI Reference Group to meet in May 2014</td>
<td>Andrew Hobson</td>
<td>30/06/14</td>
</tr>
<tr>
<td>853</td>
<td>Risk that the CCG fails to maintain a mature and balanced relationship with NHS England</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
<td>Active Membership of NHS England and Quality and Performance Networks</td>
<td>Monthly Assurance Meetings with NHS England</td>
<td>Regular Assurance Meetings at Director Level</td>
<td>Performance and key issues pack presented at Assurance Meetings on a monthly basis</td>
<td>Michelle Rahman</td>
<td>30/06/14</td>
</tr>
</tbody>
</table>

### Objective:
3. To have collaborative relationships to ensure integrated approach

**Inherent**

- Croydon CCG reference groups
- Council of Members and NHS England receive report on PPI activity.
- PPI section on all Board paper cover sheets
- Ratified PPI Strategy
- Monthly PPI report to the Quality Sub Committee

**Current**

- Croydon CCG Public Engagement Protocol
- PPI and Commissioning Team collaborate to identify PPI requirements
- PPI Strategy and Action Plan
- Report on PPI Activity to NHS England

**Inherent**

- Croydon CCG Reporting Template includes PPI section
- Croydon CCG Public Engagement Protocol
- PR and Commissioning Team collaborate to identify PPI requirements
- PR report to the Quality Sub Committee
- PR Strategy and Action Plan
- Report on PPI Activity to NHS England

**Current**

- Change Management Team
- Croydon CCG Public Engagement Protocol
- PPI and Commissioning Team collaborate to identify PPI requirements
- PPI Strategy and Action Plan
- Report on PPI Activity to NHS England

**Objective**

- Collaborative relationships to ensure integrated approach
- PPI Activity Report to be published and submitted to Council of Members and NHS
- PPI Reference Group to meet in May 2014
- PPI Activity Report to be submitted to NHS

### Risk Source

- Inherent
- Assurance Source
- Assurance Gaps
- Actions
- Target
### Objective:
3. To have collaborative relationships to ensure integrated approach

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Objective</th>
<th>Assurance Source</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>834</td>
<td>Risk that the position adopted by partners in respect of core CCG delivery enablers may have a negative impact (i.e. contradicting or unaligned)</td>
<td>C</td>
<td>Very High (16)</td>
<td>ICU Governance Structures</td>
<td>Phased Implementation of Organisational Development (OD) Plan</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Cause: 1) Senior ICU roles may be dominated by Local Authority skill set. 2) Lack of awareness of NHS targets. 3) Lack of awareness and understanding of CCG priorities. 4) Mis-alignment of priorities.</td>
<td>L</td>
<td>- Workshop - ICU Executive and Staff</td>
<td>-</td>
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<tr>
<td>837</td>
<td>Risk that the CCG fails to maintain an adequate relationship with Healthwatch</td>
<td>C</td>
<td>Moderate (6)</td>
<td>Chief Officer meets regularly with Healthwatch Chair</td>
<td>Board paper cover sheets including a communications plan with stakeholder relationships</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Cause: 1) inadequate engagement with Healthwatch. 2) Lack of transparency around CCG decisions. 3) Inadequate engagement with Healthwatch. 4) Lack of co-ordinated approach to intelligence gathering on quality of services. 5) Potential duplication of efforts. 6) Lack of co-ordinated resolution of any issues raised.</td>
<td>L</td>
<td>- Croydon CCG communications and stakeholder relations strategies and work plans</td>
<td>- Health Watch sit on the Governing Body</td>
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</table>
### Objective: To achieve financial balance over five years

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Target</th>
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<tbody>
<tr>
<td>628</td>
<td>CCGs population health needs exceed the funding available to commission</td>
<td>3 High (9)</td>
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</table>

**Risk**

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<th>C</th>
<th>L</th>
<th>Total</th>
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<tr>
<td>5</td>
<td>5</td>
<td>Very High (25)</td>
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**Inherent Risk**

1. Welfare reform consequences
2. Population mobility
3. Growing financial deficit
4. Changing demographics
5. Anticipated per capita budget reductions
6. Growth in housing development (High density social housing)

**Effect:**

1. CCG unable to meet health needs of population

**Assurance Source**

- NHSE Target Allocation
- Quality of the funding position by Finance Committee and Governing Body

**Assurance Gaps**

1. NHSE had developed a capitation model for 2013/14 but did not use it for 2013/14 allocations. The content and implications of the analysis are not known. The last available analysis is 2011/12.
2. NHSE has indicated models will be developed to support movement to target in 2014/15. Normal planning timetables mean this would not be released until December 2013 at the earliest.

**Actions**

- Continue to work with NHSE-London, local stakeholders to raise the profile of this issue locally and nationally (Action on-going)

**Mike Sexton**

### Objective: 3-Year Financial Improvement Plan agreed, underpinned by quality improvement and clinical leadership (Clinical Leaders, QOB, SMT, Finance Committee, Governing Body)

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<tr>
<th>Ref</th>
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<tbody>
<tr>
<td>629</td>
<td>3-Year Financial Improvement Plan agreed, underpinned by quality improvement and clinical leadership (Clinical Leaders, QOB, SMT, Finance Committee, Governing Body)</td>
<td>3 High (9)</td>
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**Risk**

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<tr>
<td>5</td>
<td>5</td>
<td>Very High (25)</td>
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</table>

**Inherent Risk**

1. Failure of acute pathway redevelopments to deliver savings
2. MH/SLAM Acute inpatient financial over performance

**Effect:**

1. Quality improvements not achieved.
2. Statutory financial requirements not met.

**Assurance Source**

- Quality of the funding position by Finance Committee and Governing Body
- Opportunity of £30m net for QIPP programme over 3 years identified.

**Assurance Gaps**

1. All schemes to include quality metrics and Quality Impact Assessment.

**Actions**

- Develop 3-year QIPP plans
- Establish quality metrics and monitoring for QIPP projects
- Recruitment to additional capacity

**Stephen Warren**

### Objective: Scrutiny of the funding position by Finance Committee and Governing Body

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<td>Scrutiny of the funding position by Finance Committee and Governing Body</td>
<td>3 High (9)</td>
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**Risk**

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<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>Very High (25)</td>
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**Inherent Risk**

1. Project management capacity and capability
2. Lack of strong clinical leadership to the programme overall and on individual projects.
3. Reliance on CHS and local partners to implement whole system changes
4. Ability to set and deliver to realistic time-scales

**Effect:**

1. Failure to meet the Quality Impact Assessment
2. Statutory financial requirements not met.

**Assurance Source**

- Risk register for each scheme identifies key issues
- PwC Input

**Assurance Gaps**

1. Scheme to include quality metrics and Quality Impact Assessment.

**Actions**

- Develop 3-year QIPP plans
- Establish quality metrics and monitoring for QIPP projects
- Recruitment to additional capacity

**Stephen Warren**
<table>
<thead>
<tr>
<th>Ref</th>
<th>Objective: To achieve financial balance over five years</th>
<th>C</th>
<th>L</th>
<th>Total</th>
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<th>C</th>
<th>L</th>
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<th>Assurance Source</th>
<th>Assurance Gaps</th>
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<tbody>
<tr>
<td>808</td>
<td>Risk that the CCG fails to manage increasing demand for Mental Health Services; in particular, acute in-patients.</td>
<td>4</td>
<td>5</td>
<td>Very High (20)</td>
<td>Risk Share Agreement</td>
<td>“SLaM Report”</td>
<td>Robust understanding of demand drivers.</td>
<td>Development of service redesign.</td>
<td>Sipho Mlambo</td>
<td>30/05/14</td>
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<tr>
<td></td>
<td>Cause: 1) Population changes 2) Auditory measures e.g. benefit reduction 3) Under-investment in Primary Care provision</td>
<td></td>
<td></td>
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<td></td>
<td>Detailed financial and activity schedules in 14/15.</td>
<td>Understanding of population needs.</td>
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<tr>
<td></td>
<td>Effect: 1) Growth in demand for acute in-patient beds 2) Poor quality care for patients 3) Unplanned increase in mental health services expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Routine monthly contract monitoring.</td>
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<td></td>
<td>Sipho Mlambo</td>
<td>30/05/14</td>
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<tr>
<td>819</td>
<td>Risk that systems of inherent deficits across the Croydon Health and Social Care economy establishes, short term and long term decision making which threatens integrated solutions.</td>
<td>5</td>
<td>4</td>
<td>Very High (20)</td>
<td>All partners represented on Health and Well Being Board</td>
<td>Care Pathway Redesign</td>
<td>Requires joint CCG and LBC forum to drive implementation.</td>
<td>CHS/CCG to develop joint working processes in planning and QIPP facilitated by PWC.</td>
<td>Mike Sexton</td>
<td>30/09/14</td>
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<tr>
<td></td>
<td>Cause: 1) Financial pressures and deficits in local health economy (CCG, CHS, SLaM &amp; LBC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Croydon Transformation Board</td>
<td>1) Re-negotiate CCG/LBC forum to drive implementation.</td>
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<tr>
<td></td>
<td>Effort: 1) inability of partners to collaborate and deliver transformational change for patients.</td>
<td></td>
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<td></td>
<td>Implementing of Integrated Commissioning Unit (ICU)</td>
<td>Terms of Reference Joint QIPP Implementation Group</td>
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<tr>
<td></td>
<td>Mike Sexton</td>
<td></td>
<td></td>
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<td></td>
<td>Regular meetings between Chief Executives of CCG, CHS, SLaM and LBC.</td>
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<tr>
<td>821</td>
<td>Risk that national policy (e.g. Tariff Deflator and Business Rules) threatens the CCG’s five-year financial plan to achieve recurrent break even.</td>
<td>5</td>
<td>4</td>
<td>Very High (20)</td>
<td>All partners in line of modelling in the event of policy change.</td>
<td>Regular engagement and briefing of influential stakeholders</td>
<td>Capacity to influence key decision makers in NHSE</td>
<td>Active early engagement to influence proposed changes</td>
<td>Mike Sexton</td>
<td>31/05/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cause: 1) Impact of external DoH and NHSE policy on CCG financial framework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Use of formal and informal influence and relationships to influence NHSE policy</td>
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<tr>
<td></td>
<td>Effort: 1) Prevents CCG from achieving statutory financial objectives, i.e. break even 2) Rises the required QIPP and other efficiencies to unsustainable and unachievable levels</td>
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<td></td>
<td>Mike Sexton</td>
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</tbody>
</table>

Note: The table includes risks, inherent likelihoods, total likelihoods, assurance sources, assurance gaps, and actions with targets. Each risk is described with specific causes and effects, along with cross-functional teams and targeted dates for actions.
### Objective 4: To achieve financial balance over five years

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>631</td>
<td>Risk that the provision in the balance sheet for Continuing care retrospective claims is not sufficient to cover the liability</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
<td>3</td>
<td>3</td>
<td>High (9)</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
</tr>
<tr>
<td></td>
<td>Cause:</td>
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<tr>
<td></td>
<td>1) Unknown value of claims</td>
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<td>Effect:</td>
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<tr>
<td></td>
<td>1) Negative financial impact</td>
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<td>Mike Sexton</td>
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</tbody>
</table>

#### Assurance Source

- CSU Continuing Care team
- PwC independent review of Croydon CCG's financial position
- NHSE - London will assess whether Croydon CCG has a "Clear and Credible Plan"
- Current financial trajectory indicates that any risk has been reduced
- Email of comfort from David Slegg, DoF, NHSE (London)

#### Assurance Gaps

- Limited data of actual claims settled.

#### Actions

- Quarterly review of financial exposure to continuing care restitution claims

### Objective 4: To achieve financial balance over five years

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>604</td>
<td>Insufficient commissioning resource available to deliver savings</td>
<td>5</td>
<td>5</td>
<td>Very High (25)</td>
<td>5</td>
<td>3</td>
<td>Very High (15)</td>
<td>5</td>
<td>2</td>
<td>High (10)</td>
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<tr>
<td></td>
<td>Cause:</td>
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</tr>
<tr>
<td></td>
<td>1) Organisational structure not aligned to delivery requirements</td>
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<td></td>
<td>2) High number of interim staff</td>
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<tr>
<td></td>
<td>1) Difficulty to make the required savings</td>
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<tr>
<td>Stephen Warren</td>
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</tbody>
</table>

#### Assurance Source

- PwC Review April 2013
- Additional temporary resource provided to support key areas, e.g. urgent care, LTCs
- Recruitment of permanent posts in new structures

#### Assurance Gaps

- Internal Audit Report awaited.

#### Actions

- Integration with the Joint Commissioning Unit
- Cash forecast submission to reflect deficit plan

### Objective 4: To achieve financial balance over five years

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
<th>C</th>
<th>L</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>627</td>
<td>NHSE will not grant any flexibility in the Operating Plan requirements. Risk that cash support of £20m is not granted to support revenue deficit.</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
<td>3</td>
<td>3</td>
<td>High (9)</td>
<td>4</td>
<td>4</td>
<td>Very High (16)</td>
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<td>Cause:</td>
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<tr>
<td></td>
<td>1) CCG unable to satisfy NHSE that it has a &quot;clear and credible plan&quot; to deliver financial balance</td>
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<td>Effect:</td>
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<tr>
<td></td>
<td>1) Breach of statutory duty to break even</td>
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<td>2) Breach of directions without NHSE approval</td>
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<tr>
<td>Mike Sexton</td>
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</tbody>
</table>

#### Assurance Source

- Croydon CCG has developed a 3 Year Financial Improvement Plan
- Monthly Assurance Meetings with NHSE
- Monthly Finance Committee and Governing Body meetings
- 6 Year Plan submitted (June 2014), 2-year Plan assured with support from NHSE
- Approval of fully funded cash deficit anticipated for 2014/2015

#### Assurance Gaps

- This independent review of Croydon CCG's QIPP position confirms that whilst circa £20m QIPP savings can be achieved over 3 years, this is not sufficient to fully close the financial gap by Year 3.

#### Actions

- Continue to respond to NHSE assurance checklist to achieve plan sign off...
### Objective: To achieve financial balance over five years

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Inherent Risk</th>
<th>Control</th>
<th>Current Risk</th>
<th>Assurance Source</th>
<th>Assurance Gaps</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>820</td>
<td>Risk that Better Care Fund fails to generate envisaged savings with insufficient health focus</td>
<td>Very High (20)</td>
<td>Monthly BCF Steering Group Meetings</td>
<td>Very High (15)</td>
<td>1: Older People's Commissioning role in ICU is vacant 2: Performance management of schemes needs to be strengthened (activity impact quality) 3: Greater understanding of cause and effect between new investments and performance targets is needed</td>
<td>1: Recruit to Older People's Commissioning role in ICU</td>
<td>Stephen Warren 310/14 Review PMO Arrangements for BCF Schemes</td>
</tr>
</tbody>
</table>

- **Cause:**
  1. Continued investment in existing schemes whose effectiveness is unproven
  2. Limited resources for new investment (versus Social Care pressures)

- **Effect:**
  1. Increasing levels of non-elective admissions
  2. Poor quality of care and outcomes for patients
  3. Financial overexpenditure on acute contracts

- **Stephen Warren**

| 630 | Over-performance in provider services and ineffective application of contract controls and other levers | Very High (15) | Monthly BCF Steering Group Meetings | High (10) | 1: Acute Task Group 2: Monthly contract meetings 3: Senior Mgmt, Team / Recovery Group (monthly) 4: QIPP Operational Board | 1: Governing Body and Committee not receiving reports on a specialty basis requires special level reporting and drive 2: More control over non-elective activity needed | Ensure delivery of QIPP schemes (On-going) | Stephen Warren 310/14 |

- **Cause:**
  1. Patient demand and supplier induced demand exceeds contract volumes

- **Effect:**
  1. Contracts with providers will not perform within their financial envelope
  2. Financial conditions cannot be lifted

- **Stephen Warren**

<table>
<thead>
<tr>
<th>Control</th>
<th>Assurance Source</th>
<th>Assurance Gaps</th>
<th>Actions</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Well-being Board sign-off of draft and final plans</td>
<td>Monthly BCF Steering Group Meetings</td>
<td>Very High (15)</td>
<td>Recruit to Older People's Commissioning role in ICU</td>
<td>High (15)</td>
</tr>
<tr>
<td>Improved process of information and knowledge sharing between both organisations</td>
<td>Integrated Commissioning Unit (ICU) Implementation</td>
<td>Very High (15)</td>
<td>Review PMO Arrangements for BCF Schemes</td>
<td>High (15)</td>
</tr>
<tr>
<td>UBC and CCG membership of Better Care Fund Steering Group</td>
<td>LBC and CCG membership of Better Care Fund Steering Group</td>
<td>Very High (15)</td>
<td>Stephen Warren 300/614</td>
<td>High (15)</td>
</tr>
<tr>
<td>Contracts have been negotiated based on 2012/13 outturn...</td>
<td>Monthly BCF Steering Group Meetings</td>
<td>High (15)</td>
<td>Ensure delivery of QIPP schemes (On-going)</td>
<td>Moderate (K)</td>
</tr>
</tbody>
</table>
# Appendix 3 Heatmaps

## 1. High risks associated with strategic objectives

<table>
<thead>
<tr>
<th>Risk Score</th>
<th>25</th>
<th>20</th>
<th>16</th>
<th>15</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>1</td>
<td>5</td>
<td>3</td>
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</tbody>
</table>

1. **To develop as a mature membership organisation**
2. **To commission integrated, safe, high quality service in the right place at the right time**
3. **To have collaborative relationships to ensure integrated approach**
4. **To achieve financial balance over five years**

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1. This heat map highlights those risks which require more focus as they pose a threat to the achievement of strategic objectives.
## 2. Risk Classification Heat Map - All Risks

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</thead>
<tbody>
<tr>
<td>Residual Likelihood</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Moderate (4)</td>
<td>Moderate (5)</td>
</tr>
<tr>
<td>1. Rare</td>
<td>1</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Unlikely</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>3. Possible</td>
<td>Low (3)</td>
<td>Moderate (6)</td>
<td>High (9)</td>
<td>Very High (16)</td>
<td>Very High (20)</td>
</tr>
<tr>
<td>4. Likely</td>
<td>Low (2)</td>
<td>Moderate (4)</td>
<td>Moderate (6)</td>
<td>Very High (20)</td>
<td>Very High (25)</td>
</tr>
<tr>
<td>5. Almost Certain</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Moderate (4)</td>
<td>Moderate (5)</td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Residual Likelihood</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Moderate (4)</td>
<td>Moderate (5)</td>
</tr>
<tr>
<td>1. Rare</td>
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<td></td>
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<tr>
<td>2. Unlikely</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>3. Possible</td>
<td>Low (3)</td>
<td>Moderate (6)</td>
<td>High (9)</td>
<td>Very High (16)</td>
<td>Very High (20)</td>
</tr>
<tr>
<td>4. Likely</td>
<td>Low (2)</td>
<td>Moderate (4)</td>
<td>Moderate (6)</td>
<td>Very High (20)</td>
<td>Very High (25)</td>
</tr>
<tr>
<td>5. Almost Certain</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Moderate (4)</td>
<td>Moderate (5)</td>
</tr>
</tbody>
</table>
## Operational Level - Risk Register

<table>
<thead>
<tr>
<th>Date</th>
<th>12/06/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Status</td>
<td>Open</td>
</tr>
<tr>
<td>Risk Area</td>
<td>Croydon CCG</td>
</tr>
</tbody>
</table>

### Croydon CCG

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>CCG's population health needs exceed the funding available to commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Title</td>
<td>Cause &amp; Effect:</td>
</tr>
<tr>
<td></td>
<td>Cause:</td>
</tr>
<tr>
<td></td>
<td>1) Welfare reform consequences</td>
</tr>
<tr>
<td></td>
<td>2) Population mobility</td>
</tr>
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<td>3) Growing financial deficit</td>
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<td>4) Changing demographics</td>
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<td>5) Anticipated per capita budget reductions</td>
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<td>6) Growth in housing development (High density social housing)</td>
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<td>Effect:</td>
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<tr>
<td></td>
<td>1) CCG unable to meet health needs of population</td>
</tr>
</tbody>
</table>

### Inherent Risk Priority

| Existing Controls | 5 5 Very High (25) | Scrutiny of the funding position by Finance Committee and Governing Body, WC and NHSE. |
| Action Required   | 5 5 Very High (25) | Continue to work with NHSE-London, local stakeholders to raise the profile of this issue locally and nationally (Action on-going) |
| Action Owner:     | Mike Sexton        |
| To be implemented by: | 30/06/2014        |

### Risk Priority

| Existing Controls | 5 5 | NHS England has published Target Allocation confirming £46m funding gap. |
| Action Required   | 5 5 | Continue to advocate faster Pace of Change. (Action on-going) |
| Action Owner:     | Mike Sexton |
| To be implemented by: | 31/03/2015 |

### Risk Status

Open

### Risk Area

Croydon CCG

### Last Updated

11/06/2014

### Risk Title

Operational Level - Risk Register
## Cause & Effect:

Key contributory factors are:

1. Insufficient project management capacity and capability.
2. Lack of strong clinical leadership to the programme overall and on individual projects.
3. Reliance on CHS and local partners to implement whole system changes.
4. Ability to set and deliver to realistic time-scales.

### Cause:

1. Failure of acute pathway redevelopments to deliver savings.
2. MH/SLAM acute inpatient financial over performance.

### Effect:

1. Quality improvements not achieved.
2. Statutory financial requirements not met.

### Risk Register for each scheme identifies key issues.

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>629</td>
<td>QIPP schemes (2014 – 2015) will not deliver anticipated financial savings...</td>
<td>Cause &amp; Effect: Key contributory factors are: (i) insufficient project management capacity and capability, (ii) lack of strong clinical leadership to the programme overall and on individual projects, (iii) reliance on CHS and local partners to implement whole system changes, (iv) ability to set and deliver to realistic time-scales.</td>
<td>5 5 Very High (20)</td>
<td>Opportunity of £30m net for QIPP programme over 3 years identified, 13/14 (£14m), 14/15 (£10m), 15/16 (£6m).</td>
<td>5 4 Very High (20)</td>
<td>Develop 3-year QIPP plans. Action Owner: Stephen Warren To be implemented by: 30/04/2014 Establish quality metrics and monitoring for QIPP projects. Stephen Warren (supported by PMO and Quality)</td>
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<tr>
<td></td>
<td>Croydon CCG</td>
<td>Cause: 1) Failure of acute pathway redevelopments to deliver savings 2) MH/SLAM acute inpatient financial over performance.</td>
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<tr>
<td></td>
<td>Effect: 1) Quality improvements not achieved. 2) Statutory financial requirements not met.</td>
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<tr>
<td></td>
<td>Risk register for each scheme identifies key issues.</td>
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</tbody>
</table>

### Action Owner:

- Stephen Warren

### Action:

- To be implemented by: 30/04/2014

### CCG structs have been reviewed; proposed revised structures presented to GB 30/07/2013.

### CCG only support new investment that will deliver QIPP savings.

### Risk register for each scheme identifies key issues.
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>819</td>
<td>Risk that national policy (e.g. Tariff Deflator and Business Rules) threats the CCG’s five-year financial plan to achieve recurrent break even.</td>
<td>Cause: 1) Impact of external DoH and NHSE policy on CCG financial framework</td>
<td>5 4 Very High (20)</td>
<td>Implementation of Integrated Commissioning Unit (ICU)</td>
<td>5 4 Very High (20)</td>
<td>CHS/CCG to develop joint working processes in planning and QIPP facilitated by PWC. Action Owner: Aarti Joshi To be implemented by: 30/06/2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effect: 1) Prevents CCG from achieving statutory financial objectives i.e. break even 2) Raises the required QIPP and other efficiencies to unsustainable and unreachable levels</td>
<td></td>
<td>Regular engagement and briefing of influential stakeholders on CCG financial issues</td>
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<tr>
<td>821</td>
<td>Risk that a series of inherent deficits across the Croydon Health and Social Care economy establishes short-term and silo decision making which threatens integrated solutions.</td>
<td>Cause &amp; Effect: 1) Financial pressures and deficits in local health economy (CCG, CHS, SLAM &amp; LBC)</td>
<td>5 4 Very High (20)</td>
<td>Process for timely refresh of five-year modelling in the event of policy change</td>
<td>5 4 Very High (20)</td>
<td>Active early engagement to influence proposed changes Action Owner: Mike Sexton To be implemented by: 31/03/2014</td>
</tr>
<tr>
<td>Risk Ref</td>
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</table>
| 907      | Risk that Outcomes Based Commissioning (OBC) does not realise the quality and financial benefits outlined in the case for change | **Cause & Effect:**  
1) Providers are unable to deliver or respond to the requirements of outcome based commissioning  
2) Timescales may not allow enough time for market development in order to effectively respond meeting the needs of health and social care service delivery  
3) The required range of services needed to realise the greatest benefits are not included in scope | 4 5 | Collaboration with Croydon Council. (Joint funding of engagement)  
Governance structure agreed (includes Programme Board and sub groups (April 2014))  
Provider engaged to supply expertise, supporting the CCG to develop the OBC proposition. (COBIC, PwC, SLCSU and Wragge & Co) | 4 5 | Active monitoring of engagement and outputs  
Action Owner: Stephen Warren  
To be implemented by: 30/06/2014  
Full roll out of governance structure  
Action Owner: Stephen Warren  
To be implemented by: 30/06/2014  
Governing Body to take go/no go decision in September 2014  
Action Owner: Stephen Warren  
To be implemented by: 02/09/2014 |

**Risk Owner:** Stephen Warren  
**Last Updated:** 08/05/2014
<table>
<thead>
<tr>
<th>Risk Ref</th>
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<tbody>
<tr>
<td>396</td>
<td>Urgent Care Centre Performance</td>
<td>Cause: 1) The implementation of the new service provider for the Urgent Care aspect of emergency care delivery, specifically the integration of the services and the inter-relationship between the two providers. 2) Clinical Pathways currently integrated within the ED/UCC service provided by CHS and Assura (Virgin Care). Effect: 1) Performance against contractually required KPIs slipped to below tolerated levels requiring a recovery plan to be implemented. 2) Potential to create clinical incidents, mis-communication and contract breaches. 3) Impact of negative reputation. 4) Patients may be at risk when moving between the different services.</td>
<td>4 Very High (20)</td>
<td>Revised UCC streaming protocol implemented</td>
<td>4 Very High (16)</td>
<td>Negotiations on Paediatric triage to continue with support from SL CSU - ongoing changes to be incorporated into the contract.</td>
</tr>
</tbody>
</table>

**Risk Owner:** Stephen Warren  
**Last Updated:** 09/04/2014  
**Action Owner:** Stephen Warren  
**To be implemented by:** 31/10/2013
<table>
<thead>
<tr>
<th>Risk Ref</th>
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<tbody>
<tr>
<td>640</td>
<td>Providers are unable to respond to required scale and pace of change in innovation, quality and performance.</td>
<td>Cause: 1) Provider capability. 2) Poorly specified contract 3) Lack of effective monitoring processes Effect: 1) Inability of provider to help deliver QIPP and quality agenda 2) Inability to deliver against range of plans required</td>
<td>4 Very High (16)</td>
<td>Regular Board to Governing Body review.</td>
<td>4 Very High (16)</td>
<td>Develop outcomes and commissioning approach. Action Owner: Stephen Warren To be implemented by: 31/05/2014</td>
</tr>
<tr>
<td>750</td>
<td>Establishment of the Integrated Commissioning Unit leads to strategic information governance risk - Contractual</td>
<td>Cause: 1) The contract does not specifically stipulate the core data required in order to commission the service. 2) Core data sets are agreed such that at contract termination it is not possible to correctly separate the PII for each provider/organisation Effect: 1) Legal basis to share PII not established and therefore the service acts illegally. 2) Inability to legally separate the data at contract termination.</td>
<td>4 Very High (16)</td>
<td>Review of existing contracts to ensure responsibilities correctly identified.</td>
<td>4 Very High (16)</td>
<td>Contract to show the Local Authority and the CCG are data controllers in common and the Providers are the data processors. Action Owner: Stephen Warren To be implemented by: 31/03/2014</td>
</tr>
</tbody>
</table>

Croydon CCG

Risk Title: Providers are unable to respond to required scale and pace of change in innovation, quality and performance.

Risk Owner: Stephen Warren

Last Updated: 01/04/2014

Risk Title: Establishment of the Integrated Commissioning Unit leads to strategic information governance risk - Contractual

Risk Owner: Stephen Warren

Last Updated: 01/04/2014
<table>
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<tr>
<th>Risk Ref</th>
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</thead>
</table>
| 777     | Pressure Ulcer Rates - Risk of Croydon residents developing pressure ulcers in the community when not under the care of a health care provider | **Cause & Effect:**
1) Lack of awareness and proactive approach to pressure ulcer management | 4 \[Very High\] (20)          | Monitoring and trend recognition of new pressure ulcers from Serious Incidents. | 4 \[Very High\] (16)          | CHS and CCG to work with Public Health and the Local Authority to improve standards of pressure ulcer prevention, early recognition and care in the community. |
|         | Risk Owner: Michelle Rahman                                                                                                    | Effect:
1) Major patient harm                                                                 |                        | 2014/15 CQUIN for pressure ulcer reduction supports joint working of organisations across a patient pathway. |                        | Action Owner: Michelle Rahman
To be implemented by: 30/04/2014
CQC reviews of Nursing home and community services. |
|         | Last Updated: 12/06/2014                                                                                                      |                                                                               |                        |                                                                                 |                        |                                                                                                                                                |
| 817     | Risk of failure to meet 18 week referral targets (CERNER)                                                                       | **Cause & Effect:**
1) Compromised recording systems in implementation phase
2) Complexities and challenges of system implementation
3) Inaccurate and untimely reporting output from Cerner Millennium within CHS | 4 \[Very High\] (16)          | Statutory reporting; all statutory reporting, including SUS and PBR have been produced | 4 \[Very High\] (16)          | CERNER and Discharge Information:
The matter will be taken to CQRG for robust monitoring of improvements in quality via the action plan. |
|         | Risk Owner: Stephen Warren                                                                                                     | Effect:
1) Unable to provide accurate patient information to GPs
2) Impact on volume of patients seen
3) Impact on quality and patient care
4) Impact on financial provision
5) Poor performance and quality monitoring |                        | Contract Management:                                                        |                        | Action Owner: Michelle Rahman
To be implemented by: 04/04/2014                                                                 |
<p>|         | Last Updated: 01/04/2014                                                                                                       |                                                                               |                        |                                                                                 |                        |                                                                                                                                                |</p>
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| 848     | Risk that Croydon CCG may not develop fit for purpose contracts to agreed deadlines (OBC)                                                 | Cause:  1) No established baseline for an outcomes based contract  
4) Overly complex definitions being difficult to operationalise  
5) Poor Information Governance   | 4 Very High (16)                                                      | Examples of national and international best practice shared with providers.                                                     | 4 Very High (16)       | Commissioner to identify and mandate shared clinical record system to support the approach           |
|         | Risk Owner: Stephen Warren                                                                                                                  | Effect:  1) Outcome constructs don’t reflect things that matter to patients and public  
4) Lack of shared care record reduces scope of provider transformation and information flows to support approach  
5) Poor Information Governance   |                                                                     | Longer term contracts to motivate providers                                                                                 |                        | Action Owner: Stephen Warren                                                                 |
|         | Last Updated: 25/03/2014                                                                                                                  | 2) Provider(s) unwilling or unable to make required changes  
3) Outcome indicators do not adequately speak to outcome constructs   |                                                                     | Co-production of outcomes with providers as part of process of negotiating contract itself                                     |                        | To be implemented by: 30/06/2014                                                                  |
|         |                                                                                                                                           | 3) Outcome indicators not acceptable to providers   |                                                                     | Ensure core population identifiable from routinely collected data.                                                        |                        |                                                                                                      |

- Use first year of contract to establish baselines as part of agreed risk transfer
- Develop and use basket of indicators, supplemented with new indicators developed during early years of contract if required
- Examples of national and international best practice shared with providers.
- Longer term contracts to motivate providers
- Co-production of outcomes with providers as part of process of negotiating contract itself
- Ensure core population identifiable from routinely collected data.
## Croydon CCG

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</thead>
<tbody>
<tr>
<td>879</td>
<td>Risk of no access to CCG/Council IT systems to facilitate sign off; workforce sheets, invoices</td>
<td><strong>Cause &amp; Effect:</strong></td>
<td>4</td>
<td>ICT &amp; Information Governance Steering Group Set up to understand issues and agree an action plan</td>
<td>4</td>
<td>Meeting on 09 April 2014 to agree action plan and timelines</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Stephen Warren</td>
<td><strong>Effect:</strong></td>
<td>4</td>
<td></td>
<td>Very High (16)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Updated: 08/04/2014</td>
<td>1) ICU staff not able to operate effectively</td>
<td></td>
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<tr>
<td>881</td>
<td>Risk of no access to CCG/Council activity data to commissioning processes</td>
<td><strong>Cause &amp; Effect:</strong></td>
<td>4</td>
<td>ICT &amp; Information Governance Steering Group Set up to understand issues and agree an action plan</td>
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<td>Risk Owner: Stephen Warren</td>
<td><strong>Cause:</strong></td>
<td>4</td>
<td></td>
<td>Very High (16)</td>
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<tr>
<td></td>
<td>Last Updated: 08/04/2014</td>
<td>1) Council does not have N3 connection and is not fully compliant with Information Governance toolkit.</td>
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<tr>
<td>404</td>
<td>Insufficient commissioning resource available to deliver savings</td>
<td><strong>Cause &amp; Effect:</strong></td>
<td>5</td>
<td>Agreed revised structures with additional permanent resource</td>
<td>5</td>
<td>Integration with the Joint Commissioning Unit</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Stephen Warren</td>
<td><strong>Cause:</strong></td>
<td>5</td>
<td></td>
<td>Very High (16)</td>
<td></td>
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<tr>
<td></td>
<td>Last Updated: 08/05/2014</td>
<td>1) Organisational structure not aligned to delivery requirements. 2) High number of Interim staff.</td>
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<td></td>
<td></td>
<td><strong>Effect:</strong></td>
<td>5</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1) Inability to make the required savings</td>
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<tr>
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</table>
| 627     | NHSE will not grant any latitude on the Operating Plan requirements. Risk that cash support of £20m is not granted to support revenue deficit. | **Cause & Effect:**
1) CCG unable to satisfy NHSE that it has a "clear and credible plan" to deliver financial balance. | 5 5 | Monthly assurance meetings with NHSE. | 5 3 | Cash forecast submission to reflect deficit plan
Action Owner: Mike Sexton To be implemented by: 30/04/2014
Continue to respond to NHSE assurance checks to achieve plan sign off and agreement of cash support. (Action on-going)
Action Owner: Mike Sexton To be implemented by: 31/12/2014 |
| 635     | Pace required for delivery of financial recovery may have a detrimental effect on quality of care in provider services | **Cause & Effect:**
1) Financial drivers might overtake quality improvement objectives
2) Breach of statutory duty to break even 
Effect: 1) Quality of patient care is sub-standard
2) Reputational damage to CCG | 5 4 | Recommendations from the Francis report being implemented | Very High (20) | Quality Impact Assessments to be performed on QIPP Schemes (Action on-going)
Action Owner: Michelle Rahman To be implemented by: 30/06/2014 |
## Croydon CCG

### Risk Title: Risk of poor quality of services including patient experience at CHS

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<tr>
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</thead>
<tbody>
<tr>
<td>636</td>
<td>Very High (20)</td>
<td></td>
<td>Very High (15)</td>
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</table>

**Cause & Effect:**

- **Cause:**
  1) Unknown risks
  2) Unknown/Unquantified patient safety issues

- **Effect:**
  1) Potential for patient harm
  2) Poor patient experience and outcomes
  3) Reputational damage

**Action Owner:** Michelle Rahman

**Last Updated:** 12/06/2014

- Development of Quality dashboard aligned to Integrated Performance Report.

**Action Owner:** Michelle Rahman

**To be implemented by:** 31/03/2014

- Integrated finance, activity and quality report
- Quality considerations factored into the development of QIPP Schemes.
- Quality Impact Assessments undertaken on QIPP Schemes
- Quality Framework Developed.
- Dashboard report covers all indicators.
- New local CQUINs agreed targeting 7 day services and discharge planning
- Schedule of visits by CCG for quality surveillance
## CAMHS Demand and Capacity not being met

**Risk Title:** CAMHS Demand and Capacity not being met  
**Risk Owner:** Stephen Warren  
**Last Updated:** 06/02/2014

### Cause & Effect:

**Cause:**

1. Reductions in PCT and Local Authority grant allocations. Both the PCT and the LA CAMHS grants have significantly reduced over the years since the ‘ring fence’ was lifted. Central government reduced the CAMHS grant it gave to local authorities from 2009/10. For Croydon, the grant was £1,047,000 in 2009/10, reduced to £744,983 in 2010/11 and then £600,000 for 2011/12. Because commissioning arrangements were not working well due to regular staffing changes, adjustments were not made to manage the reduction in 2010/11, resulting in an overspend of £124,629 to the LA.

2. Low investment baseline, from benchmarking information available, NHS SWL CBT is the lowest investor in community CAMHS in the SE sector (where SLAM is the main provider) particularly given population and other factors.

3. Increasing levels of need and referral rates, there have been both an increase in the referral rates and a decrease in the referrals accepted rates, between years 2009/10 and 2011/11.

**Effect:**

1. Service Reductions. The LA had to ensure that no such overspend happened in 2011-12; (cont’d)

### Inherent Risk

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<thead>
<tr>
<th>Priority</th>
<th>Risk Priority</th>
<th>Action Required</th>
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</thead>
<tbody>
<tr>
<td>Very High</td>
<td>4</td>
<td>Review of prescribing and intensive outreach support required at Primary Care level through enhanced service provision.</td>
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<tr>
<td>High</td>
<td>12</td>
<td>Consideration to close waiting lists for non-urgent cases.</td>
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<td>Review of the referral criteria.</td>
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<tr>
<td></td>
<td></td>
<td>Consider potential for additional capacity through enhanced services.</td>
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<td></td>
<td>Two bids pending for Re-ablement monies.</td>
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<td>Shared Care Prescribing Protocols to be extended.</td>
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<td>Data to be reviewed on current estimated waiting times of 10 months.</td>
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<tr>
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<td></td>
<td>Data to be reviewed on why approximately 50% of referrals from Primary Care are rejected.</td>
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<td></td>
<td>Recruitment requirements to be reviewed.</td>
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<td></td>
<td></td>
<td>Safeguarding issues to be reviewed.</td>
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</table>

**Action Owner:** Jane McAllister  
**To be implemented by:** 30/09/2013

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### Existing Controls

- CAMHS Partnership Commissioning Group
- SLAM Clinical Quality Review Group
- Croydon Borough CCG SMT meetings
- QIPP Operational Board
- Joint Strategic Needs Assessment

### Residual Risk Priority

<table>
<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>High</td>
<td>Review of the referral criteria.</td>
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### Action Required

- Additional investment of £250k negotiated through the NHS contract for SLAM 2012/13.
- Shared Care Prescribing Protocols.
- Review of the referral criteria.
- Consider potential for additional capacity through enhanced services.
- Two bids pending for Re-ablement monies.
- Shared Care Prescribing Protocols to be extended.
- Data to be reviewed on current estimated waiting times of 10 months.
- Data to be reviewed on why approximately 50% of referrals from Primary Care are rejected.
- Recruitment requirements to be reviewed.
- Safeguarding issues to be reviewed.
hence some service funding had to be terminated in year. The PCT funding was reduced in respect of its uncommitted expenditure, which had been used to fund non re-current and fixed term pilot projects whilst longer term decisions were being taken regarding investment.

2) Impact on the service ability to support vulnerable groups
When comparing investments for children living in poverty the costs per head are half of what is allocated in neighbouring borough, Lambeth. In addition the low baseline has also impacted on the available resource for looked after children and other complex groups.

3) There are indications that there is scope for unmet need, after accounting for referrals to the voluntary sector providers who have also had funding reduced, impacting on their capacity to meet demand.
**Croydon CCG**

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</table>
| 388      | Risk to vulnerable children and young people using Urgent Care services of harm going undetected | **Cause & Effect:**
1) Insufficient evidence submitted by Provider to assure commissioners on safeguarding children procedures.
2) Nurse with the lead for children's is leaving post at end of June
   **Effect:**
1) Potential risks to vulnerable children and young people.
2) Commissioners not assured of safe service provision
3) Provider non-compliance with contract | 4 4 | Lead GP and Liaison Health Visitor in place | 4 3 | CCG Safeguarding lead to have monthly contact with the Provider lead GP and escalate matters breaches of contract as necessary. |

**Action Owner:** Sally Innis

**To be implemented by:** 30/06/2014

On-going review of service and compliance via Quarterly Monitoring Tool

**Action Owner:** Sally Innis

**To be implemented by:** 30/06/2014
## Risk Title

**Risk to vulnerable children and young people using services at Erridge Road of harm going undetected**

**Risk Owner:** Amy Page  
**Last Updated:** 09/04/2014

### Cause & Effect

**Cause:**
1. Insufficient evidence submitted by Provider to assure commissioners on safeguarding children procedures.
2. Capacity for Provider reduced. Nurse with the lead for children’s is leaving post at end of June

**Effect:**
1. Potential risks to vulnerable children and young people.
2. Commissioners not assured of safe service provision
3. Provider non-compliance with contract

### Inherent Risk Priority

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### Existing Controls

- Quarterly Monitoring Tool (QMT) piloted in Q.3. To be reviewed in Q.4
- Quarterly Safeguarding Report to GB
- Action Plan in place and regular meetings with designated Safeguarding Lead. The action plan is monitored at the internal Children’s Safeguarding Governance Group.
- Safeguarding children and adults leads will be meeting with Edridge Road on 31/07/13 in order to support them with the development of safeguarding arrangements.
- CCG named Nurse provides regular support with development of services.
- Lead GP in place
- Safeguarding Nurse has been appointed for four hours a week which has been ring-fenced in order to develop efficient safeguarding arrangements.
- Meeting in place with Named Nurse Safeguarding commissioning in order to provide support with the development of these arrangements.

### Residual Risk Priority

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### Action Required

CCG Safeguarding lead to have monthly contact with the Provider lead GP and escalate matters/ breaches of contract as necessary.

**Action Owner:** Sally Innis  
**To be implemented by:** 30/06/2014

Quarterly Monitoring Tool to be completed by leads with support from the CCG Safeguarding Lead Nurse.

**Action Owner:** Sally Innis  
**To be implemented by:** 30/06/2014

Seek evidence that robust processes are in place and being followed. (Although some evidence has been received this will remain an action until all assurances received)

**Action Owner:** Sally Innis  
**To be implemented by:** 16/04/2014
Appendix 4

Croydon CCG

Risk Ref | Risk Title | Cause & Effect | Inherent Risk Priority | Existing Controls | Residual Risk Priority | Action Required
--- | --- | --- | --- | --- | --- | ---
413 | Neuro Rehab Project QIPP Delivery | Cause & Effect:
1) Neuro rehab project post has not been recruited to within the CSU structure
2) NHSE are not able to provide activity and finance data for the consortia beds
3) Not clear on the bed capacity commissioned across London and whether we will be able to respond accordingly in the event of a winter pressure surge

Effect:
1) Not meeting projected savings for QIPP
2) No clinical pathway for this patient group
3) CCG open to challenge in the absence of any protocols to support decision making
4) Advance notification of the risk of excess bed days leaving financial reporting and controls exposed
5) Potential for increased delayed transfers of care and inability to respond to winter pressure surge

| 4 | 4 | Trajectories for QIPP savings will need to be revised to reflect slippage on project delivery.

CSU will recruit to neuro rehab post on an interim basis whilst they go through the recruitment process to employ a permanent member of staff.

Action Owner: Nicole Smith
To be implemented by: 30/05/2014

CSU to recruit neuro rehab lead for SW London to manage the neuro rehab caseload

Action Owner: Nicole Smith
To be implemented by: 30/05/2014

Very High (16)
High (12)
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</table>
| 420      | Pre-op assessments may double count ACU data checks | **Cause & Effect:**  
1) Pre-op assessments may double count ACU data checks.  
Effect:  
1) Incorrect data being reported and therefore incorrect payment. | 3 4 | Confirmation with ACU of data validations. | 3 4 |  |
| 427      | MH/SLAM Acute in-patient financial over performance | **Cause & Effect:**  
Cause:  
1) Increased admission & delayed discharges  
2) Continuing care costs  
Effect:  
1) Overspend on commissioner budget.  
2) Provider purchasing private sector beds & costs passed onto commissioner. | 4 4 | Monthly report from SLAM  
Monitoring by MH Commissioning Team. | 4 3 | Service re-design.  
Action Owner: Sipho Mlambo  
To be implemented by: 31/05/2014 |
### Croydon CCG

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</table>
| 637      | Risk of poor quality services if quality improvements and performance targets not being achieved | **Cause & Effect:**  
1) Lack of understanding of the key issues and so actions do not deliver the necessary change  
2) Reputational damage to CCG | 4 4 Very High (16) | CQRG monthly review, KPIs written into contracts. Contract performance reviews | 4 3 High (12) | Integrated finance, activity and quality report being developed  
Action Owner: Michelle Rahman  
To be implemented by: 30/06/2014 |
|          | Risk Owner: Michelle Rahman | Last Updated: 12/06/2014 |                   | Scheduled Service Reviews completed |                     |                 |
| 638      | A & E Performance Recovery | **Cause:**  
1) | 4 4 Very High (16) | Ongoing meeting of the Clinical Outcomes/ Service Spec Operational provider leads group | 4 3 High (12) | Alignment of winter plans  
Action Owner: Michelle Rahman  
To be implemented by: 30/09/2013  
Whole system implementation of action plan |
|          | Risk Owner: Michelle Rahman | Last Updated: 12/06/2014 |                   | Recovery Trajectory agreed following Emergency Care Intensive Support Team follow up review |                     |                 |
|          |                      |                     |                   | A&E prioritised action plan |                     |                 |
| 639      | Referral To Treatment Performance Recovery | **Cause:**  
1) | 4 4 Very High (16) | Sustainability action plan in place | 4 3 High (12) | Continue monitoring and escalate where necessary  
Action Owner: Michelle Rahman  
To be implemented by: 31/03/2014 |
|          | Risk Owner: Michelle Rahman | Last Updated: 12/06/2014 |                   | Action plan to clear back log agreed |                     |                 |
### Croydon CCG

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
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<tbody>
<tr>
<td>641</td>
<td>Risk that the CCG cannot effectively influence the calibre of Primary Care Services</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) CCG is not responsible for monitoring or improving quality in primary care.</td>
<td>4 4 Very High (16)</td>
<td>Network level activity.</td>
<td>4 3 High (12)</td>
<td>Close liaison and partnership arrangements with NHSE Primary Care Team. Action Owner: Stephen Warren</td>
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<td><strong>Effect:</strong>&lt;br&gt;1) Potential impact on ability to develop the out of hospital pathway development.</td>
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<td>To be implemented by: 31/03/2014 Finalisation and recruitment to the delivery unit, which includes performance and improvement role support to practices. Action Owner: Stephen Warren</td>
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<td><strong>Inherent Risk:</strong></td>
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<td>642</td>
<td>Quality of relationships with partner organisations is not sufficiently mature to enable productive collaboration to achieve the transformation agenda</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) New NHS Structures &lt;br&gt;2) Fast pace of development required. &lt;br&gt;3) Historic organisation cultures and patterns of behaviour may inhibit progress &lt;br&gt;4) Imbalance of power</td>
<td>4 4 Very High (16)</td>
<td>Increased GP engagement.</td>
<td>4 3 High (12)</td>
<td>Seeking alternative methods of engagement other than formal meetings where practical. CCG-led Transformation Board has all partners Regular CHS/CCG Board to Board meetings</td>
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<td><strong>Effect:</strong>&lt;br&gt;1) Inflexible approach &lt;br&gt;2) Imbalance of power &lt;br&gt;3) Inefficiencies &lt;br&gt;4) Lack of innovation</td>
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<td>Risk Owner: Michelle Rahman</td>
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<td>Last Updated: 12/06/2014</td>
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<td>643</td>
<td>Small Executive Team</td>
<td><strong>Cause &amp; Effect:</strong></td>
<td>4</td>
<td>Clear Organisational Objectives</td>
<td>4</td>
<td>Ongoing monthly review of progress</td>
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<td>Cause:</td>
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<td>Action Owner: Michelle Rahman</td>
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<td></td>
<td></td>
<td>1) Small executive team</td>
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<td>To be implemented by: 31/05/2014</td>
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<td>Effect:</td>
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<td>1) Reduced leadership capacity to effectively commission</td>
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<td>645</td>
<td>Commissioning Support Unit (CSU)</td>
<td><strong>Cause &amp; Effect:</strong></td>
<td>4</td>
<td>Performance management escalation process in contract.</td>
<td>4</td>
<td>Develop an exit strategy including alternative structure and process in case of CSU non-delivery</td>
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<td>Cause:</td>
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<td>Action Owner: Stephen Warren</td>
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<td></td>
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<td>1) Vacancies in key posts.</td>
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<td>2) Lack of consistency in staffing arrangements.</td>
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<td>Effect:</td>
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<td>1) Reduced SLCSU capacity and failure to deliver work areas.</td>
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**Notes:**
- Risk Owner: Stephen Warren
- Last Updated: 08/04/2014
- Risk Owner: Michelle Rahman
- Last Updated: 12/06/2014

**Risk Title:**
- Small Executive Team
- Commissioning Support Unit (CSU)

**Cause & Effect:**
- Small executive team
- Reduced leadership capacity to effectively commission
- Reduced SLCSU capacity and failure to deliver work areas.
- Performance management escalation process in contract.
- Monthly reporting against KPIs
- CSU and CCG joint event held May 2013 to develop relationship.
- Contingency monies available for gaps in functions not commissioned.
### Croydon CCG

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</table>
| 646      | CCG does not achieve sufficient and appropriate member engagement to secure effective clinically led change during 2013 and through the medium term | **Cause & Effect:**  
1) Political changes to national and local policy resulting in instability and lack of engagement.  
2) Potential for insufficient capability and capacity of members to engage in the commissioning process.  
**Effect:**  
1) CCG is not a clinically, member-led organisation. | 4 3 | Indicative budgets/QIPP Plan to GP Practices  
Commissioning support to networks and engagement framework implemented.  
Leads providing support to network.  
GP networks with CL leading each network | 4 3 | Commissioning support  
**Action Owner:** Stephen Warren  
**To be implemented by:** 31/03/2014  
GP development programme to be implemented (Start March 2013)  
**Action Owner:** Michelle Rahman  
**To be implemented by:** 31/03/2014 |
| 647      | Dissonance between vision and expectation of CCG leadership and delivery of clinical leaders and managers | **Cause & Effect:**  
1) Commissioner apathy  
2) Lack of confidence in leadership  
3) Lack of support for initiatives  
4) Non engagement in CCG development | 4 4 | Regular briefings for clinical leaders and networks  
**Priority** Very High (16)  
SMT included CL membership  
CL and SMT session held  
Priorities and objectives for CL and managers set  
Monthly CL meetings with directors | 4 3 | Review SMT and CL relationship  
**Action Owner:** Michelle Rahman  
**To be implemented by:** 30/06/2014 |
### Croydon CCG

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<tr>
<td>650</td>
<td>Risk that conflict of interests will not be managed effectively</td>
<td><strong>Cause &amp; Effect:</strong> &lt;br&gt; Cause: 1) Robust process not in place 2) Process not communicated effectively&lt;br&gt; Effect: 1) Reputational risk for the CCG</td>
<td>4 4 Very High (16)</td>
<td>Register of interest in place for GB and clinical leaders</td>
<td>4 3 High (12)</td>
<td>Regularly monitor and review the Conflicts of Interests register and the system&lt;br&gt;Action Owner: Michelle Rahman&lt;br&gt;To be implemented by: 30/06/2014&lt;br&gt;Develop process to capture and record conflicts declared within agenda items in network and committee meetings.</td>
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<td>681</td>
<td>Risk that business processes will be disrupted or will need to be revised due to a lack of access to Personal Confidential Data (PCD) of patients - C&amp;DP and CCG cannot deliver its financial and strategic plans</td>
<td><strong>Cause &amp; Effect:</strong> &lt;br&gt; Cause: 1) Lack of clarity, guidance and revised processes accounting for changes in the NHS (HSC2012)&lt;br&gt; 2) The CCG does not understand and address the impact&lt;br&gt; Effect: 1) Disruption to business and failure to deliver to time-scales for CCG, SL CSU, DMC/DSG and Public Health England.</td>
<td>4 4 Very High (16)</td>
<td>SLCSU ASH Status Level 1 achieved&lt;br&gt;Engagement with NHS England, DH and HSCIC regarding guidance.&lt;br&gt;SLCSU DSRCO Implementation Plans</td>
<td>4 3 High (12)</td>
<td>The CSU is working with all areas of its business to assess the implications against all areas affected, and keeping the CCG informed via regular emailed updates.&lt;br&gt;Action Owner: Andrew Bromley&lt;br&gt;To be implemented by: 31/03/2014</td>
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### Croydon CCG

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| 697      | Deteriorating relationships with local political stakeholders | Cause & Effect:  
1) Contrasting viewpoints around future of services in Croydon.  
2) Lack of engagement/communications  
Effect:  
1) Attacks on the CCG plans and future viability  
2) Additional SMT time spent dealing with criticism  
3) Potential for judicial review and delays | 4 3 | Regular meetings with political stakeholders | 4 3 | Political engagement plan. Implementation date to be confirmed. |
|          | Risk Owner: Michelle Rahman | Last Updated: 12/06/2014 | | | | Action Owner: Michelle Rahman |
|          | | | | | | To be implemented by: 30/06/2014 |
| 753      | Risk that management consultants/contractors fail to meet minimum standards for eligibility and potential for fraudulent invoicing procedures. | Cause & Effect:  
1) Engaged outside of HR scrutiny  
2) Lack of oversight of competency/qualifications  
3) Insufficient assurance of eligibility to work in the UK  
4) Lack of standardised invoicing procedures | 4 4 | Monthly budget review meetings between Finance and Budget Holders take place. | 4 3 | Assurance is sought from any employment agencies used that staff provided by them have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers. |
|          | Risk Owner: Michelle Rahman | Last Updated: 12/06/2014 | | | | Action Owner: Gail Tarburn |
|          | | | | | | To be implemented by: 31/03/2014 |
|          | | | | | | Due diligence checks on consultants to be developed and standardised. |
|          | | | | | | Action Owner: Gail Tarburn |
|          | | | | | | To be implemented by: 31/03/2014 |
|          | | | | | | Procedures to determine service contract completion to be developed. |
|          | | | | | | Action Owner: Gail Tarburn |
|          | | | | | | To be implemented by: 31/03/2014 |
|          | | | | | | Standardised invoicing and timesheet procedures to be developed. i.e. start/finish time |
|          | | | | | | Action Owner: Gail Tarburn |
|          | | | | | | To be implemented by: 31/03/2014 |
Appendix 4

Risk that pre and post-procurement checks are not conducted

Risk Owner: Stephen Warren

Last Updated: 13/02/2014

Cause & Effect:
Cause:
1) Joint tendering process
2) Confusion over which organisation’s tendering policy/ process to follow

Effect:
1) Confusion over responsibility
2) Checks not conducted
3) Payments made against fraudulent or altered invoices
4) Inadequate safeguards in place.

Risk Priority: Very High

Priority
Residual Risk Priority

NHS Protect circular document, highlighting 4 areas of guidance.

Risk Priority: High

To carry out a comprehensive and systematic risk assessment, considering the risks identified in the NHS Protect document “Pre-contract procurement fraud and corruption risks”, along with any other procurement risks identified by the organisation.

Action Owner: Stephen Warren

To be implemented by: 31/12/2013

Follow up work to assure adherence to tender contracts.

Action Owner: Stephen Warren

To be implemented by: 31/12/2013

Workforce (Croydon Health services NHS Trust) – Risk of adverse events and inefficient care delivery.

Risk Owner: Michelle Rahman

Last Updated: 12/06/2014

Cause & Effect:
Cause:
1) Achievement of staff mandatory training is not improving; 2) Above average reliance on agency and bank staff, caused
3) Posts in the organisation not being viewed as desirable
4) Inadequate substantive staffing levels.

Effect:
1) The use of agency and bank staff risks impacting on mortality and adverse events
2) Poor patient experience
3) Poor quality of care and inefficient care delivery.

Risk Priority: Very High

Priority
Residual Risk Priority

CHS Recruitment and Workforce group closely monitors recruitment and selection, reporting progress monthly to CQRG. CHS 120 Day Improvement Plan features staff engagement schemes.

Risk Priority: High

 Commissioners to agree through contract negotiation the expected improvement plan that will ensure safe staffing levels are achieved in an appropriate time frame.

Action Owner: Michelle Rahman

To be implemented by: 01/04/2014

The Care Quality Commission (CQC) monitors CHS against workforce recruitment progress (failure to meet Regulation 22).
### Croydon CCG

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</table>
| 815      | Risk that the CCG will not have sufficient capacity and capability to deliver and implement the 18 identified priority care pathways efficiently. | **Cause & Effect:**
1. Difficulty in recruiting to required skill-set
2. Overall team capacity | 4 4 | Effective Recruitment Practices including innovative recruitment strategies. | 4 3 | Standardised Training in Service Redesign to be developed for the Redesign Team. |
|          | Risk Owner: Stephen Warren | Effect:
1. The non-delivery of these pathways will impact upon the quality of care received by patients.
2. Failure to deliver quality improvements and QIPP targets. |            |   | Action Owner: Stephen Warren |
|          | Last Updated: 01/04/2014 | | | | To be implemented by: 28/02/2014 |

| 846      | Risk that Independent Contractors Services (ICS) may lack knowledge and skills to fulfill Safeguarding obligations to children and adults. | **Cause & Effect:**
1. Responsibility for delivering Safeguarding Adult and Children training no longer rests with the CCG. | 4 3 | Increased GP access to Safeguarding Information | 4 3 | Develop communication links with pharmacists, dentists, optometrists, and GPs in order for them to be fully aware of the support that is available to them regarding safeguarding children and adult concerns. |
|          | Risk Owner: Amy Page | Effect:
1. Inadequate Safeguarding skillset
2. Risk to vulnerable children and adults
3. Potential for harm | | Safeguarding Newsletters | | Action Owner: Sally Innis |
|          | Last Updated: 04/06/2014 | | | Implementation of Case Reflection Model for GPs | | To be implemented by: 30/06/2014 |
|          | | | | Advice provided via Safeguarding Team for all ICS (GPs, dentists, pharmacists & optometrists). | | |
|          | | | | Development of GP Safeguarding leads skills | | |
|          | | | | Safeguarding section on CCG Website | | |
### Croydon CCG

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<tr>
<td>880</td>
<td>Anticoagulation Therapy Services (Croydon Health services NHS Trust) - Potential delay in time from referral to treatment</td>
<td>Cause: 1) Turn-around time for new patients already initiated on warfarin ~ 2-3 weeks 2) Delay to discharge back to community services 3) Department organisational issues relating to staffing and capacity. Effect: 1) Potential risk of harm due to inadequate or excessive anticoagulation therapy to patients discharged from hospital requiring commencement on warfarin</td>
<td>4 3</td>
<td>First round of recruitment campaign under way to fill as many vacancies as possible</td>
<td>4 3</td>
<td>Monitoring and management of Phase 1 Recruitment process Action Owner: Aarti Joshi To be implemented by: 30/04/2014</td>
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<tr>
<td>778</td>
<td>Anticoagulation Therapy Services (Croydon Health services NHS Trust) - Potential delay in time from referral to treatment</td>
<td>Cause: 1) Turn-around time for new patients already initiated on warfarin ~ 2-3 weeks 2) Delay to discharge back to community services 3) Department organisational issues relating to staffing and capacity. Effect: 1) Potential risk of harm due to inadequate or excessive anticoagulation therapy to patients discharged from hospital requiring commencement on warfarin</td>
<td>5 5</td>
<td>Alternative service models being evaluated by CHS. CHS has committed funds to purchase the INRStar upgrade software. Action plan in place. CCG are monitoring timeliness of service delivery (referral response time), trajectory at 5 working days Anticoagulation summit meeting outputs.</td>
<td>5 2</td>
<td>It is expected that the community anticoagulation service, being tendered in ’13/14 for AQP, will expand and deliver much of the service. Action Owner: Stephen Warren To be implemented by: 30/04/2014</td>
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| 405      | GPs do not engage sufficiently with the CCG | **Cause & Effect:**  
1) No incentive to commit time.  
2) Not being able to deliver the CCG priorities. | 5 3 | Very High (15) | 3 3 | Action Owner: Stephen Warren  
Dipti Gandhi and Leon Douglas working with GPs to understand variation in uptake of projects/services etc.  
To be implemented by: 31/12/2013  
Dipti Gandhi and Leon Douglas working with GPs to understand variation in uptake of projects/services etc.  
To be implemented by: 31/12/2013 |
| 424      | Failure of out of cluster acute KPIs to deliver savings | **Cause & Effect:**  
1) Failure of out of cluster acute KPIs to deliver savings  
2) Overspend on budget | 3 5 | Very High (15) | 3 3 | Action Owner: Stephen Warren  
To be implemented by: 31/03/2014  
Performance for some out-of-sector KPIs will be known at Q1, but others not until year end. Use new CSU structure to gain early sight of performance for South London trusts.  
Action Owner: Michelle Rahman  
To be implemented by: 28/02/2014 |
| 430      | Full investment of 30 day readmission receipt | **Cause & Effect:**  
1) Full investment of 30 day readmission receipt  
2) Rebate KPI reduced if investment not evidenced.  
3) Overspend | 3 4 | High (12) | 3 3 | Action Owner: Mike Sexton  
Final data to be shared with CHS by 31 January 2014  
To be implemented by: 31/01/2014 |
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<td>Risk Ref</td>
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| 485 | SWL Effective Commissioning Initiative - Non-adherence by GPs and CHS to criteria | Cause & Effect:  
1) SWL Effective Commissioning Initiative limiting access to certain procedures by development and institution of specific criteria.  
2) Insufficient and ineffective processes in place to monitor compliance.  
Effect:  
1) Procedures performed inappropriately thus increasing the £ of the SLA with CHS or over performance. | 3 3 | All GP Effective Commissioning Initiative referrals being triaged by CRReSS from 1 August 2013. | 3 3 | Enhanced monitoring using NHS numbers. CSU-CRReSS to be included in the SLA for 2014/2015  
Action Owner: Cathrine Farrer  
To be implemented by: 31/05/2014  
Discussions with CRReSS to continue. (ongoing action. Review monthly)  
Action Owner: Cathrine Farrer  
To be implemented by: 31/03/2014 |
| 489 | Lack of awareness and compliance with policies, procedures and processes | Cause & Effect:  
Cause:  
1) Ineffective communication  
2) Lack of relevant staff information and training  
Effect:  
1) Non-compliant behaviour with regards to CCG and national policies  
2) Increased CCG liability  
3) Potential for harm | 3 3 | Communications and Engagement: Internal instructions and training programmes to ensure staff are aware of relevant policy requirements | 3 3 |  
Transformation |
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<tr>
<td>494</td>
<td>Failure to deliver the objectives in the business plan in the scale of transformation required to achieve sustainable healthcare provision and the ability of the provider to adapt to the change</td>
<td><strong>Cause &amp; Effect</strong>: Cause: 1) Inability of the provider to adapt to change Effect: 1) Fail to achieve sustainable healthcare provision</td>
<td>3 3</td>
<td>Regular monitoring of Provider's performance</td>
<td>3 3</td>
<td>To embed cultural and structural change Action Owner: Paul Young To be implemented by: 30/06/2014</td>
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<tr>
<td>648</td>
<td>Authorisation directions and conditions of authorisation will not be lifted</td>
<td><strong>Cause &amp; Effect</strong>: Cause: 1) No clear statements from NHSE about the evidence required Effect: 1) Reputational risk for the CCG</td>
<td>4 4</td>
<td>Authorisation implementation plan in place to address each condition Progress reports to SMT and CCG Board Regular NHSE Assurance meetings</td>
<td>3 3</td>
<td>Implementation of plans Action Owner: Michelle Rahman To be implemented by: 30/05/2014</td>
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<tr>
<td>678</td>
<td>Risk that controls over information management (Information Governance) will not be implemented - IGM</td>
<td>Cause &amp; Effect: 1) Organisational changes in the NHS and embryonic nature of the new CCG. Effect: 1) Failure to meet or demonstrate that legal requirements are met</td>
<td>3 3 High (9)</td>
<td>Robust action plan in place for SL CSU and the associated DMIC/DCS.</td>
<td>3 3 High (9)</td>
<td>Complete IG Toolkit Level 2 assurance Action Owner: Andrew Bromley To be implemented by: 31/03/2014</td>
</tr>
<tr>
<td>679</td>
<td>Risk that the CCG will be unable to provide assurance to key partners and stakeholders; inability to demonstrate &quot;trusted&quot; status and meeting data controller (DPA1998) obligations undermining willingness to share Personal Confidential Data - IS</td>
<td>Cause &amp; Effect: 1) Organisational changes in the NHS and embryonic nature of the new CCG. Effect: 1) Inability to provide assurance to key partners and stakeholders 2) Inability to meet data controller (DPA1998) obligations</td>
<td>3 3 High (9)</td>
<td>Robust action plan in place for Croydon CCG. Croydon IG Steering Group, Executive Team</td>
<td>3 3 High (9)</td>
<td>Audit against the IG Toolkit Action Owner: Andrew Bromley To be implemented by: 31/03/2014</td>
</tr>
</tbody>
</table>

Risk Owner: Michelle Rahman

Last Updated: 12/06/2014
### Croydon CCG

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>695</td>
<td>Failure to fulfil legal duty of patient and public involvement</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;<strong>Cause:</strong>&lt;br&gt;1) Key contributory factors include the speed of decision making and the absence of PPI post in 2012</td>
<td>4 3</td>
<td>High (12)</td>
<td>3 3</td>
<td>PPI plans to be agreed with commissioning leads and implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effect:</strong>&lt;br&gt;1) Challenge from the public and stakeholders over commissioning decisions – potential for judicial review and delays</td>
<td></td>
<td></td>
<td></td>
<td>Close collaboration with Healthwatch and patient groups. Resources in CCG include PPI manager and Communications and Engagement Lead.</td>
</tr>
<tr>
<td>754</td>
<td>Risk that payments may be made to suppliers no longer on the approved supplier list</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;<strong>Cause:</strong>&lt;br&gt;1) Former suppliers not removed from register&lt;br&gt;2) Details of terminated/completed contracts not updated.</td>
<td>3 5</td>
<td>Very High (15)</td>
<td>3 3</td>
<td>All controls to be regularly monitored by the Cash Management Group and assurance given on their application.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effect:</strong>&lt;br&gt;1) Potential for “ghost” suppliers&lt;br&gt;2) Incorrect payments made&lt;br&gt;3) Fraudulent payments made</td>
<td></td>
<td></td>
<td></td>
<td>Dashboard report&lt;br&gt;Accredited Safe Haven</td>
</tr>
</tbody>
</table>
## Croydon CCG

<table>
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<tr>
<th>Risk Ref</th>
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<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
</table>
| 774      | Urology (Croydon Health Services) – Risk that patients may be subject to delayed diagnoses of prostate cancer and limited Consultant assessment out-of-hours | **Cause & Effect:**  
1) Prostate cancer assessment / diagnosis pathways not reflecting best practice.  
Effect:  
1) Delay to treatment.  
2) Potential for patient harm from progression of disease. | 4 5  Very High (20) | New pathway and increased number of consultant ward rounds agreed and implemented. | 3 3  High (9) | External Audits review results awaited.  
Action Owner: Michelle Rahman  
To be implemented by: 31/03/2014 |
| 776      | Pressure Ulcer Rates - Risk of developing pressure ulcers when admitted to Croydon Health Services NHS Trust | **Cause & Effect:**  
Cause:  
1) Lack of awareness and proactive approach to pressure ulcer management.  
Effect:  
1) Major patient harm | 4 5  Very High (20) | CHS have developed a pressure ulcer action plan based upon serious incident root cause analyses. CQRG receiving regular updates on progress against actions. | 3 3  High (9) | Continue to monitor pressure ulcer management in the acute Trust.  
Action Owner: Michelle Rahman  
To be implemented by: 30/04/2014 |
### Croydon CCG

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk</th>
<th>Existing Controls</th>
<th>Residual Risk</th>
<th>Action Required</th>
</tr>
</thead>
</table>
| 783      | South London and Maudsley NHS Foundation Trust (SLaM) – Demand and Capacity Mismatch | **Cause & Effect:**
- 1) Demand and Capacity mismatch.
- 2) Long wait times for patients accessing the services (particularly for Improving Access to Psychological Therapies (IAPT))
- 3) Pressure on community and in-patient beds.
- 4) Croydon patients being transferred out of borough to receive their care.
- 5) Poor patient experience and potential exposure to sub-standard quality care.
- 6) SLaM acute mental health in-patient placements are not financially manageable.
- 7) Financial cost pressure. | 4 4 | CQC service reviews. | 3 3 | Very High (16) |

<table>
<thead>
<tr>
<th>Priority</th>
<th>Action Required</th>
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</thead>
<tbody>
<tr>
<td><strong>High (9)</strong></td>
<td>“Four borough” meetings to agree actions and funding to resolve the issue in both the short-term and long-term.</td>
</tr>
<tr>
<td>Clinical Leader assigned to Mental Health</td>
<td></td>
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<tr>
<td>Croydon Integrated Mental Health Strategy for Adults 2014-2019</td>
<td></td>
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<tr>
<td>The Trust is finalising an overspill Action Plan to open two additional wards at Lambeth and maintain and extend the Croydon triage facility.</td>
<td></td>
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<tr>
<td>Contract monitoring.</td>
<td></td>
</tr>
<tr>
<td>Risk Ref</td>
<td>Risk Title</td>
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<td>---------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>785</td>
<td>Primary Care quality reporting - Risk that NHS England is unable to communicate processes for monitoring quality and safety in primary care</td>
</tr>
<tr>
<td>786</td>
<td>CCG Quality governance structures and development - Risk that the CCG does not reach the maturity level to deliver the strategic plans required to improve patient care</td>
</tr>
</tbody>
</table>
## Croydon CCG

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<tbody>
<tr>
<td>787</td>
<td>National Quality Surveillance Data availability</td>
<td><strong>Cause &amp; Effect:</strong> 1) Time lag of nationally available data</td>
<td>4</td>
<td>Quality Surveillance Groups.</td>
<td>3</td>
<td>Consideration of additional quality metrics for providers to report on to include in 2014/15 contract.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effect:</strong> 1) CCG is not able to have appropriate oversight of the quality of the commissioned services in real-time.</td>
<td></td>
<td>Business Intelligence Services support.</td>
<td></td>
<td>To be implemented by: 29/01/2014</td>
</tr>
<tr>
<td>906</td>
<td>Croydon CCG fails to have effective management control of data from creation to destruction</td>
<td><strong>Cause &amp; Effect:</strong> 1) Failure to achieve satisfactory level on the IG Toolkit</td>
<td>4</td>
<td>ICT and IG Policies and Procedures</td>
<td>3</td>
<td>IG Toolkit level 3 compliance</td>
</tr>
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<td></td>
<td></td>
<td>2) Reputational damage and potential 'special measures' by NHS England</td>
<td></td>
<td>IG Risk Register</td>
<td></td>
<td>Action Owner: Andrew Bromley</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IGT V11 level 2 compliance</td>
<td></td>
<td>To be implemented by: 31/03/2015</td>
</tr>
<tr>
<td>Risk Ref</td>
<td>Risk Title</td>
<td>Cause &amp; Effect</td>
<td>Inherent Risk</td>
<td>Existing Controls</td>
<td>Residual Risk</td>
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<tr>
<td>450</td>
<td>The impact of transition on the commissioning management and monitoring function (and link with the performance)</td>
<td></td>
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<td></td>
<td>Risk Owner: Michelle Rahman</td>
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<td></td>
<td>Last Updated: 12/06/2014</td>
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**Cause & Effect:**

**Cause:**
1) Potential fragmentation of the new system - Clinical Commissioning Groups (CCGs), NHS Commissioning England (NHS E) and NDTA
2) Lack of clarity on how different parts of the system will collaborate
3) No mandated lead or host commissioner in the new world.

**Effect:**
1) Contracting, finance, quality and/or performance indicators deteriorate or are not effectively addressed

**Risk Priority:**
- High (12)

**Existing Controls:**
- Relationship established with NHS England

**Residual Risk Priority:**
- High (8)

**Action Required:**
- Developing mechanism receiving feedback from other CCG contract meetings which impact on Croydon - March 2014

**Proposed Mitigation:**
- MOUs finalised with Public Health January 2013
- Arrangements with other CCGs:
  - Locally agreed host/commissioner arrangements in place with South West London CCGs.
  - Leading discussions with South East London CCGs for a collaborative approach to manage the SLaM contract.
  - Chief Officers monthly meeting to ensure collaborative approach.
- Arrangements with Public Health and the Local Authority:
  - MOU with Public Health about working together.
  - Integrated Commissioning Unit Board to manage the development of the ICU includes PH, in order to ensure an agreed approach to PH commissioning.
- Arrangements with NHS Commissioning Board:
  - Statement of Intent with PC team as it transitions to NHS E re: working together.
  - Statement of Intent regarding Specialised Commissioning
- Arrangements with cluster:
  - Shadow operating system in place to allow issues to emerge with Cluster oversight.
- Performance reporting:
  - Performance reporting continues to cover all aspects of performance, including those that will be the responsibility of other organisations, to ensure the CCG considers its role in improving performance.

**Action Owner:** Michelle Rahman

**To be implemented by:** 31/03/2014
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Description</th>
<th>Cause &amp; Effect:</th>
<th>Priority</th>
<th>Inherent Risk</th>
<th>Residual Risk</th>
<th>Risk Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>630</td>
<td>Over-performance in provider services and ineffective application of contract controls and other levers.</td>
<td>Cause: 1) Patient demand and supplier induced demand exceeds contract volumes</td>
<td>5</td>
<td>Very High</td>
<td>5</td>
<td>Very High</td>
</tr>
</tbody>
</table>
| Risk Owner: Stephen Warren
Last Updated: 04/06/2014 | Effect: 1) Contracts with providers will not perform within their financial envelope 2) Financial conditions cannot be lifted | SL CSU has produced an Integrated Contract Report which gives visibility on contract performance across acute and community services. | 3 | High (8) | 4 | High (8) |
| 682    | Failure of IT network for an extended period | Cause: 1) System failure and failure to effect rapid recovery. | 4 | High (8) | 4 | High (8) |
| Risk Owner: Michelle Rahman
Last Updated: 12/06/2014 | Effect: 1) Severe disruption to all CCG functions. | Off-site back up of data. | 4 | High (8) | 4 | High (8) |
| Action Owner: Stephen Warren
To be implemented by: 30/05/2014 | IT project management | Server room has high standard of fire protection/suppression. | 4 | High (8) | 4 | High (8) |
| | Business Continuity policy and recovery plans in place (NB some still in draft). | Ensure delivery of QIPP schemes. (On-going) | 4 | High (8) | 4 | High (8) |
| Action Owner: Michelle Rahman
To be implemented by: 31/03/2014 | | Contracts, budgets and QIPP programme have been reconciled at several points throughout the process. | 4 | High (8) | 4 | High (8) |
| | Rigorous stipulation of Local Quality Requirements and Activity Planning. Assumptions with enforcement processes in place. | Proposal for improved performance tracking of individual PID Schemes to be developed by end of May. To be linked with OD. | 4 | High (8) | 4 | High (8) |
| | SL CSU has produced an Integrated Contract Report which gives visibility on contract performance across acute and community services. | Ensure all BC policies and plans are finalised and approved (CSU) | 4 | High (8) | 4 | High (8) |
| | | Action Owner: Michelle Rahman
To be implemented by: 28/02/2014 | 4 | High (8) | 4 | High (8) |
| | | Ensure plans are tested and exercised (CSU) | 4 | High (8) | 4 | High (8) |
| | | Action Owner: Michelle Rahman
To be implemented by: 31/03/2014 | 4 | High (8) | 4 | High (8) |
Ensure that staff from each organisation are aware of the need to handle the PII safely to prevent potential inappropriate disclosure through the ICU programme.

**Cause & Effect:**
- **Cause:** 1) Staff turnover
  2) Low profile of target - seen as a low priority
- **Effect:** 1) Failure to meet 30 day target for payment of invoices

**Establishment of the Integrated Commissioning Unit leads to strategic information governance risk - Physical**

**Risk Title:** Establishment of the Integrated Commissioning Unit leads to strategic information governance risk - Physical

**Risk Ref:** 751

**Risk Owner:** Michelle Rahman

**Last Updated:** 12/06/2014

**Inherent Risk Priority:**
- **Existing Controls:**
  - Monthly report to SMT on Invoice Backlog
  - SMT has established a Cash & Invoice Management Group chaired by CFO to meet on a weekly basis
  - Built-in system generates automatic reminders and escalation
  - Daily reporting and analysis on which budget holders are holding invoices.

**Residual Risk Priority:**
- **Action Required:**
  - Further support to be provided by management accounting team. This action is ongoing and will be reviewed monthly.
    - Action Owner: Mike Sexton
    - To be implemented by: 30/09/2014
  - Roll out of HFMA on-line training package. On-going action. To be reviewed monthly.
    - Action Owner: Mike Sexton
    - To be implemented by: 30/09/2014
  - Adopt 100% Purchase Order achievement target.
    - Action Owner: Mike Sexton
    - To be implemented by: 30/09/2014
  - Monthly report to SMT on Invoice Backlog
    - Further support to be provided by management accounting team. This action is ongoing and will be reviewed monthly.
    - Action Owner: Mike Sexton
    - To be implemented by: 30/09/2014
  - SMT has established a Cash & Invoice Management Group chaired by CFO to meet on a weekly basis
    - Action Owner: Mike Sexton
    - To be implemented by: 30/09/2014

**Physical access controls to the doors into the offices are adequate.**

**Risk Owner:** Mike Sexton

**Last Updated:** 11/06/2014

**Inherent Risk Priority:**
- **Existing Controls:**
  - High (12)
  - Physical access controls to the doors into the offices are adequate.

**Residual Risk Priority:**
- **Action Required:**
  - Croydon CCG
    - Action Owner: Andrew Bromley
    - To be implemented by: 30/04/2014
  - Failure to meet 30 day target for payment of invoices
    - Risk Priority: High (10)
    - Action Owner: Andrew Bromley
    - To be implemented by: 30/09/2014

**Croydon Local Authority to install N3 connection**

**Risk Owner:** Andrew Bromley

**Last Updated:** 11/06/2014

**Inherent Risk Priority:**
- **Existing Controls:**
  - High (8)
  - Croydon Local Authority to install N3 connection

**Residual Risk Priority:**
- **Action Required:**
  - Croydon Local Authority to install N3 connection
    - Action Owner: Andrew Bromley
    - To be implemented by: 30/04/2014
  - Ensure that staff from each organisation are aware of the need to handle the PII safely to prevent potential inappropriate disclosure through the ICU programme
    - Action Owner: Andrew Bromley
    - To be implemented by: 31/03/2014
## Risk Ref 755
### Cause & Effect

**Cause:**
1. Pressure to deliver QIPP savings targets

**Effect:**
1. Unbalanced workload and schedule for the ED staff,
2. Implications on quality of care
3. Adverse events, patient safety / serious incidents (SIs)
4. Impact on patient experience

### Inherent Risk Priority
4 4 Very High (16)

### Existing Controls

Recommendations from PWC Report: CCGs, the first 100 days.

### Residual Risk Priority
4 2

### Action Required
Clinical Engagement of Croydon Health Services

**Action Owner:** Stephen Warren

**Review conducted by PWC**
In Year Review tracked against Workforce, finance and activity.

**Director leadership and support to individuals**

**Finance Committee & QOB Governance arrangements**

### Risk Title
QIPP – Risk that unprecedented requirement on staff to achieve savings will lead to misrepresentation of data to meet targets.

**Risk Owner:** Mike Sexton

**Last Updated:** 11/06/2014

---

## Risk Ref 789
### Cause & Effect

**Cause:**
1. Staffing pressures
2. Additional provider for minor presentations (Urgent Care Centre).

**Effect:**
1. Unbalanced workload and schedule for the ED staff,
2. Implications on quality of care
3. Adverse events, patient safety / serious incidents (SIs)
4. Impact on patient experience

### Inherent Risk Priority
5 4 Very High (20)

### Existing Controls

CHS agreed for provider / CCG Serious Incident Management & Learning Group to track progress of action plans and the resulting impact on quality and safety of services.

### Residual Risk Priority
4 2

### Action Required
Clinical Engagement of Croydon Health Services

**Action Owner:** Stephen Warren

**Recommendations from PWC Report:**
Croydon CCG, the first 100 days.

**Review conducted by PWC**
In Year Review tracked against Workforce, finance and activity.

**Director leadership and support to individuals**

**Finance Committee & QOB Governance arrangements**

### Risk Title
Emergency Department (ED) service (Croydon Health Services NHS Trust) – Patients are at risk of a delayed diagnosis or delay to treatment when presenting to the ED

**Risk Owner:** Michelle Rahman

**Last Updated:** 12/06/2014
Failure to commission an effective Community Diabetic Service

**Risk Owner:** Stephen Warren

**Last Updated:** 18/03/2014

**Cause & Effect:**

1) CHS fails to deliver an effective education programme to Patients.
2) CHS fails to deliver effective accreditation and skills development programme for healthcare professionals.
3) CHS unable to provide assurance relating to diabetes systems, procedures & adequate diabetes staffing is in place to ensure patient safety.
4) CHS unable to provide assurance that robust, comprehensive seamless/integrated diabetes service being provided according to both contract requirements and established standards of care.
5) Poor systems of discharge planning, management plans and out-patient follow ups.

**Effect:**

1) Patient 'self management' not supported.
2) Basic care processes not taking place for many patients & low QOF national ranking for many diabetes indicators.
3) Commissioners unable to confirm this service is fit for purpose.

**Existing Controls:** Action plan in place monitored by CQRG. Includes GP Network involvement, improved internal discharge procedures and follow-up, and revised KPIs.

**Deep dive of service by CMG.**

**The Community Diabetes Service specification has been developed for AQP and released for tender.**

**Risk assessment undertaken**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Failure to commission an effective Community Diabetic Service</strong></td>
<td>5</td>
<td>3</td>
<td>Agreed Action Plan to be taken forward</td>
<td></td>
</tr>
<tr>
<td><strong>Action Owner:</strong> Ian Knighton</td>
<td><strong>To be implemented by:</strong> 01/11/2013</td>
<td>2 Very High (20)</td>
<td>Moderate (6)</td>
<td><strong>Action Owner:</strong> Ian Knighton <strong>To be implemented by:</strong> 01/04/2014</td>
</tr>
<tr>
<td><strong>Outstanding KPI update and agree service audit timeline. Review and action of service audit results when available.</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>Action Owner:</strong> Ian Knighton <strong>To be implemented by:</strong> 01/11/2013</td>
</tr>
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### Croydon CCG

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<tr>
<td>412</td>
<td>CUH clinicians undermine intermediate services</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) CUH clinicians undermine intermediate services</td>
<td>3</td>
<td>Engagement with CUH through the CQR.</td>
<td>2</td>
<td>Moderate (8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Risk Owner:</strong> Stephen Warren</td>
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<td></td>
<td><strong>Last Updated:</strong> 26/02/2014</td>
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<tr>
<td>508</td>
<td>Failure to adopt required change in clinical behaviours to support the delivery of QIPP</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) Lack of engagement of GP membership</td>
<td>3</td>
<td>Incentivised providers via CQIN to enforce change</td>
<td>2</td>
<td>Moderate (8)</td>
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<td><strong>Risk Owner:</strong> Stephen Warren</td>
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<td><strong>Last Updated:</strong> 18/03/2014</td>
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<tr>
<td>696</td>
<td>Failure to engage with all communities</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) Lack of coordination between Communications and Equality and Diversity</td>
<td>3</td>
<td>Communications and Engagement Plan in place.</td>
<td>2</td>
<td>Moderate (8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Risk Owner:</strong> Michelle Rahman</td>
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<td><strong>Last Updated:</strong> 12/06/2014</td>
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<tr>
<td>698</td>
<td>Deteriorating relationships with local and national media.</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) Lack of engagement with media&lt;br&gt;2) Poor communication of financial position&lt;br&gt;3) Public and political attacks on CCG plans</td>
<td>3</td>
<td>Regular meetings and communications with media</td>
<td>2</td>
<td>Moderate (8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Risk Owner:</strong> Michelle Rahman</td>
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<td></td>
<td></td>
<td><strong>Last Updated:</strong> 12/06/2014</td>
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</table>
Falls and Bone Health Service -
Insufficient capacity in current service to manage fallers and those with fragility fractures from increasingly serious fractures, attendance, admittance to hospital and potential incapacity.
Risk Owner: Stephen Warren
Last Updated: 26/11/2013

Cause & Effect:
Cause:
1) Insufficient capacity in current service

Effect:
1) Attendance and admittance to hospital with consequential detrimental effect on confidence and £

699

Increased capacity in service as of October 2013.

Risk Priority
3 2
Moderate (6)

Website and social media presence established
Communications work plan in place

741

Social media campaign against the organisation
Risk Owner: Michelle Rahman
Last Updated: 12/06/2014

Cause & Effect:
Cause:
1) Lack of management of organisation’s social media profile

Effect:
1) Reputational threat to credibility of the organisation and leadership
2) Impact on political and media opinion

Proactive social media engagement plan needed.
Action Owner: Michelle Rahman
To be implemented by: 29/11/2013

Inherent Risk
Priority
Residual
Risk Priority

3 2
Moderate (6)

High (9)

Moderate (6)

Proactive social media engagement plan needed.
Action Owner: Michelle Rahman
To be implemented by: 29/11/2013

Inherent Risk
Priority
Residual
Risk Priority

3 2
Moderate (6)

High (9)

Moderate (6)

Proactive social media engagement plan needed.
Action Owner: Michelle Rahman
To be implemented by: 29/11/2013

Inherent Risk
Priority
Residual
Risk Priority

3 2
Moderate (6)

High (9)

Moderate (6)

Proactive social media engagement plan needed.
Action Owner: Michelle Rahman
To be implemented by: 29/11/2013

Inherent Risk
Priority
Residual
Risk Priority

3 2
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Proactive social media engagement plan needed.
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Inherent Risk
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Proactive social media engagement plan needed.
Action Owner: Michelle Rahman
To be implemented by: 29/11/2013

Inherent Risk
Priority
Residual
Risk Priority

3 2
Moderate (6)
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>742</td>
<td>High admissions and attendance at Hospital for under 18s for LTC - Children’s Asthma Community Nurse Pilot across Purley &amp; New Addington/Seleston Networks</td>
<td>Cause: 1) Insufficient support for self-management by children and young people of condition. Effect: 1) Inappropriate frequent attendance at UCC/ED and admission to Hospital for 0-2 days.</td>
<td>3 3</td>
<td>Introduction of the Children’s Asthma Community Nurse in October/November 2013</td>
<td>3 2</td>
<td>Children’s Asthma Community Nurse actions to be defined. Action Owner: Catherine Farrer To be implemented by: 30/11/2013</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Stephen Warren Last Updated: 18/03/2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>756</td>
<td>Risk that contracts for Community-based services over-perform, leading to unplanned performance payments.</td>
<td>Cause: 1) Reduction in oversight of care providers delivery of service 2) Lack of clarity on responsibility between new organisations Effect: 1) Lack of oversight of expenditure in relation to patients. 2) Payments made on behalf of wrong patient</td>
<td>3 3</td>
<td>SLCSU has been contracted from 1 April 2013 to provide commissioning support to non-acute contracts. Monthly budget review meetings take place on all budget areas. Contract performance is reported monthly All contracts/budgets have a named budget holder and operate under the scheme of delegation. More favourable contract terms secured.</td>
<td>2 3</td>
<td>SLCSU undergoing process of achieving ASH status. Action Owner: Mike Sexton To be implemented by: 31/12/2013</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Mike Sexton Last Updated: 11/06/2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Failure of CUH acute KPIs to deliver savings

**Risk Owner:** Stephen Warren  
**Last Updated:** 18/03/2014

<table>
<thead>
<tr>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause: 1) Failure of CUH acute KPIs to deliver savings</td>
<td>2 3 3</td>
<td>Health Watch sit on the Governing Body</td>
<td>2 3 3</td>
<td>Invite Health Watch Representatives to be members of PPI Reference Group. First meeting to take place on 22 May 2014.</td>
</tr>
</tbody>
</table>
| Effect: 2) Overspend occurring on CUH budget | 5 3 5 | KPIs all embedded in acute contracts. | 5 1 5 | Action Owner: Andrew Hobson  
To be implemented by: 30/05/2014 |

### Risk that the CCG fails to maintain an adequate relationship with Healthwatch

**Risk Owner:** Michelle Rahman  
**Last Updated:** 12/06/2014

<table>
<thead>
<tr>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
</table>
| Cause: 1) Inadequate engagement with Healthwatch 2) Lack of transparency around CCG decisions | 2 3 3 | Health Watch sit on the Governing Body  
Croydon CCG communications and stakeholder relations strategies and work plans | 2 3 3 | Invite Health Watch Representatives to be members of PPI Reference Group. First meeting to take place on 22 May 2014.  
Action Owner: Andrew Hobson  
To be implemented by: 30/05/2014 |
| Effect: 1) Increased number of services referred to the regulator 2) Lack of coordinated approach to intelligence gathering on quality of services 3) Potential duplication of efforts 4) Lack of coordinated resolution of any issues raised | 5 3 5 | KPIs will be monitored each month through contract meetings. | 5 1 5 | Action Owner: Diane Carter  
To be implemented by: 31/03/2014 |
Risk Ref: 731 4 2 4 1

Risk Title: Risk that current Equality and Diversity arrangements are not compliant with duties under the Equality Act 2010

Risk Owner: Michelle Rahman

Last Updated: 12/06/2014

Cause & Effect:

Cause:
1) Ability to deliver is contingent upon access to relevant data sources
2) Difficulty in ensuring timely engagement of local commissioners
3) Difficulty in ensuring timely engagement of local stakeholders

Effect:
1) NHS England may challenge CCG not meeting legal duties
2) NHS England plan to audit CCG re compliance in all areas
3) Potential for legal challenge/judicial review/civil action by a person or group with Protected Characteristics under the Act, if such a person or group has a reasonable belief that a failure to comply has disadvantaged them or caused them loss or damage
4) Potential for reputation damage through adverse publicity

Existing Controls: Action plan in place (see Actions) monitored by SMT and Quality Sub Committee.

Inherent Risk Priority: 4

Residual Risk Priority: 4

Action Required: The CCG will be carrying out the Equality Delivery System assessment during February - May 2014.

Action Owner: Valerie Richards

To be implemented by: 30/05/2014
### Croydon CCG

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>773</td>
<td>SLaM Foundation Trust - Risk that a commissioner is unaware of actual or potential quality failures identified in one Borough which may reoccur in the commissioner's own borough</td>
<td><strong>Cause &amp; Effect:</strong> Cause: 1) The four principal contracting CCGs with SLaM do not have a complete overview of the quality of services provided by SLaM or of the quality improvement initiatives planned and underway. 2) Poor reporting of Core Performance and Quality Information by the Trust. 3) No current reporting of finance and activity. Effect: 1) Difficult to make informed decisions 2) Difficult to implement effective solutions.</td>
<td>4 3</td>
<td>Common CQR Framework Implemented</td>
<td>4 1</td>
<td>Local CQR to be more performance and quality focused. Action Owner: Sipho Mlambo To be implemented by: 30/06/2014</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Stephen Warren</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Last Updated: 11/06/2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>788</td>
<td>Urgent Care Services – Failure to identify all performance and quality issues within Urgent Care providers</td>
<td><strong>Cause &amp; Effect:</strong> Cause: 1) Regular contract monitoring meetings not undertaken Effect: 1) Commissioners not aware of actual or potential quality failures 2) Potential for substandard quality of service.</td>
<td>5 4</td>
<td>CCG have a programmed visit schedule to review providers and services as part of their quality assurance framework. CQC reviews of services. Contract Monitoring Group re-established for Urgent Care.</td>
<td>3 1</td>
<td>Low (3)</td>
</tr>
<tr>
<td></td>
<td>Risk Owner: Stephen Warren</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Last Updated: 20/05/2014</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>
## Croydon CCG Transition Risks

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Cause &amp; Effect</th>
<th>Inherent Risk Priority</th>
<th>Existing Controls</th>
<th>Residual Risk Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>425</td>
<td>Lack of planning for 2012/13</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) Planning for 2012/13 starts too late.&lt;br&gt;2) Lack of GP leadership.&lt;br&gt;3) Insufficient engagement from a range of functions.&lt;br&gt;4) Commissioning intentions not given in time.&lt;br&gt;<strong>Effect:</strong>&lt;br&gt;1) Insufficient plans to meet cluster QIPP plans and achieve financial controls and quality of services</td>
<td>3 4</td>
<td>Planned developments included in contract.</td>
<td>3 3</td>
<td>Pathway activity data to be reflected in SLAM from M4.</td>
</tr>
<tr>
<td>125</td>
<td>Failure of acute pathway redevelopments to deliver savings</td>
<td><strong>Cause &amp; Effect:</strong>&lt;br&gt;1) Failure of acute pathway redevelopments to deliver savings&lt;br&gt;<strong>Effect:</strong>&lt;br&gt;1) Overspend of budget</td>
<td>4 3</td>
<td>Planned developments included in contract.</td>
<td>3 2</td>
<td>Planning group established with cross functional representation&lt;br&gt;QIPP plans worked up for 70% of planned savings&lt;br&gt;2013/14 ISOP, incl. commissioning intentions, and Operating Plan in place</td>
</tr>
</tbody>
</table>
Report to Croydon Clinical Commissioning Group
Governing Body Meeting in Public

1 July 2014

Title of Paper: MINUTES OF THE INTEGRATED GOVERNANCE AND AUDIT COMMITTEE

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Director</td>
<td>Helen Pernelet, Lay Member</td>
</tr>
<tr>
<td>Report Author</td>
<td>Mike Sexton, Chief Finance Officer</td>
</tr>
<tr>
<td></td>
<td>Michelle Rahman, Interim Director of Quality and Governance</td>
</tr>
</tbody>
</table>

Committees which have previously discussed/agreed the report. None

Committees that will be required to receive/approve the report

Croydon Clinical Commissioning Group (CCG) Governing Body

Purpose of Report For Information and Noting

Recommendation:

The CCG Governing Body is asked to:

- Note the minutes of the Integrated Governance and Audit Committee meeting held on 22 April 2014.

Background:

The Integrated Governance and Audit Committee (IGAC) provides the Governing Body with a means of independent and objective review of financial, quality, corporate governance, assurance processes and risk management across the whole of the CCG’s activities (clinical and non-clinical).

The minutes of the meeting held on 22 April 2014 are attached. The IGAC met on 29 May and these minutes will be brought to the next Governing Body.

Key Issues:

The following are the key issues to highlight.

- The committee considered the draft Annual Report, draft Accounts and the Internal Audit findings. Further actions were requested to be brought back for approval at the IGAC meeting to be held 29th May.
The IGAC considered how best to review its performance and reporting to the Governing Body. Further consideration needs to be given to the use of the HFMA Audit Self Assessment Tool as a means of assessing performance.

Governance:

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To achieve financial balance over five years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To commission integrated, safe, high quality service in the right place at the right time.</td>
</tr>
<tr>
<td>Risks</td>
<td>No new risks were identified as a result of this paper.</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>None</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>None</td>
</tr>
<tr>
<td>Clinical Leadership Comments</td>
<td>None</td>
</tr>
<tr>
<td>Implications for Other CCGs</td>
<td>None</td>
</tr>
<tr>
<td>Equality Analysis</td>
<td>EIA are considered in the development of all quality and governance processes.</td>
</tr>
<tr>
<td>Patient and Public Involvement</td>
<td>None</td>
</tr>
<tr>
<td>Communication Plan</td>
<td>None</td>
</tr>
<tr>
<td>Information Governance Issues</td>
<td>None</td>
</tr>
<tr>
<td>Reputational Issues</td>
<td>None</td>
</tr>
</tbody>
</table>
**Croydon Clinical Commissioning Group**  
**Integrated Governance and Audit Committee**

**Draft Minutes**

- **Date:** Tuesday 22 April 2014  
- **Time:** 8.30 – 10.30 a.m.  
- **Location:** Room 1.18 Bernard Weatherill House

### Present:

<table>
<thead>
<tr>
<th>Members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Pernelet (HP), Lay Member and Chair (Governance and PPI) - Chair</td>
</tr>
<tr>
<td>David Hughes (DH), Lay Member for Finance</td>
</tr>
<tr>
<td>John Linney (JL), GP Governing Body Meeting</td>
</tr>
</tbody>
</table>

### In Attendance:

| Paula Swann (PS) – Chief Officer |
| Mike Sexton, (MS) – Chief Finance Officer |
| Fouzia Harrington (FH), Director of Governance and Quality |
| Amy Page (AP) Chief Nurse |
| Clive Makombera (CM) Baker Tilley |
| Gary McLeod (GM) Internal Audit |
| Sarah Ironmonger, (SI), External Audit |
| Marion Joynson (MJ) Head of Finance |
| Maureen Glover (MG) Minutes |

### 1. Apologies

Apologies were received from Kevin Limn, from TIAA.

### 2. Declarations of Interest

There were no declarations of interest.

### 3. Minutes of Last Meeting

3.1 The minutes of the meeting held on 22 April were agreed.

### 4. Matters Arising and Action Log

4.1 The action log was reviewed and updated.

### 5. Annual Governance Statement (Agenda item 6)

5.1 Fouzia Harrington presented the draft report and advised there was more work to do. The areas highlighted in yellow indicated the areas to be covered under the guidance and it was noted this had affected the flow of the report. Paula Swann asked whether the auditors could share with the CCG other Annual Governance Statements which represented good practice. Clive Makombera had some reports which he would share. The AGS would be submitted by midday on 23 April and anything else that could be gleaned would be included in the next version. It was considered that the AGS was too long but it was noted that the expectation was it should comprehensive as it was the first AGS of the CCG and would be a useful resource during the year. Attention was drawn to the summary of the Board Self Assessment survey. It was noted that the survey was still open and had yet to be completed by 2 or 3 members.
<table>
<thead>
<tr>
<th>5.2</th>
<th>David Hughes referred to the 7 conditions and 2 directions and suggested that the wording should be amended to say who had imposed them. Clarification should be provided that the £46m underfunding referred to 2013/14.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>There was a discussion about Compliance with the UK Corporate Governance Code and Sarah Ironmonger advised that the CCG was not expected to be compliant. It was agreed that the wording would be changed to say the CCG was striving to adhere to the UK Corporate Governance Code.</td>
</tr>
<tr>
<td>5.4</td>
<td>Helen Pernelet asked whether due diligence was undertaken. Sarah Ironmonger advised that, although not as robust as due diligence, the AGS was reviewed to ensure it was consistent with the knowledge external audit had of the CCG. The expectation was that the SMT would hold supporting evidence.</td>
</tr>
<tr>
<td>5.5</td>
<td>Reference was made to page 23 where it stated the IGAC established the Finance Committee and Quality Committee. This should have said the Governing Body established the Committees. There was a need for consistency about how attendance at different committees was presented.</td>
</tr>
<tr>
<td>5.6</td>
<td>The AGS would be brought back to the IGAC on 29 May for agreement. The request was made for the document to be circulated two weeks before the meeting.</td>
</tr>
<tr>
<td>6.1</td>
<td><strong>2013/14 Draft Annual Accounts (agenda item 5)</strong> Mike Sexton introduced Marion Joynson who had joined the meeting to present the 2013/14 Annual Accounts.</td>
</tr>
<tr>
<td>6.2</td>
<td>A presentation was tabled which highlighted the key areas. It was noted that the accounts were presented in draft and they would be submitted by midday on 23 April. The final accounts were required to be submitted by 6 June and would be presented to IGAC on 29 May and Governing Body on 3 June. The Council of Members was responsible for approving the Annual Accounts as the Governing Body had not been delegated to do this on its behalf.</td>
</tr>
<tr>
<td>6.3</td>
<td>The IGAC was informed that the CCG had achieved its revised deficit plan of £18.2m (from £19.9m) which had been agreed with NHSE in January 2014. Performance had also been met against the Administration Resource Limit, QIPP, Capital Resource Limited, Maximum Cash Drawdown and Cash Limit targets.</td>
</tr>
<tr>
<td>6.4</td>
<td>David Hughes referred to the cash that had been drawn down. He considered as the £19.9m deficit plan had improved by £1.7m less cash would have been drawn down and he asked whether there was a build up of creditors. Mike Sexton advised that the CCG had actually underdrawn by £11m. The figures did not include prescribing and when finalised cash drawn down would be stated as £397m.</td>
</tr>
<tr>
<td>6.5</td>
<td>Marion Joynson talked through the format of the accounts and provided...</td>
</tr>
<tr>
<td></td>
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<tr>
<td>6.6</td>
<td>David Hughes said that greater explanation was needed at the front of the report with regard to the cash deficit to make it clear that the deficit was £18m not £30m. It was noted that the format of the annual accounts was restricted but a note would be included in the front section making reference to the relevant table.</td>
</tr>
<tr>
<td>6.7</td>
<td>The IGAC was provided with a breakdown of other operating revenue. An explanation was provided with regard accounting treatment for recharges. Additional text would be added to the report for completeness about what the correct disclosure should be.</td>
</tr>
<tr>
<td>6.8</td>
<td>Reference was made to Note 5 of the Operating Expenses, particularly the amount spent on healthcare from non NHS bodies. The Communications Team would be asked to prepare a briefing in anticipation of comments from the media/public. The Communications Team would also be asked to prepare an appropriate briefing with regard to the amount spent on consultancy services stating that NHSE had directed the CCG to use them.</td>
</tr>
<tr>
<td>6.9</td>
<td>Attention was drawn to staff costs which were small and represented 1% of total operating expenses. The suggestion was made to clarify in the report that the redundancies referred to were related to posts in the PCT that did not form part of the CCG structure. There was a discussion about the figure quoted for Governing Body members as this appeared to be high and it was agreed this would be checked to ensure it was properly disclosed. This information would be also be included explicitly in the Annual Report.</td>
</tr>
<tr>
<td>6.10</td>
<td>Reference was made to Note 6.1 the Better Payment Practice Code. The numbers would be double checked before submission and a sentence would be included in the report to say although the target had not been met there had been improvement during the year. It was considered that there would not be any consequence of not achieving this target, the challenge from the beginning of the year had been to show improvement.</td>
</tr>
<tr>
<td>6.11</td>
<td>Attention was drawn to Note 8 Operating leases where the number needed to be agreed prior to submission. It was agreed that the wording would be amended to should state that £1.4m was paid to NHS Property Services during the year. There was no need to disclose the detail.</td>
</tr>
<tr>
<td>6.12</td>
<td>Under note 10 Trade and Other Receivables it was noted the amount due from debtors was £8.6m. Paula Swann referred to the GUM recharge to Croydon Council and asked why this had not been paid as the MOU stated it would be paid quarterly in advance. It was noted that there was no formal dispute and Mike Sexton would follow this up.</td>
</tr>
<tr>
<td>6.13</td>
<td>Mike Sexton provided an explanation about accounting treatment with regard to creditors which were over stated. A text note would be included in the draft submission highlighting this. Further discussions...</td>
</tr>
</tbody>
</table>
were being held with NSHE about appropriate accounting treatment and a resolution was being sought for the final submission. Sarah Ironmonger said there was a need to understand whether the accounting treatment was a national issue and she would follow this up with her team. It was not considered it was in line with standard accounting practice and there was a need to work through the guidance.

6.14 Trade and Other Payables were shown as £39.1m. David Hughes asked what was in the non NHS accrual to make it so high and was advised a large proportion of this related to care homes where invoices were received one or two months in arrears. The CCG had backing information to support this.

6.15 The observation was made that there was no provision in the CCG accounts for continuing care restitution claims. There was a need to disclose why the CCG had not made provision for this and that it was comfortable approving this element of the accounts. The provision was now the responsibility of NHSE but directions relating to this had not yet been issued.

6.16 Mike Sexton referred to the statement of cash flows and that net funding was recorded as £394.2m. He advised that was the net figure did not represent the total funding received during the year. Additional funding had been received to manage legacy payments. A footnote would be added to this effect in the statement as the statements did not allow legacy payments to be shown.

6.17 It was noted that under note 12 on impairment a sub total was missing above £16K and that there was also a need to include commentary on what £16K related to.

6.18 There was a discussion about Note 18 related parties transactions and the fact there was a need to be clear about the nature of payments, particularly for Helen Pernelet where it should be clear that her role was Trustee of the National Society of Epilepsy and the CCG made payments to the Society. It should also be made clear that the LES payments were routine payments for general practice but as these had been declared by Governing Body members they had been disclosed. From a governance perspective it was agreed there was a need to ensure that all relevant disclosures had been made during Governing Body meetings. Fouzia Harrington advised that letters would be sent out on 24 April for Governing Body members to confirm the information disclosed was correct.

6.19 Sarah Ironmonger drew attention to the discussions the committee had at previous meetings regarding the deficit position and advised that she was hoping to get a response this week about how it would be handled. When it was received she would circulate to the committee.

7 Internal Audit Report (KPMG)  
Gary McLeod provided a verbal update. He advised that it had not been possible to bring a paper to the Committee because of timing.
| 7.2 | Work would be completed on the Update Service Audit Report by 25 April. The report would then be agreed with the CSU and it was expected it would be issued to the CCG by the end of April. It was noted that there were no significant findings to date. There were one or two minor additional points but these were not likely to affect the overall opinion. | GM |
| 8 | Internal Audit (TIAA) |  
8.1 Mike Sexton introduced the report. Attention was drawn to the final audit report on the IG Toolkit Stage 2 and it was noted that the audit opinion was substantial assurance.  
8.2 The draft head of Internal Audit Annual Opinion 2013/14 was presented and Mike Sexton advised that he had reviewed this in some detail. It was noted that the majority of recommendations made had been reflected in the draft but one remained with regard to the disclaimer relating to the mid-year transfer when Parkhill merged with TIAA Limited and this would continue to be raised.  
8.3 Amy Page referred to TIAA’s overall draft opinion which talked about significant assurance with regard to internal controls and clarification was requested about which review that referred to. It was noted that this related to the whole system of internal control as a result of the reviews internal audit had carried out. It was also noted that this was standing wording. |
| 9 | Draft Annual Report (including Remuneration Report) |  
9.1 Fouzia Harrington presented the draft report and apologised for the fact the wrong cover paper had been attached and the report did not reflect the comments from Paula Swann or the Executive Team. The report was based on Annual report guidance and needed a lot of work in terms of flow and to make it more explicit in terms of outcomes and the difference the CCG was making. A summary of the report would be produced as a public facing document. As discussed earlier in the meeting the detail of the Remuneration Committee report included would be reviewed in detail before it was circulated more widely.  
9.2 Paula Swann referred to the Health and Wellbeing overview section. Some of the areas referred to were not the responsibility of the CCG and it was considered this section should be amended to focus on CCG responsibilities.  
9.3 Helen Pernelet said the welcome section should be strengthened to focus on the challenges that had been overcome and what had been achieved.  
9.4 David Hughes referred to the Remuneration Committee Report and asked if the table listing salaries could be split by Governing Body members and Clinical Leads. Paula Swann said it would be helpful to include start and leave dates as in some cases remuneration looked | FH |
low where members had started later in the year. The suggestion was also made to change the terminology to commencement and expiry dates. It was also noted that there was a need to populate the pension payments column.

9.5 Paula Swann referred to the section on Working in Partnership and said South West London Collaborative Commissioning should be higher up the list of stakeholders.

9.6 Other comments made were:
- The reference to Virgin was about what they did nationally and this should only focus on what they did locally.
- There was a need to include performance but this did not necessarily have to be presented as the score card.
- Page 83 said there had not been any breaches on mixed sex accommodation since July 2014, this should read 2013.
- The sentence at the bottom of page 117 had been repeated.

9.7 Paula Swann said an incredible job had been done on the report and it was a significant achievement to have a draft at this point in the year.

9.8 It was noted that in addition to approving the Annual Report there was a need for each individual member to agree the information that related specifically to them.

10 Internal Audit CCG (Baker Tilley)

10.1 Clive Makombera presented the report which set out the three year internal audit strategy. The audit strategy had been discussed with Mike Sexton and IGAC members were asked to consider the following questions:

10.2 Does the detailed internal audit plan for the coming financial year reflect the areas that the Audit Committee believes should be covered as priority?

It was recognised that there would be a need to amend the plan as key issues arose e.g. LES arrangements, Better Care Fund.

David Hughes considered there was a need for mapping to individual risks and that each key risk was tested over the 3 year programme. Fouzia Harrington said as part of the Risk Register and BAF development, the key risks could be aligned with the internal audit plan to identify what was being addressed.

David Hughes said the Governing Body was reliant on the management information presented and asked what process was in place to verify it. The suggestion was made to include something around this in the programme and Clive Makombera would follow this up with Mike Sexton in terms of how information was reported and whether it was sufficiently robust. It was considered that there was little reference to assurance of the quality of services and outcomes in the 1 year plan and there was a need to weave quality into the plan.
There had been a discussion at the last meeting when Helen Pernelet had made a comment regarding the fact there was no oversight of the end to end process of commissioning in specific services and that there was meant to be PPI input. It was recognised there was a need to focus on a piece of work that looked at the commissioning process and consideration would be given to how this could be built into the plan without making it bigger. Paula Swann suggested that as PWC was undertaking a piece of work to review the process with regard to clinical engagement this particular area could be moved to 2015/16. Clive Makombera would follow this up with Mike Sexton.

Is the Committee satisfied that sufficient assurances were being received by the CCG from the CSU to monitor the organisation’s risk profile effectively?

It was noted that the focus was on the CSU and consideration needed to be given to including other providers, e.g. the ICU.

Is the level of audit resource accepted by the Committee?

It was considered that the level was reasonable.

Is the Committee satisfied that sufficient assurances are being received by the CCG?

Mike Sexton said that with the additional assurance being provided by PWC with regard to QIPP and organisational development he considered the CCG was in a stronger than average position.

The IGAC approved the plan subject to the changes agreed during the discussion. Work could start on the routine elements but not on Better Care Fund, Clinical Networks, contract monitoring or QIPP.

Audit Committee Self-Assessment

At the last meeting David Hughes had highlighted the need for the IGAC to undertake a self-assessment.

The IGAC was asked to agree the process of review and annual reporting to the Governing Body to coincide with the completion of the annual reporting cycle and to use the HFMA Audit Committee Self-Assessment Tool to facilitate the review of IGAC performance against best practice.

IGAC members were asked to consider the self-assessment and provide comments back to Fouzia Harrington by 15 May. The report would then be brought back to IGAC on 29 May.

Any Other Business

There was no other business.

Date of Next Meeting

29 May 2014
3 until 6 p.m.
Title of Paper: MINUTES OF THE QUALITY COMMITTEE

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Amy Page, Chief Nurse</th>
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</thead>
<tbody>
<tr>
<td>Report Author</td>
<td>Michelle Rahman, Interim Director of Quality and Governance</td>
</tr>
<tr>
<td>Committees which have previously discussed/agreed the report.</td>
<td></td>
</tr>
<tr>
<td>Committees that will be required to receive/approve the report</td>
<td>Croydon Clinical Commissioning Group (CCG) Governing Body</td>
</tr>
<tr>
<td>Purpose of Report</td>
<td>For Information and Noting</td>
</tr>
</tbody>
</table>

Recommendation:

The CCG Governing Body is asked to:

- Note the minutes of the Quality Committee meeting held on 15 April 2014.

Background:

The Croydon CCG Quality Committee provides the Governing Body and Integrated Governance and Audit Committee with a means of independent and objective review of quality, corporate governance, assurance processes and risk management across the CCG’s clinical activities.

The minutes of the meeting held on 15 April are attached.

Key Issues:

The key quality issues discussed at the committee were:

1. How best to escalate and progress service quality issues in a timely way e.g. anticoagulation, the committee considered the balance between flexing the contract and working collaboratively to address service quality issues. External auditors have been requested to audit the procurement of three service areas to identify and resolve gaps in the contract management process.

2. CHS inpatient survey achieved the lowest scores for inpatient experience compared with all trusts in England. The Trust has sought external assistance to expedite review of actions that would have the greatest immediate impact. CQRG will continue to seek assurance regarding implementation of actions.
3. All members of staff need to be encouraged to complete the governance section of reports with regards to Equality and Diversity assessments. Valerie Richards, lead manager will be requested to provide support to redesign managers and all managers responsible for drafting papers.
4. Commissioning guidance is being developed to enable redesign managers to improve their knowledge of the steps in the commissioning cycle including implementation of quality checks to ensure expert advice is sought during the commissioning process.

**Governance:**

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To commission integrated, safe, high quality service in the right place at the right time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks</td>
<td>No new risks were identified as part of this report</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>None</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>None</td>
</tr>
<tr>
<td>Clinical Leadership Comments</td>
<td>None</td>
</tr>
<tr>
<td>Implications for Other CCGs</td>
<td>None</td>
</tr>
<tr>
<td>Equality Analysis</td>
<td>EIA are considered in the development of all quality and governance processes.</td>
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<td>Patient and Public Involvement</td>
<td>None</td>
</tr>
<tr>
<td>Communication Plan</td>
<td>None</td>
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<tr>
<td>Information Governance Issues</td>
<td>None</td>
</tr>
<tr>
<td>Reputational Issues</td>
<td>None</td>
</tr>
</tbody>
</table>
### Minutes

#### Croydon Clinical Commissioning Group

**Quality Committee**

**Date:** 15 April 2014  
**Time:** 9.00 – 11.00  
**Location:** Room 1.02 BWH

<table>
<thead>
<tr>
<th>Present:</th>
<th>In Attendance:</th>
</tr>
</thead>
</table>
| Members: | Fouzia Harrington (FH)  
Tony Brzezicki CCG Chair  
Emma Jackson CSU (EJ)  
Sally Innis, CCG (SI)  
Linda Harmston (Minutes) |
| Amy Page, Lay Member – Chair (AP) |

1. **Introduction and Apologies**
   - Apologies were received from Jon Norman, Stephen Warren, Paula Swann and Helen Pernelet.

2. **Declaration and Conflict of Interest**
   - There were no declarations or conflicts of interest.

3. **The Minutes of the last Meeting**
   - The minutes were agreed as an accurate record.

4. **Matters Arising and Action Log.**
   - The Action Log was reviewed and updated.

5. **Quality Risk Register**
   - **Fouzia Harington** presented the Risk Register and advised that safeguarding issues had now been included. Funke Ojulayo from the CSU was meeting regularly with key members to ensure it was updated on a regular basis and as current as possible.

   - **778** – There has been a delay in resolving the issues in the Anti-Coagulation Service at Croydon Health Services. The committee agreed that the CCG needed to consider further how to escalate and progress service quality issues which are not sufficiently contractually defined. A proposal would be taken to Management Team for discussion

   - **396** – Tony Brzezicki advised there would be a meeting on 17th April with NHSE to discuss the Urgent Care model. He reported that there was no evidence to support concerns regarding the interface between CHS and UCC, and there had been no SIs relating to this. No apparent safety issues had been identified with Virgin. He believed this risk would be downgraded after the meeting with NHSE.
5.4 **777** - Emma Jackson advised that pressure ulcers were now a reduced risk at Croydon Health Services and the risk should be changed to that in the Croydon population as a whole, which includes patients at home or in care homes. Fouzia Harrington was meeting with Brenda Scanlan to discuss care home procedures and training being carried out to target pressure ulcer prevention.

5.5 **636** – The National Inpatient Survey for Croydon Health Services ranked CHS as the poorest performer nationally. The trust developed an improvement and engagement plan following the 2012 inpatient survey results, which aimed to target patient experience. This was monitored by CHS Improving Patient Experience Committee. Fouzia Harrington advised that she had spoken to Debbie Stubberfield from the TDA, and concerns were raised about the action plans in place not delivering the outcomes needed. Debbie Stubberfield suggested that a Part 2 at the next TDA meeting be held to discuss the action plans and make connection with the outcomes. The TDA was looking at other London Trusts with poor patient experience to see how they have improved and would ask Barking and Havering to share their experiences of their improvement.

5.6 Fouzia Harrington reported that a new risk regarding ophthalmology would be added to the risk register. Moorfield’s had taken over the service from CHS and raised concerns over the data quality. Fouzia Harrington had met with the Medical Director at Moorfield’s and requested an action plan and details of how they were identifying risks in the service that they had agreed to take over. She would meet with Michelle Rahman to discuss the CERNER issues further.

5.7 Amy Page asked that the learning from issues arising from the change of provider from Croydon Health Services to Moorfields be considered.

### 6 Quality Report

6.1 Fouzia Harrington presented the Quality Report and advised there was nothing significant to report since the last meeting and highlighted as below.

6.2 Reports would be given for all CQC visits to SLAM regardless of whether there were Croydon patients involved or not.

6.3 Amy Page was concerned that although the workforce vacancy rate at Croydon Health Services had decreased to 11.6% this was still high. She queried whether they were medical or non-clinical vacancies. Emma Jackson referred to the Quality Report workforce key issue section which further broke down the vacancies. Sally Innis advised that she received information regarding capacity and safeguarding implications and she would share this with Emma Jackson. Emma Jackson advised that the Trust had been recruiting staff and the CCG had asked to see the workforce plan at CQRG to ascertain that correct induction processes were being given to them.

6.4 The next CQR would focus on workforce and cover a number of issues. Fouzia Harrington would raise the issue of how confident Croydon Health Services were around safety given the vacancy rates, and whether they now have the right quality of trained staff in place.
| 6.5 | Fouzia Harrington confirmed that there was a recovery plan for podiatry in place. Michelle Rahman had been asked for an update on this and although it was progressing and going through the contracting, no feedback had been received yet. She would contact Michelle Rahman for an update. | FH |
| 6.6 | There were no significant safety or quality concerns as a result of the second visit to the Virgin Out of Hours service. However, Agnelo Fernandes had requested that Virgin review their locum agency use, as the numbers were higher than ideal. | EJ |
| 6.7 | Fouzia Harrington advised she had met with Healthwatch who were getting their processes and priorities set up for their review visits to health care providers. She had spoken to Ann Hooper, who attends the Governing Body, and agreed to share the CCG programme of visits with her to ensure the two visit programmes complemented each other. | FH |
| 6.8 | The quality priorities for the next few months were establishing robust CQRG arrangements for SLaM and understanding what was happening in care homes. Amy Page queried whether statistics are available for SLaM patients who go absent while sectioned and whether this was due to lack of rigour on the part SLaM. Emma Jackson advised that this had never been identified as an issue but she would check the figures. | EJ |
| 7 | **SIs, PALS and Complaints and Amber Alert Cards.** | |
| 7.1 | Fouzia Harrington presented the report and advised that the CSU team were working on the reporting to give a more in depth summary of themes and recommendations. Focus had been on amber alerts but work was still needed to raise GP awareness and communicate what happens to amber alerts. It was agreed with Croydon Health Services that a quarterly report would be provided by them on how they were addressing the alert themes. A response detailing the learning and improvements for the services for which the majority of alerts had been raised against was expected in May. | FH |
| 7.2 | Fouzia Harrington advised that with regard to the issue with A&E discharge letters she would formally ask for an update and for Croydon Health Services to present an action plan to the CQR. | FH/FH/SI |
| 7.3 | Sally Innis advised that a Bromley SI involving Croydon Health Services was recently raised and she queried how to keep this in the loop with Croydon’s SIs. Fouzia Harrington and Sally Innis would discuss outside of meeting the best way to do this. | |
## Integrated Performance Report

8.1 Fouzia Harrington stated that performance was not picked up formally at any of the committees. She and Amy Page had discussed the implications of non-performance and what the quality impact would be if a target was missed, such as the number of patients not seen within 4 hours at A&E.

8.2 Amy Page said she would like to see data broken down into clinical or process breaches. She also queried how the CCG got assurance that the patient experience was a positive one if that patient was outside the performance metrics. Emma Jackson would enquire whether the Trust routinely collect this data.

8.3 Amy Page felt a detailed report on breaches as reported by the former SHAs would be very helpful. Fouzia Harrington would pick this up with TDA and CQR to see how they report.

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## Equality and Diversity Report

9.1 Fouzia Harrington advised that the report showed the progress made to date. A baseline assessment of EDS activity would be produced within the next few weeks. There was an action plan for taking Equality and Diversity forward in the organisation and a progress report would be brought to the Quality Committee quarterly.

9.2 Staff needed to be encouraged to complete the governance section on the assessments. Once completed Valerie Richards would collate the issues coming out of these.

9.3 Sally Innis queried whether safeguarding could be aligned to Equality and Diversity and other quality and safety checks to ensure this was embedded across the whole commissioning practice in the CCG.

9.4 It was suggested that a check list or flow chart of the commissioning process could ensure appropriate consideration was given to safeguarding, QiAs, and PPI to ensure a service was safe. Fouzia Harrington and Sally Innis would discuss this outside the meeting.

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## PPI Report

10.1 Patient and Public involvement was going well and numbers attending were going up. Discussions were taking place with BME to try to get younger members to attend. As the Local Authority have a diverse attendance, Andrew Hobson would speak to them to see what they have done to achieve this.

10.2 Dates for all future PPI events would be sent out to the Governing Body members.

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## Quality Key Discussions

11.1 The key quality issues discussed at the meeting were agreed as follows:
- Anticoagulation and patient experience at Croydon Health Services
- How do we work with CHS to communicate urgency to ensure they respond quickly to concerns around service quality.
### 11.2 Friends and Family Test/ staffing

Amy Page queried whether there was an improving quality of nursing plan. Emma Jackson advised there was a workforce action plan but nothing specific for quality of nursing. However quality rounds and a safe nursing care tool were in use to show the appropriateness of staffing levels on each ward during a snapshot on a day. A report on the FFT was received last month and the CCG were seeking assurance of appropriate actions for improvement at the next CQRG where the CCG would ask what the key issues were and what actions are in place to correct them.

A check list / process to be considered for the CCG’s commissioning cycle that includes quality checks to ensure appropriate regard / expert opinion is sought in key areas to ensure a relevant, safe, accessible and quality service is commissioned.

### 12 Any Other Business

There was no other business to discuss.

### 13 Date of Next Meeting

2 June 2014 - 11 – 1.00 p.m.
Title of Paper: OUTCOMES BASED COMMISSIONING PROJECT FOR OVER 65s IN CROYDON: OVERVIEW AND PROGRESS PAPER.

Lead Director
Stephen Warren, Director of Commissioning

Report Author
Joanne Devlin, OBC Project Team

Committees which have previously discussed/agreed the report.
The case for change for the project was agreed last autumn and the Governing Body agreed in February 2014 to go to procurement to commission the support to take the work forward.

Committees that will be required to receive/approve the report
None

Purpose of Report
For the CCG Governing Body to note and discuss the project progress, key deliverables and issues.

Recommendation:
The CCG Governing Body is asked to:
note the progress to date in taking the project forward and key deliverables over the next couple of months.

Background:
Against the plan for the project the following progress has been made:
• (March – June 14): Engagement to develop outcomes with patients and clinicians

The next phases of the project currently being taken forward includes the following
• (June to July 14) Detailed design of incentives, options for commercial models, provider engagement, competency and capability and on-going engagement
• (July-August 14): Development implementation approach including contracting, procurement options (if required), payment mechanisms, final agreement on scope

The CCG Governing Body and Local Authority will need to make a go/no go decision on whether to move further forward with the project at the 2nd September 2014 Governing Body meeting.
Key Issues:

The Outcomes Based Commissioning Approach will enable the CCG to do things differently in Croydon to meet our challenges and create services that are:

- more joined up, allowing people to live more independently and stay at home for longer;
- access services better suited to the needs of the people that use them;
- that incentivise proactive health management;
- improve outcomes and user/patient experience; that are not activity driven – as not all activity is necessary or effective;
- that put the users/patients at the centre of their care, supported to manage their lives/conditions and actively involved in decisions about their care;
- that use health and social care resources more effectively.

Our approach includes working with the public, patients and stakeholders across the health and care economy.

Governance:

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>To commission integrated, safe, high quality service in the right place at the right time.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>To have collaborative relationships to ensure integrated approach</td>
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</table>

<table>
<thead>
<tr>
<th>Risks</th>
<th>The project has a detailed supporting risk log which is regularly reviewed.</th>
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<table>
<thead>
<tr>
<th>Financial Implications</th>
<th>The project will be significant in supporting the CCG’s QIPP programme going forward</th>
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<table>
<thead>
<tr>
<th>Conflicts of Interest</th>
<th>None</th>
</tr>
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<table>
<thead>
<tr>
<th>Clinical Leadership Comments</th>
<th>Regular updates on the project are being provided to the Clinical Leads Group and GP Open Meetings. The project also has a clinical engagement stream.</th>
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</table>

<table>
<thead>
<tr>
<th>Implications for Other CCGs</th>
<th>Other CCGs will want to learn from the development of this approach in Croydon.</th>
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<table>
<thead>
<tr>
<th>Equality Analysis</th>
<th>EIA are considered in the development of all quality and governance processes.</th>
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<tr>
<th>Patient and Public Involvement</th>
<th>Detailed within the update.</th>
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<tr>
<th>Communication Plan</th>
<th>The programme has its own communication plan</th>
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<tr>
<th>Information Governance Issues</th>
<th>These are being identified and dealt with through the programme</th>
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<thead>
<tr>
<th>Reputational Issues</th>
<th>Successful implementation of OBC in Croydon has the potential to significantly enhance the CCGs reputation.</th>
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</table>
### Clinical Leadership Group (CLG) Meeting
9 May 2014

#### Present:
- Tony Brzezicki (TB), CCG Clinical Chair
- Agnelo Fernandes (AF), CCG Assistant Chair
- John Chan (JC), GP Governing Body, Medical Director
- Atif Hasan (AH), GP Governing Body
- Paula Swann (PS), Chief Officer
- Bobby Abbot (BA), Clinical Network Lead
- Yinka Ajayi-Obe (YAO), Clinical Network Lead
- Agatha Nortley-Meshe (ANM), Clinical Network Lead
- Rajeev Sagar (RS), Clinical Network Lead
- Farhhan Sami (FS), Clinical Network Lead

#### In Attendance:
- Stephen Warren (SW), Director of Commissioning
- Mike Sexton (MS), Chief Finance Officer
- Leon Douglas (LD), Head of Clinical Engagement
- Deborah Russell (DR), Head of Service Redesign
- Brenda Scanlan (BS), Director of Acute Commissioning, ICU
- Camilla Chambers (CC), GP Lead for EOLC
- Sara Corben (SC), Public Health
- Joanne Devlin (JD), Outcomes Based Commissioning
- Karthiga Gengatharan (KG), Clinical Lead, (Keep in touch day - maternity leave)
- Jolanta Juskaite (JJ), Best Practice & Performance Manager
- Nina Bromley (NB), Clinical Engagement Officer (note taker)

#### 1 Welcome, introductions and apologies for absence

Tony Brzezicki welcomed everybody to the meeting.

Apologies were noted from:
- John Linney, GP Governing Body Member
- Brian Okumu, Clinical Network Lead
- Kamran Khan, Clinical Lead
- Fouzia Harrington, Director of Quality and Governance
- Michelle Rahman, Associate Director of Acute Commissioning
- Paul Young, Deputy Director of Commissioning

#### 2 Declaration and conflicts of interests

There were no new declarations of interest.

#### 3 Minutes of the meeting held on 4 April 2014

The minutes of the meeting held on 4 April 2014 were approved after the following amendments:
- Camilla Chambers GP Lead for EOLC was in attendance.
- Natasha Malik – not present.
- Sarah Corben – representative from Public Health, not a guest of Brenda Scanlan.

#### 4 Matters Arising – Action Log

See Action Log.
<table>
<thead>
<tr>
<th>5</th>
<th><strong>Standing items</strong></th>
</tr>
</thead>
</table>
| **5.1** | **Report from Chief Officer**  
**Update from March Governing Body meeting (06/05/14)** |
| | The Governing Body had discussed the under delivery of some schemes and reflected on how essential it was to adhere to new pathways and emphasised how the networks can continue to support the delivery of QIPP. |
| **5.2** | **Finance Report Month 12 and QIPP Report Month 11** |
| | The CCG had achieved what it had aimed to accomplish by the end of the financial year in terms of the Financial Plan and QIPP Programme. |
| | MS confirmed that the audit of the accounts had commenced and would conclude at the beginning of June 2014. |
| | QOB had been pushing hard to achieve the 2014-15 QIPP. Four schemes need to be signed off in the next week as completed PIDs. |
| 6 | **Network business and clinical engagement** |
| **Feedback which applies to all networks** |
| | PS mentioned that the network meetings were a valuable forum to discuss the implementation of pathways and suggestions for additional areas. |
| | One of the clinical leads suggested that some networks buddy up in the areas they were focussing on. |
| | SW reported that Amanda Tuke (ICU – Children’s Commissioning Team) wanted to visit networks to engage on the development of health visiting. |
| | FS emphasised that the Practice Profiles information presented to networks was really helpful. **The profiles distributed were snapshots and FS asked if networks could access information which detailed the ‘longer term picture’**. |
| | FS asked for guidance on how network clinical leads can help the CCG deliver its goals. SW commented that further guidance would follow to networks on the engagement in the planning process for next year. |

**ANM proposed that it would be helpful to include procurement information within future EQIPP newsletters and on the website / intranet in terms of proposed areas and timelines.**

---

**David Osborne (NHSE)**
### 7.1 Outcomes Based Commissioning – (Joanne Devlin – PwC)

The CLG welcomed Joanne Devlin (PwC) to the meeting and made introductions.

JD briefed the CLG that the presentation (attachment 10) summarised the overview of the project and its progress. The aim is to have involved clinicians and GPs at future OBC meetings. PS commented on the significant national focus on outcomes based commissioning and expressed the urgency of getting all outcomes based commissioning meetings in diaries.

The presentation was discussed and questions and answers have been listed below:

- PwC referred to the reference group combined with primary, secondary and social care. ANM confirmed that it was easy to engage with clinical leads but what about engaging with the front line i.e. nurses. It would also be good to receive summaries of the feedback.

- AH asked PwC how they had identified the workshops / groups? The CSU had lead on that and focussed on the CCG, the LA, Age UK, and other groups. Three main public events were held as well as additional carer reunions.

- AH asked PwC if they were assured that they had gathered enough information for the design and to have ensured that they had focussed on a Croydon perspective. PwC acknowledged AH’s point and confirmed that PwC had gathered a lot of information and that the information matched findings elsewhere. PS also confirmed that it had been discussed at length at the OBC Delivery Meeting Project. Clinical Leads agreed that it was important to have captured patients who were still in hospital or who had just come out and what could have happened differently. They acknowledged that current admission rates and the patient experience needs to be improved. There have been and still are issues at CHS.

- AH reminded the group that the important contributors are those patients who do not speak up.

- JC emphasised how important it was to find a better way of capturing information and proposed focussing on the elderly who need care and those with different cultural backgrounds.

- CC asked how much the project was going to cost. It had been procured early in the year for £700,000 approved through the Governing Body. It was confirmed that the project would save significant amounts in the long-term and lead to better quality of care.

- PS confirmed that they had worked with OBC to simplify messages and PS asked that this be shared with networks, including the essential aims of the project.

- JC added that public views and those of the clinicians had overlapped about what they think the outcomes should be; but over time JC had been surprised to find that there had been no major disparity. He emphasised that it needs to be driven by what patients need.

### 7.2 Cardiology Pathway Implementation (Dr Agatha Nortley-Meshe)

The forms were discussed and the below comments were made:

- The forms need to be updated and aligned with the standard template used.

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**Page 240 of 250**
• ANM was asked to circulate the templates for feedback within a week.
• BA confirmed that all forms should go through to CRESS i.e. ‘Community One-
Stop Heart Failure Clinic Referral Form’ on page 80.
• ANM was asked to check the forms are check by LD and DR and that the
terminology was correct.
• The joint form needs to be improved. The Heart Failure form was slightly
different.

7.3 COPD

ANM and DR questioned whether this should have been on the agenda but a group
discussion followed:
• A new member of nursing staff will join on 12 May 2014 and they will need to
visit the next network meetings. The aim is for the nurse to visit practices and
support practice nurses with COPD follow up. It should be educational and a
way to gather meaningful criteria.
• The pathway should be rolled out in the next 2-3 months.
• At present the East Croydon network have rolled it out but YO has been the
clinical lead.

7.4 Clinical Engagement Scheme 2013-2014 (Leon Douglas)

LD advised that work was underway to finalise the payments for 2013-14.

Some of the group recognised the difficulties faced by singlehandedly run practices
(with a high number of patients) to attend the meetings. However, BA confirmed that
he is a single GP practice and he was fully aware of the requirements of the 2013-14
scheme and he ensured he attended the network meetings and GP Open meetings
and met the criteria.

PS advised that payments should be made to practices where elements of the
scheme had not been in place and in accordance with the scheme and prevented
practices from achieving these objectives. LD confirmed that the flat rate payment
to practices was £5649 and the group agreed that the remaining decision on
qualifying for payment should be discussed at Senior Management Team level
to exclude any issues of conflict of interest.

There were caveats with the CERNER Data and underreporting such as outpatients.

All practices were above budget. MS confirmed that the normal timescale for
payments is the beginning of June. TB advised that the first half be paid and
discussion over how the second half will be paid should be discussed outside this
meeting.

BA advised that the appeals procedure needs to be robust.

7.5 Practice Development and Delivery Scheme 2014-2015
(previously called Clinical Engagement Scheme) (Leon Douglas)

LD outlined the proposals for the 2013-14 Engagement LES, which would be renamed
the Practice Development and Delivery Scheme. The scheme would address the £5
per head requirement and also focus more on Development and Delivery. It would
incorporate the funding for the Risk Stratification and Palliative Care LES to simplify
reporting. The aim was also to incentivise all Primary Care Providers to work towards
the clinical and strategic goals of the CCG.

The proposals would be taken to the SMT initially and then to CLG.
## AOB

### 8.1 Announced Provider Visits

*Leon Douglas / Michelle Rahman*

We need two GPs to become involved in visits to CHS firstly elderly care wards, but other areas would follow.

### 8.2 111 Service Planning

*Dr Agatha Nortley-Meshe*

ANM had sent NB versions of the forms (with logos) for circulation to GP practices. The updated mail mergeable forms for special patient notes (SPNs) for Croydon.

Clinicians will be able to use these forms to alert urgent care services to specific patients who may have special requirements (i.e. vulnerable patients) and to advise urgent care services of any pre-determined care plan which may help inform the management of the patient out of-hours. This form is therefore similar to the one we used to send to LAS and GP OOHs.

The SPN forms do not replace co-ordinate my care and are not suitable for end of life care patients.

**NB** needs to check with ANM about the latest version of forms and if they are ready to circulate to GP practices.

### 8.3 JSNA Priorities

*Paula Swann*

Clinical Leads were asked if they wished to submit any other priorities for consideration.

### 8.4 SWL Collaboration

*Paula Swann*

#### 8.4.1 Volunteer needed for Urgent Care

PS commented that we need more clinical engagement.

#### 8.4.2 Volunteer needed for Maternity

PS is the lead for maternity and asked for volunteers from clinical leads. The meetings are held in Wimbledon during the evenings.

#### 8.4.3 Volunteer needed for Support for Primary Care

John Chan has already been appointed as clinical lead for Primary Care.

### 8.5 Explanation / understanding of pay structure, changes to salary payments & pensions

*Mike Sexton*

Mike Sexton answered questions by the clinical leads and confirmed that he would ask Marion Joynson to email the group with a full explanation of all details.

### 8.6 Elections deadline reminder – 21 May 2014

LD reminded the group to chase practices to complete the electoral forms and return to Maureen Glover by 21 May 2014. NB confirmed that she had sent out additional reminders to the outstanding practices as well. NB had sent electorate forms to the practice managers and agreed to resend these to the GPs of these practices.

### 8.7 DRAFT Agenda ~ next GP Open Meeting (21 May 2014)

PS and SW requested that outcomes based commissioning was on the agenda.

### 8.8 Other

TB confirmed that Picker Institute Europe had published the CHS Patient Experience Survey as having deteriorated and now being one of the worst in the country. **CHS needs to be added to the next CLG agenda.** TB would send the link to the survey results.
<table>
<thead>
<tr>
<th></th>
<th>For Information</th>
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<tbody>
<tr>
<td>9.1</td>
<td>CHS CQR meeting: 23 April 2014 (attachment 15)</td>
</tr>
<tr>
<td>9.2</td>
<td>Quality Committee Report: 15 April 2014 (attachment 16)</td>
</tr>
<tr>
<td>9.3</td>
<td>Purley &amp; Parkway (attachment 17)</td>
</tr>
<tr>
<td>9.4</td>
<td>New Addington &amp; Selsdon Network March Meeting Minutes (attachment 18)</td>
</tr>
</tbody>
</table>

10 Date of Next Meeting

- Friday 6 June 2014, 1.00pm – 3.00pm, Room 1.01
- Bernard Weatherill House (BWH), 8 Mint Walk, Croydon CR0 1EA
<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>111</td>
<td>The number to dial for advice on the appropriate place to seek medical treatment.</td>
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<tr>
<td>Accountability</td>
<td>One of the three foundations of public service. Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.</td>
</tr>
<tr>
<td>Acute Services</td>
<td>Medical and surgical treatment and care provided mainly in hospitals.</td>
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<tr>
<td>Advocacy</td>
<td>Where a person acts as a champion for a patient or carer. An advocate could be one of a range of people including pharmacists, doctors, voluntary workers or the carer themselves.</td>
</tr>
<tr>
<td>Agenda for Change (AfC)</td>
<td>Government proposal for reforming the way NHS staff are paid. It aims to reform pay systems to: enable staff to give their best for patients, working in new ways; pay fairly and equitably for work done; simplify and modernise conditions of service.</td>
</tr>
<tr>
<td>AHSN</td>
<td>Academic Health Sciences Network – Regional network for NHS and social care provides.</td>
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<tr>
<td>AQP</td>
<td>Any Qualified Provider – a qualified provider that meets the criteria of the service specification</td>
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<tr>
<td>Benchmarking</td>
<td>A process whereby organisations identify best performers. In particular, they examine how results are achieved in order to bring their own performance in line with the best.</td>
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<tr>
<td>Black and Minority Ethnic (BME) Group</td>
<td>Identified as a vulnerable group in health terms. Local health improvement programmes may include strategies to deal with the health needs of minority ethnic groups.</td>
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<tr>
<td>BPP</td>
<td>Better Payment Practice – The requirement of all health bodies to pay external suppliers within 30 days of receipt of goods, or a valid invoice, whichever is the later.</td>
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<tr>
<td>BSBV</td>
<td>Better Services Better Value</td>
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<tr>
<td>Cardiovascular Disease (CVD)</td>
<td>Disease of the heart or blood vessels, also called circulatory diseases.</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>CHS</td>
<td>Croydon Community Health Services – Croydon’s local provider of acute and community services.</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services (CAMHS)</td>
<td>A comprehensive mental health service for children and adolescents, including mental health promotion and early intervention.</td>
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<tr>
<td>Children’s Trust</td>
<td>A multi-agency set of management arrangements enabling integration of general and specialist services to children and adolescents in the local community.</td>
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<tr>
<td>Choose and Book</td>
<td>A new service that will allow patients and their GP to choose the date, time and hospital for their initial referral and book it on-line.</td>
</tr>
<tr>
<td>Clinical Audit</td>
<td>A cyclical evaluation and measurement by health professionals of the clinical standards they are achieving.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Clinical Supervision</td>
<td>A planned process that enables staff to feel supported in their role, reflect upon practice, develop strategies for change and professionally develop.</td>
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</table>
| COBIC                | Capitated and Outcomes-Based Incentivised Contract – The COBIC approach to commissioning allows commissioners to get the best out of their responsibilities handed to them from the NHS reforms, and ensures they best meet their obligations as commissioners. COBICs are a vehicle to achieve this as they:  
  ▪ Concentrate on outcomes  
  ▪ Better reflect public and user values  
  ▪ Properly engage clinicians in service design |
| Commissioning        | Identifying health needs of local people; planning, and purchasing health services which respond to their needs.                                                                                           |
| Commissioning a patient led NHS | Department of Health policy on developing commissioning throughout the whole NHS system, with some changes in function for primary care trusts and strategic health authorities.                                                    |
| Community Matron     | A new clinical role with responsibility for planning, managing and coordinating the care of people with highly complex needs, living in their own homes and communities.                                      |
| Community Nurses     | School Nurses, Health Visitors, District Nurses, Nursery Nurses and other staff nurses working in the community.                                                                                           |
| Competency Framework | A competency framework is a specific set of core skills and abilities, which have been identified for different levels of staff in order to support roles and responsibilities as well as career progression. |
| Continuing Care      | Continuing care services are provided in hospital, at home, in a care home, in a day hospital or day centre or in a hospice. Services may include fully funded continuing NHS health care in a care home or other setting; rehabilitation and recovery services; palliative care; respite health care; specialist health care support; specialist health care equipment; and specialist transport. |
| Coronary Health Disease (CHD) | Disease of the heart that occurs when the walls of the coronary arteries become narrowed by a gradual build up of fatty material (atheroma). Examples of CHD include heart attack and angina. |
| CQC                  | Care Quality Commission                                                                                                       |
| CQRG                 | Clinical Quality Review Group                                                                                                 |
| CQUIIN               | Commissioning for Quality Innovation a national framework for locally-agreed schemes to improve quality and efficiency. It helps the NHS to improve patient experiences and outcomes. |
| CReSS                | Croydon Referral Support Service – a referral management service, whereby referrals are triaged by local GPs to ensure the patient is referred to the most appropriate place of care. |
| CRL                  | Capital Resource Limit – The limit on capital spend that the CCG is required to meet each year.                                                                                                         |
| CSU                  | Commissioning Support Unit – an organisation which provides commissioning functions to commissioning organisations.                                                                        |
| CUH                  | Croydon University Hospital – Croydon’s acute hospital and is part of Croydon Health Services NHS Trust (CHS)                                                                                           |
| **DAAT** | The Croydon Drug Alcohol & Action Team (DAAT) was formed to coordinate the work of local agencies on drug misuse. It brings together Croydon Council, the Metropolitan Police, the Probation Service. |
| **ECI** | Effective Commissioning Initiatives |
| **ED** | Emergency Department - part of the hospital concerned with the immediate treatment of patients who have had an accident and require medical or surgical emergency care. |
| **Elective Treatment** | Care and treatments that are planned in advance. |
| **Emergency Admission** | A patient admitted, unplanned, on the same day that admission is requested. |
| **Evidence-based practice or evidence-based medicine** | Concerns the development of clinical practice guidelines, which are based on a thorough review of all the available research in a given area. |
| **Foundation Trusts** | NHS Foundation Trusts are a new type of NHS Hospital tailored to the needs of local populations and run by local managers, staff and members of the public. The Health and Social Care Act 2003 established NHS foundation trusts as independent public benefit corporations modelled on cooperative and mutual traditions. |
| **Genitourinary Medicine (GUM)** | The branch of medicine concerning the male and female sexual organs and the urinary system (that stores and removes urine from the body). |
| **GP led Health Centre** | A GP led service, which will offer residents more choices, access to top quality services at times to suit them, extended opening hours and a range of bookable and walk in services for registered and unregistered patients. |
| **GPs with a special interest (GPwSIs)** | GPs who develop their skills in a specialist area so that patients are able to received a specialist treatment usually without having to travel to a main hospital and without having to wait for an appointment with a hospital consultant. |
| **GMS (General Medical Services)** | Personal medical services provided by general medical practitioners, for example: giving appropriate health promotion advice; offering consultations and physical examinations; offering appropriate examinations and immunisations. |
| **Health Inequalities** | For example the gap in health status, and in access to health services, between different groups, social classes and ethnic groups and between populations in different geographical areas. |
| **Health Needs Assessment (HNA)** | The process of exploring the relationship between health problems in a community and the resources available to address those problems in order to achieve a desired outcome. |
| **Health Promotion** | Giving people and communities the resources and information they need to make choices about their health (eg, measures to help people give up smoking, eat more healthily, adopt healthier lifestyles, etc) and to make their environments safer. |
| **Health Visiting Service** | Including community nurses and nursery nurses to provide a health promotion and prevention and support service to families with children under the age of 5 years. |
| **Hypertension** | Blood pressure greater than or equal to 140/90mmHg. |
| **IFRS** | International Financial Reporting Standards – New accountancy reporting standards that NHS bodies are legally required to use from 1 April 2009. IFRS replaces UK Generally Accepted Accounting Standards (UK GAAP). |
This means that the rules over how the CCG recognises expenditure, income, and capital items will change.

**Indicator**
A statistic or market that has been chosen to monitor health or service activity. For example the number of women attending for breast cancer screening or the number of deaths from coronary heart disease in a defined population.

**Information Governance (IG)**
Information Governance is the NHS framework setting standards of practice that enables organisations and individuals to ensure information is processed legally, securely, efficiently and effectively.

**Integrated Governance**
Integrated Governance is the means by which we pull together all the competing pressures on Governing Bodies and their supporting structures, to enable good governance (Integrated Governance Handbook, 2006).

**ISOP**
Integrated Strategic Operating Plan – the CCG’s plan for the next 5 years

**Joint Strategic Needs Assessment (JSNA)**
The requirement for Joint Strategic Needs Assessment, created in the Local Government and Public Involvement in Health Act, will lead to stronger partnerships between communities, local government, and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces inequalities.

Joint Strategic Needs Assessment will identify areas for priority action through Local Area Agreements. It will help commissioners, including practice based commissioners, to specify outcomes that encourage local innovation, and help providers shape services to address needs. We will therefore look for evidence that commissioning decisions have been informed by the Joint Strategic Needs Assessment, to achieve improved health and wellbeing and reduced inequalities at best value for all.

**King’s Fund**
The King’s Fund is an independent charitable foundation working for better health, especially in London.

**KPI**
Key Performance Indicator

**LAs**
Local Authorities - Bodies that govern local services such as education, housing and social services.

**Life Expectancy**
The theoretical time an average person born today would live if he or she had the same rate of death at each age as people who are alive at the moment.

**LMC**
Local Medical Committee

**LOC**
Local Ophthalmology Committee

**Local Area Agreements (LAAs)**
Local Area Agreements (LAAs) set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level. LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances. Through these means, LAAs are helping to devolve decision making, move away from a ‘Whitehall knows best’ philosophy and reduce bureaucracy.

**Local Strategic Partnership (LSP)**
Local Strategic Partnerships (LSPs) are non-statutory, multi-agency partnerships, which matches local authority boundaries. LSPs bring together at a local level the different parts of the public, private, community and voluntary sectors; allowing different initiatives and services to support one another so that they can work together more effectively.

**LTC**
Long Term Conditions. A disease, condition or health problem which
persists over a long period of time. The illness may recur frequently and in some cases may lead to partial or permanent disabilities. Examples include: arthritis, diabetes and hypertension.

**Low birth weight**
A baby born weighing less than 2,500 grams.

**LPC**
Local Pharmaceutical Committee

**MDT**
Multi-disciplinary team.

**Mentorship**
The facilitation of the learning and assessment of healthcare students (pre and post registration) in the practice setting.

**Mortality**
Mortality is death. On a death certificate in England and Wales a death is defined by a primary and underlying cause.

**Morbidity**
Illness or disease.

**National Institute for Health and Clinical Excellence (NICE)**
The independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

**National Service Framework (NSF)**
National Service Frameworks establish a set of minimum national standards for clinical quality and access to services for the major care and disease groups. Their aim is to improve performance and reduce local variations in care standards.

**Needs assessment**
Early and essential stage in the development of the HIMP aimed at assessing the health needs of a community.

**NHSLA**
NHS Litigation Authority - a special health authority responsible for handling negligence claims made against NHS bodies in England. In addition to dealing with claims when they arise, they have an active risk management programme.

**NHS Trusts**
Set up in 1991 under the NHS reforms to provide hospital and community services. Trusts are self-governing bodies with their own board of directors and with freedom to organise their affairs. This is subject only to the legal framework within which they work and to the contracts they have negotiated with purchasers.

**Obesity**
Description of an individual with a Body Mass index of equal to or greater than 30kg/m².

**Outcomes**
The result of a health intervention or treatment.

**Patient Advisory Liaison Service (PALS)**
The Patient Advice and Liaison Service (PALS) provide patients, carers and their families, with confidential advice and support to those requiring information or advice on NHS Clinical Commissioning Group services. All information provided to PALS is treated confidentially and no action will be taken without the agreement of the patient or person concerned. PALS are accessible by phone, email, fax or letter.

**Patient Group Direction (PGD)**
A written instruction for the sale, supply and/or administration of named medicines in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment.

**Payment by Results (PbR)**
A new funding system for care provided to NHS patients in England which will pay hospitals on the basis of the work they do adjusted for case mix. It will do this by paying a nationally set price or tariff for similar groups of patients (HRGs) based on the national average cost of treating patients within a group.
PFI  Private Finance Initiative.

PMO  Programme Management Office

PMS  Personal Medical Services (PMS). Personal medical services entail local service contracts, negotiated between the provider and primary care trusts.

PPI  Patient and Public Involvement.

Primary Care  The front line of the NHS is officially called primary care. The initial contact many people have when they develop a health problem is with a member of the primary care team, usually their GP. Many other health professionals work as part of this frontline – nurses, health visitors, dentists, opticians, pharmacists and a range of specialist therapists.

Privacy Impact Assessment  A process which helps assess privacy risks to individuals in the collection, use and disclosure of information. PIAs help identify privacy risks, foresee problems and bring forward solutions.

PSIs  Practitioners with a Special Interest.

QIPP  Quality, Innovation, Productivity and Prevention - QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

QOF  Quality and Outcomes Framework

Risk Management  Predictive technique used to identify untoward occurrences. Adopted after the formation of NHS trusts in 1991 for two reasons: the removal of Crown immunity from prosecution for non-compliance with health and safety legislation; requirements for trusts to be responsible for their own liabilities and meet the cost of loss from their own resources.

RRL  Revenue Resource Limit – The revenue funding that a PCT receives each year.

RTT  Referral to Treatment

Screening  Screening tests detect problems that have not yet caused symptoms. Screening may identify risk factors, genetic predisposition, and precursors, or early evidence of disease.

Sexually transmitted infection (STI)  Sexually transmitted infections - those that can be transferred from one person to another through sexual contact.

Skill mix  The mixture of skill levels of individual members of staff that are available to perform particular tasks.

SLA  Service Level Agreement – Agreements with other Trusts to perform healthcare work on patients referred to the Trust by them, or to supply them with other specialist services. Levels of work and prices are agreed at the beginning of the year and adjusted throughout the year to reflect actual activity.

SLaM  South London & Maudsley NHS Trust

Smoking Cessation  A nationwide NHS strategy to help people who want to stop smoking.

Social Services  Personal care services provided by local authorities for vulnerable people, including those with special needs because of old age, physical or mental disability and children in need of care and protection.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>SI</td>
<td>Serious Incident.</td>
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<tr>
<td>TACs</td>
<td>Transforming Adult Community Services</td>
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<tr>
<td>TOP</td>
<td>Termination of Pregnancy (Foetal death due to induced abortion.)</td>
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<tr>
<td>UCC</td>
<td>Urgent Care Centre – a service which provides care for urgent but not life threatening treatment.</td>
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<tr>
<td>UoR</td>
<td>Use of Resources – A review undertaken by External Audit on how well PCTs are managing and using their resources to deliver value for money and better and sustainable outcomes for local people.</td>
</tr>
<tr>
<td>Virtual Ward</td>
<td>Need ‘Virtual Ward’. A term used to describe how Community Nursing services are aligned in a multi-disciplinary team approach to deliver proactive case management to patients with a long-term condition, and to manage patients in their home with an acute exacerbation.</td>
</tr>
<tr>
<td>Waiting Time</td>
<td>The time which elapses between the request by a GP for an appointment and the attendance of the patient at the out-patient department or of receiving treatment. It does not include the time people are suspended from the list or time lost by people being put back on the list after being deleted from it. The NHS Plan commits the health service, by 2005, to working within maximum waiting times of three months for a routine out-patient appointment and six months for in-patient treatment.</td>
</tr>
<tr>
<td>WIC</td>
<td>NHS Walk-in Centres offer fast and convenient access to a range of NHS services, including health formation, advice and treatment for a range of minor illnesses (coughs, colds, infections) and minor injuries (strains, sprains, cuts).</td>
</tr>
<tr>
<td>Wards (Electoral)</td>
<td>An area within a local authority for electoral purposes. Croydon has 24 wards.</td>
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