

London Eye

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[Keeping NHS England happy](#)

Essential insight into England's biggest health economy, by Ben Clover

Merry Christmas

How's getting two-year contracts signed off by Christmas going?

Thought so.

Even with a Stevens-sanctioned mass defection to block contracts, getting them done while trying to make sure 2016-17 comes in right is beyond some places.

A document from Greenwich Clinical Commissioning Group lays out the cocktail of problems that dogged it over the past two years.

Commissioners in south east London were long in arbitration with the now-dissolved South London Healthcare Trust. Now that Lewisham and Greenwich Trust runs Queen Elizabeth Hospital instead, the problems continue.

The "lessons learnt" report (based on an as-yet undisclosed review from Deloitte) basically says an overstretched team at the CCG got distracted by a procurement challenge and the provider seems to've tried to take advantage of that.

"Lesson One" from the report needs a bit of translation.

It reads: "It is important that the CCG has clear, concise, and robust financial reporting that shows past, present and future financial information in a transparent way, and that is appropriately aligned to the audience."

Which means the CCG did not have clear or robust financial information, information about past spending and planning spending. You'd think these would be a pre-requisite for commissioning.

What did this unclear, un-robust financial information lead to?

- "The implication of drawing on reserves not fully understood"
- "Overreliance on CSU year end projections with insufficiently robust ownership of acute data within Greenwich CCG with an acceptance of accruals being used to smooth unusual movements in activity"

- “At the same time acute activity increased year on year at double digit rates and each rise was put down to a one off increase (new provider, Cerner, new pathway) with insufficient contingency planning.”

The report also shows how the great cash squeeze, which has already crushed a lot of the independence out of local providers, seems to have done the same for some commissioners.

It says: “Following authorisation the governing body responded to the pressure to give positive assurance to both the governing body and NHS England and did not sufficiently focus on addressing emerging problems.”

The CCG appointed a turnaround director in February (Regina Shakespeare, who will be familiar to *HSJ* readers from her time at Barnet CCG) and got independent reviewers to look at the way Lewisham and Greenwich Trust was coding non-elective work. There is now a remedial action plan in place with the trust.

Internally, there has been a “capability and capacity review” which has seen a number of staff leave the CCG.

A new chief officer and finance director have been appointed. The organisation has quite a lot of interims.

The problems, and the problems they caused, are shown in [this Space Invaders-esque diagram](#).

London Eye features a look at what’s going on in England’s biggest health economy. London has the best and worst regarded hospital trusts in the country. It has excellence and dysfunction in commissioning and primary care. I will cover all of this.

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