

2013/14 Business Plan Second Quarterly Exception Report

Governing Body meeting

5 December 2013

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Key messages	
<p>The Governing Body approved the content of the 2013/14 Business Plan in July and delegated oversight of delivery to the Planning and Delivery Group, requesting exception reporting from that Group to the Governing Body.</p> <p>The Planning and Delivery Group has considered the second quarter's report on progress in detail. The attached note summarises those areas where progress was reported as being at risk, with the Group's response and remedial action to be taken.</p>	
Assurance Framework (AF)	
<p>4.1 Ineffective commissioning practices</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? It assures the Governing Body that there are mechanisms in place to oversee delivery of our strategies and to take remedial action where necessary.</p> <p>Is this an existing or additional control? Updates existing control</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? NO – not applicable.</p> <p>Which of the 9 Protected Characteristics does it have an impact on? All</p>	
Public and Patient Engagement	
<p>There has been no PPE on this, which is primarily a management and governance process to oversee progress in delivering the Commissioning Intentions.</p>	
Recommendations	
<p>That the Governing Body notes the attached exception report</p>	

Business Plan Quarter 2 Report

Planning and Delivery Group considered the second quarter's report on progress against business plan objectives, and noted that there are now 62 objectives rated green – on track (55 in quarter 1), with 13 rated amber – at risk (20 in Q1) and none rated red – will not be achieved (1 in Q1). Two objectives were considered to have been inappropriately included in the business plan 91 in Q1). Some of this improvement is due to better information, as some objectives had to be rated amber in Q1 due to an absence of reports (due to holiday).

Planning and Delivery Group specifically considered the following areas, which were reported as being at risk:

OBJECTIVE: (4) Resource primary care providers to provide enhanced care management, including shared care models of delivery, in agreed clinical areas
P&DG agreed to retain the objective as A, noting a transformational solution was being sought and would be presented to CET.

OBJECTIVE: (5) Commission only clinically useful outpatient services
After discussion around various issues with a partnership approach from the provider side P&DG agreed to RAG the scheme as A, noting that there are potential risks with regard to maintaining the engagement and commitment of secondary care colleagues.

OBJECTIVE: (23) Develop a consistent approach to specifications and fees for all non-standard residential- care commissioned by the CCG
The objective remained as R and a meeting would be taking place Friday 18th October with IA to discuss Tiers and Tariffs, with a paper due to go to CET afterwards.

OBJECTIVE: (24) Increase the number of personal health budgets
Although remaining amber, P&DG agreed that this objective should have stated that it was regarding preparatory work for 2014/15 targets.

OBJECTIVE: (27) Reduce A&E attendances and unscheduled admissions at SCH
Agreed to amend this objective to A rather than R noting activity taking place and on-going discussions with SCH to reduce A&E attendances.

OBJECTIVE: (31) Review respite care services and develop proposals to improve respite care for children with complex medical needs.
This would remain A due to a risk around the implementation of the scheme.

OBJECTIVE: (33) Improve the effectiveness of investment in CAMHS, including implementing Children's IAPT
It was noted that there was risk around the effectiveness of CAMHS outside of transitional work and therefore an A rating.

OBJECTIVE: (45) Implement DH recommendations following the investigations of abuse at Winterbourne View
P&DG noted that this had been rated A to reflect uncertainty at the time of reporting and a risk relating to the potential impact of managerial changes in the LA. This risk is probably no longer current.

OBJECTIVE: (50) Meet Infection targets - C Difficile and MRSA - for providers and the CCG

The group agreed to amend the RAG from R to A as the financial impact of the objective could still be achieved despite not hitting the zero cases target.

OBJECTIVE: (51) Deliver national safeguarding standards for adults and children and ensure improvements to practice are made following all reviews of cases, by providers and primary care

It was noted that work was taking place with providers and LA colleagues. Some reluctance was noted from providers around accepting new safeguarding standards. Although the designated doctor had been appointed, they had not been at the time of reporting for Q2 and therefore agreed that this would remain A.

OBJECTIVE: (55) Ensure that electronic discharge letters to GP's from STHFT improve communication between primary and secondary care.

It was agreed that consistency was required across the city on the quality of discharge letters and progress was uncertain, therefore the objective remained an A rating.

OBJECTIVE: (61) Construct 2014/15 Financial Plan which meets national requirements and supports delivery of local Commissioning Intentions for 2014/15

The objective would remain as A in anticipation of a challenging planning round.

OBJECTIVE: (69) Support individuals to be aware of their own health and their health risks, and to take responsibility for their health

The objective would remain A as a plan was still to be established. S Hird and TF to discuss reducing health inequalities outside the meeting.

OBJECTIVE: (70) Ensure equality of access to healthcare, targeting resources to areas and populations with the greatest need

As the CCG has not yet been able to make the potential new investments highlighted in the 2013/14 commissioning intentions, several of which would contribute to this objective, progress remains A.

OBJECTIVE: (76) Good engagement with patients and the public, listening to what they say and truly reflecting their wishes

It was noted that this RAG would be G in Q3 however there was a delay in submitting the engagement plan to CET by the end of Q2 and therefore it was A at that point.

Tim Furness
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25 November 2013