

2013/14 Business Plan First Quarterly Exception Report

Governing Body meeting



5 September 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 first 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) (2012/13)	
<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>	

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Planning and Delivery Group considered the first report on progress against business plan objectives, and specifically considered the following areas, which were reported as being at risk or, in one instance, not achievable, or no report had been received:

Line 2 - Undertake a systematic review of care pathways, to make the best use of hospital services and specifying where primary care provision is required

- Discussed in detail as part of a review of the elective aspects of the acute portfolio's work – P&D was satisfied that this is proceeding as quickly as possible.

Line 16 - Develop, agree and start to implement plans to reduce admissions for ambulatory care sensitive conditions.

- P&D agreed that although plans needed to be developed in a more robust way, activity data showed good progress in relation to the quality premium indicator and this was not unachievable, as assessed, but was at risk. Portfolio to address.

Line 22 - Develop a consistent approach to specifications and fees for all non-standard residential- care commissioned by the CCG

- The objective is at risk as discussions were on-going about the case for the adoption of Tiers and Tariffs at CET, which may conclude that the proposed approach is not beneficial.

Line 23 - Increase the number of personal health budgets

- This objective is at risk due to the amount of work required for the CCG to be ready to offer personal health budgets. Work is progressing.

Line 25 - Reduce waiting times for Speech and Language Therapy

- Agreed this is on track based on current performance.

Line 35 - Work with partners to reduce the number of teenage pregnancies in Sheffield

- It was agreed that P&DG may recommend to GB that this was no longer an objective. Tim Furness to discuss with Susan Hird outside of the meeting.

Lines 26-34 - Children and YP objectives

- A rating had not been received due to annual leave. In the absence of the portfolio holder it was agreed to consider these further at Q2 reporting. It was considered most lines might be amber due to dependence on the actions of the City Council and NHS England.

Line 52 - Ensure service developments systematically take into account quality considerations and patient views

- This objective is integral to all those on the business plan and is an inherent part of business case consideration at P&D. The lead on the objective would be noted as the Chair. The action would be on track if the Chair and the Director of Business Planning and Partnerships felt that business cases, after P&D advice, appropriately addressed quality issues and patient views.

Line 54 - Ensure that electronic discharge letters to GP's improve communication between primary and secondary care.

- This objective was part of the IT CQUIN. The lead officer for the action was unclear and was confirmed by P&D. It was felt this objective is at risk. To be discussed with the lead officer.

Line 60 - Construct 2014/15 Financial Plan which meets national requirements and supports delivery of local Commissioning Intentions for 2014/15

- Reported at risk due to the scale of challenges anticipated in balancing obligations and risks in the 2014/15 financial plan. P&D recognised the risk, which would be considered by CET and GB as planning for 2014/15 progressed.

Line 68 - Support individuals to be aware of their own health and their health risks, and to take responsibility for their health

- This objective is at risk due to current uncertainty around the citywide health inequalities plan. Tim Furness to discuss with Susan Hird.

Line 69 - Ensure equality of access to healthcare, targeting resources to areas and populations with the greatest need

- At risk, reflecting uncertainty about the ability of the CCG to make the further investments proposed in commissioning intentions due to the level of savings currently anticipated. To be reviewed again at Q2.

Tim Furness
Director of Business Planning and Partnerships

14 August 2013