

## 2013/14 Business Plan Third Quarterly Exception Report

Governing Body meeting

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6 February 2014

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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 third 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><b>4.1 Ineffective commissioning practices</b></p> <p><b><i>How does this paper provide assurance to the Governing Body that the risk is being addressed?</i></b> 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><b><i>Is this an existing or additional control?</i></b>          Updates existing control</p>	
Equality/Diversity Impact	
<p><b><i>Has an equality impact assessment been undertaken?</i></b> NO – not applicable.</p> <p><b><i>Which of the 9 Protected Characteristics does it have an impact on?</i></b> 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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Recognising the hard work put in by all teams, the Planning and Delivery Group congratulated portfolios on the fact over 80% of projects are on track and rated as Green. Leads were asked for comments and mitigating action on the 13/14 Q3 business plan report by areas of exception. The table below summarises the objectives recorded as either at risk (amber) or not deliverable (red), the view of Planning and Delivery Group and remedial action agreed.

Objective and comment	Remedial action
<b>Line 5 - Commission only clinically useful outpatient services</b>	
Amber as progress in clinical discussion with STH was slower than hoped. We need to continue joint working between CCG and STH to achieve what was required to deliver care differently. P&DG noted that discussions were ongoing.	Continue and step up efforts to agree improvements with STH clinicians
<b>Line 16 – STH Community Nursing core offer</b>	
Progress slower than expected due to issues around the level of care delivered for housebound patients and IT. Solutions were being explored by the two organisations and discussions continuing. IG would update GB further.	None required – should be achieved by end of year
<b>Line 23 – Develop a consistent approach to specifications and fees for all non-standard residential- care commissioned by the CCG</b>	
This objective would remain red as the proposed 'Tiers & Tariffs' model is not being pursued and alternatives being developed, that won't be in place by the end of the year.	None possible
<b>Line 24 – Personal Health Budgets</b>	
Should not have been included in BP as refers to 2014/15 action	N/A
<b>Line 27 - Reduce A&amp;E attendances and unscheduled admissions at SCH</b>	
The C&YP portfolio had taken the decision to pause, to review the work taking place at NGH A&E and implement a similar model at SCH A&E. This would not be achieved in year, however.	None. P&D agreed it was appropriate to take the action planned by the portfolio

<b>Line 29 - Improve maternity care</b>	
It was highlighted that the two Trusts were using different pathways for similar conditions. A meeting had taken place with the respective organisations and agreed to use joint protocols however this had not been implemented at the time of reporting.	None beyond action already planned. P&DG noted that the objective was expected to be rated as green by March 2014.
<b>Line 31 - Review respite care services and develop proposals to improve respite care for children with complex medical needs</b>	
Complexities due to the multi agency nature of this work have led to delays. Should be rated as red for Q3 13/14 as will not be achieved by the end of the year..	To be carried forward to 14/15 plans and escalated with joint commissioning arrangements.
<b>Line 32 - Review children's community equipment and improve access</b>	
Further discussions relating to the equipment service had led to some resource being allocated and was anticipated this would be achieved in Q4.	None
<b>Line 34 - Improve elective care pathways</b>	
After discussion by P&DG, it was agreed the objective should be amended from red to amber as although management capacity issues were noted, clinical leads felt this required clinical rather than managerial input. Work was taking place around guidance on acute care and elective care pathways that it was hoped would demonstrate results.	Amend from red to amber
<b>Line 45 – Implement DH recommendations following the investigations of abuse at Winterbourne View</b>	
It was noted that the amber rating was a result of ongoing issues within the LA and how this has affected joint working between the CCG & LA. The group were informed that the local authority would work with the CCG to meet only the minimum legal requirements and therefore this objective remained as amber rather than green. Further work is ongoing to facilitate the wider agenda around the Winterbourne Concordat.	Continue to work with SCC to ensure at least minimum requirements met. Further work to take place in context of integrated commissioning.
<b>Line 50 - Meet Infection targets - C Difficile and MRSA - for providers and the CCG</b>	
P&DG noted that Sheffield had one of the best performers in country regarding C.difficile and MRSA but targets set would not be met. The CCG has corresponded with NHS England about the targets but as they will not change for 13/14, the objective remains red.	None possible

<b>Line 55 - Ensure that electronic discharge letters to GPs from STHFT improve communication between primary and secondary care</b>	
Noted practices should be receiving information in more timely way now and roll-out was taking place at STH of the new E-discharge systems, it was anticipated that the objective would be green for Q4.	None – will be green for Q4
<b>Line 69 - Support individuals to be aware of their own health and their health risks, and to take responsibility for their health</b>	
The CCG wishes to develop its health inequality plan in conjunction with partners, especially SCC. Discussion is taking place at the Health and Wellbeing Board but a citywide plan, including CCG elements, won't be in place by the end of 13/14.	Continue work with HWB, to agree plans in early 14/15.
<b>Line 70 - Ensure equality of access to healthcare, targeting resources to areas and populations with the greatest need</b>	
Noted a number of schemes that required investment to reduce inequalities meant that the objective was amber as the CCG would not achieve what was set out to at the start of the year; however the organisation was compliant in its statutory requirements.	P&DG agreed therefore to amend the objective to Green.

The group agreed that careful consideration was required for next year's planning in terms of the objectives set and should look at measuring outcome based rather than process. This would be discussed at a future P&DG.

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 Director of Business Planning and Partnerships  
 24 January 2014