Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Bedfordshire Clinical Commissioning Group Progress Report
Meeting Date:	6 September 2012
Responsible Officer(s)	Dr Paul Hassan
Presented by:	Dr Paul Hassan

Action Required: The Board is asked to:

1. note the report.

Executive Summary	
1.	**Authorisation Process:** • Full Wave 1 Application made on 2 July, NHS Commissioning Board site visit confirmed as 18 September 2012.

2.	**Organisational Development:**
	
	• Key leadership roles – Chair, Chief Clinical Officer (Accountable Officer) and CFO interviews and offers made.
	
	• OD Steering Group meets on a regular basis to implement CCG's organisational development plan.
	
	• The BCCG OD Steering Group agreed on 18 July its plan of work for the coming months:
	  • Executive Team succession planning;
	  • commencement of the BCCG Induction Programme;
	  • Distributed Leadership event; re-run of diagnostic;
	  • 2 day development centre for clinical leaders.

3.	**Finance/QIPP:** • All relevant Commissioning budgets were formally delegated to BCCG by the PCT Cluster from 1 April 2012. This represents an annual budget of £478m. • The CCG is reporting a surplus of £116k as at the end of period 3 against a Year to Date budget of £118.5m and includes the deployment of £800k of the £3.2m contingency reserve to support overspends on CHC and Acute contracts. • The most significant area of pressure within the acute contracts is higher than planned levels of activity on non-elective, direct access and PbR excluded drugs.
4.	**Key Quality Achievements:** • The CQC has revisited the L&D and have deemed the Trust compliant for all reassessed standards. • Reducing MSA breaches at Luton and Dunstable Hospital (L&D). • The L&D has achieved their 10% footfall on the Friends and Family test and achieved a net promoter score of 64.24 in June, which is a significant positive increase. • BHT achieved a net promoter score of 60.5 in June which is an improvement on last month.
5.	**Key Quality Concerns:** • 2012/13 CQUIN for the L&D is not yet signed as the Patient Experience personalisation indicator is not agreed. Commissioners require a higher level of achievement which the L&D is not agreeing to. The achievement required is calculated by a DH tool. • The L&D scored in the lowest scoring trusts for the national outpatient survey for 2011. The L&D has established a working group; a transformation lead has been appointed who will have dedicated time to develop the 12 identified work streams that require focus. Zone C of the hospital began refurbishment works in June, the hospital is taking a phased approach to resolving environmental issues including upgrading flooring and lighting.

	• The L&D has three safeguarding investigations open at the moment, two are around inadequate discharge of patients and the other investigation involves a patient with learning disabilities sustaining injuries whilst admitted to the L&D. • One SOVA investigation at BHT has recently been substantiated the failings were due to not following the process for Mental Capacity Assessment (MCA), Best Interest Assessment (BIA) and consent . The Trust has taken this very seriously and has implemented legal facilitators to ensure all consultants are aware of their legal requirements in relation to MCA, BIA and consent. The independent clinical review of this case demonstrated that appropriate care was given. **Progress on authorisation and beyond:**
6.	**Update on key milestones:** • Full application submitted 2 July. • Site visit by NHSCB confirmed for 18 September 2012. • Schedule of preparation topics for Board/management team taking place. • To procure external support for mock panel assessment to take place first week September.
7.	**Workforce – recruitment to key posts:** • Dr Paul Hassan appointed Chief Clinical Officer (Accountable Officer). • Dr. Diane Gray appointed as Director of Strategy and System Redesign. • Dr Fran Ross appointed SRO for the Urgent Care work stream.
8.	**Practice Engagement:** • Recent engagement has been focussed on the development of the CCG Constitution and Healthier Together through the 5 localities. • A final version of the constitution was issued to all practices for agreement w/c 22 August.

9.	**Developing CCG profile and reputation:** • CCG corporate branding has been developed by the Communication Team (within NHS guidelines) that reflects its vision and its locality focus. Templates issued for letters, policies, presentations etc. • A CCG membership scheme has begun recruitment amongst patients and public. • The CCG has been working closely with those campaigning to keep Biggleswade Hospital open. Following in depth discussions between local GPs and SEPT and after a period of approximately 2 weeks with no inpatients admissions recommenced on 23 July 2012. **Finance and Commissioning Delivery**
10.	**QIPP implementation:** • Data at the end of quarter one suggests that there is still strong confidence in delivery of our prescribing projects, with an anticipation of full delivery of this year's plans; a review of confidence and assurance is currently underway across the other areas of the plan, initial findings are that there is still good confidence within the planned care work stream, with initiatives underway to assure the bulk of the financial savings through referral behaviours. Some slippage is beginning to be reported in the major re-procurement projects, attributable to the lack of specialist procurement knowledge within the trust, however, contingency plans are now in place and savings accrued into 2013/14 are thought to be manageable. • Urgent care continues to be the work stream with the most challenges to assurance, the non-continuance of the sub-acute programme at Bedford hospital has opened up a gap in savings for this year, which is currently being worked on; and the initial reports from the Poplars development have raised the prospect that more concrete action with our major acute providers is required to assure any financial benefits from the programme. • The Poplars Short Stay Medical Unit (SSMU) started accepting "step up" patients w/c 28 August.
11.	**Strategy Development & Commissioning Intention Progress** • Beds CCG has a clear and credible integrated plan, which includes an operating plan for 2012-13, draft commissioning intentions for 2013-14 and a high-level strategic plan until 2014-15. BCCG is a partner to and delivery arm of the Cluster wide Integrated Plan.

	• These documents were presented to both Health and Wellbeing Boards and then submitted to SHA in April '12. • The CCG vision and priorities set out in Strategic Commissioning Plan follows engagement with patients, public and partners. The CCG Strategic Commissioning Plan leads on from the Cluster Integrated Plan and is consistent with it. • BCCG has undertaken a review of the delivery cycle and has made a number of adjustments which will be reflected over the coming months in internal progress reporting. o Public and Patient Engagement (PPE) has been strengthened with the addition of assessment criteria for OSC involvement, mitigating the danger of progressing with projects outside of statutory regulation. o Business Case development and approval has been simultaneously strengthened and streamlined – clinical involvement has been enhanced through the creation of a clinical reference group to assess ethical and medical aspects of business cases, alongside a reduction in the time taken to prioritise activities. o An ongoing process of control measure audits has commenced to ensure that the process is working properly and that the outcomes required are being achieved.
12.	**Quality Focus** • The Food First Project, commissioned by Beds CCG, won an award at the HSJ Patient Safety and Care Integration awards. The judges recognised the work the team have done in getting staff to understand the value of nutritional screening and care planning and the impact this has on patients and their families. This is timely given the 'Stop the pressure' campaign in full flow. • The Health & Wellbeing Team, commissioned by Beds CCG, was nominated for the Cardiac Care award at the HSJ Care Integration Awards 2012. It was nominated for NHS Health Checks in the community, engaging with ethnic minorities and hard-to-reach groups. Hundreds of services applied for the award but only 4 were shortlisted. Unfortunately the service initiative came runner up in the final, but being shortlisted for the award out of hundreds of applicants was a massive achievement for the service.

	• The Quality, Innovation Productivity and Prevention scheme aims to raise the bar for GP services in Bedfordshire Clinical Commissioning Group. It is a structured improvement scheme that, will improve quality, safety and patient centred services. It will enable General Practices to implement safe and effective alternatives to hospital care. • We have recruited to the Primary Care Development Manager role so we can improve existing strategies and create new ones. • We are appointing a dedicated Acute Quality Manager who will be able to focus and work proactively on quality and safety within our Acute Trusts.
13.	**Key Risks** The CCG has an Integrated Risk Management Framework that was developed with support from RSM Tenon. It has had an Assurance Framework and Corporate Risk Register in place since December '11 and in addition both Board and Executive Team have undertaken strategic risk management training sessions. The current significant strategic risks are; • Process of appointment of staff into structures leading to insufficient assurance of capacity and capability at site visit by the NHS Commissioning Board (September 2012) • The risk of non-delivery of QIPP targets for 2012/13 may lead to a reduction in quality and safety standards, financial instability for the system reduced staff morale and an increasing and an achievable challenge in coming years • The Healthier Together programme does not deliver the quality and sustainability benefits that it was developed to achieve • Reputational risk regarding the public's perception of the temporary lack of inpatients within Biggleswade Hospital The Governance & Risk Group (sub-group of the CCG Board) is now in place and it reviews corporate and strategic risks on a monthly basis.

Detailed Recommendation

Issues	
Strategy Implications	
17.	BCCG progress report is in line with NHS Bedfordshire & Luton Cluster's Integrated Plan (as presented at a previous Shadow Health & Wellbeing Board meeting), BCCG Commissioning Intentions and the priorities of the Health and Wellbeing Strategy.

Governance & Delivery	
19.	BCCG is continuing to develop its organisational structure and governance arrangements during the 2012-13 transition year. There are already established performance monitoring arrangements and risk management processes, starting at locality and programme board level and escalating to BCCG Board level
20.	The Shadow Health & Wellbeing Board will receive an updated version in spring 2013, in time for the CCG's full establishment in April 2013.
Management Responsibility	
21.	As Chair of the CCG, Dr Paul Hassan will be accountable to the Board for reporting on CCG progress.
Public Sector Equality Duty (PSED)	
22.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The CCG is committed to meeting the objectives of the PSED and has developed plans for the Equality Delivery System.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	No Yes *Please describe in risk analysis*

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Source Documents	**Location (including url where possible)**

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