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<b>Title of paper:</b>	<b>Progress report in delivery of CCG Key Programmes</b>
<b>Meeting:</b>	Governing Body
<b>Date:</b>	21 <sup>st</sup> March 2014
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<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Advise	
	To Note	

### Development

This report is produced with input from Heads of Service and is reviewed on a monthly basis by the Executive Committee.

### Executive Summary and Key Issues

This report provides a high level summary of progress in delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard.

Overall good progress continues to be made, in Q3 total of 127 milestones were assessed to track the delivery against 2013/14 key programmes, of these 68 are assessed as 'green' (53.5%). Across the year (Q1–Q4), whilst there has been a small increase in the proportion of milestones assessed as 'red' (7.0% in Dec compared to 6.0% in Nov), the number of milestones at 'green' has increased from 54.7% to 55.1%).

Some of the achievements include:

- **Referral Support Service (RSS):** The RSS supports practices with signposting referrals, enhances patient choice, creates efficiency and supports the development of seamless care pathways.

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The service is now receiving over 500 referrals per week the percentage of referrals processed in under three days has fallen to 1%. All Practices in Medlinc, East Elmbridge and Mid-Surrey localities are using the service, Dorking Locality has now agreed to use the service.

- Significant progress has been made in **CHC delivery programmes** to ensure the 94 recommendations from the review are implemented. An agreement in principle has been made with Surrey CCGs through the CHC Programme Board and the Local Authority to a new Operating Policy for the service. This policy addresses many of the Review recommendations specifically in regard to compliance with national service framework guidance and working more effectively and efficiently. In addition a new localities model to support patch-based working has been agreed for implementation, this is based on the current service being re-structured into four localities.
- **Out of Hospital Service Reviews.** The reviews are intended to ensure that all services are aligned to our commissioning intentions and fit for purpose. All Out of Hospital Reviews have now been completed and recommendations made in relation to contracts for 2015/14. All providers have been informed of the Review outcome and the Contracting Team is working up new contracts for next year.
- A large **patient engagement exercise** around the design and procurement of GP Out of Hours services has been completed, over 500 people responded to a CCG survey carried out online and through GP practices. The survey collected views on how patients want Out of Hours services to operate and these views are being built into the local service specification. A paper summarising the outputs of patient consultation and resulting impacts on the Out of Hours service specification will be produced.
- **Developing Primary Care Standards**, including incorporating Enhanced Services with the aim to help practices achieve standardise quality services, such as blood pressure monitoring, enhanced diabetes care and medicines management. Service specifications and costs have been consulted on with the LMC and finalised and signed off by the SDCCG Executive Committee. These are being contracted on an NHS Standard Contract which will be in place for 1<sup>st</sup> April 2014. In parallel Practice visits to support the Primary Care Baseline Exercise are underway to gather data on current appointment capacity. All Practice visits due to completed by end of March.

#### **Recommendation(s):**

The Governing Body is asked to note the progress in delivery of 13/14 Key Priority Programmes.

- a) Implementation of RSS (Referral Support Service)
- b) CHC Review Programme

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c) Out of Hospital Service Reviews and Development of Primary Standards

**Attachments:**

**Supporting Documentation:** details of the current status of all programmes are available in a separate document published as an on-line document only with the Board papers on the CCG website

## **Implications for wider governance**

### **Quality and patient safety**

The CCG will commission for quality in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Patient and Public Engagement**

The CCG will involve Patient and Public Engagement in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Equality Duty**

In line with the NHS constitution, the CCG commissions services in order to meet the Equality requirements of all protected groups. Several of the Key Programmes included in this report relate to these.

### **Finance and resources**

The CCG will manage finance and resources in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Workforce**

The CCG's commissioning and contracting intentions will include workforce requirements. Several of the Key Programmes included in this report relate to these.

### **Information Governance**

The CCG adhere to Information Governance standards in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in

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this report relate to these.

**Conflicts of interest**

No specific issues

**Communications Plan**

This report is available on the CCG website

**Legal or compliance issues**

No significant issues with respect to legal or compliance issues.

**Risk and Assurance**

A risk assessment for each Key Programme is included in this report.

## Progress report in delivery of CCG Key Programmes for 2013/14 – Month 10 (January 2014)

### 1. Introduction

This report provides a high level summary of progress in delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard. A further performance dashboard shows the current progress broken down by six overarching programme themes as described in table 1 below. A 'green' assessment indicates that the milestone is achieved and completed, an 'amber' assessment indicates that the milestone is not completed but on track for achievement, a 'red' assessment indicates that the milestone is not on track for achievement.

Further details on the current progress of each project are also provided in *Appendix 1* and supporting documentation to this report.

### Assurance

Progress in delivery of key programmes is monitored and assured by the Committees as shown in the table below. Each body will receive a detailed report covering the programmes and projects related to the area of work/terms of reference of the body. Each body will be responsible for making recommendations as required and will raise specific areas of concern to the Governing Body as necessary.

**Table 1: Overseeing Body by Over-Arching Programme Theme**

Over-arching Programme	Overseeing Body
1. Strategic delivery	Executive Committee: Whole Systems Transformational
2. Building organisational capacity & capability	Executive Committee: Business and Governance
3. Implement specific and defined quality improvements	Clinical Quality Committee
4. Implement specific and defined service pathway/provision changes	Executive Committee: OOH Programme Board
5. Establish operational control of services, contracts and budgets	Executive Committee: Business and Governance
6. Establish effective governance	Executive Committee: Business and Governance Audit, Corporate, Governance and Risk Committee

### 2. Overall RAG Performance Dashboard

The performance dashboard below (Figure 1) is intended to show progress against the delivery of key priority programmes. This is done by routinely re-assessing the RAG status of milestones.

Each agreed programme (or project) has specific quarterly milestones included. Milestones are used to 'track' or monitor the progress of a programme (or project). Using this approach provides an 'early warning' that there is a risk to the delivery of the programme at year end and remedial actions can be taken as necessary.

Figure 1 shows the current (December 13) RAG assessment for project milestones to be met in each quarter, Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar), compared to the October position. The percentage of project milestones assessed as 'red', 'amber', 'green' or 'not assessed' for each quarter is provided. The assessments are based on milestones specific to the individual project or programme.

Overall good progress is being made, in Q3 total of 127 milestones were assessed to track the delivery against 2013/14 key programmes, of these 68 are assessed as 'green' (53.5%). Across the year (Q1-Q4), whilst there has been a small increase in the proportion of milestones assessed as 'red' (7.0% in Dec compared to 6.0% in Nov), the number of milestones at 'green' has increased from 54.7% to 55.1%.)

### **Changes from the previous assessment**

As indicated in the performance dashboard (Figure 1) overall there has been a small fall in the number of milestones assessed as 'green' for Q3 from 72 in last month's report to 68 in this report. However a number of Q3 programmes and project milestones have changed from 'amber' to 'green' in this period:

- Formal review of SD CCG direct staffing and aligned CSU support completed
- New diabetes pathway - LES specification finalised with Diabetes Clinical Network; & approval of System Redesign Business Case by the SD CCG Executive Committee
- Local Enhanced Services (LES) reviews completed and formal termination letters issued.

As indicated in the performance dashboard (Figure 1) overall there has been an increase in the number of milestones assessed as 'green' for Q4 from 18 in last month's report to 23 in this report. This is largely due to changes from 'amber' to 'green' assessment in the following key programme areas:

- Formal review of SD CCG direct staffing and aligned CSU support completed
- Review and development of enhanced services for primary care standards that support patient experience and quality standards
- Development of Out of Hours Service Specification
- Design of new Primary Care Standard for INR Monitoring
- New diabetes pathway - LES specification finalised with Diabetes Clinical Network; & approval of System Redesign Business Case by the SD CCG Executive Committee
- Business Intelligence in place to support timely information requirements for the 14/15 planning round
- Review of all 13/14 contracts undertaken

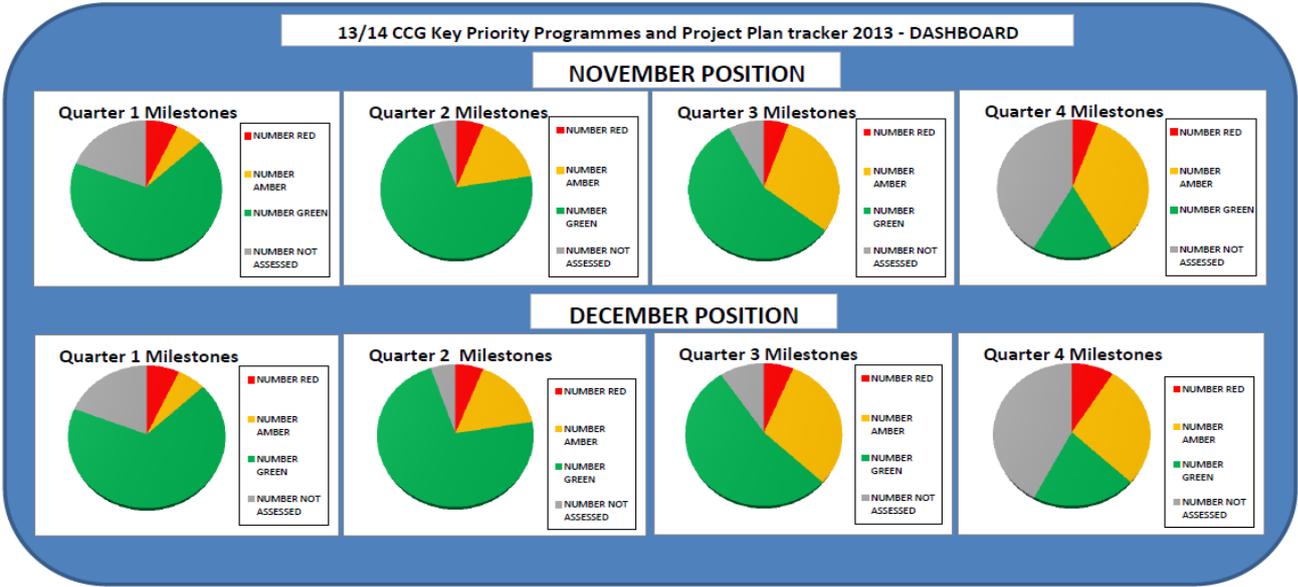
The number of milestones assessed as 'red' for Q3 has increased (from 7 in November to 8 in December) the key contributing factors are;

- Further development of the CCG website and development of an extranet site for member practices and CCG staff

The number of milestones assessed as 'red' for Q4 has increased (from 6 in November to 10 in December) the key contributing factors are;

- Development of Estates Strategy. Estates strategy delayed due to updated guidance and organisational changes across NHS Property Services (PS). Plans to secure interim resource from PS to support development of estates strategy by end of April 2014.
- Delays in establishing locality QIPP reports due to demand on capacity to support 2014/15 planning round activities
- Upgrade & re-procurement of Molesey X-Ray service. Agreement required with Kingston Hospital and verification of the suitability of the site and equipment. Completion of the milestone expected by the end of March.
- Further development of the CCG website and development of an extranet site for member practices and CCG staff

Figure 1



In addition the key achievements highlighted at the last meeting achievements include:

- **Referral Support Service (RSS):** The RSS supports practices with signposting referrals, enhances patient choice, creates efficiency and supports the development of seamless care pathways.

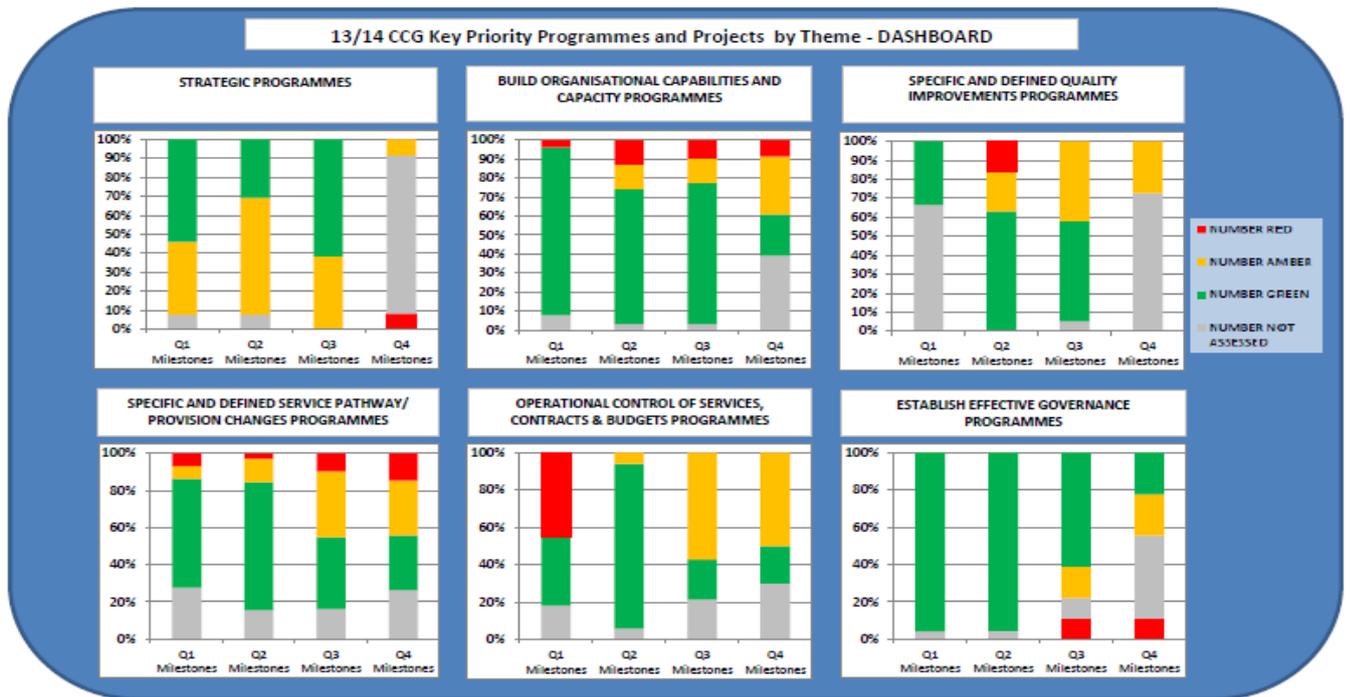
The service is now receiving over 500 referrals per week the percentage of referrals processed in under three days has fallen to 1%. All Practices in Medlinc, East Elmbridge and Mid-Surrey localities are using the service, Dorking Locality has now agreed to use the service.

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### 3. RAG status by Programme Theme

The performance dashboard (Figure 2) shows the current RAG assessment for project milestones grouped by overarching programme themes. The charts shows the percentage of projects assessed as 'red', 'amber', 'green' or 'not assessed' for each milestone period; Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar).

Figure 2



**Please note:** project milestones currently recorded as 'not assessed' refers to projects where there is either no milestone or milestone activity in the period or where the project lead has indicated that the project has concluded or the programme of programme of work is now complete.

**Supporting Documentation:**

details of the current status of all programmes are available in a separate document published as an on-line document only with the Board papers on the CCG website

## Appendix 1 – Changes from last month’s assessment (detailed view)

NOVEMBER '13											
Q1 MILESTONES		Q2 MILESTONES		Q3 MILESTONES		Q4 MILESTONES				Total	Percentage
NUMBER RED	8	NUMBER RED	8	NUMBER RED	7	NUMBER RED	6			29	6.00% % RED
NUMBER AMBER	7	NUMBER AMBER	22	NUMBER AMBER	38	NUMBER AMBER	39			106	21.95% % AMBER
NUMBER GREEN	77	NUMBER GREEN	97	NUMBER GREEN	72	NUMBER GREEN	18			264	54.66% % GREEN
NUMBER NOT ASSESSED	22	NUMBER NOT ASSESSED	7	NUMBER NOT ASSESSED	10	NUMBER NOT ASSESSED	45			84	17.39% % NOT ASSESSED
<b>Total</b>										<b>483</b>	

DECEMBER '13													
Q1 MILESTONES		Change from previous period	Q2 MILESTONES		Change from previous period	Q3 MILESTONES		Change from previous period	Q4 MILESTONES		Change from previous period	Total	Percentage
NUMBER RED	8	0	NUMBER RED	8	0	NUMBER RED	8	1	NUMBER RED	10	4	34	7.04% % RED
NUMBER AMBER	7	0	NUMBER AMBER	22	0	NUMBER AMBER	39	1	NUMBER AMBER	31	-8	99	20.50% % AMBER
NUMBER GREEN	78	1	NUMBER GREEN	97	0	NUMBER GREEN	68	-4	NUMBER GREEN	23	5	266	55.07% % GREEN
NUMBER NOT ASSESSED	22	0	NUMBER NOT ASSESSED	7	0	NUMBER NOT ASSESSED	12	2	NUMBER NOT ASSESSED	47	2	88	18.22% % NOT ASSESSED
<b>Total</b>										<b>487</b>			