

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**ANNUAL DELIVERY PLAN MONITORING SUMMARY 2013/14**

<b>Date of the meeting</b>	21/05/2014
<b>Author</b>	S White, Head of Performance Intelligence - Development
<b>Sponsoring Board Member</b>	P Vater, Chief Financial Officer
<b>Purpose of Report</b>	To note the progress against the 2013/14 Annual Delivery Plan as at March 2014
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Not required for this individual report as this is a monitoring report, but priorities within this report have identified public and patient engagement.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: SW

## 1. Introduction

- 1.1 The purpose of this report is to outline the progress of the priorities outlined in the Annual Delivery Plan 2013/14. The priorities have been identified by each Clinical Commissioning Programme as a result of the Clinical Commissioning Group prioritisation process in April 2013.

## 2. Report

- 2.1 Each of the 6 Clinical Commissioning Programmes (CCP) has a prioritised work plan and investment plan for 2013/14. These include key outcomes to be delivered which are linked to the national operating/outcomes frameworks and other locally prioritised projects. There are also a number of pan programme priorities that form part of the CCG Annual Delivery Plan
- 2.2 The performance monitoring process in 2013/14 has been simplified to focus on the Annual Delivery Plan within this report and will be supplemented by performance monitoring of national outcomes, 'Everyone Counts' commitments and Quality Premium indicators in a supplementary performance report.
- 2.3 Directors and programme leads have been asked to update the monitoring template summary with the position as at March 2014 this is attached as Appendix 1.



- 2.4 Programme leads have given indications of where the development of the priority is in relation to the commissioning cycle. For example, two reds and one orange would equate to the priority being in the 'Current Service Review' stage 3.

2.5 It is expected that the analysis will show improvement on a regular basis. Programme Leads have also indicated if the priority is on plan to be delivered in 2013/14. As at March 2014, Two priorities has seen improvement from the February 2014 position. The end of year position for 2013/14 shows fourteen out of thirty priorities have reached the final stage of the Commissioning Cycle and are now managing quality and outcomes. The priorities which have reported a positive movement in progress are as follows:

- **Cardiovascular Disease and Stroke CCP**

- \* 4.1 Develop cardiovascular disease services to enhance co-ordination and integration.

- **Pan Dorset Priorities**

- \* 8.5 Carers – with social care partners we will continue to develop and implement support programmes for carers

2.6 For this report the progress against the Commissioning Cycle is being shown as a Yes/No completion before the 31 March 2014. On this basis, where a service programme change has not been through contract award and mobilisation, then it has been classified as red 'No' for this report. At the end of March 2014 seven priorities have not reached the completion to contract and mobilisation stage and sixteen priorities have not reached managing performance and demand, quality and outcomes and these will continue to be monitored during 2014/15. With regards to priorities 1.3/3.3 relating to COPD pathways which have not yet reached the contract and mobilisation stages three preferred suppliers have been identified, two of which have now supplied detailed implementation plans and a Contract Variation has been issued. The remaining provider is currently agreeing the implementation plan and is expected to be able to issue a Contract Variation by the end of May 2014. Priority 4.3 relies on developing effective relationships on specialist commissioning with the Wessex Area Team. There has been slow progress in this area with a delay of the Kings Fund review of vascular services. This will be revisited in 2014/15.

2.7 Appendix 2 sets out each priority in much more detail, explaining actions taken or to be taken to achieve the appropriate outcomes. Evidence of patient and public engagement is also outlined for each priority where appropriate.

### 3. Conclusion

3.1 Members are asked to note the progress being made against the Annual Delivery Plan priorities for 2013/14

**Sarah White**  
**Head of Performance Intelligence - Development**  
**01305 368900**

<b>APPENDICES</b>		
<b>Appendix 1</b>	<b>Summary of Annual Delivery Plan Monitoring 2013/14</b>	
<b>Appendix 2</b>	<b>Annual Delivery Plan Progress 2013/14 – Detailed Narrative</b>	