Attachment SEP2012/14

AGENDA ITEM 18

NHS Surrey
Board Meeting 28th September 2012

A Paper to NOTE

Transition Programme Progress Report

A report prepared by Roger Hendicott, Transition Programme Manager, and presented by Justin Dix, Acting Director of Governance, Transition & Corporate Reporting (including performance)

1. DEVELOPMENTS SINCE LAST BOARD REPORT

1.1. The value of nursing to CCGs

A briefing note has been published which may be useful to CCGs as they design their internal management structures. It may help as they consider how they intend to ensure that vital quality issues such as patient safety and safeguarding are given absolute attention and the contribution that nurses can make to this.

1.2. Local enhanced services

A fact sheet has been produced to help CCGs and PCTs understand the new local commissioning arrangements for enhanced services from April 2013, including the transition arrangements for current local enhanced services (LESs).

From April 2013, CCGs will be able to commission a wide range of community-based services to meet local needs. This can include services delivered by GP practices, provided they go beyond the services provided under the GP contract.

It is proposed that the NHS commissioning Board will also give CCGs delegated powers to develop and fund local schemes to improve the quality of services provided under the GP contract, subject to agreement from the Board's local area team.

The funding for current LESs (excluding public health services that will become the responsibility of local authorities) will be included in CCGs' budgets. The Board Authority considers that CCGs will be best placed to make decisions about how to use these resources to improve local health outcomes.

The proposals in the document do not involve any changes to the rules and guidance about how services are commissioned. CCGs will be expected to commission either through competitive tender or by allowing patients the choice of qualified providers. But,

CCGs will also be able to commission exclusively from GP practices where they are the only possible provider, for example because they are holders of a registered list, or where the services are of a minimal value.

To provide stability during the initial move to the new commissioning arrangements, PCTs will agree with CCGs whether to extend current LESs into 2013/14. Similar discussions will be required with local authorities.

1.3. Commissioning fact sheet for CCGs

The NHS Commissioning Board Authority has published a *Commissioning Fact Sheet for CCGs*. This explains:

- which services CCGs will commission from 1 April 2013
- those services that will be commissioned by the NHS Commissioning Board (NHS CB); and
- those services that will be commissioned or provided by local authorities and Public Health England.

1.4. Local authority health scrutiny consultation

Proposals to update local accountability have been put forward as part of a consultation on regulations governing local authority health scrutiny.

NHS commissioners, as leaders of the new commissioning system, will wish to make themselves aware of the consultation proposals, and how health scrutiny will affect them in the future.

The consultation runs until 7 September 2012.

1.5. NHS IMAS: Offering innovative support to CCGs

NHS Interim Management and Support (NHS IMAS) offers organisations that need short or medium term support, the means to access the management expertise.

NHS IMAS can help prepare for the CCG authorisation process

1.6. Board Authority announces decision to host

The Board Authority has announced that all 23 CSSs will now proceed to be hosted by the NHS Commissioning Board from October 2012.

This decision will ensure:

- there is stability and continuity for CCGs as they prepare for and progress through the authorisation process, and as they carry out the procurement of their choice of commissioning support post-April 2013
- the CSS development process is better aligned with the national HR transition process
- CSSs can ensure they are the ‘right size’ – a process of ensuring their income covers their costs – in time for April 2013.

The NHS Commissioning Board Authority has said that immediate leadership arrangements will be put in place to ensure that all CCGs receive the support they need for authorisation and transition, and to ensure that all CSSs are capable of continuing to progress at pace.

1.7. Business review and assurance update

Checkpoint 3 will take place in September and CSSs will need to demonstrate they are commercially and financially viable and have completed their Checkpoint 2 development commitments.

Key elements of the checkpoint will include: independent financial due diligence process, customer survey of CCGs, survey of CSS staff, and panel visits by the NHS Commissioning Board Authority.

The NHS Commissioning Board is due to consider the outcome of Checkpoint 3 in October 2012 and, at that point, CSSs will be given a 'licence to operate' and an updated development plan.

The licence to operate will describe the rules, processes and policies that will underpin the operational arrangements of CSSs during the hosted period – it will be provisional from October and more formal from April 2013.

Work is also underway to look at what further checks are required beyond checkpoint 3 so that, in totality, each CSS only has the right number of staff and overheads to match the contracts it has agreed with CCGs. Proposals are currently being developed for:

- Checkpoint 4 in November, which will review CSS structures and their plans to 'right size' and 'right skill'
- Checkpoint 5 in January, which will review the contractual arrangements (including the terms and conditions) that CSS are putting in place with CCGs for 2013/14.

1.8. CSS 'externalisation'

The NHS Commissioning Board Authority is to issue an invitation to tender for a company to prepare a report on commissioning support service (CSS) 'externalisation'.

The report will provide research and analysis on the options which are available to the NHSCB within this three year timescale. It will also provide advice on how to create a successful market for CSSs.

The externalisation of the CSSs by the NHS Commissioning Board must be completed by April 2016 but must be considered alongside CCG plans to formally procure their commissioning support which they must do as soon as they are ready and willing.

1.9. HR update

Guidance is due to be published for CSSs, confirming and clarifying the People Transition Policy and processes which need to be implemented. The guidance will cover timelines, pre-transfer selection and consultation arrangements.

1.10. New leadership arrangements through transition

NHS Chief Executive, David Nicholson, has written to NHS leaders this month to set out the next stage in the transition to the new health and care system.

In the letters he describes arrangements to ensure stability and resilience for the current system through transition to the new health and care system from April 2013. This means that people appointed to regional and local leadership roles in the NHS Commissioning Board (NHS CB) will take on responsibility both for the teams managing operational delivery in 2012/13 and planning the new system for 2013/14.

Leaders working in this way will be accountable to the NHS CB for future planning and development; and be accountable to the PCTs / SHAs for relevant delivery and performance in the current system.

The arrangements should be in place from 1 October 2012 and will not impact on CCGs as they prepare for their key roles in the new health and care system.

1.11. CCG Authorisation: Additional clinical panelist to join site visits

There will now be an additional clinical panelist present at site visits who will focus specifically on the quality agenda – including safety and the extent to which quality assurance, monitoring and improvement is reflected in the applications for authorisation.

1.12. GP informatics

More detail has been agreed on the future of GP and primary care informatics in the new health and care system.

The NHS Commissioning Board (NHS CB) will be accountable for the delivery of primary care IT in the future, with funding and responsibility for GP IT (i.e. hardware, network services and support services – including training – to GP practices) being delegated to CCGs.

Responsibility for other primary care IT systems (ie. for dentistry) will be managed through the NHS CB's local area teams.

Work is underway with PCTs to determine the level of current spend on GP IT, before finalising decisions on the funding to be devolved to CCGs in 2013-14. Meanwhile, the Local Service Provider (LSP) contract and GP Systems of Choice (GPSoC) – the programme which enables practices to choose their GP IT system – will continue to be managed and funded at a national level. CCGs will be expected to provide

appropriate support and training to their practices where they have made a choice to switch to an alternative system.

CCGs as commissioners will need to develop local strategies for sharing and using information in ways that transform quality of care, support integration of services, and empower patients.

1.13. National Quality Board report

The National Quality Board (NQB) has this month published a report setting out how quality will be maintained and improved in the new health system.

This report, focuses predominantly on how the new system should prevent, identify and respond to serious failures in quality and provides a collective statement from NQB members about:

- the nature and place of quality in the new health system;
- the distinct roles and responsibilities for quality of the different parts of the system;
- how the different parts of the system should work together to share information and intelligence on quality and to ensure an aligned and coordinated system wide response in the event of a quality failure; and
- the values and behaviours that all parts of the system will need to display in order to put the interests of patients and the public first and ahead of organisational interests

1.14. Local Healthwatch regulations

The Government is currently seeking views from proposed CCGs, and other stakeholders, on proposals for local Healthwatch.

CCGs are now being asked to have their say on:

- the proposed regulations on how commissioners should respond to requests, reports and recommendations made by Local Healthwatch
- the proposed regulations on the duty on providers to allow representatives of Local Healthwatch or their contractors, to enter premises to observe the nature and quality of services.

1.15. Draft mandate consultation

The consultation on the draft mandate for the NHS Commissioning Board *Our NHS Care Objectives* continues until 26 September.

One of the core five sections is on effective commissioning. This sets out a small number of objectives about the way that the Board introduces the new commissioning system to help achieve the full benefits of clinically-led commissioning, while at the same time managing the transition in a way that safeguards service performance and finances

1.16. Monitor consultations

The Department of Health (DH) published detailed proposals for consultation on sector regulation and the new role of Monitor, who will regulate all providers of NHS services in the future in order to protect patient's interests.

The consultations, which are likely to be of particular interest to clinical commissioners, cover licensing organisations providing NHS services.

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Monitor is also consulting on guidance for commissioners on continuity of essential services and on its draft license conditions for providers.

1.16. Authorisation CS supplement

CCG authorisation: Supplement for assessors reviewing CCG commissioning support arrangements has been published on the NHS CBA website. The document has been produced for CCG authorisation assessors and particularly looks at the tests that will be applied for those CCGs that are providing their commissioning support functions

1.17. Final authorisation decision-making process set out

The CCG authorisation governance process is set to be finalised at the NHS Commissioning Board Authority's meeting inNewcastle on 20 September. A paper seeks the approval of the Board to further proposals on how the moderation, conditions and decision elements of theCCGauthorisation process will operate.
A key proposal is to share the recommendations of the Conditions Panel with theCCGprior to decisions being made by the CCG Authorisation Sub-Committee of the NHS CB. The proposal, which has been developed in response to CCG feedback, means CCGs will have two weeks to comment and provide any new evidence that may remove the need for a specific condition.
If approved, it means the final authorisation decision by the CCG Authorisation Sub-Committee of the NHS CB will be four to five weeks later for each wave, and that first decisions onCCGauthorisation are due in November 2012, rather than October.

The paper also proposes the membership and terms of reference for:

- The Moderation Panel, and will ensure overall consistency and make recommendations as to whether aCCGshould be fully authorised or authorised with conditions.
- The Conditions Panel, will consider what support is required where a CCG has not supplied sufficient evidence to meet a threshold for one or more authorisation criteria. The output of the panel will be a report with the recommended conditions and support for each CCG. Regional directors would be given an opportunity to approve the recommendations made on conditions and support for each CCG being considered from their region prior to consideration by the Conditions Panel. They may choose to take informal soundings locally prior to the Conditions Panel on options where the panel is likely to consider that a CCG needs intensive support.

- The CCG Authorisation Sub-committee to make authorisation decisions, and quarterly from March 2013 to consider the removal of conditions. The conclusions of each sub-committee meeting would be published immediately after each meeting, once decision letters have been issued to CCGs.

The Board paper outlines in full how the moderation and conditions/support processes will work, and how decisions will be made by the NHS CB.
It proposes that a standard review date of March 2013 will be built into all conditions and that CCGs may submit evidence to the relevant regional office which will determine whether the condition can be removed for the majority of conditions. For the more substantial conditions, the sub-committee will need to sanction their removal.

Following the decisions of the Board on 20 September, a factsheet on the process will be prepared and circulated to CCGs.

1.18. First meeting of NHS Commissioning Assembly set for 14 November

Dame Barbara Hakin will shortly invite the clinical lead (clinical chair or chief clinical officer) from every CCG to hold the date of 14 November for the launch and first annual national event of the NHS Commissioning Assembly.
Sir David Nicholson and the 15 emerging CCG clinical leaders who are leading the development of the assembly, working with the executive team of the NHS Commissioning Board Authority, recently wrote to CCG clinical leads setting out proposals for an NHS Commissioning Assembly.

The assembly would be the collective commissioning leadership for England, bringing together those leaders responsible for NHS commissioning decisions to create shared leadership for the healthcare system, and to deliver a shared work programme, in order to improve outcomes for patients.

The initiative includes the annual national event and several proposed working groups. Members will be the current clinical lead from each CCG in England, plus directors from across the NHS CB, including the local area team directors.

1.19. Authorisation site visits commence

The site visits to the 35 CCGs in authorisation Wave 1 began on 4 September with NHS North Staffordshire CCG. They will continue throughout September.

The site visits are proposed CCGs' opportunity to demonstrate the progress they have made since their desktop reviews and to provide further evidence to show that they meet the criteria set out in the Health and Social Care Act.

The panels, which will be chaired by people with significant NHS experience, who come from outside the local area, include: NHS CB regional directors, local area team directors and other directors, and other senior commissioning leaders. Every

CCG has now been notified of their site visit date. Wave 1 CCGs have also been informed of the name of their panel chair.

In addition, all 67 proposed CCGs in the second wave have submitted their applications to the NHS Commissioning Board Authority, and their desktop reviews are underway.

Five proposed CCGs requested a change to a different authorisation wave, in line with their own operational plans. This means there will be: 67 CCGs in Wave 2 (instead of 70); 65 in Wave 3 (instead of 66); and 45 in Wave 4 (instead of 41). Waves 3 and 4 are due to submit their applications on 1 October and 1 November respectively.

1.20. Commissioning Outcomes Framework and Quality Premium

Two Commissioning Outcomes Framework (COF) engagement events will take place in the next week. The events were set up as an opportunity for engagement and feedback to the NHS Commissioning Board Authority, NICE and the Health and Social Care Information Centre on the draft COF indicators for 2013-14 and on general issues for COF and quality development.

Strategic health authorities are also leading a series of regional engagement events on the Quality Premium at which CCGs will have the opportunity to ask detailed questions about the Quality Premium, and to test the proposals for the secondary legislation supporting it. The scheme will enable CCGs to be rewarded for improving outcomes for patients across primary, community and secondary care.

1.21. Safeguarding children and adults in the future NHS

The NHS Commissioning Board Authority has published interim advice on arrangements to secure children's and adults' safeguarding which provides additional information, in particular, to proposed CCGs, linked to authorisation and beyond.

A covering letter reminds PCTs and SHAs of the vital importance of maintaining appropriate arrangements as the health system goes through transition.

1.22. Procurement briefings for CCGs

Working with CCGs and other stakeholders, the NHS Commissioning Board Authority has developed a series of procurement briefings that summarise the key elements of legislation and guidance currently governing NHS procurement of healthcare services.

These briefings also provide an overview of the different procurement approaches that CCGs may adopt and outline some of the key considerations when undertaking a procurement process.

The briefing papers cover:

- Introduction: Why do CCGs need to understand procurement?
- How does procurement fit with the different stages of commissioning?
- What are the procurement options?
- Which rules apply to a procurement process?
- How should a procurement process be conducted?
- Summary of the decision-making process.

1.23. Update on arrangements for GP IT systems

The GP informatics item from issue 19 of the CCG bulletin has been amended to clarify the systems and services which are being managed and funded nationally, and those which are being delegated to CCGs.

1.24. Commissioning support: Communications and engagement services

The future arrangements for communications and engagement commissioning support services have been finalised. Four communications collaboratives are being set up with a lead commissioning support unit (CSU) in each.

The details are:

- North of England collaborative: West Yorkshire CSU
- Midlandsand East of England collaborative:Birmingham,Black Countryand Solihull CSU
- Londoncollaborative: North West London CSU
- South of England collaborative: Commissioning Support South CSU.

1.25. Guiding CSU development and becoming informed customers

The CCG Commissioning Support Reference Group will meet for the first time in October. Comprising nominated clinicians and managers from all four regions, the reference group will help guide the development of national commissioning support processes and scale services, as well as contributing to fostering excellent relationships between CCGs and CSUs.

The NHS Commissioning Board (NHS CB) is also planning a series of activities throughout Autumn/Winter 2012 to help CCGs become better-informed customers of commissioning support suppliers. Look out for more details, which will be distributed via email and posted on the NHS CB website soon. The activities and support packages will include:

- Sample key performance indicators and service specifications for CCGs to use with their commissioning support suppliers
- Quick guides to particular issues CCGs are experiencing in developing relationships with commissioning support suppliers, such as governance and agreeing clinical added value
- National workshops for CCG and CSU leaders to work through strategic issues relating to the national development of commissioning support
- Local workshops for CCGs and CSUs to work through common commissioning support challenges together.

1.26. NICE quality standards advisory committee

NICE is looking for clinical commissioners and managers to join one of the independent committees that will be responsible for developing quality standards to be used for commissioning and driving quality improvement. The quality standards will also be used to underpin the Commissioning Outcomes Framework.

More information on how to apply for the advisory committee and information on the NICE quality standards can be found on the NICE website.
You can also contact Jenny Harrison at NICE on jenny.harrison@nice.org.uk or by calling 0161 870 3269. The closing date for applications is25 September 2012.

1.27. Payment by Results in 2013-14

CCGs are being asked to familiarise themselves with the latest information on Payment by Results (PbR).

The annual PbR 'sense check' exercise will start later this month and last four weeks. This is the stage in the development of the national tariff where the Department of Health shares draft prices with a number of clinicians and NHS organisations in order to identify any anomalies or perverse clinical incentives. The exercise also tests the robustness of the Department's impact analysis by asking a number of providers and commissioners to assess the impact using up-to-date local activity data.

A letter from Deputy NHS Chief Executive David Flory will be published on the Department's website, which will set out the likely shape of PbR arrangements for 2013-14.

1.28. Commissioning support hosting

Initial information about the hosting charge which the NHS CB will require commissioning support units to pay has been announced. The hosting charge will cover the costs of the CSU transition team at the NHS CB and its work to assure, develop and externalise CSUs, plus costs which the NHS CB will incur to act as employer and host and to provide infrastructure

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2. GENERAL OVERVIEW AND COMMENT

2.1. Programme Risk

2.1.1. Profile of Risks

A complete list of risks is included in the Corportate Risk Register. Table 1 provides an outline of the breakdown of risks by rating and owner.

Director Lead Responsible	Number of Risks (Residual)			
	Risks scored 2-6 G	Risks scored 8 -12 A	Risks scored 15+ R	Total
Governance Transition Corporate and Performance	0	7	7	14
Chief Operating Officer	3	1	0	4
Communications	0	1	2	3
Finance	1	4	3	8
HR and HROD	0	4	1	5
Medical	0	0	1	1
Public Health	1	1	1	3
QIPP Contracts and Performance	1	2	5	8
Nursing	0	6	5	11
IM and T	0	1	0	1
TOTAL	**6**	**27**	**25**	**58**

Table 1: Risk Profile

The Cluster had taken a new risk based approach to manage the transition. This approach, coupled with more guidance and clarity being provided on what is expected, will increase the number of risks in the system. This will necessitate:

- Need to identify where resources should be focused and what risks the Cluster need to accept.
- Need to be clear on the timing of risk and indicate which risks may continue post closing of the PCT and how we hand over these to the new entities
- Need to ensure these are being picked up in new entities

The key risks and issues to transition include

- HR process, mapping and risk of redundancies. Hope to give staff clarity and provide estimate of redundancy risk by end of September.
- CSU risk relating to establishment and relationship with CCGs
- CCG ability to do their task (planning, QIPP etc).

- September is key month for work to be completed, namely, contract stabilisation, quality document, deadline for estates, and capacity may be an issue.
- Difficulty being experienced in setting up CCG performance management meetings. This needed to be done urgently, but would have to take cognisance of the impact of LATS taking responsibility from 1st October.
- For CSU to be viable there must be economies of scale and with 51% of staff aligned for transfer to the CSU there is a big risk of redundancy.
- CSU is at risk that CCGs have preference for alternate providers of commissioning support. It was agreed that the HR Director would take up with Commissioning Support South, the possibility of TUPE applying if work is coming from Surrey.
- The impact of hosting by the CSU by the NHS CB from 1st October 2012.
- Finalisation of the CSU customer base is needed in order to move the CSU forward.
- Loss of corporate memory
- Ascertaining which CCG picks up the costs of redundancy, particularly where they have opted not to use NHS Quality Woks.
- CCG/CSU non-agreement means authorisation process is difficult.
- Finalisation of financials and new structures
- CCG competence as receivers of quality functions. Key is that the Cluster has back up of the knowledge to ensure it is not lost.

2.1.2. Risks rated greater than 15

The nature of the risks and mitigating actions are detailed in Table 2

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
428 NEW	Some Surrey CCGs experience significant problems with authorisation according to timetable and are not able to be established without high levels of conditions	Transition Assurance committee, CCG Committees, CCG self assessment , SHA feedback, Aligned non exectutive directors	DIRGTCRP	Weekly meetings with AOs take remedial action including agreement to additional resources; SHA running mock panels to test CCG readiness for assurance process.	Lack of resources to support CCGs	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
				Being addressed through CMT review of Transition resources				
429 NEW	There are significant problems with creating a viable CSS in Surrey and Sussex	CSS self assessment, SHA feedback, checkpoint 2 feedback	DIRCOMMS	CSS Joint committee	Additional resources to support CSS development Being addressed through CMT review of Transition resources	4	4	**16**
430 NEW	Contract transition	Contract transition is poorly managed exposing the Surrey health economy to loss of financial control or control over quality and volume of service	DIRGTCRP	Transition Assurance Committee, CMT review of requirements Self assessments from internal monitoring meetings, outputs of phase 1	Lack of an established group to manage contract transition. Lack of a lead for contract transition. Group to be established when contract transition lead appointed Being addressed through CMT review of Transition resources	4	4	**16**
239	Development of Clinical Commissioning Groups	There are significant issues with financial risk that undermine Clinical Commissioning Groups viability	CCG/JD	GPCC Meetings; Board agreement to Clinical Commissioning Groups governance	Ongoing monitoring and development as the Clinical Commissioning Groups take shape. Use of ready-reckoner	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
				arrangements	to assess risks and RAG rating. Indicative budgets and operating costs being actively developed. CCG's leading on QiPP savings plans			
434 NEW	CCGs cannot deliver sufficiently rapidly	CCGs cannot deliver sufficiently rapidly to be able to provide leadership to the delivery of the Annual Plan, either at CCG or Surrey wide level	DIRGTCRP	Performance controls with CCGs as delegated committees of the board Notes from CCG performance meetings, QIPP meetings, TAC	Additional transition resources required Performance meetings due to commence in July 2012 CCG Performance meetings have not yet started Being addressed through CMT review of Transition resources	4	4	**16**
435 NEW	National performance targets	The PCT has significant problems with delivering national performance targets	DIRGTCRP	Performance controls with CCGs as delegated committees of the board, SHA performance meetings Perormance information and notes from CCG performacne meetings	Additional transition resources required CCG Performance meetings have not yet started Being addressed through CMT review of Transition resources	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
436 NEW	The PCT is unable to meet its financial control total	The PCT is unable to meet its financial control total	DIRFIN	Performance meetings due to commence in July 2012 Performance controls with CCGs as delegated committees of the board, SHA performance meetings Finance reports, Audit Committee minutes, FIMs returns, QIPP meetings	Additional transition resources required CCG Performance meetings have not yet started Being addressed through CMT review of Transition resources	4	4	**16**
437 NEW	The PCT is unable to achieve QIPP Targets	Performance controls with CCGs as delegated committees of the board, SHA performance meetings	DQ&P	Performance meetings due to commence in July 2012. Finance reports, Audit Committee minutes, FIMs returns, QIPP meetings	Additional transition resources requiredBeing addressed through CMT review of Transition resourcesCCG Performance meetings have not yet started	3	4	**16**
439 NEW	Planning for 2013/14 is not sufficiently robust	Planning for 2013/14 is not sufficiently robust	DIRQC	None	None			**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
366	Records management for transition	Lack of designated records management resource could result in the less than optimum transfer of archived and current records to new organisational bodies.	JD	The NHS Surrey Business Continuity and Organisational Shutdown group will be part of the mitigation i.e. will provide monthly oversight of the migration of records and safe storage / archiving (Li)	A senior member of staff (Acting Director of Governance, Transition & Corporate Reporting (including performance)) is charged with ensuring closure and hand over of records is effectively transitioned. Head of IG will support this initiative on a daily basis. Nov 11 - Archiving Processes are currently under review to ensure that the system builds in controlled access to archived records. Archiving providers are currently (Nov/Dec 11) being benchmarked in order to provide the best service to NHS Surrey. 31 July - NHS	5	4	**20**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
					Surrey is reviewing a recommendation to appoint dedicated full time records management resource to review current records holding and to effect optimum records transfer.			
382	Records management for transition	The transition of records between former providers and NHS Surrey will mean large increases in amounts of archived materials held by NHS Surrey. There is a risk that this will result in the PCT not meeting DH requirements for records retention and access. (see also risk 366) (Applies to records both corporate and clinical,	JD	NHSS/VIRGIN CARE working together with SCH to ensure effective transition of records to/from new provider. Agreement to draft relevant protocols between parties to manage this risk	Completion of protocols as agreed between part of agreements reached. 31/7/12 - Virgin Care will transfer responsibility for those records which are outside their remit back to NHS Surrey. This will be for: - Non-current patients, - HR records prior to 1 April 2012 for staff who are not current SCH employees, - Finance records prior to 1 April 2012 - Other archived	5	4	**20**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
		whether Active, Inactive or Archived,)			records NHS Surrey will have to take these records into consideration when planning transfer of records (current and archived to new providers) - see risk 366.			
340	Delivery af Annual Plan	It is not possible to direct and develop staff to deliver the annual plan and other priorities of the PCT	DIRHROD	alignment of appraisal and objective setting with organisational corporate objectives; alignment of staff to CSS and CCGs	None	4	4	**16**
362	Creation of Commissioning Support Service	Risk that existing and potential customers may not wish to purchase services.	DIRCOMMS	Development of Commissioning Support Service is iteratively informed by customer wants and needs. Customer Engagement Strategy is in place. Interim Managing Director and interim director posts appointed to.	Development action plan in place with CCG lead interviews, staff interviews, Board and staff engagement. Surrey/Sussex CSS in development.	5	3	**15**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
364	Health and Safety through Transition	Failure to have a robust health and safety system in place through Transition could have an adverse impact on safety and the NHS Surrey's compliance with legislative requirements	CCG/JD	Competent Person role covered by SCH until 30/12/2011 to comply with HSE legislative requirements. NHS Surrey Health and Safety Group meets every two months and highlight and identify health and safety issues. Programme of corporate workplace inspections in place. Statutory Compliance Programme. Assurance statement produced for the Board. Board level responsibility for health and Safety , Fire and security agreed. New provider for fire officer provision in place.	Health and Safety Board and Manager roles all clear. Business Continuity Group reviews every month. Contract with new supplier for advice from April 2012 Procurement process for Health and Safety provision in progress. To review the terms of reference for the H&S group	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
443 NEW	Capacity planning meetings, quality meetings with trusts, contract penalties	There is a breakdown in system integrity – specifically core quality of services, winter planning, and the resilience of clinical networks required for delivery	DON	Capacity planning meeting minutes, Oncall director feedback, contract meeting minutes	None	4	4	**16**
444 NEW	Safefeguarding Adults and Children	There is a significant breakdown in Safeguarding arrangements for children and adults	DON	Safeguarding Children and Adult Board minutes, QPC Developmental work with CCGs, additional adult safeguarding resources	Insufficient capacity in new organisations, assurance processes to be agreed with local Safeguarding Board	4	5	**20**
445 NEW	Patient safety	Successor bodies (particularly CCGs) do not have robust patient safety and quality structures	DON	CCG authorisation process, Quality in Transition reports	Developmental work with CCGs. Implemetation in place	4	5	**20**
446 NEW	Primary care team support to GP Practices	The PCT lacks the capacity to support primary care as it moves towards CQC registration	DIRMED	QPC, CQC feedback, practice self assessments	To identify sufficient capacity to support primary care as it moves towards CQC registration	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
447 NEW	PCT capacity	The Mid Staffs (Francis) report raises a significant number of issues relating to care quality that the PCT does not have the capacity to address or co-ordinate	DON	Quality in Transition document, contract meetings with providers Provider reports and minutes of contract meeting, QPC	To be evaluated when report published, planned preparation work underway	4	4	**16**
392	Maintaining quality through transition	Failure to develop and deliver a robust plan for the management of quality through transition could result in gaps in the handover of services to new organisational bodies	DON	Maintaining quality through transition national guidance provides a Framework for organisation's to develop local handover plans.	NHS Surrey maintaining quality through transition handover plan is in development and will be reviewed by Quality and Performance Committee and signed off by the Board. Outline of how the plan will be produced to be submitted . Quality Handover document to be completed with ongoing updates and risk assessments up to March 2013 . The Quality Handover plan will be an agenda item on Transition Year Group (which includes	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
					transition and business continuity). Assurance will be provided by Transition Assurance Committee.			
451 NEW	Any Qualified Provider procurement process	There are significant issues with the Any Qualified Provider (elective and community) procurement process	DIRQC	CMT review	None	4	4	**16**
452 NEW	Delivery of national requirements	111 and Out of Hours generally cannot be delivered in line with national planning requirements	DIRQC	CMT review, Project risk register , QPC	Lack of capacity to lead procurements / go live CMT review of transition resources	4	4	**16**
453 NEW	Patient Transport Services	The award of the Patient Transport Services contracts causes significant subsequent operational issues	DIRQC	Contact Report, CMT Review	Lack of capacity to lead procurements / go live CMT review of transition resources	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
371	Due Diligence and Separation - Estates	Risk that NHSS/SCH unable to agree lease arrangements with AML and resolve property issues to deliver transition in a timely manner.	DIRFIN	Critical path for delivery of leases has been mapped out. Key information has been made available through due diligence. For example, PPM schedules reviewed, demises set out, condition survey reports sent and site visits taken place. Commercial agreement on HoT achieved subject to caveats on estate rationalisation. Initial lease information has been made available to SHA.	NHSS will continue to work together with Morgan Cole., and seek best advice from SHA . To be moved onto 100 day risk register. Detailed management of risks to sit with Estates.	5	3	**15**
457 NEW	Property handover	There is a poor handover of estate to NHS Property Services	DIRFIN	TAC, Estates group minutes, Business continuity group	Lack of capacity to deliver estates transition CMT review of transition resources	4	4	**16**

Datix ID	Title	Risk Description	Director Lead/CCG	Controls in place	Action Plan	Impact	Likelihood	Rating
458 NEW	Business continuity IT	It is not possible to maintain the resilience of the IT infrastructure including the COIN network and other connections	DIRPH	Business continuity group, TAC	Lack of capacity to deliver estates transition CMT review of transition resources	4	4	**16**
459 NEW	Business continuity group, weekly Olympics Planning Group	There is a breakdown in business continuity arrangements, and / or Emergency Planning and Health Protection arrangements, particularly during significant periods such as the Olympic Games or winter	DIRGTCRP	Olympics risk register ,Capacity planning meeting minutes, business continuity meeting minutes, Olympic Delivery Group minutes	None	4	4	**16**

Table 2: Nature and Mitigating Actions Relating to Risks Rated 15 and above

2.2. Programme Rag Status

As can be seen from Table 3 the overall rag status for the transition is amber.

With the exception of Health Watch and the Health and Wellbeing Board, the PCT has primary responsibility for ensuring successful delivery in these work streams.

Programme and Workstreams	Current RAG Status	Previous RAG Status
Transition Programme: Key Workstreams	**AMBER**	
• eCCG Development	**A**	**A**

Programme and Workstreams	Current RAG Status	Previous RAG Status
• NHS Commissioning Board: Direct Commissioning	A	A
• Commissioning Support Organisation	A	A
• Local Authority: Transfer of PH	G	A
• Health and Well Being Board	G	G
• Health Watch	A	A
• Provider Development: Any Qualified Provider	A	A
• PCT Statutory Shutdown	A	A
Transition Programme: Enabling Workstreams	**AMBER**	
• People Management	A	A
• Contracts Register Development (Non-healthcare)	R	R
• Quality Handover	A	A
• Records Management and Legacy Document	A	G
• Estates	A	A
• Finance	A	A
• IM & T	A	A
• Emergency Planning	A	

Table 3: RAG Status

2.3. HR Overview

Forecasted function and people transfer has been difficult due to lack of absolute clarity on whether certain functions would transfer to the NHS CB, CCGs or the CSU.

A clearer picture is emerging within CCGs, with structures now finalised or in draft. NE Hampshire and Farnham still need to share their structure and the CSU still need to confirm. CCGs are reflecting a shift in their do/buy /share decision, with larger in-house functions and opting to buy less from the CSU.

Estates are most clear and will be a simple lift and shift into NHS properties, with a subsequent resizing exercise being undertaken.

There is clarity on what the LA/PH transfer task involves, but the size of the budget, when provided, will be the deciding factor. The integration of PH into LA may require restructuring and there is still no agreement on whether COSOP or TUPE will apply to the LA transfer.

A three case scenario on potential redundancy costs, based on 337.74 wte in post at August 2012 & an average redundancy cost of £50K per person is provided in the Table 4 below:

Redundancy Percentage	Potential Cost
5% (17 wte) =	£850K
15% (50 wte) =	£2,500K
30% (101 wte) =	£5,050K

Table 4: Redundancy Scenarios

There is a need to speed up the finalisation of the CSU and CCG structures and get positions filled in order to obtain a more granular view on redundancy as this was crucial to satisfy the SHA requirements for release of funding.

3. PROGRESS IN DEVELOPING THE COMMISSIONER LANDSCAPE

3.1. Development of Clinical Commissioning Groups

North East Hampshire and Farnham Clinical Commissioning Committee

Proposed Terms of Reference for the establishment of the North East Hampshire and Farnham Clinical Commissioning Committee were approved by TAC.

Other Clinical Commissioning Groups

Key Risks Reported:

Guildford and Waverley

- QIPP delivery and efficiency gains because of the plethora of work required to set up new organisations and gain authorisation
- Lack of staffing resource
- Over and Underspends as they apply to the budgets not complete.
- Moved to Wave 4

Surrey Heath

- Some issues with trying to access support/resources either in money or people. Staff & support allocation still requires some work
- Do not have CCG level information for all areas including major contracts
- Some work still to be done on support to manage budgets including reporting

North West

- Commissioning support still in negotiation with CSU, based on schedule of customer requirements developed by the CCG.
- CCGs still waiting for CCG level financial reporting in some areas.

East Surrey

- Capacity building
- Financial performance during this year
- Relationships/collaboration both with and around secondary care
- Commisaioning support:
  - Unacceptable pricing is stalling process

- Detailed breakdown of service specifications and costing being sought from NHS Quality Works
- Will continue negotiation with NHS QW but the CCG will also seek a contingency

Surrey Downs
Finalisation of Commissioning Support SLA's

Authorisation RAG Rating

A RAG rating on CCG authorisation is highlighted in Table 5 below.

CCG RAG status on potential authorisation "with conditions"	Current RAG Status	Previous RAG Status
Guildford and Waverley	A	A
Surrey Heath	A	A
North West	A	A
East Surrey	A	A
Surrey Downs	G	A

Table 5: CCG Authorisation RAG Status

A more detailed comparison of CCG progress towards authorisation is highlighted in Table 7 below. This needs to be reviewed in line with the application wave chosen by the CCG as indicated in Table 6

Name of CCG	Authorisation Wave selected	Due date for submission of application
North West Surrey	2	1 September 2012
Guildford and Waverley	4	1 October 2012
Surrey Heath	3	1 October 2012
East Surrey	3	1 October 2012
Surrey Downs	4	1 November 2012

Table 6: CCG Application Waves

Progress against National Minimum Milestones
CCG progress against the National Minimum Expectation Milestones, for which CCGs are responsible, is highlighted in Table 8.

Table 7: CCG Authorisation Application

	Guildford and Waverley		East Surrey		North West		Surrey Heath		Surrey Downs	
Milestone Description	**Completion Status**	**Projected Completion Date**	**Completion Status**	**Projected Completion Date**	**Completion Status**	**Projected Completion Date**	**Completion Status**	**Projected Completion Date**	**Completion Status**	**Projected Completion Date**
1. Constitution & Governance						Working with Foresight -s		31/08/2012		
Fully developed constitution:	In progress	30/09/2012	In progress	31/08/2012	In progress	31/08/2012			In progress	
Clear governance structures:	Complete	31/08/2012	complete		In progress	31/08/2012	In progress		In progress	
Process to record, mitigate and manage any potential (perceived or real) Conflicts of Interest:	Complete	31/05/2012	complete		Complete		Complete	31/07/2012	In progress	
Clear process for seeking and acting on the views of stakeholders	In progress	30/09/2012	In progress		Complete	31/08/2012	Complete		In progress	
There are no unaffiliated practices within or on the boundaries of the CCG	Complete	31/03/2012	complete						Complete	
CCG name complies with national guidance			complete		Complete		Complete		Complete	
2. Leadership, Organisational Structures & Commissioning Support										
Governing Body established:	In progress	30/09/2012	In progress	30/09/2012	In progress	01/04/2013	In progress		Complete	
'Build, buy, share' analysis of commissioning functions complete:	In progress	30/09/2012	in progress	30/09/2012	In progress	31/10/2012	In progress		Complete	
Detailed internal structure:	Complete	31/08/2012	In progress	30/09/2012	In progress	31/08/2012	Complete		Complete	
Formalised arrangements for collaborative commissioning:	In progress	30/09/2012	In progress	30/09/2012	In progress	31/08/2012	In progress		In progress	
Clear commissioning support arrangements:	In progress	30/09/2012	in progress	30/09/2012	In progress	31/08/2012			In progress	
3. Track Record										
Robust Commissioning Plan:	Complete		In progress	30/09/2012	In progress	31/08/2012	In progress		In progress	
Delegated authority:	Complete		complete		Complete				In progress	

Table 8: CCG National Minimum Expectations

		Guildford and Waverley		East Surrey		North West		Surrey Heath		Surrey Downs	
CCG National Milestone	**Prescribed Deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**
Understand their emerging do/buy/share intentions and flag as quickly as possible to SHA clusters any plans to host commissioning support	31/01/2012	Complete	31/03/2012	In progress	30/09/2012	Complete		In progress	31/08/2012	Complete	
Have delegated authority from the PCT and 100% of relevant commissioning budget, with staff allocated to manage the budgets and support the development of the emerging CCG	31/03/2012	Delayed - amber	30/09/2012	complete		Complete		In progress	31/07/2012	Complete	
Have an updated development plan in place	31/03/2012	Complete		complete		Complete		In progress	31/08/2012	Complete	
Have discussed and agreed with PCT clusters the preparation and implementation of a transition plan for staff and infrastructure support as necessary	31/03/2012	Delayed - amber	30/09/2012	complete		Complete		In progress	31/08/2012	Delayed - amber	30/11/2012
Ensure that they actively engage in the development and design of local and national commissioning support offers	31/03/2012	In progress	30/09/2012	complete		Complete		In progress	30/03/2013	Complete	
Ensure that their development plans explicitly describe how they intend to source and manage their external commissioning support service	31/03/2012	In progress	30/09/2012	complete		Complete		Complete	31/07/2012	Complete	
Have agreed their SLAs with their chosen NHS CSS by the end of March and identified a corporate lead to manage the SLA and have identified whether they require access to specialist procurement advice where they wish to secure alternative or additional commissioning support	31/03/2012	In progress	30/09/2012	In progress	30/09/2012	Complete		In progress	30/03/2013	Delayed - amber	30/11/2012
Be leading the local health system actively reviewing finance, performance, quality and activity for commissioned services on a regular basis and taking action as necessary **from beginning of April 2012**	31/04/2012	In progress	30/09/2012	In progress		Complete		In progress	30/03/2013	Complete	
Be preparing for authorisation by including implementing the development plan agreed by end March and prepare authorisation application, pending view of the NHS CB Authority, between April and July 2012 (subject to passage of the Bill)	31/05/2012	Complete		In progress				In progress	30/09/2012	In progress	

		Guildford and Waverley		East Surrey		North West		Surrey Heath		Surrey Downs	
CCG National Milestone	**Prescribed Deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**	**Completion Status**	**Projected Completion Date if Incomplete by deadline**
Have confirmed the identification of senior leaders either through local or national process	30/06/2012	In progress	30/09/2012	In progress	31/08/2012	In progress	31/10/2012	In progress	30/09/2012	Complete	
Have determined and agreed Commissioning Support option and be agreeing SLAs	30/06/2012	In progress	30/09/2012	In progress		In progress	31/10/2012	In progress	30/03/2013	In progress	
Continue to work with the NHS CSUs to ensure that local and national offers reflect their needs	30/06/2012	In progress	30/09/2012	in progress	30/09/2012	In progress		In progress		In progress	
Continue to reflect in their development plans how they intend to secure commissioning support	30/06/2012	In progress	30/09/2012	in progress	30/09/2012	In progress		In progress	31/07/2012	In progress	
Prepare authorisation application, pending views of the NHS CB Authority, between April and July 2012. [Subject to passage of the Bill]	31/07/2012	In progress	31/10/2012	in progress	30/09/2012	In progress	31/08/2012	Complete	31/07/2012	In progress	
Continue to work with SHA and PCT Clusters to further shape and refine the NHS CSS offers ahead of the final business review checkpoint	31/08/2012	In progress	30/09/2012	see above		In progress	31/08/2012	In progress	30/09/2012	In progress	
Signal their intentions for commissioning support for 2013/14 to enable NHS CSS to complete their full business plans	31/08/2012	In progress	30/09/2012	in progress	ongoing	In progress	31/08/2012	In progress	30/09/2012	Complete	
Have completed the formal CCG authorisation process [subject to Health and Social Care Bill passage]	31/12/2012	In progress	31/12/2012	see above		In progress		In progress	31/12/2012	In progress	
Work with chosen NHS CSS to articulate full commissioning support requirements for when they take on full statutory duties from April 2013	31/12/2012	In progress		see above		In progress		In progress	30/03/2013	In progress	
Be operating and preparing to take on full statutory responsibilities from 1 April 2013	31/03/2013	In progress		in progress		In progress		In progress	30/03/2013	In progress	
Put in place SLA arrangements with NHS hosted CSS ahead of taking on full statutory responsibilities from 1 April 2013	31/03/2013	In progress		see above		In progress		In progress	30/03/2013	In progress	

3.2. Direct Commissioning Functions

Progress Summary

The work stream is RAG rated as AMBER.

Concerns:

- Slippage with issuing of national guidance
- Progress on stabilisation actions of Dental, Pharmacy contracts, and Continuing Care contracts - areas of difficulty being addressed and still on target to be fully stabilised by end of September.
- Stabilisation work is time intensive & causing personnel to divert from normal daily responsibilities. Additional resourcing requirements currently being identifed and addressed.
- The Premises return scheduled for completion in March has still not been received
- Significant workload to split out services transferring to NCB from existing contracts particularly for Community and acute contracts.
- Continuing Care: database incompatible with Finance database. New unified database currently being redesigned but will not go live until 31st November. Risk that those patients not currently with a contract will not be picked up.

Actions taken:

New Contract Transition operational lead has been appointed with refreshed project plan for remainder 2012-13 agreed

Progress against National Minimum Milestones

Progress against National Minimum Milestones sheduled for completion for the period under review is reflected in Table 9 below.

Table 9: Direct Commissioning Progress against National Minimum Milestones

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 1	Have completed contract and premises stock take and risk assessment for stabilisation for all areas	Mar-12	Completed		Complete
NME 2	Identified an implementation lead for primary care commissioning	Jan-12	Completed		Complete
NME 3	Engaged with functions analysis for prison and military	Mar-12	Completed		Complete
NME 4	Divest or clear plan to divest of PCTMS, PCTDS	Mar-12	Completed		Complete
NME 5	Agreement on specialised commissioning group (CCG) cluster board arrangements	Jan-12	Completed		Complete

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
	within respective clusters by the end of Dec 2011				
NME 6	Adopt the common contract compliance performance framework	Jun-12	Delayed - amber	Sep-12	Pending receipt of the common contract compliance performance framework
NME 7	Support the design, development and subsequent adoption of structures and common operating processes for direct commissioning	Jun-12	In progress	Sep-12	Pending receipt of the framework, unable to progress until received.
NME 8	Stabilise all current contracts for primary care, prison/offender health, military health and specialised services	Jun-12	Delayed - amber	Sep-12	Stabilisation process underway, Primary Care, Dental & Pharmacy contracts to be completely stabilised in preparation for SHIFT phase by Sept 30, 2012. Application by relevant Contract Managers in line with meeting the deadline for NME 13, namely, 30 September 2012.
NME 9	Separate CCG contract with providers established and signed for 2012/13 for specialised services (incorporating minimum take services across all PCT clusters)	Jun-12	Delayed - amber	Aug-12	Only 2 contracts hosted by Cluster. Work is completed and all information provided to SCG with final signing of

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
					contracts expected in early September
NME 10	Agree the approach to work with GP practices to undertake a full review of practice registered patient lists ensuring patient anomalies are identified and corrected (e.g. ghost patients)	Mar-12	Completed		Complete
NME 11	Divest themselves of any remaining PCTMS or PCTDS	Aug-12	Completed		Complete

Progress on National Contract Stabilisation Milestones

Progress against National Stabilisation Milestones sheduled for completion for the period under review is reflected in Table 10 below.

Table 10: Direct Commissioning Progress against Contract Stabilisation Milestones

Activity	Deadline	Completion Status	Progress made with risks, issues and mitigating actions
On a contract-by-contract basis across each category review in Step 1, agree the remedial actions required to mitigate against identified risks and enable contract transfer	16/01/2012	Complete	Subject to clarification of actions at next Contract Transition Meeting
Implement remedial actions which need be addressed as part of 2012/13 contract discussion period from step one Stocktake	15/03/2012	Complete	Subject to clarification of actions at next Contract Transition Meeting
For each contract where no formal documentation exists, contracting authorities should communicate with providers and agree recovery action	15/03/2012	Complete	Subject to clarification of actions at next Contract Transition Meeting
On a contract-by-contract basis, identify the basis for splitting the financial and activity schedules for specialised services and the respective responsibilities of CCGs and the NHS Commissioning Board.	29/03/2012	Complete	Subject to clarification of actions at next Contract Transition Meeting

Activity	Deadline	Completion Status	Progress made with risks, issues and mitigating actions
Test the split of activity and finance across each contract and model at an aggregate level with NHS CB CCGs and Providers to ensure zero sum gain	15/03/2012	Complete	Subject to clarification of actions at next Contract Transition Meeting
Agree and confirm primary care contracts (national) which will become the responsibility of NHS CB and any locally agreed arrangements which will become the responsibility of CCGs	12/04/2012	Complete	
On a contract-by-contract basis across acute, mental health/LD, community health services and ambulance services (Step 2), agree the remedial actions required to mitigate against identified risks and enable contract transfer	01/08/2012	In progress	

3.3. Specialised Commissioning

The Due Diligence template was completed and returned to the SCG by the deadline of 30th June 2012. Surrey were commended for the work that went in to the disaggregation of the SCG minimum take activity at RSCH and ASPH. Outstanding areas of concern are where Surrey is not the host commissioner and we are reliant on other commissioners to support the disaggregation. Work is on going on this area.

3.4. Development of Commissioning Support Organisation

Progress Summary

The work stream is RAG rated as AMBER

- MD designate announced to commence in September
- FBP on track for submission by 31/8
- Priced proposals issued
- Service specifications drafted
- Negotiation meetings booked
- OD Strategy & Plan drafted
- Wave 1 CCG signed SLA
- BDU assurance meetings continue
- Stakeholder engagement recognised as poor due in most part to priority focus on pricing/delivery model / proposals and change in MD leadership

Progress against National Minimum Milestones

Progress against National Minimum Milestones scheduled for completion for the period under review is reflected in Table 11 below.

Table 11: Commissioning Support Organisation Progress against National Milestones

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 1	Support all prospective emerging CCGs in identifying how they will secure commissioning support and agreeing do/buy/share	Jan-12	Completed		
NME 2	Support the development of commissioning support services, working closely with emerging CCGs to ensure that the emerging offer meets the needs of CCGs	Mar-12	In progress	Aug-12	26/7 Extensive work with CCGs is ongoing to understand their needs. Proposals on track for issue to CCGs by end July 17/8 Proposals issued and meetings underway to progress CCG requirements
NME 3	Ensure that discreet commissioning support services are established which are able to operate on an arms length type arrangement clearly distinguishable from relevant PCT clusters	Mar-12	Completed		Leadership arrangements are in place with appointment of Interim MD. A MOU and scheme of delegation has been agreed by both Cluster Boards to enable the CSS to operate at arm's length with delegated budget. Further work on governance to support alignment of functions with to CSS, ongoing.

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 4	Have identified experienced transitional leaders focussed specifically on the development of NHS CCS by end March 2012, subject to leadership assessment processes that BDU will put in place	Mar-12	Completed		Interim MD not appointed to permanent role, but interim MD continues in leadership role until designate, or further interim MD appointed. Additional interim resource has been secured to lead the OD work to support appointed interim directors
NME 5	Build on the work done for checkpoint one of the business review process, by supporting commissioning support services in developing an outline business plan for checkpoint two before end March 2012	Mar-12	Completed		
NME 6	Ensure that shadow SLA arrangements are developed and ready to be put in place between emerging CCGs and their choice of NHS commissioning support service from April 2012	Apr-12	Delayed - amber	Sep-12	All CCGs have MOU with PCT for 2012/13 except Surrey Downs 13/8 Proposals issued and negotiation meetings underway for all CCGs which will lead to SLAs to commence 1/10/12 in shadow form

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 7	Ensure that shadow SLA arrangements are in place between emerging CCGs and their choice of NHS commissioning support service from the beginning of April 201	Apr-12	Delayed - amber	Sep-12	All CCGs have MOU with PCT for 2012/13 except Surrey Downs which will be completed as part of the their CSS commissioning process in August 13/8 process is for SLAs to be signed in Septembe for shadow form to commence from 1st Oct 12
NME 8	Support emerging commissioning support services in developing and refining outline business plans ahead of submitting the final plan in Q3	Jun-12	Complete	Aug-12	CSS Programme Director recruited. Kick off FBP workshop held and responsibilities assigned. 26/7 Resources secured to support development of FBP 13/8 on track for submission of FBP
NME 9	Consider where opportunities to work with other NHS and non-NHS partners will optimise CS offers and where bringing together functions locally has potential to develop critical mass to bring greater efficiencies	Jun-12	Complete	Mar-13	Following successful submission, NQW leading collaborative with K&M & Hants CSSs to provide At scale DMIC and IT Support services. Also working collaboratively to provide regional comms & engagement. MOUs with national emergency & planned intensive support teams

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 12	Support CSS in further developing their OBPs to prepare for checkpoint three of the business review in order to submit NHS CSS full business plans by end August 2012	Aug-12	In progress	Aug-12	Interim Programme Director, Delivery Director, Marketing Director recruited. 26/7 Additional interim resource secured to lead OD and FBP development 13/8 On track for August submission

3.5. Health and Wellbeing Board

Progress Summary

The work stream is RAG rated as GREEN

Surrey's shadow Health and Well-being Board is in place, jointly chaired by the County Council Cabinet Member for Adult Social Care and Health and a Clinical Commissioning Group Lead GP. The Board has agreed its work and development programme through until it assumes its statutory responsibilities in April 2013. The programme combines:

- focused work to develop the Board as an effective strategic partnership and
- task or issue -specific areas that will support the CCG accreditation process, the production of the joint health and wellbeing strategy, the JSNA refresh, the transition of Public Health and the emerging health and social care structures (as part of dissolution of the PCT).

High-level priorities for the joint health and wellbeing strategy have been agreed by the Health and Wellbeing Board; a process of co-design and engagement with key stakeholders will run between September and end December 2012. A co-design process to develop a specification for HealthWatch will be run during September to inform commissioning plan for the function from 1st April 2013. The refreshed JSNA and summary will be presented to the Board at its meeting in November 2012, for priority setting by the Board, “delivery group” engagement, wider consultation, and sign-off, by April 2013.

Risks and Issues

- The health and wellbeing strategy needs to deliver co-designed and robust priorities in the short and long term.
- The large geographical size of Surrey makes colloboration across the Health and Wellbeing landscape more challenging
- Health and Wellbeing board event identified a need to communicate progress to stakeholders

Progress against National Minimum Milestones

Progress against National Minimum Milestones scheduled for completion for the period under review is reflected in Table 12 below.

Table 12: HWB Progress against National Milestones

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 1	Enable emerging CCGs to work with their local authority to establish their local HWB in shadow form by end March 2012 and begin refreshing their Joint Strategic Needs Assessment (JSNA)	Mar-12	Completed	Mar-12	Complete
NME 2	Enable emerging CCGs to jointly lead their local HWB. Identify high level priorities from JSNA as basis for joint health and wellbeing strategy (JHWS), and begin developing JHWS	Apr-12	Completed	Apr-12	Complete
NME 3	Use their JSNA and JHWS as evidence for the authorisation process	Jul-12	In progress	Sep-12	A draft strategy and process for further developing the 12-13 priorities was agreed at the July HWB meeting. This will form the evidence needed by CCGs for the authorisation process. The delivery date has changed to Sept because no Surrey CCGs are entering the first wave of authorisations.

3.6. Joint Commissioning

Need to ensure an effective joint commissioning approach is in place within Surrey. Timescales, deliverables and leads need to be defined in partnership with CCG's as they develop local intentions and implement the JHWS

3.7. Progress the Development of Clinical Networks and Senates

- National Guidance has been published outlining the 4 strategic clinical networks, including their geographical footprint and anticipated structure
- Guidance on operational networks, e.g. major trauma, is still awaited
- NCB Local Area Team for Kent Surrey and Sussex has been appointed

- Recent directive outlines the requirement that operational responsibility for clinical network will pass to the LAT from October 2012.
- Expect that once the LAT network director is appointed, the new network structure and other posts will be recruited to fairly quickly
- Ongoing discussions between networks across Kent Surrey and Sussex
- Footprint will mirror the clinical senates & the Academic Health Sciences Networks
- Network staff are reviewing their job descriptions as directed

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4. PROGRESS IN DEVELOPING THE NEW PUBLIC HEALTH LANDSCAPE: PUBLIC HEALTH TRANSITION

Progress Summary

The relocation of public health team to Surrey County Council premises is complete. Plans to develop a directorate strategy for public health and a joint plan with the local authority for delivering public health are all proceeding relatively smoothly. Uncertainties about future relationships with new organisations and their roles, public health access to NHS information from the local authority, the complexities of disaggregating NHS contracts for delivering community public health services and the budget allocation for 2013 and beyond all increase the risks for delivery of the public health function in future. Some of these risks will be reduced or removed by national decisions, others by local actions, relationship building and hard work.

Key issues include:

- Cabinet decision and agreement required to establish Public Health Portfolio and position in the council.
- Access to NHS data from local authorities from April 2013.
- Reaching agreement on terms of transfer.

Progress against National Minimum Milestones

Progress against National Minimum Milestones sheduled for completion for the period under review is reflected in Table 13 below. Although the PCT is of the view of view that the RAC status is currently AMBER, the SHA has informed the Cluster that they have changed the overall RAG rating for public health transfer to Local Authorities from amber to green, as this makes the return consistent with the returns of other Primary Care Trust clusters.

Table 13: PH Transfer Progress against National Milestones

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 1	Agree local transition plan for public health as part of the overall integrated plan, taking account of the checklist in Annex 6 of the planning guidance	Mar-12	Delayed - red	Oct-12	A draft Transition Plan will be finalised in August, which will inform Cabinet decision scheduled for inclusion on Cabinet meeting agenda in September

No	Milestone Description	Due Date	Status	Forecast Delivery	Comment
NME 2	Develop a communication and engagement plan (1st draft)	Mar-12	Delayed - amber	Oct-12	Plans developed for engagement/consultation with Council Officers, members, CCGs and staff.
NME 3	Agree approach to the development and delivery of the local public health vision	Jun-12	Delayed - amber	Sep-12	PH vision completed and PH Operational plan aligned to vision is nearing completion. PH involvement in developing JHWS agreed. Finalisation will be dependent on financial allocations.

5. PROGRESS IN DEVELOPING THE NEW PROVIDER LANDSCAPE

5.1. Foundation Trust Pipeline

The Epsom/ASPH Transaction is progressing. Commissioners have been asked to review their commissioning intentions to ensure that they are supportive of the long terms aims for the Trust following the Transaction process. At this point no delay is expected to the timescales.

The SASH TFA is on track and a Clinical Strategy paper is being developed with CCG's for submission

5.2. Any Qualified Provider

All CCGs are signed up to current AQP and have had active input into IAPT programme. Wheelchairs are delayed.

RAG rated amber due to the possibility of time slippage

AQP children's wheelchairs

Due to complexity of service, DoH identified 3 new collaborative work streams for the 46 PCTs (tariff development, review of strategic performance, updated implementation packs). Key risk is quality of category definitions resulting in iniquity in service - implementation delayed to early 2013/14.

AQP for diagnostics

15 bids received to date but process delayed as unable to identify an evaluation team due to clinical availability and conflicting priorities. Without evaluators identified this project can not progress and there is a significant risk that NHS Surrey will not meet the deadline of mobilisation of one service by the end of September.

Psychology AQP

Contract award is on track for completion by end of September and for mobilisation in October.

6. PROGRESS IN EMPOWERING PATIENTS

6.1. Healthwatch

A co-design process to develop a specification for HealthWatch will be run during September to inform commissioning plan for the function from 1st April 2013. The new Healthwatch needs to ensure that the voices of all patients and local people are represented.

Outline specification and proposed next steps to be presented to HWB Board 6th September 2012. The SCC procurement team is running series of events during Sept/Oct 2012 to co-design HealthWatch specification. The final specification will then be presented to Surrey LINk to prepare for the Council Cabinet and Health and Wellbeing Board a statement of its readiness to deliver on specification.

The Council will decide on the basis of that statement whether LINk is fit to be commissioned to provider local HealthWatch. If it is, LINk will engage in a process of co-design and formal incorporation by 31/3/2013. If it is not, a full tender process for the HealthWatch contract will commence Nov 2012.

The Advocacy and PALS function is to be commissioned separately, but responsible to the Board.

6.2. Personal Health Budgets

Due to the resignation of the operational lead for PHB's policy development, there has been slippage in the delivery of PHB work stream. Responsibility for delivery has now been reassigned and a detailed update will be provided at the next meeting

6.3. GP Practice Choice

Nothing further to report

7. PROGRESS IN EMERGENCY PLANNING

The RAG status for Emergency Planning remains AMBER.

Transfer of EPRR Functions

The EPRR functions of NHS Surrey as a Category 1 Responder under the Civil Contingencies Act 2004 will transfer to:

- The NHS Commissioning Board, who will from April 2013 be a Category 1 Responder under the CCA 2004.
- The Clinical Commissioning Groups, who will from April 2013 be Category 2 Responders under the CCA 2004.
- The Directors of Public Health, Local Authorities, who are already a Category 1 Responder under the CCA 2004.

Plan for the Transfer of Responsibilities.

Department of Health Guidance for the new EPRR model and planning arrangements through the Local Health Resilience Partnerships (LHRP), which correlate to each Local Resilience Forum (LRF), was released on the 26th July with subsequent documents released on the 2nd August. These set out the time frame for the NHS CB Local Area Teams (LAT) to coordinate

the establishment of the EPRR model. Discussions have commenced between the Heads of Emergency Planning at NHS Sussex and NHS Surrey to support the achievement of this.

Key Milestones

- **31st August 2012** - NHS CB LATs to cover each LHRP / LRF area
- **30th November 2012 (no later than)** - appointment of an NHS CB LAT Executive Lead for EPRR to Co-Chair the LHRP.
- **30th November 2012** - identification of training requirements for those NHS CB Directors on 24/7 on-call rosters.
- **17th December 2012 (no later than)** - the NHS CB at all levels must have implemented the appropriate C4 (Command, Control, Coordination & Communication) arrangements, including the establishment of LAT 24/7 on call rosters and a designated established Control Centre ready for response.

- **31st January 2012 (no later than) -** Co-Chairs of the LHRP to agree a coordinated approach to health planning between any existing LRF Health sub-groups and LHRP's with LRF chairs.

Key Risks

- Lack of clarity in national guidance delays developing the required EP capacity
- There is insufficient capacity during the transtition period due to lack of interim cover
- The links between EP/Public Helath and winter planning lack robustness
- A major incident during transition, particualarly the final three months may lead to fragmented responses as staff have largely migrated to new organisations
- Due to the pace of change staff are unwilling to engage with business continuity planning arrangements (reviews, exercise and training)
- It is not possible to maintain the director on call during the transition
- CCGs lack the capapcity and skills to participate in EP as a category 2 responder

8. PROGRESS IN TRANSFERRING FUNCTIONS

A risk based approach has been adopted to manage the PCT shutdown and transfer of function work streams. A one on one meeting has been planned with each workstream lead to manage and identify risks. To date the following meetings have been held and risks identified:

8.1. People Management

- CSU structure not quickly filled and/or slow appointment process
- Failure to achieve an agreed process with LGA for Public Health transfer
- CCGs structure not quickly filled and/or a slow appointments process
- Propco transfer
- Maintaining PCT infrastructure until March 2013
- LAT Strcuture not quickly filled and/or slow appointment process
- Capacity of HR team
- Electronic Staff records (ESR)
- Potential redundancy costs
- Payroll system

8.2. Finance

- Transition costs
- SBS set up for each successor body
- SBS contract shutdown
- Loss of capacity for PCT accounts closure
- Year end advance payments
- CCG failure to work to delegated limits
- Transfer of back to back liabilities
- Charitable funds- transfer to new body
- Loss of corporate knowledge and cohesion around finance
- Submission of sustainability and PH reports

8.3. Records Management and Legacy Document

- Inadequate process of handover of records by departing staff and potential loss of corporate memory
- Inability to properly hand over relevant records to successor bodies
- Successor bodies do not have system architecture to receive legacy information
- Legacy document not kept up to date and/or not fit for purpose. An update on progress is due to the SHA by the end of August 2012
- Staff remove /copy corporate information inappropriately when they transition out of the organisation
- Virgin Care archives may become the responsibility of the pCT
- Archived records with archiving providers are not accessible to successor bodies
- There will be a lack of IG expertise in the new system

8.4. Information Management and Technology

- Lack of resource to support setup of CCGs,, maintain business continuity and support shutdown
- Ownership and responsibility of existing server infrastructure
- Loss of key skills and local knowledge
- COIN transition history and securing of appropriate host
- Transtion of telecommunications contracts - telephone, anti virus, RAS, wireless etc
- CCG IT infrastructure suitability
- CCG network connections and access to N3 that is long term sustainable
- RA team transition/smartcards
- IT support to FCHC and other providers
- Primary care IT/GP IT (clinical) services/systems
- Support to estates transition - completion of inventory
- IT input into buildings having IT infrastructure

8.5. Estates

No report was received. Key milestones due for completion are highlighted in Table 14.

Date	Action Required
6 July 2012	SHAs/PCTs to provide the Department with details of their

Date	Action Required
	appointed legal advisers
31 July 2012	Searches of the Index of Proprietors Names completed
31 July 2012	Details for split site arrangements to be provided to the Department

Table 14: Estate National Milestones schedule for completion

RAG Rating Risks and Concerns
RAG status retained as AMBER due to no update being provided

8.6. Communications and Engagement

Work continues to develop the communications and engagement service line as part of the support offering from NHSQualityworks, under the leadership of Helena Reeves, interim marketing director.

There is initial interest in local communications and engagement services from Surrey and Sussex CCGs. Potential customer requirements range from a full service to a more bespoke selection of functions, such as a press office, to support in house resources indicated in CCG structures.

Following the 9 July submission for at scale communications services, the NHS Commissioning Board Business Development Unit (BDU) has encouraged the development of a regional collaboration of communications and engagement services across CSUs across the South of England. This work is being taken forward by the NHS communications directors across the five CSUs: Commissioning Support South, Central Southern, Kent and Medway, Best West and NHSQualityworks. Commissioning Support South is the lead CSU for this collaboration.

It was agreed that the main focus of work for submission of full business plans is to ensure a robust and sustainable communications and engagement service as part of local CSU offers, with reference to the regional collaboration and the areas where there are real benefits and economies of scale to be gained from delivering across a wider geographical area. This includes communications and engagement to support major service reconfiguration; social marketing campaigns – research and insight, planning and development, implementation and evaluation; media monitoring and evaluation; and communications training.

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8.7. Quality Handover Document

Progress on key milestones extracted from the Quality Transition Plan is highlighted in Table 15.

Table 15: Progress on Quality Handover Milestones

Action/ Milestone	Deadline	Comments
Read the ‘How to’ guide and discuss issues in checklist	**31/05/12**	**Progress:** Completed

		Issues and concerns None **Risks** None **Mitigating actions** None
Appoint a named transition lead to deal with handover/ receipt of responsibilities and close down	**30/06/12**	**Progress:** Completed **Issues and concerns** None **Risks** None **Mitigating actions** None
Develop a timed action plan to ensure national timescales and requirements can be met	**30/06/12**	**Progress:** Completed **Issues and concerns** None **Risks** None **Mitigating actions** None
Schedule relevant board meetings and sign off processes	**30/06/12** **17/08/12** **31/08/12**	**Progress:** In Progress **Issues and concerns** None **Risks** Delayed - amber **Mitigating actions** Meetings being scheduled into action plan currently and need board to agree date for sign off and publication of version 1 (i.e. before or post submission). Need to check on board agenda for 28th September; 18th September papers due in
Draft Plan of quality section of handover document to board outlining how requirements will be met for approval prior to submitting plan	**14/06/12**	**Progress:** Completed **Issues and concerns** None **Risks** None **Mitigating actions** None
Prepare a detailed operation plan to develop the quality profiles as described in the template	**30/06/12** **17/08/12**	**Progress:** In Progress **Issues and concerns** Further national guidance to be published for

	31/08/12	transition that may need to be incorporated. SHA template for guidance only and needs to include primary care, community etc rather than just acute profiles. **Risks** Delayed - amber **Mitigating actions** High level plan completed and detail to be added from 1st August when Head of Quality in post. Quality profile templates in progress but need to amend following meeting with NHS Kent and Medway
Implementation of the operational plan Gather hard and soft intelligence required (Chapter 4 in guidance)	**31/07/12** **31/08/12**	**Progress:** In Progress via Quality Pre meets with contract leads **Issues and concerns** None currently **Risks** Delayed - amber **Mitigating actions** Further work required from 1st August when Head of Quality in post
Use data to populate Annex B template	**31/07/12** **31/08/12**	**Progress:** In Progress via Quality Pre meets with contract leads and quality dashboard **Issues and concerns** None currently **Risks** Delayed - amber **Mitigating actions** Further work required from 1st August when Head of Quality in post
Hold face to face meetings where necessary to obtain hard and soft intelligence	**31/07/12** **31/08/12**	**Progress:** In Progress as per outline document **Issues and concerns** Quality Leads to be confirmed for all CCGs **Risks** Competing priorities of authorisation and availability of key people due to annual leave **Mitigating actions** Meetings not currently in place being scheduled and Further work will take place from 1st August when Head of Quality in post
Share draft document with key partner and stakeholder organisations to triangulate data	31/08/12	**Progress:** In progress **Issues and concerns** **Risks**

		Mitigating actions
Work with senior team to prioritise and risk assess concerns	31/08/12	**Progress:** In progress **Issues and concerns** **Risks** **Mitigating actions**

9. STATUS OF NATIONAL MILESTONES: PCT Cluster submission

Progress on National Minimum Expectation milestones are reported to Department of Health via a "Reform Tracker". Key areas of transition included are:

- Development of CCGs
- Development of CSO
- Direct commissioning
- Development of the Health and Wellbeing Board
- Public Health Transfer
- Progress on Any Qualified Provider

The August submission was submitted by deadline date.

10. NON-REDUNDANCY TRANSITION COSTS

A transitional budget of £5 million has been agreed, but funding is retained by the SHA and released subject to the Cluster submitting a robust presentation. Although these funds are currently being utilised, the SHA has advised the Cluster that these will not be released unless a clear assessment for redundancies is provided.

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12. IMPLICATIONS

Health Impact:	A full Impact Assessment of the Health and Social Care Bill 2011 has been completed at a national level which included an impact assessment on health
Financial implications:	The Impact Assessment of the Health and Social Care Bill 2011completed at a national level has highlighted potential transition costs as well as potential areas in which savings will be generated from a reduction in commissioning running costs.
Legal implications:	Fulfils requirements under Health and Social Care Bill 2011

Equality Impact:	A full Impact Assessment of the Health and Social Care Bill 2011 at a national level has been completed which included an impact assessment of human rights and statutory equality duties.
Reputational Impact:	A potential negative impact on the reputation of the organisation does exist if nationally prescribed timelines are not adhered to.
Risk Register:	Positive impact mitigates following risks: 237, 239, 240-243, 254, 255, 263, 265-269, 332, 337, 340-342, 347, 349,362, 364, 366, 371, 373, 378, 379, 382, 383, 390, 392, 428-439 and 443- 459
Board Assurance Framework:	Positive impact, mitigates item 2.2, 2.3 and 3.1

13. RECOMMENDATIONS

The Board is asked to:

- NOTE this Programme Director's Report

Justin Dix
Acting Director of Governance, Transition & Corporate Reporting (including performance)

September 2012