

Our Ref: MD/ch

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Helen Hirst, Accountable Officer
Andrew Withers, Clinical Leader
Bradford Districts CCG

15 July 2014

Dear Helen & Andrew

Re: Bradford Districts CCG Annual Assurance

Thank you for meeting with us on Tuesday, 10 June 2014 to discuss the annual assessment of NHS Bradford Districts CCG, and to establish the development priorities for the coming year. This letter is a summary of the discussion from the meeting and draws upon the written materials you provided and from the regular interactions which have taken place with your CCG during the whole financial year.

Domain 1: Are patients receiving clinically commissioned high quality services?

You work closely in collaboration with Bradford City CCG on quality issues and are developing a whole system approach to this. Good examples of this are the Cygnet report and the Bradford Teaching Hospitals NHS Foundation Trust CQC report. You have signed up to develop a Bradford clinical assembly which was due to meet for the first time in June 2014. The work undertaken to develop an action plan in relation to Francis, Berwick and Clwyd is to be commended and has been sighted as exemplary practice by the National Audit Office.

You have worked closely with your main providers to create relationships where they are signed up to the principles of openness and transparency about what is happening in services. Your senior management team also has 1-2-1 meetings with senior managers in provider services. You are using both hard and soft intelligence to guide discussions and a good example of this is "Ivan's story" in Accident and Emergency. A General Practice Quality Improvement group has also been established. You also participate in the West Yorkshire Quality Surveillance Group.

Domain 2: Are patients and the public actively engaged and involved?

You have developed a hub and spoke model for patient participation groups to ensure all forty one practices are engaged. In collaboration with Bradford City CCG you have invested non-recurrent funding to support a range of community projects which deliver health and wellbeing support to local people through grassroots community projects. This also involved health road shows and workshops on patient engagement.

Patient consultations and focus groups have taken place around key health themes e.g. urgent care, anti-coagulation. A good example of patient involvement is telling patients' stories at board meetings e.g. a cardiac patient's experience of urgent care.

Domain 3: Are the CCG plans delivering better outcomes for patients?

We commend the work undertaken to achieve 2013/14 national standards associated with NHS Constitution in relation to:

- Referral to treatment times (admitted, non admitted, incomplete)
- Waiting times for diagnostic tests
- Waiting time in A&E
- Cancer waiting times (2 week wait, 31 days, 62 days)
- Ambulance response times

We are in regular contact with subject leads from the CCG and discuss the detail behind the indicators in the delivery dashboard and feel well briefed on actions you are taking to maintain and improve achievement against standards. A further discussion on plans to deliver IAPT trajectories was requested outside of the meeting

In addition to the discussion during your meeting, the review of the assurance on the KLOEs relating to the risk stratification DES has raised a number of queries. Where this relates to your CCG, we will be contacting you for further clarification.

Domain 4: Does the CCG have robust governance arrangements?

We note the work undertaken by the Good Governance Institute which identified that you pay close attention to governance and that there was clear evidence of clinical engagement. During 2013/14 you also achieved level 2 of the Information Governance toolkit. A Memorandum of Understanding is in place with Bradford City CCG and Airedale, Wharfedale and Craven CCG in order to ensure robust dispute resolution processes are in place.

You have established the Council of Representatives, the Clinical Board (including the Practice Quality Improvement Group as a sub-committee and 3 other committees looking at audit and governance, remuneration and joint quality.

The head of internal audit opinion is that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently. We note that it was identified that there were some weakness in the design and/or inconsistent application of controls may put the achievement of particular objectives at risk. We are confident that you are addressing this.

Domain 5: Are CCGs working partnership with others?

You continue to work in collaboration with Bradford City CCG and Airedale, Wharfedale and Craven CCG in order to maximise resources and take action. Good examples of this is are the sharing of management posts and the work around the stroke network in Bradford. Partnership working is also in place with the local authority through a range of groups, including the Integration and Change Board and the development of the "Better for Bradford" Programme.

In the 2013/14 360⁰ survey, 66% of stakeholders reported that the change in working relationships had got better over the past 12 months and this was significantly higher than the England average. 84% of your stakeholders also rated their working relationship with you as very good/fairly good.

High quality care for all, now and for future generations

Domain 6: Does the CCG have strong and robust leadership

You have developed clear leadership through strengthening clinical engagement and a good example of this is the monthly clinical commissioning forums. You also have fully fledged locality teams in place. As active members of the West Yorkshire 10 CCG meeting you have leading clinical roles on stroke services and paediatrics.

You had some excellent results from your own staff survey and a good example of this is that 88% staff said they would recommend the CCG as a place to work (compared to 54% across comparable organisations).

As an organisation you are well sighted on the issues and challenges you face.

During the annual assurance meeting, we have agreed to work more collaboratively with you on the co-commissioning of primary care and specialised commissioning.

Development needs

Following the results of your 360⁰ stakeholder survey you have identified areas of work for development. These include:

- having better business intelligence information in order to make decisions and monitor progress
- building capacity, capability and sustainability

We note that you are incorporating these areas of work in the refresh of your organisational development strategy.

Statutory Duties

We commend your work in achieving your 2013/14 surplus which is a real credit in your first year of authorisation. We discussed your work on developing your BCF plans and the financial risk, as well as benefits this presents. We also discussed the PMS review and agreed that a further discussion would be held at West Yorkshire CFOs.

The CCG has made very positive progress in its development over 2013/14 and has managed the interface between CCGs well. The focus on developing clinical leadership quality improvements is of particular note.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of the discussions and clearly indicates the next steps. Enclosed in the appendix is a complete list of actions agreed at our meeting on 10 June 2014. We look forward to working with you on progressing work against the domains outlined above.

In conclusion, we would consider that Bradford Districts CCG as being “assured” against all 6 domains for 2013/14.

Yours sincerely

A handwritten signature in black ink that reads "Moira Dumma". The signature is written in a cursive style with a large initial 'M'.

Moira Dumma
Area Team Director
NHS England West Yorkshire

Appendix 1

Action Log

Action	Lead
We have agreed to work more collaboratively with you on the co-commissioning of primary care and specialised commissioning	NHS England
A further discussion on plans to deliver IAPT trajectories was requested outside of the meeting	NHS England
Further discussion on financial detail behind PMS at West Yorkshire CFOs	NHS England