

Direct Dial: (0113) 8247511

Our ref: MD/MJ

Date: 14.10.15

NHS England – North (Yorkshire & the Humber)
3 Leeds City Office Park
Meadow Lane
Leeds
LS11 5BD

Akram Khan, Clinical Chair
Helen Hirst, Accountable Officer
Bradford City CCG
Douglas Mills,
Bowling Old Lane,
Bradford,
West Yorkshire
BD5 7JR

Dear Akram and Helen,

Re: NHS Bradford City CCG Annual Assurance

Thank you for meeting and working with us over the course of 2014/15 and engaging in the CCG Assurance process. The purpose of this letter is to provide a formal record of your final assurance rating for 2014/15 and should be read in conjunction with our feedback for Quarters 3 and 4.

I am grateful to you and your team for the work you had done to prepare for the various assurance conversations and meetings we have held and the open and transparent nature of our discussions which have led to productive discussions.

Final 2014/15 Assessment

Our headline assessment of your CCG is “Assured” and this is supported by individual assessments of each of the six assurance domains described in the 2014/15 CCG Assurance Framework:

Domain	Assessment
Are patients receiving clinically commissioned high quality services?	Assured
Are patients and the public actively engaged and involved?	Assured
Are the CCG plans delivering better outcomes for patients?	Assured
Does the CCG have robust governance arrangements?	Assured
Are CCGs working in partnership with others?	Assured
Does the CCG have strong and robust leadership?	Assured

This is the final review using the six domains of the 2014/15 framework. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components: well led organisation, delegated functions, performance & outcomes, financial management and planning.

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

The CCG's contracting has been challenging, particularly due to financial problems around acute beds. The CCG has used the power of the clinical body to challenge such issues. We note the significant input and leadership Helen and her team have given to this and how the CCG has worked with others. The CCG has demonstrated strong clinical leadership with the design and monitoring of services as evidenced with the Bradford Healthy hearts project, increased anticoagulant medication and more cost effective statins. Bradford Beating Diabetes project has increased visibility of previously undiagnosed population as evidenced by increased prevalence reported. The CCG are an active participant in local Quality Surveillance Meetings and CQC quality summits.

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

The CCG is committed to involving service users and the public by the use of monthly feedback from the CCG's grassroots reports. The Joint Quality Committee is challenged on behalf of patients and members of the public by health watch and its lay members. Each year the Maternity Partnership holds focus groups throughout the area to understand people's experience of using maternity services. This helps the CCG to make improvements and identify what is important to people using maternity services. The CCG consulted on plans to improve stroke services to ensure that anyone who has a stroke receives consistent and safe care.

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

We commend the work undertaken to achieve 2014/15 national standards associated with NHS Constitution in relation to:

Referral to treatment times (non-admitted, incomplete)

Waiting times for diagnostic tests

Waiting times in A&E

Cancer standards treatment times (exceptions being 62 day GP referral and 62 day screening cancer standards which were not met in 2014-15).

Domain 4: Does the CCG have robust governance arrangements?

The CCG has a robust conflicts of interest code of business conduct and procurement policies which meet statutory guidance. The CCG has a robust risk management framework in place. The Senior Management Team and all employees have undertaken risk management training. The Governing Body receives regular reports from its sub-committees which detail finance, quality, outcomes and engagement and risk and assurance report.

Domain 5: Are CCGs working in partnership with others?

The CCGs across Airedale and Bradford continue to meet monthly as part of their collaborative arrangements and continue to drive better integration between health and social care. You have engaged with a broad range of stakeholders and have launched a commissioner / provider forum to develop and implement an out of hospital (primary and community) care strategy.

Domain 6: Does the CCG have strong and robust leadership?

Bradford City CCG has strong clinical engagement and leadership with all practices attending regular bi-monthly meetings to set direction and hold the clinical board to account. In response to the Good Governance Institute recommendation you have appointed an additional lay member on each Governing Body with financial expertise.

NHS Statutory Duties

We commend the work of the CCG to achieve a financial surplus in 2014/15 above planned levels (related to the return of the return of the CHC risk pool contribution and other measures taken by the CCG to improve the financial position).

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. We look forward to working with you on progressing work against the assurance components of the new framework outlined above.

Yours sincerely



Moira Dumma
Director of Commissioning Operations
NHS England – North (Yorkshire and the Humber)