

# Southend CCG Improvement Delivery Plan 2018/19

## Performance Pack V3.16

As at January 10th January 2019

NHS Southend CCG has prepared an Improvement Plan in accordance with the requirements of being placed in the Special Measures Regime.

This Improvement Delivery Plan Performance Pack accompanies the Improvement Plan to support its successful delivery. Six improvement areas have been identified. This is based on recommendations from PwC's Capability & Capacity review commissioned by NHS England in October 2017 and finalised in January 2018. The Improvement Plan addresses all 31 recommendations; 97 actions have been formulated to address them.



### **Guide to tabs:**

**User Guide** - details how to use the Improvement Plan Delivery Document

**Governance** - Outlines the project details (table 1) of who is involved in the implementation of the Improvement Plan and the level of accountability. Also details who is responsible for the delivery (table 2) of the Plan. Table 3 give a short version of the Governance arrangement for the Plan and table 4 details the RAG key that is used to RAG rate the actions on the IP Performance tab. Table 5 identifies the 6 improvement areas that have been identified for attention.

**Improvement Plan Summary** - Introduction to the Plan and summarises progress against the actions.

**IP Performance** - Performance table that replicated the Improvement Plan. Details the actions, SRO, Operational lead, Outcome measure, measures of success, progress update, date of update and a RAG rating for each action.

*You are required to fill in the Progress update column and adjust the RAG rating in line with RAG key in the Governance tab.*

**IP Timeline** - gives a pictorial view of the timeline related to each action.

**Risk Register** - details the risk and mitigations associated with the Plan.

**Action Concern Report** - highlights areas of concern within the Plan including RED areas and those that there is a level of confidence that the deadline will be missed.

**Improvement Plan - Governance**

Version control v3.17

**Project Details (table 1)**

Role	Who	Task
Senior Responsible Officer	Cathy Gritzner	Accountable Officer
Project Delivery	Charlotte Dillaway	Exec responsible for delivery
Project Support	Michelle Angell	Strategic advice
Project Performance	Shari Payne	Performance Management
Subject Matter Expert	Andy Morris	Responsible for providing specialist knowledge on the subject
Project Board	CMT	Oversight of progress against plan

**Responsible Officers for Delivery (table 2)**

Abbreviation	Title	Person
Chair	Chair	Jose GarciaLobera (JGL)
AO	Accountable Officer	Cathy Gritzner (CG)
CFO	Chief Finance Officer	Mark Barker (MB)
IOQL	Interim Operations QIPP Lead	n/a
ID	Interim Director	Andy Morris (AM)
CN	Chief Nurse	Tricia D'Orsi (TD)
DSP	Director of Strategy and Planning	Charlotte Dillaway (CD)
DPCO	Director of Primary Care and Operations	John Spicer (JSp)
DCFO	Deputy Chief Finance Officer	Katrina Leighton (KL)
ADC&C	Associate Director of Commissioning and Contracting	Emily Hughes (EH)
ADP&G	Associate Director of Assurance	Michelle Angell (MA)
PDIT&E	Programme Director, IT and Estates	Peter King (PK)
ADP&Q	Associate Director PMO and QIPP	Viv Molulu (VM)
HRBP	HR Business Partner (CSU)	Kathryn Perry (KP)
HoE	Head of Estates	Mike Shimmon (MS)
Interim Joint QIPP PD	Interim Joint QIPP PD	n/a
Int. Gov. Spec.	Interim Governance Specialist	Alasdair Bouvaird (AB)
AD PC	Associate Director Primary Care	Jenni Speller (JS)
Head of Q&A	Head of Q&A	Colinette Nichols (CN)

**Governance (table 3)**

The project will be updated on a 2 weekly basis and presented to CMT (a forum that has all Directors present ad for the sake of this Plan, NHSE). Progress report will also be presented to the Governing Body by the Project Sponsor to ensure Governing Body members are kept up to date with progress and are able to ask questions and queries on progress and specific actions and timelines.

Project Sign Off - Satisfactory delivery of this project will be agreed by the CMT and confirmed off by the SRO.

**RAG Key (table 4)**

	No progress against action
	Actions underway
	All actions in place
	Completed*

\* to check that relevant actions are embedded a review will be conducted within 3 months of the action due date

**Six Improvement Areas Identified (table 5)**

1) Leadership, Structure and OD
2) Financial Management/ Recovery
3) Governance and reporting arrangements
4) Commissioning and Contracting
5) Joint Committee/ System Working
6) CCG Annual Assessment Area for Improvement/ Other external recommendations

# NHS SOUTHEND CCG IMPROVEMENT DELIVERY PLAN

## Improvement Plan Summary

### 1. Leadership, Structure and OD (27 Actions)

1	No progress against action
0	Actions underway
1	All actions in place
25	Completed*

### 6. CCG Annual Assessment Area for Improvement/other external recommendations (27 actions)

0	No progress against action
7	Actions underway
2	All actions in place
18	Completed*

### 2. Financial Management and Recovery (13 Actions)

1	No progress against action
1	Actions underway
1	All actions in place
10	Completed*

### 3. Governance and Reporting Arrangements 19 Actions

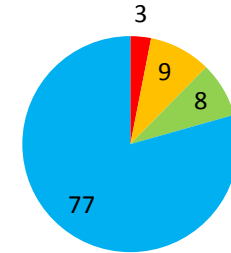
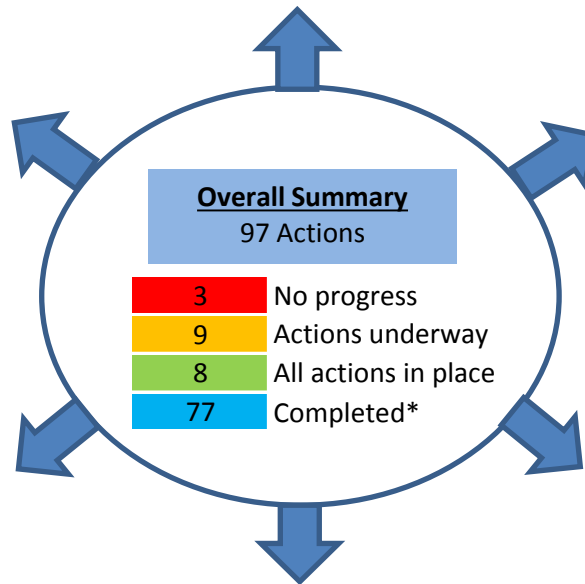
0	No progress against action
1	Actions underway
2	All actions in place
16	Completed*

### 4. Commissioning and Contracting 6 actions

1	No progress against action
0	Actions underway
1	All actions in place
4	Completed*

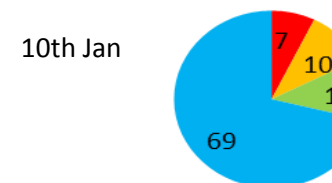
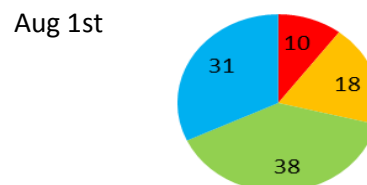
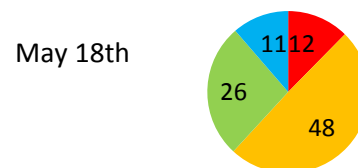
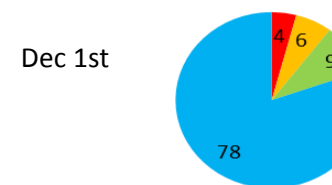
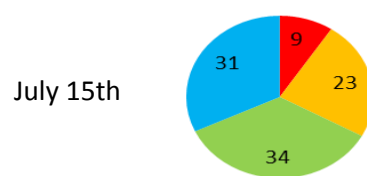
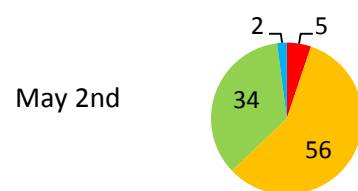
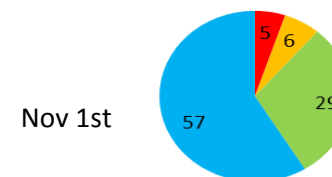
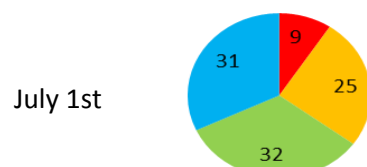
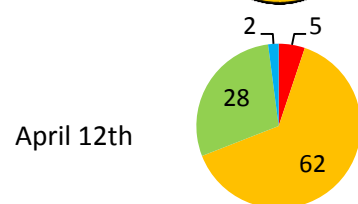
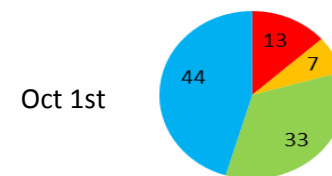
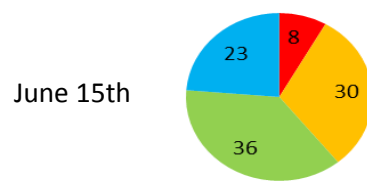
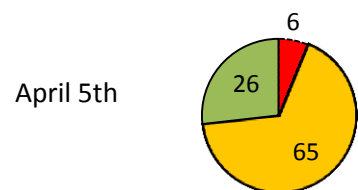
### 5. Joint Committee and System Working (5 actions)

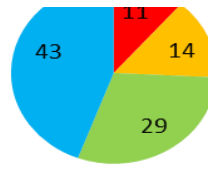
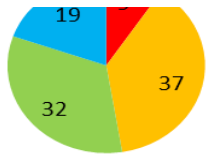
0	No progress against action
0	Actions underway
1	All actions in place
4	Completed*



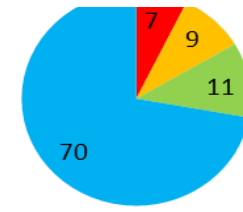


Improvement Areas	Red	Amber	Green	Blue
1. Leadership, Structure &OD	1	0	1	25
2. Financial Management/ Recovery	1	1	1	10
3. Governance and reporting arrangements	0	1	2	16
4. Commissioning and Contracting	1	0	1	4
5. Joint Committee/ System Working	0	0	1	4
6. CCG Annual Assessment Areas for Improvement/ other External Recommendations	0	7	2	18
<b>Total</b>	<b>3</b>	<b>9</b>	<b>8</b>	<b>77</b>
Last report (01/02/19)	7	9	11	70

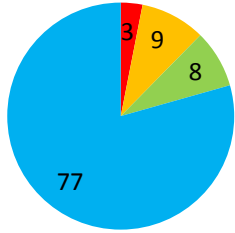




12th Feb



Mar 10th





**IMPROVEMENT PLAN (DELIVERY)**

red text = latest update

1 Leadership, Structure and OD																
Recommendation	No.	Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Updated	RAG	new	Evidence Status	Evidence detail	Actions to complete action		
The AO and the Chair must take responsibility for the leadership and governance issues identified and urgently put in place plans to address these which should include, but not be limited to, the actions below. (PwC 1)	1.1	Develop an Improvement Plan overseen by the Improvement Director, to include actions, responsibilities and timescales, measures of success/KPIs.	AO (CG)		Jan 18 to March 18	% of recommendations implemented.	Improvement Plan developed and approved by NHSE. 100% of recommendations implemented.	Complete: Improvement Plan developed and approved by SCCG GB on the 28th March 2018. E-mailed to Andrew Pike on the 29th March 2018 and signed off by NHSE.		01/11/2018	B	evidence in folder	Improvement Plan, GB updates on the plan and GB minutes where plan was approved	None		
	1.2	Review CCG Chair's Job Description to ensure that the role of the Chair is clearly defined.	AO (CG)	AD P&G (MA)	May-18		Chairman's Job Description reviewed and coaching programme commenced.	Completed - Coaching programme arranged and 1-1 sessions held with Commissioning and Capability Team. Further coaching to be provided through the 'Buddy' arrangements established with NEE and specialist training courses around financial and non-financial performance scrutiny and challenge (arranged for October Seminar Board).		01/09/2018	B	evidence in folder	Chairs reviewed JD	None		
	1.3	Ensure rigour and compliance with the CCG's governance processes, through education and training, review of previous breaches and lessons learned.	Chair/ AO (JGL/MH)	AD P&G (MA)	Jul-18	% of IG breaches. % of COI breaches. % of incidents / accidents reported. Staff sickness absence reporting. % of procurement breaches. % of staff attending mandatory training. % of invoices paid by PO. % complaints responded to within the required timeframes.	Rolling GB and staff training programme covering all Governance topics reviewed with feedback from staff and revised programme commenced. - 100% staff attendance of governance training programme.	Training programme developed for 2018/19. Formal RCA analysis being undertaken on Complaints and IG incidents identified by the Quality Team and lessons learnt to be shared and incorporated into the CCGs' training programme. Completed and ongoing - Evidence QFP Governance reports monitoring governance outcome measures, PD reports from NHSE and Complaints RCA undertaken by Walden Strategy Ltd. CCGs' training programme reflects lessons learnt from past governance breaches. External investigation being undertaken on complex complaint.		07/12/2018	B	Agenda or notes of Governance workshop. Training programme for staff and GB	Procurement action plan (Uplands), Uplands AC paper, lessons learned from complaints investigation (QFP paper), IG breach incident reporting form	None		
	1.3.1	- 100% of governance breaches investigated and lessons learned exercise undertaken with staff involved.	AO (CG)	AD P&G (MA)	Sep-18	As above	100% of governance breaches investigated and lessons learned exercise undertaken with staff involved.	External review undertaken of significant governance breach identified and action plan developed to prevent reoccurrence. Key lessons learnt relate to training, communication, policy awareness, performance management of staff. Project to commence to develop policy index, includes summary of each policy and hyperlink to appendices for the CCGs website. Training programme for the year developed. Final two actions outstanding in relation to the Procurement action plan currently being reviewed. Actions remain outstanding - realistic deadline for completion to be agreed. 100% of known governance breaches investigated. This action will be ongoing. Staff are aware to raise queries with members of the Governance Team/specialist experts and training is provided on all key areas on an annual basis. Completed - 100% of governance breaches identified to date have been investigated. Action plans have been developed and lessons learnt communicated to staff directly involved with the incident. Further training to be provided to all staff to percent reoccurrence of such incidents going forward.		07/12/2018	B	Procurement action plan. Governance breach reports.	AS ABOVE	AS ABOVE		
		- Staff held to account for governance breaches where appropriate.	AO (CG)	AD P&G (MA)	Sep-18		Staff held to account for governance breaches where appropriate.	Difficult conversation and appraisal training provided to CCG Management Team. Governance Team undertaken RCA of Governance breaches. IG breaches currently investigated automatically and lessons learnt shared with staff. IG breach identified by Quality Team and RCA undertaken and issue resolved with lessons learnt shared. The CCG's 'Managing Performance Policy' has been reviewed and approved by CMT and Remco Committee. Members agreed for the CCGs' to adopt the NHS Employers People Management Toolkit. The CCG's appraisal paperwork has been reviewed for consistency across the two CCGs and training has been provided in relation to undertaking appraisals and having difficult conversations with staff. The Talent Map has now been completed for both CCGs and the outcome presented to CMT on the 27th July. CMT have requested that the results are cascaded as part of the appraisal process.		07/12/2018	B	managing performance policy required. Copy of results and email cascade	Staff training Policy, Managing Performance Policy	AS ABOVE		
	1.3.2	- Review of SOs and SFIs undertaken and training provided to 100% of staff.	AO (CG)	DCFO (KL)	Oct-18	% of staff attending SO/SFI training.	Review of SOs and SFIs undertaken and training provided to 100% of staff.	SFIs and SO review undertaken for GB approval. <b>To be presented to the March 2019 Governing Body with the revised Constitution for approval.</b>		12.02.19	G	revised SOs and SFIs required	Lee to send draft SO/Sis through as evidence of progress	Evidence required		
	1.4	Commission external OD resource to develop a robust OD Strategy and training programme for the CCGs' Executive team, Governing Body members and staff where necessary.														
	1.4.1	- External OD support secured and 100% of assessments undertaken in respect of Governing Body members individual training and development needs.	AO (CG)	AD P&G (MA)	Jul-18	% of training needs assessments undertaken on GB members.	External OD support secured and 100% of assessments undertaken in respect of Governing Body members individual training and development needs.	OD Strategy in place. GGI commissioned to undertake OD programme with both Governing Bodies. <b>PwC commissioned to undertake Wider OD programme across both CCGs in February 2019.</b>		12.02.19	B	training programme or report required	Procurement of OD support from GGI specification document	Evidence in folder		
	1.4.2	- Training budget identified for 2018/19.	AO (CG)	AD P&G (MA)	March/ April 18		Training budget identified for 2018/19.	£30k training budget set aside for 2018/19 both CCGs.		01/07/2018	B	copy of budget that identifies training resource	Final CCG structures and change management policy, budget statement	Evidence in folder		

1. Leadership, Structure and Organisational Development

	1.5	Participate in the NHSE Commissioning Capability Programme.	AO (CG)	AD P&G (MA)	May 18  July 18	% of CCG staff placed on the CCG's local talent mapping grid.  % of participants completing 12 week programme.	Talent mapping exercise undertaken internally for 100% of staff and details of NHSE Commissioning and Capability Programme obtained.  Actively participating in the NHSE Commissioning and Capability Programme.	Talent map across CPR and Southend CCGs completed and reviewed by CMT prior to presentation to Remco on the 6th August 2018.  Programme completed early due to Executive vacancies.	01/09/2018	B	evidence in folder	NHSE CCP terms of reference, CCP programme, SCCG Team Charter, change management policy, outcome of consultation, final structures	Evidence in folder	
	1.6	Move Governance and performance portfolio from CFO to the Director of Strategy and Planning	AO (CG)	AD P&G (MA)	Mar-18		Accountability for governance and performance portfolio moved to the Director of Strategy and Planning's portfolio and clearly reflected in the relevant Job Descriptions.	This has been reflected in the proposed restructure and included in the job description for the Director of Strategy and Planning, currently being recruited to.  Successful recruitment and working arrangements commenced. Director of Strategy Planning recruited and start date currently being agreed. Director of Strategy Planning recruited and start date 7th November 2018.	01/09/2018	B	evidence in folder	Consultation document and final CCG structures, outcome of consultation	Evidence in folder	
A recovery programme should be drawn up for the CCG covering: • Culture and behaviours structures • Performance reporting • Governance framework Progress against the recovery programme should be regularly reported to the Governing Body. (PwC 2).	1.7	Recruit to executive structure, utilising an assessment centre approach to ensure that values, behaviours and performance, including strategic financial leadership approach, are key determinants of selection	ID (AM)	AD P&G (MA)	April - Sept 18	% Executive team recruited through assessment centre approach.  % of Executive team receiving interview coaching support.	External support commissioned for provision of assessment centres for Executive appointments.  Interview questions developed to sufficiently challenge candidates around values, behaviours, performance and leadership style.  Interview coaching offered to 100% of executive candidates.	External Assessment Centre commissioned for Executive appointments.  All Executive posts recruited to with the exception of the AO. Interim arrangements whilst recruitment of the AO is undertaken.  Interview coaching offered to 100% of internal executive candidates.	28/11/2018	B	All directors now in post	Assessment centre email	Evidence in folder	
	1.8	Revise and consult on joint management structure.	AO (CG)	AD P&G (MA)	Apr-18	% of staff appointed to roles within the revised structure/ alternative employment secured/ staff made redundant.	Joint management structure implemented in line with timeframe set out on slide 32.	Completed - new structure implemented from the 1st October - recruitment of vacancies underway.	01/11/2018	B	evidence in folder	Final CCG Management Structure, email detailing consultation outcome and structures	Evidence in folder	
	1.9	Review best practice and revise performance reports to support the CCG's Governing Body and sub-committees to challenge areas of poor performance and ensure sufficient recovery plans are in place and implemented within the agreed timeframes.	AO (CG)	AD P&G (MA)	Feb 18  April 18  Aug 18	Improvement in performance against recovery areas.	Re-procurement of BI function undertaken to ensure appropriate support of performance analysis.  STP wide performance information included within CCG level performance report.  Overarching integrated performance report developed and deep dive analysis of performance concerns undertaken at FRG.	Completed - Arden Gem appointed through the re-procurement process to provide BI function through CSU arrangement.  James Buschor to provide STP wide performance information.  Critical path deliverables to be identified against all recovery plans and detailed updates to be provided to QFP as part of the standard performance report.	01/09/2018	B	evidence in folder	Revised Integrated performance report	Evidence in folder	
	1.10	To undertake governance review, through external support to ensure best practice and fully implement recommendations.												
	1.10.1	Governance review undertaken.	AO (CG)	Int. Gov. Spec. (AB)	Feb-18		Governance review undertaken.	Governance review undertaken. Need to establish programme of organisational and personal development to ensure the revised governance structure takes root and supports effective practice across CCG.  Will require detailed training programme in order to ensure broad corporate understanding of governance requirements and how to work with them to support achievement of corporate objectives. <b>Review is complete</b>	07/12/2018		report of review of governance	July Constitution Report for SCCG and CP&R. Report writing database	None	
	1.10.2	Joint governance structure in place, where appropriate.	AO (CG)	Int. Gov. Spec. (AB)	Apr-18	% of recommendations fully implemented	Joint governance structure in place, where appropriate.  Recommendations fully implemented.	Meanwhile, interim arrangements are being put in place which will allow increased levels of joint governance activity where this can be achieved while maintaining consistency with statutory and regulatory requirements. Structures are currently out to consultation with consultation being complete on 15th June. New structure now being released w/c 9th July. <b>Complete</b>	07/07/2018	R	agreed structure showing governance support required	CPR and Southend Governance structure	Evidence in folder	
	1.10.3	Recommendations fully implemented.	AO (CG)	Int. Gov. Spec. (AB)	Aug-18			CEC approved the proposed amendments to the Constitutions in line with NHSE feedback on the 10th January 2019. Constitutions to be amended and submitted to member practices for approval and CCG Governing Body in March 2019.	12.02.19		new constitutions, strategy with vision and values, terms of reference for GB sub groups and proof that these have been agreed by NHSE	Constitutional checklist and impact assessment. CPR and Southend letters and memos etc.	Action complete but reliant on other tasks to be complete to turn green and blue as an overall action. Evidence also required	
	1.11	Include monitoring of improvement plan on every GB agenda as a standing item to support members scrutiny and challenge of progress made against agreed actions.	Chair (JGL)	AD P&G (MA)	Apr-18	% of GB meetings receiving Improvement Plan updates.	Progress report against Improvement Plan actions presented at 100% of GB meetings.  Improvement Plan approved by CCG GB members and accountability clearly defined against each action.  Lay member JDs reviewed to reflect joint working arrangements across Southend and CPR CCGs.	Included on GB work plan and reports being written and presented. CMT to receive regular updates with a detailed review of progress on a monthly basis with attendance from NHSE.  Completed - Lay Member JDs submitted to Remco. Meeting to be held with individuals re time commitment and further paper to be submitted in relation to remuneration.	01/09/2018	B	evidence in folder	GB paper on IP. Lay member JDs, GB papers on the Improvement Plan	Evidence in folder	
	1.12	Develop joint Executive Team structure for consultation, to reflect PwC recommendations, realign Executive portfolios and to reduce the size of the CFO's portfolio. To include portfolio of interim Director of Operations.	AO (CG)	AD P&G (MA)	Jan-18		CFO's portfolio reduced by moving Governance and Performance areas to Director of Strategy and Planning.	Completed - Joint Executive Structure revised to reflect PwC recommendations and approved by NHSE. Paper approved by GB on the 1st February 2018 and structure currently being recruited to.  Evidence: Consultation Outcome Document and GB/Remco minutes	01/09/2018	B	evidence in folder	Final CCG structures	Evidence in folder	

support and a Director of Operations role • The current gap in relation to Executive oversight of non-elective commissioning. (PwC 3)	1.13	Obtain GB approval for restructure.	AO (CG)	AD P&G (MA)	Feb-18		CCG GB and NHSE approval of Joint Executive Team structure.	Approved Evidence: Consultation Outcome Document and Remco minutes		01/09/2018	B	evidence in folder	Final Structures	Evidence in folder
	1.14	Extend Executive Team consultation process by 2 weeks for those staff affected, as a result of the updated Executive structure.	AO (CG)	AD P&G (MA)	Feb-18		Initial consultation process relating to Executive Team restructure completed.	Completed - Executive Team structure currently being recruited to. Evidence: Consultation Outcome Document		01/09/2018	B	evidence in folder	Final Structures and outcome presentation	Evidence in folder
	1.15	Undertake interviews for all Executive posts, utilising an assessment centre approach for all candidates.	AO (CG)	HRBP (KP)	April - June 2018	% interviews undertaken.	100% Executive Team interviews held.	Interim AO in place from 1/09/18 Interviews for Director of Strategy Planning held 20th July 2018 Appointment made in process of Recruitment checks Interviews for Director of Partnerships - CP&R held 18th July 2018 Appointment made		01/11/2018	B	no evidence required		Evidence in folder
	1.16	Appoint Improvement Director.	AO (CG)	HRBP (KP)	Dec-17	% Contract objectives and deliverables achieved.	Improvement Director in post.	Started part time mid-October and full time from mid-December.		01/12/2017	B	evidence in folder	Improvement Director Contract	Evidence in folder
	1.17	Align to STP and commence new working arrangements.	AO (CG)	HRBP (KP)	Apr-18	% of staff aligned to the STP undertaking new working arrangements.	CCG staff identified to work across STP and new working arrangements commenced.	All process and actions in place		01/11/2018	B	arrangement s have been running for over 3 months so taken as embedded		Evidence in folder
	1.18	Commence consultation with all staff in relation to restructure Band 9 and below.	AO (CG)	HRBP (KP)	May-18		Joint management structure implemented in line with timeframe set out on slide 32.	Additional HR support commissioned until June 2018 to support the process. Consultation commenced. Extended to 30th September 2018		01/11/2018	B	evidence in folder	Consultation documents	Evidence in folder
	1.19	Complete staff consultation exercise in relation to joint staffing structures across SEE CCGs.	AO (CG)	HRBP (KP)	Jun-18	% of staff appointed to roles within the revised structure/ alternative employment secured/ staff made redundant.	As above	Consultation closed on 15th June 2018. HR processes followed to align staff to the new structure. All job descriptions renewed and communicated to staff. Job descriptions for new posts evaluated in conjunction with staff side. Formal 1-1 meetings held with all staff identified 'at risk' and process of ring fenced roles commenced and complete.		22/11/2018	B	evidence in folder	Consultation documents, outcome to consultation and final structures	Evidence in folder
	1.20	Arrange away days for executive team and full staff group to embed new structure.	AO (CG)	AD P&G (MA)	Sep-18	% attendance at Executive/ GB/staff development sessions.	Programme of Executive/ staff development sessions scheduled throughout the year.	Programme of development / away days arranged. STP team holding away days with joint posts. Away days arranged for all directorates.		07/12/2018	B	programme of development and away day dates	Email with Directorate Away Days detailed	Evidence in folder
	1.21	Clearly define Executive accountability for operational NEL within the Director of Primary Care and Operations job description.	AO (CG)	AD P&G (MA)	Feb-18	% reduction in NELs.	Job description developed.	Completed -Director in post and accountability within JD.		01/11/2018	B	copy of JD	Director of Primary Care JD	Evidence in folder
	1.22	Appoint interim operational NEL lead	AO (CG)	HRBP (KP)	Dec-17		Interim in place.	Interim in place.		01/06/2018	B	No evidence required		Evidence in folder
	1.23	Provide training session for Governing Body members to support sufficient challenge of financial and non-financial performance.	AO (CG)	AD P&G (MA)	Sep-18	% of GB members attending training session.	Training session provided to 100% of GB members.	Completed - October Seminar GB Session.		01/11/2018	B	Slides from training session, governance action plan	Slides from session	Evidence in folder
	1.24	Succession plan developed for senior staff and GB members.	AO (CG)	AD P&G (MA)	Oct-18	% of staff identified as future talent attending CCG supported training programmes.	Succession plan in place linked to talent mapping exercise and ongoing OD and training programme.	Talent map completed and approved by CMT on the 27th July 2018 and noted by Remco on the 6th August 2018. <b>Succession plan in place and training needs identified to support succession.</b>		10/03/19	B	minutes to show talent map has been approved	Exert from Remco minutes approving talent map	Evidence in folder
	1.25	Review Staff Involvement Group and ensure that members provide input into training and development of all staff.	AO (CG)	AD P&G (MA)	Sep-18		Joint Staff Involvement Group in place with links to Staff Forum.	Completed		10/03/19	B	evidence in folder	SIG actions for discussion, Mindful charter for employees, staff survey	Evidence in folder

2 Financial Management and Recovery															
Recommendation	No.	Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Date	RAG	Evidence Status	Evidence detail	Actions to complete action		
A clearly defined FRP should be urgently developed to allow the CCG to map out how and when it can recover to NHS England business rules and identify key risks and mitigations on the road to recovery. It is likely that the CCG will need support in terms of capacity and capability to deliver this. (PwC 4)	2.1	Prepare draft Medium Term Financial Plan (MTFP), supporting document to the CCG'S Improvement Plan and submit to NHSE for feedback.	CFO (MB)	DCFO (KL)	Jan/Feb 2018		Draft MTFP in place incorporating feedback from NHSE.	First draft MTFP submitted to NHSE for initial review on 22nd December 2017. Feedback received. Revised drafts were submitted to NHSE at the end of January and in February. At the end of February NHSE reported that whilst the plan was not yet fully compliant they were pleased that significant progress had been made. Action related to production of draft now complete.	11/05/2018	B	evidence in folder	MTFP	Evidence in folder		
	2.2	Obtain Governing Body approval of draft MTFP underpinned by undertaking a more in-depth review of financial plans to allow more time to understand, challenge and own the plan.	AO/CFO (CG/MB)	DCFO (KL)	Feb/Mar 2018		GB approved MTFP in place.	The summary outputs from the MTFP were included in the IP and therefore seen and approved by the GB on the 28th March.	01/06/2018	B	evidence in folder	GB Minutes approving MTFP	Evidence in folder		
	2.3	The summary outputs from the MTFP were included in the IP and therefore seen and approved by the GB on the 28th March.	AO/CFO (CG/MB)	DCFO (KL)	Feb/Mar 2018 date change by Andrew Pike to April 18		NHSE approved MTFP in place.	Complete: MTFP to be submitted to NHSE for agreement, in light of both feedback from the formal review of the high level plan by NHS England M&E Regional Director on 23rd Feb and ongoing work to clarify requirement to increase activity to match the national ambition.  Financial Plan for 2018/19 was submitted on 30th April. Feedback from NHSE is that the plan is compliant. Note action can be marked complete once NHSE confirm plan is 'final' and focus when focus will switch to delivery.	01/06/2018	B	evidence in folder	MTFP, GB Minutes approving MTFP	Evidence in folder		
As part of the budget setting process budget holders should sign off their respective budget areas to ensure that they are accountable to deliver their budgets. (PwC 15).	2.4	Involve Budget Holders in formulation of budgets to ensure ownership and obtain Budget Holder sign off of budgets for the 2018/19 financial year.	CFO (MB)	DCFO (KL)	Mar-18	% budgets signed off by budget holders.	100% budgets formulated with involvement from budget holder and signed off.	Financial Plan taken to CMT in early March. 18/19 financial plan approved at GB. The finance managers are currently working with budget holders to secure sign off of budgets. Due for total sign off by budget holders by the end of April for implementation in June.  In progress for 2019/20.	12.02.19	A	awaiting evidence	Budget holders signatures	Evidence in folder		
	2.5	Hold monthly meetings with budget holders to review forecasting and agree actions to address areas of concern when identified.	CFO (MB)	DCFO (KL)	Jul-18	% of monthly budget meetings held.	Monthly meetings held with Budget Holders and their SPOC within the Finance Team.	Taking place currently. Putting in place a more formal arrangement to document the monthly meetings taking place. First round of budget meetings took place in June so action now being marked as complete.  Finance Team confirmed that monthly budget meetings are taking place with all Executive budget holders.	10.03.19	G	notes from monthly meetings	emails of proof of meetings and budget into	Evidence in folder		
	2.6	Provide budget holder training in line with CCG Budgetary Control Policy.	CFO (MB)	DCFO (KL)	Sep-18	% of Budget Holders attending training.	100% of Budget Holders to attend budget holder training session.	The October GB Seminar had externally delivered (and internally supported) Finance Training for Governing Body members. CMT on 7th November has been dedicated to financial issues, QIPP & budget review, with detailed presentation of the month 6 financial position – broken down by expenditure category and responsible Exec. Budget Holder Training Packs to BHS (as opposed to Execs) are in the process of being developed for subsequent delivery.  Budget holder training provided to all budget holders. The Interim Deputy CFO has met with each Executive to run through their budgets and to ensure that they understand their responsibilities. Further training will be provided should budgets be delegated further down the structures accordingly.	10/01/2019	B	notes or presentation from budget holder training	GB seminar training pack and notes of meeting with Exec re, budget	None		
	2.7	Formulate budget timetable.	CFO (MB)	DCFO (KL)	Jan-18		Timetable in place.	Complete	11/05/2018	B	evidence in folder	timetable	none		
Strengthen the capacity and capability of the finance function: the merger of the functions across the two CCGs should be considered. (PwC 16)	2.8	Undertake high level comparison with other CCGs to help determine requirements, obtain best value for money and ensure fit for purpose. Determine new structure to cover both CCGs. Consult on changes and follow due process with HR advice and support to fill posts in unified structure.	CFO (MB)	DCFO (KL)	May-18		Skills audit undertaken and revised structure developed merging the finance functions across the two CCGs and strengthening capacity and capability across the team.	Interim CFO in post from November 2018.  Team is stable, with significant experience and all Finance staff are now based in Castle Road, Rayleigh (CP&R CCG) to assist in nurturing a joint working approach.  Following the joint executive structures a new finance structure has been approved with most key posts substantively filled. Two remaining senior posts are out to advert and are expected to be recruited imminently, the team has some short-term senior Interim capacity to assist and support improvement	29/11/2018	B	evidence in folder	CCG final structure	Complete but may need further evidence		
	2.9	Training plan developed for Finance Team following outcomes of skills audit.	CFO (MB)	DCFO (KL)	Sep-18		Training plan in place, supported by appropriate level of funding.	All finalised JDs and consultation now completed. Outline training plan being drafted. Final plan will be finalised once substantive post holders are in place - so that final plan can include feedback from those who will receive the training. Training expected to start Early December.  The skills audit for Finance staff needs to be undertaken and a training plan produced. External provider to support this audit in February 2019. PwC to be advised of this requirement.	12.02.19	R	Skills audit ad training programme required		Complete action and provide evidence. Slipped to February completion		
The PMO should identify the recurrent and non-recurrent nature of each QIPP scheme. (PwC 14 a).	2.10	Review QIPP reporting to ensure identification of recurrent and non-recurrent elements of each QIPP scheme.	CFO (MB)	AD P&Q (VM)	Feb-18		QIPP reports clearly identify recurrent and non-recurrent elements of each QIPP scheme.	Complete	11/05/2018	B	evidence in folder	QIPP tracker	None		
The PMO to RAG rate each QIPP scheme separately rather than rating the work stream level. PwC 14b).	2.11	Ensure that the scheme level RAG rating already included in PMO QIPP reports is presented to FRG, QFP and GB where applicable.	CFO (MB)	AD P&Q (VM)	Feb-18		Scheme level RAG rating included in QIPP reports to FRG, QFP and GB.	Complete	11/05/2018	B	evidence in folder	QIPP tracker	None		
The PMO should review the return on investment of QIPP schemes and stop further investments when QIPP schemes are not viable or are generating negative savings. (PwC 14c).	2.12	Undertake benefits realisation exercises on existing QIPP schemes at agreed intervals.	CFO (MB)	AD P&Q (VM)	April 2018 ++	% delivery against QIPP target.	Benefits realisation exercise undertaken on implemented QIPP schemes and cease those that are not viable.	Complete: i) Interim Operations Director has undertaken benefits realisation exercises with Commissioning leads to ensure schemes provide a return on investment and further opportunities identified. ii) The Financial recovery group also logged a decision to on 6 monthly review of all QIPP schemes at FRG to go through lessons learned and review return on investments. QIPP tracker produced and realisation of schemes discussed every month when tracker is produced.	11/05/2018	B	System QIPP Plan and results from realisation exercise	QIPP tracker	None - but benefits realisation done every time the tracker is produced within FRG.		

	2.13	Conduct a series of workshops to review the demand management QIPP schemes. Specific focus on: Initial modelling and assumptions undermining the impact on patients and ROI. Establishing ambitious but realistic targets Ensuring the value of the impact of the schemes both financially and clinically. Create a specification that delivers the agreed service with clear measurable. Regular feedback to be provided to FRG and Executive Team.	IOQL (NS)	AD P&Q (VM)	Mar-18	% acute activity reduction.	As above.	Complete: Workshops undertaken and further opportunities identified.	11/05/2018	B	evidence in folder	Workshop outputs	None
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3. Governance and Reporting Arrangements

3 Governance and Reporting Arrangements																							
Recommendation	No.		Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Date	RAG		Evidence Status	Evidence detail	Actions to complete action								
Focus on financial recovery through the governance framework should be increased: the Governing Body should have more oversight of the delivery of the financial recovery plan and should receive detailed reports from the Finance Recovery Group (FRG), through the QFP, on a monthly basis. (PwC 5)	3.1		Review QFP Committee and other committee structures ensure they are fit for purpose and that there are no omissions e.g. level of scrutiny of financial and non financial performance to provide assurance for Governing Body (GB).	AO (CG)	Int. Gov. Spec. (AB)	Jul-18		Audit of sub-committee effectiveness undertaken and analysis of % time taken by each committee on key areas e.g. Finance, Quality, Primary Care etc. presented to CMT for review.  GB agreed terms of reference etc. at 26/7 meeting. Interim arrangements agreed - but formal implementation dependent on NHS England approval. <b>Completed - on March GB agenda for approval.</b>	Revised committee structures have been agreed by both governing bodies. Revised membership of committees, calendar of meetings and arrangements for meetings in common where formal joint committees are being finalised. Drafts have been considered by CECs for both CCGs and by some of the main committees - will be further developed in time for adoption at GBs in May.	14.03.19	14.03.19	G	New committee structures with their TOR. Last 3 months of QFP minutes	TOR for sub committees. Minutes of Committees in common.	Evidence in folder								
	3.2		Review reporting and escalation arrangements of the FRG.	ID (AM)	Int. Gov. Spec. (AB)			FRG escalation point to weekly CMT meeting.	Terms of Reference for FRG reviewed by Interim Improvement Director and reporting lines amended to provide escalation to weekly CMT.		01/07/2018	B	TOR for FRG	summary of responsibilities and TOR for FRG	Evidence in folder								
	3.3		Review QFP membership, work plan and agendas to ensure sufficient time is given to undertake detailed scrutiny of financial and performance recovery plans.	CFO (MB)	Int. Gov. Spec. (AB)	Mar-18		Appropriate time dedicated on committee / GB agendas to support scrutiny of financial and non financial performance items.	Complete. Revised committee structure have been agreed by both governing bodies. Revised membership of committees, calendar of meetings and arrangements for meetings in common are in place. First meeting (in common) has taken place. <b>Completed - on March GB agenda for approval.</b>		14.03.19	14.03.19	G	QFP terms of reference and work plan. Last 2 months QFP minutes	QFP new TOR and last 2 QFP minutes. Committees in Common minutes	Evidence in folder							
	3.4		Provide a written finance and performance report for GB regardless of whether there is a formal meeting on a monthly basis and ensure areas of concern are challenged locally with Executive and Operational leads accountable for these areas and through STP leads for system wide performance issues.	CFO (MB)	DCFO (KL)	Apr-18		Monthly financial and non-financial performance reports provided to the GB.  Deep dive analysis and review of progress against recovery plans undertaken at FRG.	Detailed monthly reports will be provided from June 2018 as this will be the first month of reporting on the new financial year.  Finance update paper presented to QFP and May GBs  <b>The updates provided by leads for the Integrated Performance Report vary in terms of quality and assurance provided. Further work taking place to ensure that this is addressed and that the required BI is available to support commissioning leads.</b>			12.02.19	A	evidence in folder	Finance update	Evidence in folder							
Governance framework A. The governance framework in place across Southend and CP&R CCGs should be revised to eliminate duplication as far as possible (recognising that whilst the CCGs remain as separate sovereign bodies the governance frameworks cannot be merged completely). B. The role of each governance meeting should be defined along with the delegated decision-making arrangements where relevant. Training should be provided to all staff on the CCG's governance framework including Standing Orders and SFIs. (PwC 8)	3.5		Commission external support to review committee arrangements across both CCGs to eliminate duplication, ensure consistency of approach and decision making across the south east Essex system.	AO (CG)	AD P&G (MA)	Mar/ April 2018	% of staff resources spent attending meetings.	Governance structure reviewed across both CCGs and joint structure established where appropriate.	Completed		01/09/2018	B	evidence in folder	Reports of Governance structures, constitution report, combined terms of reference.	Evidence in folder								
	3.6		Obtain GB approval of paper setting out direction of travel.	AO (CG)	Int. Gov. Spec. (AB)	Feb-18		Proposed direction of travel approved by the CCG GB.	Complete		11/05/2018	B	evidence in folder	GB minutes	Evidence in folder								
	3.7		Commission external support to review CCG Constitutions in line with legal advice provided. Set out clear lines of delegated authority.	AO (CG)	AD P&G (MA)	Mar/ April 2018	% of member practices that have signed off the Constitutions.	Constitutions reviewed and signed off by members.  Legal advice obtained in respect of governance constraints surrounding separate sovereign bodies.  Revised Constitutions approved by CCG Governing Bodies in May meetings and sent out to Members for sign off, prior to submission to NHSE. (See 1.10.3 for progress)	Interim support commissioned to ensure that the governance framework is revised and implemented.		28/11/2018	B	constitution and sign off	Constitution submitted to NHSE, member practices sign off and log	Evidence in folder								
	3.8		Review Terms of reference (ToR) of each committee in light of changes referred to above.	AO (CG)	Int. Gov. Spec. (AB)	Mar-18		Terms of reference reviewed to reflect joint governance structure.	Draft ToR presented to Governing Body.  Committees considerations of Terms of Reference submitted to 26th July GB  GB agreed terms of reference etc. at 26/7 meeting. Interim arrangements agreed - but formal implementation dependent on NHS England approval. Submission was made to NHS England on 24 August 2018.  <b>Complete</b>		13/11/2018	B	TOR for each sub committee of the GB	Terms of reference for all sub committees	Evidence in folder								
	3.9		Present revised ToR to GB for approval.	AO (CG)	Int. Gov. Spec. (AB)	Mar-18		Terms of Reference approved by the CCGs' Governing Bodies.	Draft ToR presented to Governing Body.  GB agreed terms of reference etc. at 26/7 meeting. Interim arrangements agreed <b>Complete</b>		28/11/2018	B	Constitution outlining GB role	TOR for sub committees. Minutes of GB and submitted constitution	Evidence in folder								
	3.10		Update Organisational Development Strategy to include governance, procurement, matrix working, commissioning, change management, contracting, programme and project management training, and refresh it generally for all staff and Governing Body members, including SOs and SFIs. Ensuring that training needs are linked to delivery of organisational priorities and the CCG's appraisal process.	AO (CG)	AD P&G (MA)	Jun-18	% of staff attending training.	Training matrix developed providing a schematic of all training modules and staff groups affected.  100% of staff attending training where necessary.	OD Strategy in place and training being rolled out.		01/11/2018	B	copy of OD strategy when signed off	OD Strategy and OD GB Agenda, various training presentations	Evidence in folder								
	3.11		Provide targeted training for all relevant staff to ensure full compliance with good governance practice.	AO (CG)	AD P&G (MA)	May-18		Training needs identified within PDR and training provided where necessary.	Training programme developed for 2018-19		06/12/2018	B	copy of training programme required	Copies of training materials that have been used for training sessions with staff, learning set programme	Evidence in folder								

Performance reporting The structure and content of financial and non-financial performance reports should be brought into line with good practice. (PwC 9)	3.12	Review performance reports with feedback from Governing Body members/external support, taking into account good reporting practice identified in other NHS organisations and make improvements as necessary.	DSP (CD)	AD P&G (MA)	May-18		Revised performance reports developed and approved by the CCGs' Governing Bodies.	CCG non financial performance reports have been reviewed to identify areas of best practice.  Benchmarking data where available included within the summary report.  Feedback from QFP members obtained in relation to the information they would like included to support challenge and review of progress made - report now amended to include the requirements of QFP members and top 10 actions for each recovery plan now included as part of the performance report.  NHSE Capability and Commissioning OD programme workshop include session on reporting.  Plan in place with STP performance lead re sharing performance information for CCG GB and QFP meetings.	01/09/2018	B	evidence in folder	Reviewed Integrated Performance Report	Evidence in folder	
	3.13	Present revised performance report format to the GB to seek approval that this meets its requirements.	DSP (CD)	AD P&G (MA)	May-18			Report updated and will be presented to July GB. Confirmation provided in respect of how the CCG is to present acute information going forward and this has been reflected in the report.  Completed - Acute information is to be attached as an appendix and produced by the JCT.	28/11/2018	B	GB papers	Last 3 months GB performance reports (July, Sept, Nov)	Evidence in folder	
Challenge and scrutiny Training should be provided to Governing Body and sub-committee members on how to use the new performance reports to challenge and scrutinise activities. (PwC 10)	3.14	Undertake skills audit through talent mapping process and develop training plan for inclusion in the refreshed OD Strategy.	DSP (CD)	AD P&G (MA)	Jun-18	% staff assessed.	Skills audit undertaken and training plan developed.	Talent mapping exercise undertaken and training programme developed.	07/12/2018	B	Minutes and strategy	Remco minutes of agreement of talent map, OD strategy and action plan	Evidence in folder	
	3.15	Implement training programme.	DSP (CD)	AD P&G (MA)	Jun-18	% of staff attending identified training.		Implemented and refreshed for 2018/19.	06/12/2018	G	copy of training agenda	Copies of training materials that have been used for training sessions with staff, learning set programme. Slides from GB session on Finance	Evidence in folder	
Risk management The Risk Register should be updated to reflect the CCG's current and emerging risks. This should be used to shape agendas at governance meetings. (PwC 11)	3.16	Implement positive monthly return from risk owners/executive sponsors to capture all significant and relevant, current and emerging risks.	DSP (CD)	AD P&G (MA)	Apr-18			BAF and CRR updated and benchmarked against STP risk registers. Deep dive into BAF risks to be included on GB agenda. Training for staff and Governing Body members undertaken.	10.03.19	10.03.19	B	Risk register	Risk Management Policy, AC update paper on risk Management workshop slides	Evidence in folder
	3.17	Review Risk Management Strategy and training provided to staff to ensure that risks are appropriately identified and communicated across the organisation / system.	DSP (CD)	AD P&G (MA)	Mar-18	% of staff attending Risk Management and Incident Report training.	Risk Management Strategy reviewed, 100% of staff / GB members undertaking annual Risk Management training session and key risk areas attended to relevant committee agendas for discussion.	Complete	01/09/2018	B	evidence in folder	Risk management presentation for all staff, Risk management strategy	Evidence in folder	
	3.18	Provide additional training to CCG risk management officer to support the risk review process.	DSP (CD)	AD P&G (MA)	May-18		Provide additional training to CCG risk management officer to support the risk review process.	Arinte H&S Advisor prided risk assessment training.  Risk Management training session held with Mazars.  Dedicated Risk Management Provided for Governance Officer- Attended  Risk Management and Incident Reporting session held with CCG staff and will be repeated in March.  Further GB risk session to be provided in February 2019.	12.02.19	B	no evidence required	n/a	Evidence in folder	
Performance reporting The frequency of formal Governing Body meetings should be increased to monthly. (PwC 12)	3.19	Request CCG GB to consider recommendation to increase frequency of GB meetings to monthly, having regard to good practice and value for money.	Chair (JGL)	Int. Gov. Spec. (AB)	Mar-18			Recommendation presented to Governing Bodies and agreement for performance updates to be provided to both public and non-public Governing Body meetings which supports monthly review by the Governing Body of key performance issues.  Revised calendar of meetings presented and approved by both CECs	11/05/2018	B	Last 3 months of performance reports to GB	June, Aug, Sept Integrated Performance Reports	Evidence in folder	

4 Commissioning and Contracting																							
Recommendation	No.		Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Date	RAG		Evidence Status	Evidence detail	Actions to complete action								
4. Commissioning and Contracting	4.1		Ensure CFO /Executive attendance at all contract negotiation meetings.	AO/CFO (CG/MB)	AO/CFO (CG/ MB)	Feb 2018 +++	% of contract negotiation meetings attended by Executive members.	100% of contract negotiation meetings undertaken with Executive level representation in attendance.	Interim CFO in place, meetings diarised Liaise with Louis Kamfer, the JEC CFO, on all the contracts being led by the JEC to ensure that they remain affordable.  <b>Feedback from stakeholders that the Executive Team has been very supportive and engaged with the contract process and wider system issues - evidence GGI report.</b>	10.03.19	10.03.19	G	notes from contract meetings showing attendance										
	4.2		Agree joint contracting arrangements to be undertaken with the STP JC on behalf of the CCG.	AO (CG)	AO (CG)	Mar-18			Governance structure formally agreed. CCG to take part in shadow sub committees to discuss how it may work in the future and to develop a terms of reference. 2018/19 contracts agreed by STP with 3 block contracts in place.		01/11/2018	B	evidence in folder	MSB Contract	Evidence folder								
	4.3		Undertake review of contracting function through formal procurement process.	AO (CG)	AD C&C (EH)	Mar-18		CCG contracting needs assessment undertaken and contracting service model reviewed to meet the needs of the CCGs.	Decision made to bring contracting team in house, hosted by Mid Essex as part of the Joint Committee team on behalf of the five CCGs.  Complete		01/06/2018	B	agreed structure of joint contract team	agreed no evidence needed as this process is embedded already	None required								
	4.4		Ensure joined up contracting arrangements as part of STP through hosted arrangements and agreed reporting mechanisms.	AO (CG)	AD C&C (EH)	Apr-18			Transition in progress and on track for July 2018  Shadow arrangements in place from April 2018 and standardised reporting mechanisms in development  All actions are in place. Evidence in the form of document agreeing arrangements (Louis Kamfer to AO required).  Complete		29/11/2018	B	Letter agreeing the arrangements required as evidence	MOU, detailing contracting arrangements and hosting arrangements	Evidence in folder								
	4.5		Align CCG staff to the Joint Committee including ensuring that there is absolute role clarity where necessary whilst ensuring local ownership is maintained and the CCG has control over resource application.	AO (CG)	HRBP (KP)	Jan-18	% staff aligned to Joint Committee undertaking new working arrangements.	100% staff aligned to the Joint Committee in receipt of letter outlining their new working arrangements.	Letters sent to staff informing them of their % alignment.		01/02/2018	B	copy of structure showing new staffing arrangements	Consultation document	Evidence in folder								
	4.6		Undertake review of information and reporting requirements. Strengthening BI function in relation to performance and activity data to ensure financial and non-financial reports provide sufficient information to support CCG/sub-committee scrutiny and challenge.	AO (CG)	AD C&C (EH)	Apr-18			Procurement completed in March 2018, new provider mobilisation on track as per plan for 1st July 2018.  <b>Process completed but the CCG is not happy with the level of BI support currently being provided and this has been escalated to ArdenGem as part of the contract review meetings.</b>		12.02.19	R	evidence in folder	Contract variation and Call Off Order Form	Evidence in folder								



5 Joint Committee and System Working																							
Recommendation	No.		Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Date	RAG		Evidence Status	Evidence detail	Actions to complete action								
5. Joint Committee and System Working	Clarity is urgently needed on shared functions between the CCG and the Joint Committee; arrangements for the local implementation of Joint Committee decisions including QIPP and demand management need to be put in place. (PwC 7)	5.1	Prepare a schedule clarifying responsibilities between both parties for agreement with the Joint Committee lead.	AO (CG)	AD C&C (EH)	Apr-18			Responsibilities and reporting/assurance processes developed by the five CCGs through several Exec team away days and workshops in March 2018.  MOU has been developed to cover this.		01/11/2018	B	Evidence in folder	Draft MOU	Evidence in folder								
		5.2	Ensure that Operational Plan refresh makes explicit the responsibilities and accountabilities relating to local and joint committee arrangements for QIPP, demand management and service improvements.	AO (CG)	AD P&G (MA)	Apr-18		2018-19 Operational Plan clearly defines local and Joint Committee arrangements against all deliverables.	Completed - approved at May Governing Bodies subject to finance section being updated.		01/11/2018	B	Evidence in folder	SCCG Operational Plan and Operational Plan Deliverables	Evidence in folder								
	Greater collaboration is required across the system, to break down barriers and allow a more rapid development of new initiatives.	5.3	Agree and progress QIPP schemes which can be driven at STP level.	AO (CG)	AD P&Q (VM)	Feb-18			Complete: STP wide Joint Schemes included in CCG 2018/19 QIPP programme . CCG continues to engage in conversations through the joint committee and joint team on the development of STP wide schemes. STP PMO network working to review documentation from all CCGs to agree a common project development template across the STP Monthly meetings continue with STP wide PMO with a view to standardising reporting templates which will supporting scoping and delivery of new schemes. The STP PMO continues to work together currently working together to review schemes to be taken into 2019/20.		04/12/2018	B	copy of qipp schemes that also have STP responsibility	QIPP schemes currently included in the 2018/19 QIPP programme undertaken at JCT level.	Evidence in folder								
		5.4	Build on established Joint system wide QIPP Programme for 2018/19 through consideration of Right Care and review of best practice elsewhere.	AO (CG)	AD P&Q (VM)	Mar-May 2018		External support commissioned to lead on review of Right Care information and development of additional QIPP schemes.	i) System wide QIPP plan developed across south east Essex, over seen by Interim QIPP Programme Director. Schemes also shared with STP colleagues. ii) Latest right care data under review by interim resource to identify potential opportunities to take forward  Project leads allocated and timelines for scoping timeline agreed .1st draft of right care delivery plans submitted to NHSE 29th of June final plans to be submitted in September following optimal pathway workshops with stakeholders . The following Rightcare work stream delivery plans are being developed: i) Respiratory ii) Neurology iii) MSK iv) Cardiovascular Development of rightcare delivery plans in progress. Final rightcare delivery plans to be submitted to NHSE at the end of September. NHSE feedback meetings following June draft submissions held in August-18 with Exec /project leads. Work continues to develop plans for September submission. Right Care Delivery Plan final Submissions in September for Cardiology and Respiratory. <b>PMO Team currently being reviewed to ensure that there is the required expertise to support this work going forward.</b>		12/02/19	G	copy of agreed system wide QIPP programme, Right Care reviews	Right Care Reviews	More evidence may be required								
	Ongoing communication to staff of the role, functions and rationale for the Joint Committee is needed. (PwC 17).	5.5	Develop a robust Communications and Engagement Plan to provide clarity around the joint committee, covering communications requirements of QIPP plans, CCG objectives and staff and stakeholder engagement required to support delivery of these.	AO (CG)	AD P&G (MA)	Mar-18		External support commissioned to lead on review of Right Care information and development of additional QIPP schemes.	Plan in place and communicated to staff and stakeholders.		08/11/2018	B	need coms and engagement plan	Comms and engagement strategy	None								

6 CCG Annual Assessment Areas for Improvement/ other external recommendations																
Recommendation	No.		Action	SRO	Ops lead	By when (end of)	Outcome Measure	Measurement of Success	Progress Update	Date	RAG	Evidence Status	Evidence detail	Actions to complete action		
Work towards the removal of directions (NHSE).	6.1		Direction - To form a Joint Committee of the five CCGs in Mid and South Essex – in force from 31/03/2017- you have confirmed your willingness to establish a joint committee in conjunction with the other four CCGs within the Essex Success Regime and have submitted a Joint Commissioning Plan setting out how Joint Commissioning will be constituted.	AO (CG)	AD P&G (MA)	Mar-17		Joint Committee in place and Commissioning Plan agreed.	Directions Removed		01/11/2018	B	Directions & Removal of directions letter	Letters detailing Directions and the removal of Directions	None	
Deliver constitutional standards, particularly around A&E, Cancer, RTT and Mental Health (NHSE).	6.2		Ensure that there are robust recovery plans in place for all standards that are currently under performing.	AO (CG)	AD P&G (MA)	Mar-18		Recovery plans in place and deliverables achieved within the agreed timeframes. Recovery Plans embedded in Appendix 5.	Recovery plans in place and work underway to ensure that Executive / Operational leads for these deliverables are supported appropriately. Performance concerns now included on the FRG agenda to review progress on a weekly basis.		08/11/2018	B	copy of last three months of performance reports	Aug, Sept, Oct QFP performance reports	None	
Workforce challenges in Southend University Hospital Trust which made it difficult to embed initiatives such as Red to Green. You recognise the need for this to be a focus for the future (NHSE).	6.3		Ensure the prioritisation of HR activity with in the Trust to focus on recruitment and retention For ALL clinical staff including the nursing workforce.	CN (TD)	Head of Q&A (CN)	Oct-18	To measure the staff vacancy rate on a monthly basis as per contract.	Reduction and sustained nursing staff vacancy gap below 10%. Consultant vacancies diminishing to support capacity requirements. Increase in allied health professionals in particular professionals associated with rehabilitative models.	LWAB has a defined work stream for acute recruitment and retention. Dashboard monitoring in progress in key areas to monitor progress. Chief Nurse Board member. Vacancy rates monitored on a monthly basis as per Safer Staffing methodologies and Contractual reporting. System wide focus on recruitment and retention as an issue. Quarterly reports to Quality, Finance and Performance committee. Monthly reporting of workforce trajectories now received by Joint Committee		01/06/2018	B	Notes from meetings discussing workforce issues	JCT CQRG Action Logs, SUHFT staffing reports	None	
Continuing to improve strategic engagement between the CCG and key providers (NHSE).	6.4		Establish joint QIPP programme with local providers to support reduction in emergency admissions and A&E attendances.	CFO (MB)	Interim Joint QIPP PD (RH)	Oct-17	% Reduction on emergency admissions. % reduction in A&E attendances.	Mutually beneficial schemes implemented.	<ul style="list-style-type: none"> <li>Joint QIPP Programme Board (JQPB) established with shared priorities.</li> <li>Joint QIPP Programme Board meetings held every fortnight. ToR including executives from SUHFT, EPUT, CCG with programme issue / risk log.</li> <li>Paper presented to EPUT and SUHFT Board's in terms of progress against joint QIPP.</li> <li>Financial Recovery Communications Plan developed with key providers.</li> <li>JQPB continuing on fortnightly cycle, attendance bolstered by SUHFT Exec. Lead for Planned Care and PMO Lead</li> <li>Lessons learnt (review of last 6 months operation) conducted with members resulting in specific actions. e.g. detailed review and resolution of programme issues</li> <li>Positive feedback from providers SUHFT and EPUT</li> <li>Latest JQPB agreed to process for Contract Variation of Joint QIPP schemes not yet contractualised; positive developments regarding information and data sharing by the partners</li> <li>SE Essex system comms leads working group has been convened and shared/joint approach agreed. Demand management monitoring and information access working group is in place to enable reporting of QIPP performance</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report on the Joint QIPP Programme updated and provided to the partners. Following presentation of the report and Q&amp;A at the SUHFT Board on 24 May, the Chair commented "This is an excellent example of partnership working – all involved should be congratulated."</li> </ul>		01/06/2018	B	QIPP programme details that focusses on A&E	n/a	None
Financial management, QIPP delivery, activity planning and turnaround skills (NHSE).	6.5		Procure additional interim support to ensure that there is appropriate capacity and capability to support demand management plans across the system, QIPP delivery and financial turnaround.	AO (CG)	Interim Joint QIPP PD/ Interim Operations QIPP Lead/ DCFO (RH/NS/KL)	Jan-18		Interim Programme Management support procured to support QIPP delivery and financial recovery.	The following interim support has been commissioned to support the delivery <ul style="list-style-type: none"> <li>x 1 Interim Improvement Director</li> <li>x1 Interim Joint QIPP Programme Director</li> <li>x 1 Interim Operations Director</li> <li>x2 Interim Programme Managers</li> <li>x9 Interim Project Managers</li> <li>2 Interim Nurse Assessors</li> </ul> The CCG is currently looking to secure additional interim support in relation to the Deputy Chief Nurse and Chief Finance Officer roles.  Interim QIPP PD actions completed. Agreement reached by SROs of JQPB for replacement of Interim PD by substantive fixed term appointment (shared cost) from 1 July 18 <ul style="list-style-type: none"> <li>Draft job description prepared and process to recruit discussed with HR and Improvement Director.</li> <li>JD for fixed term role progressing through job evaluation with intention to advertise and interview during June subject to HR position and SRO availability.</li> <li>New fixed term post for 'Joint Operations Programme Director' advert now live on NHS Jobs. Interviews to be held on 13 July</li> </ul>		01/06/2018	B	structures to show QIPP capability and capacity within new structures	Final CCG structures	None	
GP development and primary care at scale (NHSE).	6.6		Clearly define 4 x localities and GP membership - Engagement to secure collective practice support for configuration - Support 4 x Localities to create contactable entities such as Partnership, Federation, Alliance - Using transformation resource (£3ph) to support and enhance locality development - Commission Enhanced Access through Locality Entities - Support and commission other at scale solutions through locality groups inc Home Visiting services	DPCO (JSP)	AD PC (JS)	April 18 Oct 18	Four clearly defined localities with named GP membership - Formal contractible entity for each locality - Contracted at scale services delivered by each locality including Enhanced Access.	At scale Services commissioned from locality GP practices - Enhanced Access in every locality available to 100% population	4 x localities clearly defined. Some at scale services have already been commissioned across localities including home visiting services; intense engagement underway to support mobilising the localities into formal single entities. Launching a procurement process to commission enhanced access across 4 localities in August 2018 (revised timetable approved by Procurement Committee in May 2018) with service commencement in April 2019 with an investment of £1.2m, that will drive cross practice engagement and primary care at scale. <ul style="list-style-type: none"> <li>Formal Procurement Process underway . Procurement Paper prepared recommending award to providers for two localities with services to start from December onwards and with services to start in all localities by April 2019</li> <li>East Central Home Visiting Service now mobilised</li> <li>E3 a head funding being used to support West, and East Central Localities to employ managerial support to progress locality based working. Support arrangements for West Central and East being determined.</li> </ul> Locality plan complete and approved.  NOTE: for Southend CCG the new service will not start in all four localities until April 2019. This revised timetable has been approved by the Procurement Committee.		29/11/2018	B	Strategy document showing localities plan. GB approval for plan for minutes	Procurement Paper, Primary Care Strategy, GB Agenda, timeline	Locality development plan not complete until April 2019. Evidence includes plans and timelines as assurance that the right processes are in place for completion	
Ensure that robust enabling strategies are in place to support the QIPP and transformation agenda at the required pace of delivery. (NHSE)	6.7		IT: Develop Digital Road Map across the system	DSP (CD)	PDIT&E (PK)	Mar-18		Local Digital Road Map developed and signed off by the STP	STP Programme Board have signed off new LDR. Signed off by STP Programme Board.		15/06/2018	B	evidence of STP and GB sign off	STP minutes supporting Road Map	None	
	6.8		IT: Shared Care Record project implemented (Key enabler of the Greater Digital Essex 2020 Vision and Strategy)	DSP (CD)	PDIT&E (PK)	Q4 2017/18 - Q4 2021/22		Implementation of Shared Care Record across boundaries.	The STP Programme Board has agreed that the Health Service Led Investment (HSI) funding will be used to take this project forward . Programme Governance will be via Digital Essex 2020 Board and then to the STP Programme Board. AO Sponsor is John Niland of Provide and Exec Sponsor is Martin Callingham of the MSB Group.		14/03/19	B	Copy of MOU and STP evidence of agreement of DTT		Evidence required	

6. CCG Annual Assessment Areas for Improvement/ other external recommendations

Ensure that robust enabling strategies are in place to support the QIPP and transformation agenda at the required pace of delivery. (NHSE)

6.9	IT: Southend Telehealth Pilot	CN (TD)	AD P&G (MA)	Q4 2017/18 - Q2 2018/19	Reduction in NELS Reduction in A&E attendances Reduction in UTIs Reduction in Sepsis rates	Telehealth Pilot implemented within 18 care homes across Southend locality.	All 18 homes now have telehealth in place. Homes being supported to ensure that this equipment is being utilised appropriately.  Two GP surgeries piloting Surgery Pods with positive findings to date.  As at month 10 reduction in sepsis / UTIs demonstrated.	10/03/19	12/02/19	B	copy of telehealth business case and any associated papers	Evidence in folder - sepsis data and care home / surgery pod information and feedback.
6.10	IT: Implement mobile working solutions for GP practices to facilitate live access to electronic patient records expanding on solution delivered in 2016/17.	DSP (CD)	PDIT&E (PK)	Q4 2017/18 - Q2 2018/19		GP mobile working devices implemented.	CPR CCG leading for Mid and South STP ETTF PID written and submitted £275k Funding awarded Procurement of hardware via NELCSU Equipment ordered, awaiting delivery Equipment has been delivered and built and is currently stored in Unit 6 pending delivery to CCG. CCG now in possession of equipment. Alison Birch working with Darren Tidy to scope and define where devices will be shipped to. All surgeries contacted. Rollout in progress.	01/11/2018	14/03/19	B	Papers evidencing mobile working solutions	Evidence required
6.11	IT: Implement GP Wi-Fi solution to every GP Practice to give FREE WiFi to patients and Corporate WiFi access to health and social care staff.	DSP (CD)	PDIT&E (PK)	Q3 2017/18 - Q1 2018/19		GP WiFi roll out completed and future expansion identified i.e. integration with N3/HSCN	CPR CCG leading for Mid and South STP PID written and submitted to secure funding Options appraisal Solution identified Procurement of solution Implementation to 201 GP Practice sites Project on time. Complete by 31/05/18 Issue with installing to Canvey Primary Care Centre (4 practices). Rest of programme is complete. Canvey to complete by end of June. Approved by Procurement Committee Chairs Action - Complete		01/07/2018	B	Evidence of approval/ updates on practice installation programme	Email of Chairs action approval None
6.12	IT: Implement video conferencing capabilities to GP practices	DSP (CD)	PDIT&E (PK)	Q4 2017/18 - Q1 2018/19		Video conferencing capabilities provided to GP practices.	CPR CCG leading for Mid and South STP ETTF PID written and submitted and £200k Funding awarded Invite sent to GPs requesting expressions of interest Procurement of Clevertouch hardware undertaken. Several GPs expressed an interest. Equipment ordered and awaiting delivery Equipment delivered and training given. This was an ETTF scheme for the STP signed off at NHSE level by PID.		15/06/2018	B	Evidence of approval/ updates on practice installation programme	GPIT MOU Agreement None
6.13	IT: Undertake comprehensive audit of all hardware within GP practice including testing of local area network cabling to enable strategic decision making	DSP (CD)	PDIT&E (PK)	Q4 2017/18 - Q3 2018/19		Remedial works commenced and funding requirements identified.	Communication to all GP Practices undertaken Audits completed Remedial works planned Led by North East Essex as the contract lead for IT services and funded out of ETTF funds - Complete		15/06/2018	B	Hardware audit and remedial action evidence(i.e. paper to CMT)	(more maybe required)
6.14	IT: Implement Iplato (SMS solution to enable patients to cancel appointments and remove from GP rota; i.e. creates capacity and reduces DNAs. Also, rollout of My GP App.)	DSP (CD)	PDIT&E (PK)	Q4 2017/18 - Q1 2018/19		Implementation completed and training provided.	CPR CCG leading for Mid and South STP ETTF PID written and submitted £601k Funding awarded Procurement of solution Commence implementation to every GP Practice in Mid and South Essex Product procured, implementation commencing A number of practices have not responded / have declined the solution. Working with Primary Care colleagues to resolve. 24 of 28 have signed up in Southend 19 of 24 have signed up in CPR Still working with Primary Care to try and encourage the others to sign-up 3 practices in CPR have declined to take the solution. (Audley Mills, Jayaweera, Gill) 5 practices in Southend have declined to take the solution. (Agha, Dhillon, Ng, Irlam, Malik) All others are either complete or in-flight. No further action will be taken by Iplato to sign-up the practices that have been declined. Internal escalation required for those that have declined the solution. October update - 2 practices in Southend are not using the solution; 1 practice in CPR is not using the solution.	14/03/19	14/03/19	B	CMT/ GB papers on Iplato and its implementation. Procurement paper on file.	
6.15	IT: Implement paper Switch Off Project (Contractual requirement for secondary care to only accept GP referrals electronically by October 2018. (CQUIN target July 2018)	DSP (CD)	PDIT&E (PK)	Q1 2017/18 - Q3 2018/19			Working with specialities to publish on the DoS Engagement with hospital and GP Practices undertaken.  Turned back to Green as no evidence has been forthcoming. Chasing evidence.  Completed	06/12/2018	06/12/2018	G	CMT/ GB papers on the implementation of paper switch off programme	Turn back to Green from Blue until evidence is forthcoming
6.16	IT: Implement GP Online Consultation solution (Central requirement to implement GP Online Consultation solution by 2021 - links with target of October 2018 to implement 111 Online)	DSP (CD)	PDIT&E (JS)	Q4 2018/19 - Q4 2021/22		GP Online Consultation implemented.	PID written and £198k of funding awarded Project scoped and defined GP practice engagement undertaken Recruited project manager Scoping procurement options Practice / patient engagement event planned for 8th August. Still no confirmation from NHSE regarding funding to procure software. No confirmation yet of any further GPFV funding being released	12/02/19		A	CMT/ GB papers on the implementation of Online Consultation Solution	Outside scope of IP. Complete actions and provide evidence
6.17	IT: Implement electronic A&E discharge letters project (Requirement to send A&E Discharge letters within 24 hours electronically)	DSP (CD)	PDIT&E (PK)	Q1 2017/18 - Q1 2018/19	% GP practices trained to use electronic discharge system.	A&E discharge letters project implemented with training provided to all GP practices.  100% GP practices trained.	Working with SUHFT to define a solution Working with NELCSU to develop training package Hospital engagement undertaken GP engagement undertaken Pilot solution identified Training package has been prepared and is ready to deploy but getting no traction from the hospital to take forwards.  Agree with SUHFT an outline project plan for A&E Discharge Letters,	14/03/19	14/03/19	A	CMT/ GB papers on the implementation of electronic A&E discharge letters project	Complete actions and provide evidence
6.18	IT: Implement digital dictation programme for GPs.	DSP (CD)	PDIT&E (PK)	Q1 2017/18 - Q4 2018/19	% GPs utilising digital dictation.	Digital dictation programme implemented.	PID written and £200k of funding awarded Project scoped and defined Practice engagement and expressions of interest completed Procurement route identified Selected solution Procured solution Commence implementation on delivery of equipment Equipment delivered. Rollout commenced Rollout ongoing. Project scheduled to complete by end of October. <b>Completed</b>	12/02/19	12/02/19	B	CMT/ GB papers on the implementation of the digital dictation programme	Evidence required
6.19	IT: Undertaken HSCN procurement.	DSP (CD)	PDIT&E (PK)	Q2 2017/18 - Q4 2021/22		HSCN procurement completed.	Assisting with procurement Selection of HSCN provider undertaken Engagement with staff / GP practices undertaken Rollout / implementation of HSCN solution on track Commencing a mini competition. Evaluation to commence w/c 7th May Preferred bidder recommended to Programme Board. To be ratified at EPUT board at the end of June Preferred bidder signed off by EPUT board. Now in standstill period. Project progressing. CCGs have completed schedule of sites / upgrades for costing.	01/11/2018	01/09/2018	G	Procurement committee paper on HSCN procurement	Evidence required
6.20	IT: Atrial Fibrillation App and hardware provided to enable GPs to use diagnostic testing equipment.	DSP (CD)	PDIT&E (CH)	Q3 2017/18 - Q2 2018/19		Devices rolled out to GP practices, installation tested and training provided.	IT Team working closely with the Commissioning Team to identify appropriate solution. Currently at 41/51 (80%) implemented. The remaining practices have not engaged with our emails/texts/phone call. The CCGs last email asked to make the CCG aware if not interested so we can re-allocate unit elsewhere. The CCG has progressed as far as is reasonable for now.	06/03/19	01/11/2018	B	CMT/ GB papers on Atrial Fibrillation App etc.	Evidence required

not part of IP

6.21	Estates: Closure of Southend CCG HQ site and establishment of a 40 desk office within Southend Borough Council for CCG staff including IT access etc.	DSP (CD)	PDIT&E (PK)	Q3 2017/18 - Q1 2018/19			Liaison with NHSPS Liaison with Southend Borough Council Staff engagement On track to exit building 25th May  Staff moved without issue. Harcourt building is clear. Keys handed back on 18th June as planned. Completed	01/07/2018	B	no evidence required. Building closed		None	
6.22	Undertake extension to CICC to accommodate existing St Luke's GP practice.	DSP (CD)	HoE (MS)	Q2 2017/18 - Q2 2019/20			Liaison with EPUT, NHSPS, SBC, Outline drawings, Staff engagement, £125K ETTFF funding secured Full Business Case due in December 2018.  Extension of CICC ceased but refurbishment of CICC taking place.	12.02.19	A	CMT/ GB/ Procurement papers on the extension of CICC to accommodate St Lukes GP practice		Outside scope of IP . Complete actions and provide evidence	
6.23	Reconfigure GP floor in Canvey Primary Care Centre to create flexible space for x-ray facility.	DSP (CD)	HoE (MS)	Q1 2018/19 - Q3 2018/19			£101k ETTFF funding secured - Outline Business Case approved - Engagement with GPs and stakeholders - Full Business Case due in July 2018	01/09/2018	A	As above		Outside scope of IP . Complete actions and provide evidence	not part of IP
6.24	Castle Road Office Refurbishment	DSP (CD)	HoE (MS)	Q2 2017/18 - Q2 2019/20			Completion of works started in 2016 to include kitchen and toilets. Application for capital to NHSE  Phase 2 in progress, signed off by CMT.	12.02.19	A	As above		Outside scope of IP . Complete actions and provide evidence	not part of IP
6.25	Ensure creation of an integrated care hub in Benfleet.	DSP (CD)	HoE (MS)	Q1 2017/18 - Q4 2021/22	Integrated Care hub in place (Benfleet locality)		Stakeholder engagement undertaken - Initial plans developed	01/09/2018	A	as above		Outside scope of IP . Complete actions and provide evidence	not part of IP
6.26	Ensure creation of an integrated care hub in Shoebury.	DSP (CD)	HoE (MS)	Q1 2017/18 - Q4 2021/22	Integrated Care hub in place (Shoebury locality)		Stakeholder engagement undertaken - Initial plans developed	01/09/2018	A	as above		Outside scope of IP . Complete actions and provide evidence	not part of IP
Thorough review of the leadership and capability of the QIPP programme delivery, to complete the assessment of the leadership of the CCG's QIPP programme and any changes required. (NHSE)	6.27	Secure external resource to review the PMO function and the CCG's ability to optimise the chances of QIPP delivery, having regard to the executive restructuring.	AO (CG)	Interim Joint QIPP PD/ CFO (RH/ MH)	Feb/ May 2018	Findings prepared. Action Plan completed in light of internal discussions	QIPP delivery is sufficient to enable the Control Total to be achieved (subject to no other significant changes in the financial position).  Initial findings shared with Improvement Director. Revised draft shared with ID and acting AO. Joint Programme SWOT and Action Plan produced. Action Plan is progress and being delivered  Action plan continuing as per agreed timetable, shared with JQPB SROs and agreed. Agreement secured to proceed with substantive PD appointment (fixed term) to complement restructuring and provide continuing QIPP focus • Action plan continuing as per agreed timetable • Action plan delivery nearing completion, however, there is dependency on the outcome of the CCGs' restructuring and consultation which has been extended	01/11/2018	B	Evidence in folder	Joint programme SWOT and Action Plan	None	





## Action Concern Report

Action no	Action	deadline	Concern	Current RAG	first raised at CMT?	Remedial Action Required	Remedial Action Taken	Comments	Open/closed
1.1	To undertake governance review, through external support to ensure best practice and fully implement recommendations.	30/11/18 (01/09/18)	Overdue		01-Sep	decision on whether the action is being effectively managed or whether further actions are needed for completion	Governance review; agreement that the constitution remains outstanding. NHSE agreement to be sought.	seen - 01/09 seen - 01/10 seen - 14/11	Open
2.6	Provide budget holder training in line with CCG Budgetary Control Policy.	30/11/2018 (01/10/18)	Overdue		1st Oct	decision on whether the action is being effectively managed or whether further actions are needed for completion	Budget holder training below CMT level is required. Firm date in December to be established.	seen - 01/10 seen - 14/11	Open
2.9	Training plan developed for Finance Team following outcomes of skills audit.	30/11/2018 (01/10/18)	Overdue		1st Oct	decision on whether the action is being effectively managed or whether further actions are needed for completion	The skills audit for Finance staff needs to be undertaken and a training plan produced. Firm date in December for completion.	seen - 01/10 seen - 14/11	Open
6.6	Clearly define 4 x localities and GP membership - Engagement to secure collective practice support for configuration - Support 4 x Localities to create contactable entities such as Partnership, Federation, Alliance - Using transformation resource (£3ph) to support and enhance locality development - Commission Enhanced Access through Locality Entities - Support and commission other at scale solutions through locality groups inc Home Visiting services	30/11/18 (01/11/18)	Overdue		1st Nov	decision on whether the action is being effectively managed or whether further actions are needed for completion	A Locality Development Plan needs to be completed. Confirmation is required that this can be achieved in December.	seen - 14/11	Open

6.17	IT: Implement electronic A&E discharge letters project (Requirement to send A&E Discharge letters within 24 hours electronicall	30/11/18 (01/07/18)	Slippage in deadline		July 5th	decision on whether the action is being effectively managed or whether further actions are needed for completion	Agree with SUHFT an outline project plan for A&E Discharge Letters, or determine that there is no backing for such a project.	6th July - seen 15th July - seen 8th Aug - seen seen - 14/11	Open

Close

3.7	Commission external support to review CCG Constitutions in line with legal advice provided. Set out clear lines of delegated authority.	Apr-18	Slippage in deadline 2nd June raised formall as a concern		11th May	decision on whether the action is being effectively managed or whether further actions are needed for completion	18th May - none 1st June - seen 15th June seen	2nd June - raised formally as a concern	Closed
5.4	Build on established Joint system wide QIPP Programme for 2018/19 through consideration of Right Care and review of best practice elsewhere.	May-18	Slippage in deadline		8th June	decision on whether the action is being effectively managed or whether further actions are needed for completion	June 15th - seen		Closed
5.1	Prepare a schedule clarifying responsibilities between both parties for agreement with the Joint Committee lead.	Apr-18	Slippage in deadline		11th May	decision on whether the action is being effectively managed or whether further actions are needed for completion	18th May - seen 1st June - seen 15th June - seen		Closed
3.9	Present revised ToR to GB for approval.	Mar-18	Slippage in deadline 2nd June raised formall as a concern		12th April	decision on whether the action is being effectively managed or whether further actions are needed for completion	12th April - seen 2nd May - seen 18th May - seen 1st June - seen 15th June - seen 6th July - seen 15th July - Seen	2nd June - raised formally as a concern	Closed
3.13	Present revised performance report format to the GB to seek approval that this meets its requirements.	May-18	Slippage in deadline		8th June	decision on whether the action is being effectively managed or whether further actions are needed for completion	15th June - seen 6th July - Seen		Closed



1.8	Revise and consult on joint management structure. Revise and consult on joint management structure.	Apr-18	Slippage in deadline		1st May	decision on whether the action is being effectively managed or whether further actions are needed for completion	2nd May - Seen 18th May - Seen 1st June - Seen 15th June - Seen 6th July - Seen 15th July - Seen 8th Aug - seen		Closed
1.19	Complete staff consultation exercise in relation to joint staffing structures across SEE CCGs.	Jun-18	Slippage in deadline		July 5th	decision on whether the action is being effectively managed or whether further actions are needed for completion	6th July - Seen 15th July - Seen 8th Aug - seen		Closed
1.4.1	External OD support secured and 100% of assessments undertaken in respect of Governing Body members individual training and development needs.	Jul-18	Slippage in deadline		Aug 8th	decision on whether the action is being effectively managed or whether further actions are needed for completion	Aug 8th - seen		Closed
2.8	Finance structure: Undertake high level comparison with other CCGs to help determine requirements, obtain best value for money and ensure fit for purpose. Determine new structure to cover both CCGs. Consult on changes and follow due process with HR advice and support to fill posts in unified structure.	May-18	Slippage in deadline, due to consultation being extended		8th June	decision on whether the action is being effectively managed or whether further actions are needed for completion	15th June - seen 6th July - Seen 15th July - Seen 8th Aug - seen		Closed
2.8	Finance structure: Undertake high level comparison with other CCGs to help determine requirements, obtain best value for money and ensure fit for purpose. Determine new structure to cover both CCGs. Consult on changes and follow due process with HR advice and support	May-18	Slippage in deadline, due to consultation being extended		8th June	decision on whether the action is being effectively managed or whether further actions are needed for completion	15th June - seen 6th July - Seen 15th July - Seen 8th Aug - seen		Closed

3.8	Review Terms of reference (ToR) of each committee in light of changes referred to above	Mar-18	Slippage in deadline 2nd June raised formally as a concern		12th April	decision on whether the action is being effectively managed or whether further actions are needed for completion	12th April - seen 2nd May - seen 18th May - seen 1st June - seen	2nd June - raised formally as a concern	Closed
3.1	Update OD Strategy	Jun-18	Slippage on deadline		July 5th		6th July - seen 15th July - seen 8th Aug - seen		Closed
4.2	Agree joint contracting arrangements to be undertaken with the STP JC on behalf of the CCG.	Mar-18	Slippage in deadline		12th April	decision on whether the action is being effectively managed or whether further actions are needed for completion	12th April - seen 2nd May - seen 18th May - seen 1st June - seen 15th June - seen 6th July - seen		Closed
1.10	To undertake governance review, through external support to ensure best practice and fully implement recommendations.	Feb- Aug 18	Slippage on deadline - awaiting NHSE approval			decision on whether the action is being effectively managed or whether further actions are needed for completion	12th Sept - seen		Closed
1.23	Provide training session for Governing Body members to support sufficient challenge of financial and non-financial performance.	Aug-18	Slippage but booked for October seminar			decision on whether the action is being effectively managed or whether further actions are needed for completion	12th Sept - seen		Closed

