

**Improvement Plan Implementation Update****Governing Body meeting****E**

7 November 2019

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<b>Purpose of Paper</b>	
To provide an update to Governing Body on the implementation of the Improvement Plan, to provide assurance that issues have been fully addressed and where appropriate, embedded within SCCG's business framework.	
<b>Key Issues</b>	
<p>Out of the agreed seventy six actions, eleven actions have been recorded as completed, sixty two are in progress and three are overdue.</p> <p>The overdue actions are reported within the paper along with an update of their current position and a revised completion date.</p> <p>Monitoring of the Improvement Plan actions is being undertaken by Sheffield CCG's Programme Management Office and presented by lead Directors at the relevant Committees to provide assurance on the progress and implementation.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
<b>Approval / Consideration / Noting</b>	
<b>Recommendations / Action Required by Governing Body</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Be assured and approve the proposed governance structure that has been embedded to ensure actions are completed and the expected impact has been seen within the organisation.</li> <li>• Consider the completed actions, the assurance of completion by the identified Committee and the related impact that action has had on the organisation.</li> <li>• Note the progress being made on the actions that are due for completion in October 2019.</li> </ul>	
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	
<b>Which of the CCG's Objectives does this paper support?</b>	
This paper encompasses all of the CCG's objectives.	

**Description of Assurances for Governing Body**

Implementation and monitoring process established and embedded with associated actions linked to specific Committees.

Reporting arrangements in place with Lead Directors identified for each action.

**Are there any Resource Implications (including Financial, Staffing etc)?**

The potential resource implications are set out within the detail of the Improvement Plan.

**Have you carried out an Equality Impact Assessment and is it attached?**

This is not applicable as the Improvement Plan is relevant to internal processes and partnership development with no immediate impact on services provided. If any actions lead to proposed changes, an Equality Impact Assessment will be undertaken accordingly and signed off as part of our agreed governance.

***Have you involved patients, carers and the public in the preparation of the report?***

Some of the stakeholders who inputted into the report were members of the public and they have been involved via the Independent Improvement Director in triangulating the feedback to inform the identified actions.

## **Improvement Plan Implementation Update**

### **Governing Body meeting**

**7 November 2019**

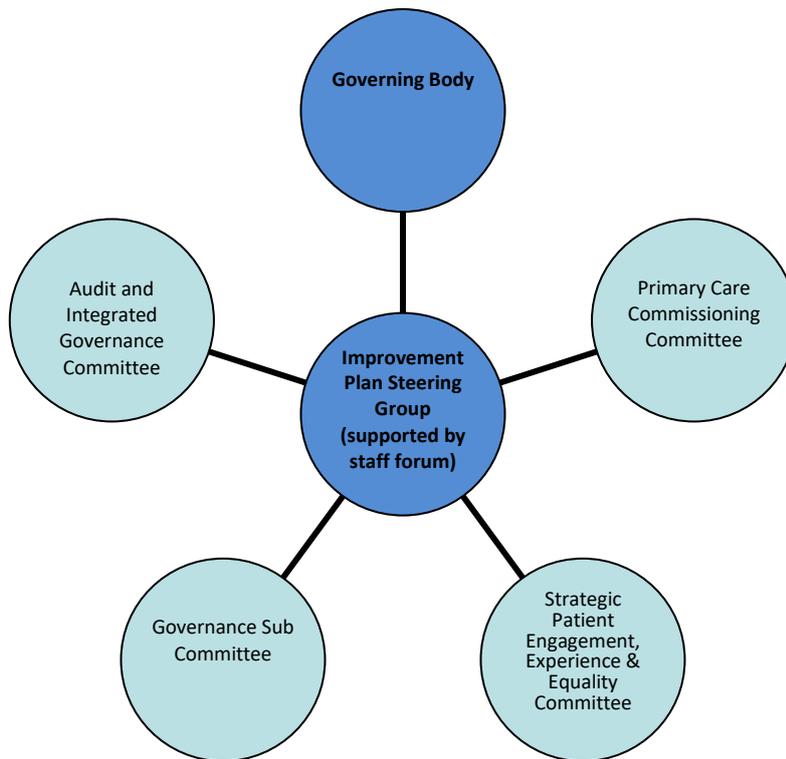
#### **1. Introduction**

- 1.1. In November, 2018 NHS England (NHSE) commissioned an independent assessment of NHS Sheffield CCG's leadership and culture as part of their role as our regulator.
- 1.2. Governing Body approved the Improvement Plan that was produced with engagement from staff and stakeholders to address the issues outlined in NHSE's assessment at its meeting on 4<sup>th</sup> July 2019.
- 1.3. As part of the development of the Improvement Plan, an outline implementation plan was created that identified which CCG Committees would provide the monitoring and assurance that actions are completed and issues are being addressed.
- 1.4. This paper provides an update of the overall plan to Governing Body on all of the actions that have been completed, how these are now embedded within the organisation and an update on the progress of the remaining actions.

#### **2. Governance Structure**

- 2.1. Whilst monitoring the implementation of agreed actions is important, understanding the impact that these actions have had in addressing the issues highlighted in the original 360 report is key.
- 2.2. The Improvement Plan outlines that Governing Body and its associated committees will monitor the progress of the individual actions and gain assurance on their delivery. The steering group, supported by the staff forum will be where the impact of the actions is discussed and measured. This will be reported back to Governing Body whereby assurance can be given both on delivery and impact.
- 2.3. The CCG's Programme Management Office (PMO) will provide support to track the completion of the actions and will produce reports on the progress for all of the identified committees.
- 2.4. Diagram 1 summarises the role of the different identified committees to ultimately provide assurance to Governing Body on the progress of the Improvement Plan.

Diagram 1:



- 2.4. Staff have played a significant role in developing the Improvement Plan and helping to identify the actions required to address the issues; the content of the improvement plan has been considerably influenced by their input, as described within the main improvement plan document. Therefore, staff need to be closely involved in assuring that the actions are having the anticipated impact. The Plan may need amending if the desired impact is not being seen and staff need to be involved in agreeing any amendments.
- 2.5. Due to the Committees meeting on a quarterly basis, only those actions that have been agreed as being completed and made an impact will be reported to Governing Body, although a detailed list of actions will be reported.

### 3. Improvement Plan

3.1. The Improvement Plan is separated into five themes:

- Strategy
- Governing Body
- Executive Management Team
- Human Resources Management
- Partnerships and Public Engagement

3.2. Each theme has a number of actions linked to them, which combined, will address the concerns of NHSE, our staff and our stakeholders, who were all engaged with as part of the development of the plan and continue to be as the plan is implemented.

3.3. The overall Improvement Plan contains a total of seventy six actions. Eleven of these actions have been completed, signed off by the lead Committee and discussed at the Steering Group as to the impact each action has made. These are detailed in Table 1.

Table 1: Completed Actions

Completed Actions		Lead Committee	Feedback from Steering Group
2.1	Appointment of new Governing Body Chair	Governing Body	Staff have fed back that Terry is visible and approachable; being based here makes a big difference.  Staff who work on our ground floor would like the opportunity to engage more with Terry and other Governing Body and Executive Team leaders.
2.1	Complete the planned review of the Governing Body constitution, including supporting committees. Test how the Governing Body seeks assurance about staff, patient and stakeholder satisfaction and that the organisations strategic objectives are being met	Governing Body	Feedback from senior team is that they are still testing out the “early warning” mechanisms which have been put in place to help the Governing Body to become aware of emerging issues. The new quarterly report on Human Resources indicators has been well received and the HR team have received very positive feedback.
2.2	Papers to Governing Body to be presented by a Clinical Director/Lead or relevant member of staff. Staff coached and supported in how to effectively engage with Governing Body in formal meetings	Governing Body	We are aware of examples where teams have presented at Governing body and have been pleased to receive positive feedback. We have now established a culture where it is normal that staff are invited in person to present reports that they have written, with the support of their Director.
2.2	Picture display of Governing Body members on ground and first floors of the CCG	Governing Body	This is appreciated by staff and described as helpful; staff on the ground floor would appreciate more direct engagement with Governing Body members when they are in the building.
3.1	Appoint an interim Accountable Officer	Governing Body	Lesley is visible with an open door policy, which is welcomed by staff. Staff have mentioned her calm approach and friendly manner. Some

			staff are confused / concerned about the fact that it is an interim appointment, suggesting that we still need to be clearer in our internal communications.
<b>3.2</b>	Implement new standards for meetings to ensure consistency in quality of papers	Governance Sub Committee	No feedback received from Steering Group.
<b>3.3</b>	Immediately address the gap in children's commissioning by appointing a clinical lead	Governing Body	No feedback received from Steering Group.
<b>3.4</b>	Complete recruitment to primary team and embed new structure to create capacity and more effective working	Primary Care Commissioning Committee	No feedback received from Steering Group.
<b>3.6</b>	Staff able to drop in to see a director (independent of the directorate they belong to) to discuss thoughts, feedback and ask any questions	Governing Body	Staff feel more confident that we can drop in on directors; there is a great mixture of surgeries and open door policy which is well received.
<b>4.2</b>	Executive responsibility of HR to be placed under the Accountable Officer; this will need to be reviewed as part of action 3.1	Governing Body	No feedback received from Steering Group.
<b>5.3</b>	Report from the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) to Governing Body to cover the actions taken and agreed by commissioners in response to the engagement that has been undertaken and the feedback that has been received	Strategic Patient Engagement, Experience Committee	No feedback received from Steering Group.

3.4. There are four actions that are completed but are due to be signed off by the relevant Committee to ensure the action has been fully actioned, discussed and agreed to be completed. These actions are detailed in Table 2.

Table 2: Completed actions awaiting sign off

Completed actions awaiting sign off		Current Position
3.2	Embed a clear business planning process, including alignment of resource to priorities and an audit of attendance at meetings	The CCG's business planning process has previously been presented and approved by Governing Body on 5 September 2019. The priorities are currently being finalised and will be signed off by Governing Body in November 2019.
3.2	Reaffirm and enforce PMO framework with Executive Director Leadership	The CCG has an effective PMO framework in place with strategic oversight from the Director of Commissioning and Performance, and operational leadership from one of his Deputy Directors. Once the 2020/21 priorities have been agreed, a review will be undertaken to ensure the framework continues to be fit for purpose.
3.2	Review of effectiveness of Senior Management Team (SMT) meeting as well as the productive meeting structure	The SMT held a development session on 29 October to look in more detail at how the meeting should conduct its business. SMT has revised its membership and meeting structure, the effectiveness of this will be reviewed.
5.1	In conjunction with ACP partners agree a statement of functions, skills and relationships that we each provide, with a clear understanding of how provision, partnership and commissioning functions connect (link to 4.1)	Sheffield ACP Workforce OD Transformation Board established to identify ACP leadership and development offer.  This is articulated in the ACP Workforce Strategy, presented at the OD Transformation Board on 25 October 2019. A detailed implementation plan will now follow, to take forward the priorities which have now been identified.

3.5. There are three overdue actions which have exceeded their expected completed date. These actions are detailed in Table 3 along with an updated position statement and a revised expected completion date.

Table 3: Overdue actions

Overdue Actions		Current Position	Revised Completion Date
3.1	Agree a set of shared corporate objectives with named Executive Director leads; share with staff and stakeholders	The CCG is currently working to finalise our renewed vision, strategy and commissioning intentions for 2020-21, and working with the SYB ICS to inform their five year strategy. Executive Director objectives will flow from the overarching strategy and priorities when they are finalised.	Director objectives for 2020 -21 will be finalised in time for April 2020, as an outcome of the new strategy, which will be consulted on in Quarter 4. Directors currently do have signed off objectives which have been signed off with the Accountable Officer.

5.1	Instigate ACP and ICS staff briefings, where appropriate with wider ACP or ICS representation	The CCG Staff Brief planned for 11 November will include senior team members from the ACP, who will lead a discussion on Shaping Sheffield and how that informs the CCG's priorities and planning.	11 November 2019.  This action is now under way; ACP and ICS representatives are now scheduled into future CCG staff briefings.
5.1	Agree with partners in the ICS and ACP "Corporate Days": For Place, For ICS and for each Organisation	Tuesday has been agreed as the Corporate Day for the CCG and the ICS, however it has not yet proved practical for all organisations to align their corporate days.	Thorough discussions have been held with all partners, however it may not be practical for all organisations to have the same corporate day.

3.6. The ongoing progress of the actions are being monitored by Sheffield CCG's PMO and updates are being provided and presented to the identified Committees to gain assurance on the delivery and impact. It is expected that as part of this process, the changes will become part of the CCG's business as usual.

3.7. There are fifteen actions that are due to be completed in October 2019. These are detailed in Table 4 with a progress update statement.

Table 4: Actions to be completed in October 2019

<b>Actions to be completed in October 2019</b>		<b>Current Position</b>
1.1	Reconfirm our vision and its alignment to both the Long Term Plan and the Shaping Sheffield Plan (also see action 5.1)	<p>During October, the Deputy Directors have facilitated two development sessions to look at our longer term strategic vision and commissioning priorities for 2020 – 21, one session with Senior Management Team and one with the Governing Body (dedicated session on October 3<sup>rd</sup>). The CCG priorities have been developed to be congruent with the ACP Shaping Sheffield plan, and informed by the SYB ICS Five Year Strategic Plan, which is being developed at the present time and aligns to the NHS Long Term Plan.</p> <p>The Shaping Sheffield plan has been approved by all the constituent bodies in August and September and the final version will be published in mid-November on the new ACP website.</p>

2.1	<p>Ensure that the Governing Body has a programme of continuous development. Early priorities should include:</p> <ul style="list-style-type: none"> <li>- Shaping what the CCGs unique contribution will be to the developing ICS</li> <li>- reviewing effective leadership and governance of the organisation</li> <li>- contribution to system leadership across ACP and ICS</li> <li>- reviewing the model of clinical leadership and link to Clinical Directors and the Primary Care Network Clinical Directors</li> <li>- reviewing the effectiveness of member practice engagement</li> <li>- confirming Governing Body Member roles and links to CCG Teams and partners and ensure sufficient time allocated to effectively establish these links (links to 2.2)</li> <li>- understanding the organisational development required to support any associated change</li> <li>- strengthening the use of Governing Body Strategic Development sessions</li> </ul>	<p>Governing Body members have participated in a number of developmental sessions, for example, in June they looked at their role in implementing the Improvement Plan and considered best practice in good governance. In September they were joined by Locality Managers and Deputy Directors to take part in a development session about effective team working.</p>
2.1	<p>Share and communicate the reaffirmed role of Governing Body and any changes with staff, partners and public; include a description of background skills and expertise that each member offers</p>	<p>These details can be found on the CCG's public website.</p>
2.2	<p>Introduce ways in which Governing Body members interact more with staff e.g. board to floor days, learning lunches and team briefs with Governing Body members, staff encouraged attend Governing Body meetings and feedback to staff etc.</p>	<p>The Vice Chair of our Governing Body, Mandy Forrest, has been attending CHC staff meetings and other Directors have initiated regular contact with them in order to create relationships and help the team feel connected to the rest of the organisation.</p> <p>The Accountable Officer and Governing Body Chair will be shadowing members of the nursing team later this autumn to see their work in practice.</p> <p><b>Other examples are:</b> GB members visiting directorate meetings and staff briefing sessions; Dr David Warwicker and Dr Terry Hudson involved in the planning and delivery of the "I Can, You Can, We Can: A practice Approach to Safety Culture" learning event on 8 October 2019.</p>
2.3	<p>Reconfirm that current agreed values and behaviours are still valid and if so turn them into a more accessible statement of intent</p>	<p>All staff have been invited to take part in two engagement sessions, in order to co-create a Staff Charter, and a "personal responsibility framework", which will describe the behaviours we wish to see in the workplace and how we should put our values into practice. These sessions will be run by members of the Staff Forum.</p>

2.3	Prepare a clear communication plan that reaffirms these values and behaviours and how they will become embedded into how the organisation does business - this might include a value of the month to promote how these are being lived and breathed within the organisation	We have introduced the “Value of the Month” initiative. October’s value is “Progressive” and staff have been encouraged to reflect on how they embody this in their every day working and to share examples of good practice at team and directorate meetings. This is also being linked with our Quality Month initiative, which included learning lunches where teams such as Medicines Optimisation showcased their innovative work.
3.1	Undertake a skills audit to identify whether there are any gaps in the skills of the executive team. (linked to 4.1)	The Accountable Officer is working with the CCG’s Learning and Development Manager to decide which will be the best tools and methods to undertake this piece of work. A skills and competency workshop took place on the 29 October 2019, attended by the Executive Directors and the Clinical Directors.
3.1	Review effectiveness of the Executive Team and current management arrangements; are roles and responsibilities clear and appropriately apportioned. Clarify who are members of the Executive Team.	Reviewing the work of the Executive Team is one of the key priorities for the CCG’s new Chair, Accountable Officer and Deputy Director of Human Resources. Some actions have already been taken, for example, the Children, Young People’s and Maternity portfolio has transferred from Nursing and Quality to the Commissioning and Performance directorate, in order to ensure better alignment with responsibilities of the two directorates around commissioning and quality assurance.
3.3	Establish a clear understanding of the statutory roles and responsibilities of the Local Authority and CCG in relation to children's services and how these work harmoniously together	This work is ongoing given the portfolio’s change in Directorate and the actions being addressed as part of the action plan following our Special Educational Needs and Disabilities (SEND) inspection.
3.3	Greater clarity and understanding about the role of clinical leadership and the relationship between Clinical Directors and the GPs on the Governing Body and their collective offer to the wider system (linked to 2.1)	<p>Work has is under way on this objective, led by the CCG’s Chair and our Medical Director. It has been decided to defer further work until the newly elected Governing Body GPs are in place by the end of 2019. The Medical Director to work with the Clinical Directors via regular development sessions, in order to clarify their roles. This will then feed into a joint development session with the Governing Body GPs early in the New Year.</p> <p>This is the initial phase of working on this objective and more will follow in due course.</p>
4.1	A separate organisational programme to support the Continuing Health Care staff	<p>This is in place, as reported to the Steering Group on 30 September. Examples of actions which are under way include:</p> <p>A new patient questionnaire is now in use.</p>

		<p>Team away days have been held and a workforce plan been developed.</p> <p>We have begun to implement remote IT access to support agile working for staff who are out and about.</p> <p>A new Standard Operating procedure for CHC nurses has been developed and distributed to staff, in order to standardise working practices.</p> <p>Benchmarking training is under way.</p> <p>A Zero Tolerance Policy is being written to support staff to enable them to remove themselves from situations that are deemed to be difficult.</p>
<b>4.3</b>	Bring forward review of whistleblowing policy with particular focus on Freedom to Speak Up Guardian	This is currently being reviewed.
<b>4.3</b>	Proactive review of HR casework e.g. Tribunals/Appeals/Grievances etc. on their conclusion to reflect the learning back into the organisation in the spirit of continuous improvement	The newly appointed Deputy Director of Human Resources and Organisational Development is undertaking this work. She is reviewing individual cases which have concluded, in order to improve process and approach for the future.
<b>4.4</b>	Actively promote activities that support health and wellbeing (e.g. FIKA, Walk Don't Email)	A number of activities took place in October for Mental Health week: a yoga lesson, a mindfulness session and a brunch hosted by the Deputy Directors, to encourage staff to take a break from their desks and talk to colleagues. A "learning lunch" took place in September on the topic of suicide prevention. The CCG continues to host and publicise activities which have been in place for some time, for example: lunchtime Pilates and craft sessions. In the last week of October, the CCG ran sessions with a physiotherapist to provide advice on back and neck problems.
<b>4.4</b>	Staff Engagement: ensure that when staff are asked to engage on particular topics there is broad representation of staff groups and that all are given the opportunity to take part	<p>All staff have been invited to comment on the SYB Five Year Strategic Plan and invited to two "drop in" sessions regarding this with the Director of Commissioning and Performance.</p> <p>All staff have been invited to attend the Pacific Institute cultural change programme, "Onwards and Upwards" which will run from November 2019 to June 2020.</p> <p>All staff have been invited to complete the diagnostic questionnaire which will inform the design of the programme, and the name of the programme was chosen by staff.</p>

#### **4. Action / Recommendations for Governing Body**

The Governing Body is asked to:

- Be assured and approve the proposed governance structure that has been embedded to ensure actions are completed and the expected impact has been seen within the organisation.
- Consider the completed actions, the assurance of completion by the identified Committee and the related impact that action has had on the organisation.
- Note the progress being made on the actions that are due for completion in October 2019.

Paper prepared by: Sandie Buchan, Deputy Director of Commissioning & Performance

On behalf of: Lesley Smith, Accountable Officer

28 October 2019