

**Title of paper:** Delivery of CCG Key Programmes for 2013/14 - End of Year Report

**Meeting:** Governing Body

**Date:** 13<sup>th</sup> June 2014

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**Exec Lead:** Karen Parsons, Chief Operating Officer

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|----------------|-----------|--|
| <b>Purpose</b> | To Agree  |  |
|                | To Advise |  |
|                | To Note   |  |

### **Development**

This report is produced with input from Heads of Service and is reviewed on a monthly basis by the Executive Committee.

### **Executive Summary and Key Issues**

This end of year report provides a high level summary delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard.

Overall good progress continues to be made, in Q4 total of 112 milestone were assessed to track the delivery against 2013/14 key programmes, at year end 36 are assessed as 'green' (32.1%).

The year-end assessment across all quarters shows that whilst there has been a small decrease in the proportion of milestones assessed as 'red' (6.6% in March compared to 6.1% in February), the number of milestones at 'green' has increased from 55.4% to 59.8%).

Some of the achievements include:

- **Referral Support Service (RSS):** The RSS supports practices with signposting referrals, enhances patient choice, creates efficiency and

supports the development of seamless care pathways.

The service is now receiving over 500 referrals per week the percentage of referrals processed in under three days has fallen to 1%. All Practices in Medlinc, East Elmbridge and Mid-Surrey localities are using the service. Dorking Locality has now agreed to use the service from the 1<sup>st</sup> September.

- Significant progress has been made in **CHC delivery programmes** to ensure the 94 recommendations from the review are implemented. An update on current progress is included in the Chief Officers report to the June Governing Body meeting.
- **Development of a new Primary Care Strategy (transformational Primary Care Offer) and development of Clinical Networks**, the CCG launched the Primary Care Offer at the Membership Council in May. This includes 3 levels and specifications for community medical teams and a range of primary care standards. The CCG Executive Committee are currently in discussion with local GPs as to the development of 3 local primary care provider networks.
- **Dorking X-Ray service**, the new service has commenced. The new X-ray service will now be open for referrals from 12pm on 6 June 2014. As well as extended opening hours, patients will also benefit from a faster assessment service, using the latest technology and digital imaging.
- **Medicines Management**, Since October 2013 the medicines management team has been successfully hosted by Surrey Downs CCG. Effective collaboration has been developed with 8 CCGs under the SLA arrangements for the hosted medicines management service and other local CCGs in Surrey, Hampshire and London. This has ensured sharing of best practice and improved efficiency. The focus of work for 2013/14 and ongoing for 2014/15 is the incorporation of the medicines optimisation agenda into all CCG work streams to ensure that patients get the best out of their medicines. Systems and processes have also been set up to support CCGs in meeting their statutory requirements with respect to medicines and clinical/corporate governance. The medicines management team has also been supporting the delivery of QIPP programmes for prescribing, quality and service redesign. The pharmaceutical commissioning team has worked closely with local providers, contracting and finance colleagues to improve prescribing across the interface of primary and secondary care and to robustly manage the processes and funding around high cost and specialist drugs.
- **NEECH: Community Hospital Project**, the CCG has successfully agreed a project with CSH and EStH to create a temporary community ward at Epsom Hospital to care for patients during the summer period whilst essential structural and flooring repairs are carried out at NEECH and Poplars. The opportunity allows the CCG and our providers to explore new ways of

working, including better communication across the medical and social care teams, with the aim of reducing the rehabilitation pathway from 21 to 14 days. The new ward will open on the 16 Jun for 12 Weeks.

- **Mental Health Strategy**, the MH strategy for Surrey Downs is currently in development and is being strongly linked to the development of tangible action plans. The foundation for our strategy development is our compelling vision for future mental health services, based around the intention to mainstream mental health so that it becomes as important to people as their physical health.

The following initial strategic priority areas have been identified informed by known local priorities and discussions with the Surrey-wide Mental Health Clinical Commissioning Collaborative Forum:

- Development of IAPT services and enhancing quality of IAPT referrals
- Single Point of Access
- Acute Care
- Applying whole system change to enhance priority pathways for mental health
- Integrated Community Service / Community Hubs
- Strengthening Clinical leadership and enhancing identification of local priority areas

The strategy and action planning for Surrey Downs will be shaped both by Surrey-wide themes and local priority areas identified as being most important to our patient population, including those requiring enhanced joint working and collaboration with SCC and voluntary sector in order to successfully deliver, including Mental Health Promotion and Prevention.

- **Diabetes**, the CCG has embarked on a wide ranging service redesign programme to improve the quality of diabetes care for patients across the area, the largest commissioning component is the Tier 3 Community Diabetes Service, a consultant led multi-disciplinary team working with GP practices in the community to provide patients with timely access to specialist care closer to home whilst playing a vital role in up-skilling the wider clinical workforce in diabetes management. The CCG is currently out to competitive tender for the Tier 3 service with the deadline for written bids to be submitted on the 13<sup>th</sup> June. In addition to this large service development the CCG has redeveloped a Primary Care Standard for diabetes care in order to drive more regular reviews in primary care for people with diabetes, this PCS came into force in April this year.

The CCG is also working with industry partners to provide a comprehensive education programme for practices over the course of this year, such a programme will be available for HCAs, practice nurses and GPs and will cover a range of material from foundation diabetes care to University accredited courses in the management of complex patients and those on injectable

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| <b>Agenda item</b> | 9  |
| <b>Attachment</b>  | 05 |

therapies through to initiation of insulin, GLP-1 and new anti-diabetic therapies.

The CCG is working with South East Coast Ambulance Trust to develop a new pathway for responding to hypoglycaemic attacks, this work involves the training of 80 *Station Champions*- paramedics who will possess an advanced knowledge of the management of diabetes, across Surrey. Clear processes will also be established to communicate ambulance attendances for diabetic episodes back to a patient's GP and relevant specialist services automatically through the IBIS system.

The Diabetes Clinical Network will meet in June to decide on any new programmes of work to propose to the CCG Executive Committee for delivery in 2014-15.

### **Recommendation(s):**

The Governing Body is asked to note the progress in delivery of 13/14 Key Priority Programmes.

- a) Implementation of RSS (Referral Support Service)
- b) CHC Review Programme
- c) Development of Primary Standards

### **Attachments:**

**Supporting Documentation:** details of the current status of all programmes are available in a separate document published as an on-line document only with the Board papers on the CCG website

## **Implications for wider governance**

### **Quality and patient safety**

The CCG will commission for quality in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Patient and Public Engagement**

The CCG will involve Patient and Public Engagement in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

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### **Equality Duty**

In line with the NHS constitution, the CCG commissions services in order to meet the Equality requirements of all protected groups. Several of the Key Programmes included in this report relate to these.

### **Finance and resources**

The CCG will manage finance and resources in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Workforce**

The CCG's commissioning and contracting intentions will include workforce requirements. Several of the Key Programmes included in this report relate to these.

### **Information Governance**

The CCG adhere to Information Governance standards in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

### **Conflicts of interest**

No specific issues

### **Communications Plan**

This report is available on the CCG website

### **Legal or compliance issues**

No significant issues with respect to legal or compliance issues.

### **Risk and Assurance**

A risk assessment for each Key Programme is included in this report.

## Delivery of CCG Key Programmes for 2013/14 - End of Year Report

### 1. Introduction

This end of year report provides a high level summary delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard. A further performance dashboard shows the current progress broken down by six overarching programme themes as described in table 1 below. A 'green' assessment indicates that the milestone is achieved and completed, an 'amber' assessment indicates that the milestone is not completed but on track for achievement, a 'red' assessment indicates that the milestone is not on track for achievement.

Further details on each project are provided in *Appendix 1* and supporting documentation to this report.

#### Assurance

Progress in delivery of key programmes has been monitored and assured by the Committees as shown in the table below.

**Table 1: Overseeing Body by Over-Arching Programme Theme**

| Over-arching Programme  | Overseeing Body   |
|---|---|
| 1. Strategic delivery   | Executive Committee: Whole Systems Transformational   |
| 2. Building organisational capacity & capability                    | Executive Committee: Business and Governance  |
| 3. Implement specific and defined quality improvements              | Clinical Quality Committee  |
| 4. Implement specific and defined service pathway/provision changes | Executive Committee: OOH Programme Board  |
| 5. Establish operational control of services, contracts and budgets | Executive Committee: Business and Governance  |
| 6. Establish effective governance                                   | Executive Committee: Business and Governance<br>Audit, Corporate, Governance and Risk Committee |

### 2. Overall RAG Performance Dashboard

The performance dashboard below (Figure 1) shows the end of year achievement against the delivery of key priority programmes. This is done by routinely re-assessing the RAG status of milestones.

Each agreed programme (or project) has specific quarterly milestones included. Milestones are used to 'track' or monitor the progress of a programme (or project). Using this approach provides an 'early warning' that there is a risk to the delivery of the programme and remedial actions can be taken as necessary.

Figure 1 shows the end of year (March) RAG assessment for project milestones to be met in each quarter, Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar), compared to the February position. The percentage of project milestones assessed as 'red', 'amber', 'green' or 'not assessed' for each quarter is provided. The assessments are based on milestones specific to the individual project or programme.

In Q4 total of 112 milestone were assessed to track the delivery against 2013/14 key programmes, at year end 36 are assessed as 'green' (32.1%).

The year-end assessment across all quarters shows that whilst there has been a small decrease in the proportion of milestones assessed as 'red' (6.6% in March compared to 6.1% in February), the number of milestones at 'green' has increased from 55.4% to 59.8%).

## **2.1 Changes from the previous assessment**

As indicated in the performance dashboard (Figure 1) overall there has been an increase the number of milestones assessed as 'green' for Q4 from 38 in the February assessment to 45 in the March assessment. This is largely due to changes from 'amber' to 'green' assessment in the following key programme areas:

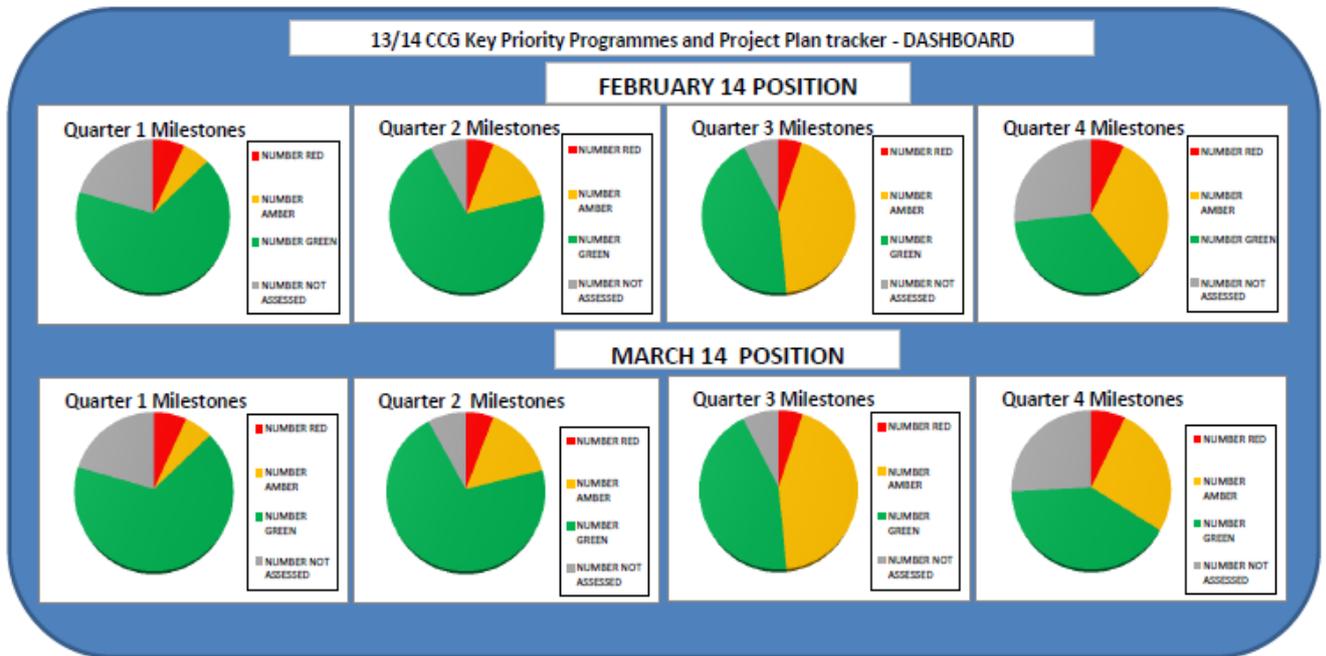
- Epsom Hospital Local Transformation Board - Agree model of care for Epsom Hospital decision point set for March
- SASH Local Transformation Board – Re-opening of Dorking Hospital, service now operational
- Completion of Primary Care Baseline exercise
- CCG Commissioning intentions agreed for 2014/15
- Clinical Audit Plan for 2013/14 completed
- Development of Primary Care Standards for 2014/15 – Enhanced Services contracts in place and new Primary Care Standards developed
- Appointment of a Macmillan GP clinical lead

The number of milestones assessed as 'red' for Q4 has remained unchanged from the February assessment (8 milestones in total). An update on the priority areas is provided below which will be carried forward into 2014/15.

- Development of Estates Strategy. Estates strategy was delayed due to updated guidance and organisational changes across NHS Property Services (PS). The CCG has secure additional resource to support the development of an Estates Strategy by December 2014.
- Delays in establishing locality QIPP reports due to demand on capacity to support 2014/15 planning round activities. This work has been carried forward into 2014/15.
- Upgrade/re-procurement of Leatherhead X-Ray service. Mobilisation has been delayed as details of the Lease agreement between Epsom Hospital and NHS Property Services are to be agreed. As of June, the Lease Agreement/Heads of Terms of Service have now been agreed by Epsom hospital and are currently with NHS Property Service's solicitors therefore progressing now towards final sign off.

- Further development of the CCG website and development of an extranet site for member practices and CCG staff

Figure 1



In addition the **key achievements** include:

- **Referral Support Service (RSS):** The RSS supports practices with signposting referrals, enhances patient choice, creates efficiency and supports the development of seamless care pathways.

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The Diabetes Clinical Network will meet in June to decide on any new programmes of work to propose to the CCG Executive Committee for delivery in 2014-15.

## **2.2 Projects formally closed**

Appendix 2 provides details of the 2013/14 Key Priority projects and programmes that were formally closed at 31<sup>st</sup> March 2014. Of the 102 initial programmes identified at the start of the year, 46 were closed at the end of the year. A closed status indicates either successful delivery or indicates that the associated work to deliver the priority has been since re-assessed as work incorporated into the CCGs routine 'business as usual' activity.

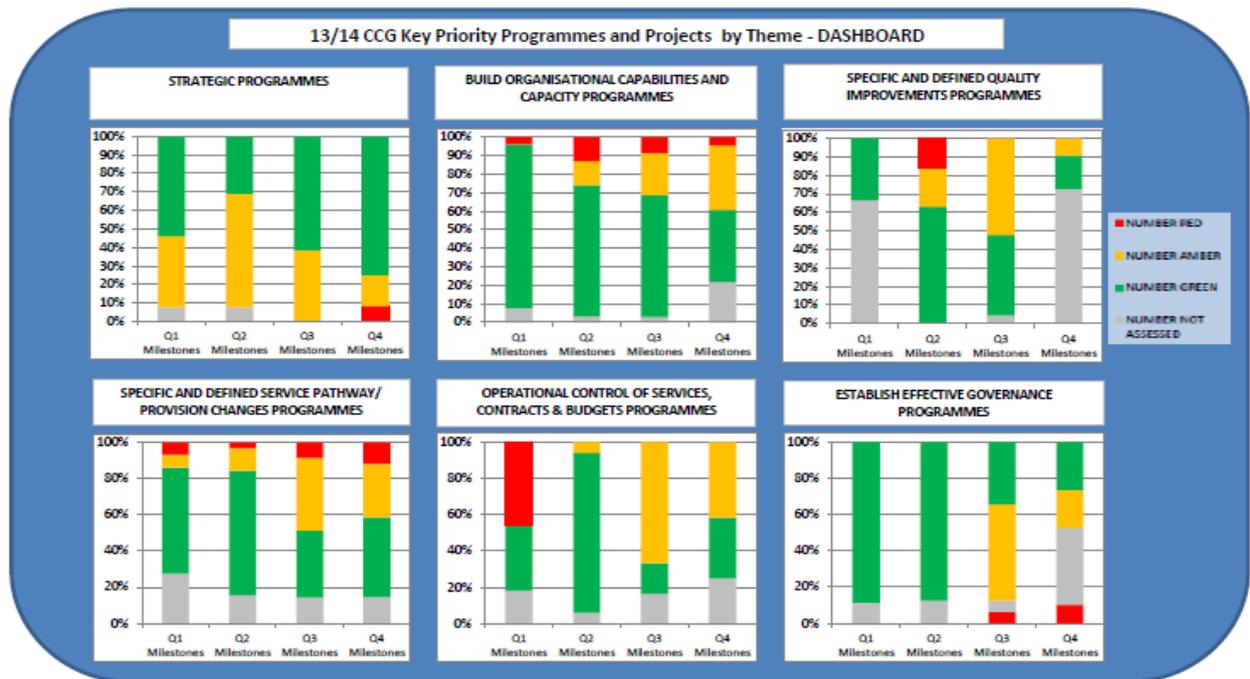
The remaining priorities have been incorporated into the development of 2014/16 priorities as detailed in the CCGs Integrated Commissioning Plan (ICP) for 2014/19.

## **3. RAG status by Programme Theme**

The performance dashboard (Figure 2) shows the current RAG assessment for project milestones grouped by overarching programme themes. The charts shows the percentage of

projects assessed as 'red', 'amber', 'green' or 'not assessed' for each milestone period; Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar).

**Figure 2**



**Please note:** project milestones currently recorded as 'not assessed' refers to projects where there is either no milestone or milestone activity in the period or where the project lead has indicated that the project has concluded or the programme of programme of work is now complete.

**Supporting Documentation:**

details of the current status of all programmes are available in a separate document published as an on-line document only with the Board papers on the CCG website

## Appendix 1 – Change from the February assessment to March (detailed view)

| FEBRUARY '14        |    |                     |    |                     |    |                     |    |  |  |            |                          |
|---------------------|----|---------------------|----|---------------------|----|---------------------|----|--|--|------------|--------------------------|
| Q1 MILESTONES       |    | Q2 MILESTONES       |    | Q3 MILESTONES       |    | Q4 MILESTONES       |    |  |  | Total      | Percentage               |
| NUMBER RED          | 8  |  |  | 32         | 6.12%<br>% RED           |
| NUMBER AMBER        | 7  | NUMBER AMBER        | 21 | NUMBER AMBER        | 68 | NUMBER AMBER        | 36 |  |  | 132        | 25.24%<br>% AMBER        |
| NUMBER GREEN        | 78 | NUMBER GREEN        | 97 | NUMBER GREEN        | 69 | NUMBER GREEN        | 38 |  |  | 282        | 53.92%<br>% GREEN        |
| NUMBER NOT ASSESSED | 24 | NUMBER NOT ASSESSED | 11 | NUMBER NOT ASSESSED | 12 | NUMBER NOT ASSESSED | 30 |  |  | 77         | 14.72%<br>% NOT ASSESSED |
| <b>Total</b>        |    |                     |    |                     |    |                     |    |  |  | <b>523</b> |                          |

| MARCH '14           |    |                             |                     |    |                             |                     |    |                             |                     |    |                             |            |                          |                             |
|---------------------|----|-----------------------------|---------------------|----|-----------------------------|---------------------|----|-----------------------------|---------------------|----|-----------------------------|------------|--------------------------|-----------------------------|
| Q1 MILESTONES       |    | Change from previous period | Q2 MILESTONES       |    | Change from previous period | Q3 MILESTONES       |    | Change from previous period | Q4 MILESTONES       |    | Change from previous period | Total      | Percentage               | Change from previous period |
| NUMBER RED          | 8  | 0                           | 32         | 6.63%<br>% RED           | ↑                           |
| NUMBER AMBER        | 7  | 0                           | NUMBER AMBER        | 21 | 0                           | NUMBER AMBER        | 68 | 0                           | NUMBER AMBER        | 30 | -6                          | 126        | 26.09%<br>% AMBER        | ↑                           |
| NUMBER GREEN        | 78 | 0                           | NUMBER GREEN        | 97 | 0                           | NUMBER GREEN        | 69 | 0                           | NUMBER GREEN        | 45 | 7                           | 289        | 59.83%<br>% GREEN        | ↑                           |
| NUMBER NOT ASSESSED | 24 | 0                           | NUMBER NOT ASSESSED | 11 | 0                           | NUMBER NOT ASSESSED | 12 | 0                           | NUMBER NOT ASSESSED | 29 | -1                          | 76         | 15.73%<br>% NOT ASSESSED | ↑                           |
| <b>Total</b>        |    |                             |                     |    |                             |                     |    |                             |                     |    |                             | <b>523</b> |                          |                             |

## Appendix 2 – Projects Closed as of 31st March 2014

### CCG Key Priority Programmes and Project Plan tracker 2013 - 2014

Version 1: Updated 14.2.14

| SUPPORTING STRATEGY   | KEY PROJECTS  |                |                                   |                     | Project Status: |
|---|---|----------------|-----------------------------------|---------------------|-----------------|
|   |   | Executive Lead | Clinical/Lay Panel Member Lead(s) | Operational Lead(s) |                 |
| Out of Hospital Strategy Delivery<br>Confirm and review SDCCG leadership and core workforce requirements (CCG, CSU, Hosted, Clinical) | High level Out of Hospital strategy in place  | Miles Freeman  | Dr Claire Fuller                  | Mark Needham        | CLOSED          |
|   | Formal review of Clinical Leadership and Engagement Strategy to support the implementation of Out of Hospital Strategy          | Karen Parsons  | Dr Claire Fuller                  | Karen Parsons       | CLOSED          |
|   | Active membership council meetings aligned to organisational development and delivery   | Karen Parsons  | Dr Claire Fuller                  | Justin Dix          | CLOSED          |
| Reporting (Quality & Safety, Performance (Activity & Finance) at CCG, locality and practice level                                     | Agree SDCCG Performance Framework   | Keith Edmunds  | Peter Collis                      | Mable Wu            | CLOSED          |
| Establishing ownership of projects, targets and budgets   | Completion of 13/14 Key priorities and delivery programmes  | Karen Parsons  | Dr Claire Fuller                  | Richard Simon       | CLOSED          |
| Induction and developing a Surrey Downs culture   | Direct employed staff induction process in place  | Karen Parsons  | Dr Claire Fuller                  | Suzi Shettle        | CLOSED          |
|   | Organisational and operational policies in place  | Karen Parsons  | Peter Collis                      | Justin Dix          | CLOSED          |
| Development of SDCCG Governing Body   | Bi-Monthly SDCCG Governing Body Seminars in place   | Karen Parsons  | Dr Claire Fuller                  | Justin Dix          | CLOSED          |
| Developing role of locality sub committees  | Monthly locality sub committee meetings in place across all 4 localities  | Karen Parsons  | CL Chairs                         | Locality Managers   | CLOSED          |
|   | Protected Learning and membership engagement events aligned to development of locality and delivery of commissioning intentions | Karen Parsons  | CL Chairs                         | Locality Managers   | CLOSED          |
| Development of Collaborative Commissioning Arrangements   | Surrey CCG Collaborative Commissioning SLA in place for 13/14   | Miles Freeman  | CL Chairs                         | Karen Parsons       | CLOSED          |
|   | SDCCG collaborative Commissioning 13/14 SLA in place for Medicines Management   | Karen Parsons  | Dr Claire Fuller                  | Kevin Solomons      | CLOSED          |
| 'Walk round' quality surveillance team agreed with annual schedule of visits based on quality and safety priorities                   | 'Walk round' scheduled quality and safety surveillance in place for Epsom and St Helier Hospital                                | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Central Surrey Health Community Services                     | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for SASH   | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Ashtead Hospital   | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Cobham Hospital  | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Dorking Hospital   | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Dorking Health Care  | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |
|   | Walk round' scheduled quality and safety surveillance in place for Surrey & Borders Partnership Trust Mental Health Providers   | Karen Parsons  | Clinical quality Leads            | Eileen Clark        | CLOSED          |

| SUPPORTING STRATEGY   | KEY PROJECTS  |                             |                                   |                             | Project Status: |
|---|---|-----------------------------|-----------------------------------|-----------------------------|-----------------|
|   |   | Executive Lead              | Clinical/Lay Panel Member Lead(s) | Operational Lead(s)         |                 |
| Improving and Commissioning new standards for Primary Care      | Review and develop an enhanced service for primary care standards that support patient experience and quality standards | Karen Parsons               | All CL Chairs                     | Kate Taylor/Richard Simon   | CLOSED          |
|   | McMillian Clinical Leader appointed   | Karen Parsons               | Dr Kate Laws                      | Mark Needham                | CLOSED          |
| Admission avoidance via Community Services                      | Community Assessment Unit - (Epsom Transformation Board)  | Miles Freeman               | Dr Claire Fuller / Mark Hamilton  | Mark Needham                | CLOSED          |
|   | Extend existing Out of Hours contract   | Karen Parsons               | Dr Steve Loveless                 | Jack Wagstaff               | CLOSED          |
| Urgent Care Systems   | Develop Out of Hours Service Specification  | Karen Parsons               | Dr Steve Loveless                 | Jack Wagstaff               | CLOSED          |
|   | INR Monitoring  | Karen Parsons               | Ibrahim wali                      | Kate Taylor                 | CLOSED          |
| Elective Care   |   |                             |                                   |                             |                 |
| Other OOH projects  | Dorking Dementia screening pilot implemented  | Karen Parsons               | CL Chairs                         | Locality Managers           | CLOSED          |
| CHC procurement   | Phase 1 CHC Service Specification completed for review  | Karen Parsons               | Dr Claire Fuller                  | Sian Carter                 | CLOSED          |
|   | Phase 2 CHC provider appointed to conduct review  | Karen Parsons               | Dr Claire Fuller                  | Sian Carter                 | CLOSED          |
|   | Phase 3: CHC review complete  | Karen Parsons               | Dr Claire Fuller                  | Sian Carter                 | CLOSED          |
|   | Recommendations agreed by CCGs  | Karen Parsons               | Dr Claire Fuller                  | Sian Carter                 | CLOSED          |
| 14/15 Annual Contract planning cycle in place for all contracts | Establish Contract planning round workplan for Acute, Community & Mental Health Contracts                               | Keith Edmunds               | Dr Mark Hamilton                  | Peter Jones                 | CLOSED          |
| Contact data base to capture all contracts and aligned payments | Contract data base implemented  | Keith Edmunds               | Dr Mark Hamilton                  | Peter Jones                 | CLOSED          |
| Primary Care Contracts  | PMS+ Contracts and Reviews  | Keith Edmunds/Karen Parsons | Peter Collis                      | Peter Jones and Kate Taylor | CLOSED          |
| Formal review of SDCCG Constitution                             | Constitution reviewed and signed off by Membership Council, GB and LAT  | Miles Freeman               | Dr Claire Fuller                  | Justin Dix                  | CLOSED          |
| Implement Committee Structure                                   | SDCCG 4 Committees in place and operating to Terms of Reference   | Miles Freeman               | Dr Claire Fuller                  | Justin Dix                  | CLOSED          |
|   | SDCCG 4 Locality Sub committees in place and operating to Terms of Reference  | Miles Freeman               | Dr Claire Fuller                  | Justin Dix                  | CLOSED          |
| Board Assurance Framework in place                              | Board assurance Framework agreed  | Miles Freeman               | Dr Claire Fuller                  | Justin Dix                  | CLOSED          |
| SDCCG discharges it remaining 7 Key Lines of Enquiry (KLOEs)    | Quality related KLOEs discharged  | Miles Freeman               | Dr Claire Fuller                  | Karen Parsons               | CLOSED          |
|   | Clear and Credible Plan KLOE discharged   | Miles Freeman               | Dr Claire Fuller                  | Karen Parsons               | CLOSED          |
|   | Five Year Financial Plan KLOE discharged  | Miles Freeman               | Dr Claire Fuller                  | Karen Parsons               | CLOSED          |
|   | Establish Patient Advisory Group with input from voluntary sector and patient groups                                    | Karen Parsons               | Dr Claire Fuller                  | Suzi Shettle                | CLOSED          |
|   | Develop use of social media   | Karen Parsons               | Dr Claire Fuller                  | Suzi Shettle                | CLOSED          |
|   | Establish robust policies for managing Freedom of Information requests in line with the Act                             | Karen Parsons               | Dr Claire Fuller                  | Suzi Shettle                | CLOSED          |
|   | Enhance profile of CCG  | Karen Parsons               | Dr Claire Fuller                  | Suzi Shettle                | CLOSED          |