

SURREY DOWNS CCG KEY PRIORITY DELIVERY PROGRAMMES 2013 - 2014 (Final)

RED: NOT ON TARGET TO ACHIEVE	AMBER: ON TARGET TO ACHIEVE	GREEN: ACHIEVED								
1. STRATEGY	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 13)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead(s)
1(a) Acute Commissioning Strategy	1.1(a) Consultation Document (agreement of standards of care for acute providers)	Reduction in quality and increased risk to patient safety	Standards of care not achievable across economies	BSBV Draft Consultation document (June 13)	BSBV Consultation document signed off by Executive Committee, Membership Council (September 13)	Commence and complete Consultation	Review outcome of consultation and agreed implementation plan	Miles Freeman	Dr Claire Fuller	BSBV project team
	1.2(a) Equality Impact Assessment to support case for change	Lack of assurance to support rationale and public consultation	Standards of care not achievable across economies	Draft Equality Impact Assessment (June 13)	Final Draft Equality Impact Assessment signed off by Executive Committee, Membership Council, Governing Body	No further action required	No further action required	Miles Freeman	Dr Claire Fuller	BSBV project team
1(b) Out of Hospital Strategy	1.1 (b) High level Out of Hospital strategy in place	Business cases not viable	Affordability if not aligned	Out of Hospital Strategy drafted for Executive Committee (June)	Out of Hospital Strategy approved by Executive Committee and Governing Body (July 13)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Miles Freeman	Dr Claire Fuller	Mark Needham
	1.2(b) Admission avoidance via Community Services	Programme of change and financial balance not achieved	Capacity and capability of skills and utilisation of estates	Draft Business Case presented to Executive Committee	Business Case Signed off by Executive Committee and Governing Body (July 13). Implementation of project (XX)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Miles Freeman	Dr Jill Evans	Mark Needham
	1.3(b) Urgent Care Systems	Programme of change and financial balance not achieved	Capacity and capability of skills and utilisation of estates	Draft Business Case presented to Executive Committee	Business Case Signed off by Executive Committee and Governing Body (July 13). Implementation of project (XX)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Miles Freeman	Dr Steve Loveless	Mark Needham
	1.4(b) Elective	Programme of change and financial balance not achieved	Capacity and capability of skills and utilisation of estates	Draft Business Case presented to Executive Committee	Business Case Signed off by Executive Committee and Governing Body (July 13). Implementation of project (XX)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Miles Freeman	Peter Collis	Mark Needham
	1.5 (b) Discharge Pathway	Programme of change and financial balance not achieved	Capacity and capability of skills and utilisation of estates	Draft Business Case presented to Executive Committee	Business Case Signed off by Executive Committee and Governing Body (July 13). Implementation of project (XX)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Miles Freeman	Dr Steve Loveless	Mark Needham
1 (c) Year financial plan	1.1 (c) 2013/14 Finance Plan agreed	Programme of change and financial balance not achieved	Financial assumptions for 13/14 incorrect	12/13 Finance Plan drafted	12/13 Finance Plan approved by Executive Committee and Governing Body (July 13)	Implementation of programmes/project (ref Section 4)	Implementation of programmes/project (ref Section 4)	Keith Edmunds	Gavin Cookman & Peter Collis	Julie Brooks
	1.2 (c) 2013 - 2017 five year Finance Plan agreed	Programme of change and financial balance not achieved	Financial assumptions for 13/14 incorrect	Updated assumption used as evidenced in authorisation (June 13)	3 year financial plan shared to underpin planning assumptions	13/16 Finance plan drafted and approved by Executive Committee and Governing Body (July -September 13)	Implementation of programmes/project (ref Section 4)	Keith Edmunds	Gavin Cookman & Peter Collis	Julie Brooks
1 (d) Estates Strategy	1.1 (d) 5 year Estates strategy in place	Inability to align and prioritise estates to strategic intentions	Insufficient capacity outside of hospital environment, particularly primary care	No activity in Q1	No activity in Q1	Identification of current estates stock (Dec 13)	Development of estates strategy based on Out of Hospital Strategy (March 14)	Karen Parsons	Gavin Cookman & Peter Collis	Jonathan Perrott
1 (e) Kingston Local Transformation Board	1.1 (e) LTB inplace and delivering to planned strategy	Delays and Excess Beds Days	Community Hospitals	Kingston Discharge Pathway to Molesey Hospital / East Elmbridge and community services. Complete modeling/costs for Executive Committee	Develop Business Case for Exec - expansion of Community Beds and redesign of pathway	Development of pathway with Kingston Transformation Board and Kingston/Richmond CCGs	Options TBC for future of Molesey Hospital	Miles Freeman	Dr Jill Evans	Mark Needham
1 (f) Epsom Local Transformation Board	1.2 (f) LTB inplace and delivering to planned strategy	Delays and Excess Beds Days	Community Hospitals	Epsom Discharge Pathway to NEECh/Leatherhead Hospital and community services. Complete modeling/costs for Executive Committee. Draft strategic intent consistent with BSBV, Out of Hospital and Contracting strategy	Develop Business Case for Exec - expansion of Community Beds (Sept 13) Sign off 13/14 LTB commissioning strategy (Aug 13)	Redesign of Epsom pathway with Epsom Transformation Board and option to relocate NEECh / Leatherhead Hospital (Dec 13) Implementation of programmes/project (ref Section 4)	Timeframe TBC dependent on Epsom Transformation Board agreement to relocate beds and potential consultation period (Feb 14) Implementation of programmes/project (ref Section 4)	Miles Freeman	Dr Claire Fuller / Mark Hamilton	Mark Needham
1 (g) SASH Local Transformation Board	1.3 (g) LTB inplace and delivering to planned strategy	Delays and Excess Beds Days	Community Hospitals	SASH Discharge Pathway to Dorking Hospital and community services. Complete modeling/costs for Executive Committee	Develop Business Case for Exec - expansion of Community Beds. Sign off service specification and business case with SASH Transformation Board	Re-open Dorking Hospital (Sept)	Service operational	Miles Freeman	Dr Steve Loveless	Mark Needham
1 (h) Health & Wellbeing Strategy	1.1 (h) Working closely in partnership to implement the H&WBS	Lack of cohesion between strategies may impact on quality, cost and ownership of services	Indirect health benefits achieved at the detriment of direct health projects/investment	Health & Wellbeing strategy in place (June 13) Chair attending H&WB Board	Development of strategy Attendance at borough partnerships to support locality delivery of strategy	Summary of progress to GB (Oct 13) Confirmation of Commissioning priorities for 14/15 for planning assumptions (Nov 13)	Summary of progress to GB with aligned strategic commissioning intentions for 14/15	Miles Freeman	Dr Claire Fuller	Mark Needham
2. BUILD ORGANISATIONAL CAPABILITIES AND CAPACITY	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 12)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead

2 (a) Confirm and review SDCCG leadership and core workforce requirements (CCG, CSU, Hosted, Clinical)	2.1 (a) Formal review and revision of SDCCG direct staffing and aligned CSU support	Inability to meet our organisational and operational objectives	Local capacity and capabilities (specifically contracting and BI)	Organisational structure agreed by Executive Committee and recruitment in progress (May 13)	Fully recruit to SDCCG organisational structure (August 13) Review alignment of resources to delivery of Out of Hospital Strategy (July 13)	Formally review and revise resources against delivery of strategy (Dec 13)	Formally review and revise resources against delivery of strategy (Dec 13)	Karen Parsons	TBC	HR lead,	
	2.2 (a) Formal review of Clinical Leadership and Engagement Strategy to support the implementation of Out of Hospital Strategy	Non delivery of QIPP and Out of Hospital Plan	Non investment in 'growing our own' will impact on medium to long term delivery	Draft Job Roles for Governing Body members (June 13)	Draft Clinical Engagement Strategy (July 13) Sign off and formally confirm Clinical Engagement Strategy and Governing Body Clinical Leadership roles (July 13) Confirm and formally sign off Locality Job Roles to support delivery of QIPP and Out of Hospital Strategy (August 13)	Formally review and revise resources against delivery of strategy (Dec 13)	Formally review and revise resources against delivery of strategy (Dec 13)	Karen Parsons	Dr Claire Fuller	HR lead, Justin Dix	
	2.3 (a) Formal review and revision of CSU commissioning support	Inability to meet our organisational and operational objectives	Changes to CSU national strategy impacting on direct support costs	Weekly mobilisation meetings with CSU South until confident there is cohesive alignment of staffing to compliment SDCCG direct staffing structure (on-going)	Formal 6 month review complete of CSU Service Level Agreement (Sept 13) Agreed revisions made to CSU South SLA to improve efficiency and effectiveness of support services	Formally review and revise resources against delivery of strategy (Dec 13)	Formally review and revise resources against delivery of strategy (Dec 13)	Karen Parsons	Peter Collis	Jonathan Perrott	
	2.4 (a) Active membership council meetings aligned to organisational development and delivery	Lack of GP Membership practice engagement will impact on ability to deliver agenda	Poor reputation if SDCCG do not achieve balance of engagement	Membership Council Meetings in place (April 13)	Membership Council meeting (Justin to insert dates)	Membership Council meeting (Justin to insert dates)	Membership Council meeting (Justin to insert dates)	Membership Council meeting (Justin to insert dates)	Karen Parsons	Dr Claire Fuller	Justin Dix
2 (b) Reporting (Quality & Safety, Performance (Activity & Finance) at CCG, locality and practice level	2.1 (b) Agree SDCCG Performance Framework	Inability to monitor, and measure performance consistently and take appropriate remedial actions when required.	Lack of assurance to our GB and Membership council	Executive Committee to confirm and sign off SDCCG Governing Body Performance framework (June 13)	Performance Reporting in place	Performance Reporting in place	Performance Reporting in place	Keith Edmunds	Peter Collis	Mabel Wu	
	2.2 (b) Agree SDCCG Performance template for Governing Body	Inability to monitor, and measure performance and take appropriate remedial actions when required.	Lack of assurance to our GB and Membership council	Executive Committee to confirm and sign off SDCCG Governing Body Performance reporting template (June 13)	Performance Reporting in place	Performance Reporting in place	Performance Reporting in place	Keith Edmunds	Peter Collis	Mabel Wu	
	2.3 (b) Confirm Finance reporting template for Governing Body	Inability to monitor, and measure performance and take appropriate remedial actions when required.	Lack of assurance to our GB and Membership council	Executive Committee to confirm and sign off SDCCG Governing Body Finance reporting template (June 13)	Performance Reporting in place	Performance Reporting in place	Performance Reporting in place	Keith Edmunds	Gavin Cookman & Peter Collis	Julie Brooks	
	2.4 (b) Confirm Locality Sub-Committee reporting template	Inability to monitor, and measure performance and take appropriate remedial actions when required.	Lack of assurance to our GB and Membership council	Confirm Locality Sub Committee QIPP monitoring template (May 13)	Executive Committee to sign off Locality Sub Committee reporting template (July 13)	Performance Reporting in place	Performance Reporting in place	Performance Reporting in place	Karen Parsons	Dr Claire Fuller	Mabel Wu
	2.4 (b) Confirm Primary Care baseline Performance metrics	Inability to monitor, and measure performance and take appropriate remedial actions when required.	Lack of assurance to our GB and Membership council	Activity not started	Draft Primary Care Performance template agreed and signed off by Executive Committee (Sept 13)	Primary care performance integrated into Locality reporting template (Oct 13)	Primary care Performance Reporting in place	Primary care performance reporting in place	Karen Parsons	Peter Collis	Mabel Wu
	2 (c) Establishing ownership of projects, targets and budgets	2.1 (c) Completion of 13/14 Key priorities and delivery programmes	Lack of leadership and ownership will lead to non delivery	Lack of assurance to our GB and Membership council	Draft Key Priorities to Executive Committee (June 13)	Sign off Key Priorities by Executive Committee and Governing Body (July 13) Programme Management Board structure in place (July 13)	Programme Management Board oversees and reports performance	Programme Management Board oversees and reports performance	Karen Parsons	Dr Claire Fuller	Heads of Service
	2.2 (c) Ownership and accountability of 13/14 QIPP delivery programme	Lack of leadership and ownership will lead to non delivery	Lack of assurance to our GB and Membership council	QIPP delivery programme (by locality) identifying lead for each area of service delivery (June 13)	Monthly QIPP Reporting through Executive Committee by Commissioning Locality Chairs (June 13)	Formal Locality Sub Committee reporting against delivery of QIPP	Formal Locality Sub Committee reporting against delivery of QIPP	Karen Parsons	CL Chairs	Mabel Wu	
	2.3 (c) Ownership and accountability of 13/14 Out of Hospital delivery programme	Lack of leadership and ownership will lead to non delivery	Lack of assurance to our GB and Membership council	Out of Hospital Strategy drafted for Executive Committee (June)	Out of Hospital delivery programme (by locality) identifying lead for each area of service delivery (June 13)	Formal monthly reporting to Executive Committee is in place (July 13) Formal reporting to Governing Body is in place (July 13)	Formal reporting against progress	Karen Parsons	CL Chairs	Mabel Wu	
2 (d) Induction and developing a Surrey Downs culture	2.1 (d) Direct employed staff induction process in place	Reputation, morale and Corporate Governance risks increase if staff unaware of how the organisation operates expected behaviour	Potential employment and additional payment issues	Development of induction handbook	staff Induction handbook and staff induction workshops booked for July 13	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle	

	2.2 (d) Organisational and operational policies in place	Reputation, morale and Corporate Governance risks increase if staff unaware of how the organisation operates expected behaviour	Potential employment and additional payment issues	Draft organisational policies and procedures in place (June 13)	Formal SDCCG policies signed off by relevant committees and Governing body (Sept 13)	Formal review of policies and procedures (Dec 13)	Changes to policies and procedures agreed in readiness for 14/15	Karen Parsons	Gavin Cookman	Justin Dix and Jonathan Perrott
	2.3 (d) Weekly organisational briefings for all staff	Lack of communication and engagement with staff may impact on delivery	Potential for miscommunication if staff not updated.	Weekly staff meetings and electronic team brief in place (May 13)	Systems in place - no further action	Systems in place - no further action	Systems in place - no further action	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	2.4 (d) Individual Staff Objective setting and Appraisal process in place	Lack of clear goals could risk the delivery of organisational priorities	Potential employment and additional payment issues	Agreement of key 13/14 Delivery programme	All staff are clear of their delivery objectives for 13/14 and completed their appraisal (August 14)	Staff appraisal objectives reviewed (Dec 13)	End of year review of objectives (March 13)	Karen Parsons	Dr Claire Fuller	Jonathan Perrott
2 (e) Development of SDCCG Governing Body	2.1 (e) Bi-Monthly SDCCG GoverningBody Seminars in place	Lack of clear goals could risk the delivery of organisational priorities	Impact on team development and corporate understanding of issues	Annual Bi Monthly schedule of Governing Body Seminars. Agreed topics will be agreed by GB members (June 13) GB Quality seminar to be delivered (June 13)	Governing Body Quality Seminar to be delivered (Justin to confirm date)	Governing Body Quality Seminar to be delivered (Justin to confirm date)	Governing Body Quality Seminar to be delivered (Justin to confirm date)	Karen Parsons	Dr Claire Fuller	Justin Dix
	2.2 (e) Job outlines and workplans completed for all non clinical members of SDCCG Governing Body	Lack of clear goals could risk the delivery of organisational priorities	Impact on team development and corporate understanding of issues	Scoping work started (May 13)	Draft workplans in place (July 13) Workplans signed off by Executive Committee (July 13)	Review of workplans with non Clinical Governing Body members	Review of workplans with non Clinical Governing Body members	Karen Parsons	Dr Claire Fuller	Justin Dix
2 (f) Developing role of locality sub committees	2.1 (f) Bi-Monthly locality sub committee meetings in place across all 4 localities	Lack of engagement from Locality Membership practice will impact on delivery of commissioning strategy	Impact on team development and corporate understanding of issues	4 Locality Sub committee's representing SDCCG membership practices is in place and working to SDCCG agreed constitution Terms of Reference for Locality Sub Committees (April 13)	Meeting Agendas/membership aligned to support development of localities and delivery of QIPP (July 13)	Formal reviews of locality sub committee and changes, if appropriate, agreed by Executive Committee (Nov 13)	Formal reviews of locality sub committee and changes, if appropriate, agreed by Executive Committee (March 14)	Karen Parsons	CL Chairs	Locality Managers
	2.2 (f) Protected Learning and membership engagement events aligned to development of locality and delivery of commissioning intentions	Lack of engagement from Locality Membership practice will impact on delivery of commissioning strategy	Impact on team development and corporate understanding of issues	Planned quarterly protected learning events in each of the 4 localities aligned to deliver (May 13)	Systems in place - no further action	Systems in place - no further action	systems in place - no further action	Karen Parsons	CL Chairs	Locality Managers
	2.3 (f) Localities leading the development of 14/15 Commissioning Intentions consistent with 5 year strategic intentions	Lack of engagement from Locality Membership practice will impact on delivery of commissioning strategy	Impact on team development and corporate understanding of issues	Activity not started	Commence process as part of SDCCG annual planning cycle for development of Commissioning Intentions (Sept 13)	Commissioning Intentions agreed by Executive Committee and shared with LTBs and providers (Nov 13)	Commissioning Intentions agreed as part of annual planning cycle (Feb 14)	Karen Parsons	CL Chairs	Mark Needham
2 (g) Development of Collaborative Commissioning Arrangements	2.1 (g) Surrey CCG Collaborative Commissioning SLA in place for 13/14	Missed opportunities of economies of scale and shared risks	Impact on local quality and costs	Surrey CCG Collaborative Commissioning SLA signed off (April 13)	Q2 review of SLA	Q3 Review of SLA	Surrey CCG Collaborative Commissioning 13/14 SLA reviewed for 14/15 operations	Miles Freeman	CL Chairs	Karen Parsons
	2.2 (g) SDCCG Collaborative Commissioning 13/14 SLA in place for CHC	Missed opportunities of economies of scale and shared risks	Impact on local quality and costs	Surrey CCG Collaborative Commissioning SLA signed off for CHC (June 13) Monthly CHC performance reporting by CCG in place (June 13) SLA for CHC review completed (June 13)	Monthly CHC Performance Reporting by CCG Monthly meetings of CHC Reference Group CHC external review in place (July 13)	Monthly CHC Performance Reporting by CCG Monthly meetings of CHC Reference Group CHC external review completed (Oct 13) Commence implementation of recommendations as agreed (Oct 13)	Surrey CCG Collaborative Commissioning 13/14 SLA reviewed for 14/15 operations	Karen Parsons	Dr Claire Fuller	Sian Carter

	2.3 (g) SDCCG Collaborative Commissioning 13/14 SLA in place for Adult Safeguarding	Missed opportunities of economies of scale and shared risks	Impact on local quality and costs	Surrey CCG Collaborative Commissioning SLA signed off (April 13)	Mid Year review of service and performance (Sept 13)	Q3 review of service and performance (Dec 13)	Surrey CCG Collaborative Commissioning 13/14 SLA reviewed for 14/15 operations	Karen Parsons	Dr Phil Gavins	Eileen Clarke
	2.4 (g) SDCCG Collaborative Commissioning 13/14 SLA in place for Medicines Management	Missed opportunities of economies of scale and shared risks	Impact on local quality and costs	Surrey CCG Collaborative Commissioning SLA signed off (April 13)	Surrey Downs to host Medicines Management for 6 CCGs across Surrey & Sussex (Agreed July 13) Collaborative Commissioning Medicines Management SLA signed off by all CCG (Sept 13)	Hosted Service Commences (1st Oct 13) SLA monthly performance monitoring in place (Oct 13)	Surrey CCG Collaborative Commissioning 13/14 SLA reviewed for 14/15 operations (Feb 14)	Karen Parsons	Dr Claire Fuller	Kevin Solomons
	2.5 (g) SDCCG Collaborative Commissioning 13/14 SLA in place for IFR	Missed opportunities of economies of scale and shared risks	Impact on local quality and costs	Surrey CCG Collaborative Commissioning SLA signed off (April 13)	Surrey & Sussex CSU is closing down. SDCCG to host IFR for 6 CCGs across Surrey & Sussex. SLAs to be agreed and in place (Sept 13)	Surrey Downs to host IFR for 6 CCGs across Surrey & Sussex (1st Oct 13) Q3 review of service and performance (Dec 13)	Surrey CCG Collaborative Commissioning 13/14 SLA reviewed for 14/15 operations	Karen Parsons	Dr Claire Fuller	Maureen Hatch
3. IMPLEMENT SPECIFIC AND DEFINED QUALITY IMPROVEMENTS	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 12)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead
3(a) 'Walk round' quality surveillance team agreed with annual schedule of visits based on quality and safety priorities	3.1 (a) 'Walk round'scheduled quality and safety surveillance in place for Epsom and St Helier Hospital	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Walk round visit to St Helier Urgent Care Centre (June 13) Walk Round Elderly Care Wards at St Helier Hospital (May 13)	Walk round visit at Epsom to review elderly care wards (Buckley, Croft and Gloucester (August 13) Walk round visit at Epsom to review Stroke Unit (Oct 13) Walk round visit at Epsom to review Emergency Department, MAU and Discharge Lounge (Aug 13)	Walk round visit to Epsom to review Paediatrics (Nov 13) Walk round visit to Epsom to review Maternity Unit (Dec 13)	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.2 (a) 'Walk round'scheduled quality and safety surveillance in place for Central Surrey Health Community Services	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Walk round visit to Leatherhead hospital (July 13) Walk round visit to review virtual wards/integrated teams (Sept 13) Walk round visit to Community Assessment service at Leatherhead hospital (July 13)	Review of Continence Service (Aug 13) Walk round visit to Neuro-rehabilitation team (Oct 13) Walk round visit to review Child Health Clinics (Nov 13)	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.3 (a) 'Walk round'scheduled quality and safety surveillance in place for SASH	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Walk round visit at SASH + Deep Dive to review Discharge Planning process (Aug 13) Walk round and Deep Dive into X-Ray Service (Aug 13) Deep Dive into Stroke services at SaSH (Sept 13)	Other visits to be scheduled as agreed	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.4 (a) 'Walk round'scheduled quality and safety surveillance in place for Ashted Hospital	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Walk round visit to review in-patient provision (July 13)	Walk around visit to review Endoscopy services (Nov 13) Walk around visit to Reception (Oct 13)	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.5 (a) 'Walk round'scheduled quality and safety surveillance in place for Cobham Hospital	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Walk round visit to review facilities and service provision (July 2013)	Walk around visit to review Endoscopy services/JAG accreditation work (Nov 13) Walk around visit to Reception (Oct 13)	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark

	3.6 (a) 'Walk round'scheduled quality and safety surveillance in place for Dorking Hospital	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Activity not started	Walk around visit to Dorking Hospital Out Patients Services (Oct 13) Scrutiny of quality of service model planned for Dorking Hospital In-patient beds	Walk Round Visit to Dorking Hospital In-patient Beds	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.9 (a) 'Walk round'scheduled quality and safety surveillance in place for Dorking Health Care	Lack of formal visibility and presence may allow quality and safety issues to continue	As above for Dorking hospital	Activity not started	Walk round visit to review OPA facilities and service used at Dorking Hospital	Monthly Quality Contract meetings in place	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
	3.10 (a) Walk round'scheduled quality and safety surveillance in place for Surrey & Borders Partnership Trust Mental Health Providers	Lack of formal visibility and presence may allow quality and safety issues to continue	Negative impact on Quality Premium and potential investment 14/15	Activity not started	Walk round Elgar and Delius ward in patient and elderly care (Epsom Hospital) (Sept 13)	Formal Walk ound to The Meadows West Park (elderly Care unit) (Oct 13)	Other visits to be scheduled as agreed	Karen Parsons	Clinical quality Leads	Eileen Clark
3 (b) Quality Review meetings (QRM) in place for all main providers	3.1 (b) QRM annual schedule in place aligned to the planning schedule	Risk to quality and safety of patients	Lack of agreement by providers will impact on outcome of audit - needs to form part of strategy	Monthly CQRM attended by HOQ and Clinical Lead - CSH Surrey,ESHUT, SASH, Kingston Hospital, SABPT Process developed for the monitoring and scrutiny of Quality of AQP Contracts	Process developed for gaining assurance from Lead CCG's where SDCCG is Associate Commissioner and sharing intelligence with other CCGs	Systems in place - no further action, ongoing review of effectiveness	Systems in place - maintain review of effectiveness through Quality Committee	Karen Parsons	Clinical quality Leads	Eileen Clark
3(c) Clinical audit programme aligned to Quality and patients safety	3.1 (c) 'Clinical Audit programme in place	Risk to quality and safety of patients	Lack of agreement by providers will impact on outcome of audit - needs to form part of strategy	Activity not started	signed off by Quality Committee (August 13) Clinical Audit team and programme signed off by Executive Committee (August 13) Clinical audit completed for infection control	Clinical audit completed for Discharge pathway process at Epsom and findings shared (August 13) Clinical audit completed for Antibiotic prescribing in General practice and Nursing	Further audit programmes to be confirmed	Karen Parsons	Clinical quality Leads	Eileen Clark
3 (d) Quality Premium	3.2 (d) Clinical Quality team to develop and sign off Quality Premium and CQUINS through Quality Committee	Risk to quality and safety of patients and lack of aligned quality improvements in services		SDCCG quality team to lead the development and agreement of Quality Premium and CQUINS (May 13)	Quality Committee to monitor performance of Quality Premium and CQUIN and take remedial actions as required (on-going)	Quality Committee to monitor performance of Quality Premium and CQUIN and take remedial actions as required (on-going)	Quality Committee to monitor performance of Quality Premium and CQUIN and take remedial actions as required (on-going)	Karen Parsons	Clinical quality Leads	Eileen Clark
4. IMPLEMENT SPECIFIC AND DEFINED SERVICE PATHWAY/PROVISION CHANGES	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 12)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead
4 (a) Improving and Commissioning new standards for Primary Care	4.1 (a) Review and develop an enhanced service for primary care standards that support patient experience and quality standards	Opting out could have an impact on delivery of SDCCG commissioning strategy	Lack of agreed primary care standards outside of the primary care contract could have impact on delivery of OOH strategy	Complete baseline of current primary care contracts (June 13)	Complete primary care audit (July 13) Engage and consult with Membership practices regarding standards in primary care (Aug 13) Draft Enhanced service specification for consultation (Sept 13)	Implementation of primary care enhanced services (Dec 13)	Review of primary care enhanced service (March 14)	Karen Parsons	All CL Chairs	Kate Taylor
	4.2 (a) Support membership practices in achieving the DES for Remote Care Monitoring	Opting out could have an impact on delivery of SDCCG OOH strategy	Direct impact on implementation of Telehealth if practices not signed up	Process agreed and practices signed up to achieve DES	Final Sign off Specification for RemoteCare Monitoring (Preparation) Scheme (July 13) Deliver of preparation for Remote Care Monitoring Specification (on-going)	Delivery of preparation for Remote Care Monitoring Specification	Commence implementation of remote care monitoring (March 14)	Karen Parsons	Andy Sharpe	Alan Streets/Deepti Gaddam
	4.3 (a) Support membership practices in achieving the DES for Risk Profiling and Care Management Scheme	Opting out could have an impact on delivery of SDCCG OOH strategy	Gaps in information and access if practices do not use CP model	Process agreed and practices signed up to achieve (June 13)	Final Sign off Specification for Risk Profiling and Care Management Scheme (August 13)	Delivering Risk Profiling and Care Management Scheme through Localities	Delivering Risk Profiling and Care Management Scheme through Localities (End of Dec 13); Review achievement of delivery (March 14)	Karen Parsons	Robin Gupta	Emma Jackson
	4.4 (a) Referral Management System in place	Opting out could have an impact on delivery of SDCCG OOH strategy	Membership practices will not sign up if RSS not piloted	Scoping of Referral Management systems as part of Elective OOH strategy (June 13)	Referral Management Sytem signed off as part of OOH strategy (July 13) Referral management system approved and project plan signed off (September)	Implementation of Referral management system (Nov 13)	Review of Referral management System (March 13)	Karen Parsons	Dr Claire Fuller	Kate Taylor

4(b) Implementing Out of Hospital Projects (Admission avoidance via Community Services)	4.1 (b) Virtual Wards	Inability to meet 13/14 QIPP targets	Integrated Teams	Review of Virtual Wards complete	Make decision on future expansion / investment in VWs (Dependent on VWs)	Agree next steps dependent on Exec decision Q1	Mobilisation pending sign-off	Karen Parsons	Dr Steve Loveless	Emma Jackson
	4.2 (b) Integrated Teams	Inability to meet 13/14 QIPP targets	Admission Prevention / Discharge	Development of model of care within OoH Strategy	Agree model of care with clinical leads	Implementation of appropriate model of care / Pending Exec sign off. Sign-off of implementation plan.	Mobilisation pending sign-off	Karen Parsons	Dr Steve Loveless	Mark Needham
	4.3 (b) Rapid Response Service	Inability to meet 13/14 QIPP targets	CAU / Integrated Teams / COUIN	Development of model of care within OoH Strategy	Business case to be reviewed by Exec	Service specification to be signed off by Transformation Board and Exec	Mobilisation pending sign-off	Karen Parsons	Dr Steve Loveless	Emma Jackson
	4.4 (b) End of Life Care - Electronic Palliative Care Register in place	Inability to meet 13/14 QIPP targets	COUIN	Action not started	Electronic Palliative Care Co-Ordinated system training to be initiated (September)	EPaCCs live across all providers	Monitoring of admission prevention and reduction of deaths in hospital	Karen Parsons	Dr Kate Laws	Emma Jackson
	4.5 (b) McMillian Clinical Leader appointed	Inability to meet 13/14 QIPP targets		Action not started	SDCCG McMillian Clinical Lead appointed (Aug 13)	No further action required	No further action required	Karen Parsons	Dr Kate Laws	Emma Jackson
	4.6 (b) COPD Pathway (Epsom Transformation Board)	Inability to meet 13/14 QIPP targets	CAU / Transformation Board	Participation in Epsom COPD Pathway	Extension to whole system pathway - in agreement with Epsom Transformation Board	Mobilisation pending sign-off (fullroll-out across Primary, Community & Acute Care)	Roll-out to Voluntary Sector	Miles Freeman	Dr Andy Sharp	Jack Wagstaff
	4.7 (b) Telehealth (Partnership Grant)	Inconsistent pathways will reduce impact on health outcomes	COPD	Development of model of care within OoH Strategy	Rollout of project to patients	Full mobilisation of project	Full mobilisation of project	Karen Parsons	Dr Andy Sharp	Steph Isherwood
	4.8 (b) Heart Failure pathway	Inconsistent pathways will reduce impact on health outcomes	Virtual ward	Action not started	Business case to be approved by Exec	Mobilise heart failure pathway with adherence to Exec conditions	Service operational	Karen Parsons	Dr Steve Loveless	Emma Jackson
	4.9 (b) Community Assessment Unit (Epsom Transformation Board)	Inability to prevent avoidable admissions	Rapid Response/ Integrated Teams	Development of model of care within OoH Strategy	Business case to be reviewed by Exec / Epsom Transformation Board	Service specification to be signed off by Transformation Board and Exec	Mobilisation pending sign-off	Miles Freeman	Dr Claire Fuller / Mark Hamilton	Mark Needham
4(c) Implementing Out of Hospital Projects (Urgent Care Systems)	4.1 (c) Extend existing Out of Hours contract	Gap in provision from April 2014 if existing contract not extended		North West to renegotiate and extend existing Out of Hours service until October 2014 (June 13)	No further action required	Mobilisation of new provider (Sept 13)	No further action required	Karen Parsons	Dr Steve Loveless	Jack Wagstaff
	4.2 (c) Develop Out of Hours Service Specification	Fragmented provision of OoH service		1st Draft Service Specification shared with other CCGs (June 13)	Consultation process to support drafting of specification	Specification signed off by Executive Committee and Governing Body (October 13)	No further action required	Karen Parsons	Dr Steve Loveless	Jack Wagstaff
	4.3 (c) Procurement of Out of Hours service	No service	A&E Minors	No action required	No action required	No action required	Start procurement process (Feb 14)	Karen Parsons	Dr Steve Loveless	Jack Wagstaff
	4.4 (c) 111	Poor performance of OoH system		Launch service	Maintain Directory of Services	No action required	No action required	Karen Parsons	Dr Steve Loveless	Jack Wagstaff
	4.5 (c) A&E Minors - Epsom Hospital (Epsom Transformation Board)	Poor performance of A&E	OoH contract	Development of model of care within OoH Strategy	Business case to be reviewed by Exec / Epsom Transformation Board	Service specification to be signed off by Transformation Board and Exec	Mobilisation pending sign-off	Miles Freeman	Dr Claire Fuller / Mark Hamilton	Mark Needham
4(d) Implementing Out of Hospital Projects (Elective Care)	4.1 (d) Referral Management Service	Opting out could have an impact on delivery of SDCCG OOH strategy	QoF QP	Scoping of Referral Management systems as part of Elective OOH strategy (July 13)	Referral management system approved and Outline Business Case signed off (September)	Implementation of Referral management system (Sept-Oct 13) in starting with Medlinc & Mid Surrey followed by Dorking and East Elmbridge (TBC)	Review of Referral management System (March 13)	Karen Parsons	All CL Chairs	Mark Needham/Steph Isherwood
	4.2 (d) Elective pathway redesign projects	Inability to improve pathway with associated costs	Referral Management	Baseline OP activity across top 10 specialities	Identify key specialities for redesign (Dependent on RSS timeframe)	Launch redesign and/or procurement of new care pathways	Mobilisation of pathways	Karen Parsons	All CL Chairs	Kate Taylor
	4.3 (d) Community Clinics	Inability to improve pathway with associated costs	Referral Management	Review of OoH contracts	Review of interim community clinics Business case to be reviewed by Exec	Launch of new pathways	Mobilisation of pathways	Karen Parsons	All CL Chairs	Kate Taylor
	4.4 (d) INR Monitoring	Inability to repatriate patients and achieve Quality Premium		Initiated review of patients	Repatriation and monitoring of patients across practices	Repatriation and monitoring of patients across practices	Repatriation and monitoring of patients across practices	Karen Parsons	Ibrahim wali	Kate Taylor
4(e) Implementing Out of Hospital Projects (Discharge Pathway via transformation board)	4.1 (e) Stroke Pathway (Acute & Community Pathways linked to Transformation Boards)	Delays and Excess Beds Days	Discharge	Action not started	Baseline existing stroke provision with Transformation Boards	Business case to be reviewed by Exec / Transformation Board	Mobilise new pathways	Miles Freeman	All CL Chairs	Emma Jackson
	4.2 (e) Upgrade/reprocure Dorking X-Ray service	Decrease opportunities to support new community pathways	Community Hospitals	Service Specification complete (May 13)	Procurement process initiated (July 13)	Mobilisation of new provider (Oct 13) New xRay facilities provided at Dorking Hospital (Nov 13)	Effective implementation of service and performance management	Karen Parsons	Dr Steve Loveless	Steph Isherwood
	4.3 (e) Upgrade/reprocure Leatherhead X-Ray service	Decrease opportunities to support new community pathways	Community Hospitals	Service Specification in development (June 13)	Service Specification signed off by Executive Committee (August 13)	Procurement process started (October 13)	Mobilisation (January 14) New Xray provision at Leatherhead Hospital (March 14)	Karen Parsons	Dr Claire Fuller	Steph Isherwood

	4.4 (e) Upgrade/reprocure Molesey X-Ray service	Decrease opportunities to support new community pathways	Community Hospitals	Service Specification complete (May 13)	Service Specification signed off by Executive Committee (August 13)	Procurement process started (October 13)	Mobilisation (January 14) New Xray provision at Leatherhead Hospital (March 14)	Karen Parsons	Dr Jill Evans	Steph Isherwood
4(f) Implementing Out of Hospital Projects (Other OOH projects)	4.1 (f) Diabetes Pathway - Review and introduce new diabetes pathways (including existing diabetes LES)	Inconsistent pathways will reduce impact on health outcomes	Transformation Board - Epsom	CCG notified of high activity and capacity levels by ESTH. Provider engagement commenced to diagnose the issues and develop implementation plan.	Business case to be approved by Exec	Initiate service procurement or contract variation	New service to go live (dependent on procurement option)	Karen Parsons	Dr Andreas P / Dr Stewart Watson	Jack Wagstaff
	4.2 (f) Dorking Dementia screening pilot implemented	Inequitable access to services if pilot not rolled out across SDCCG	Managing expectations if pilot not continued	Funding secure and 1st phase of pilot implemented (June 13)	Further roll out of pilot (Sept 13)	Review evidence and activity of pilot and consider further roll out (Dec 13) Integrate into commissioning intentions (Oct 13)	Evaluation of pilot and agreement on future contract (Feb 13)	Karen Parsons	Dr Robin Gupta	Diane Woods / Steph Isherwood
	4.3 (f) IAPT Projects	Inconsistent pathways will reduce impact on health outcomes		Roll out AQP Services and manage transition to new providers	Monitor and review services with local GPs	Monitor	Monitor	Karen Parsons	Dr Robin Gupta	Kate Taylor
4 (g) CHC procurement	4.1 (g) Phase 1 CHC Service Specification completed for review	Specification not signed by the 6 CCGs	Lack of engagement by CCGs in developing specification	Service Specification completed for CHC review (June 13)	No further action required	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Sian Carter
	4.2 (g) Phase 2 CHC provider appointed to conduct review	Provider unable to meet specification		Activity not started	Provider selected to complete the CHC review (July 13). Provider commenced CHC review (July 13)	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Sian Carter
	4.3 (g) Phase 3: CHC review complete	Staff morale and service delivery is affected	Demands by 6 CCGs on service changes whilst review in progress	Activity not started	CHC review complete (Sept 13)	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Sian Carter
	4.4 (g) Recommendations agreed by CCGs	CCGs not signed up to recommendations		Action not started	Action not started	Recommendations to CCGs (Oct 13) Recommendations implemented (Oct 13)	Recommendations continue to be implemented (March 14)	Karen Parsons	Dr Claire Fuller	Sian Carter
5. ESTABLISH OPERATIONAL CONTROL OF SERVICES, CONTRACTS & BUDGETS	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 12)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive and Clinical Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead
5 (a) All 13/14 contracts signed off and CQUINs agreed	5.1 (a) Acute, Mental Health, Community and Out of Hospital Contracts signed off for 13/14s	Providers not signed up to CQUINs	Local quality benefits aligned to strategic intentions not realised	All contracts signed off and CQUINs agreed (June 13)	All contracts signed off and CQUINs agreed (July 13)	No further action required	14/15 Contracts drafted and agreed with providers (Jan 14) 14/15 Contracts signed off by Executive and GB members (Feb 14)	Keith Edmunds	Dr Mark Hamilton	Alan Streets
5 (b) 14/15 Annual Contract planning cycle in place for all contracts	5.1 (b) Establish Contract planning round workplan for Acute, Community & Mental Health Contracts	Chaotic approach to planning with missed opportunities for consultation	Provider CIP not aligned to strategic intentions	Development of Annual Contract Planning Cycle (June)	Annual Contract Planning Cycle signed off by Executive Committee and ?GB (Aug 13)	No further action required	No further action required	Keith Edmunds	Dr Mark Hamilton	Alan Streets
5 (c) Contract data base to capture all contracts and aligned payments	5.1 (c) Contract data base implemented	Payments not aligned to contracts.		Contract data base developed (June 13)	Contract Data Base signed off (July 13)	No further action required	No further action required	Keith Edmunds	Dr Mark Hamilton	Alan Streets
5 (d) Contracting and Commissioning Intention (including CQUIN & QP) s in place for all contracts where appropriate	5.1 (d) 14/15 Contracting and Commissioning Intentions signed off	Commissioning intentions not aligned	Provider CIP not aligned to strategic intentions	No action required	Development and confirmation of Commissioning Intentions for 14/15 Development and confirmation of CQUIN	Sign off Commissioning Intentions for 14/15 Development and confirmation of CQUIN	Commissioning intentions and CQUINs fed into contracting negotiations (Jan 14)	Keith Edmunds	Dr Mark Hamilton	Alan Streets
5 (e) Business Intelligence in place to support timely information requirements for 14/15 contracting cycle	5.1 (e) Business Intelligence in place to support timely information requirements for 14/15 planning round	Lack of evidence to support shift/trends in activity and finance	Business cases not based on accurate information	Development of Business Intelligence to support annual and monthly contracting round (June 13)	Business Intelligence aligned to support the development of commissioning and contracting intentions (Aug 13)	Business intelligence supporting contracting and commissioning process including performance reporting (on-going)	Business intelligence supporting contracting and commissioning process including performance reporting (on-going)	Keith Edmunds	Dr Mark Hamilton	Alan Streets
5 (f) Contract Review process in place (including CQRG)	5.1 (f) All 13/14 Contract reviews take place	Lack of opportunity to challenge and shape 14/15 contracts		Review process against each contract agreed by Executive Committee (June 13)	Contract reviews take place, as agreed, against each contract (July 13)	Contract reviews take place, as agreed, against each contract (Dec 13)	Contract reviews take place, as agreed, against each contract (March 13)	Keith Edmunds		Alan Streets/Tina Byrd
5 (g) EDICS contract review and renegotiation	5.1 (g) Renegotiation or termination of EDICS contact	Risk of lack of clarity on expectations of activity/financial baselines	Reputational damage if EDICS contract not renewed	Commence review of EDICS contract (April 13)	Contract review complete and decision on future contract (Aug 13) Decision taken not to renew contract (July 13)	Review action that fall out of Q2	Review actions that fall out of Q3	Keith Edmunds	Peter Collis	Alan Streets
5 (h) Primary Care Contracts	5.1 (h) Local Enhanced Services Contracts in place and reviews complete	Not able to evidence to NHS NCB Area Team of rationale for change if reviews not complete	Reputational damage if LES's discontinued	LES extension agreements in place with GP practices until October 13/14	Review of LES services completed (Aug 13) Development of new specifications as appropriate (Aug 13) Confirm intention to practices to extend/change existing contracts (Aug 13)	Consultation on revised/new specifications (Oct 13) Revised and/or new LES in place (Dec 13)	No further action required	Keith Edmunds/Karen Parsons	Peter Collis	Alan Streets and Kate Taylor

	5.2 (h) PMS+ Contracts and Reviews	Not aligned with SDCCG OOH strategy could lead to differential access		PMS+ providers contract in place 13/14	Review of PMS+ services completed (Aug 13) Development of new specifications as appropriate (Aug 13) Confirm intention to practices to extend/change existing contracts (Aug 13)	Consultation on revised/new specifications (Oct 13) Revised and/or new services in place (Dec 13)	No further action required	Keith Edmunds/Karen Parsons	Peter Collis	Alan Streets and Kate Taylor
	5.3 (h) GPwSI	Lack of alignment to SDCCG OOH strategy will impact on 14/15 delivery		Confirmation of all GPwSI serving SDCCG (June 13)	No further action required	No further action required	Review GPwSI agreements against commissioning intentions to confirm/revised 2014/15 agreements (Jan 14)	Keith Edmunds/Karen Parsons	Peter Collis	Alan Streets and Kate Taylor
5 (i) Partnership funding	5.1 (i) Annual review and application for partnership funding 14/15	Missed opportunities of enhanced funding		Confirm partnership funding allocation and delivery schedule (June 13)	SDCCG to be involved in the development and allocation of 14/15 partnership funding (Sept 13)	SDCCG to be involved in the development and allocation of 14/15 partnership funding (Sept 13)	Confirmation of 14/15 partnership funding into baseline (Feb 14)	Keith Edmunds	Peter Collis	Alan Streets
	Voluntary Services Contracts	Missed opportunities of enhanced funding		13/14 Voluntary service contracts in place (June 13)	No further action required	Prepare for development of 14/15 contracts	Confirm changes for 14/15 contracts	Karen Parsons	Denise Crone	Guildford & Waverly CCG
6. ESTABLISH EFFECTIVE GOVERNANCE	KEY PROJECTS	KEY RISKS	OTHER RISKS	QUARTER 1 (April - June 13)	QUARTER 2 (July - September 12)	QUARTER 3 (October - December 13)	QUARTER 4 (January - March 14)	Executive and Clinical Lead	Clinical/Lay Panel Member Lead(s)	Operational Lead
6 (a) Formal review of SDCCG Constitution	6.1 (a) Constituion reviewed and signed off by Membership Council, GB and LAT	Lack of ownership of membership council if constitution is not reviewed against issues arising as organisation matures	Reparation with membership practices if consultation ignored	Constitution reviewed internal and cross referenced against NCB guidance (May 13) Revisions to Constitution agreed by Executive Committee (June 13) Revisions to constituion agreed by Membership Council (June 13)	Changes to constitution signed off by Surrey & Sussex Area Team (July 13) Changes to constitution formally signed off by NHS NCB England (August 13)	Review further proposed changes to constitution	Review further proposed changes to constitution	Miles Freeman	Dr Claire Fuller	Justin Dix
6 (b) Implement Committee Structure	6.1 (b) SDCCG 4 Committees in place and operating to Terms of Reference	Overlap of committees if functions are not signed off by GB	Lack of clarity of local decision making	All Committees in place (April 13)	Each Committee has an annual work plan in place for the next 12 months (July 13)	Reporting progress against workplan	Reporting progress against workplan	Miles Freeman	Dr Claire Fuller	Justin Dix
	6.2 (b) SDCCG 4 Locality Sub committees inplace and operating to Terms of Reference	No standardised operating arrangements will risk inconsistent approach to locality commissioning	Lack of clarity of local decision making	All 4 Locality Sub committee in place (April 13)	Each Locality Sub committee has agreed it annual delivery plan (July 13)	Reporting progress against workplan	Reporting progress against workplan	Miles Freeman	Dr Claire Fuller	Justin Dix
6 (c) Board Assurance Framework in place	6.1 (c) Board assurance Framework agreed	Lack of direction to seek assurance for GB members	Assurance not achieved	Develop Board Assurance Framework (BAF) (June 13)	BAF signed off by GB and Risk Register Established (July 13)	BAF and Risk Register in regular use	BAF and Risk Register in regular use	Miles Freeman	Dr Claire Fuller	Justin Dix
6 (d) SDCCG discharges it remaining 7 Key Lines of Enquiry (KLOEs)	5.1 (d) Quality related KLOEs discharged	Unable to become fully authorised	Direct impact on business and reputation	5 Quality KLOEs submitted to NHS England CB (June 13)	Outcome of 5 Quality KLOE's (July 13)	No further action required	No further action required	Miles Freeman	Dr Claire Fuller	Karen Parsons
	5.2 (d) 1 Clear and Credible Plan KLOE discharged	Unable to become fully authorised	Direct impact on business and reputation	Draft Out of Hospital Strategy developed (June 13)	KLOE project plan in place (July 13) Out of Hospital Strategy signed off by Membership Council and GB (July 13) Revision of Clear and Credible Plan (Aug 13) Preparation for submission of remaining Clear & Credible Plan and Finance Plan (Aug 13)	Submission of Clear & Credible Plan to NCB (Sept 13) Outcome expected (Oct 13)	No further action required	Miles Freeman	Dr Claire Fuller	Karen Parsons
	5.3 (d) 1 Five Year Financial Plan KLOE discharged	Unable to become fully authorised	Direct impact on business and reputation	13/14 Financial Plan signed off by GB (June 13)	KLOE project plan in place (July 13) 5 year Financial Plan signed off by Membership Council and GB (August 13) Preparation for submission of Clear & Credible Plan and Finance Plan (Aug 13)	Submission of 5 year Financial Plan to NCB (Sept 13) Outcome expected (Oct 13)	No further action required	Miles Freeman	Dr Claire Fuller	Karen Parsons

6 (e) Review of Collaborative arrangements	6.1 (e) Collaborative Agreements with review process in place for 13/14	Lack of performance and activity data to support SLA	Different expectations of CCGS	Collaborative agreements in place for CHC, Safeguarding Adults (April 13)	Collaborative agreements to be reviewed for CHC, Safeguarding Adults (April 13)	New collaborative arrangements to be in place for IFR and Medicines Management (Oct 13) Collaborative agreements to be reviewed CHC, Safeguarding Adults (April 13)	Collaborative agreements in place for CHC, Safeguarding Adults (April 13)	Karen Parsons	Dr Claire Fuller	Jonathan Perrott
6 (f) Communications & Engagement	6.1 (f) Agree routine processes and priorities for 13/14	Poor or misdirected communications	Direct impact on business and reputation	13/14 priorities discussed and agreed May 13.	No further action required	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.2 (f) Corporate Calendar in place	No forward planning leaves CCG exposed	Direct impact on business and reputation	Corporate calendar implemented June 13	Corporate Calendar implemented into forward planning (July 13)	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Justin Dix
	6.3 (f) Develop lines of communication and engagement	Stakeholders missed and richness of consultation is compromised	Direct impact on business and reputation	Establish mechanisms for communicating and engaging with key stakeholders, patients and local people. - Surrey Downs News launched April 2013 to keep member practices and stakeholders informed. - Weekly team brief sessions established April 13	Practice Notes launched June 2013 as a specific mechanism for engaging member practices. Ongoing engagement with key stakeholders on key issues such as out of hospital strategy, EDICS, office relocation	Ongoing engagement and review	Ongoing engagement and review	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.4 (f) 13.14 Programme for Membership Council Meetings	Lack of engagement with Membership Council	Direct impact on business and reputation	First Council of Members meeting held 6 December.	Further Council of Members meetings held 1 May and 24 July and September meeting planned.	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Justin Dix/ Suzi Shettle
	6.5 (f) Develop CCG website	Missed opportunities to enhance communications and engagement	Direct impact on business and reputation	Initial meeting with CSU web team on 15 May to discuss priorities and development plans - Website reviewed and new sections added	Communications Manager appointed June 13. Detailed review of website commenced July 13. Key areas for development include a directory of local services, an enhanced feedback area for patients and increased accessibility	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.6 (f) Establish Patient Advisory Group with input from voluntary sector and patient groups	Patient 'soft and hard' intelligence compromised	Direct impact on business and reputation	Patient Advisory Group established. - First Patient Advisory Group meeting held 21 February 2013. - Terms of Reference agreed. - Second meeting held 20 May 13	Engagement with PAG on key issues including BSBV consultation planning and EDICS. - Further PAG meeting planned for September to engage members on draft Out of Hospital Strategy	Ongoing engagement to inform commissioning plans and priorities	Ongoing engagement to inform commissioning plans and priorities	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.7 (f) Develop use of social media	Risk of mis-use of social media and potential risk to CCG reputation if process not followed	Direct impact on business and reputation	A draft social media plan has been developed and is due to be discussed at the Executive Committee in September.	Once the plan is approved, social media networks will be established through twitter and facebook, linking to the CCG website to achieve wider engagement	Ongoing use of social media and review as part of wider communications and engagement strategy	Ongoing use of social media and review as part of wider communications and engagement strategy	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.8 (f) Establish robust policies for actively seeking feedback from patients and managing complaints	Lack of process could mean complaints escalate	Risk of escalation to Health Service Ombudsman	Comments, Concerns, Complaints and Compliments Policy developed and approved by shadow Governing Body October 2012 - Processes developed for seeking feedback from local population. Survey of local people conducted late 2012 to inform commissioning priorities	Protocol developed July 2013 to integrate CCG and continuing healthcare complaints and process for managing CHC complaints as host organisation. Protocol approved August 2013 and joint system in place	Review complaints policy to reflect CCG host services and integrated CHC complaints service	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.9 (f) Establish robust policies for managing Freedom of Information requests in line with the Act	Lack of awareness and process could risk CCG compliance against the Act	Risk of challenge on process	Processes for managing FOIs developed. Details of how to make a request published on website, along with other corporate information as part of Publication Scheme April 13	Further work underway to incorporate additional information into Publication Scheme in line with best practice	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.10 (f) Enhance profile of CCG	Reputational risk of the CCG not being seen as a credible and trustworthy organisation	Direct impact on business and reputation	Pro-active media plan developed to communicate CCG plans and benefits to the local population to build on CCG profile. Pro-active media work on dementia project undertaken July/ August 2013.	Ongoing implementation to increase positive local and national media coverage and build on CCG profile. Social media plan also to feed into this work.	Ongoing pro-active media work	Ongoing pro-active media work	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.11 (f) Develop extranet site for member practices and CCG staff	Risk of communications not being received without extranet	Direct impact on business and reputation	Ability to create extranet as private section of CCG website included in CSU service specification.	Site map currently being developed, with a view to development starting October 13	Ongoing development	Ongoing development	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.12 (f) Develop and publish CCG prospectus in line with national requirements	Not compliant	Direct impact on business and reputation	CCG Prospectus published on website	No further action required	No further action required	No further action required	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.13 (f) Develop and publish Annual Report in line with national requirements	Not compliant	Direct impact on business and reputation	No action required	No action required	Commence annual report planning	Finalise report, seeking Governing Body approval. Final report to be distributed and published on website	Karen Parsons	Dr Claire Fuller	Suzi Shettle
	6.14 (f) Hold Annual General Meeting in line with CCG requirements	No compliant	Direct impact on business and reputation	No action required	No action required	Confirm date and begin planning	AGM to coincide with publication of Annual Report	Karen Parsons	Dr Claire Fuller	Suzi Shettle