

SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item: 6

DATE: 13 April 2017

Walsall Clinical Commissioning Group Assurance 2016/17 update

Presented by Paul Maubach Accountable Officer Walsall CCG

Summary of report

This report summarises the progress made by the CCG in addressing the National Health Service Commissioning Board (The Board) legal Directions applied to Walsall Clinical Commissioning Group (WCCG).

Reason for Scrutiny

To update the panel as requested on the progress made in addressing the legal directions applied to WCCG.

Recommendations

To receive the report and note the progress made by the CCG in addressing the Directions issued by the Board.

Introduction

Walsall CCG was rated 'Inadequate' under the 2015 \ 2016 CCG Assurance Framework. As such NHS England has used its powers of intervention under the NHS Act (as amended by the Health and Social Act 2012). The Board, in exercise of powers conferred by section 14Z21 of the National Health Service Act 2006 has given the following Directions which have come into force from the 1st September 2016. The Directions identify 4 areas of focus:

- Senior Appointments
- Exercise of functions
- Executive Team and Senior Appointments
- Compliance with these directions

As required under the Directions the CCG has submitted a formal Improvement Plan (Appendix 1) which sets out the keys deliverable and milestones to address these 4 areas.

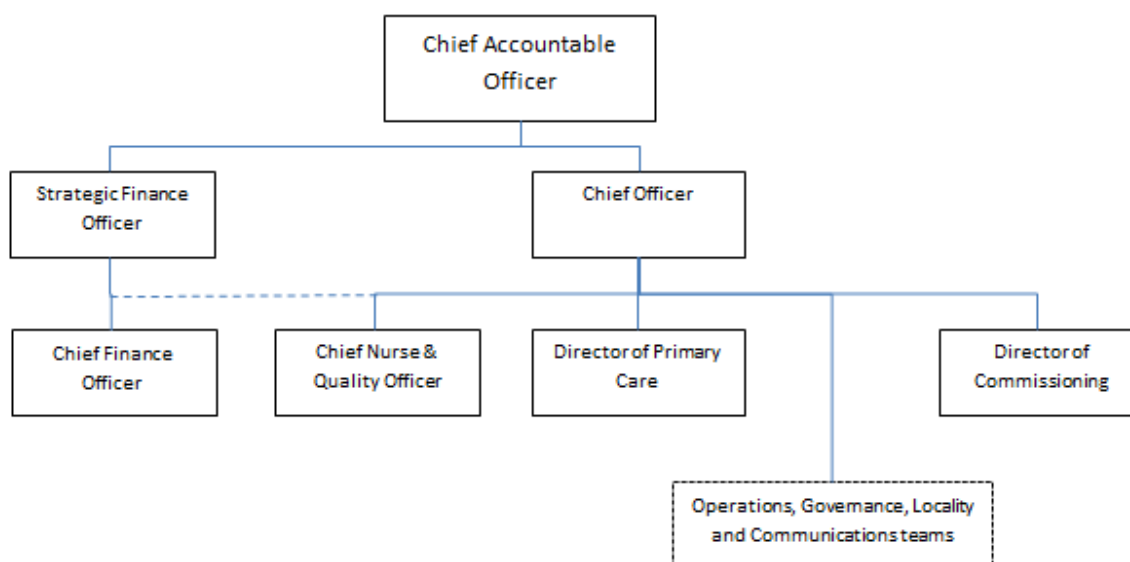
As part of the recovery process regular checkpoint meetings have been taking place with the NHS England Area Team. At these meetings the discussions have focussed on the delivery of the Improvement Plan and progress made has been scrutinised and challenged. In addition, there has been regular on-going discussion with senior colleagues in NHS England to ensure that the focus is maintained and that there is a common understanding of the issues.

Progress

1. Senior appointments – Achieved

Following legal directions I was appointed as the Accountable Officer (AO) 2.5 days a week and Noreen Dowd as Turnaround Director with affect from 21st and 14th July 2016 respectively. During this period I retained my AO role with Dudley CCG for the remaining Director until 31st July 2017.

The CCG Governing Body on 26 January 2017 approved that the shared executive management functions with Dudley CCG during 2016/17 (both Accountable Officer and Strategic Finance) should continue given the longer-term agenda for further collaboration across the whole of the Black Country and West Birmingham. In addition it was also agreed that a new Chief Officer post be created to replace the role of the Turnaround Director in anticipation of the CCG moving out of legal directions. This approach has been agreed with NHSE and the post of Chief Officer has been advertised and interviews are scheduled for 24 March 2017. The new structure is shown below:



This structure will provide the capacity and skills necessary to support the future direction of the CCG in firstly developing our local care model through Walsall Together and also support collaboration across the Black Country and west Birmingham as this evolves.

2. Exercise of functions

- **Develop a Financial Recovery Plan (FRP) – Achieved**

WCCG was required to produce a credible FRP showing how the CCG will ensure that in the financial year 2016/17 it achieves an in-year deficit of no more than £1.22m, a cumulative surplus of £3.8m and how it will remain in recurrent balance thereafter. This plan has been developed and approved by the Finance & Performance Committee and has also been presented to NHSE and has been approved. A risk assessment of its delivery has

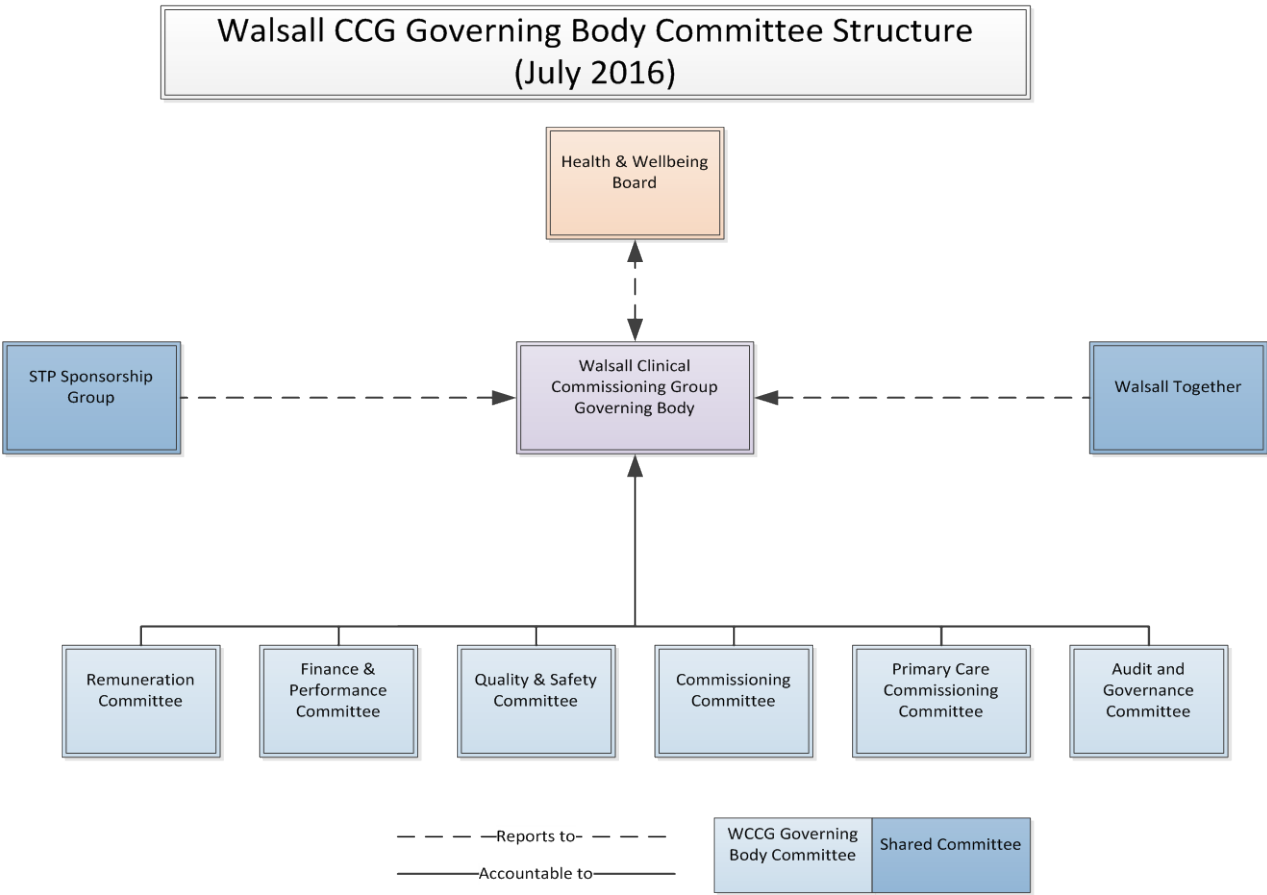
also been undertaken and progress of the plan is monitored monthly by the CCG's Finance & Performance Committee.

- Undertake a Capacity and Capability Review – Achieved**

A Capability and Capacity Review of the CCG Board has been undertaken by the Good Governance Institute to improve the board's capability and effectiveness. Their report has been presented to the Board and subsequently discussed in more detail at a Board Development session and an action plan agreed to address the findings. Delivery of this plan will monitored by the CCG's Audit & Governance Committee

- Review of Governance arrangements – Achieved**

The CCG was required within 6 weeks from 1st September 2016 to complete a review of its governance arrangements having first obtained the Boards approval of the specification for this review. This review has been undertaken following Board approval and on 28 July 2016 the previous governance structure was rationalised as outlined below:



- **Credible Performance Recovery Plan – Partially Achieved**

The CCG was required to produce credible performance recovery plans in respect of the contract between Walsall CCG and Walsall Healthcare NHS Trust in particular, but not limited to Referral to Treatment (RTT), Accident and Emergency (A & E) 62 day Cancer and Diagnostics National standards.

Whilst we have been successful in making progress to now achieving the 62 day cancer and diagnostic targets the decline seen in NHS performance nationally during 2016/17 has also been felt locally with continuing underachievement in a small number of national constitutional standards such as A&E & RTT. Latest performance for these 2 areas at Walsall Healthcare NHS Trust is summarised in the table below;

Standard	2016/17										
	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
A&E – Target 95%	90.7%	91.1%	89.6%	85.8%	87.7%	86.5%	80.9%	81.2%	79.0%	75.7%	81.2%
RTT Target 92%	76.5%	78.4%	80.8%	81.6%	82.5%	83.8%	85.3%	87.1%	87.1%	86.7%	86.4%

The CCG will continue to work alongside the Trust and our regulators, to gain assurance on processes to bring performance back on track and on the systems in place to monitor and address the risk of harm, in line with national best practice.

3. Executive Team and Senior Appointments – Achieved

In line with this requirement the CCG has notified the Board and their gained approval for the management changes outlined in point 1 above for the new executive team structure including the new Chief Officer post and the terms of appointment.

4. Compliance with these directions – Achieved

The CCG has complied with these Directions and through the checkpoint meetings and the mid-year assessment meeting has cooperated to provide oversight of Walsall CCG's compliance with these formal Directions.

The CCG has been required to develop an overall 'Directions Improvement Plan' (appendix 1). This Improvement Plan has now been fully assured by NHS England who acts on behalf of the Board.

PMO PROGRESS REPORTING - 2016 - 2017

Programme		WALSALL CCG IMPROVEMENT PLAN						Overall Project Progress		On Target	
Component		LEADERSHIP									
Clinical Lead		Dr Anand Rischie - Chair of Walsall CCG Governing Body									
Key		<div> <div>Completed</div> <div>On Target</div> <div>Not Yet Started</div> <div>Off Track</div> </div>						Reporting Period:	Feb-17	Report last updated: 7.3.17	
1	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments		Ref Doc
1.1	Enhance management capacity and capability within the CCG	Finalise transitional leadership arrangements	A	Appoint Interim AO	AO arrangements confirmed.	Dr A Rischie	Jul-16	Jul-16	Completed	Paul Maubach appointed to cover 2.5 days per week at WCCG through to end of March 2017.	1.1A
			B	Appoint Chief Operating Officer	Chief Operating Officer appointed.	Dr A Rischie	Jul-16	Jul-16	Completed	Noreen Dowd appointed to cover 4 days per week through to end of July 2017.	1.1B
			C		CCG in a stronger position to deal with the challenges ahead	Dr A Rischie	Ongoing		On Target		
			D		Directions to be removed	Dr A Rischie	Apr-17		On Target		
			E		CCG to be financially stable and sustainable	Dr A Rischie	Apr-17		On Target		
			F		Performance improved in key areas	Dr A Rischie	Apr-17		On Target		
			G		Expected improved assurance level for CCG by year end	Dr A Rischie	Apr-17		On Target		
1.2	Secure long term permanent management capacity and capability	Transition to permanent leadership arrangements in 2017/18	A	Outcome of capacity and capability review (CCR) to inform permanent leadership requirements		Dr A Rischie	Dec-16		On Target		
			B	Begin recruitment process for new permanent AO		Dr A Rischie	Jan-17		On Target	3/2/17 - The CCG has had shared executive management functions with Dudley CCG since 2016/17 (both accountable officer and strategic finance). To consider continuing the existing arrangement from April 2017, subject to joint agreement between Dudley and Walsall CCGs.	1.2B
			C	New permanent AO in place		Dr A Rischie	Apr-17 to Jun-17		On Target	7/3/17 - Chief Officer post advertised, interviews 24 March 2017.	1.2B
1.3	Appoint a PMO to be accountable for the delivery of the Walsall CCG Improvement Plan	Arrange PMO support to monitor the delivery of the Walsall CCG Improvement Plan	A	PMO fully operational	PMO arrangements in place	Noreen Dowd	Aug-16	Aug-16	Completed	QIPP & PMO Manager commenced at WCCG on 1 August 2016.	1.3A
			B	Improvement plan actions attributed to lead Directors and monitored through assurance processes	Improved focus on delivery and accountability	Noreen Dowd	Ongoing		On Target	All actions assigned to lead Directors.	
			C		Organisational assurance against delivery of plan actions via Finance & Performance Committee to secure improved performance	Noreen Dowd	Monthly		On Target	Monthly updates presented to Finance & Performance Committee	1.3C

1	Issue	Action	Milestones		Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
			D		Monitoring of plan also undertaken through NHSE monthly assurance processes	Noreen Dowd	Monthly		On Target	Monitoring of plan incorporated into monthly Finance telephone conference call. First review on Monday 24 October. 15/11 - Next review on 22 November. 3/2/17 - Mid-year assessment meeting 4/1/17.	1.3D
1.4	Undertake a capability and capacity review (CCR) within the CCG to ensure it has adequate capacity to deal with the significant challenges it faces	Scope the capability and capacity review to be undertaken across the CCG and produce capability and capacity action plan	A	Commissioning of the CCR, as agreed with West Midlands DCO, to focus on key priority areas	Final proposal for capability and capacity review submitted to DCO	Paul Maubach	Sep-16	Sep-16	Completed	Proposal forwarded to Alison Tonge on 29 September.	1.4A
			B	Undertake CCR and produce CCR action plan	CCR action plan produced	Paul Maubach	Oct-16	Oct-16	Completed	CCR action plan produced	1.4B
			C	Progress reports on delivery of action plan to Audit Committee	Reports to Audit Committee via PMO	Paul Maubach			On Target	Progress reporting to NHSE & CCG Audit Committee	
			D		Improved understanding of the strengths and weaknesses within the CCG	Paul Maubach			On Target		

PMO PROGRESS REPORTING - 2016 - 2017

Programme		WALSALL CCG IMPROVEMENT PLAN						Overall Project Progress		On Target	
Component		PRODUCE A CREDIBLE FINANCIAL RECOVERY PLAN AND REMAINING IN RECURRENT BALANCE THEREAFTER									
Clinical Lead		Dr H Vitarana - Clinical Executive, Finance & IT									
Key		<div> <div>Completed</div> <div>On Target</div> <div>Not Yet Started</div> <div>Off Track</div> </div>						Reporting Period:	Feb-17	Report last updated: 23.2.17	
2	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments		Ref Doc
2.1	Enhance management capacity and capability within the CCG	Secure external strategic financial management support for the CCG CFO and to also provide independent advice to NHSE and CCG Board	A	External management support secured and arrangement in place by 19 August 2016	External financial management support secured and in place - Dudley CCG DoF support.	Paul Maubach	Aug-16	Aug-16	Completed	Dudley CCG DoF support 2 days per week. Completed 12 August 2016.	2.1A
			B	Financial outcome expected to be an in-year deficit of £1.2m and a cumulative surplus of £3.8m	Financial recovery plan outcomes	Paul Maubach	Mar-17		On Target	FRP submitted to NHSE for approval 8 Sept 16 which describes the CCG's actions to meet their requirements 23/2/17 - Still on target as at month 10.	
2.2a	Determine the scale of financial risk the CCG faces in 2016/17 and future years	Establish scenario planning assumptions to identify the scale of QIPP required for 2016/17 and future years	A	Financial risk determined and to be reported to Finance & Performance Committee on 12 September (a new committee as part of revised governance structure)	Scale of financial risk determined. Unmitigated risk £6.2m with plans to close gap through the enactment of risk sharing agreements with the STP	Tony Gallagher	Sep-16	Sep-16	Completed	15/11 - Financial risk reported to FPC 12 Sept. As outlined in the FRP, risk sharing arrangements being finalised 23/2/17 - Gap closed to zero unmitigated risk at month 6. New unmitigated risk at month 10.	2.2a A
			B	CCG Governance processes have been reviewed and strengthened, with monthly reporting and monitoring through the Finance & Performance Committee	Report to Finance & Performance Committee discussed and scale of risk agreed	Tony Gallagher	Sep-16	Sep-16	Completed	15/11 - Report presented to FPC 12 Sept. Monthly reports will be presented thereafter	2.2a B
			C		Improved understanding of this issue within the CCG	Tony Gallagher			Completed	Committee fully aware of the risks and mitigations	2.2a C
2.2b	Produce a credible financial recovery plan (FRP)	Present the FRP for the period 2016/17 up to 2020/21 to NHSE	A	Present draft FRP to CCG Leadership Team on 25 August 2016	FRP discussed at CCG leadership team & continued high levels of engagement	Tony Gallagher	Aug-16	Aug-16	Completed	On 25 August 2016, draft FRP emailed to NHSE and presented to Leadership Team	2.2b A
			B	Present draft FRP to NHSE on 26 August 2016	FRP approved by NHSE	Tony Gallagher	Aug-16	Aug-16	Completed	Draft FRP emailed to NHSE on 25 August 2016	2.2b B
			C	FRP presented to Finance & Performance Committee 12 September 2016	FRP approved by CCG Board	Tony Gallagher	Sep-16		Completed	FRP presented to Finance & Performance Committee and approved by CCG Gov Body.	2.2b C
			D	Present updated FRP at regional NHSE meeting	FRP reviewed by NHSE - Region	Tony Gallagher	Sep-16		Completed	17/11 - Awaiting confirmation from NHSE	
			E	Monthly FRP delivery reports presented to Finance & Performance Committee	Progress reports considered and appropriate corrective action taken	Tony Gallagher	Monthly		On Target	Monthly reporting to Finance & Performance Committee	
			F	Monthly regional NHSE assurance/progress meetings	Progress reports considered and appropriate corrective action taken	Tony Gallagher	Monthly		On Target	Monthly assurance/progress meetings	2.2bF

2	Issue	Action	Milestones		Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
2.3	Action required to ensure CCG returns to recurrent balance in the shortest timescale possible	Develop full QIPP plan for 2016/17 and plan for 2017/18	A	Revised QIPP Plan for 2016/17 and 2017/18 presented to Commissioning Committee on 11 August 2016.	2016/17 and 2017/18 QIPP Plan identified and approved. QIPP programme is £22.7m	Sarah Laing	Aug-16	Aug-16	Completed	Revised QIPP Plan for 2016/17 was presented to the Commissioning Committee on 11 August.	2.3A
			B	Unidentified QIPP of £5.5m. Work is ongoing with exec leads to develop new schemes to close the gap for which public consultation will be considered. All partners within the Walsall Health & Social Care economy are signed up to meeting the financial challenge	Identification of additional QIPP schemes	Paul Tulley/ Sally Roberts/ Donna Macarthur	Sep-16		Closed	13/1/17 - FRP actions are in place to mitigate the unidentified gap for 2016/17.	
			C	Updated QIPP Plan produced		Matthew Hartland	Sep-16		Completed	15/11 - Updated QIPP Plan produced. Monthly updates required thereafter	
			D	Disinvestment process and policies to be approved by Commissioning Committee by end August 2016.	Process & Policies approved by Commissioning Committee	Sarah Laing	Aug-16	Aug-16	Completed	Monthly updates required thereafter	2.3D
			E	Negotiate with providers on QIPP impact to differentiate between services: (1) requiring public consultation	Contractual mechanisms, public consultation and engagement plan	Paul Tulley/ Sally Roberts/ Donna Macarthur	Sep-16 to Nov 16	Dec-16	Completed	13/1/17 - December 2016 contract sign-off for 2017/18. None of the QIPP impacts incorporated in the contracts require public consultation.	
			F	Negotiate with providers on QIPP impact to differentiate between services: (2) not requiring public consultation	Contractual mechanisms, public consultation and engagement plan	Paul Tulley/ Sally Roberts/ Donna Macarthur	Sep-16 to Nov 16	Dec-16	Completed	13/1/17 - December 2016 contract sign-off for 2017/18. None of the QIPP impacts incorporated in the contracts require public consultation.	
			G	Revised PMO & QIPP arrangements in place and robust weekly reporting to weekly QIPP Board meetings	Ensure weekly meetings take place with high levels of engagement	Matthew Hartland	Ongoing		Completed	Started 1 August 2016 and ongoing weekly QIPP Board meetings in place 3/2/17 - Weekly QIPP Board now meeting on Tuesdays (since Nov 16)	2.3G
			H	Monthly QIPP delivery reports presented to Commissioning Committee, through to Finance and Performance Committee & Governing Body	QIPP savings realised in line with plan and any corrective actions identified and agreed	Matthew Hartland	Monthly		On Target	Monthly reporting	2.3H

PMO PROGRESS REPORTING - 2016 - 2017

Programme	WALSALL CCG IMPROVEMENT PLAN				Overall Project Progress		On Target
Component	RECOVERING PERFORMANCE						
Clinical Lead	Dr S Abdalla - Clinical Executive - Commissioning, Transformation & Performance Dr C Lesshaft - Associate Clinical Executive, Commissioning, Transformation & Performance						Report last updated: 21.3.17
Key	<div><div>Completed</div><div>On Target</div><div>Not Yet Started</div><div>Off Track</div></div>				Reporting Period:	Feb-17	

3	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
3.1	The current urgent care improvement plan is not delivering the agreed levels of improvement	Review the current Urgent Care Improvement Plan to determine changes to existing actions and an assessment of their impact to recover performance to the agreed trajectory.	A	Revised A&E Delivery Board Recovery Plan approved 24 August 2016	A&E Delivery Board to monitor overall progress of delivering revised Recovery Plan, securing improvement in A&E waiting times for patients	Noreen Dowd	Oct-16	Completed	Plan for recovery to 95% initially by October 2016 before sustained achievement of 95% standard from March 2017 onwards. Performance is currently off track and this is under consideration by the operational group.	3.1A
			B	Key actions agreed under the following headings: 1. Demand Management 2. NHS 111 and WMAS 3. ED Pathways: UCC / Primecare / Out of Hours 4. Safer Bundle 5. CS List 6. Discharge Pathways	Operational Group to monitor detailed delivery of all actions and report any underperformance on an exceptional basis to A&E Delivery Board	Noreen Dowd		Completed	Operational Group continues to monitor detailed delivery of all actions and is formally reporting to the A&E Delivery Board. This includes a diagnostic assessment for underperformance and recommendations to the Board on corrective actions to be taken.	
		Ensure alignment of actions between the SRG and monthly contract review meetings held between WCCG and WHNHST	C	A&E Delivery Board Operational Group to monitor detailed delivery of all actions and report any underperformance on an exceptional basis to A&E Delivery Board	Monthly progress to A&E Delivery Board	Noreen Dowd	Monthly	On Target	Operational Group continues to monitor detailed delivery of all actions and is formally reporting to the A&E Delivery Board with a diagnostic assessment for underperformance and recommendations to the Board on corrective actions to be taken.	
			D	Quadrupartite Group approval for revised Improvement Plan	NHSE, NHSi, WHNHST and CCG aligned in trajectories and delivery plan	Noreen Dowd	Sep-16	Completed	Revised A&E Delivery Board Recovery Plan approved 24 August 2016	3.1D
			E	WCCG to review monthly performance through monthly contract review meetings (CRM) and apply any contractual levers necessary	Application of contractual levers and queries to WHNHST	Noreen Dowd	Monthly	On Target	Performance continues to be monitored through monthly contract review meetings. Contractual levers not applied due to limitations of STF rules.	

3	Issue	Action	Milestones		Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
3.2	Performance of the 62 day cancer wait target has not been delivered on a sustainable basis during 2015/16	The existing 62 day recovery plan has an agreed recovery trajectory to achieve the standard in July 2016	A	62 day Standard achieved in July 2016	Constitutional standard achieved in July 2016 and sustained thereafter, securing improvements in waiting times for patients and reducing risks associated with increased delays	Noreen Dowd	Jul-16		Completed	62 day Standard of 85% achieved in June 2016 one month ahead of trajectory and has been sustained in July and August 2016. As a consequence improved CCG confidence on sustainability being achieved.	3.2AB
			B	June's performance of 92.9% shows standard achieved (85%) one month ahead of trajectory. Unvalidated performance for July 85.9%	Constitutional standard achieved in July 2016 and sustained thereafter, securing improvements in waiting times for patients and reducing risks associated with increased delays	Noreen Dowd	Jul-16		Completed	62 day Standard of 85% achieved in June 2016 one month ahead of trajectory and has been sustained in July and August 2016. As a consequence improved CCG confidence on sustainability being achieved.	3.2AB
			C	Current recovery plan has delivered the standard ahead of schedule and therefore provides higher confidence that performance will be sustained. Sustainability plan developed and submitted to EAPG for approval.	Performance will continue to be monitored at monthly Elective Access Performance Group (EAPG)	Noreen Dowd	Monthly		On Target	As a consequence of target being achieved for 3 consecutive months from June 2016 onwards there is improved CCG confidence in sustainability being achieved. Monthly monitoring continues.	
			D	WCCG to review performance through monthly CRM and apply any contractual levers necessary if performance falls below the standard	Monthly performance reports to CRM and application of contractual levers if required	Noreen Dowd	Monthly		On Target	Performance continues to be monitored through monthly contract review meetings. Application of contractual levers has not been necessary as standard being achieved and is assessed a quarterly basis. Next assessment will be when Q2 performance is available.	
3.3	Sustain performance for diagnostic performance	Continue to monitor monthly performance to ensure performance is sustained	A	Delivery of standard monitored through the monthly contract review meeting	WCCG to continue reviewing performance through monthly CRM and apply any contractual levers necessary if performance falls below the standard	Noreen Dowd	Monthly		On Target	Diagnostic standard currently being achieved - high CCG confidence on sustainability	
			B		Sustained performance to below the 1% operating standard will keep patient waits for diagnostic tests at a minimum	Noreen Dowd			On Target	Diagnostic standard currently being achieved - high CCG confidence on sustainability	
3.4	WHNHST has not submitted RTT data since March 2014 due to data quality issues	To agree a date for return to national reporting	A	National submissions resumed to UNIFY in October 2016 for September's data, and sustained thereafter	National submissions to UNIFY resumed	Noreen Dowd	Oct-16	Nov-16	Completed	WHNHST's plan to return to national RTT reporting in October has been delayed after further review by the National Intensive Support Team. 26/1/17 - Trust resumed national reporting on 17 November.	

3	Issue	Action	Milestones		Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
		Tripartite meeting with Trust, NHSI & NHSE to review the potential delay in return to reporting	B		SRG to monitor progress in return to national reporting	Noreen Dowd		Aug-16	Completed	Week commencing 15 August 2016. 26/1/17 - Trust resumed national reporting on 17 November.	3.4B
			C		Monthly progress reports to EAPG and report on an exception basis to SRG	Noreen Dowd	Monthly	Nov-16	Completed	Monthly progress reports are bring presented to EAPG and formerly to SRG. This is also subject to discussion at the Strategic Performance Group Meeting between WCCG and WHNHST which is an exec level group. 26/1/17 - Trust resumed national reporting on 17 November.	
		IST report into review of RTT awaited	D	WCCG to review milestones in the return to reporting at monthly contract review meetings and apply any contractual levers necessary	Return to reporting progress monitored at monthly CRM and contractual levers applied if necessary	Noreen Dowd	Monthly	Nov-16	Completed	WCCG continues to review milestones in the return to reporting at monthly contract review meetings. A contractual Information Breach notice remains open in relation non reporting. 26/1/17 - WHNHST resumed RTT reporting to UNIFY in Nov 2016.	
3.5	Validation of the Trust's PTL shows the Trust is a national outlier in RTT performance	To agree a robust RTT Improvement plan and recovery trajectory to meet the 92% performance standard. Key specialties to be addressed include T&O, urology, orthodontics and general surgery The Improvement Plan will need to evidence how demand management, referral management and outsourcing will be managed to support recovery	A	AO and CEO met to discuss RTT on 30 August. Trust agreed to send latest plan on 2 September 2016.	Trust to provide updated improvement plan	Noreen Dowd	Sep-16		Completed	Trust provided update on 6 September of a specialty level recovery plan focusing on the Division of Surgery. 26/1/17 - RTT Improvement Plan received on 30 Sept 16 from WHNHST.	
			B	RTT Improvement Plan approved by quadripartite group by September 2016	Improvement Plan agreed by quadripartite group	Noreen Dowd	Sep-16	Nov-16	Completed	RTT Improvement Plan presented to EAPG meeting in September. Agreed further discussions required to quantify the impact of outsourcing for both CCG and NHSE commissioned services. RTT Improvement Plan finally approved on 8th November by NHSE & NHSI.	
			C		Delivery of RTT recovery trajectory to 92% monitored at monthly CRM meetings and at the Elective Access Performance Group	Noreen Dowd	Monthly		Off Track	Delivery of RTT recovery trajectory to 92% continues to be monitored at monthly CRM meetings and at the Elective Access Performance Group. This is now also reviewed at the monthly Strategic Performance Group Meetings between WCCG and WHNHST. 3/2/17 - Currently off plan. Revised plan received for Q4 response.	
			D		Patient experience improved through reduced waiting times, particularly in clearing long waits	Noreen Dowd			On Target	The PTL and backlog continues to show monthly reductions with reductions in long waiters.	
			E	NHSE aligning with NHSI regarding 5 September deadline		Noreen Dowd	05/09/15	30/09/15	Completed	WCCG alerted NHSE on 5 Sept to the delay in receiving plan and advised this was being vigorously pursued with the Trust.	
			F	Escalated to CEO/AO and NHSE	Timely submission of plan and associated CCG assurance	Noreen Dowd	05/09/16	30/09/16	Completed	WCCG alerted NHSE on 5 Sept to the delay in receiving plan and advised this was being vigorously pursued with the Trust. RTT Improvement Plan received on 30 Sept 16 from WHNHST.	

3	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
			G Primary Care will need to ensure it is managing demand appropriately in order to stem the flow of Demand/Referral management	Demand management strategies aligned and reduce inappropriate referrals to the acute sector	Noreen Dowd	Sep-16	Dec-16	Completed	25/1/17 - The CCG has a fully assured strategic management plan which is now in the process of being implemented. There are eight streams to this plan and include consultant to consultant referrals, peer review, outpatients services ie development of one-stop clinics, assured decision-making, choice, and advice and guidance. A demand management project group has been formed which has representation from the CCG and WHT. There is director-level leadership of this group ie Paul Tulley (CCG) and Daren Fradgley (WHT). Each of these initiatives are at varying stages of implementation.	3.5G
			H Early phased implementation of Blueteq in WHNHST	Demand management strategies aligned and reduce inappropriate referrals to the acute sector	Paul Tulley	Sep-16	Sep-16	Completed	Implementation of Blueteq started on 29 Sept. Wolverhampton: started using straight away for Walsall patients. 15/11 - using for all POLCV. WHNHST: trained on 30 Sept and started using for cataracts on 10 October. 15/11 - using Blueteq for cataracts, not yet started on hip/knee. Further training organised for w/c 15 Nov to include a further four high value POLCV (inguinal hernia, tonsillectomy, choleystectomy, (not yet for hysterectomy). Spire: received training on 11 Oct; to start using on 24 Oct for POLCV referrals. 15/11 - training completed; delay in starting. 5/1/17 - now using for hip & knee.	
			I Implement Blueteq in all GP practices as a referral management system for POLCV procedures		Donna Macarthur	Oct-16	Dec-16	Closed	4 GP practices are to assess the usefulness of Blueteq as a referral management tool over a period for 8 weeks starting 24 Oct. 15/11 - trial ongoing. 5/1/17 - trial not successful; looking at alternatives to Blueteq (eg EMIS & referral management tool).	
			J Adherence to Walsall CCG POLCV Policy http://walsallccg.nhs.uk/about-us/procedures-of-lower-clinical-value		Paul Tulley	Ongoing		On Target	Collaborative ongoing with CSU to expand BT usage to include desktop review of submitted referrals. 15/11 - ongoing. Other CCGs may be ready to use Blueteq by early Jan 17. WCCG need to decide if CSU are to monitor activity for us (obtaining cost). 5/1/17 - cost of CSU support still awaited.	

3	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
			K Case note audit of high value POLCV procedures		Paul Tulley	Oct-16	Dec-16	Completed	Negotiations underway with WHT to agree an audit process for high value POLCV procedures. 15/11 - ongoing. 5/1/17 - WHT has accepted policies & contract. Audit process needs further discussion. Case note audit of joint injections went well. To negotiate for the 6 high value case note audits.	
			L Benchmarking packs produced for GP supported by practice visits		Donna Macarthur	Oct-16		Completed	Benchmark packs produced for GPs	
			M Improved usage of minor surgery of AQP providers		Donna Macarthur	Oct-16		On Target	Negotiations underway with AQP providers to agree activity and pricing restructure. 21/2/17 - Options paper to senior management team - outcome awaited. 7/3/17 - Paper going to Commissioning Committee in March 2017 suggesting local minor surgery service.	
3.6	Improving the CCG's assurance rating	To agree improvement plans for the 6 new clinical priorities which are a central part of the new CCG Improvement Assessment Framework for 2016/17	A CCG to review initial assessment for the 6 clinical priorities - 7 September 2016	Review initial assessment and circulate to relevant clinical and commissioning leads to raise awareness and understanding of the new priority areas	Noreen Dowd		Sep-16	Completed	CCG circulated the initial assessment to relevant clinical and commissioning leads on 16 Sept to raise awareness and understanding of the new priority areas and also set out a timetable for developing improvement plans for each clinical priority	3.6A
			B Present initial assessment to Finance & Performance Committee - 12 September 2016	Report to Finance & Performance Committee discussed and need for improvement plans agreed	Noreen Dowd	Sep-16		Completed	Details of the baseline assessments for the 6 Clinical Priority Areas was presented to the Finance & Performance Committee on 12 September. This report highlighted WCCG has been assessed as 'Needs Improvement' for each of the 6 areas.	3.6B
			C Improvement plans for each of the 6 clinical priority areas to be agreed by Finance & Performance Committee - 28 November 2016	Plans approved at Finance & Performance Committee	Noreen Dowd	Nov-16	Dec-16	Completed	Report presented to the Finance & Performance Committee which outlined the process used to develop the improvement plans. This also included an assessment on the likely improvements to the clinical priority ratings when they are published in July 2017. Meeting was rearranged from 28 Nov due to 12 Dec.	
			D Bi-monthly progress reports on Clinical Priority Improvement Plans to be presented to Finance & Performance Committee	Progress reports considered and appropriate corrective action taken	Noreen Dowd	Bi-monthly		On Target	27/1/17 - Progress report to Finance & Performance Committee (FPC) on 12 Dec 16. 3/2/17 - Quarterly reports, next one in Mar 17.	3.6D
			E	Performance improved in key clinical services	Noreen Dowd	Apr-17		On Target		
			F	Expected improved assurance level for CCG by year end	Noreen Dowd	Apr-17		On Target		

PMO PROGRESS REPORTING - 2016 - 2017

Programme	WALSALL CCG IMPROVEMENT PLAN					Overall Project Progress		On Target
Component	COMPLETING A GOVERNANCE REVIEW							
Clinical Lead	Dr Anand Rischie - Chair of Walsall CCG Governing Body							Report last updated: 6.3.17
Key	<div><div></div>Completed</div>	<div><div></div>On Target</div>	<div><div></div>Not Yet Started</div>	<div><div></div>Off Track</div>		Reporting Period:	Feb-17	

4	Issue	Action	Milestones		Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc
4.1	Current CCG governance structure is complicated and does not accurately reflect the revised corporate objectives of the CCG whilst in turnaround Revise governance structure review to support achievement of revised corporate objectives	Define and agree revised corporate objectives to reflect CCG immediate requirements following recent inadequate rating	A	Governing Body - 28 July 2016	Revised corporate objectives agreed at Governing Body	Paul Maubach		Jul-16	Completed	Corporate objectives presented and agreed at Governing Body on 28 July. Each Objective aligned to a CCG Committee and lead executive.	4.1A
		Review CCG current governance structure to more accurately reflect CCG turnaround requirements	B	Governing Body - 28 July 2016	Revised governance structure agreed at Governing Body	Sally Roberts		Jul-16	Completed	Revised Governance structure approved at Governing Body on 28th July	4.1B
		Align corporate functions to new committee structure	C	Governing Body - 28 July 2016	Revised committee structures agreed at Governing Body	Sally Roberts		Jul-16	Completed	Revised committee structure approved at Governing Body on 28 July 2016 and is fully operational	4.1C
4.2	Committee Risk Registers and Assurance Framework need to reflect and support revised arrangements	Review TOR, to reflect new reporting arrangements	A	Verbal assurance to leadership - 30 August 2016	Clear TOR are developed with committee chairs and presented to Governing Body as assurance of revised arrangements	Sally Roberts	Sep-16	Aug-16	Completed	3/10 - Completed 30 August 2016	4.2A
		Production of revised assurance framework to reflect revised arrangements	B	Risks to corporate objectives drafted - 15 August 2016	Revised assurance framework with aligned and updated risk registers are presented to Governing Body as assurance of revised arrangements	Sally Roberts	Sep-16	Aug-16	Completed	3/10 - Completed 15 August 2016	4.2B

4	Issue	Action	Milestones	Measured By	Lead	Timescale	Completed	Status	Comments	Ref Doc	
4.3	Constitutional Changes	Review Scheme of Delegation and Standing Orders with revised arrangements	A	Governing Body - 29 September 2016	Scheme of Delegation revised to reflect arrangements	Sally Roberts	Sep-16	Sep-16	Completed	Agenda item for 29 Sept public Governing Body 3/10 - Completed 29 Sept 2016	4.3A
			B	During September 2016	Engagement with the clinical executives, locality leads and LMC to share the proposed changes with the membership	Sally Roberts	Sep-16	Oct-16	Completed	Communication to relevant groups on the agreed governance arrangements in line with the governance review. 4/10 - Completed.	4.3B
		Consult and approve the constitutional changes with GB and membership	C	Governing Body - 29 September 2016	Minutes of the Governing Body meeting	Sally Roberts	Oct-16		Completed	16/11 - Minutes available following the Governing Body meeting 28 Sept	4.3C
			Submission to NHSE for approval	D	NHSE Approval 8 weeks from submission	Via website: update website and library with latest constitution	Sally Roberts	Jan-17		Off Track	27/1/17 - Further changes to be made to the Constitution regarding the Governance Review. The revisions will be submitted to the Governing Body and NHSE for approval by the end of February 2017. 6/3/17 - 4 Black Country CCGs to form a Joint Committee in April 2017. Walsall CCG Governing Body to approve the formation of the Joint Committee on 30 Mar 17. The CCG's website and library will then be updated with the latest Constitution.
4.4	Review arrangements to ensure they remain fit for purpose	Review of revised governance structure, committee structure and assurance framework to ensure it remains supportive of the requirements of the CCG	A	Audit of GB Committees to cover compliance with TOR and risk management. To include lay member view on effectiveness. Q3 2016/17	Review of revised governance arrangements Q3 2016/17	Sally Roberts	Feb-17	Dec-16	Completed	27/1/17 - Good Governance Institute report received by Governing Body on 22 Dec 2016. Action Plan to Audit & Governance Committee for sign-off on 9 March 2017. Action plan to be monitored by Audit & Governance Committee. 6/3/17 - Approved action plan to be signed off by Governing Body on 30 Mar 17. Audit & Governance Committee to monitor plan via PMO.	4.4A
			B		Post governance review meeting with NHSE, CCG Chair and Paul Maubach	Sally Roberts	Feb-17	Feb-17	Completed	Post governance review meeting with NHSE and CCG Chair is scheduled for 9 February 2017.	
4.5	Expected outcomes of the governance review	To realise the expected outcomes to resolve the issues identified under the Directions from NHSE	A	End of August 2016. Clear corporate objectives and governance structure to strengthen accountability and reporting mechanisms		Paul Maubach	Aug-16	Jul-16	Completed	Corporate objectives presented and agreed at Governing Body on 28 July. Each Objective aligned to a CCG Committee and lead executive.	4.5A
			B	Engagement and consultation requirements are fully incorporated into planning and service changes	Priority of corporate objectives agreed, implementation of the revised governance structure that simplifies accountability and reporting arrangements and strengthens the communication mechanisms with the public	Paul Maubach	Sep-16	Jul-16	Completed	Revised Governance structure approved at Governing Body on 28th July	4.5B