Report to Healthier Communities and Adult Social Care Scrutiny Committee
24 July 2019

Report of: Nicki Doherty, Director of Delivery Care Outside of Hospital

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Subject: NHS Sheffield CCG: Improvement Plan

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Author of Report: Nicki Doherty, Director of Delivery - Care Outside of Hospital

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Summary:

This paper brings the final improvement plan to the Scrutiny Committee to share the agreed plan within the context of our partnership working. The plan was agreed by NHS Sheffield CCG's Governing Body at its 4th July 2019 meeting and is now being implemented.

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Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✔
Other	

The Scrutiny Committee is being asked to:
- Note the improvement plan, the approach to developing it and the intended mechanisms for monitoring improvement

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Background Papers:
List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

Category of Report: OPEN (please specify)
Most reports to Scrutiny Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**

Report of the Director of Director of Delivery - Care Outside of Hospital
NHS Sheffield CCG: Improvement Plan

1.   Introduction/Context

1.1   In November, 2018 NHS England commissioned an independent assessment of NHS Sheffield CCG's leadership and culture as part of their role as our regulator.

1.2.   All CCG staff, CCG Governing Body members, and senior managers from partner organisations, were offered the opportunity to speak to the assessor either face to face or over the 'phone during November, December and January.

1.3.   The report of the independent assessment was accepted by Governing Body in March 2019. It recognised the CCG has 'a great number of strengths' and it also identified a number of areas for improvement.

1.4.   We have taken the report seriously and have spent April, May and June working with our staff and stakeholders to develop an improvement plan that addresses the areas of improvement as well as any other identified opportunities.

1.5.   We have worked closely with Mike Potts, the Independent Improvement Director, and with NHS England throughout the process to ensure that the actions identified are in line with their expectations in addressing the issues that have been raised. Mike Potts has played an active role in providing constructive challenge to ensure that the improvement plan is sufficiently ambitious and will genuinely address the issues that have been raised by staff and by stakeholders.

1.6.   The improvement plan has been developed within the context of our maturing Sheffield Accountable Care Partnership (ACP) and South Yorkshire and Bassetlaw Integrated Care System (ICS) arrangements. The plan also recognises and supports the direction set out in the Long Term Plan as well as the Primary Care Network infrastructure and associated leadership that is being developed.

1.7.   NHS England has reviewed a final draft of our Improvement Plan and subsequently responded with a letter of support

2.   Main body of report, matters for consideration, etc

2.1 The improvement plan sets out:

2.1.1   Why we are doing this

2.1.2   Who is responsible

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2.1.3 Our approach to delivery

2.1.4 How we will monitor our success

2.2 Staff have played a significant role in developing the plan and helping us to identify the actions required to address the issues; the content of the improvement plan has been considerably influenced by their input, as described within the main document.

2.3 Since receiving the report of the Independent 360 Degree Assessment the Governing Body has:

2.3.1 taken time to fully understanding the feedback we have received, to be confident in the actions we take and to be clear on our role in delivering the improvement that is required

2.3.2 recognised that there are examples of good work and behaviours and of positive experiences, however we have also seen and heard that this has not be the experience of all staff. We are sorry that this is the case.

2.3.3 agreed that each of its members has a critical role in making sure that the actions we have identified make a difference and help us become an organisation where we are among the top ranking organisations for staff and stakeholder reported satisfaction

2.4 As part of developing the plan we have identified risks and ensured these are captured and managed within the CCG's Risk Register. One of the principal risks is ensuring sufficient capacity and the actions to mitigate this are captured within the Governing Body, Executive Team and Human Resource Management themes of the plan; these will be an early priority.

2.5 Each theme of the plan matches the feedback from the Independent 360 Degree Assessment report; each theme has a nominated Governing Body and Executive Director sponsor who will have oversight of progress.

2.6 The Governing Body and its associated committees will monitor progress and these arrangements are set out within the improvement plan.

2.7 We will assess impact and success of our actions through improvement of our regular staff and stakeholder surveys and through quarterly monitoring as part of our agreed audit cycles that we put in place as part of the improvement plan.

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3   What does this mean for the people of Sheffield?

3.1   NHS Sheffield CCG has a clear set of five organisational objectives. We will produce a clear narrative that replaces the CCG prospectus (which describes our strategic objectives) and tells the story of how the commissioning strategy will impact on the people of Sheffield

3.2   These objectives aim to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home, when that is the right place for them to receive care. Doing so by developing new ways of working that are underpinned by a measured improvement in quality and outcomes, positive action to address inequalities, affordable and sustainable funding arrangements, and a strong organisational development approach.

3.3   By implementing this improvement plan our potential to deliver each of the objectives and improving the outcomes for people will be strengthened through:

3.3.1 A clearer narrative about our overarching commissioning strategy and supporting strategies that we will implement

3.3.2 A leadership team with the skills, abilities and capacity to support a consistent way of working that delivers our priorities

3.3.3 A clearer set of programmes linked to our objectives and our strategies, linked to rigorous business planning arrangements

3.3.4   An organisational programme of development

3.3.5 A clear offer to our partners in our contribution to place and system partnership working

5.   Recommendation

5.1   The Overview and Scrutiny Management Committee is asked to:

- Note the improvement plan, the approach to developing it and the intended mechanisms for monitoring improvement

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Improvement Plan

NHS Sheffield CCG

**Senior Responsible Officer: Lesley Smith, Interim Accountable Officer
July 2019**

We have received feedback as an organisation from a variety of sources: an Independent 360 Assessment, Staff Survey Results, an Internal Comms Survey, Focus Group Sessions, Listening to Partners, the CQC Local System Review and a number of HealthWatch Sheffield Reports. This feedback has collectively allowed us to identify themes in relation to our Leadership and Culture that would benefit from improvement and we believe will create the necessary conditions to take the organisation from Good to Outstanding; that will make us an organisation where staff not just want to come to work but love to come to work. This improvement plan has been developed in partnership with staff and with external partners to ensure that we have understood the feedback that we have received and that the actions we have identified will have the impact required.

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NHS Sheffield CCG: Improvement Plan

About The Improvement Plan

1. What Are We Doing?

1.1 Following an independent review of the Culture, Values and Leadership of the NHS Sheffield Clinical Commissioning Group (CCG) we have been able to triangulate feedback from a range of sources and stakeholders to identify a series of improvements that will strengthen the way that we work and support us to become an outstanding organisation; a place where staff love to come to work

1.2 We are committed to being an organisation where staff love to work, where they are empowered and motivated as the result of the positive culture we create and the values that we live

1.3 We are committed to partnership working; to our strategic aims and our strategic direction to achieve them (prevention, early intervention and the triple integration of primary and secondary care, mental and physical health and health and care commissioning)

1.4 We have established commissioning strategies; these need to be refreshed, more accessible and widely and consistently understood

1.5 Through our feedback we have identified that, whilst many staff do enjoy working for the CCG, there are a number of examples where things could be better

1.6 There is an opportunity to strengthen our partnership working and in particular our approach to co-design, which needs to be supported by strong and mature system relationships

1.7 For member practices and for the public our improvements should see greater confidence that feedback and involvement is being acted on and a clearer and consistent message about what is being done; you will see our values and behaviours in the interactions you have with us

Our Vision:

By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield.

*We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive **care closer to home** when that is the best place for them*

Strategic Objectives

1. *To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield*

2. *To improve the quality and equality of healthcare in Sheffield*

3. *To improve patient experience and access to care*

4. *To ensure there is a sustainable, affordable healthcare system in Sheffield*

5. *Organisational development to ensure we meet organisational health and capability requirements*

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Our Values:

Empowering
- Ensure communications and engagement with our stakeholders is accessible, meaningful and facilitates their involvement
- Consult with and include others in decisions that affect them and demonstrate we have listened
- Speak up if we think something is not right, support and encourage others to do the same
- Appreciate and recognize others qualities and contributions and work collaboratively to achieve the best outcomes

Progressive
- Strive for continuous improvement in services, outcomes and patient experience
- Work collaboratively with all our partners and stakeholders
- Welcome and learn from constructive challenge and feedback
- Use evidence to drive innovation and improvement

Fair, Honest, Responsive and Accountable
- Act in a way that is consistent with values and principles of the CCG and the NHS
- Do what we say we are going to do
- Evaluate, share and learn from the outcomes of our decisions
- Clearly communicate and record how decisions are made

Compassionate and Caring
- Actively listen to understand different points of view
- Respect and promote diversity, inclusivity and address health inequalities
- Be sensitive to the needs, priorities, abilities and aspirations of others, valuing every person as an individual
- Be polite, courteous and respectful of difference.

1.8 This improvement plan sets out a series of transactional as well as behavioural improvements that together we hope will improve staff and partner experience of working with us

2. Who Is Responsible?

2.1. It is important to acknowledge that the Governing Body and the Executive Team fully accept responsibility for the improvements required and have committed to ensuring that the improvement plan is delivered. As part of this we are asking our staff and our partners to continue to share their feedback on how things are going so that we are able to assess improvement

2.2. Our actions for developing the improvement plan will be signed off by our Governing Body

2.3. Our Chair and Interim Accountable Officer are ultimately responsible for implementing the plan

2.4. To help us move forward as an organisation, we have appointed Mike Potts, a former NHS chief executive, as an Independent Development Director. Mike will work part-time until October supporting both the development and the monitoring of the improvement plan

2.5. Each of the improvement themes has an identified Governing Body and Executive Director Sponsor to oversee progress and help address and barriers. And each of the actions has an identified executive and operational lead

2.6. Ultimately our success for implementing the plan will be measured by improvement in the responses in the staff and stakeholder annual surveys as well as through the cycle of staff involvement and feedback that the improvement plan commits to

2.7. If you have any questions please contact: SHECCG.Comms@nhs.net

3. Our Commitment

3.1. We have taken time as a Governing Body to fully understanding the feedback we have received, to be confident in the actions we take and to be clear on our role in delivering the improvement that is required

3.2. We recognise that there are examples of good work and behaviours and of positive experiences, however we have also seen and heard that this has not

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been the experience of all staff; we are sorry that this is the case.

3.3. We believe that each of us has a critical role in making sure that the actions we have identified make a difference and help us become an organisation where we are among the top ranking organisations for staff and stakeholder reported satisfaction.

4. How Will We Communicate Our Progress With You?

4.1. We will provide regular progress reports to the Governing Body, which be received in public and will be included in the papers published via the website

4.2. With the agreement of the Governing Body monitoring of delivery and oversight of how the improvement plan is improving the way that we work and our delivery on commissioning intentions will sit with the established Improvement Steering Group (See Appendix 1 for Terms of Reference)

4.3. We will provide staff with an update on progress at our regular staff briefings and members via each of the four Locality Councils, led by our Governing Body GPs

4.4. We will keep partners updated via our established routes of communication

4.5. As part of our delivery promise we are committed to continuing the engagement of staff at key stages of development, for example, using face to face sessions, workshops, surveys, learning lunches.

5. Approach
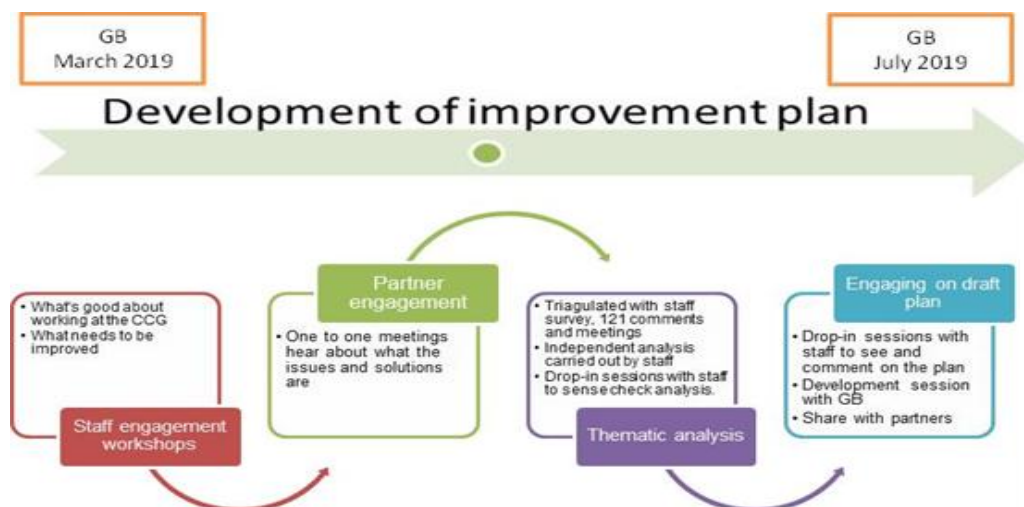
5.1. We established an Improvement Plan Steering Group chaired by a Governing Body Lay Member, Chris Neild, and with made up of staff forum representatives, Governing Body GP, the Independent Development Director and the Executive Director coordinating the improvement plan.

5.2. We spent time during March, April and May to listen to staff, member practices and stakeholders and to triangulate their views with the external 360 report

5.3. A focus group of our staff created a thematic analysis (see example of in section 5), to help describe what we had heard from all the sources of feedback. This was tested out with staff through drop in sessions, displays in staff areas and through the Improvement Plan Steering Group

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5.4. Any feedback that was specific to individuals has been picked up directly with them

5.5. The thematic analysis, alongside the 360 report, has been used to create the actions within the improvement plan; these have been tested out with staff in drop in sessions, with the steering group, with Governing Body members and with partners through their executive meetings

6. Themes Identified

6.1. As part of the drop in sessions we held staff were asked to consider the CCG's values and rate where they were visible. This is represented in the diagram below, with the green dots representing being positive visibility
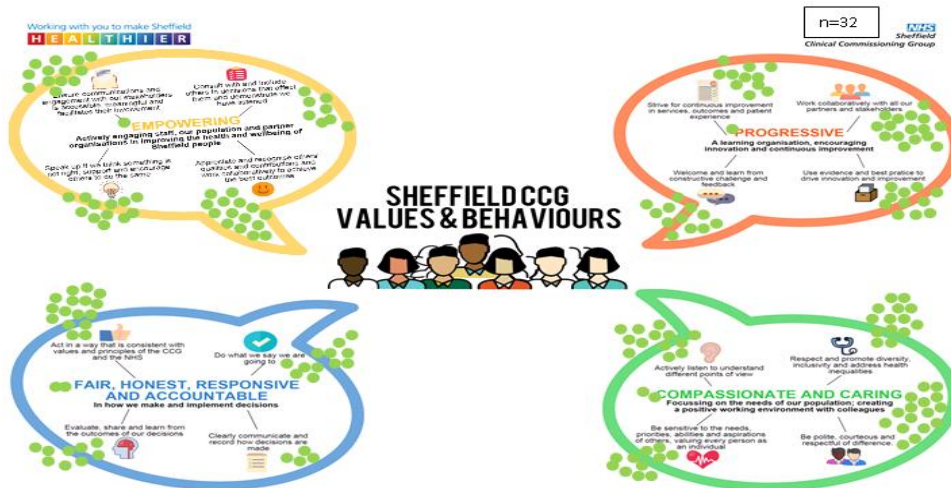
6.2. A focus group, consisting of staff involved in the Improvement Plan Steering Group, undertook a qualitative analysis of the feedback received via staff drop in sessions, interactive feedback in the staff areas, direct feedback to Nicki Doherty or Mike Potts, and the staff survey

Fig 1. Example of thematic analysis

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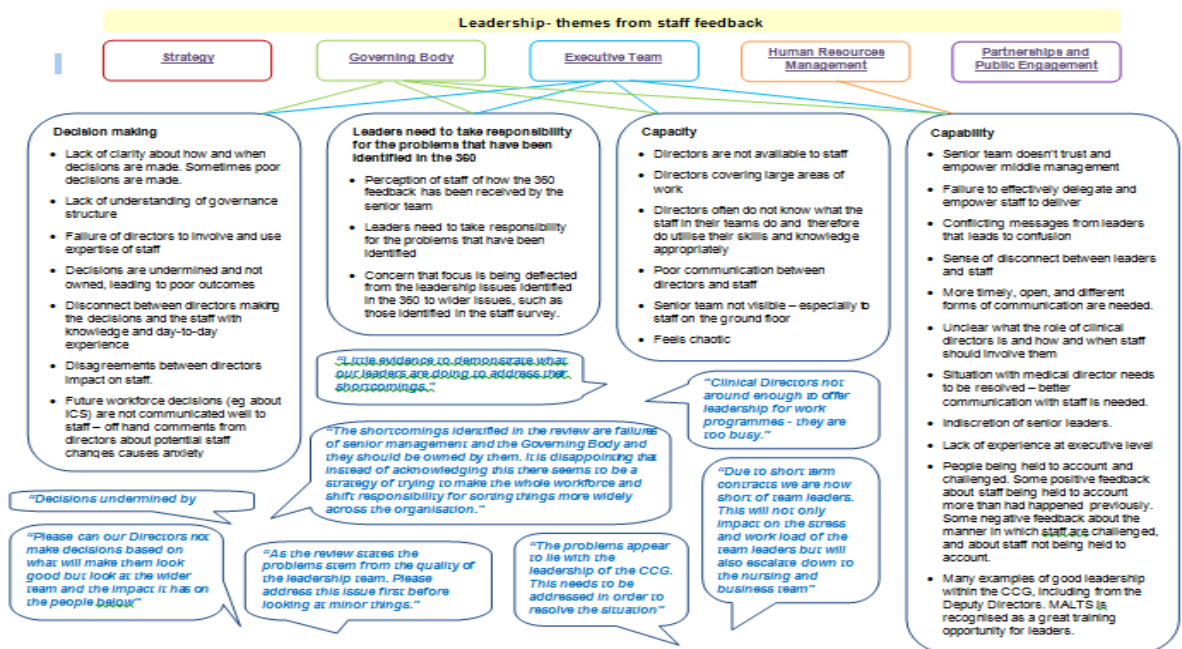
7. Governance

7.1. Corporate Risk Management (Corporate Risk Register)

The corporate risk register has been updated to reflect risks associated with the implementation plan and these will be monitored as part of the regular risk management process within the CCG.

7.2. Resource Implications

As part of our planning for 2019/20 funding has been allocated to support organisational development requirements and it is anticipated that these should be sufficient to implement the improvement plan.

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8. The Improvement Plan

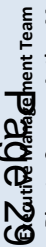| Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsors: Chris Neill and Director of Delivery, Care Outside of Hospital	1.1	Put in place clear commissioning strategies to support the Sheffield vision, with a clear flow from vision to delivery	D, S, P	Reconfirm our vision and its alignment to both the Long Term Plan and the Shaping Sheffield Plan (also see action 5.1)		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Prepare a refreshed Commissioning Strategy (including Primary and Community Services) developed jointly with Accountable Care Partnership (ACP) partners that is consistent with the Long Term Plan, the Health and Wellbeing Strategy, the Shaping Sheffield Plan, Joint Strategic Needs Assessment and wider public and stakeholder engagement		Director of Delivery, Care Outside of Hospital/ Deputy Director, Care Outside of Hospital	Dec-19	None	Governing Body	In Progress
				Strengthen the commissioning arrangements in partnership with the Local Authority to provide a joint commissioning mechanism for the Accountable Care Partnership that supports the agreed priority areas: Mental Health, SEND and Frailty	- Improve the effectiveness as local system leader **Source: Annual Stakeholder Survey** - More staff who feel the CCG has a clear vision for the future - More staff who feel part of the CCG's vision for the future - More staff feel that communication between senior managers and staff is effective **Source: Staff Survey**	Director of Commissioning and Performance/ Integration and Better Care Fund Programmes Lead	Dec-19	None	Governing Body	In Progress
				Produce a clear narrative that replaces the CCG prospectus (description of our strategic objectives) and tells the story of how the commissioning strategy will impact on the people of Sheffield		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	Governing Body	In Progress
				Develop strong Communication and Engagement Plan that underpins the strategic aims, strategic direction and supporting strategies to ensure consistent and clear messages to staff, partners and public; our vision and strategy will be consistently articulated and understood by all		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	SPEEEC	Linked to previous actions

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Strategy Governing Body and Executive Director Sponsors: Chris Neild and Director of Delivery, Care Outside of Hospital	1.2	**Put in place clear commissioning strategies to support South Yorkshire and Bassetlaw Integrated Care System Priorities**	D, S, P	Articulate an agreed South Yorkshire and Bassetlaw Integrated Care System (ICS) joint Commissioning Strategy that clearly describes what will be done at "Place" i.e. Sheffield and what will be done at ICS level	- Improve the effectiveness as local system leader **Source: Annual Stakeholder Survey**	Director of Commissioning and Performance/ Sandie Buchan	Dec-19	None	Governing Body	In Progress
				Develop a strong Communication and Engagement Plan that underpins the strategic aims, strategic direction and supporting strategies to ensure consistent and clear messages to staff, partners and public	- More staff who feel the CCG has a clear vision for the future - More staff who feel part of the CCG's vision for the future - More staff feel that communication between senior managers and staff is effective **Source: Staff Survey**	Accountable Officer/ Deputy Director of Communications, Engagement and Equality	Dec-19	None	SPEEEC	Linked to previous actions

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body Governing Body and Executive Director Sponsor: Dr Terry Hudsen and Chief Nurse	2.1	**Reaffirm the role of the Governing Body now and future**	D, S	Appointment of new Governing Body Chair	- Improve the effectiveness as local system leader **Source: Annual Stakeholder Survey** - More staff know who the senior managers are **Source: Staff Survey**	Director of Finance	Oct-19	None	Governing Body	In Progress
				Complete the planned review of the Governing Body constitution, including supporting committees. Test how the Governing Body seeks assurance about staff, patient and stakeholder satisfaction and that the organisations strategic objectives are being met		Director of Finance	May-19	None	Governing Body	Complete
				Ensure that the Governing Body has a programme of continuous development. Early priorities should include: - Shaping what the CCGs unique contribution will be to the developing ICS - reviewing effective leadership and governance of the organisation - contribution to system leadership across ACP and ICS - reviewing the model of clinical leadership and link to Clinical Directors and the the Primary Care Network Clinical Directors - reviewing the effectiveness of member practice engagement - confirming Governing Body Member roles and links to CCG Teams and partners and ensure sufficient time allocated to effectively establish these links (links to 2.2) - understanding the organisational development required to support any associated change - strengthening the use of Governing Body Strategic Development sessions		Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 2.1 and 3.1; appointing the Chair and Accountable Officer
				Share and communicate the reaffirmed role of Governing Body and any changes with staff, partners and public; include a description of background skills and expertise that each member offers		Director of Finance/ Deputy Director of Communications, Engagement and Equality	Oct-19	None	Governing Body	Linked to previous actions in 2.1
				Develop an induction programme to support new members in understanding both their individual and collective roles on the Governing Body		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	Linked to previous actions in 2.1

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body Governing Body and Executive Director Sponsor: Dr Terry Hudsen and Chief Nurse	2.2	**Strengthen the interaction of Governing Body with the staff and partners**	D, S	Aligned to our visions and strategy, establish a map of critical relationships and how or where those relationships are secured; ensuring that Governing Body members are proactively interacting with staff, partners and other key stakeholders (e.g. attending practice visits, locality meetings)		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	Governing Body	Linked to 1.1 and 1.2
				Introduce ways in which Governing Body members interact more with staff e.g. board to floor days, learning lunches and team briefs with Governing Body members, staff encouraged attend Governing Body meetings and feedback to staff etc.	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system **Source: Annual Stakeholder Survey**	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	In Progress
				Papers to Governing Body to be presented by a Clinical Director/Lead or relevant member of staff. Staff coached and supported in how to effectively engage with Governing Body in formal meetings	- More staff know who the senior managers are - More staff feel that communication between senior managers and staff is effective	Director of Finance/ Committee Secretary & PA to Director of Finance	Jul-19	None	Governing Body	In Progress
				Picture display of Governing Body members on ground and first floors of the CCG	**Source: Staff Survey**	Director of Finance/ Corporate Services Risk and Governance Manager	Jul-19	Cost of producing	Governing Body	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body Governing Body and Executive Director Sponsor: Dr Terry Hudsen and Chief Nurse	2.3	**Building on the established values and behaviours develop an approach that demonstrates their application in everything that we do**	D, S, P	Reconfirm that current agreed values and behaviours are still valid and if so turn them into a more accessible statement of intent	- Improve the effectiveness of working relationship with the CCG **Source: Annual Stakeholder Survey** - More staff are aware of the organisation's statement of values - More staff feel managers demonstrate values at work - More staff feel other colleagues demonstrate values at work **Source: Staff Survey**	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Prepare a clear communication plan that reaffirms these values and behaviours and how they will become embedded into how the organisation does business - this might include a value of the month to promote how these are being lived and breathed within the organisation		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Lead and embed the values as part of a comprehensive organisational development session (see action 4.1)		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Executive Management Team Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer	3.1	Confirm sufficient executive team capacity and the right capabilities/skills to meet the needs of the organisation	D, S, P	Appoint an interim Accountable Officer	- Improve the effectiveness of the CCG as a local system leader **Source: Annual Stakeholder Survey** - More staff feel their team has a set of shared objectives - More staff know who the senior managers are - More staff feel that communication between senior managers and staff is effective **Source: Staff Survey**	Chair	Jun-19	None	Governing Body	Complete
				Agree a set of shared corporate objectives with named Executive Director leads; shared with staff and stakeholders		Accountable Officer/ Deputy Director of HR and OD	Sep-19	None	Governing Body	In Progress
				Undertake a skills audit to identify whether there are any gaps in the skills of the executive team. (linked to 4.1)		Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Review effectiveness of the Executive Team and current management arrangements; are roles and responsibilities clear and appropriately apportioned. Clarify who are members of the Executive Team. to 5.1		Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Better utilise the skills of the Deputy Directors and empower them to act and play a more central role in the CCGs management team		Accountable Officer/ Director of Commissioning and Performance	Dec-19	None	Governing Body	In Progress

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer Executive Management Team	3.2	Re-establish and enforce the CCG Operating Model; establishing a robust commissioning methodology	D, S	Embed a clear business planning process, including alignment of resource to priorities and an audit of attendance at meetings	- Improve the effectiveness of the CCG in improving health outcomes for its population - Improve the effectiveness of the CCG in reducing health inequalities - Improve the effectiveness of the CCG in improving quality of local health services - Improve the effectiveness of the CCG in delivering value for money **Source: Annual Stakeholder Survey** - More staff feel their role makes a difference to patients/service users - Fewer staff feel they have unrealistic time pressures - Fewer staff feel unwell as the result of work related stress **Source: Staff Survey**	Director of Commissioning and Performance/ Sandie Buchan	Aug-19	PMO Capacity	Audit and Integrated Governance Committee	In Progress
				Reaffirm and enforce PMO framework with Executive Director Leadership		Director of Commissioning and Performance/ Sandie Buchan	Sep-19	PMO Capacity	Audit and Integrated Governance Committee	In Progress
				A single ACP improvement methodology e.g. microsystems		Director of Commissioning and Performance/ Sandie Buchan	Mar-20	Cost of training	Audit and Integrated Governance Committee	In Progress
				Review of effectiveness of SMT meeting as well as the productive meeting structure		Accountable Officer /Business Manager to the Chair & Accountable Officer	Sep-19	PMO Capacity	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Implement new standards for meetings to ensure consistency in quality of papers		Director of Commissioning and Performance/ Business Manager to the Chair & Accountable Officer	Apr-19	None	Governance Sub Committee	Complete
				Implement audit cycle for monitoring effectiveness of supporting processes and policies and how they support commissioning better outcomes and the delivery of our strategies		Director of Commissioning and Performance/ Sandie Buchan	Mar-20	None	Audit and Integrated Governance Committee	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Management Team Executive Director Sponsor: Anthea Morris and Accountable Officer	3.3	**Review the model of clinical leadership to ensure it is fit for purpose both now and in the emerging ACP and ICS landscape**	D, S, P	Immediately address the gap in children's commissioning by appointing a clinical lead	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system **Source: Annual Stakeholder Survey**	Chief Nurse	May-19	None	Governing Body	Complete
				Establish a clear understanding of the statutory roles and responsibilities of the Local Authority and CCG in relation to children's services and how these work harmoniously together		Chief Nurse/ Head of Commissioning	Oct-19	Possible resource implications to cover secondment	Governance Sub Committee	In Progress
				Greater clarity and understanding about the role of clinical leadership and the relationship between Clinical Directors and the GPs on the Governing Body and their collective offer to the wider system (linked to 2.1)		Chair/ Medical Director	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Organisational development plan to support clinical leadership (see action 4.1)		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
	3.4	**Ensure sufficient leadership and capacity for the primary care team**	D, P	An external review of the primary care team capabilities and capacity has already been complete (October 2018), these actions need to be fully implemented and given time to be embedded; supported by clear communications to member practices to ensure clarity on roles and how to engage	- Improve the effectiveness of working relationship with the CCG **Source: Annual Stakeholder Survey** - More staff feel that there are enough staff in the organisation for them to be able to do their job properly **Source: Staff Survey**	Director of Delivery, Care Outside of Hospital/ Deputy Director, Care Outside of Hospital	Aug-19	None	Primary Care Commissioning Committee	In Progress
				Complete recruitment to primary team and embed new structure to create capacity and more effective working			Jun-19	None		Complete
				Agree a programme of development and support with NHSE to strengthen the leadership across the primary care team			Aug-19	None		In Progress

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer — Executive Management Team	3.5	Lead by Example: Values and Behaviours	D, S, P	The values and behaviours will be visible in everything we do; staff will be encouraged to let us know when they are not	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system **Source: Annual Stakeholder Survey**	Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Governing Body	Linked to 2.3
				Instigate a programme of corporate leadership development firstly for the executive team and then to cover the wider leadership team e.g. deputy directors. This will include: - How to work effectively as a team - How to lead by example and live and breath the organisation agreed values and behaviours - Empowering the organisation and its staff - How to protect time to meet, talk, reflect and agree a united view on how to effectively lead and support the organisation - Understanding each others strengths and weaknesses and how to support each other as an effective Executive Team. - Embed a corporate culture across all directorates including nursing - How the wider leadership team support and work effectively as a coherent team	- More staff are aware of the organisation's statement of values - More staff feel managers demonstrate values at work - More staff feel other colleagues demonstrate values at work - Fewer staff experiencing bullying from managers or work colleagues over the last 12 months **Source: Staff Survey**		Mar-20	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
	3.6	Executive Director Surgeries	S	Staff able to drop in to see a director (independent of the directorate they below to) to discuss thoughts, feedback and ask any questions	- More staff feel able to make suggestions to improve the work of their team/department - More staff feel secure about raising concerns about clinical practice - More staff who report an experience of bullying if it happens **Source: Staff Survey**	Director of Commissioning and Performance/ Business Manager to the Chair & Accountable Officer	Jul-19	None	Governing Body	In Progress

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.1	Instigate an organisational development programme that develops a clear CCG identity within the context of the Integrated Care System and the Accountable Care Partnership	D, S, P	Review the robustness of the existing HR and Organisational Development Strategies (which include Talent Management and Coaching) to test whether they continue to be fit for purpose	- More staff feel that the organisation acts fairly with regard to career progression/promotion	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Agreed values and behaviours to be embedded in recruitment and to be lived by all staff promoting strong working relationships internally and externally	- More staff who feel there are opportunities for flexible working - More staff able to make improvements happen in their area of work	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 2.3
				Create a culture which - embraces protected time to think, to innovate and to cultivate relationships (which includes a clear understanding of the ICS/ACP) - engages staff using appropriate channels - supports staff to understand their purpose and the difference we make to the Sheffield population - empowers staff in their day to day roles to realise their potential and maximise talent across the city - encourages quality feedback to each other - encourages staff to take personal responsibility for their own performance and growth and supports the achievement of their own goals, the team and organisation through an effective Performance Development Review scheme - is transparent and inclusive, which defines expectations of managers at all levels and provide appropriate training and development which includes training in effective people and HR management - champions Wellbeing; championed by representative staff from each area of the organisations and is supported by managers, MHFA's, Occupational Health and the Employee Assistance Programme - promotes trust enabling all staff to make informed and innovative decisions	- More staff who look forward to going to work - Fewer staff experiencing bullying from managers or work colleagues over the last 12 months - More staff who report discussing values of the organisation as part of their appraisal - More staff who feel their appraisal helped improve how they do their job, gave clear objectives for their work and left them feeling valued by the organisation - More staff who feel supported by their immediate line manager - More staff who feel supported in receiving training learning or development - More staff who feel they have an opportunity to use their skills - More staff who feel satisfied with the amount of responsibility that they are given - More staff always know what their work responsibilities are - More staff feel they get the respect they deserve from colleagues at work - More staff feel that communication between senior managers and staff is effective - More staff feel senior managers involve them in important decisions **Source: Staff Survey**	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.1	Instigate an organisational development programme that develops a clear CCG identity within the context of the Integrated Care System and the Accountable Care Partnership	D, S, P	Enable confidence in the reasonable application of policies and procedures to support staff in their working lives	Please see above	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Enable good quality training and mentoring support available for all staff		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Undertake a skills audit to understand better utilise the skills and expertise within the CCG (linked to 3.1)		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1
				A separate organisational programme to support the Continuing Health Care staff		Chief Nurse/ Head of CHC/Head of Contracts SHSC	Oct-19	None	Governing Body	In Progress

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance · Human Resource Management	4.2	Ensure strong and effective HR advise and support to the CCG		Executive responsibility to be placed under the Accountable Officer; this will need to be reviewed as part of action 3.1		Accountable Officer	Apr-19	None	Governing Body	Complete
				Consider options for strengthening the HR support to the organisation to include access to specialist advise where appropriate. Ensure that there is a strong HR voice that is empowered to stop the process where agreed policy or procedure is not being followed		Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible additional capacity		In Progress
	4.3	Policies and Procedures that Support and Promote Good Human Resource Management	D, S	Implement audit cycle for monitoring effectiveness of policies in how they support staff; linked to the current process for review of policies with staff forum and staff side	- More staff feel that the organisation acts fairly with regard to career progression/promotion - More staff who feel there are opportunities for flexible working - More staff who report discussing values of the organisation as part of their appraisal - More staff who feel their appraisal helped improve how they do their job, gave clear objectives for their work and left them feeling valued by the organisation - More staff who feel supported in receiving training learning or development - More staff feel that senior managers act on staff feedback - Fewer staff experiencing bullying from patients/service users, relatives or members of the public during the last 12 months **Source: Staff Survey** More staff feel that bullying and harassment cases are dealt with well **Source: HR Policy Audit**	Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Bring forward review of whistleblowing policy with particular focus on Freedom to Speak Up Guardian		Accountable Officer/ Deputy Director of HR and OD	Oct-19	None		Linked to 3.1; appointing the Accountable Officer
				Proactive review of HR casework e.g. Tribunals/Appeals/Grievances etc. on their conclusion to reflect the learning back into the organisation in the spirit of continuous improvement		Accountable Officer/ Deputy Director of HR and OD	Oct-19	None	Audit and Integrated Governance Committee	In Progress
				Ensure robust process for PDRs for all staff that informs the CCG's training and development plan; consider embedding 360 review as part of the annual PDR process		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None		In Progress
				Review whether existing policies support public facing staff in managing interactions and any additional policy or procedure that is required		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None		In Progress
				Ensure all staff have attended the training programme for line managers that supports them in their roles, e.g. writing job descriptions and person specifications that attract the right candidates		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None		In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance — Human Resource Management	4.4	Promoting health and wellbeing at work and a healthy work life balance	S	Actively promote flexible working to support work life balance	- More staff feel the CCG takes positive action on health and wellbeing - More staff who feel there are opportunities for flexible working - Fewer staff experiencing MSK problems as the result of work activities - More staff who feel the CCG has made adequate adjustments to enable them to carry out their work - Fewer staff reporting work related stress during the last 12 months - More staff who feel they have adequate materials, supplies and equipment to do their work - More staff feel the CCG takes positive action on health and wellbeing **Source Staff Survey**	Accountable Officer/ Deputy Director of HR and OD	Mar-20	Possible external support	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Refresh the Staff Benefits Scheme		Accountable Officer/ Deputy Director of HR and OD	Nov-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Agree a digital strategy that supports agile working across partner organisations, allows sufficient hot desks and associated hardware in 722 that supports agile working. Consider an external review of how effective the infrastructure is to support agile working		Director of Commissioning and Performance/ Deputy Director of IT	Dec-19	Likely capital and recurrent cost Interdependency with ICS delivery	Governing Body	In Progress
				Ensure HR and Freedom to Speak Up Director and Governing Body Sponsors known by all staff		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Refresh Induction Pack to include e.g. strategic objectives, strategies, learning and development opportunities		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Named leads within teams to support wellbeing and learning and development		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Audit and Integrated Governance Committee	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.4	Promoting health and wellbeing at work and a healthy work life balance	S	Ensure that there is in place an up to date and easily accessible Staff Finder Directory		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	In progress
				Actively promote activities that support health and wellbeing (e.g. FIKA, Walk Don't Email)	- More staff feel the CCG takes positive action on health and wellbeing - More staff who feel there are opportunities for flexible working - Fewer staff experiencing MSK problems as the result of work activities	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Audit and Integrated Governance Committee	In progress
				Establish a pool of "Staff Buddies" - people who can support staff during challenges e.g. starting new role, performance issues, returning to work etc.	- More staff who feel the CCG has made adequate adjustments to enable them to carry out their work - Fewer staff reporting work related stress during the last 12 months	Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	In Progress
				A listening and Learning Organisation: establish a regular staff engagement and feedback programme	- More staff who feel they have adequate materials, supplies and equipment to do their work - More staff feel the CCG takes positive action on health and wellbeing	Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Audit and Integrated Governance Committee	In Progress
				Staff Engagement: ensure that when staff are asked to engage on particular topics there is broad representation of staff groups and that all are given the opportunity to take part	**Source Staff Survey**	Accountable Officer/ Deputy Chief Nurse	Oct-19	None	Audit and Integrated Governance Committee	In Progress

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Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Partnership and Public Engagement — Governing Body and Executive Director Sponsor : Prof. Mark Gamsu and Director of Finance	5.1	Shaping up the CCG's offer in the future Integrated Care System and Accountable Care Partnership arrangements	D, S, P	Instigate ACP and ICS staff briefings, where appropriate with wider ACP or ICS representation	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - The CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system - When commissioning/decommissioning services the CCG is perceived to better: involve the right individuals and organisations; ask the right questions at the right time; engage effectively with patients and public; demonstrate it has considered views of patients and public **Source: Annual Stakeholder Survey** - More staff know who the senior managers are **Source: Staff Survey**	Accountable Officer/ Deputy Director of Communications, Engagement and Equality	Jul-19	None	Governing Body	In Progress
				In conjunction with ACP partners agree a statement of functions, skills and relationships that we each provide, with a clear understanding of how provision, partnership and commissioning functions connect (link to 4.1)		Accountable Officer/ Deputy Director of HR and OD	Jul-19	None	Governing Body	Linked to 4.1
				Develop a strong organisation development approach across partners that strengthens and develops our collective skills and developing roles, including the Primary Care Networks		Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Governance Sub Committee	Linked to 3.1; appointing the Accountable Officer
				In conjunction with ACP partners actively promote and demonstrate the shared values and behaviours that we have jointly committed to		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	In Progress
				Agree with partners in the ICS and ACP "Corporate Days": For Place, For ICS and for each Organisation		Accountable Officer/ Business Manager to the Chair & Accountable Officer	Jul-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Streamline executive leadership responsibility across partners in the ACP		Accountable Officer/ Director of Commissioning and Performance	Mar-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				As part of the business planning, undertake an audit of meetings within the CCG and across the ICS and ACP to ensure effective use of time and resource and potentially reduce the number of meetings staff are required to attend		Director of Commissioning and Performance/ Sandie Buchan	Jan-20	None	Governing Body	Linked to 3.2

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Partnerships and Public Engagement Governing Body and Executive Director Sponsor : Prof. Mark Gamsu and Director of Finance	5.2	Single Commissioning/ Strategic Planning Cycle for the Accountable Care Partnership	P	Develop an agreed strategic planning process that all partners understand contribute to and promote	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - The CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system - When commissioning/decommissioning services the CCG is perceived to better: involve the right individuals and organisations; ask the right questions at the right time; engage effectively with patients and public; demonstrate it has considered views of patients and public **Source: Annual Stakeholder Survey** - More staff know who the senior managers are	Director of Commissioning and Performance/ Jennie Milner	Dec-19	None	Primary Care Commissioning Committee	In Progress
	5.3	Demonstrating Listening and Action in relation to patient and public involvement and engagement	D, S, P	Report from the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) to Governing Body to cover the actions taken and agreed by commissioners in response to the engagement that has been undertaken and the feedback that has been received		Director of Delivery, Care Outside of Hospital/ Deputy Director of Communications, Engagement and Equality	Jul-19	None	SPEEEC	In Progress

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9. Appendix 1

Suggestions	Action Plan Ref.
Strategy	
In developing this year's operational plan (2019/2020) the team should ensure clearer links to the place-based plan and the ICS strategy	1.1, 1.2, 3.2
The Governing Body should oversee the development of a CCG strategy and implementation plan that clearly identifies the CCG role with priorities and milestones in key programme areas – all aligned to the place-based plan and the ICS strategy.	1.1, 1.2, 3.2
The executive team should develop a clear narrative about the unique role and contribution of the CCG – and test this with partners	1.1, 1.2, 5.1
Governing Body	
Once the on-going investigation is finalised the GB should undertake a review of how it was handled and embed the outcomes in the on-going development plan for the GB.	4.3
Members of the GB should consider how they can be more visible to staff, in all parts of the CCG, and ensure they receive intelligence and feedback from a wide variety of sources	2.2
The GB needs to identify a small number of ambitious priorities and seek detailed strategies from the leadership team to underpin delivery of the CCG's high level vision	1.1, 1.2, 2.1
The GB should review the skills within its executive team and consider whether these are the right combination to lead the CCG forward	3.1
The GB should address the perception that it is not supportive of those presenting at its meetings	2.1, 2.3
The GB needs to strengthen the children and young people's voice through training and support to all members, especially those with lead responsibilities, and ensure strategies are aligned to those of the Council	2.1, 3.3

Executive Team	
In this time of change (e.g. in relation to the ICS) the executive team should ensure that commissioning processes and decision-making structures for transformation programmes are clear to all.	3.2, 5.1, 5.2
The executive team needs to spend more time agreeing a shared position on key issues which are aligned to strategic intentions and communicate these consistently e.g. by emphasising alignment to the place-based plan.	3.1, 3.2
Where programmes are not delivering, there needs to be a collaborative consideration about the root cause and how this can best be unblocked.	3.2
The executive team needs to consider how their actions are perceived by staff and seek to emphasise organisational values in a deliberate and consistent way.	3.1, 3.5
The Team should build on the good work to improve staff communication to create a strategic organisational development plan which starts with values and addresses future ICS developments. This should link to individual director's appraisals and personal development plans as well as GB development.	4.1
Any sustained disagreement between individual directors needs urgent resolution, with external support if needed.	3.1, 3.5
The executive team should determine the root cause of stakeholder concerns about strategy and a strategic approach and address these.	Done through triangulation process
The team needs to understand the specific issues within the nursing directorate and draw up an organisation-wide plan, under the leadership of the Chief Nurse with a Governing Body sponsor.	3.5
A review needs to be undertaken of leadership and capacity relating to primary and community care commissioning-aligned to the proposed strategy	3.4
The role of the clinical directors should be formally reviewed to ensure they are able to achieve their potential within formal structures. Renewed efforts should be made to recruit a clinical director to lead the children and young people's programme area.	3.3

| **Human Resources Management**	
The Governing Body should review the executive management structure for HR to order to provide assurance to staff of its independence.	4.2
The Governing Body and Executive Team should create opportunities to listen to 'soft' feedback from HR.	2.1, 4.1, 4.2, 4.3
The current programmes of staff communication and staff support should be continued and developed in the context of the proposed value-based organisational development plan.	4.1, 4.4
In the short term, consideration should be given to developing a more visibly value-based approach to staff management and engagement.	4.1, 4.4
On-going attention needs to be paid to alignment with organisational values in recruitment, performance management and grievance. processes	4.3
Even more support needs to be given to staff pursuing bullying and harassment cases, especially those in junior roles.	4.1, 4.3
Partnerships and Public Engagement	
The executive team should work with partners to establish a process to thoroughly understand the issues associated with joint commissioning and new models of strategic commissioning and agree a plan to progress them.	5.1, 5.2
The CCG should not recommence the review and consultation on urgent care without further discussion with partners and full completion of the initial gateway in the NHSE Service Change Assurance Process.	3.2, 5.1, 5.2
The SPEEC should review engagement with relatives and patients regarding CHC processes, seeking views from a variety of sources, including the relatives' support group directly. If possible it should work jointly with the local authority to improve engagement with this stakeholder group, underpinned by integrated care pathways.	4.1, 5.3

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10. Appendix II

Working with you to make Sheffield
HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

Terms of Reference

Name of Committee/Group	Improvement Plan Steering Group
Type of Committee/Group	Group

1.	**Purpose of Committee/Group**
	The Improvement Plan Steering Group has been established to provide internal assurance, challenge and oversight of the successful development and implementation of the improvement plan.
	In developing the plan the Steering Group will ensure that appropriate processes are adopted to deliver robust staff/stakeholder involvement and engagement, identification of resources including financial implications and that risks are identified and mitigated.
	As the Improvement Plan is implemented the steering group will have oversight of implementation and ensure that the intended impact of the actions is being achieved.
	Ensure that the Improvement Plan is developed and agreed in line with the timescale agreed with NNS England.
	This is a time limited group for 6 months in the first instance.

2.	**Authority/Accountability**
	The Governing Body resolved to establish a Group to be known as the Improvement Plan Steering Group. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group.
	The Steering Group will operate at all times in accordance with the Governing Body's Standing Orders and Prime Financial Policies. It will ensure that it conducts its business in accordance with the principles of good governance and the Nolan seven principles of public life.
	The Steering Group will support communication of progress to ensure involvement and engagement of staff; this will be done via agreed mechanisms to ensure that there are clear messages and two-way communication. Members will work with the nominated communications lead, our Deputy Director of Communications, Engagement and Equality.

The Steering Group will be accountable to the Governing Body and report regularly to them on progress of delivery against the agreed objectives as detailed in the terms of reference.
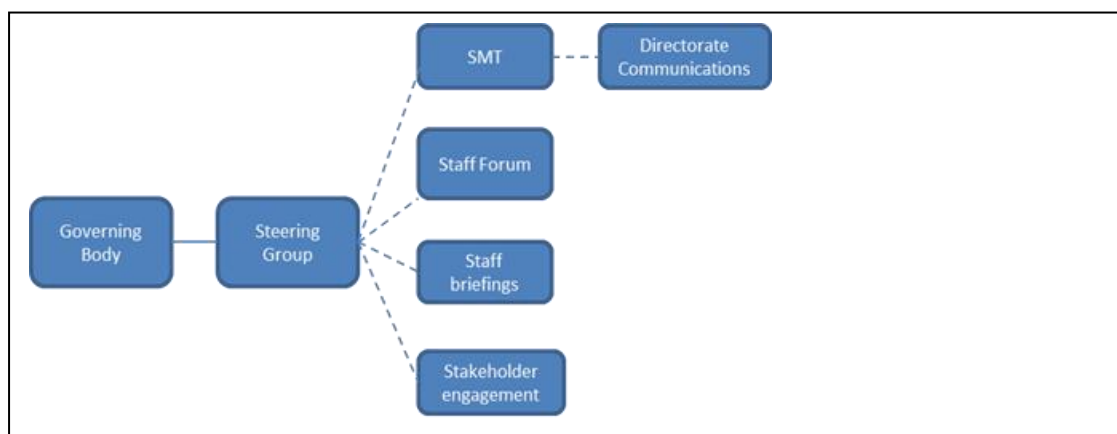
3.	**Objectives of Committee/Group**
	• For management and staff to co -produce an improvement plan that builds trust and confidence that the plan will address and deliver the issues that have been identified
	• Provide oversight of the improvement plan to ensure key themes are robust and deliverable and are clearly linked back to, and reflect, staff and wider stakeholder feedback
	• To provide timely, appropriate, sensitive, consistent and coordinated stakeholder communications/engagement
	• Identify resource implications (including financial investment) and ensure appropriate governance arrangements are in place and adhered to.
	• To provide assurance and oversight of a communication plan and its delivery, both internally and externally.
	• To ensure the actions in the action plan are SMART (Specific; Measurable; Achievable; Realistic; Timely)
	• Mitigation of risks associated with delivery are monitored via the corporate risk register
	• The Programme Management Office will monitor delivery of the plan in accordance with the CCG's normal business management processes.
	• To review the role of the Group in October 2019.

4.	Membership
	- Lay Member – Systems and Leadership (Chair) - Accountable Officer (Executive Senior Responsible Officer) - Director of Delivery – Care Outside of Hospital / Executive Lead for coordination and delivery of the Improvement Plan - Governing Body GP - Clinical Director - Independent Director of Development, Co-opted member - CHC Nurse - Staff Forum Members *(core membership to be agreed for consistency)* - Programme Management Office representative - Communications representative - Human Resources representative - Staff Side Co-ordinator - Finance Representative

5.	Attendees
	Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.
	The Steering Group will have the flexibility to invite others to attend their meetings for specific agenda items as felt appropriate. These people should be referred to as in attendance for that specific item. Minute taker should be in attendance

6.	Quorum
	GP Board Member/Lay Member Systems & Leadership (Chair)/Director of Delivery – Care Outside of Hospital/Independent Improvement Director. For Quoracy the Steering Group requires 2 of these members present. 2 x Staff Forum members 1 x other member

7.	Frequency and Notice of Meetings

	Note: Include frequency of meetings and agenda and papers
	Every 2 weeks until the end of May, then Monthly thereafter

8.	**Minutes and Reporting Arrangements**
	Note: Detail Governing Body/Committee/Group/Individual reporting to. Also state which of minutes/action points/assurance to be given to which Governing Body/Committee/Group.
	Minutes will be taken by Business Manager to Chair and Accountable Officer

9.	**Meeting Effectiveness Review**
	As part of the Governing Body's annual performance review process, the Improvement Plan Steering Group shall review its collective performance.

10.	**Review to be conducted by Committee/Group Chair**	
	Date Committee/Group established	18.3.2019
	Terms of Reference to be reviewed	26.4.2020
	Date of last review	10.4.2019

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