


<b>Date:</b>	12 <sup>th</sup> March 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	9.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Julie Warren Turnaround Director
<b>GB Lead:</b> <i>(Name, Title)</i>	
<b>Director approval</b>	Julie Warren Turnaround Director
<b>Director Signature</b>	

<b>Report Title:</b>
Governing Body 6 Strategic Priorities 2018/19 update
<b>Decisions to be made:</b>
Governing Body is asked to note <ul style="list-style-type: none"> <li>• the progress on developing the strategic priority work plans</li> <li>• the assurance through the newly established monthly Programme Delivery Board and;</li> <li>• the standard suite of documents produced to support consistent reporting.</li> </ul>

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input checked="" type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	To note <input type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
Governing Body agreed to 6 priorities for 2018/19 :- <ol style="list-style-type: none"> <li>1. Prevention</li> <li>2. Out of hospital</li> <li>3. Acute Commissioning</li> <li>4. Primary Care</li> <li>5. Vulnerable People and;</li> <li>6. Medicines management</li> </ol> <p>Each of these work areas is developing a programme plan with key milestones/ risks and delivery outcomes. These are all aligned to a committee of the Governing Body and will be reported back quarterly. On a monthly basis progress will be monitored via the Programme Delivery Board and a suite of documents have been developed to ensure consist reporting.</p>	
<b>Recommendations</b>	1 To note the progress on developing the strategic priority work plans 2 To note the assurance through the newly established monthly Programme Delivery Board and; 3 To approve the standard suite of documents produced to support consistent reporting.
<b>Report history</b>	GB Dec '17/Feb '18
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b><i>Patient, Public, Clinical and Stakeholder Engagement to date</i></b>									
	<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>		<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GB Dec '17/Feb '18 COM Feb/Mar '18
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heads of meeting Feb/Mar '18 Staff briefings

# Strategic Priorities 2018/19 update

## 1. Background

Governing Body agreed to 6 priorities for 2018/19 :-

1. Prevention
2. Out of hospital
3. Acute Commissioning
4. Primary Care
5. Vulnerable People and;
6. Medicines management

Each of these work areas is developing a detailed programme plan with key milestones/ risks and delivery outcomes. These programme plans will be presented to Governing Body in May 2018. The priorities are all aligned to a committee of the Governing Body and will be reported back there quarterly.

In order to check progress on a monthly basis these will be monitored via the Programme Delivery Board and a suite of documents have been developed to ensure consistent reporting.

## 2. Programme Delivery Board (PDB)

The PDB had the inaugural meeting 3<sup>rd</sup> April 2018 to discuss and agree consistent monitoring and reporting. The group was established to oversee the operational delivery of the priorities and to support and challenge where required. The terms of reference are attached for information (Appendix 1).

The PDB reports to the Planning & Commissioning Committee (P&CC) monthly and a highlight report will be prepared showing progress.

In order to be able to assess the programmes consistently it has been agreed to develop a single suite of documents to be completed. These will follow the HM Treasury 5 case model and the amount of detail will be dependent upon the size of the programme – small/medium and large.

It is proposed that all new schemes prepare a one page business case in the first instance that P&C committee discuss and agree. This then instigates the requirement to prepare the more detailed business case which includes key outcomes, milestones, risks and benefits.

## 3. Conclusions

Each Clinical lead and Exec are developing the detailed programme plans for the May Governing Body workshop. A number of the priority areas are establishing Project Groups including clinical input to develop the plans.

Progress is being monitored via the Programme Delivery Board monthly and reported to Planning & Commissioning Committee.

A single approach has been agreed to ensure consistency in reporting.

## 4. Recommendations

Governing Body are recommended:

- 1 To note the progress on developing the strategic priority work plans
- 2 To note the assurance through the newly established monthly Programme Delivery Board and;
- 3 To approve the development of a standard suite of documents produced to support consistent reporting.

Appendix 1

# Programme Delivery Board

## Terms of Reference

Version	Action/Amend	Author/Editor	Date
V1	Inaugural draft ToR	J Warren	21/03/18

Review date: not less than annually after initial approval

# **NHS North Lincolnshire CCG Programme Delivery Board Terms of Reference**

## **1. Purpose**

- 1.1 The CCG Programme Delivery Board will agree priorities and monitor progress against a programme of work to deliver the CCG Commissioning Strategy and Operational Plan.

The Board will review and scrutinise progress and programme delivery against the agreed strategic objectives and the outputs of the associated workstreams. This will include performance; finance and outcomes measures determined under each programme area. In particular the Board will confirm and challenge the adequacy and timeliness of remedial action in underperforming areas. Where necessary, it will effect further action.

## **2. Links and inter-dependencies**

- 2.1 The Programme Delivery Board has the following links and inter-dependencies:

- 2.1.1 Planning and Commissioning Committee (accountable);

- 2.1.2 Senior Leadership Team (monthly updates); and

- 2.1.3 CCG Commissioning Plan Operational Workstreams and other key CCG programmes of work (accountable to PDB).

## **3. Authority**

- 3.1 The Programme Delivery Board is authorised by the Planning & Commissioning Committee to investigate any activity within its Terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request they receive.
- 3.2 Subject to such directions as may be given by the Planning & Commissioning Committee, it may establish sub-groups or task and finish groups as appropriate and determine the membership and terms of reference of such. The Standing Orders and Prime Financial Policies of the CCG, as far as they are applicable, shall apply to the Programme Delivery Board and its sub-groups.

## **4. Reporting arrangements**

- 4.1 All meetings shall be summarised in the form of action notes and a record kept of all reports/documents considered.

- 4.2 The reporting arrangements to the Planning & Commissioning Committee shall be through the submission of a quarterly written report as to the progress against workstream delivery plans and an opinion of the robustness of the sources of assurance for the plans.
- 4.3 The Programme Delivery Board will also report against delivery of its remit to the Senior Leadership Team on a monthly basis\*.
- 4.4 The senior officer with responsibility for corporate governance will be responsible for ensuring that Freedom of Information requirements in relation to the Board's action notes and reports are met. The chair of the Programme Development Board will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

\* The requirement of this report will be reviewed in the light of the review of the membership of the Programme Delivery Board following three months of operation.

## **5. Membership**

5.1 The initial Membership of the Programme Delivery Board shall be as follows:

- Turnaround Director (to Chair first meeting only)
- Chief Finance Officer
- Director of Commissioning (Vice Chair)
- Head of Strategic Commissioning
- Performance and Information Manager
- Deputy Chief Finance Officer
- Head of Governance
- Quality Lead
- Head of Nursing
- Director of Primary Care
- Programme Manager New Models of Care
- Associate Director/Vulnerable People
- Medical Director
- SRO/Project Managers to attend

5.2 The membership of the Programme Delivery Board shall be reviewed following 3 months of operation. Any changes to the membership or Terms of Reference of the Programme Delivery Board must be approved by the Planning & Commissioning Committee.

## **6. Quoracy**

6.1 The quorum for meetings shall be not less than one third of the total membership (6 members) and shall include the following:

- Chair or vice-chair;
- One member from performance & information;

- One member from commissioning; and
- One member from quality / clinical governance.

6.2 If a quorum has not been reached, then the meeting may proceed if those attending agree but no formal decisions may be taken by the non-quorate meeting.

## **7. Meeting arrangements**

7.1 Meetings of the Programme Development Board shall be held monthly for the first three months, following which the frequency shall be reviewed.

7.2 Meetings shall be administered in accordance with the CCG Constitution, Standing Orders and Prime Financial Policies.

7.3 The Director of Commissioning will ensure the meeting is supported administratively, and will oversee the following:

7.3.1 Agreement of agenda with the Chair and attendees and the collation/circulation of papers;

7.3.2 Taking the action notes and keeping a record of matters arising and issues to be carried forward; and

7.3.3 An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

## **8. Confidentiality**

8.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Arrangements.

## **9. Remit**

9.1 Scrutinise progress against critical milestones for each workstream within the Annual Commissioning Operational Plan. Confirm and challenge the adequacy and timeliness of remedial steps in underperforming areas, effecting further action where necessary.

9.2 Undertake a rolling programme of detailed review of the Operational Plan workstreams and other core programmes of CCG work in order to report on their cohesiveness and sufficiency to the Planning & Commissioning Committee.

9.3 Identify and oversee risks to the delivery of work programmes and ensure these are reflected in the Corporate Risk Register or Board Assurance Framework, where appropriate. Assess the adequacy of identified mitigations.