Advisory

NHS East Surrey CCG
Review of Governance, Capability and Capacity

Strictly Private and Confidential

1 June 2018

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Yvonne Mowlds
Partner
yvonne.m.mowlds@pwc.com
T: +44 207-804-9436
M: +44 771-577-1381

Harriet Aldridge
Director
harriet.c.aldridge@pwc.com
T: +44 207-804-6160
M: +44 784-156-8995

PricewaterhouseCoopers LLP
1 Embankment Place, London WC2N 6RH

NHS East Surrey CCG
Tandridge District Council Offices
8 Station Road
Oxted
RH8 0BT

Dear Sirs

Governance Review – CCG level report

We report on NHS East Surrey CCG in accordance with our agreement dated 5 March 2018 (see Appendix 1). Save as described in the agreement or as expressly agreed by us in writing, we accept no liability (including for negligence) to anyone else or for any other purpose in connection with this report, and it may not be provided to anyone else.

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Yours sincerely,

Yvonne Mowlds

PricewaterhouseCoopers LLP

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Introduction

The CCG has had a more consistent history of financial difficulties than the other CCGs in the Alliance and has been in directions since December 2015.

PwC view

The CCG continues to struggle to achieve its own planned deficit.

Background

East Surrey CCG has a membership of 17 GP practices (circa 185,000 patients) across the districts of Tandridge, Redhill, Reigate and Horley. Acute and complex services are provided at East Surrey Hospital in Redhill by Surrey and Sussex Healthcare NHS Trust (SASH).

East Surrey CCG was placed into Legal Directions in December 2015 due to a continuing deficit and was placed in special measures in July 2016 at which point an interim AO and CFO were appointed. These were replaced in June 2017. The CCG has been through a turbulent period with changes of personnel and with the possibility in late 2017 of it being dissolved and absorbed into Surrey Downs CCG.

The CCG joined the Alliance on 1 April 2018, although talks had been ongoing for some time before that. As a result of the uncertainty about the CCGs future organisational form, before it joined the Alliance, a number of staff left the CCG and some vacancies remain within the management team and throughout the wider structure.

Historic leadership and governance

The CCG has been subject to legal directions since December 2015 as a result of financial challenges which remain ongoing. Since the legal directions were imposed there has been significant churn within the AO and CFO roles which has presented the CCG with challenges in addressing its problems.

The CCG Chair has been a constant member of the Governing Body throughout this time of continual executive leadership change.

Significant efforts have been made to address the CCG's challenges and it is acknowledged that the solution to these lies within the wider system and is not limited to the CCG's sphere of influence.

The future of the CCG has been uncertain over the last year and its decision to join the Central Sussex Commissioning Alliance was taken, after detailed consideration of other options, in order to stabilise the CCG and to strengthen its position.

Financial position

The CCG's deficit in 2016/17 was £17.3m after release of a it's 1% non-recurrent reserve of £2.1m. A cumulative deficit of £42m was carried forward into 2017/18.

In 2017/18, as at month 11 the forecast deficit was £22.4m, which is £7.4m adverse to the planned deficit of £15.0m for 2017/18.

Context of our report

Our review was undertaken in March and April 2018. East Surrey CCG joined the Central Sussex Commissioning Alliance on 1 April 2018 and our work took place while the CCG's governance arrangements were rapidly evolving to reflect the transition into the Alliance.

One feature of the Alliance is a shared Executive team across the Alliance CCGs: this management team was still forming at the time of our review.

The transition into the Alliance meant that we were reviewing an organisation and a leadership team at a time of change and uncertainty. Our findings and conclusions should be read in this context.

At a glance

PwC view

ES CCG is the newest member of the Alliance: those we met were very positive about the transition and the opportunities arising from being part of the Alliance.

There has previously been insufficient improvement in finance performance and this has been recognised by the CCG.

The CCG must develop a governance improvement plan to address the findings of this review and those of previous reviews which have not been fully implemented.

1 The CCG experienced a period of uncertainty prior to joining the Alliance and its capacity must now be renewed to address the challenges ahead.

The CCG joined the Alliance on 1 April 2018 following a period of uncertainty where it was considering a number of joint working options. The result of this uncertainty has been a number of vacant posts including in the executive team.

There is an urgent need to review the skill mix and capacity across the CCG, in the context of the Alliance, to ensure the CCG maintains sufficient focus on it's operations. For example, as at March 2018 the CCG's PMO consisted solely of one post. We understand the CCG will be looking to the combined Alliance directorates for support: given the significant challenges it is facing it will be important to formalise this support quickly.

2 The CCG is engaged with the Alliance and receptive to change.

The CCG is currently less integrated into the Alliance than other CCGs. For example it has prepared its own 2018/19 operating plan. However, we found that this CCG was the most receptive to change and to joining the Alliance. We heard positive views in interviews about the benefits of dealing jointly with SASH, plus opportunities for best practice learning and better system working. This is balanced with some concerns, in particular amongst clinicians who have been less involved in the Alliance so far.

3 Financial governance must be improved, with a focus on greater scrutiny and ownership.

There is a need to improve financial governance. In interviews we found inconsistent ownership of the financial challenge and some reluctance to engage in its solution.

The April Quality, Finance and Delivery Committee did not challenge some obvious discrepancies in the information reported and the reports received contained little analysis. We understand that the 2018/19 financial plan was debated at length in several forums but further work was required to fully develop the plan at the time of our fieldwork, specifically to address £1.5m of investments that were unsupported by business cases.

Our interviews identified a perceived recent improvement in the profile and application of risk management tools, including the value of supporting Risk Group Meetings.

4 A formal improvement plan should be developed to address actions, including those from prior governance reviews which have not been fully implemented.

The CCG had a governance review in August 2015 by KPMG and an internal review by lay members in January 2018. Overall, given the development areas we have identified, whilst the CCG has implemented some actions from these reviews, these have not been embedded into business as usual.

An action plan should be developed to implement the recommendations included in this report, and should build in the findings of external and internal reviews where relevant.

At a glance

PwC view

The CCG should improve the quality (format and content) of papers to meet the needs of users.

There is unnecessary duplication in committee attendance and papers. Committee time and attendance must be streamlined to release capacity for operational activities.

There is a lack of clarity about the roles of CCG management versus Alliance Executives, which is due in part to the CCG only joining the Alliance on 1 April. The Governing Body meeting we observed was the first since the CCG had joined the Alliance and a lack of clarity was understandable given this context.

5 There are opportunities to improve the clarity and timeliness of reports to Governing Body and committees to better meet the needs of these meetings.

We found that the reports being brought to the Governing Body do not clearly reflect the key issues being brought for discussion or decision. We were told that the CCG has not historically planned ahead for key decisions. This reduces the opportunity for robust debate and decision making in that the senior management team often only present one option which is viable in the timeframe. The layout of some reports could be improved by reviewing similar reports in other CCGs and taking on better practice.

6 Contract management and monitoring must be strengthened, drawing on skills within the wider Alliance.

The CCG does not have clear processes and controls around the management and monitoring of contracts. It has recently undergone a mediation process with SASH and has had to pay compensation on a Virgin contract.

7 The CCG took steps to hold an effective public Governing Body meeting in April by holding the private session first.

The April Governing Body meeting was the first since ES CCG joined the Alliance and a need was identified for Governing Body members to discuss some items privately before the public meeting in order to understand the impact of the transition into the Alliance.

We observed an effective private session which translated into a good public meeting at which there was effective challenge and debate in relation to the process for finalising the 2018/19 contracts and operating plan in particular.

8 We found duplication between Governing Body and sub committees, particularly the Quality, Finance & Delivery committee.

Attendance at the Governing Body and QFD Committee is similar, there is a risk of duplication on these areas, leading to a blurring of roles and weakening of accountability. Given the geographical spread of meetings and the number of attendees, duplication should be reduced to ensure effective use of time.

We observed that the same papers are being presented to several different committees leading to instances of limited challenge and scrutiny. There is a need to clarify the remit and focus of committees and the information needed to avoid duplication.

9 There is a need for Governing Body training to increase the understanding of members in relation to their roles and responsibilities.

We noted that at Governing Body meeting Directors only spoke to their items or in response to direct questions; we observed a lack of clarity about the roles of the CCG management team versus the Alliance Executive team. This was understandable given the transitional context of the meeting. Though lay member input was strong, the Governing Body would benefit from training about roles and responsibilities, including those of the Alliance, to encourage more effective challenge and scrutiny by both Executives, Lay Members and clinicians.

At a glance

PwC view
The CCG's flexible approach to joint working, through the use of Memoranda of Understanding, could be replicated across the other Alliance CCGs.

There is a need to develop clinical leadership in order to ensure corporate governance is operating effectively.

10 The constitution allows for joint working arrangements to be established via Memoranda of Understanding approved by the Governing Body.

ES is the only CCG in the Alliance with a constitutional requirement that joint working arrangements are governed by an MoU: this means that the joint working arrangements can be updated easily as they evolve. The other CCGs in the Alliance include joint working arrangements directly in their constitutions making changes administratively harder to set up and manage. The ES Surrey MoU model could be replicated across the other Alliance CCGs so that the joint working governance can evolve as the Alliance matures.

In addition, we recommend that a process of aligning the CCG constitutions is undertaken, and that this formalises consistent committee structures and reporting lines across the Alliance.

11 Clinical leads need a greater focus on non-clinical matters, in particular finance.

The CCG's 360 survey scores show a positive level of engagement with its member practices. These scores are some of the highest of the Alliance CCGs. In our view the clinical membership is well represented across the CCG's governance structure but effectiveness does not necessarily match the representation.

We observed limited engagement from clinical members, some of whom made little or no contribution to committees they attend. Engagement with clinicians generally seems to relate only to clinical matters and not other strategic issues facing the CCG.

Clinicians should be supported to understand their role, and, where necessary, provided with development opportunities to enable them to discharge their full corporate responsibilities (e.g. financial training).

Recommendations

Definitions of keys used in the report

Priority

The actions have been given a 'Priority' rating, from high to low. This reflects the degree of urgency with which we believe the actions should be addressed.

High	This is critical to the CCGs' progress
Medium	This is important to the CCGs' progress
Low	This may not have a significant impact on the CCGs' progress but should still be taken forward

Implementation Risk

The 'Implementation Risk' rating in the final column indicates the extent to which we believe the CCGs will be capable of achieving the recommended action in the recommended timeframe, taking into account any work the CCGs have already undertaken.

High	Significant concerns and/or the action is difficult to implement. Little progress has been made to date. The CCGs are unlikely to implement the recommendations effectively within the necessary timeframe without external support or additional resource.
Medium	Some progress has been made. The CCGs should consider seeking advice or support to ensure recommendation is implemented effectively.
Low	Low level of concern. Plans are already well advanced, or the action will be straightforward to implement.

Recommendations

Actions to be taken by the CCG.

- We anticipate the Governing Bodies will want overall visibility of progress against the action plan, to help assure itself that the CCG is taking and measuring the achievement of the actions.
- We have not allocated owners to actions but this is an essential first task for the CCGs in order to ensure delivery of the actions.

Ref	Area	Action	Priority	By when	Implementation risk
1	Committee structures	The Quality, Finance and Delivery Committee should be split into two separate committees to allow greater focus on the issues and to bring the structure in line with the rest of the Alliance.	Medium	July 2018	Medium
2	Improvement Plan	An improvement plan should be developed to address the key aspects of the CCGs' governance development. The CCGs should ensure: • Outstanding actions from internal audit and governance reviews are captured; • Timescales for implementation are articulated; and • Action owners are identified.	High	June 2018	Medium
3	Capability and Capacity	The CCG should take part in an Alliance-wide review of support functions (such as Commissioning and Contracting, PMO and Business Information). Recruiting to vacant appointments should be urgently addressed where Alliance-level support is not available.	Medium	July 2018	Medium
4	Organisational Development	The CCG should develop (or be involved in the Alliance level development of) an Organisational Development Plan to provide clarity over individual roles of Governing Body members. This must include clinical leadership. All clinical members should have formal objectives and appraisals. Development support should be provided to the Governing Body as a whole exploring the effectiveness of meetings, how to scrutinise performance, identify and agree action centred challenge and use of risk management tools.	High	June 2018	Medium
5	Financial governance and scrutiny	We observed lack of financial challenge and scrutiny in committees. There is a need for increased focus on: • Budget holder accountability; • Asking robust questions about assumptions and detailed figures; and • Seeking and receiving assurance over the robustness of plans.	High	June 2018	Medium

Recommendations

Actions to be taken by the CCG.

Ref	Area	Action	Priority	By when	Implementation risk
6	Papers	There is a need to improve the content and format of papers for Governing Body and committees. We recommend: • Other Alliance CCG papers be reviewed to see examples of better practice; • Paper formats should be reviewed to improve the granularity, clarity and impact of the narrative; and • Cover sheets should be introduced across all papers as an executive summary that could serve effectively as a stand alone document. These should include the key points, conclusions and actions to be taken of each paper.	Medium	July 2018	Low
7	CSU service provision	Given concerns over CSU performance, we recommend that the CCG joins an Alliance-wide effectiveness review of current CSU support. This review should include an options appraisal of alternative models for the provision of the services.	High	July 2018	Medium
8	Governing body meetings	There was feedback that Governing Body agendas do not appropriately plan for decision making. We recommend that the agendas be reviewed in terms of their prioritisation, clearly highlighting the decisions to be made and allowing sufficient time to explore alternative options where appropriate.	Medium	July 2018	Medium
9	Lay Member and Clinician effectiveness	Lay members and clinicians should meet in their peer groups more often outside of committees, e.g. before or after Governing Body meetings to compare notes, share concerns and discuss development areas. This should assist with building a strong team dynamic and facilitate stronger contributions from clinical leaders in governance meetings.	Medium	July 2018	Low

Recommendations

Actions to be taken by the CCG.

Ref	Area	Action	Priority	By when	Implementation risk
10	Risk management	The Board Assurance Framework identified strategic risks as expected. We recommend further improvements to the format and content of the BAF and CRR: • Providing a brief rationale of the assessment of each risk and the current risk rating; • Documenting mitigating controls against the initial risk assessment and outlining their impact; and • Reviewing the risk rating calculation to ensure there are no errors in the current versions of each document.	Medium	July 2018	Low
11	CCG constitution	The constitution should be aligned to the constitutions of the other Alliance CCGs. This should be done in a way to make closer working simple and timely, and to streamline Alliance-wide decision making.	Medium	July 2018	Medium
12	CCG strategy	The CCG should contribute to the development of the Alliance strategy, and ensure that representation of the CCG's local priorities is appropriately reflected.	Medium	July 2018	Medium

Main findings

Function and role

Scrutiny of operational performance takes place in a single committee which has a vast agenda and membership.

PwC view

The CCG structure is more streamlined, with fewer committees than the other CCG's in the Alliance.

The Quality, Finance & Delivery committee should be separated into two, both to ensure sufficient coverage of the agenda and to bring the structure into line with the rest of the Alliance.

Overview

We have considered the strength of the governance and reporting processes in place at the CCG.

The diagram below sets out the current governance structure. Note that meetings of the Quality, Finance & Delivery Committee (QFD) alternate between full meetings and "Finance Focussed" meetings.

The Practices Commissioning Committee is a mechanism for ensuring communication and input between the CCG and member practices. It is accountable to the Members rather than the Governing Body.

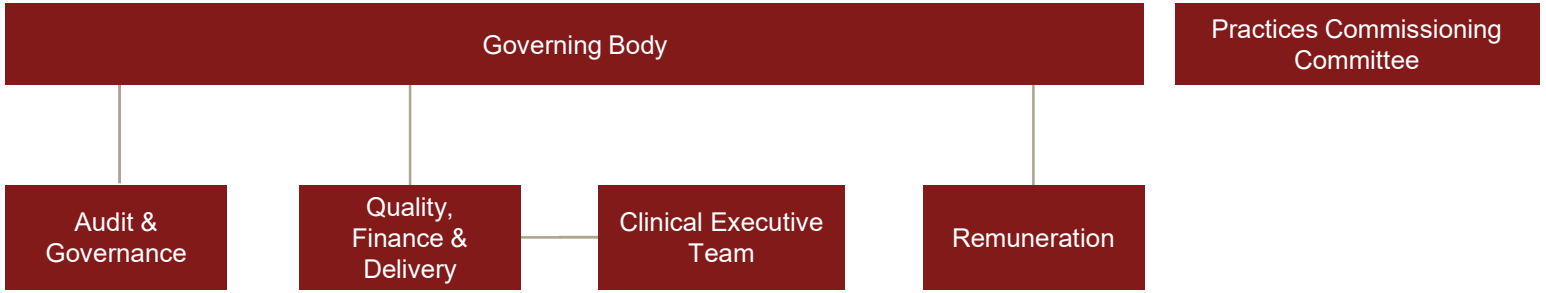
The Clinical Executive Team is a senior committee of the CCG rather than a committee of the Governing Body, comprising the Executive Team, GP members and Practice Manager Representative providing input and assurance to the QFD.

Governing Body

Membership and Skill Mix

The Governing Body membership for East Surrey CCG has 13 members comprising: the AO, a clinical Chair, three other GP members, a Registered Nurse, Secondary Care doctor (currently vacant), Chief Finance Officer, Practice Manager Representative (currently vacant), and four lay members (two being lay members for Governance).

Other attendees (non-voting) include: Chief Operating Officer, Director of Commissioning and Engagement, Director of Delivery, Head of Governance and Assurance, Director of Quality & Nursing, Director of Out of Hospital Strategy, Surrey County Council Consultant for Public Health.



Function and role

ES CCG has only recently joined the Alliance and its Governing Body is not yet fully aware of the implications of the transition for its governance arrangements.

PwC view

Holding the Part 2 meeting before the Part 1 meeting enabled some scenarios to be developed to ensure that the discussion in public was effective – this approach should be replicated across the Alliance CCGs where new/ difficult issues are being considered.

The Governing Body is not currently operating effectively: development support is needed as part of the transition into the Alliance.

Governing Body (continued)

Meetings

The Governing Body meets monthly in private and quarterly in public. In between the public meetings there are Governing Body seminars. On 4 January there was a finance focused Governing Body seminar in preparation for the Governing Body meeting on 11 January. We note that the attendees for this meeting are very similar as those for the Quality, Finance & Delivery Committee (QFD) which also holds finance focussed meetings (e.g. 30 November and 25 January). In our view this is leading to unnecessary duplication and dilutes the discussion of a lot of information at Governing Body as members have previously considered it.

Effectiveness

From a review of minutes and our meeting observation we noted good challenge from Lay Members and significant reliance on Lay Members for this. Our observation of the 19 April Board (Part 2 private meeting followed by Part 1 public meeting) noted that there was very little challenge from the executives, who only spoke on their agenda items or in response to direct questions. Some officers in attendance made no contribution to the meeting.

There were both Alliance and CCG executives presenting reports during the meeting. In some cases there appeared a disconnect between the individual presenting the report and the officer accountable for the portfolio e.g. the finance paper. It should be noted that this was the first meeting of the GB following the CCG's transition into the Alliance and we would expect increasing clarity in future meetings.

We understand that several members of the CCG's management team are interims and/ or leaving the organisation which is a factor in the low levels of engagement in the Governing Body.

In our view the Governing Body needs some development to work more effectively as a team; this should form part of an Alliance wide OD plan.

In interviews Governing Body members expressed a consistent view that management often ran out of time in presenting issues to the Governing Body leading to only one potential course of action being presented for approval as there was insufficient time to explore and develop other options. The CCG needs to ensure that sufficient time is allowed for presenting papers to the Governing Body and that options are explored in governance forums as part of the decision-making process.

The April Governing Body meeting was the first since ES CCG joined the Alliance and a need was identified for Governing Body members to discuss some items privately before the public meeting in order to understand the impact of the transition into the Alliance.

We observed an effective private session which translated into a good public meeting at which there was effective challenge and debate in relation to the process for finalising the 2018/19 contracts and operating plan in particular.

Function and role

PwC view

The Audit Committee Terms of Reference do not reflect the current membership and should be updated.

Consideration is being given to moving to an Audit Committee in Common with the other North Place CCGs. In our view this would be beneficial and provide a wider context for the consideration of issues.

The QFD Committee is duplicating the work of the Governing Body. This committee should be split into two and the membership reduced in number.

Audit & Governance Committee

Purpose

The committee's purpose is to provide the Governing Body with an independent and objective review of its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. Further, the committee should review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities.

Membership

The Terms of Reference provide that the committee should comprise at least five members including the Chair (lay member with financial qualifications and experience), at least one other lay member, two clinical members of the Governing Body and either the secondary care consultant or the Board nurse. The papers for the meeting on 29 March 2018 indicate that the membership comprises four lay members and one clinical member (not being a secondary care member or Board nurse).

Effectiveness

The Terms of Reference provide that meetings should be held at least quarterly. Meetings in 2017 were held on 9 March, 25 May, 8 June, 19 October and 14 December.

We observed a meeting of the committee on 29 March 2018. This was a well chaired committee with good discussion and challenge in a professional but relaxed atmosphere.

There was discussion about a possible move to Audit Committees in common with the other North place CCGs. In our view this would be a beneficial step, particularly given the Alliance-level internal audit plan that has been agreed for 2018/19 and the common Lay Member for Governance appointments across the CCGs in the North of the Alliance.

Quality, Finance & Delivery Committee

Purpose

The committee's remit includes the planning process and development of the Annual Operating Plan, performance and delivery against KPIs, targets, finance, quality (including clinical quality) and contracting measures, performance, key risks and actions relating to patient safety and quality.

Membership

The Terms of Reference provide that the committee should comprise at least seven members including the Chair (a Clinical Director), the CFO, Director of Commissioning and Engagement, Director of Quality & Safety, GP member(s) (acting as Clinical Lead(s)), Board nurse and at least one lay member. In practice, the minimum requirements are exceeded and attendance is similar to that of the Governing Body.

Function and role

PwC view

The Finance Report to Governing Body contains a lot of information that is poorly explained. A review of the format should be undertaken.

There were several instances of a single course of action being presented due to time constraints – there is a need to plan agendas more effectively to allow appropriate consideration of options in advance of decisions being made.

Quality, Finance & Delivery Committee (continued)

Effectiveness

The Terms of Reference provide that meetings should be held at least quarterly. Meetings are actually held more frequently and from around November 2017, at least monthly alternating between a full Quality, Finance & Delivery Committee (QFD) meeting including a monthly finance report and a "finance focussed" QFD meeting dealing solely with finance.

We observed a finance focussed meeting of the committee on 5 April 2018 mainly to discuss the Month 11 finance report and a 2018/19 planning update. As this was a finance focussed meeting, it was chaired by a Lay Member rather than a clinician. The MD for the North Place was absent and it was not clear who was deputising for her. There was good engagement throughout the meeting and all members contributed with the exception of one clinician.

There were a number of questions seeking clarification of information contained in the papers. There was also a query over the growth assumption for primary care and why this was different to the other CCGs for which an answer was not available and so had to be taken away as an action.

It was also acknowledged in the meeting that the QIPP information could have been presented in a more user-friendly format.

There was debate around whether a Business Case was needed for one of the investment items with some members expressing the view that more scrutiny was needed. There is a need to ensure the level of information provided allows for timely scrutiny in advance of decisions being made.

Reporting

Information presented to the Governing Body and committees should be used to hold management and staff to account and to support effective decision making.

Finance Report to Governing Body

The Finance Report contains a lot of detailed information but it is poorly explained and presented, making it difficult to link points together. For example, in the Month 10 report to the Governing Body on 8 March 2018, the opening statement on the summary refers to a forecast in year deficit of £23.1m but the table below it shows a different number. Several of the data tables included are not referred to in the commentary and therefore their purpose is not clear.

There would be a considerable benefit in reviewing the other CCGs' reports across the Alliance and drawing upon existing good practice formats.

Performance, Delivery & Quality Report to Governing Body

The report comprises a cover sheet (approximately five pages) setting out some highlights followed by a slide deck of around 80 pages which includes a 12 page section on planning and contracting. The performance sections are a mix of numerical data tables and tabulated commentary. There is an Appendix on quality which covers various matters for each provider but it is quite difficult to see what are the key concerns, the CCG should draw this out in narrative early on in the report and focus on the key risks.

Purpose and outcome

The CCG has its own Operating Plan for 2018/19. This differs from the other Alliance CCGs which have set a joint Operating Plan.

PwC view

The CCG is currently less integrated into the Alliance than other CCGs which is to be expected given that it joined the Alliance 3 months later than the other CCGs.

All joint working arrangements are subject to memoranda of understanding which sits outside the constitution. This is a flexible approach which should be replicated across the other Alliance CCGs.

CCG Strategy

East Surrey CCG has prepared its own operating plan for 2018/19 whilst the four Sussex CCGs in the Alliance have prepared a joint operating plan for 2018/19. This is reflective of the uncertainty of East Surrey's direction prior to joining the Alliance.

The operating plan was approved by the Governing Body in April. This document has been through a number of iterations in the CCG's committees and Governing Body. The operating plan to be submitted includes a financial plan that does not meet the control total. The Governing Body approved this approach and discussions are ongoing with NHS England in relation to the Alliance plans as a whole.

Survey respondents said that they are sighted on the CCG's strategy, which has been updated in the 2018/19 operating plan, but did not feel that this had adequately been shared with the staff. As the Alliance develops a shared strategy the CCG should use this an opportunity to engage staff in its new direction.

Constitution

East Surrey CCG's constitution has recently been updated. The changes were made in January 2018 and, on the basis of the information provided to us, have yet to be agreed by the Governing Body. The version on the website in March 2018 was dated May 2014. The CCG should publish the latest version on its website once approved.

The CCG has the expected committees, as well as a Practices Commissioning Group which elects GPs to the Governing Body and approves changes to the structure of the Governing Body. Unusually, practices have a number of votes relating to the number of patients registered. The constitution also states that the CCG has a Patient Reference Group, which is an advisory group of representatives from the Practice Participation Groups, which links with the Lay Member for PPE.

Joint working arrangements

A feature of the constitution is that joint working arrangements do not require amendment to the constitution but can be undertaken in accordance with a Memorandum of Understanding approved by the Governing Body. In our view this is a flexible approach and saves the need to formally update the constitution as joint governance arrangements evolve.

The CCG currently has joint working arrangements with the following organisations:

- Surrey Heath CCG
- Crawley and Horsham and Mid Sussex CCGs
- Surrey Downs CCG
- Guildford & Waverley CCG
- North West Surrey CCG
- Surrey County Council
- South Central & West CSU
- North East London CSU
- Practices (locally commissioned services)

Values and behaviours

The Lay Members (some of whom are common across the North CCGs) are strong but have only recently been appointed to ES.

There is a lack of clarity about Governing Body roles and responsibilities.

There is a need for an Organisational Development Plan.

PwC view

The CCG has been through an extended period of challenge and uncertainty. There is a need to stabilise and rebuild. The CCG should clarify the extent of support available from the Alliance before recruiting to existing vacancies.

Clarity of leadership roles

The Lay members we interviewed were clear about their roles but raised concerns that clinicians are less clear and are only really comfortable contributing in relation to clinical matters. Interviews with clinicians confirmed that they are unsure of their remit as members of the Governing Body and are unclear about their role in the CCG's wider corporate governance.

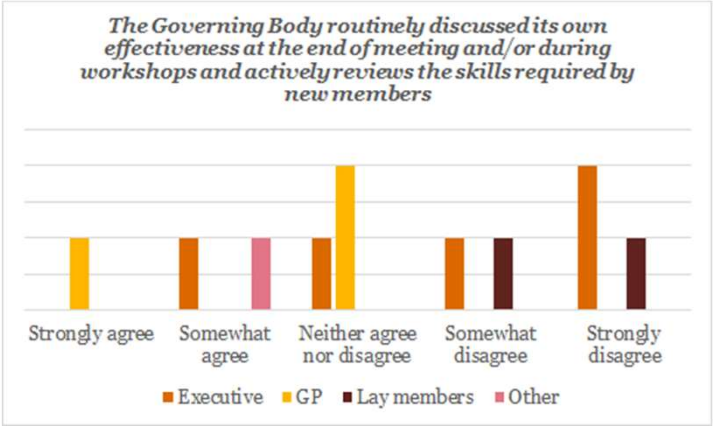
In our observation of the Governing Body we noted that clinicians only spoke on clinical related issues. Furthermore the Governing Body did not refer the operational or financial plans to the clinical groups for the clinicians, who have most influence over spending in their referrals, to assist in resolving the financial gap. In our view, clinical leadership needs to be developed at the CCG; this finding is consistent across the Alliance and clinical leadership development should therefore be delivered through an Alliance-wide programme.

Organisational development

The CCG does not have an Organisational Development Plan. We were told in interviews that there is an open culture where people feel they can seek clarification about things but we also heard there is a tendency for responses to be superficial.

The CCG has been through a period of uncertainty about its future, a lot of people have left and there have been a lot of interims. Now that the CCG has entered the Alliance, it should look to stabilise itself and recruit to vacant roles, taking into account the opportunities to work jointly with other Alliance CCGs.

In our survey there was mixed response on the level of formal evaluation the Governing Body currently undertakes. We recommend a formal evaluation programme for governance meetings to enable continuous improvement.



Support for individual GB members

Clinicians and lay members meet with the Chair regularly for 1:1s, but those we interviewed were unclear about how these sessions enable them to fully develop into their role on the Governing Body. We understand that there are appraisal processes in place for all Governing Body members.

In addition to statutory/mandatory training, there are development seminars with topics chosen by the Governing Body.

There has been little in the way of tailored training or mentoring for individuals, which some interviewees felt would be useful in assisting members to contribute fully and effectively to the development of the CCG.

Accountability and engagement

The CCG needs to be more outward looking and open to wider community engagement as well as fostering loyalty and commitment of staff at all levels.

Engagement with the wider membership is strong.

PwC view

Of the 5 CCGs in the Alliance, ES CCG is the most positive and engaged with the transition.

There is a need to address some residual tension between members of the Governing Body.

Engagement with wider membership

The CCG's 360 survey scores show a positive level of engagement with its member practices. These scores are some of the highest of the Alliance CCGs. We note that 2018 survey reports are expected to be published in the coming months.

360 survey questions	2017	2016	2015
To what extent do you have been engaged by the CCG over the last 12 months? [% for a good deal / a fair amount]	83%	83%	74%
How satisfied or dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months? [% for very / fairly satisfied]	77%	73%	65%
Overall, how would you rate your working relations with the CCG [% for very / fairly good]	83%	90%	74%

The 360 survey results were mostly supported by our interviews, where participants commented that there was good engagement from membership who are involved in the commissioning cycle. However, this was balanced by the view that the membership are primarily interested in matters that they perceive to be impacting them, therefore it is difficult to engage them in wider CCG matters. We were also told that there are few GP applicants for CCG posts.

Engagement outside of the CCG

Whilst the CCG's 360 survey score was positive for member engagement, patient and public involvement was scored poorly – only 49% of respondents being very or fairly satisfied.

Some interviewees felt the CCG has historically had a weak outwards focus, with joint working practices mostly Surrey orientated. The CCG should use the Alliance as an opportunity to be engaged in wider health system discussion, including the STP.

Working as an Alliance

The benefits of being able to work at greater scale and having a better negotiating position with Acute providers are well understood and were articulated to us consistently during our interviews. Overall the CCG was very receptive to joining the Alliance which has given some certainty in relation to the CCG's future.

We were told in interviews that there is some tension between management and clinical leaders in the CCG. We understand that this stemmed from the discussions around whether to join with Surrey Downs CCG and, subsequently, the Alliance. There is residual tension which has been further exacerbated by the changes being brought about as the CCG move into the Alliance.

These issues need to be addressed for the CCG to play a full part in the Alliance and for the Governing Body to operate more effectively.

Leadership capacity and capability

There is duplication of effort within the governance structure which is leading to frustration.

Clinical leadership is weak.

PwC view

The governance structure should be streamlined in order to reduce duplication and release capacity for operational matters.

Clinicians tend to limit their involvement to clinical matters and need development support to understand and deliver on their wider corporate role.

Leadership team overview

As of the 1 April 2018, the CCG entered the Central Sussex and East Surrey Commissioning Alliance, which is a unified management structure across five Clinical Commissioning Groups (CCGs) of Central Sussex and East Surrey– NHS Brighton and Hove CCG, NHS High Weald Lewes Havens CCG, NHS Horsham and Mid Sussex CCG, NHS Crawley CCG and NHS East Surrey CCG.

The Alliance is organised in two 'places' – the north 'place' covering the area of Crawley, East Surrey, Horsham and Mid Sussex CCGs, and the south 'place' covering the area of Brighton and Hove and High Weald Lewes Havens CCGs.

There is one single executive team for the Alliance, which includes a single Accountable Officer for all five CCGs, a North Managing Director and a South Managing Director. As a result of the CCG joining the Alliance later, there are currently no former East Surrey CCG executives on the Alliance Executive Team, although the Clinical Chair has joined the Alliance Board.

Discussions at the April Governing Body indicated some frustration by Governing Body members that issues and reports were received and discussed by multiple committees leading to ineffective discussions, as they had occurred elsewhere, taking place in some key committees.
This also leads to a duplication of effort and potentially some disengagement; Governing Body members were keen to ensure that reporting arrangements are streamlined across the CCG and noted that, as some committees start to work in common or jointly across the wider Alliance CCGs, this issue will be addressed.

Clinical leadership

The clinical voice on the Governing Body is limited as the clinical members do not fully understand their role. As stated previously, there is need to develop the clinical leadership at the CCG and this should be done through an Alliance-wide programme to ensure that the clinician members make an effective contribution to the leadership team across the whole corporate governance agenda.

GP leadership structure

GPs are involved in the Governing Body and its committees. The number of GPs sitting on these committees is as follows:

- *Governing Body* – 4 or 5 (including the Clinical Chair and depending on whether the Chair of the Practices Clinical Commissioning Group is one of the five GPs nominated to Governing Body)
- *QFD* – 3 GPs as Clinical Leads
- *Audit & Governance* – 2 (currently only 1 regularly attends)
- *Remuneration* – 1 plus the CCG deputy chair

In our view the clinical membership is well represented across the CCG's governance structure but effectiveness is not consistent. Engagement with clinicians generally seems to relate only to clinical matters and not other strategic issues and risks facing the CCG.

Leadership capacity and capability

In 2017/18 the CCG has failed to comply with its statutory financial duties. At the time of our fieldwork it did not have a credible plan for 2018/19.

PwC view

The CCG has a tendency to attribute its financial issues to external factors beyond its control. This has prevented ownership and accountability for solutions to the financial issues.

Clinical leadership (continued)

Clinical input

The CCG has a Practices Commissioning Group as part of the governance structure. The Chair of this Group is elected by the members and is a member of the Governing Body providing the clinical membership voice.

The Practices Commissioning Group meets monthly and each practice elects a representative to the Group.

Legal directions and special measures

One of the core functions of the Governing Body is to ensure that the CCG has made appropriate arrangements to exercise its functions effectively, efficiently and economically, as set out in the Health and Social Care Act.

The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with the statutory obligation, as set out in the CCG's constitution, that expenditure must not exceed the aggregate of its allocations for the financial year.

In December 2015 the CCG was placed under legal directions by NHS England. One of the requirements of the legal directions was the implementation of a credible financial recovery plan.

In July 2016, as a result of continued financial challenges resulting from undelivered QIPP efficiencies, the CCG was placed in special measures by the regulator. These measures seek to ensure accountability of CCGs to operate within their allocated financial envelope.

Managing the CCG's financial position

The month 11 forecast deficit was £22.4m, £7.4m adverse to the planned deficit of £15.0m for 2017/18. Therefore, the CCG is not expecting to meet its statutory financial duties and as a result, the external auditors will refer the CCG to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014.

A report to the April 2018 QFD identified that the 2018/19 baseline "do nothing" position was a deficit of £32.0m. The report makes it clear that the CCG considers there to be an affordability gap of approximately £8m due to its allocation; in addition to this the CCG will be unable to achieve its control total, unless a new form of contract can be negotiated with SaSH.

Our discussions with members indicated that, historically, the CCG has tended to attribute financial issues to external factors beyond its control. This has consequently led to a failure to own the problem, and its solution, within the CCG. The Governing Body must ensure that there is a culture of challenging commonly held ways of thinking and that financial challenges are not routinely externalised.

The financial challenge for 2018/19 cannot be underestimated, and the CCG needs to act rapidly to ensure plans are in place to deliver the financial 'turnaround' required. A FRP is due to be developed for the North Place, which will include ES CCG; the Governing Body must ensure that the FRP is supported by detailed plans and that delivery progress against the plan is monitored robustly throughout the year.

Financial governance

The Governing Body must ensure that financial plans are robustly scrutinised and deliverable.

PwC view

The 2018/19 plan has not been subject to robust scrutiny and challenge: this should be rectified before the final plan is submitted.

Financial planning

A report to the April 2018 QFD set out the high level planning approach and assumptions for 2018/19. The assumptions related to activity growth, tariff uplifts, non-recurrent investments and QIPP savings. The report stated:

'*Savings plans, growth assumptions and discretionary spend are being reviewed as I speak before the submission today*.'

The discussion at the meeting suggested that the members had not been through the draft plan before the meeting, and seemingly would not get another chance to review it before submission later that day. It is not clear whether the sub committee responsible for financial oversight was given sufficient opportunity to scrutinise the plan prior to submission. The QFD's review of the financial plan is an essential element of financial governance, providing the committee an opportunity to assure themselves, and subsequently the Governing Body, that the plan is robust.

At the QFD meeting we observed there was a discussion in relation to a non-recurrent investment of £1.5m into a programme for over 65s, where members debated the need for a business case, questioning the need for scrutiny of the investment. Review and approval of significant investments is an essential part of financial governance. This discussion is especially concerning given that schemes of this nature (moving activity from the acute provider to the community setting) have become cost pressures in 2017/18.

The CCG must ensure that committees are aware of their responsibility to scrutinise such issues. Where savings assumptions are based on reducing acute spend, then the committees must be assured that the mechanisms are in place to prove the associated demand reduction at the acute provider, and therefore realise the planned savings.

QIPP governance

The CCG has a QIPP Programme Board that is responsible for:

- Providing input, review and oversight of the development of the QIPP programme
- Monitoring implementation and delivery of QIPP schemes
- Monitoring the development of the QIPP scheme pipeline, and
- Discussing and agreeing how to manage key risks to delivery.

There is a Project Development Guide (September 2017) that provides step by step instructions on developing projects from idea to implementation, including links to relevant templates. The purpose of this document is to ensure there is a clear and consistent project management methodology to provide the CCG with assurance that sound business processes and governance is in place.

The document sets out the approval process for projects, as well as project team roles and responsibilities.

Financial governance

The CCG lacks capacity and capability in relation to its PMO and BI arrangements.

PwC view

There is a need for the PMO and BI resource to be urgently drawn in from the wider Alliance.

PMO

As at March 2018 the CCG's PMO consisted solely of one post, the Programme Management Office and Commissioning Business Intelligence Manager. We have been informed that the individual in post was due to leave the organisation in March 2018, after which East Surrey CCG will be part of the North Alliance PMO.

The Alliance North FRP noted one of the priorities was to integrate East Surrey CCG within the Alliance North Directorate. The proposed future PMO governance structure includes an Alliance North PMO reporting into a shared Programme Delivery Board, which in turn will report into the Alliance Turnaround Board which will be accountable to both CHMS and East Surrey Governing Bodies.

The FRP identified the actions taken to commence the integration journey of ES CCG with the other North Place CCG PMOs, including:

- Workshops bringing PMO teams together to share principles, methodology
- 'Hot desking' by PMO staff across sites to build familiarity and share intelligence
- Weekly meetings to establish future ways of working and develop processes for a unified Programme Board
- Examination of the cloud-based project management tool used by East Surrey CCG to determine whether this will be adopted across Alliance North, and
- Sharing emerging QIPP plans.

ES CCG will need to be assured that there are no gaps in controls or processes during the transition of the PMO into Alliance North PMO. It will be essential that all relevant staff are clear on changes in project management processes. In addition, the CCG must be assured that reporting of its QIPP delivery is robust from quarter 1; any lack of transparency on slippages in the QIPP programme will exacerbate the financial challenge facing the organisation in 2018/19.

Business Intelligence

As noted above, at March 2018 the CCG had a single role of Programme Management Office and Commissioning Business Intelligence Manager, and from April the functions of the PMO will be within the Alliance North PMO.

It will be vitally important that the responsibilities of the Alliance North PMO are clearly defined. East Surrey CCG must be assured that its PMO and BI function will be effectively enacted by the Alliance North PMO, otherwise there is a risk that the CCG loses visibility of the performance and delivery of its QIPP and other key projects.

Managing risk and decision making

Effective risk management policies, processes and controls are fundamentally important to the achievement of the CCG's objectives.

PwC view

The risk management policies and procedures are well designed but we have found some instances where these could be operating more effectively.

The CCG has improved its risk management arrangements but should use risk registers more to shape agendas for governance meetings.

Risk Management Policy

East Surrey CCG has a Risk Management Policy and Strategy which was approved by the Governing Body in January 2017. A review of the policy is scheduled for December 2019.

The overall aims of the strategy are clearly set out and include to:

- Ensure robust governance and risk arrangements to support the delivery of the organisation's strategic and operational objectives.
- Ensure commissioning of high quality and safe patient care and maximise the resources available for patient services.
- Develop a proactive approach to identification and understanding of risks inherent in and external to the organisation.
- Maintain a system of internal control across the organisation.

There is a clear section on accountability and roles. A risk scoring template and rating matrix is included to support officers to identify, rate and record risks in a structured manner. The policy notes the CCGs risk appetite by type of risk.

Risk Management Tools

The Risk Management Policy and Strategy identifies the key components of the CCG's risk management process as follows:

Operational Risk Register – Reported to the Risk Management Group, which is responsible for ensuring consistency across all risks entered on the risk registers and BAF, and for ensuring the CCG is operating within the agreed risk appetite framework. All operational risks are grouped under executive director leads.

Strategic Risk Register (SRR) – Reported to the following groups: Risk Management Group; Quality, Finance and Delivery Committee; Audit Committee; and Governing Body. All strategic risks are grouped under the four strategic objectives.

Board Assurance Framework – The purpose of the BAF is to provide the Governing Body with reasonable assurance that systems are in place to identify and control risks that may arise.

The policy also notes that all risks rated as "high" or "extreme" will be reported alongside the BAF for review at each meeting of the Governing Body.

We reviewed the SRR and the BAF below.

Board Assurance Framework

The BAF contains the '*Top three risks to achieving further progress towards achievement of the objective*', for the four corporate objectives of the CCG. Therefore, the BAF contains 12 risks.

The format of the BAF includes:

- The risk appetite for types of risk relevant to the corporate objective.
- An overall RAG rating towards achieving the objective.
- A narrative on the CCGs Special Measures and the relation to the corporate objective.
- Gaps in assurance and control.
- Three activities to be delivered in the next period.

Managing risk and decision making

PwC view

The Board Assurance Framework identifies strategic risks as expected. The format could be improved by providing a rationale for the risk assessment and identifying mitigating actions with target dates.

Board Assurance Framework (continued)

The BAF could be improved by providing a brief rationale of the current risk assessment of each risk, the initial risk, and a target risk rating where the activities to be delivered are linked to reducing the current risk rating. The BAF does not adequately identify mitigating actions, with defined impacts, assigned responsible officers and target dates for implementation.

In addition, good practice would be for there to be a summary of risks table, with the movement trend in the risk score and a clear visual link to the overall CCG objectives for each risk.

Strategic Risk Register

We reviewed the SRR updated most recently on 1st March 2018. There are 17 risks recorded, all with a current risk score of 12 or greater.

The format of the risk register is in line with good practice, with inherent, current and target risk scores, plus details of risk owners, controls, action plans with target dates.

For some risks it is difficult to understand the movement from original risk rating to current risk score, given the status update for many of the risks is simply the date the register was updated. For example, for ESCCG 063 (the '*Risk that SECAMB will fail to meet the required contractual obligation*'), where the current risk rating is 25 compared to an original rating of 16, yet the status update shown below fails to explain this change:

'*This risk remains unchanged. Progress against CQC requirement actions remains slow in key areas.*'

There are also instances where risk scores have been reduced but no explanation is provided. Where risk scores have been changed, there should be a clearly documented reason.

It is not possible to determine from the register whether the actions identified have been completed or are on schedule. It is also not apparent what impact actions have had, or are intended to have, on the risk rating.

We note that in March 2018 a new risk was added to the SRR; '*ESCCG 081 – The risk that the process of alignment of staffing and operational delivery resources across the Central Sussex and East Surrey Alliance North, as part of the integration process may detract efforts from delivery of QIPP and CCG strategy.*'

Use of the risk management tools

Our interviews identified a perceived recent improvement in the profile and application of risk management tools, but that there is an opportunity to more closely align the key risks to meeting agendas.

At the March 2018 Audit & Governance Meeting in Common there was a discussion of the benefit the Lay Members experienced from Risk Group Meetings, where they would discuss the risks in detail with management to ensure the BAF and SRR were up to date. As risk management processes are aligned across the Alliance, good practice such as these meetings should be incorporated to build an effective, consistent process for all 5 CCGs.

Managing risk and decision making

KPMG undertook a review of governance in 2015 and highlighted high priority areas relating to strategic focus of the Governing Body and SMT preparation for meetings.

PwC view

We have re-raised a number of findings that have been previously reported to the CCG through other governance reviews. There is a need to respond to these recommendations robustly and embed changes in business as usual.

Internal Audit

We reviewed the following Internal Audit reports from 2017/18 plan:

The Internal Audit report entitled *Review of Governing Body Assurance Framework and Risk Management* provided reasonable assurance over the adequacy and effectiveness of the CCG's governance, risk and control processes. The report did not identify any urgent action was required, but raised one "Important" finding: that the BAF had not been presented to the Audit and Governance Committee since December 2016, when the CCG's Risk Management Policy and Strategy states that the committee will receive the BAF quarterly.

A report entitled *Assurance Review of Contract Management and Monitoring – Provider Services (NHS and Non NHS)* noted that there was no policy in place for the management and monitoring of contracts at the CCG, and raised an 'Important' recommendation for a policy to be developed.

An audit of the budgetary controls identified that the controls for monitoring CCG budgets were inadequate, and raised an "Important" recommendation that members of the Finance Team meet regularly with budget holders to discuss their budget and financial performance.

The plan also included an audit of QIPP for 2017/18. This had not been finalised at the time of our fieldwork.

We observed effective scrutiny of the Internal Audit papers at the March 2018 Audit & Governance Committee, including challenge on the draft 2018/19 Internal Audit Plan where the members sought to ensure that key risk areas for the CCG are addressed.

KPMG governance review

In August 2015 KPMG reported to the CCG on:

- The effectiveness of the Governing Body
- The committee structure and flow of information
- The views of the CCGs stakeholders.

The report raised 10 recommendations; two high priority; five medium; and three low. The two high priority recommendations were:

- **Greater strategic focus in reporting –** The CCG needs a greater focus in all its reporting to ensure members of the Governing Body and other committees focus on the really important issues. The Governing Body should receive integrated performance reports that relate quality, QIPP, performance and finance, to the CCG's strategy and key challenges faced, to allow for focused debate on options for action in the appropriate committee or Governing Body.
- **SMT preparation for Governing Body –** There was not a clear and shared understanding of key priorities or the way forward amongst all members of SMT. The recommendation was for the SMT to meet as a group prior to Governing Body meetings to agree the key messages to be reported

Managing risk and decision making

The lay members undertook a review of governance in January 2018 which identified areas for development.

PwC view

An action plan should be developed to implement the recommendations included in this report, and this should build in the findings of external and internal reviews where relevant.

KPMG governance review (continued)

to Governing Body, to build a shared understanding and to support a more focused use of Governing Body time.

We have found that at Governing Body executives only spoke to their items or direct questions, which suggests that there is still not a unified vision and understanding among management.

The Governing Body receives a Finance Report and a separate Performance, Delivery & Quality Report. We have recommended that the format and content of these reports could be improved.

Overall, given the development areas we have identified in relation to Governing Body development and reporting, although the action plan following the KPMG review may have been initially implemented many of the recommendations have not been embedded in business as usual.

Internal governance review

East Surrey CCG undertook an internal review of governance in January 2018. The review included:

- A meeting between the Lay Member for Governance and Chief Finance Officer.
- Governing Body and SMT members completed a self-assessment.
- The two governance lay members assessed the outcome of the above and determined areas of focus.

The key issues raised were:

- Clarity is needed on the role and remit of the QFD in making decisions. There was a view that decisions were being made by the group that would be more appropriate for the Governing Body.
- Human Resources support to the Remuneration Committee is inadequate.
- Retrospective reporting of tender waivers to the Audit & Governance Committee.
- A need to appoint a lay member for patient and public engagement.
- Instances where key finance papers have not been circulated prior to meetings.
- There are too many meetings and potential duplication between committees.

Furthermore, as a result of this review and other concerns relating to risk management and governance, the Audit & Governance Committee have requested the following actions be taken:

- The BAF includes a status update for actions.
- Investigation to identify where Continuing Healthcare reporting occurs and to ensure the reporting lines are appropriate.
- Review of the reporting of hosted services to identify whether this can be improved.

Our work has identified many similar findings to the lay member governance review. An action plan should be developed to implement the recommendations included in this report which should also incorporate the findings of external and internal reviews where relevant.

Appendices

Contract

Harriet Aldridge
Director
PricewaterhouseCoopers LLP
By email: harriet.c.aldridge@pwc.com

Brighton and Hove CCG
Hove Town Hall,
Norton Rd, Hove BN3 4AH,

Tel: 01273 238700

Email: adam.doyle5@nhs.net
Website: https://www.brightonandhoveccg.nhs.uk/

5 March 2018

Dear Harriett,

CROWN COMMERCIAL SERVICES FRAMEWORK AGREEMENT RM3745

INVITATION TO OFFER REF 18.401 DATED 30/1/2018

PROVISION OF AN ALLIANCE WIDE GOVERNANCE REVIEW

ACCEPTANCE OF QUOTATION

The Central Sussex Commissioning Alliance comprises NHS Brighton and Hove CCG, NHS High Weald Lewes Havens CCG, NHS Horsham and Mid Sussex CCG, NHS Crawley CCG, NHS East Surrey CCG.

The contracting authority accepts your quotation submitted on 13 February 2018.

Discussions for the commencement of the service should begin immediately and I am grateful that you have made contact with Terry Willows, our Director of Corporate Affairs already in order to meet with the required timetable for delivery of the service.

This procurement activity was conducted under the Management Consultancy framework RM3745 and the framework Terms and Conditions shall apply.

Our reference for this agreement is **18.401**, please quote this number in all correspondence.

Invoices should be initially submitted to Terry Willows (terry.willows@nhs.net) for processing.

Yours sincerely

Adam Doyle
Chief Accountable Officer
Central Sussex Commissioning Alliance
Brighton and Hove CCG
Crawley CCG
High Weald Lewes Havens CCG
Horsham and Mid Sussex CCG
East Surrey CCG (Designate)

Scope & process

Scope of the review

The scope for our review, as set out in the letter of engagement, was across the five CCGs in the Alliance. This report relates only to East Surrey CCG.

The scope for our review, as set out in the letter of engagement, was as follows:

Financial challenge assessment

- Assess the way in which the financial position of the CCGs is reported, scrutinised and the extent to which effective oversight is provided.

Capability and capacity review

- Review and comment upon the capability and capacity of the CCGs' leadership to deliver its recovery plan, and
- Review and comment upon the current governance and reporting processes in place at the 5 CCGs.

For the avoidance of doubt, our financial review work is not a baseline review or an audit.

Observations conducted

During our review, we observed the following committee meetings:

Meeting	Date
HWLH CCG Governing Body	28 March 2018
HWLH Audit Committee	20 April 2018
HWLH CCG Finance & Performance Committee	21 March 2018
B&H CCG Governing Body	27 March 2018
B&H CCG Audit & Risk Committee	13 March 2018
CHMS CCGs Governing Body in Common	15 March 2018

Scope & process

Observations conducted (continued)

Meeting	Date of meeting
CHMS CCGs Finance & Contracting Committee in Common	10 April 2018
CHMS CCGs Audit Committee in Common	5 April 2018
Crawley CCG Clinical Reference Group	27 March 2018
HMS Locality Group Meeting	20 March 2018
ES CCG Governing Body	19 April 2018
ES CCG Quality, Finance & Delivery Committee	5 April 2018
ES CCG Audit & Governance Committee	29 March 2018

Interviews held

During our review, we met with the following groups and individuals:

Name	Position	Date of meeting
Alan Keys	Lay Member for PPE (HWLH CCG)	5 April 2018
Peter Douglas	Lay Member for Governance (HWLH CCG)	6 April 2018
Dr Elizabeth Gill	Clinical Chair (HWLH CCG)	28 March 2018
Dr David Roche	GP Locality Lead (HWLH CCG)	21 March 2018
Dr Sarah Richards	GP Partner (HWLH CCG)	28 March 2018

Scope & process

Interviews held

During our review, we met with the following groups and individuals:

Name	Position	Date of meeting
Jim Graham	GP Partner (B&H CCG)	4 April 2018
Jonathan Molyneux	Lay Member for Finance (B&H CCG)	20 March 2018
Malcolm Dennett	Lay Member for Governance (B&H CCG)	20 March 2018
Dr Andy Hodson	GP Partner (B&H CCG)	21 March 2018
Dr David Supple	Clinical Chair (B&H CCG)	26 March 2018
Dr Mark Lythgoe	Clinical Director of HMS CCG	4 April 2018
Dr Ketan Kansagra	Clinical Director of Crawley CCG	3 April 2018
John Steele	Lay Member (CHMS CCGs)	3 April 2018
Adrian Brown	Lay Member for Audit for HMS CCG Lay Member for Audit for ES CCG	3 April 2018
Carole Pearson	Lay Member for Audit for Crawley CCG Lay Member for Audit for ES CCG	3 April 2018
Dr Laura Hill	Clinical Chair for Crawley CCG	29 March 2018
Dr David McKenzie	GP Partner (CHMS CCGs)	29 March 2018
Dr Minesh Patel	Clinical Chair for HMS CCG	20 March 2018
Simon Chandler	Lay Member PPE for HMS CCG	6 April 2018
Dr Penny Greer	GP Partner (CHMS CCGs)	5 April 2018
Peter Nicolson	Lay Member PPI for Crawley CCG	27 March 2018

Scope & process

Interviews held (continued)

Name	Position	Date of meeting
Dr Howard Cohen	GP Partner (ES CCG)	5 April 2018
Dr David Hill	GP Partner (ES CCG)	29 March 2018
Dominic Wright	Accountable Officer (ES CCG)	29 March 2018
Dr Elango Vijaykumar	Clinical Chair (ES CCG)	26 March 2018
Adam Doyle	Chief Accountable Officer for the Alliance	16 March 2018
Mark Baker	Strategic Director for Finance for the Alliance	10 April 2018
Geraldine Hoban	Managing Director for North Place	22 March 2018
Wendy Carberry	Managing Director for South Place	22 March 2018
Terry Willows	Director of Corporate Affairs for the Alliance	22 March 2018
Glynn Dodd	Programme Director of Commissioning Reform for the Alliance	22 March 2018
Allison Cannon	Chief Nurse for the Alliance	22 March 2018
Sarah Valentine	Director of Contracting and Performance for the Alliance	23 March 2018
Antony Collins	Turnaround Director for the Alliance	23 March 2018
Pennie Ford & Felicity Cox	NHS England	23 March 2018
James Thallon	Medical Director at NHS England	14 March 2018
Rob Persey	Executive Director of Health and Adult Social Care at Brighton & Hove City Council	10 April 2018

Glossary

Our report includes a number of terms and short descriptions, which we define alongside.

Term	Definition
2013/14	Financial year ending 31 March 2014
2016/17	Financial year ending 31 March 2017
2017/18	Financial year ending 31 March 2018
2018/19	Financial year ending 31 March 2019
AF	Assurance Framework
AO	Accountable Officer
B&H	Brighton & Hove
BAF	Board Assurance Framework
BI	Business Intelligence
BSUH	Brighton and Sussex University Hospitals NHS Trust
C4Y	Connecting 4 You partnership
CCG	Clinical Commissioning Group
CFO	Chief Finance Officer
CHMS	Crawley and Horsham & Mid Sussex
COM	Commissioning Operations Meeting
CRG	Clinical Reference Group
CRR	Corporate Risk Register
CSU	Commissioning Support Unit
ES	East Surrey
FOT	Forecast outturn

Term	Definition
FRP	Financial Recovery Plan
FTE	Full time equivalent
GP	General Practitioner
HMS	Horsham & Mid Sussex
HR	Human Resources
HWLH	High Weald Lewes Haven
IMT	Image & Microscope Technology
IT	Information technology
LLP	Limited Liability Partnership
MD	Managing Director
MSK	Musculoskeletal
NHSE	NHS England
PMO	Programme Management Office
PPG	Patient Participation Group
PPI	Patient Participation Involvement
QFD	Quality, Finance & Delivery Committee
QIPP	Quality Innovation Productivity & Prevention
RAG	Red / Amber / Green Rating
SRR	Strategic Risk Register
STP	Sustainability and Transformation Plan

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