CCG REPORT COVER SHEET

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Meeting Title	**CCG Governing Body in Public**					**Date: 8 January 2019**		
Report Title:	**Chief Officer's Report**					**Agenda Item: 2.6**		
Lead Director	**Jan Thomas, Chief Officer**							
Report Author	**Sharon Fox, CCG Secretary**							
Status:	**Final**							
Report Summary	The report provides a brief update of issues to bring to the Governing Body's attention since our last meeting in public on 6 November 2018.							
Report Purpose	**For Information**		**For Approval**		**To Note**		**For Decision**	√
Recommendation	The Governing Body is asked to: • to note the Chief Officer's Report. • to note the requirements of the Preparing for 2019-2020 Operational Planning and Contracting Guidance. • to approve the appointment of the Chief Officer as the Senior Responsible Owner for the EU Exit Operational Readiness in line with Department of Health and Social Care Guidance. • to approve the pilot Committee Structure and supporting interim Governance Framework which will be operational during February and March 2019, and subject to an effectiveness review in April 2019. (Annex A). • to approve the dates for the Governing Body meetings for 2019-2020. • to formally ratify a number of statutory roles. • to endorse the work of the Clinical Executive Committee described in Section 6.							
Link to Strategic Aims	**Strategic Aim 1 – Clinical Commissioning**						√	
	Strategic Aim 2 – Patient Quality and Safety						√	
	Strategic Aim 3 – Finance						√	
	Strategic Aim 4 – Change Management and Transformation						√	
	Strategic Aim 5 – Contracts Management and Performance						√	
	Strategic Aim 6 – Organisational Development and Workforce						√	
	Strategic Aim 7 – Governance						√	
CAF Reference	**Risk**						**Current Risk Score**	
F1	Failure to achieve the financial control total agreed with NHS England						*20 (Red)*	
F1a	Failure to deliver the QIPP Plan (Finance)						*12 (Amber)*	
CMP1	Failure to deliver key NHS Constitution targets						*16 (Red)*	
CMT1	Risk to delivery of the QIPP Plan (transformation)						*20 (Red)*	
G1	Failure to deliver the CCG's Improvement Plan						*16 (Red)*	
G3	Risk to maintaining robust CCG Governance arrangements.						*16 (Red)*	
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**	√						
	IAF 2 Domain 2 - Better Care	√						
	IAF 3 Domain 3 - Sustainability:	√						
	IAF 4 Domain 4 - Leadership	√						
Resource implications								
Legal implications including equality and diversity assessment	EDS Goal 3 Empowered engaged and well supported staff and EDS Goal 4 Inclusive leadership at all levels.							
Conflicts of Interest	As recorded in the CCG's Governing Body Declaration of Interest Register.							
Report history	Produced for this meeting							
Next steps	As per recommendations							

NHS
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MEETING: **CCG GOVERNING BODY MEETING IN PUBLIC**

AGENDA ITEM: **2.6** **SECTION:** **GENERAL ISSUES**

DATE: **8 JANUARY 2018**

TITLE: **CHIEF OFFICER'S REPORT**

FROM: **JAN THOMAS, CHIEF OFFICER**

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1 ISSUE

1.1 In my capacity as Chief Officer, the report provides an overview of key issues to bring to the Governing Body's attention since our last meeting in public on 6 November 2018.

2 OPERATIONS

2.1 Finance

2.1.1 As set out in the Finance Report, at Month 8, the CCG's financial performance is £0.907m adverse to plan, which is a small deterioration since my last report to the Governing Body. Within this, acute and mental health spend continue to be significant areas of overspend due to materialisation of some of the risks previously signalled. These risks are being mitigated by pro-active management of the risk areas and use of reserves. The CCG is on track to deliver its £35.1m control total agreed with NHS England (NHSE).

2.1.2 As the Governing Body is aware, strengthening the risk management processes that underpin the CCG's Assurance Framework and Risk Register (CAF) is a key strand of the CCG Improvement Plan. Version 4 of the CAF is attached at Agenda Item 2.7. The four key operational risks which are linked to achievement of our Financial Plan remain as follows:

- Section 117 Placements
- Over-performance at Queen Elizabeth Hospital, King's Lynn (QEH)
- Discharge to Assess
- NHS Continuing Healthcare

2.1.3 The year to date QIPP performance is ahead of plan by £90k. The CCG remains confident that it will maintain this position to the end of the year.

2.1.4 We are currently concluding discussions and negotiations with the Local Authority which we anticipate will lead to a settlement on several issues. Whilst these negotiations have been difficult for all parties, it is an important moment for the CCG and we would like to thank the local authority colleagues for their continued engagement to resolve a number of long-standing issues.

2.2 Preparing for 2019-2020 Operational Planning and Contracting

2.2.1 The NHSE 2019/20 Operational Planning and Contracting Guidance was published on 21 December 2018. In summary, for 2019/20, every NHS Trust, NHS Foundation Trust and CCG will need to agree organisation-level operational plans which combine to form a coherent system-level operating plan. This will have two elements:

- An overview setting out how the system will use its financial resources to meet the needs of its population and what the system will deliver in 2019/20, which should include specialised and direct commissioning as well as CCG and provider plans. The plan should make clear the underlying activity assumptions, capacity, efficiency and workforce plans, transformation objectives (including clinical and provider strategy), risks to delivery and mitigations; and

- A system data aggregation (activity, workforce, finance, contracting), demonstrating how all individual organisational plans align to the system plan. Activity volumes in CCG plans must be matched to the volumes in their Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) provider plans and vice versa. Activity volumes for CCGs with significant out of area flows will also need to be aligned.

2.2.2 System control totals will be set for each STP and ICS. All NHS providers and CCGs must be included in the system operating plan and control total. In addition, a focus on system efficiencies are required, and there is a requirement to focus on the cost-effectiveness of the whole system, not cost-shifting between organisations.

2.2.3 This work will provide the start point for every STP and ICS to develop five-year Long Term Plan implementation plans now, covering the period to 2023/24. The full guidance will accompany five-year indicative CCG allocations in early January 2019 and will set out the trust financial regime for 2019/20, alongside the service deliverables including those arising from year one of the Long Term Plan, which will also be published in January 2019.

2.2.4 The Guidance describes how the NHSE will utilise the additional £20.5 billion of funding announced in the Autumn budget. This includes payment reform and national tariff and the financial framework for CCGs. CCGs are expected to plan against the financial control totals and to deliver a 20% reduction against the 2017/18 running cost allocation in 2021. Full recurrent savings are anticipated from the beginning of 2020/21.

2.2.5 We have been advised that a NHSE checkpoint process will be scheduled in early January, prior to provider and commissioner submissions which are expected on 14 January 2019. The Chief Officer Team is currently reviewing the document and next steps, and I will update the Governing Body at our meeting on 8 January 2019.

A copy of the full document can be found at https://www.england.nhs.uk/wp-content/uploads/2018/12/Preparing-for-2019-20-Operational-Planning-and-Contracting.pdf

2.3 EU Exit Operational Readiness Guidance

2.3.1 The Department of Health and Social Care has published EU Exit Operational Readiness Guidance which sets out the actions the health and care system in England should take to prepare for a 'no deal' scenario. This guidance covers seven key areas of activity:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access

2.3.2 The Guidance states that NHS providers and commissioners will be supported by local NHS teams to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the newly established Operational Response Centre will co-ordinate information flows and responses.

2.3.3 The Guidance requires that a Board level Senior Responsible Owner is appointed by each NHS organisation. I propose to take on this role, supported by the CCG Secretary and a Task and Finish Group to take forward the actions that Commissioners and Primary Care Commissioners need to take. In summary, these include:

- Undertaking a risk assessment of the seven key areas identified above, potential increases in demand associated with the wider impacts of a “no deal” exit and locally specific risks;

- Continuing business continuity planning, and ensuring business continuity plans across the health and care system are robust;

- Supporting providers to test business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure they are fit for purpose;

- Ensuring Communication and Escalation plans are appropriate, and reviewing capacity and activity plans, as well as annual leave and on call command and control arrangements around the 29 March 2019;

- Undertaking specific actions in relation to the seven key areas identified above;

- Reviewing resilience on data-sharing, processing and access;

- Recording costs (both revenue and capital) incurred in complying with the Guidance.

2.3.4 As Commissioners, we will need to ensure that we keep the Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards sighted on EU Exit preparation in our local health economy.

2.3.5 I will keep the Governing Body updated on progress and any risks identified as a result of the work undertaken as above. In the meantime, I propose that the Chief Officer Team oversees delivery of the work on a weekly basis.

3. GOVERNANCE

3.1 Pilot Governance Structure

3.1.1 As the Governing Body is aware, we have been in discussion regarding the establishment of a new pilot Committee structure. The rationale is as follows:

- We have no Committee focused on strategy, planning and population health, therefore we will change one of the strands of the current Clinical Executive Committee (CEC) into a dedicated Committee that considers years 2-10 in the future. This will be the Strategy and Planning Committee.

- We currently have three Committees looking at Quality, Performance and Finance – the Quality Outcomes and Performance Committee, Finance Committee and CEC. It is clear that these areas are all fundamentally linked and therefore we are proposing the creation of an Integrated Performance and Assurance Committee.

3.1.2 To support these Committees, there will be a number of enabling and delivery groups to support assurance decision-making and to provide expert advice. As part of this, we are considering how we use 'work-streams' to enable work areas to have delegated accountability for delivery. Alongside this, we are aiming to establish a Clinical Senate type function for the clinicians to make they are working together across multiple work areas to give a 'helicopter' view of our clinical programmes.

3.1.3 The Patient Reference Group will be retained. A Development Session is planned in early February 2019 when the PRG will review its current Terms of Reference and consider how it can support the CCG as we move forward into 2019/20 and beyond.

3.1.4 The Primary Care Commissioning Committee, Remuneration and Terms of Service Committee and Audit Committee are statutory Committees of the Governing Body. The Terms of Reference for these Committees have been refreshed to reflect the new Executive Team structure and are incorporated into the interim Governance Framework described below.

3.1.5 A copy of the pilot Committee Structure is included in the interim Governance Framework which also includes proposed Chairs for each Committee, the Terms of Reference for each Committee and CCG Business Cycle is set out at Annex A. The Governing Body is asked to approve the interim Governance Framework. This also incorporates a revised Scheme of Delegation for the pilot period.

3.1.6 A review of the effectiveness of these arrangements will be undertaken in April/May 2019 prior to a request NHS England to formally vary the Constitution to reflect these changes.

3.2 Governing Body Membership

The CCG Governing Body has a number of members that are coming to the end of either their first or second term of office during 2019. This includes 2 GP Members (March 2019 and September 2019) and the Secondary Care Member (March 2019). In addition, the first term of the GB Chair comes to an end at the beginning of July 2019. We will be discussing this with the Local Medical Committee and the CCG Remuneration and Terms of Service Committee about how we approach election / appointment to these posts.

When the CCG was established, the Constitution was written to reflect previous NHS Appointment Commission Guidance with a maximum of two terms for each Governing Body Member. We have spoken to NHSE who have subsequently advised us that terms of office/tenure are for local determination through individual CCG Constitutions. We will be factoring this into the discussions with the Local Medical Committee and the Remuneration and Terms of Service Committee. Any amendments will require us to go through the required process to make changes to the CCG Constitution, seeking both member practice and NHSE approval.

In addition, I have to report that Dr Susan Barrow has tendered her resignation from the Governing Body after two years and will end her term on 31 March 2019. This vacancy will be factored into the discussions described above.

I will keep the Governing Body updated on progress.

3.3 Business Cycle – Governing Body Dates 2019-2020

The proposed Governing Body dates for 2019-2020 are set out below:-

Meeting	Date
Governing Body Development Session	2 April 2019 (pm)
Governing Body in Public	14 May 2019 (pm)
Governing Body in Public (Annual Accounts)	23 May 2019 (am)
Governing Body Away Day	4 June 2019 (all day)
Governing Body in Public	2 July 2019 (pm)
Governing Body Development Session	6 August 2019 (pm)
Governing Body in Public	3 September 2019 (pm)
Annual General Meeting	17 September 2019 (late pm)
Governing Body Development Session	1 October 2019 (pm)
Governing Body in Public	5 November 2019 (pm)
Governing Body Away Day	3 December 2019 (all day)
Governing Body in Public	14 January 2020 (pm)
Governing Body Development Session	4 February 2020 (pm)
Governing Body in Public	3 March 2020 (pm)

3.4 STP Memorandum of Understanding and Governance Framework

As noted in the Clinical Executive Committee (CEC) overview below, the STP Board has asked the CCG to revisit its previous decision regarding the sign-off of the Memorandum of Understanding and Governance Framework. I am working

with the CCG Secretary to review the current position and will bring an update to the Governing Body in February 2019.

4. ORGANISATIONAL DEVELOPMENT

4.1 Executive Team Changes

4.1.1 As we move forward to 2019/20, it is essential that priorities planning and strategy far more than recent years. I have asked our current Director of Corporate Affairs to work more closely with the Chair and I on looking forward and understanding more of the NHS and political policy landscape, and how we may be impacted by them. In addition, it is essential that we build relationships and positioning with our external stakeholders to help us again get ahead on how we operate and can plan better in the future. The role will be entitled Director of External Affairs and Policy and will also include the lead for Communications. Until June 2019, other areas currently covered by the Director of Corporate Affairs portfolio will distributed as follows:

- Information Technology, Senior Information Risk Owner (SIRO) and Estates – Chief Finance Officer. The SIRO is a statutory role and the Governing Body is asked to formally ratify the transfer of this role. The deputy SIRO role will continue to be held by the CCG Secretary.
- Human Resources and Organisational Development and Emergency Planning Resilience and Response Accountable Emergency Officer (AEO) – Chief Operating Officer. The Accountable Emergency Officer is a statutory role and the Governing Body is asked to formally ratify the transfer of this role. The deputy AEO will continue to be held by the CCG Secretary.
- Corporate Governance – Chief Officer, working with the CCG Secretary.

4.1.2 Each CCG is required to have a Caldicott Guardian and Deputy Guardian. Following the appointment of the new Chief Nurse, the following changes have been made:

- Caldicott Guardian – Carol Anderson, Chief Nurse
- Deputy Caldicott Guardian – Karen Handscomb, Deputy Chief Nurse

4.2 Commissioning Capability Programme

4.2.1 Following on from the Pricewaterhousecooper (PwC) LLP Capacity and Capability Review and our Improvement and Delivery Plan, eight members of the senior leadership team have started a 12-week development programme. The programme is led by Optum and PwC LLP, and funded by NHSE. It will give us an opportunity to reflect on where we are as an organisation, develop a path to a financially sustainable position, and communicate success to NHSE. Participants in the programme are myself, the Clinical Chair, Chief Finance Officer, Chief Operating Officer, Chief Nurse, Medical Director, Associate Director – Improvement Outcomes and Acting Director of Planned and Primary Care. I will keep the Governing Body updated on progress.

5. CLINICAL EXECUTIVE COMMITTEE OVERVIEW

Set out below are some of the key issues which have been considered by the CEC since our last meeting in public.

5.1 GP Practice Visit Outcomes – CEC received and discussed a report and accompanying presentation setting out the delivery, impacts and outputs of the 2018/19 GP practice visits programme. CEC noted that CCG's Planned Care Team had coordinated and led on this year's visits to ensure a targeted focus on the Demand Management element, identifying and highlighting specific areas for improvement within individual practices. Member Practices were delivering targeted actions plans to manage their referrals, address unwarranted variation, and help to reduce demand on the acute trusts. CEC discussed the need to develop a strategy for future engagement with Member Practices.

5.2 Management of Influenza Outbreaks in Care Homes - In March 2018, CEC agreed an approach to the management of influenza type illness in care and decided not to commission a provider for the swabbing and provision of antivirals to care home residents. At this point CEC did not support the use of antivirals for both treatment and prophylaxis of influenza and many GPs were not in favour of commissioning this service. The CCG was subsequently asked to review its stance in light of further correspondence and guidance from NHSE and PHE. CEC has acknowledged that the effectiveness of antiviral medication remained the subject of professional debate given the lack of direct evidence, although there was information to support the view that use of antivirals for treatments and prophylaxis did protect vulnerable patients. The consensus was to change the original stated position on this matter, although concerns remained. A specification setting out the process for commissioning of a service that provides swabbing and antivirals for residents in care homes is now being prepared and the associated costs established.

5.3 Prevention Strategy for NHS Cambridgeshire and Peterborough - CEC received a paper on the progress made against the 2015 NHS Prevention Strategy for the NHS in Cambridgeshire and Peterborough. The paper also outlined new priority areas for action and highlighted recent information that had been provided by the Secretary of State on Prevention. While there was a recognition that all areas in the updated Strategy were important, based on local findings, hypertension; workplace health in the NHS and smoking have been identified as priorities for the NHS in Cambridgeshire and Peterborough. Further work on the Strategy and associated Action Plan is underway and will be brought back to the Governing Body at a later date.

5.4 Revised 24/7 On-Call Arrangements – The Civil Contingencies Act 2004 and the associated NHSE Emergency Planning, Resilience and Response (EPRR) Framework sets out the requirement for CCG's to operate a 24/7 On-Call Rota. With the establishment of the new CCG Chief Officer Team, CEC has agreed that the CCG moves to a two tier rota going forward – Tier 1 – Tactical (Silver) Director on Call and Tier 2 - Strategic (Gold) Commander. Alongside the in hours support and weekend support (for Winter) that is provided by the Urgent and Emergency Care Team, this will provide the additional resilience that is required to ensure the Cambridgeshire and Peterborough Health system can respond effectively and efficiently in times of crisis. Revised Terms and Conditions for the Tactical Rota

were also recommended to the Remuneration and Terms of Service Committee. The CCG's Incident Response Plan is being updated to reflect these new arrangements and will be brought back to the Governing Body in private for ratification.

5.5 **STP Board Update -** CEC received an update on the Sustainability Transformation Partnership (STP) Board which met in public for the first time on 22 November 2018. This meeting provided an overview of the work of the STP and was well attended by members of the public. In respect of the STP Governance Framework and Memorandum of Understanding, the STP Board has asked the CCG to revisit its previous decision regarding the sign-off of this document. I am working with the CCG Secretary to review the current position and will bring an update to the Governing Body in February 2019.

5.6 **IVF -** CEC noted there was a need to commence the process of review which had been agreed by the Governing Body, when making its decision around IVF in September 2017, particularly around the impact on mental health services and multiple births from abroad. It was agreed to review the Essex findings which had identified an impact on mental health services.

6. RECOMMENDATIONS

6.1 The Governing Body is asked to note the Chief Officer's Report.

6.2 The Governing Body is asked to note the requirements of the Preparing for 2019/20 Operational Planning and Contracting Guidance.

6.3 The Governing Body is asked to approve the appointment of the Chief Officer as the Senior Responsible Owner for the EU Exit Operational Readiness in line with Department of Health and Social Care Guidance.

6.4 The Governing Body is asked to approve the pilot Committee Structure and supporting interim Governance Framework which will be operational during February and March 2019, and subject to an effectiveness review in April 2019. (Annex A)

6.5 The Governing Body is asked to approve the dates for the Governing Body meetings for 2019/20.

6.6 The Governing Body is asked to formally ratify the following statutory roles:

Senior Information Risk Owner – Louis Kamfer, Chief Finance Officer
Accountable Emergency Officer – Louise Mitchell, Chief Operating Officer
Caldecott Guardian – Carol Anderson, Chief Nurse

6.7 The Governing Body is asked to endorse the work of the Clinical Executive Committee described in Section 6 above.

Author: ***Sharon Fox***
CCG Secretary
24 December 2018

Annex A **Pilot Governance Framework and Business Cycle**