

CCG REPORT COVER SHEET

Meeting Title:	CCG Governing Body in Public	Date: 14 January 2020								
Report Title:	Accountable Officer's Report	Agenda Item: 2.6								
Chief Officer:	Jan Thomas, Accountable Officer									
Clinical Lead:	n/a									
Report Author:	Sharon Fox, Associate Director of Corporate Affairs (CCG Secretary)									
Document 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 5 November 2019.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td>X</td> <td>For Approval</td> <td></td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance		For Decision	X	For Approval		For Recommendation		
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Recommendation:	<p>The Governing Body is asked to note the Accountable Officer's Report.</p> <p>The Governing Body is asked to endorse Version 5 of the Operational Delivery Key Milestones Plan set out at Appendix 1.</p> <p>The Governing Body is asked note that an additional meeting in public will take place on 5 February 2020 to receive the outcomes of the Big Conversation.</p>									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do	X								
	Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'	X								
	Objective 3 – Use data and information to prove everything	X								
	Objective 4 – Deliver the prioritised performance standards	X								
	Objective 5 – Deliver the six transformation programmes	X								
	Objective 6 – Deliver the CCG Financial Plan	X								
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF01	Risk to maintaining robust CCG Governance Arrangements	4 (Y)								
CAF02	Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England	20 (R)								
CAF09	Failure to deliver Operational Plan Objectives (excluding QIPP & Finance)	12(A)								
CAF13	Failure to prepare adequately for an EU Exit	9 (A)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	X								
	IAF 2 Domain 2 - Better Care	X								
	IAF 3 Domain 3 - Sustainability:	X								
	IAF 4 Domain 4 - Leadership	X								
Resource implications:	N/A									
Chief Officer/ SRO Sign Off:	Jan Thomas, Accountable Officer									
Chief Finance Officer Sign Off: (if required)	N/A									
Legal implications including equality and diversity assessment:	N/A									
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									

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 2.6 SECTION: GENERAL ISSUES

DATE: 14 JANUARY 2020

TITLE: ACCOUNTABLE OFFICER'S REPORT

FROM: JAN THOMAS, ACCOUNTABLE OFFICER

1 ISSUE

- 1.1 In my capacity as Accountable Officer, this report provides an overview of key issues to bring to the Governing Body's attention since our last meeting in public on 5 November 2019.

2. OPERATIONS

2.1 Overview

Set out below is a summary of issues to highlight from the Integrated Performance Report for December 2019. In lieu of a formal Integrated Performance and Assurance Committee during December, the Governing Body was briefed on these issues at our Development Session on 7 January 2020.

2.2 Finance

- 2.2.1 As set out in the Integrated Performance Report, the CCG's year to date position at the end of month 8 is £2.96m adverse to the plan. The CCG is forecasting delivery of the £75m deficit plan, but the forecast position still includes significant risks. The forecast net risk position remains at £4.4m and the worst-case net risk position is £6.6m. The forecast assumes delivery of £3.9m of financial recovery measures by year end, there is a plan in place to address this, but the actions are non-recurrent. This means that the underlying position is now a deficit of £65.3m. The CCG's financial position is still on track to deliver the £75m deficit plan, however there is still significant work to do to ensure that the financial recovery plan is fully delivered, and additional savings are identified to mitigate the outstanding risks. The Chief Officer Team continues to closely monitor delivery against the Financial Recovery Plan. Key areas of risk continue to be NHS Continuing Healthcare and prescribing.

2.3 Quality

- 2.3.1 As the Governing Body is aware, we continue to remain concerned around several quality concerns at North West Anglia NHS Foundation Trust (NWAFT). We have now received the Care Quality Commission (CQC) report which presents an overall rating of Requires Improvement. This was announced following the publication of the December 2019 Integrated Performance Report so is not referenced.

It is important to note that despite the overall rating of Requires Improvement across each of the Hospitals, overall the Trust was rated Good for Caring. The CQC referenced good feedback from patients and observed staff demonstrating compassion and kindness.

2.3.2 There are several themes identified across several services as areas for improvement including:

- Improving governance and risk management process;
- Improving compliance with mandatory training;
- Opportunities for learning - including quality improvement methodology and learning from incidents; and
- Medicines and record storage.

2.3.3 A significant concern is the rating of Inadequate in relation to the Well-Led category for Maternity and Critical Care at Peterborough City Hospital. The CCG was already working to support the Trust in improving the leadership of Maternity through the Better Births Transformation and our Chief Nurse was aware and supporting the Trust in the culture issues within Critical Care.

2.3.4 During their inspection, the CQC identified a number of areas where they believe the Trust was in breach of regulation and statutory duties and therefore served a number of Requirement Notices in urgent and emergency care, critical care, maternity and end of life care at Peterborough City Hospital, and urgent and emergency care at Stamford and Rutland Hospital. The Trust had not made the CCG aware of this prior to the report being published. A formal request had been made today for a copy of the Requirement Notices and subsequent action taken by the Trust.

2.3.5 The report is complimentary in relation to the Executive leadership with staff identifying that the leaders are visible and approachable. The CQC also reported that areas of improvement in relation to the Executive leadership that had been identified in earlier reports had been actioned. The Trust is required to submit a formal action plan to the CQC. Our Chief Nurse has formally requested sight of their action plan prior to submission to the CQC. We will share this with the Governing Body.

2.3.6 Our Quality Team continues to work closely with our Primary Care Team to support several Member Practices who have been rated Inadequate or Requires Improvement. Detailed reports are provided to the Primary Care Commissioning Committee, who have now approved a Primary Care Quality Assurance Framework which is presented elsewhere on the Governing Body Agenda.

2.4 Performance

2.4.1 We continue to monitor performance issues through the Integrated Performance and Assurance Committee. Of note this month, I would draw the Governing Body's attention to the following issues which have required Executive oversight:

- the impact of Patient Administration System upgrade and data validation at NWAFT;
- cancer 62-day performance at NWAFT;
- A&E performance and ambulance handover delays particularly at Peterborough City Hospital and Queen Elizabeth Hospital, King's Lynn;

- patient concerns regarding a backlog in Dermatology at CUHFT;
- five months of adverse trend for access to some CAMHS services provided by CPFT; and
- dementia diagnosis performance rates.

The actions and mitigations to address these issues are described in detail in the Integrated Performance Report.

2.5 Delivery

- 2.5.1 Set out at Appendix 1 is the latest version of the Operational Delivery Key Milestones Plan which has been updated to the end of Quarter 3. As set out in the Plan, good progress has been made on several key milestones which are now completed. There are several operational milestones which have been delayed and deadlines have been extended or revised including changes in national timetables for delivery, capacity to deliver in some areas and milestones which also rely upon partner / stakeholder input. Exceptions at Quarter 3 are reported at Appendix 1 to the Plan.
- 2.5.2 Revised deadlines have been approved by me as Accountable Officer. The Operational Delivery Key Milestones Plan continues to be monitored by the Oversight and Governance Group, and the Chief Officer Team.
- 2.5.3 As I reported in November, we have now commenced on operational planning for 2020-21 and aim to have our Operational Plan including key milestones drafted by the end of January 2020. I will keep the Governing Body updated on progress.

2.6 Meeting with Ann Radmore, Regional Director, NHSE/I

- 2.6.1 On 16 December 2019, Ann Radmore, Regional Director of NHSE/I came to meet the Chief Officer Team and some members of the Senior Leadership Team. A copy of the presentation we gave is attached at Appendix 2. The meeting gave the CCG the opportunity to present an overview of the CCG's work and some of the excellent work that is taking place across areas such as Mental Health, Prescribing, Continuing Healthcare, Research and Development and Delayed Transfers of Care. Alongside this, we provided an overview of the BIG Conversation work, emergency planning, resilience and response, ensuring good governance and robust financial and performance monitoring and reporting. This was a very positive meeting, and we continue to develop close working relationships with the new Team at NHSE/I through our monthly oversight meetings.

3. URGENT CARE COLLABORATIVE & PILOT UPDATE

3.1 Urgent Care Collaborative

- 3.1.1 The Urgent and Emergency Care Collaborative is 12 local providers working together to develop proposals which will deliver a new more joined up 24/7 urgent care service in 2020/21. The CCG and Collaborative have co-produced a service specification and are now working on a draft outcomes' framework.

The Collaborative is developing its medium-term service proposals and how providers will work effectively together as a partnership through an agreed process with the CCG.

- 3.1.2 The scope of the programme is all out of hospital urgent care services including 111, GP out of hours, minor injuries and illness services, GP streaming in the Emergency Department (ED), and primary care extended hours. It is important to emphasise the cultural and behavioural changes which are emerging now as the collaborative of providers work more proactively together to tackle local challenges now and in the future.
- 3.1.3 Following a stock-take of progress in August 2019, the programme has gathered pace. Local providers have signed declarations of intent to work together, formed a 'board' which is meeting fortnightly to oversee the work, refined the scope, and submitted an outline of their vision for transformed urgent care.

3.2 Service Model Pilots

- 3.2.1 Work is taking place currently to develop and test new urgent care pathways, booking technology and their impact on ED and patient experience. The first model pilot started on 4 December 2019 with 111 in ED at Hinchingsbrooke Hospital, with strong joint working between North West Anglian Foundation Trust, Herts Urgent Care (111 provider), the CCG and other partners to set up the new service. Walk-in patients are now assessed by a 111 Clinical Advisor in ED. Where they are appropriate for primary care, an on the day appointment is directly booked in their registered GP practice or GP out of hours service. The patient may alternatively be advised on self-care or directed to the standard ED pathway depending on their condition.
- 3.2.2 The first phase is operating 3pm to 11pm Sunday - Thursday, and the second phase will start on 7 January 2020 with the service running from 10am to 10pm 7 days a week. Activity for the first 3 weeks of the pilot is shown in the table below:

Total No. ED Attendances (in scope during operating hours)	257
Total No. Triage via NHS 111 Reception Point	48
Total No. Patients streamed offsite	30
% Patients triaged streamed offsite	62.5%

- 3.2.3 It is expected that the number of patients going through the reception point alternative pathway will increase as the service beds in, Clinical Advisors gain experience, and ED staff grow more accustomed to the criteria. No patients have refused their alternative dispositions so far. Patients under 5, or with mental health needs, or with a clear urgent need for ED treatment do not go through the alternative 111 reception point pathway. Monitoring is in place and work with Healthwatch to capture patient experience is in progress. The intention is also to test a slightly different approach at Cambridge University Hospitals NHS Foundation Trust which will enable ED front door streaming clinicians to use the 111 call centre to rapidly secure directly booked appointments in a patient's registered GP practice or the GP out of hours service. We are already seeing organisations working together more collaboratively to manage winter pressures and flexing staffing where there is the most benefit to patients

4 EU EXIT PLANNING

- 4.1 We have now stood down the planning and preparation for a potential no deal exit on 31 January 2020. There is considerable learning that we can take locally from the process, and I have asked our Senior Responsible Owner (SRO) for EU Exit to ensure that this is captured and factored into our general resilience planning and preparedness arrangements.
- 4.2 I would like to acknowledge and thank the CCG's SRO and Operational Lead who together CCG's EU Exit Task and Finish Group have ensured over the last year that we were compliant with the Organisational Readiness Guidance. I would also like to acknowledge the excellent co-operation across Cambridgeshire and Peterborough Local Health Resilience Partnership to ensure system readiness. This has been a really good example of strong partnership working as we managed the system risks of a potential no deal and mirrors the overall NHS preparedness which has been recognised nationally.

5. STRATEGY

5.1 The BIG Conversation

- 5.1.1 As the Governing Body is aware, the BIG conversation aimed to encourage local people to share their views on NHS healthcare services in Cambridgeshire and Peterborough to enable us to create a set of principles that can be used to inform our commissioning decisions in the future. It was a listening and engagement exercise, not a formal consultation. The exercise closed on 20 December 2019.
- 5.1.2 I am pleased to report that in total we received 5,728 responses to our survey (which included 644 paper responses), plus hundreds of short comments via social media. We are in the process of reviewing all the quantitative responses and qualitative comments made, as well as analysing the overall reach of the campaign. From our initial assessment, the question that generated the most conclusive response was question four, with 93% of people agreeing that we should only prescribe items that cannot be purchased over the counter to enable the money to be spent on other healthcare services. A full report setting out the findings will be presented to an additional Governing Body meeting in public on 4 February 2020.

5.2 The BIG Conversation with Primary Care

- 5.2.1 We have launched a new engagement campaign – the BIG Primary Care conversation – to develop a deeper understanding of the challenges, requirements and ideas our Primary Care colleagues have for the future of healthcare provision in our area. Primary Care sees 90% of all patients and is almost always the first point of contact for our patients, so it is an incredibly important element of the local system that we need to ensure we are providing the right support to.
- 5.2.2 The campaign will run for two months, with local events being held across the area (in Cambridge, Ely, Huntingdon, March, Peterborough, Royston, St Neots and Wisbech) and an online survey to gather views from as many of our Primary Care colleagues as possible. I have also made a commitment to meet with Primary Care Network Clinical Directors over the next couple of months, alongside several 1-2-1 meetings with other Primary Care colleagues, before bringing back the

feedback and our initial ideas to our GP Members Meeting on 27 February 2020.

6. GOVERNANCE

6.1 Constitution

We received notification on 5 December 2020 that NHS England/Improvement have now approved the CCG's request to vary the Constitution. All amendments have now been incorporated into the document which has been published on the CCG's website, together with the new Governance Handbook.

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=4360&type=0&servicetype=1>

6.2 Governing Body Membership

As the Governing Body is aware, we will have two GP Member vacancies at the end of March 2020. These are Dr Adnan Tariq who is coming to the end of his first term, and Dr Mark Brookes who is coming to the end of his second term. In line with the CCG's Constitution, we have commenced the process to fill these two vacancies. The process and timeline have been confirmed with the Cambridgeshire Local Medical Committee (LMC), who will receive nominations and run the election process.

Call for Nominations to be received by the LMC.	3 January 2020 for 3 weeks Close on 12 noon on 24 January 2020
Election Process to be run by the LMC.	31 January 2020 for 3 weeks Close on 12 noon on 21 February 2020
LMC to advise on outcomes to CCG and agree approach for communicating out to Member Practices	24 February 2020
Outcome to be reported to the Governing Body via the Accountable Officer Report, seeking formal ratification.	4 March 2020
Terms to commence.	1 April 2020 for 3 years

7. RECOMMENDATION

7.1 The Governing Body is asked to note the Accountable Officer's Report.

7.2 The Governing Body is asked to endorse Version 5 of the Operational Delivery Key Milestones Plan set out at Appendix 1.

7.3 The Governing Body is asked note that an additional meeting in public will take place on 4 February 2020 to receive the outcomes of the Big Conversation.

Author: Sharon Fox
Associate Director of Corporate Affairs (CCG Secretary)
7 January 2020

Appendix 1 Operational Delivery Key Milestones Plan – Version 5

Appendix 2 Presentation to NHSE/I Regional Director