

CCG REPORT COVER SHEET

Meeting Title:	CCG Governing Body in Public	Date: 4 February 2020								
Report Title:	Accountable Officer's Report	Agenda Item: 1.4								
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 14 January 2020.									
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		
For Assurance		For Decision	X	For Approval		For Recommendation				
Recommendation:	The Governing Body is asked to note the Accountable Officer's Report. The Governing Body is asked to formally ratify the appointment of Dr Mark Brookes and Dr Adnan Tariq as GP Members on the Governing Body.									
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: 1.4 SECTION: GENERAL ISSUES

DATE: 4 FEBRUARY 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 14 January 2020.

2. OPERATIONS

2.1 Overview

Set out below is a summary of issues to highlight from the January 2020 Integrated Performance Report which was presented to the Integrated Performance and Assurance Committee on 28 January 2020.

2.2 Finance

- 2.2.1 The CCG's year to date position at the end of month 9 is £2.74m adverse to the plan. The CCG continues to forecast delivery of the £75m deficit plan, but this position still includes significant risks. The forecast net risk position remains at £4.4m and the worst-case net risk position is £6.8m. The forecast assumes delivery of £4.7m of financial recovery measures by year end, there is a plan in place to meet this but the actions are non-recurrent. This means that the underlying position is now a deficit of £67.4m. 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.

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). As I reported on 14 January 2020, the Trust is required to submit a formal action plan to the Care Quality Commission. The CCG has had assurance that all Must Dos in relation to breaches in regulation are being addressed. The full action plan is anticipated in February and our Chief Nurse will present this to a future meeting of the Governing Body.

2.4 Performance and Delivery

2.4.1 We continue to monitor performance issues through the Integrated Performance and Assurance Committee. Issues that continue to require Executive focus include:

- the impact of Patient Administration System upgrade and data validation at NWAFT. This has affected the ability for the CCG to monitor and identify issues within the Trust and verification of potential 52 week wait breaches. This continues to require Executive oversight;
- 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 to a backlog in Dermatology at Cambridge University Hospitals NHS Foundation Trust (CUHFT);
- five months of adverse trend for access to some Child and Adolescent Mental Health (CAMH) services provided by Cambridge and Peterborough Foundation Trust (CPFT); and
- dementia diagnosis performance rates.

2.4.2 In relation to Delayed Transfers of Care, we have seen some variations in performance post-Christmas, specifically at CUHFT with significant challenges generated from the Integrated Discharge Service. However, flow through all pathways has been maintained, although care home discharges have been slow through the holiday period this has now resolved. To support the system during times of surge there has been additional capacity provided in intermediate health and social care beds, health care and third sector bridging as well as flexible use of community and primary care teams in delivery of 'pull' models of discharge.

2.4.3 The Cambridgeshire & Peterborough system-wide Accident & Emergency Delivery Board (AEDB) was successfully launched on 19 December 2020, with two System Resilience Groups (SRGs) aligned to North and South. An embedded Winter Room approach was piloted during w/c 6 January 2020, followed by a formal launch with NWAFT on 13 January 2020. The CCG now provides onsite support to the NWAFT Winter Command Team, based at Peterborough City Hospital. New refocused System Escalation Calls were introduced from 30 December 2019. System Calls are no longer daily, instead scheduled only when required to discuss systemic operational and emerging risks.

2.4.4 As reported at the last meeting, an NHS 111 Reception Point pilot was launched at NWAFT on 5 December 2020. The NHS 111 Reception Point pilot is testing the use of NHS 111 Pathways triage in A&E at Hinchingsbrooke. The pilot educates patients on the use of NHS 111, as well as using the direct booking functionality in NHS 111 to divert patients off site with a confirmed appointment or with self-care advice.

3. STRATEGY

3.1 The BIG Conversation with Primary Care

As I reported last month, 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. The campaign is running for two months and includes local events, meetings with primary care colleagues and an on-line survey.

Key themes that have emerged from the campaign to date include delivering joined up two-way communications and engagement processes; providing better support to practices around governance and Care Quality Commission inspections; financial resources; support in recruitment and retention and the need for time out to think. Other issues include the significant workload around mental health services, hospital and urgent care and the evolving role of Primary Care Networks and how we commission GP Federations. There is also a clear need to improve both our reputation amongst our Member Practices and rebuild our relationship with them. I will keep the Governing Body updated on progress and will feedback following the GP Members meeting on 27 February 2020.

4. Governing Body Membership

4.1 GP Governing Body Members

The CCG has completed its call for nominations to fill the two GP Member vacancies which will occur at the end of March 2020. Following this process, the CCG has received two nominations:

Dr Adnan Tariq
Dr Mark Brookes

There is no requirement for an election process as both candidates are eligible to fulfil these roles in line with our Constitution. I would therefore ask the Governing Body to formally ratify their appointment to the Governing Body for a three-year term. This will be from 1 April 2020 to 31 March 2023.

I would like to thank the Cambridgeshire Local Medical Committee for their support in facilitating this process.

4.2 Secondary Care Doctor

As the Governing Body is aware, we have been recruiting for a Secondary Care Doctor to fill the current vacancy. To date, we have been un-successful and we are now working with NHSE/I to address this. In the meantime, I am pleased to advise that Dr Christopher Scrase has agreed to continue in the role until 31 March 2020. I will keep the Governing Body updated on the recruitment process.

5. RECOMMENDATION

- 5.1 The Governing Body is asked to note the Accountable Officer's Report.
- 5.2 The Governing Body is asked to formally ratify the appointment of Dr Mark Brookes and Dr Adnan Tariq as GP Members on the Governing Body.

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