

CCG REPORT COVER SHEET

Meeting Title:	CCG Governing Body in Public		Date: 8 September 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, Director of Governance (CCG Secretary)			
Document Status:	Final			
Report Summary:	This report provides an overview of key organisational and governance issues to bring to the attention of the Governing Body in my capacity as Accountable Officer of Cambridgeshire and Peterborough CCG. The CCG continues to co-ordinate the Cambridgeshire and Peterborough Health System's response to the Covid-19 National emergency. This report also provides a short update on the status of Covid-19 incident and our progress towards recovery, both across the system and from a CCG perspective.			
Report Purpose:	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 endorse the Corporate Objectives for 2020-22.			
Link to Corporate Objective: (Note these are under review for 2020/21)	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	Impact on the delivery of health services as a result of the Covid-19 Pandemic and further risk of a second wave of Covid-19 Pandemic occurring in the CCG area post relaxation of national lockdown measures.			25 Red
CAF07	Risk to not achieving key performance targets due to ongoing impact of Covid-19 Pandemic			16 Red
CAF08	Risk to maintaining robust CCG Governance Arrangements			8 Amber
CAF09	Failure to achieve the 2020/21 planned deficit and system control total agreed with NHS England / Improvement			16 Red
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:	Louis Kamfer, Deputy Accountable Officer			
Chief Finance Officer Sign Off: (if required)	N/A			
Legal implications including equality and diversity assessment:	N/A			
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy and 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: 8 SEPTEMBER 2020

TITLE: ACCOUNTABLE OFFICER'S REPORT

**FROM: JAN THOMAS, ACCOUNTABLE OFFICER
TO BE PRESENTED BY LOUIS KAMFER,
DEPUTY ACCOUNTABLE OFFICER/CHIEF FINANCE OFFICER**

1 ISSUE

- 1.1 This report provides an overview of key organisational and governance issues to bring to the attention of the Governing Body in my capacity as Accountable Officer of Cambridgeshire and Peterborough CCG.
- 1.2 The CCG continues to co-ordinate the Cambridgeshire and Peterborough Health System's response to the Covid-19 National emergency. This report also provides a short update on the status of Covid-19 incident and our progress towards recovery, both across the system and from a CCG perspective.

2. OPERATIONS

2.1 Integrated Performance Report

2.1.1 I am pleased to acknowledge the continued work done by the Business Intelligence and Performance Teams to develop a revised Integrated Performance Report (IPR). We have had positive feedback that this is more user friendly and provides a very clear overview of finance, performance and quality in Cambridgeshire and Peterborough.

2.2.2 The Report is presented at Agenda Item 4.1 to the Governing Body Agenda.

2.2 Finance

2.2.1 As I reported in July, NHSE/I issued an initial allocation to the CCG of £441.6m to fund months one to four expenditure. Retrospective allocations for months 1 to 3 have been issued by NHSE to fund Covid-19 spend (£9.7m), the Free Nursing Care (£0.8m) additional 2019/20 payment and the month 3 overspend (£0.6m), total £11.2m.

2.2.2 Previous financial guidance relating to managing Covid-19 is still in place. In summary, this guidance:

- Suspended financial planning and contracting with NHS organisations for 2020;
- Set monthly block values for CCGs to pay to NHS providers;

- NHSE/I contracted directly with independent sector providers, so CCG contracts and payments stopped;
- CCGs to continue to contract with Non-NHS providers; and
- A new rapid discharge process was established that meant there were no new NHS Continuing Healthcare assessments and all discharged patients were to be funded by the NHS.

2.2.3 All CCGs are expected to break even over this four month period. At Month 3, the CCG reported a year to date £4.6m deficit and a forecast deficit of £9.6m. A retrospective Month 3 Allocation was issued by NHSE in Month 4 for £4.6m which brought the CCG back to a year to date breakeven position.

2.2.4 At Month 4, the CCG is reporting a deficit of £6.1m against the updated allocation. Our Regulators are currently reviewing this variance and a further retrospective allocation adjustment will be made for those that they deem reasonable. Please refer to the Finance Section of the IPR for more detail. The Chief Finance Officer will provide a more detailed overview at our meeting in public.

2.3 Performance and Delivery

2.3.1 Section 2 of the IPR (Page 20 onwards) provides a detailed summary of performance across the system. It also describes the impacts of Covid-19 and how the system is working together to implement our Recovery and Restoration Plan to ensure that we can start to deliver our constitutional standards.

2.3.2 Areas of focus for August and September are set out below and described in more detail within the IPR.

- **Cancer services:** bring activity and performance back to pre – Covid-19 levels
- **Diagnostics:** managing the waiting list and understanding the capacity gap, reviewing and developing options appraisal for the delivery of direct access diagnostics
- **Restarting services:** community and clinical priority services
- **Elective Activity:** Access to all services have now been restored and activity recommenced. The focus has been reduction of waiting lists and regaining pre-Covid levels of activity and performance (within the constraints of existing infection control protocols)
- **Managing long waits (40 and 52 week):**
 - Assurance on clinical review and risk assessment process, working towards system oversight and management of waiting lists
 - Utilisation of all available Independent Sector capacity
 - Alignment of all community diagnostic capacity and contracts to Acute Trust delivery to assist with waiting list reduction

2.3.3 The last IPR was not able to present data in relation to primary care as May 2020 data had not yet been published. Since then, June 2020 data has been published. There was a 19% reduction in appointments (all types) in June 2020. This is likely driven by 100% telephone triage which has meant less face to face or remote consultation appointments were required i.e. the doctor was able to give self-care advice on triage call which are not counted as appointments in most practices (31% reduction in previous month). 43% of appointments happened via telephone or on-line in June compared to 41% in May 2020. The 226,279 Same-day appointments in June 2020 is a 5% increase on pre-Covid levels (April 2019 – February 2020).

2.4 Quality

- 2.4.1 As we have previously discussed, the CCG continues to remain concerned regarding quality at North West Anglia NHS Foundation Trust (NWAFT). We remain concerned about incidents and the reporting of diagnostics. A 'deep dive' is being undertaken which will be discussed with the Trust and Restoration and Recovery Domains 2 & 3. The CCG has met with NWAFT to discuss concerns with the Cancer 104 day pathway and the Quality Team is working with the Trust to ensure recovery. The CCG is awaiting the formal Action Plan. In response to the concerns regarding maternity services highlighted in the Care Quality Commission Report, NHS England recently undertook a visit and review of maternity care at the Trust. Once received, the Report will be discussed in detail at the next Integrated Performance and Assurance Committee.
- 2.4.2 The Chief Officer Team remains concerned around the risks and impacts of the Covid-19 pandemic has on quality and clinical outcomes, aligned to the pace of recovery in areas such as Cancer, diagnostics and the management of long waits. The importance of strong and collaborative working across the system is essential to delivering our recovery and restoration. The Cambridgeshire and Peterborough Joint Clinical Group continues to advise Health Gold and System Leaders on clinical risks and issues.

2.5 Winter Planning

- 2.5.1 We are in the process of completing the Cambridgeshire and Peterborough System Winter Plan for 2020/21. The Plan will be presented to the Integrated Performance and Assurance Committee on 29 September 2020 and will also be brought to the Governing Body.

3. COVID-19 RECOVERY AND STABILISATION

- 3.1 As I have previously reported, there are four phases defined regarding the Covid-19 response and subsequent recovery and restoration. These are set out below:

Phase 1	April 2020	Immediate Covid response in healthcare settings, care homes and the community.
Phase 2	May – July 2020	Continued response to Covid whilst beginning to reintroduce some essential services.
Phase 3	August 2020 – March 2021	Continued response to Covid whilst reintroducing more services.
Phase 4	April 2021 onwards	A new 'normal' where the system has the ability to treat and care for those with Covid whilst providing all other necessary services. (At this point we hope to have a better understanding of the disease.)

- 3.2 At our Governing Body Development Session in August 2020, we discussed a letter from Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer dated 31 July 2020 which confirmed the reduction in the NHS National Incident level from 4 to 3. The letter also set out expectations in relation to the next phases of recovery and required a return of activity to "near normal" levels, with clear expectations of activity to be achieved across points of delivery from August 2020 through to October 2020. The Phase 3 requirements also set out a series of actions to address health inequalities at a system level, the work required to develop our response to the NHS People Plan and to ensure our preparedness for winter.
- 3.3 We have completed our next system-wide submission on 1 September 2020 and should receive initial feedback from our Regulators on 9 September 2020 and in the meantime, work continues to refine our Plans. I will keep the Governing Body updated on progress.
- 3.4 In relation to the NHS People Plan, work is continuing to develop this for both the CCG and the system. The Chief Officer Team received an early draft of the CCG and system-wide Plan which is now being refined. The Plans will be presented to the next Remuneration and Terms of Service Committee. In the meantime, I have attached at Annex A, a briefing for Boards on the key requirements for the NHS People Plan for the Governing Body's information. As part of the NHS People Plan, it is recommended that a Board Level Wellbeing Guardian is appointed. The Chief Officer Team has recommended that this forms part of an existing Lay Member role. I have asked our Chair to discuss this further with our Lay Members at their next meeting, ahead of making a formal proposal to the Governing Body.
- 3.5 As well as our focus on recovery, we are required to maintain our Incident Response, and ensure that we have robust arrangements in place, if there is a further peak in Covid-19 cases, or a second wave. The CCG continues to chair the system-wide Health Gold meeting of Chief Executives and Accountable Emergency Officers across the health system, and to co-chair the Cambridgeshire and Peterborough Local Resilience Forum Strategic Co-ordination Group. We continue to ensure we have the right resources in place to man our Incident Co-ordination Centre function seven days a week. This will enable us to respond to the Joint Operations Model that is being put in place which at Regional level will oversee the continued response to Covid-19, Winter Preparedness and our Winter Plan, Urgent and Emergency Care and planning for EU Exit.

4. CCG CORPORATE OBJECTIVES 2020/22

- 4.1 The Governing Body is asked to approve the CCG's Corporate Objectives for the next two years which are set out below.



Ensure everyone has the opportunity to improve their health and wellbeing.



Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities



Focus time and resources on areas where people receive most of their health and care services, the community.



Facilitate organisations to join forces at 'place' and offer 'patient first' well-coordinated efficient services to those who need them.



Deliver our statutory financial commitments as best as possible.

5. GOVERNANCE

5.1 CCG Constitution and Corporate Governance Handbook

Except for the Patient Reference Group (PRG) Terms of Reference (TORs) which are currently being discussed with the PRG, we have now completed the annual review of TORs for each of our Committees. Once the PRG TORs are finalised, we will present the revised Corporate Governance Handbook to the next meeting of the Audit Committee on 21 October 2020. This will then be presented to the Governing Body for formal endorsement in November 2020. Aligned to this, there are some minor amendments required to the CCG's Constitution including the revised TORs for our statutory Committees (Audit Committee, Remuneration and Terms of Service Committee and Primary Care Commissioning Committee) and changes to the Chief Officer Team. We will bring these changes back to the Governing Body via Audit Committee, prior to formal submission to NHSE/I with a request to change the Constitution.

5.2 Governing Body Lay Members

There are two Governing Body Lay Members that are coming to the end of their respective terms which were extended to 31 December 2020 due to the Covid-19 pandemic. We will be commencing the recruitment process for these two roles next week. The two existing Lay Members are eligible to apply for a further term as part of the open recruitment process which is in line with the CCG's Constitution.

5.3 Secondary Care Doctor

The CCG was unable to appoint to the Secondary Care Doctor role on the Governing Body which became vacant at the end of March 2020. The CCG Regulations require a Secondary Care Doctor that is not from within the CCG's area. We are now commencing a further recruitment process and I will keep the Governing Body updated on progress.

5.4 Internal Audit Review – Committee Effectiveness

Our Internal Auditors, RSM, will be commencing the scheduled Internal Audit Review of the effectiveness of our Committees at the beginning of October. I have asked the Director of Governance to feedback the findings of the Review to the

Governing Body, alongside any recommendations for further changes to the Committee structure and reporting.

5.5 CCG Annual General Meeting

The CCG's Annual General Meeting will take place at 10.00 am on Tuesday 16 September 2020 virtually by MS Teams. At the meeting, we will present an overview of the progress we have made during 2019-20 aligned to our Annual Report and Annual Accounts. I look forward to seeing Governing Body members at the meeting.

6. RECOMMENDATION

- 6.1 The Governing Body is asked to note the update.
- 6.2 The Governing Body is asked to approve the CCG's Corporate Objectives for 2020-2022.

Author: Sharon Fox
Director of Governance (CCG Secretary)
2 September 2020

Annex A NHS People Plan Briefing for Boards