

Agenda Item 18.41

# Accountable Officer's Report

## Governing Body Meeting

### 24<sup>th</sup> May 2018



# Summary

- To brief Governing Body members on the latest developments in the CCG;
- To indicate key areas of focus over the coming months;
- To highlight key risks to delivery.



# People

- Howard Martin joined us on 14<sup>th</sup> May as the new CFO
- Deloitte report highlighted a number of HR/OD recommendations linked to the appraisal process, objective setting, personal development;
- Supported by Emma Pitt, all staff have completed a Development Map designed to identify the key factors that motivate our staff. The results are being used to frame personal development plans for individuals and teams;
- Line managers have received appraisal training and a process is being established to complete appraisals for all staff over the summer;
- The Executive Team is continuing to participate in the NHSE funded Commissioning Capability Programme, focussing on Strategy, Governance, Finance and Leadership. The programme also enables 1:1 coaching sessions that will continue after completion of the 12-week programme.
- Ruth Derrett has joined the CCG to provide additional support to the teams around QIPP delivery.
- Following interviews held at the end of March, 2 candidates have been identified for the vacant Governing Body GP roles. Pre-employment checks are being finalised and we hope for a start date in June

# Strategy

- The CCG, along with system partners, has completed the Transformational Change through System Leadership programme and has agreed to continue to meet as a Group to continue developing a shared vision for services in west Norfolk, that will begin to operate as an Integrated Care Organisation;
- Immediate next steps include:
  - Re-forming the West Norfolk Alliance to gain organisational ownership and move us from the current competitive model to one based more on collaboration
  - The newly formed Local Delivery Group will be used as a vehicle to ensure primary care is at the centre of the changes. Define the new models of integrated care, based on primary care working at scale with the support of community-based services;
  - Organising a system-wide event (July) to further develop the vision and agree an implementation plan based on geographical/service opportunities, to drive the change.
  - Use the opportunity to enter into a block contract with QEHKL to explore new contract arrangements that move us away from PbR.
- Within the STP, work is continuing to bring proposals to each of the Governing Bodies on the establishment of a Single management team for N&W prior to any formal agreement on CCG merger.

# Operations

- Operational pressures, principally with QEHKL, risk “crowding-out” the important strategic work needed over the next few months;
- AO to agree with Exec Team the necessary actions needed to mitigate this risk;
- Recent CQC visit to the trust in relation to staffing levels and we are awaiting their final report. The CQC **did not** feed back that the hospital was operating unsafely but we will be expecting an action plan from the trust addressing any recommendations that are made;
- A series of meetings have been held with the Regional Director at NHSE to provide assurance on system plans to return the trust to the required 92% occupancy level on a sustained basis;
- The CCG has a key role to play in ensuring our demand management plans, as they affect attendances and admissions, are robust and show quick signs of delivery;
- The trust continues to perform poorly against the A&E standard;
- The trust has recently returned to operating a full elective programme after delays over the winter and we are in the process of agreeing a recovery plan capable of delivering the 92% RTT standard.

# Finance

- The CCG delivered against the revised (agreed with NHSE) 2017/18 position – a £10.9m deficit from the original plan.
- The debt carried forward into 2018/19 is £6m, in addition the CCG is expected to commence meeting the normal business rules including a 1% surplus of £3m. The payback period of the full £9m will commence from 2019/20.
- The CCG has an in year target of a £2m deficit in 2018/19, if the target is met this debt will be written off via £2m of Commissioner Support Funding (CSF).
- The CCGs allocation has increased by £7.7m to £277.2m in 2018/19. This includes an additional £2m as its share of the funding made available to the NHS in the Autumn budget.
- After allowing for notified pressures and business rules, the CCG has an £11.57m QIPP savings target in 2018/19 in order to deliver its plan.
- Delivery of the 2018/19 plan is critical for the long term sustainability of the CCG and the wider local health system.
- We are aiming to have completed an Improvement Plan, setting out the CCGs medium term financial plan, for approval by NHSE on the 31<sup>st</sup> May.