

GOVERNING BOARD			
Date of Meeting	17 May 2017	Agenda Item No	4
Title	Chief Clinical Officer's Report		
Purpose of Paper	This paper provides an update to the Governing Board on key decisions, actions and updates undertaken by the Clinical Executive under the leadership of the Chief Clinical Officer.		
Recommendations/ Actions requested	The Governing Board is requested to accept the report		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Not applicable		
Item previously considered at	Not applicable		
Potential Conflicts of Interests for Board Members	None		
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Sponsoring member	Dr Jim Hogan, Chief Clinical Officer and Clinical Leader		
Date of Paper	5 May 2017		

REPORT FROM THE CHIEF CLINICAL OFFICER

1 INTRODUCTION

This report summarises the key decisions and actions taken by the Clinical Executive under the leadership of the Chief Clinical Officer on behalf of the Governing Board since the previous Governing Board meeting in March 2017.

2 ALIGNED INCENTIVE CONTRACT WITH PORTSMOUTH HOSPITALS NHS TRUST

Current position - The CCG has a Standard NHS contract with Portsmouth Hospitals NHS Trust (PHT). This is reviewed annually and the current contract has been agreed for two years from April 2017 – March 2019. The financial terms of the Standard NHS Contract are based on national tariff prices in accordance with 'Payment by Results' (PbR).

The need for change - PbR has been in place for many years and was introduced at a time when the NHS needed to create additional capacity to radically reduce waiting times in elective care. The needs of the NHS have changed since this time, and locally it has been agreed that the PbR arrangements do not fit well with the current challenges facing us in the NHS, including unscheduled care demands, the need to radically transform services and reduce costs. It was agreed with PHT at the time of signing the current contract, that alternative payment mechanisms would be explored to find a more suitable arrangement. We need a system that gives PHT some certainty of income and aligns financial incentives to enable the Trust to undertake the clinical service transformation required and to focus on opportunities for efficiencies and cost reduction.

Aligned Incentive Contract - We have therefore agreed an alternative payment approach, and the existing contract has been varied to incorporate these new arrangements. This is known as an 'Aligned Incentive Contract', which has been introduced elsewhere in the NHS. The new arrangements place the focus on working together in partnership to address the challenges we face, taking a holistic view of how best we utilise our resources to achieve the best outcomes for our patients. Rather than focussing on transactional tariff based financial payments, we will instead focus on value – cost, efficiency, effectiveness and quality. This will provide much more support and freedom for clinicians to do the right thing for patients. This change only affects the financial arrangements, the other terms and conditions of the NHS Standard Contract remain.

The new arrangement came into effect from 1 April 2017.

3 STAFF SURVEY

The 2017 results of NHS Portsmouth CCG's annual staff survey have now been analysed, and considered by both the Clinical Executive Committee, and the Staff Engagement Group. The response rate – at around 75% of staff members – was very good.

Overall the results were extremely encouraging, and it was pleasing to note that staff appeared to be so positive about the impact of the move into our new offices, last year. All of the quantitative questions seeking an opinion of working life at the CCG produced net positive responses, and the great majority of qualitative (free text) responses were equally positive.

The full results have now been shared with CCG staff, and a series of actions have been agreed by the Staff Engagement Group and endorsed by the Clinical Executive Committee. Those actions include seeking ways to facilitate staff to volunteer to support local community groups and charities, improving cooling temperature control in the offices, and extending access rights to the CCG's headquarters to some staff from other organisations who work as partners with the CCG.

4 CLINICAL EXECUTIVE ARRANGEMENTS

In my previous report I outlined how the LMC was in the process of administering elections with our member practices to appoint two new clinical executives to our team following the resignations of both Dr Dapo Alalalde and Dr Jim Hogan. I am pleased to inform the Governing Board that we have been successful in appointing to both roles. Dr Nick Moore, from the Craneswater Group Practice commenced as a clinical executive with us on 1 May 2017 and Dr Annie Eggins, from the Eastney Practice formally commences as a clinical executive with us on the 1 June 2017 but is working with us in May as an associate clinical executive as part of her transition into the role. We are delighted to have Nick and Annie working with us.

5 CLOSURE OF QUEENS ROAD SURGERY

Queens Road Surgery is a small practice with two GP partners who have provided high quality care to their patients from many years and have performed well in many areas.

They chose to give notice on their PMS contract with effect from June 30th 2017. After careful consideration the Primary Care Commissioning Committee concluded that the only viable option was to disperse the practice list.

The Primary Care Team has been working closely with the staff at Queens Road surgery and neighbouring practices to plan and oversee the list dispersal and to minimise the impact on patients and surrounding practices.

Patients have now been notified and been advised of alternative surgeries where they can register. Stakeholders have also been advised.

The primary care team are maintaining regular contact with the other surgeries in the city and will be receiving weekly reports from Primary Care Support England (PCSE) regarding the number of patients who have re-registered elsewhere. Processes are also in place between PCSE and Queens Road Surgery to track vulnerable patients.

Patients who have not re-registered by the end of June will be automatically allocated to another practice.

6 ANNUAL REPORT AND ACCOUNTS

Our draft annual reports and accounts were submitted by the required date of 21st April 2017. An internal review of these led by the Audit Committee was held on the 3rd May and the Audit Committee meets again on the 24th May 2017 to approve the accounts as delegated to it by the Governing Board. Following Accountable Officer sign off the final audited accounts and annual report will be submitted by the deadline of the 31st May. Publication on the website will then also be made by the 16th June 2017.

7 OTHER KEY ACTIONS

Other key actions undertaken by members of the Clinical Executive which I would like to report to the Governing Board include:

- Oversaw our planning process and operating plan submissions
- Led the CCGs involvement in the STP programmes including participation in the executive delivery group.
- Leadership and participation in the development of the proposed Accountable Care System for Portsmouth and South East Hampshire
- Reviewed performance of support services provided to the CCG
- Approved updated policies and procedures including flexible working, special leave, annual leave, and flexi-time working hours guidance.
- Agreed reporting arrangements for the LTC Steering group to CSC
- Reviewed progress against our Sustainable Development Management Plan
- Reviewed arrangements for ETTF pre project work following approval by NHS England
- Oversight and escalation of matters related to constitutional and other standards delivery and also assurance arrangements with NHS England
- Undertook ongoing reviews of performance and actions for improvement and escalation including the issuing of contract performance notices

8 CONCLUSION

The Governing Board is asked to accept this report.

5 May 2017