

WOLVERHAMPTON CCG
GOVERNING BODY
10 OCTOBER 2017

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(s) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Sally Roberts will be joining the CCG in the New Year as Executive Director of Nursing and Quality. Sally has extensive nursing, quality and board level experience and will be a great asset to the team in Wolverhampton. • Primary Care Estates – Cohort 2 funding from the Estates and Technology Transformation Fund has been allocated to three significant projects across the City.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our	



financial envelope	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body Members on matters relating to all the overall running of Wolverhampton Clinical Commissioning Group (CCG).

2. CHIEF OFFICER REPORT

2.1 Primary Care

2.1.1 The Primary Care Operational Management Group met on 18 September 2017 with representatives from Public Health, NHS England and the CCG in attendance. The Group noted that the Friends and Family results for Wolverhampton are over double the West Midlands UK average and that the upcoming rollout of MJog will further improve response rates. The Group also received an update around the Collaborative Contract Review Visits, it was stated that the visits have been well received by Practices and the majority of the actions identified are being completed within 28 working days.

2.1.2 The Primary Care Strategy Committee (PCSC) met last week to review progress against the two major programmes of work i.e. Primary Care Strategy Implementation and GP Five Year Forward View Implementation Plan. The Committee concluded that both programmes were progressing well with many controls that are evidently working well to support the successful delivery of the programme. The Committee intend to reduce the frequency of meetings from October 2017 onwards, meetings will be held quarterly. There is a separate report of the PCSC that is also included on this meeting's agenda that contains further detail on discussions that took place at the September 2017 meeting.

2.1.3 Meetings continue with NHS England around the possibility of designing an accountable system in Wolverhampton. It has been widely recognised that we have already done a lot of good work to redesign some of our community and emergency pathways. Further work will be an extension of this to increasingly meet the needs of patients in their own homes where possible.

2.1.4 GP leads have been nominated from each of the GP groupings and from the Local Medical Committee and they will be working with colleagues from across the City to design possible solutions for an accountable system going forwards.

2.2 Estates

2.2.1 Good progress is being made with GP Estates. Cohort 2 funding from the Estates and Technology Transformation Fund has been allocated to three significant projects across the City, based upon bids made by the practices and a prioritisation exercise undertaken by estates professionals. The funding needs to be spent by 31 March 2018 and all of the supported bidders are able to do this. The Estates team, which sits within the CCG Operations Directorate are in discussions with NHS England regarding the next round of funding; the process for applying for this is currently being finalised.



2.3 Executive Nurse Recruitment

2.3.1 As Manjeet Garcha our Executive Director of Nursing and Quality is leaving the CCG, we have been recruiting to the vacant post. I am delighted to announce that Sally Roberts will be joining the CCG in the New Year. Sally has extensive nursing, quality and board level experience and will be a great asset to the team in Wolverhampton.

2.4 Lay Member Recruitment

2.4.1 Following a period of national advertisement, interviews for the role of Lay Member for Patient and Public Involvement were recently conducted by the Chief Officer, Interim Chair and the Corporate Operations Manager. The standard of applications was extremely high and a number of strong candidates were interviewed. I expect to be able to make an announcement soon about the successful candidate and when they will be able to join the Governing Body.

2.5 Health Service Journal Awards

2.5.1 The CCG are pleased to have been shortlisted for CCG of the year. This is a recognition of the hard work done by our excellent staff in the CCG. A presentation was given to the judges in London earlier this month and we will find out the outcome next month.

2.6 Sustainability and Transformation Plan (STP)

2.6.1 Work continues on the Black Country STP and Wolverhampton continue to lead on the mental health work stream. One piece of work that is currently being explored is a STP wide workforce plan and I am involved in the small group who are scoping this piece of work.

2.7 Vocare Update

2.7.1 The CCG continues to work closely with Vocare, the Urgent Care Centre provider, while the improvements identified by the CCG and Care Quality Commission (CQC) are implemented. To ensure robust governance and scrutiny, the CCG has established regular Vocare Improvement Board meetings where progress to deliver the highest priorities is closely monitored. In addition, the CCG maintain regular contract / quality review meetings where the day to day operations of the urgent care centre are scrutinised. CCG Governing Body members are kept fully briefed on the situation and receive regular reports on progress against the agreed actions and timescales for delivering the improvements.

2.7.2 The CCG is pleased with the progress that Vocare have made to date and are hopeful that continued progress will be made over the coming 3-6 months in line with CCG and CQC deadlines.

2.8 IM&T Update

2.8.1 Wolverhampton CCG, in partnership with Royal Wolverhampton Trust, are upgrading the existing Wolverhampton shared care record solution. The data migration to the upgraded solution started on the 25 September 2017 and should be completed within a month. The upgrade will improve the user experience and also unlock additional features. A new feature



will be the provision of a shared End of life care plan (Electronic Palliative Care Co-ordination Systems - EPaCCS) which will be accessible to all services treating end of life patients.

2.9 **Presentation of our Work Locally**

2.9.1 A joint presentation with Royal Wolverhampton NHS Trust was given to the Chief Executives and Accountable Officers across the West Midlands. The same presentation was given at a Kings Fund event in London.

2.9.2 This presentation recognises some of the joint working that we have done in the City particularly around reducing emergency admissions and increasing community services

3. **CLINICAL VIEW**

3.1. Not applicable to this report.

4. **PATIENT AND PUBLIC VIEW**

4.1. Not applicable to this report.

5. **KEY RISKS AND MITIGATIONS**

5.1. Not applicable to this report.

6. **IMPACT ASSESSMENT**

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name Dr Helen Hibbs
Job Title Chief Officer
Date: 3 October 2017



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	03/10/17

