

Report To:	Governing Body Meetings in Common
Report Title:	Accountable Officer's Report
Report From:	Adrian Stokes, Interim Accountable Officer
Date:	20 November 2019
Previously Considered by:	Not applicable

Action Required <i>(delete as appropriate)</i>							
Decision:		Assurance:		Information:	✓	Confidential	

<p>Purpose of the Report:</p> <p>The purpose of this report is to provide members of the Governing Bodies with information on key activities undertaken by the Accountable Officer since the last Governing Body meetings in common in September 2019, and any pertinent issues not covered elsewhere on the agenda.</p>
<p>Key Points:</p> <p>The following details what I believe the key priorities are for the next six months and a range of current issues I think the Governing Body should be aware of.</p> <p>Key Priorities</p> <ol style="list-style-type: none"> Financial recovery – having a long term plan that resolves our recurrent underlying position, addresses the governance concerns raised in the NHS England Deep Dive and having a narrative that explains in a very simple way how we are where we are and what our future plans are; Stroke Consultation – It has been a long journey to get to where we are now and making sure we navigate ourselves through consultation, response to consultation and implementation in a smooth manner. Joining up at Place – The key to successful transformation will be about the development of strong relationships and trust between organisations along with a more joined up governance approach with organisations. Future of Health commissioning – Ensuring the benefits of the Governing Body preferred option are clearly articulated and communicated ahead of any vote and being prepared to respond to the chosen option from a governance perspective. Finding ways to more closely work across all three current CCGs in the interim period will only strengthen our readiness for the delivery of the efficiency requirements. Performance – Getting a stronger handle on a few key performance issues that are strategically important and critical to the reputation of the CCGs Internal Governance and Decision Making – An overhaul of our decision making processes, what goes to each committee and the setting up of an Executive Committee to ensure what reaches Governing Body and its sub committees is a sufficiently thought through and rounded recommendation. <p>Key Issues to be aware of;</p> <ol style="list-style-type: none"> Working with Acute providers – Some very good meetings with our providers to reset the relationships between ourselves. A strong commitment to work more closely together and a number of joint posts has been agreed between ourselves and the George Eliot Hospital to

signal a strong shift. Jenni Northcote, Chief Primary Care and Strategy Officer will enact her role as “Place” Lead by acting across both organisations.

2. **Staff Communications** – We have relaunched the staff newsletter which now goes out fortnightly, it has been well received and Governing Body members should also be in receipt of them now. If there are any messages Governing Body members want to get across to staff then this is a useful process and available to members.
3. **Financial recovery** – The Finance report will contain the Deep Dive feedback and report from the Finance Committee will detail an update of the recovery position. A lot of work has been undertaken in recent weeks and the plan is starting to come together. The Finance and Performance Committee will continue to provide oversight. The Financial Recovery Group is starting to gain a level of momentum which is much needed and it was great to have some provider representation which changed the level of the conversation.
4. **Purdah** – We have had to be mindful of purdah on a range of issues. We have decided to extend the stroke consultation until 2nd February to avoid any challenge around shortening the process, whilst the consultation remains live we have had to postpone the consultation events planned in November and December. I am also recommending that the vote on our future organisational structure should be held after purdah comes to an end.
5. **Governing Body posts (Warwickshire North)** – I am delighted to inform the Governing Body that we have recruited Mrs Sharon Beamish as Interim Chair and Dr Imogen Staveley as Deputy Chair, they both add significant strength to our Governing Body over a challenging six months ahead. I would like to offer my thanks to David Allcock who has steered the Governing Body well over a challenging period and pleased that David continues on the Governing Body as Chair of our Audit and Governance Committee.
6. **Finance and Performance Committee** – The Committee has recommended that we take a deeper review of our transforming care targets and have enlisted the support of an external agency to review our current processes and service offering to this key group. Along with other committees we are looking to ensure that the sub committees of the Governing Bodies provide an update on the key discussions held and concentrate on those areas where sub Committees would wish to target Governing Body input and risk awareness.

Finally, I would like to express my thanks to all those who were involved in arranging a day to raise awareness and share the prevention message about Diabetes in the run up to ‘**World Diabetes Day 2019**’ 14th November at a local temple. It was an excellent day, well attended, well organised and would want to send the thanks of the Governing Body formally to all those who gave up their time and a Sunday to promote a great message around prevention.

Recommendation:

The Governing Bodies are requested to **NOTE** the report.

Implications

Objective(s) / Plans supported by this report:	Constitution, Leadership IAF Domain					
Conflicts of Interest:	None identified.					
Financial:	Non-Recurrent Expenditure:	Not applicable.				
	Recurrent Expenditure:	Not applicable.				
	Is this expenditure included within the CCG’s Financial Plan? (Delete as appropriate)	Yes		No		N/A
Performance:	None identified.					

Quality and Safety:	None identified.						
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.						
	Has an equality impact assessment been undertaken? <i>(Delete as appropriate)</i>	Yes (attached)		No		N/A	✓
Patient and Public Engagement:	See Note on World Diabetes day						
Clinical Engagement:	See Key priorities and issues						
Risk and Assurance:	None identified.						

Blank Page