

## Paper 6.0

### Governing Body Meeting in Public Thursday 26 January 2017

<b>Title:</b> Report Of The Chair	<b>Agenda Item:</b> 6.0
<b>Presented by:</b> Dr Alvin Low, Clinical Chair	
<b>Author:</b> Dr Alvin Low, Clinical Chair	
<b>Responsible Executive Director:</b> Jane Meggitt	
<b>Has this paper been signed off by the Responsible Executive Director?</b> Yes.	
<b>Actions/ Recommendations required by the Governing Body:</b> The Governing Body is asked to note the content of this report.	
<p><b>Purpose of Paper:</b>          The purpose of this paper is to update the Governing Body on the work of the Chair since its last meeting, as held on the 24<sup>th</sup> November 2016.          The report is intended to support the increasing accountability and oversight by the Governing Body of the work of the Clinical Chair, Accountable Officer and CCG Staff. This report includes the following topics:</p> <ul style="list-style-type: none"> <li>- Governance and Organisational Development</li> <li>- Clinical Leadership and Engagement</li> <li>- Patient, Public and Stakeholder Engagement</li> </ul>	
<b>Strategy Implications:</b> None identified.	
<b>Financial Implications:</b> None identified.	
<b>Risks:</b> None.	
<b>Legal:</b> None.	
<b>Has appropriate engagement and consultation taken place?</b> Not applicable.	
<b>Has an appropriate equality and diversity assessment taken place?</b> Not applicable.	

## **1. Introduction**

The purpose of this report is to update the Governing Body on my work since our last meeting in November 2016.

## **2. Governance and Organisational Development**

I have asked Jill Hall, Interim Head of Governance, to prepare a plan for the coming year's Governing Body development sessions based on needs which were identified in the Governing Body Effectiveness Review 2015/16.

The previous year's development sessions had already started to address some of the issues highlighted. For example, one suggestion was to allow more developmental time to help greater understanding of issues. Sessions were therefore re-focussed to devote more time to detailed discussions on emerging topics, for example the Sustainability and Transformation Plan, and guidance from the NHS England publication Strengthening Financial Performance & Accountability in 2016/17.

A further Effectiveness Review will take place later in the year which will assess the success of the training provided and identify any new needs which have arisen.

## **3. Clinical Leadership and Engagement**

The aim of this workstream is to increase clinical input into our commissioning activities and improve engagement with our member practices.

- **Organisational Clinical Focus**

The Executive Team has signed off a proposed governance structure which facilitates clinical focus into key areas as identified by our organisation's Right Care data, which include Gastro-intestinal, Cardiovascular and Respiratory. Work is now ongoing to deploy our clinical team into this arrangement.

The inaugural meeting of the Clinical Leads Forum took place on 8 December 2016, with attendance from locality chairs as well as clinical workstream leads, totalling 14 in number. Presentations were given by Matthew Tait and directors, and much of the session was devoted to setting the scene in terms of the organisation's operating environment, priorities and challenges. The aim of this Forum is to keep all clinicians updated on our CCG's clinical workstreams in general, and provide an opportunity to focus our clinical thinking on specific topics selected as appropriate, for example to consider recommendations from a Right Care working group.

A new clinical and management group has also been set up, which met for the first time on 15 December 2016, aiming to promote Partnership Working in Primary Care. The membership includes locality chairs, and the broad remit is to provide an opportunity for practical discussion on delivering the General Practice 5 Year Forward View within our CCG, taking into account the needs of individual localities, their practices and patients, and using local intelligence to best adapt our plans. A new executive meeting schedule has been planned which will provide time for these new clinically focussed meetings to take place. It is hoped that separating out these different levels of input will help enhance clinical prioritisation and leadership into our organisation's business.

- **Clinical Input Into Sustainability and Transformation Plan (STP)**

I have continued to be involved in the development of our STP, along with my counterparts in Luton and Milton Keynes. We met on 21 December 2016 and were also joined by Dr Peter Graves, Chief Executive of the Beds and Herts Local Medical Committee, and Dr Sahadev Swain, GP in Luton and the Royal College of General Practitioners Regional Ambassador for the STP area. Part of our remit is to improve general practitioner engagement in the STP process and we have made recommendations to take this work forwards. Our next meeting is on 18 January 2017.

#### **4. Patient, Public and Stakeholder Engagement**

As Chair, it is vital that I promote our organisational aims to the wider audience in order to maximise our credibility as a leader of our local NHS.

- **Clinical Engagement With Bedford Hospital**

I met with clinicians from Bedford Hospital and Optum, provider of the Bedfordshire Integrated Dermatology Service (BIDS), on 14 December 2016 with the aim of improving the functioning of BIDS in terms of its services to patients as well as the interface with Bedford Hospital.

This was a productive discussion and several actions are being taken forwards, and the plan is to have a further review meeting in several months' time.

**Alvin Low**  
**Clinical Chair**  
**18<sup>th</sup> Jan 2017**