

Report To:	Governing Body Meetings in Common
Report Title:	Accountable Officer's Report
Report From:	Adrian Stokes, Interim Accountable Officer
Date:	8 th July 2020
Previously Considered by:	Not applicable

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

Purpose of the Report:
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 May 2020, and any pertinent issues not covered elsewhere on the agenda.
Key Points:
The following items are for the attention of Governing Body Members: <ul style="list-style-type: none"> • Our response to COVID-19 • BAME Risk Assessments • Restoration • Merger • North Nuneaton GP Practice
Recommendation:
The Governing Bodies are requested to NOTE the report.

Implications							
Objective(s) / Plans supported by this report:	Constitution, Leadership IAF Domain Risks on the Assurance Framework- AF3, AF9						
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? (<i>Delete as appropriate</i>)	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:	None identified.						
Clinical Engagement:	See Key priorities and issues						
Risk and Assurance:	None identified						

For this month's Governing Body report I thought it would be useful to take a look at the key priorities for our CCGs over the coming months and a little context on each of them. They will each be discussed in more detail throughout the Agenda through key reports.

1. Our response to COVID-19

COVID is still the number one priority of the NHS, and of the CCG. This remains a level 4 emergency and we still need to dedicate staffing and resources to it, above any other priorities which we might have. The CICC continues to operate, as well as the Task and Finish groups, to respond to COVID and also support the restoration effort across the Health system. As a CCG we need to recognise that it is possible that level 4 will continue for some time and that managing this through an upcoming winter and potential Brexit scenarios means we may need to restructure our approach to how we resource this. Myself and Anita will be looking at this as we assess likely ongoing resource requirements.

2. BAME Risk Assessments

The safety of our staff throughout this period is of paramount importance and a number of actions have been taken to ensure the safety and wellbeing of staff since the start of the pandemic. Positive action has been taken to provide increased and focused support to at risk groups, such as BAME staff. As a priority we have been completing risk assessments for our BAME staff and Anita Wilson will talk more on this in the Equality and Diversity paper.

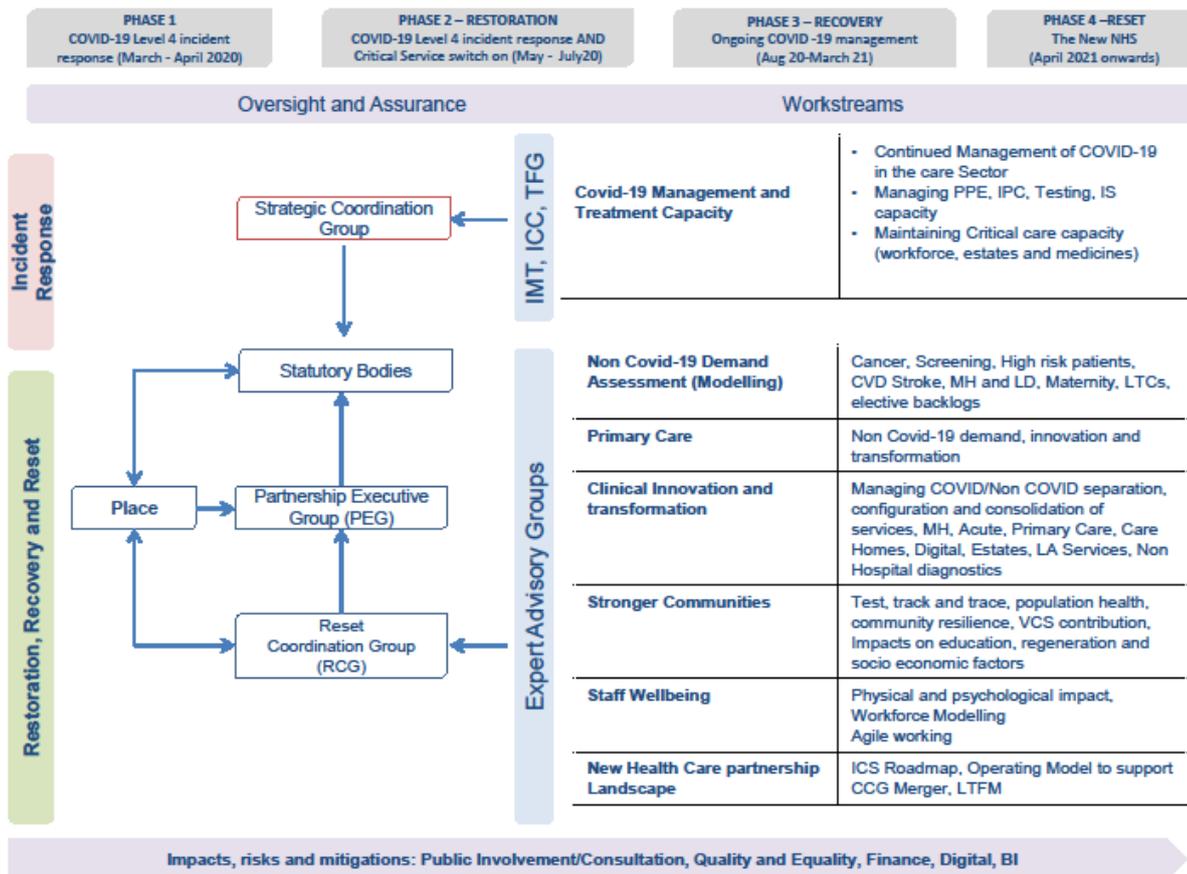
3. Restoration

Restoration is a huge, all-encompassing piece of work, and will be everything that we are about for some considerable time. Having said that, there are some specific elements right now which are the priority for the CCG, and where we should be focusing our efforts

- Restarting essential services and making sure that people get the care that they need
- Getting track and trace working so that we are able to respond quickly to any outbreaks and keep them localised
- Supporting our care homes, making sure they have the equipment and support which they need and that we have safe, clear pathways from hospital to care home.
- Mental health support, for both you and for patients. COVID has, and will continue to have a real impact on everyone's mental health, and we need to do everything we can to make sure support is in place.

At a system level this is being managed by a Restoration Coordination Group, chaired by myself and supported by individuals from all organisations. The diagram below highlights the governance arrangements. There has already been significant work done on a number of planning assumptions.

Andrew Harkness will discuss more of this in his paper along with a view on ensuring we get the right level of communication and engagement with the public around changes we've made, the impact on future services and how the CCG is responding as an organisation supporting our 3 Places. The performance reports will look to adapt to ensure we are capturing appropriate performance information to assess progress.



4. Merger

We continue to work on our business case for merger. Because of the first two priorities we are focusing first on delivering the documents that we are going to submit to NHS England/Improvement to get their approval to merge. The meeting of the first cross CCG Governing Body Sub Committee met on 24th June and started the process of signing off documentation that is required to support the application. Whilst there is a significant amount of work to do there is a strong process in place to sign off the documentation. It is imperative to maintain progress in order to put the system in a good place to tackle system challenges going forward. I will be continuing to link in with NHSE&I to ensure we remain on track and get early feedback on our approach.

Over and above these priorities there are few issues that are worthy of mention and for information only at this point;

- The financial challenges of COVID appear to be getting increasingly difficult. In the immediate response to COVID there was an encouragement to “do what it takes” to respond. There is a tightening of controls and feeling that money is getting more difficult to access which Chris will pick up in his report.
- We undertook a workforce survey to assess how people were coping through COVID. The results were very positive and we continue to work with newsletters, team briefs, encouraging people to raise issues early, an Executive open door policy and tracking teams cascade of messaging to maintain staff morale. If the GB would like we could arrange for a sub-committee to dig into the data a little more and assess our ongoing plans.
- Transforming Care remains a performance target which is under significant scrutiny from NHSE&I. We have commenced an additional level of scrutiny to support assurance to the Governing Body. Implementing the recommendations from the Moorhouse review remains a critical part of this. Jo Galloway will discuss more as part of the performance report.

5. North Nuneaton GP Practice

As one of our key estates priorities the CCG has undertaken a stakeholder non financial and financial options appraisal, facilitated by independent advisors with estates project development experience and expertise.

The outcome of the stakeholder options appraisal process which was run over three workshops is currently being written up. The report will be one of the supporting documents presented to the Primary Care Commissioning Committee to inform a decision on the preferred estates option from which to deliver core primary care provision to meet the population growth anticipated as a consequence of housing development.

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