

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 4.2</b>									
<b>Date of Meeting:</b>	<b>29 October 2020</b>	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </tbody> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
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<b>Development Session</b>											
<b>Paper Title:</b>	<b>Accountable Officer Report</b>										
<b>Responsible Governing Body Member Lead</b> Amanda Bloor, Accountable Officer		<b>Report Author and Job Title</b> Amanda Bloor, Accountable Officer									
<b>Purpose (this paper if for)</b>	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>			Decision	Discussion	Assurance	Information			X	
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		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> No.											
<b>Executive Summary</b> The purpose of this report is to provide a brief update from the Accountable Officer of the North Yorkshire CCG to members of the Governing Body on areas not covered on the main agenda.											
<b>Recommendations</b> <b>The Governing Body is being asking to:</b> Review this report as assurance.											
<b>Monitoring</b> The Accountable Officer will provide a report at each Governing Body meeting.											
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>		Any implications will be detailed in the report as required in the individual sections.									
<b>Management of Conflicts of Interest</b>		No conflicts of interest have been identified prior to the meeting.									
<b>Communication / Public &amp; Patient Engagement</b>		Not applicable.									
<b>Financial / resource implications</b>		Any financial implications will be detailed in the report as required in the individual sections.									
<b>Outcome of Impact Assessments completed</b>		Not applicable.									

**Amanda Bloor**  
Accountable Officer  
NHS North Yorkshire CCG

## **1.0 COVID-19 Recovery**

Significant focus has been on resuming routine services which were paused during the first wave of the COVID-19 pandemic. This continues to remain a priority to ensure planned care is offered to our population waiting for diagnostic tests, assessments and treatments.

The next phase will be important to protect routine treatments as much as possible as we are now seeing a more significant rise in infection rates of COVID-19 nationally and locally. The CCG will be working with partners to ensure the NHS remains available for urgent care and for those waiting for diagnostic and elective treatment.

Financial guidance has been issued to systems and organisations for the period October 2020 to March 2021. From 1 October 2020 the CCG has been issued with a fixed budget to manage all of its costs, including COVID-19 related costs. NHS England / Improvement has confirmed that this resource envelope is finite and cannot be breached.

It is recognised that the NHS, Social Care, Ambulance and Mental Health services are going to be asked to draw on their resources again to protect, support and care for the population we serve across North Yorkshire.

Additional updates on recovery plans and surge planning are detailed within various reports within the Quality and Performance and Strategy and Planning sections of the Governing Body Agenda.

The **North Yorkshire Outbreak Management Advisory Board** continues to meet monthly. The purpose of this meeting is to support the effective communication of the test, trace and contain plan for the county and to ensure that the public and local businesses are effectively communicated with. The Board recently met on 19 October 2020 and the following was discussed:

- Update on the current position in North Yorkshire.
- New national restrictions, including three-level alert system
- Update on the Outbreak Management Plan – Vulnerable People
- Updates from all partner organisations.

## **2.0 Risk Management**

Following the approval of the Risk Management Strategy by the Governing Body, the Directorates have been carrying out an extensive review of risks across organisation in order to produce both the Directorate Risk Register (risks scored 11 and below) and the Corporate Risk Register (risks scored 12 and above). COVID-19 risks previously contained within their own register have been moved across to the new risks registers and have become part of the business as usual.

The inaugural meeting of the Corporate Risk Review Group (CRRG) took place on 15 October 2020. The CRRG meets monthly and is chaired by the Director of Corporate Services, Governance and Performance. The group is responsible for ensuring that the risks of the organisation are regularly reviewed and updated by risk owners. The group provides a level of scrutiny and challenge to the process of

identifying and measuring risk, culminating in a cycle of continuous monitoring and review.

The Executive Directors have been working closely with the Board Secretary / Senior Governance Manager to develop the Governing Body Assurance Framework (GBAF). The GBAF details the significant risks that may affect the delivery of the Strategic Objectives of the organisation. The Governing Body held a development session on 22 October 2020 focussing on risk management, risk appetite and the GBAF. Following this session further development will be done around the detail of each risk and the final GBAF will be brought to the Governing Body in public for approval on 22 December 2020.

### 3.0 People Plan 2020/21

The NHS People Plan was published at the end of July 2020 and sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. The principles underpinning this action through 2020/21 must endure beyond that time. This is a task not just for human resource teams and senior leaders, but for everyone in the NHS.

This plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future** particularly the need to build on renewed interest in NHS careers, to expand and develop our workforce, as well as taking steps to retain colleagues for longer.

How different elements of the plan are implemented will vary across different settings, but the principles it sets out apply across all organisations, and to all of our people involved in providing or commissioning NHS care. NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives too, to agree how they support delivery of these principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission. During the COVID-19 response so far, people have shown energy, creativity and drive in finding solutions to new problems. The NHS needs to harness that, as part of our commitment to make real and lasting change for our people.

North Yorkshire CCG has started work on developing an action plan which will be monitored by the Executive Directors group. This is very much a work in progress that will require development as further details of the People Plan emerge and the Governing Body will be updated on progress through the Accountable Officer prior to the Organisational Development Plan being finalised. The HR team have been working closely with Vale of York CCG and a very similar plan has been developed

for both organisations. There is also a requirement to set the direction and content for the NHS People Plan across Humber, Coast and Vale. HCV have set out in this document the initial combined response to the People Plan with a plan to work collaboratively across the system with partners between now and the end of the year to generate a system plan rather than purely an NHS response. This work will build on the partnerships developed across our system and recognise all the strengths that exist across our workforce.

The People's Plan is available from the NHS England website: <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

#### **4.0 Humber, Coast and Vale Health and Care Partnership Update**

##### **COVID-19 – Phase 3 Planning**

As noted at previous Governing Body meetings, system-wide plans were being developed and refined, working through the two geographical partnerships (Humber and North Yorkshire & York). System-wide plans seek to ensure that all available capacity within the health and care system is utilised effectively and all partners are working together to meet the health and care needs of the population, within the restrictions posed by COVID-19.

The Partnership-wide Phase 3 plan seeks to address the priorities and expectations set out by NHS England and Improvement and during August and the early part of September the two geographical partnerships have been responding to the guidance and refining the plans they had developed towards delivering the requirements. The main focus of the work has been on how we return to near normal levels of health service particularly within our hospitals; whilst ensuring we have appropriate surge plans in place to enable us to respond to further spikes in COVID-19 cases.

In parallel, the Partnership's Clinical and Professional's Group has worked collaboratively to agree a set of system-wide principles and a shared approach to clinical priorities to support the implementation of Phase 3 plans across Humber, Coast and Vale. These have been shared with the Clinical Leads in the CCG who have also agreed them. The principles and associated action plan seeks to ensure all partners are working together to meet the health and care needs of our population within the continued restrictions put on the system by COVID-19.

##### **Understanding our response to COVID-19**

When faced with rapid increase in COVID-19 cases and restrictions that were put in place to stop the spread of the virus, health and care teams across the region worked rapidly to make changes to the way they deliver services in order to keep patients and staff safe. Many of these changes were captured and evaluated as part of a review undertaken by the Partnership in collaboration with the Yorkshire & Humber Academic Health Science Network (AHSN).

The report provides many examples of innovative solutions devised by health and care teams across the region to support the needs of patients and local communities in a safe way during the initial phase of the COVID-19 pandemic. It also provides analysis of the changes to help health and care organisations to improve the way they provide services both now and in the longer term. A range of case studies and details of changes made and how organisations, teams and partners can learn from them are available on the Partnership website:

<https://humbercoastandvale.org.uk/understanding-our-response-to-covid-19/>

### **Inclusivity focus on Black, Asian and Minority Ethnic communities**

The inaugural meeting of the Humber, Coast and Vale Black, Asian and Minority Ethnic Network took place on 27 August 2020. From the first network meeting there were a number of emerging themes, which have been taken forward into a suggested set of actions:

- Developing a HCV work plan for feedback and comments from existing BAME Networks;
- Creating the HCV BAME Network of Networks with clear membership and governance that provides safe spaces for psychological safety and encourages greater inclusivity;
- Developing other areas of support and governance such as an allyship group to gain executive sponsorship, buy-in to the agreed work plan and our ambitions;
- Developing active allyship with non-BAME colleagues and allyship training;
- NED and Trustee recruitment campaign to encourage greater representation;
- Communication across the partnerships on actions and progress.

### **5.0 West Yorkshire and Harrogate Health and Care Partnership**

The Memorandum of Understanding for Collaborative Commissioning has now been approved by all the West Yorkshire CCGs and endorsed by NY CCG as an Associate member.

### **6.0 Ways of Working**

The CCG offices remain closed at the moment with all staff working remotely. The CCG has continued to conduct staff surveys in order to monitor the health and wellbeing of staff during the pandemic. There has been positive feedback from the surveys that remote working has worked really well. The CCG will continue to monitor the situation and will plan to open the offices as soon as it is safe to do so.

### **7.0 Recommendation**

The Governing Body is asked to receive this report as assurance.

**Amanda Bloor**

**Accountable Officer**

**NHS North Yorkshire Clinical Commissioning Group**