

<b>Title of Meeting:</b>	<b>Governing Body</b>			<b>Agenda Item: 4.2</b>								
<b>Date of Meeting:</b>	<b>25 June 2020</b>			<table border="1"> <thead> <tr> <th colspan="2"><b>Session (Tick)</b></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>	<b>Session (Tick)</b>		<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><b>Decision</b></th> <th><b>Discussion</b></th> <th><b>Assurance</b></th> <th><b>Information</b></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>				<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>			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 Bodies 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

## Accountable Officer Report June 2020

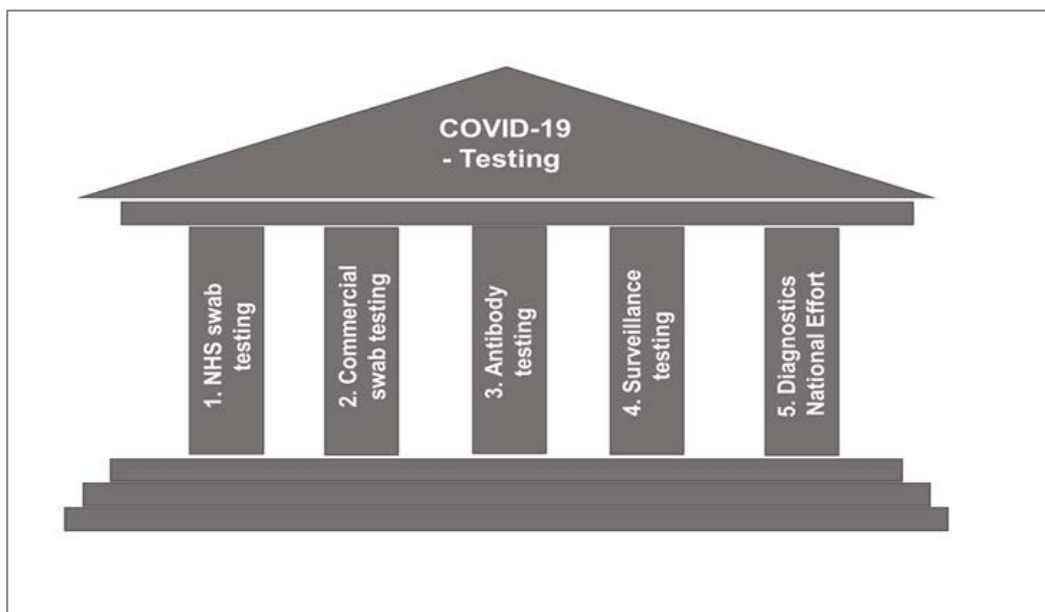
### 1.0 COVID-19

- 1.1 COVID-19 has placed the NHS under significant pressure since March 2020. The CCG responded by immediately establishing an Incident Control Hub to respond to national guidance and to provide an Emergency, Preparedness and Resilience Response (EPRR). The Incident Control Hub operates 8:00 to 18.00, seven days a week playing a key role as a central communication point. The CCG established a co-ordinated response with the Local Medical Council (LMC) and Vale of York CCG to provide a consistent approach to support primary care services.
- 1.2 From March 2020, North Yorkshire CCG senior managers, the Director for Acute Commissioning and the Director for Strategy and Integration held daily Incident Control Hub silver calls at 12:00 noon each day to share updates and highlight issues for escalation to Directors. These meetings are minuted and an action log is maintained. From the beginning of June 2020, it was agreed to reduce these meetings from daily to take place only on Mondays and Fridays in line with national guidance
- 1.3 The CCG has established clear financial governance arrangements for COVID-19 related expenditure. The Chief Finance Officer has a more detailed report regarding this at Item 6.1.
- 1.4 The CCG has established clear governance process to monitor COVID-19 related risks. A COVID-19 Risk Register has been developed and is reviewed weekly by risk owners at the COVID-19 Risk Review Group, led by the Director of Corporate Services, Governance and Performance. Every two weeks this risk register is reviewed at the Quality and Clinical Committee.
- 1.5 From June 2020 the following arrangements will continue and will be kept under review:
  - Gold command structure across North Yorkshire system
  - Incident Control Hub Silver Calls
  - Primary Care Network Clinical Director Calls
  - Executive Director meetings (daily unless agreed to step down)
- 1.6 During COVID-19, a number of CCG staff have been redeployed as appropriate to support the health and care system and have been working incredibly hard and flexible under difficult circumstances. The CCG offices were vacated following the Government's lock down announcement in order to protect staff and have been supported to work from home. The Executive Team have been overwhelmed by CCG staff that have helped the CCG to manage and respond to the situation.

- 1.7 The Programme Management Office (PMO) is undertaking a review of the Incident Control Hub to learn what we can improve in the future and what can continue with to manage any future surge. The PMO is also working with senior managers to confirm all actions and decisions taken as part of phase one response to establish an agreed record for reference. This will include understanding any equality impacts.
- 1.8 The CCG continues to prioritise the response to COVID-19 and are now moving into the recovery phase. A North Yorkshire and York (Humber, Coast and Vale) sub-system planning group has been established to prepare and plan the programme of recovery work. The programme of work will be delivered through the existing North Yorkshire and York Silver Command arrangements, reporting into Gold Command.
- 1.9 I would like to take this opportunity to thank all of North Yorkshire CCG staff and our partners who have played a key role in the COVID-19 system response. Without exception, colleagues have gone above and beyond to keep the health and social care system working together to support the population. As we work on recovery planning it will be a priority to continue to support our colleagues.

## 2.0 Testing

- 2.1 On 4 April 2020, the UK Government Department of Health and Social Care (DHSC) released a national strategy for coronavirus testing with the ambition that ‘anyone who needs a test should have one’. The strategy outlines a phased approach to increasing capacity for, and delivery of, coronavirus testing based on five ‘pillars’.
- 2.2 The development of a localised solution for care home testing has relived the challenges of care home testing that we were experiencing in North Yorkshire. All requests for whole home testing are co-ordinated via the daily care home gold meeting.
- 2.3 Five Pillars



- 2.4 Pillar 2 includes testing centres, mobile units and care home portal.

- 2.5 Anyone who tests positive for COVID-19 is now included within the NHS Test and Trace Service. The aim is to control further spread of the virus and reduce a second wave by identifying contacts and advising on self-isolation for 14 days. Guidance indicates that two or more linked cases is an outbreak and the CCG is participating in a Public Health England workshop on 19 June 2020 to agree a multi-agency approach to outbreak management in North Yorkshire and York.
- 2.6 Concerns regarding the potential significant impact upon workforce who are identified as contacts and need to self-isolate has led the CCG to seek clarity on the definition of “appropriate” Personal Protective Equipment (PPE) and reiterate the mitigations of social distancing whilst at work wherever possible, effective hand hygiene practice and regular environmental decontamination.
- 2.7 Antibody testing is now available to identify if an individual has previously had COVID-19, however this does not identify immunity. This is currently available for NHS staff with plans to roll out to the public. The CCG is developing a process for primary care staff antibody testing, in which blood samples will be processed via our local laboratories. The issuing of test results is the current issue which is holding up the wider deployment of antibody testing.

### **3.0 Care Home Support**

- 3.1 The CCG Quality Team and the Local Authority are supporting all Care Homes across North Yorkshire in the response to COVID-19. A multi-agency coordinated approach is agreed through a daily gold meeting in order to support care homes that are identified as requiring additional support including whole home testing decisions. The Safeguarding Adults team work alongside the Quality Team to respond to concerns where required.
- 3.2 CQC enforcement action is in place with two care homes in Scarborough, one of which has decided to voluntarily close imminently and suitable alternative placements are being identified for the residents. The risk to the care home system is logged on CCG Risk Register and reviewed regularly.
- 3.3 A national directive was issued to all CCG’s on the 4 May 2020 to offer and complete Infection Prevention and Control cascade training to 100% of care homes by the 29 May 2020. North Yorkshire CCG has the largest number of care homes in the Yorkshire and Humber region at 153 registered care homes. We trained 3 CCG super-trainers and with collaborative working with endoscopy colleagues from Harrogate District Foundation Trust and our own staff we achieved the 100% target for all of our 153 care homes. Only 36 care homes declined the offer, some had already been trained, therefore 117 care homes completed the training within the timescale which is a tremendous achievement in the short time scale. The cascade training required the return to NHS England of a daily situation report.
- 3.4 A primary care weekly situation report has also been required since May to demonstrate compliance with the requirement for 100% of homes to have a designated clinical lead, strengthened clinical pharmacy support and development of personalised care plans. All actions have been completed and a Care Home DES (Directed Enhanced Service) has been developed.

#### **4.0 North Yorkshire Outbreak Management Advisory Board**

- 4.1 The Government has announced the roll-out of the Test and Trace programme across England, with equivalent programmes being developed across the UK. As part of this response, each council with responsibility for statutory Public Health functions has been asked to lead the local approach, based around an outbreak management plan. North Yorkshire County Council has established a North Yorkshire Outbreak Management Advisory Board with engagement of democratically elected councillors/ politicians and key partner agencies. As the Chair of the North Yorkshire Health and Social Care System Leadership Executive I attend and represent North Yorkshire Clinical CCG and the six main NHS Foundation Trusts.
- 4.2 The initial meeting of the Board was held on 16 June 2020 and agenda items discussed included the Terms of Reference, overview of the current situation, a draft outbreak management plan, case scenarios and a draft communications plan. The Board will meet as and when required, initially every three weeks.
- 4.3 Public Health Local Authorities are required to produce a COVID-19 Outbreak Control Plan by the end of June based on 7 core themes:
- Care Homes and Schools
  - High risk places, locations and communities
  - Local testing capacity
  - Contact tracing in complex settings
  - Data integration
  - Vulnerable people, and
  - Local boards.
- 4.4 This Board will contribute to the Test and Trace development and delivery with a key role in supporting effective communication of the plan for the county and ensure that the public and local businesses are effectively communicated with.

#### **5.0 Organisational Structure**

- 5.1 In January 2020 a consultation process was launched with Trade Union colleagues and all employees in the three North Yorkshire CCGs in respect of the transfer of their employment to a single North Yorkshire CCG. As part of the consultation were the proposed operational structures, across a number of directorates that would facilitate the business requirements of the new CCG.
- 5.2 Following the conclusion of the consultation period and outcomes confirmed, recruitment to the posts in the new structure commenced in March 2020 and staff transferred to NHS North Yorkshire CCG on the 1 April 2020 in line with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”).
- 5.3 Although the establishment of the directorate structures has been completed and staff confirmed into posts, the current COVID-19 situation has precluded some employees from fully undertaking their new responsibilities and staff have been required to work in interim roles to provide support and expertise to the work resulting

from the pandemic. As we move into the recovery stage it is expected that individuals will revert back to working to their new substantive posts. A few people have not secured a role in this phase but have been given interim roles and will continue to be supported until a review can take place later in the year.

- 5.4 Due to the TUPE transfer of staff from the Medicines' Management team out to Bradford District and Craven CCG and the TUPE in of staff from eMBED (Business Intelligence) and Scarborough Borough Council (Communications and Engagement) that occurred subsequently and independently to the first period of consultation a second phase in relation to the operational structures for these teams had been planned to run at the end of June 2020. Again, due to the COVID-19 situation it was agreed by the Executive Directors to defer this second phase and it is anticipated that this will now occur later in the year.

## **6.0 Humber, Coast and Vale Health and Care Partnership**

- 6.1 In April 2020, Humber, Coast and Vale Health and Care Partnership became an Integrated Care System (ICS) following ratification by NHS England and NHS Improvement. The hard work of the partnership colleagues has been acknowledged over the last four years and the progress made in developing local health and care services that meet the needs of the population.
- 6.2 In response to COVID-19, Humber, Coast and Vale have continued to support organisations to work together including establishing a number of working groups to provide collective leadership including the CCG on key issues such as Personal Protective Equipment (PPE), testing and digital transformation. The partnership is now working on a short, medium and longer term change that will be required. Engagement with local populations and their representatives, those that use health and care services and those who work in them will be critically important in the ongoing planning and delivery of services.
- 6.3 The Humber, Coast and Vale area is broken down into two 'sub-systems' – North Yorkshire and York being one and Humber being the other. The current focus in the two sub-systems is the preparation of their recovery plans but close working and communication is maintained so opportunities to do things once across the partnership can be maximised.

## **7.0 Whitby Hospital**

- 7.1 Progress continues on the redevelopment of Whitby Hospital. The first phase of the construction stage of the work, to create a decant ward to clear the tower block for refurbishment, began on the 23 March 2020.
- 7.2 As COVID-19 evolved it became clear that additional bed capacity may be needed across North Yorkshire. The construction work is in a self-contained area which is separate to the working part of the hospital therefore the work could continue without compromise to the operational hospital capacity.
- 7.3 Phase one work to form the decant ward was completed at the end of May 2020. After consideration of the options available to the CCG it was decided to proceed by re-phasing the works in order to allow them to continue whilst also retaining the

option to open the bed capacity on the ward should it be needed to alleviate pressures due to COVID-19.

## **8.0 Annual Reports and Annual General Meeting**

8.1 Due to a timing issue, the Governing Body delegated authority to the Audit Committee to approve the annual reports for the three North Yorkshire CCGs. On 24 June 2020, the Audit Committee will review and approve the final reports and the CCG will then submit these reports to NHS England on 25 June 2020. Once approved by NHS England, the Annual Reports will be published on the CCG website and presented at the Annual General Meeting.

8.2 This year the Annual General Meeting for 2019/20 for the three North Yorkshire CCGs is planned to be held virtually on 22 September 2020 at 17:30. Further details will be added to [www.northyorkshireccg.nhs.uk/save-the-date-for-annual-general-meeting](http://www.northyorkshireccg.nhs.uk/save-the-date-for-annual-general-meeting) and members of the public are invited to join.

## **9.0 Council of Members**

9.1 The inaugural Council of Members will be held virtually on 9 July 2020 and GP Commissioning Leads from all 51 North Yorkshire CCG GP practices will be invited to attend. This will provide an opportunity for Practices to approve the Strategic Objectives and Values of the CCG, receive an update on COVID-19 recovery, review the final Annual Report and provide a forum with colleagues for learning and reflection. Discussions are ongoing with GP leads to ensure future Council of Member meetings are planned in localities and across North Yorkshire.

## **10.0 Recommendation**

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

**Amanda Bloor**  
**Accountable Officer**  
**North Yorkshire Clinical Commissioning Group**