Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

3 May 2018 9.30am to 11.30am

The Snow Room, West Offices, Station Rise, York YO1 6GA

Prior to the commencement of the meeting a period of up to 20 minutes will be set aside for questions or comments from members of the public who have registered in advance their wish to participate; this will start at 9.30am.

The agenda and associated papers will be available at:
www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 5 to 19	Minutes of the meeting held on 5 April 2018	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Pages 21 to 30	Accountable Officer's Report	To Receive	Phil Mettam – Accountable Officer
6.	Pages 31 to 38	Risk Update Report	To Receive	Phil Mettam – Accountable Officer

FINANCE AND PERFORMANCE – 10.30am				
7.	Pages 39 to 56	Financial Performance Report 2017/18 Month 12	To Receive	Michael Ash-McMahon Interim Chief Finance Officer
8.	Pages 57 to 97	Integrated Performance Report Month 11	To Receive	Phil Mettam – Accountable Officer
ASSURANCE – 10.55am				
9.	Pages 99 to 122	Quality and Patient Experience Report	To Receive	Michelle Carrington – Executive Director of Quality and Nursing / Chief Nurse
RECEIVED ITEMS – 11.20am				
10.	Pages 123 to 139	Audit Committee Minutes: 7 March 2018		
11.	Pages 141 to 155	Executive Committee Minutes: 7 and 21 March 2018		
12.	Pages 157 to 166	Finance and Performance Committee Minutes: 22 March 2018		
13.	Pages 167 to 176	Primary Care Commissioning Committee: 27 March 2018		
14.	Pages 177 to 189	Quality and Patient Experience Committee: 12 April 2018		
NEXT MEETING				
15.	Verbal	9.30am on 5 July 2018 at West Offices, Station Rise, York YO1 6GA	To Note	All
CLOSE – 11.30am				

EXCLUSION OF PRESS AND PUBLIC
In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body..

A glossary of commonly used terms is available at

http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

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Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 5 April 2018 at West Offices, York

Present

Keith Ramsay (KR) - Chair	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
David Booker (DB)	Lay Member, Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Dr Andrew Field (AF)	Central Locality GP Representative
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation
Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Fiona Bell (FB) on behalf of Dr Kevin Smith	Deputy Director of Transformation
Abigail Combes (AC) - part	Head of Legal and Governance
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health
Dr Ruth Walker (RW)	South Locality GP Representative
Dr Nigel Wells (NW)	CCG Clinical Chair

Six members of the public attended.

The following matter was raised in the public questions allotted time.

Chris Mangham

Will the private sector play any part in the future development of primary care?

PM responded that the CCG did not have a specific policy position regarding the private sector. The approach was to work closely with the 26 member Practices to ensure that, as providers, they were well placed to deliver the CCG's Commissioning Intentions. The aim was for more care to be provided closer to home co-ordinated by General Practice on a multi disciplinary basis. At the same time Practices were being asked to consider their own sustainability and to identify partnership working arrangements; this may include the private sector. PM added that the CCG may also be required to respond at a national level and this could include procurement from which the private sector would not be precluded. PM emphasised that the interests of patients was the CCG's focus.

In response to Chris Mangham seeking clarification about Unity Health's new surgery in the context of private money and expressing concern about the future of individual surgeries, KR advised that KS would respond.

AGENDA

KR in particular welcomed HE and AF as representatives on the new Governing Body.

STANDING ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the Meeting held on 8 March 2018

The minutes of the meeting held on 8 March were agreed subject to amendment at paragraph 4 of item 10 Integrated Performance Report to read '… noted anecdotally that GPs were reporting a reduction in influenza and respiratory infections against the peak seen during and just after the New Year period …'

The Governing Body:

Approved the minutes of the meeting held on 8 March 2018 subject to the above amendment.

4. Matters Arising from the Minutes

Safeguarding Children Annual Report 2015/16: MC reported that opportunities for working with partners would be progressed based on the joint commissioning report from Elaine Wyllie, Strategic Programme Consultant. She would keep members updated accordingly.

Accountable Officer Report – Rollout of free wi-fi capability to GP Practices: TP reported that 25% of installations - 54 of 198 - had been completed as at 29 March. The delay was due to national resourcing issues caused by all suppliers trying to implement this at the same time. The projected completion date was now 31 May 2018. TP noted that installation at Unity Health's new surgery, Kimberlow Hill, had been completed and that the desktop refresh programme was 88% complete and on-track.

Quality and Patient Experience Report - Concerns to be formally raised with City of York Council in respect of infection prevention and control provision – MC reported that SS had responded to her letter. She confirmed that the current service would continue with a review of the service specification.

A number of matters were noted as ongoing.

The Governing Body:

Noted the updates and associated actions.

5. Accountable Officer's Report

PM presented the report which provided an update on turnaround, legal Directions and the CCG's financial position; strategic issues and planning; Council of Representatives meeting; Better Care Fund update; Emergency Preparedness, Resilience and Response; and national issues.

PM highlighted the proposed timeline for the CCG to exit legal Directions by the end of quarter 2 and to exit Special Measures by the end of quarter 3 of 2018/19. This was supported by NHS England both at regional and national level subject to submission and assurance of an Operational and Financial Plan for 2018/19 that met the CCG's financial control total and the national planning requirements. PM referred to the new clinically led governance model and paid tribute to all who had worked with the CCG in the past. He noted, however, that exiting legal Directions and Special Measures could only be achieved with the support of partner organisations and emphasised the need for continued financial efficiency across the system.

In referring to the 'Significant Assurance' audit reports for quality assurance PM commended the staff involved in this achievement, particularly MC and her team.

Having agreed all 2018/19 contracts with providers within the national planning deadlines PM advised that work was now progressing to establish the Aligned Incentives Contract framework by 30 April 2018. This transformation would incentivise commissioners, providers and General Practice to work together to sustain services.

With regard to strategic issues and planning PM referred to the previous presentation to the Governing Body of the CCG's Commissioning Intentions. These would be delivered through the refreshed 2018/19 Operational Plan which would be presented at the next meeting.

PM explained, regarding Council of Representatives meetings, that in future he would ask NW and KS to provide updates and ask the locality GP members to contribute on behalf of Practice populations. The new Governing Body model would provide assurance that decision making was clinically based and in the best interests of patients.

PM reported on two developments since issuing of the meeting papers. Firstly, the results of the annual survey of CCGs had been published; the full results would be reported to the next Governing Body meeting. The Executive Summary described 12 to 16 high level measures and NHS Vale of York CCG had achieved the highest ranking in all but one. Whilst this was the best achievement in three years, and a start of improvement, PM noted that it did not compare favourably with other CCGs in the region and highlighted the need for further work particularly with Practices and Local Authority partners.

Secondly, Mary Weastell, Chief Executive of City of York Council, had the previous day chaired the first meeting of the York Health and Care Place Based Improvement Board attended by representatives from a number of organisations in the city with a view to developing one plan for York. PM explained that the Humber, Coast and Vale Sustainability and Transformation Partnership would be the route to accessing capital, aligning workforces and developing digital infrastructure but the role of the Improvement Board would develop and terms of reference would be established. He also noted the need for a similar forum to be established for the North and South Localities.

DB welcomed the announcement under National Issues that NHS England and NHS Improvement planned to work more closely together. This was particularly welcome in the context of establishing the Aligned Incentives Contract framework.

PM confirmed, in response to SS enquiring, that public health and health inequalities, had been included in the discussion at the York Improvement Board. PM explained that this Board had been established in response to the Care Quality Commission's statutory requirements and, whilst it would be a leadership group, he envisaged prevention and public health capacity being incorporated. He also noted the need to resource General Practice to play a lead in this forum. In response to KR expressing concern at the challenges for Local Authorities to deliver public health services in the context of their reduced funding SS noted that Local Authorities may not appreciate fully the key role of public health when making decisions about investment or disinvestment. She would welcome the CCG's support in this regard.

In conclusion PM explained the aim of the new clinically focused Governing Body to discuss decision making in terms of the impact on patients and General Practice.

The Governing Body:

Received the Accountable Officer's Report.

6. Risk Update Report

AC presented the report which provided assurance that risks were being strategically managed, monitored and mitigated. She highlighted the risk that had materialised: failure to achieve a 1% surplus as required by NHS England. The CCG therefore had no access to draw-down funds for non-recurring expenditure in 2018/19 and was required to submit a financial recovery plan. Members agreed that this risk, which was being managed by the Finance and Performance Committee, be de-escalated to that Committee noting that, if required, it would be escalated to the Governing Body which was in any event recognised as the body corporate for risk.

AC reported that, as agreed at the last meeting, she had reviewed the corporate risks with the operational leads. Members discussed the risks and agreed:

ES.01 There is a potential risk that identified QIPP schemes and transformational programmes of work may fail to deliver quantified savings. The Finance and Performance Committee would retain this risk on their register.

ES.20 There is a potential risk of failure to maintain expenditure within allocation. The Finance and Performance Committee would retain this risk on their register.

PLC.05 Constitution target – Planned Care – NHS Vale of York CCG failure to meet 18 week referral to treatment target. The Finance and Performance Committee would retain this risk on their register.

ES.04 Local Digital Roadmap: The CCG may not develop adequate enabling programmes of work to deliver the Local Digital Roadmap. This would be managed by the Executive Committee

ES.15 There is a potential risk of inability to create sustainable financial plan. The Finance and Performance Committee would retain this risk on their register.

ES.23 There is a potential risk that the CCG receives a qualified external audit opinion. The Finance and Performance Committee would retain this risk on their register.

ES.32 Lack of wider stakeholder support for delivery of plans. This would be managed by the Executive Committee with quarterly reports to the Governing Body.

ES.34 There is a potential risk that the Constitution may not be fit for purpose and adequately define statutory duties to be de-escalated to the Executive Committee pending sign off from NHS England.

JC.28 Constitutional Target-Cancer 14 Day Fast Track. The Finance and Performance Committee would retain this risk on their register.

JC-PROG.01 Dementia - Failure to achieve 67% coding target in General Practice to be discussed further but likely to be managed through Finance and Performance Committee.

UPC.10 Constitution target – Urgent Care – NHS Vale of York CCG failure to meet 4 hour A&E target to be. The Finance and Performance Committee would retain this risk on their register.

JC.19 Constitution Target - Planned Care - Cancer 62 day waits. The Finance and Performance Committee would retain this risk on their register.

ES.09 Vacancies in the Executive Team may potentially impact delivery of CCG objectives. This risk could be archived.

Detailed discussion ensued regarding the primary care dementia coding target. HE explained that, whilst there was support for recording and the associated governance in primary care, it had not been possible for some General Practices, due to workload in primary care, to respond to the request received on 5 March to support an increase in coding reviews at the year end. HE highlighted the need for acknowledgement of the pressures on General Practice and for requests from the CCG to have realistic timescales to enable them to provide support. DN responded that the CCG had agreed one-off funding towards the end of the financial year to support Practices where the most opportunity had been identified. She noted that care home cohorts provided the greatest opportunity to make a difference to performance but also highlighted that ongoing monitoring and care was required following dementia diagnosis. DN expressed appreciation to Practices who had contributed to the improvement in dementia coding performance but emphasised that a whole system approach was required. She noted that at the present time the CCG had no plans for further investment however did appreciate that the lateness of the request to Practices may not have resulted in achieving the greatest opportunities for improvements. MC reiterated that dementia was not only a health responsibility also noting the impact on families and highlighting the role of the voluntary sector in this regard.

PM referred to the CCG's Commissioning Intentions and the challenges in delivering them within the available resources. He emphasised the aim of decisions being clinically based, transparent, recognising the needs of the population and made in discussion with the public.

The Governing Body:

Received the Risk Update Report and agreed the above monitoring for corporate risks.

STRATEGIC

7. Joint Committee for Acute Commissioning

PM explained that the report presented had also been considered by NHS Scarborough and Ryedale CCG's Governing Body. It comprised a governance paper which recommended establishment of a Joint Committee for Acute Commissioning, terms of reference and a work plan for 2018/19. PM emphasised that in addition to creating efficiencies, this Joint Committee would have responsibility for quality and safety.

AC reported that NHS Scarborough and Ryedale CCG had supported establishment of a Joint Committee for Acute Commissioning with York Teaching Hospital NHS Foundation Trust but with a staged approach and pooled budgets as a longer term aim. Delegated decision making had not been supported at the present time.

AC explained that the first meeting of the Joint Committee, scheduled for the end of April subject to agreement by the three CCGs (NHS East Riding of Yorkshire, NHS Scarborough and Ryedale and NHS Vale of York CCGs), would finesse the work plan. MC offered assurance from the quality perspective noting that the three CCGs' Chief Nurses would be members of the Committee and that the Sub Contract Management Board would focus on quality. She also advised that Quality Impact Assessments would continue. TP additionally explained that a Finance and Activity Sub Group would be established and that the Joint Committee would enable a single set of reporting, support contracting that would achieve the best possible cost reductions and be a forum for single decision making for such as patient flow. TP also noted the context of the Aligned Incentives Contract approach.

Members sought and received clarification on the proposed membership of the Joint Committee, welcoming the clinical majority. DB requested that consideration be given to addition of a Lay Member, as well as the independent Lay Chair, to provide assurance. PM noted that this would require consideration in terms of affordability.

Discussion ensued about the time commitment for the six GP members of the Joint Committee in terms of operational issues. FB highlighted in this regard that, whilst the time commitment was a challenge, the insight of GPs was important in development of the place based approach and out of hospital care. She reported that this view had been expressed at locality meetings.

KR referred to the culture change needed to progress joint acute commissioning emphasising its importance in achieving system transformation. He also noted the expectation that the Joint Committee for Acute Commissioning would report to the Governing Body regularly in the same way as other committees and expressed the view that potential areas for delegation be considered after the Committee's first meeting. KR sought and received confirmation that delegation could be reversed in the event of concerns.

AC explained that the work plan would evolve after the first meeting. Simon Cox, Chief Officer of NHS Scarborough and Ryedale CCG, would lead this Joint Committee and therefore provide reports to the three CCGs.

AK requested that the digital footprint be included in the work plan.

PM highlighted that the principle of a Chief Officer being the nominated lead for this transformational work meant they would not have time to carry out the more traditional aspects of their role. He explained the intention for there to be a substantive appointment following this signal of change.

The Governing Body:

1. Approved the move to a Joint Committee for Acute Commissioning subject to the above suggestions.
2. Noted that the work plan would be refined at the first meeting of the Joint Committee.

AC left the meeting

FINANCE AND PERFORMANCE

8. Financial Performance Report 2017/18 Month 11

TP reported that the forecast outturn deficit of £22.5m remained in line with previous reporting at month 11. The Finance Team was currently working on close down for month 12; no material risks had been identified to date.

TP explained that a main contributory factor to this positive position was the year-end agreement with York Teaching Hospital NHS Foundation Trust which incorporated all outstanding disputes. She noted the risk relating to the £228k dispute with Hull and East Yorkshire Hospitals NHS Trust. As no agreement had been reached this would be settled on a payment by results basis.

TP noted that prescribing continued to stabilise after the recent No Cheaper Stock Obtainable issue which was not expected to continue into 2018/19. In response to AF enquiring about prescribing savings being released TP explained that they had been accrued as part of the net position and would be distributed based on quarter 4 information and following the provision of information from Practices in line with the Memorandum of Understanding.

TP advised that she would keep PM and KR informed on the position regarding the close of the month 12 position.

The Governing Body:

Received the month 11 Financial Performance Report

9. Draft Financial Plan 2018/19

TP presented the Draft Financial Plan which comprised: a summary, planning guidance 2018/19 – financial key points, key metrics, dashboard headings for 2017/18 to 2018/19; dashboard headings with growth and cost pressures summary, QIPP (Quality, Innovation, Productivity and Prevention) savings and investment, inflation and growth, investments and pressures, contract summary – York Teaching Hospital NHS Foundation Trust, and risks and mitigations. She tabled replacements for slides 11 to 13, namely Investments and Pressures (2), Contract Summary – York Teaching Hospital NHS Foundation Trust and Risks and Mitigations. TP requested that the Governing Body consider approval of the draft plan in the context of credibility and deliverability of QIPP, level of risk, other clinical savings and cost reduction opportunities, contract position, commitment to achieving control total and partner engagement and system working.

TP explained the development of the plan and the level of scrutiny and assurance applied through Executive Committee, Finance and Performance Committee, private sessions of the Governing Body and a series of programme based Confirm and Challenge sessions prior to its presentation to the Governing Body. She noted that feedback from three levels of NHS England scrutiny had also been incorporated. The final version, to be submitted by the end of April, would be within materiality limits but include some changes to the current iteration as information continued to be received and finalised. TP added that a detailed breakdown of the plan was available on request.

TP highlighted that the CCG would receive £14.0m from the national Commissioner Sustainability Fund if the £14.0m deficit control total and a number of criteria associated with this was met. She explained that, though challenging, the draft plan did meet the £14.0m deficit with £14.6m (3.1%) QIPP savings included. TP noted that nationally c£3.0% QIPP was the maximum considered achievable and credible but advised that NHS England supported the 3.1% in the draft plan. A potential of £15.6m QIPP opportunities had been identified through the confirm and challenge process but with recognition that there may be slippage. TP noted that the Mental Health Investment Standard would be calculated on completion of the NHS England financial planning template. She highlighted the stabilising deficit position: the 2017/18 opening underlying position had been £22.4m deficit and the exit underlying position was £21.0m.

TP referred to the QIPP savings noting these were at differing stages of development. In response to AF expressing concern about potential clinical impact from the Community Services QIPP, TP explained that there were a number of aspects to this QIPP in addition to services provided by York Teaching Hospital NHS Foundation Trust. This was currently a gross saving with planned investment and the expectation that further efficiencies would be realised in community services through reconfiguration of beds, including the full year effect of the closure of Archways. MC added that the aim was for community services to be provided differently with the finances reflecting an increase in projected spend and less in acute services.

AF noted that the Prescribing QIPP was in the context of efficient prescribing in the CCG expressing the view that Practices were unlikely to be able to make further savings without the income from Prescribing Indicative Budgets. TP responded that the confirm and challenge session on prescribing had agreed that, based on the part year effect, the £1.6m net QIPP was achievable. HE emphasised that primary care would not be able to make savings in prescribing if the investment was delayed. TP reiterated that prescribing savings due to alliances had been paid in line with the Memorandum of Understanding and agreed to discuss this concern outside the meeting.

TP referred to the historical position whereby the CCG had not been able to invest in primary care, noting that the c£1.1m from the £3 per head funding was approved by Governing Body for release on the basis of the jointly agreed submission process for schemes. She also highlighted the investments and pressures which, in line with the CCG's Commissioning Intentions, were not predominantly in acute services. This draft plan was the second year of the

CCG's financial strategy to reduce acute services spend and release money in to primary care for the first time. TP pointed out that the dashboard summary demonstrated that the overall spend in non-acute areas increased against the acute proposed spend that decreased.

PM welcomed the constructive discussion but emphasised that the plan must be for a £14m deficit and £3.1m QIPP. How the CCG achieved this was negotiable. PM referred to discussion at the earlier agenda item of the Joint Committee for Acute Commissioning as a potential means to progress efficiencies at pace noting the impact would be greater if delivered clinically.

TP referred to the inflation and growth slide advising that there was little scope to change this as it had been robustly scrutinised both internally and by NHS England. The replacement slides represented the interim submission to NHS England earlier in the day but this information could be refined until the end of April. TP highlighted that plans were required to include winter and most cost pressures related to decisions taken in 2017/18. The position presented was the best possible but with recognition of potential further in year cost pressures.

TP explained the £194m contract with York Teaching Hospital NHS Foundation Trust advising that if all growth was as expected and cost pressures materialised there was a risk that trading would be at c£200m, the acknowledged pre-QIPP level including growth. There was confidence in a number of areas of saving, even under payment by results, but a c£2m risk was recognised mainly relating to unplanned care activity. FB noted that this was part of the transformation agenda and was dependent on partnership working.

TP advised that implementation of an Aligned Incentives Contract approach would jointly aim for an outturn level at £191.3m in line with plan and with joint working to deliver the change. She noted that it had not been possible to reach agreement on this approach within the timescale for contract signing but expected it to be achieved by the end of April 2018. However, the potential risk must be recognised as an Aligned Incentive Contract is not a block; it is a form of risk share.

PM sought HE's and AF's views on reporting the discussion of the draft plan to the Council of Representatives and obtaining support through their involvement. AF referred to existing pressures in primary care, including appointment waiting times and planning for extended access, expressing the view that the plan could not be met without creating more demand on primary care, due to such as outpatient follow-ups being reduced and multiple prescribing elements. He also expressed the view that there was a mismatch between the rate of investment in primary care and the CCG's requests for change. AF emphasised that until an Aligned Incentives Contract was confirmed he had concerns about the financial plan and its impact on capacity in primary care and would therefore have concern about recommending it to the Council of Representatives. He added that for a plan to be achievable delivery must be visible, particularly in respect of the QIPP requirement.

HE expressed the view that the Council of Representatives may be more willing to support the financial plan if information was provided projecting the position after the savings had been achieved in 2018/19 as Practices were trying to set up long term projects. TP referred to the £3 per head funding and the agreement that consideration would be given to continued investment in successful schemes.

Discussion ensued in the context of the system transformation to reduce activity in the acute sector with emphasis that the role of GPs was key to delivering the plan. PM noted that it would be helpful for the CCG's officers to have the support of the Council of Representatives in emphasising the need for collaborative working across the system but with recognition that this could take 18 to 36 months.

TP highlighted that the key risk to the 2018/19 plan was slippage in delivery of the £3.4m QIPP in particular the Out of Hospital Programme and Continuing Care. Key mitigations included the release of the £2.3m contingency and the additional £1m QIPP schemes currently identified over and above the required target. TP noted that the risk position would be further informed by the national phase 3 QIPP review, commissioned by NHS England from PwC, which would also provide benchmarking. She confirmed that the plan could be amended prior to final submission at the end of April and that NHS England was being kept informed of the risk review.

TP explained that the draft plan would deliver the £14m deficit control total but highlighted risk to delivery of QIPP. She noted that this had been developed through a rigorous confirm and challenge process and referred to the fact that the 56% QIPP delivery in 2017/18 had been more than in previous years.

TP requested that final approval of the financial plan submission be delegated to the Finance and Performance Committee on 26 April in view of the further work required and subject to agreement with NW and the Council of Representatives.

KR commended the debate and emphasised the challenge for 2018/19 in delivering the plan, particularly with regard to the 100% QIPP requirement. PM recognised a 'good plan' and emphasised the need for "hearts and minds" to achieve system change highlighting implementation of the CCG's Commissioning Intentions at the same time as reducing costs.

TP requested that, although members did not feel able to unconditionally approve the draft financial plan, approval be given to continued spending on the basis of the "budget book" to enable such as running costs and contractual commitments to be paid.

The Governing Body:

1. Delegated approval of the Draft Financial Plan 2018/19 to the Finance and Performance Committee on 26 April subject to approval by the Council of Representatives on 19 April.
2. Approved continued spending on the basis of the "budget book".

10. Integrated Performance Report Month 10

KR noted that the Integrated Performance Report had been considered at the recent Finance and Performance Committee. He therefore proposed due to time constraints that this be noted as received.

The Governing Body:

Received the Integrated Performance Report as at month 10.

ASSURANCE

11. Consideration of Director Declarations including 'Going Concern Status' for the 2017/18 Accounts

TP presented the report which comprised a Request for Directors' Declarations from Mazars', the CCG's external auditors, with proposed collective responses and the Consideration of 'Going Concern Status' 2017-18 report. She explained that the former were in line with previous years and the latter had been considered by the Audit Committee.

TP advised that even if the CCG did not yet have an approved financial plan for 2018/19 there was no indication that it would not continue.

TP noted that PM and KR would be attending the two Audit Committees to which delegated authority was requested for consideration and approval of the Annual Report and Accounts.

The Governing Body:

1. Agreed the proposed collective responses to the questions posed by the CCG's external auditors, Mazars, in their Request for Directors' Declarations.
2. Delegated approval to the Audit Committee to approve the Annual Report and Accounts on its behalf prior to national submission at the end of May.

12. Health and Safety Policy

MC explained that the CCG had previously been covered by City of York Council's Health and Safety Policy but was now required to have a separate policy as part of the Information Governance Toolkit and due to staff being based away from West Offices. The policy had been through the Executive Committee but as a new policy Governing Body approval was required. Any future amendments would be through the committee structure.

The Governing Body:

Approved the Health and Safety Policy.

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Executive Committee Minutes of 3 and 17 January and 7 and 21 February 2018.

14. Finance and Performance Committee Minutes of 22 February 2018.

15. Medicines Commissioning Committee of 14 February and 14 March 2018.

16. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 3 May 2018 at West Offices, Station Rise, York YO1 6GA.

Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

A glossary of commonly used terms is available at:

http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 5 APRIL 2018 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 February 2017	Safeguarding Children Annual Report 2015-16	• Consideration as to whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people	MC	Ongoing
7 September 2017		• Review of capacity requirements for commissioning the children's agenda was ongoing	MC	Ongoing
4 January 2018		• Capacity to be informed by the 2016/17 Designated Professionals for Safeguarding Children Annual Report	MC	Ongoing
8 March 2018				Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 January 2018 5 April 2018	Accountable Officer Report	• Confirmation to be provided as to whether the end of December 2017 target date for the rollout of free wi-fi capability to GP Practices had been achieved • Delayed – new projected completion date	TP	31 March 2018 31 May 2018
4 January 2018 5 April 2018	Integrated Performance Report Month 8	• Proposal for a revised Governing Body committee structure to be developed	AC	 Ongoing

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Item Number: 5

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 3 May 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Accountable Officer's Report

Purpose of Report
To Receive

Reason for Report

To provide an update on a number of projects, initiatives and meetings which have taken place since the last Governing Body meeting and any associated, relevant national issues.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital- single acute contract
☐Transformed MH-LD- Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts- Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is recommended to devolve responsibility for the development of a proactive Organisational Development and Improvement Plan for 2018-19 to the Executive Committee.

The Governing Body is also asked to note the report.

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Sharron Hegarty Head of Communications and Media Relations

GOVERNING BODY MEETING: 3 MAY 2018

Accountable Officer's Report

1. Turnaround, Legal Directions and the CCG's Financial Position

1.1 The CCG has ended the financial year 2017-18 with an in-year deficit of £20.1m. This is an improvement on the forecast of recent months of £22.5m due to the planned national release of contingency reserves to improve the overall NHS financial position. In all other respects, expenditure is in line with forecast and both the in-year and underlying deficit position shows clear stabilisation compared to this point in the 2016-17 financial year.

1.2 The delivery of the CCG's Quality, Innovation, Productivity and Prevention programme has been finalised at £7.9m, 55% of the target in 2017-18, representing the CCG's best delivery performance to date.

1.3 The CCG has submitted draft accounts and the external audit is underway.

1.4 The CCG met with NHS England for the annual review for 2017-18 and received strong feedback on the leadership team's progress with delivery in all areas, including the stabilisation of finance and improvements in the majority of performance indicators. There will be a recommendation to the NHSE regional team in the next month to formally recommend the CCG moves out of Legal Directions.

1.5 The CCG has captured all financial recovery, performance recovery and quality improvement priorities and associated delivery plans in its refreshed Operational Plan for 2018-19, including the Winter Plan for 2018-19 and associated activity, performance and financial plans and trajectories. These have all been aligned with partners and form the basis for the joint system recovery programmes of work the CCG will progress with providers through the emerging Aligned Incentives Contract framework.

1.6 The audit report for the CCG's Stakeholder Communication and Engagement reported 'Significant Assurance' providing further validation of the strong delivery, governance and assurance processes now in place at the CCG.

2. Joint Commissioning and the York Health and Care Place Based Improvement Board

2.1 The first York Health and Care Place Based Improvement Board was held on Wednesday 4 April 2018. Bringing together the CCG's health and social care partners including City of York Council, NHS England, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust,

York Council for Voluntary Service, North Yorkshire Police and local Primary Care / GP representatives, the Board will work in partnership to deliver a 'single system' vision for York, supporting more people to live independent lives.

2.2 The Board will be chaired by Mary Weastell, Chief Executive of City of York Council with the Board members at a Chief Officer level across the different organisations. At the first meeting, board members welcomed the opportunity to drive accelerated improvement and change at a strategic level and committed to deliver a one plan that will embed a single system approach to health and social care.

2.3 Working together, the board agreed we will be better placed to make the most out of our considerable strengths and assets, improving efficiency for York and better outcomes for people and communities. Together we will take a single system approach, implementing cross-organisational change and collectively and proactively working together to address delivery of longer term improvements across the city's health and social care services, benefitting York residents, communities and health and social care staff.

2.4 The Board will oversee the delivery of the recommendations set out in the recent Care Quality Commission report, and build upon it as a "single plan".

2.5 The recruitment process for an Assistant Director of Joint Commissioning, which will be a shared role between the CCG and City of York Council, is currently underway.

3. Council of Representatives meeting

3.1 Among the agenda items at the meeting on 19 April 2018, members discussed the draft Financial Plan for 2018-19. Members also received presentations on the NHS Diabetes Prevention Programme, the Single Point of Access for Child and Adolescent Mental Health Services and the City of York Council School Wellbeing Service. They then met in their North, York (Central) and South locality groups for update discussion.

4. Better Care Fund update

4.1 The BCF Quarter 4 returns for all three of our local authority areas were submitted on Friday 20 April. The submissions demonstrated progress against a number of the High Impact Changes and improvement in some areas of performance. Non Elective Admissions and Delayed Transfers of Care remain a challenge and are not on course to meet targets in the Vale of York.

4.2. In a joint letter from the Secretaries of State for Health and Communities and Local Government, City of York Council has been advised that conditions may be applied to the use of the Improved Better Care Fund. The Health and Care Place Based Improvement Board will oversee the BCF Performance and Delivery Group for York.

4.2.1 In conjunction with City of York Council, the CCG is hosting a York Better Care Fund event for its partners on Thursday 3 May 2018. The theme of the event is Integration: Collaboration; Innovation; Prevention.

4.2.2 At the end of May schemes funded through BCF will come together as part of our annual evaluation process and the York system is using the Social Care Institute for Excellence Integration Logic Model as a self-assessment tool.

4.3 The North Yorkshire Integrated Performance Group is looking to host a summit in June to agree a joint Better Care Fund forward plan and to develop a vision for integration.

4.3.1 North Yorkshire has been chosen to pilot the Delta Project which will look at developing an improved quarterly reporting mechanism to reflect the complexities of several CCGs submitting data to NHS England on one template.

4.4 East Riding continues to identify new work streams with particular focus on Intermediate Care Services and Community Services Transformation.

5. Emergency Preparedness, Resilience and Response

5.1 There have been recent media reports of the increased threat of cyber-attacks affecting the UK. Technical advice from NHS Digital for Senior Information Risk Owners along with a list of support services have been provided by NHS Digital's Data Security Centre. There a seven key recommendations for NHS providers following the lessons Learned Review of the WannaCry Ransomware Cyber Attack, these are:

5.1.1 Leadership – All NHS organisations should ensure that every board has an executive director as data security lead, and cyber security risks should be regularly reviewed by the board.

5.1.2 Capability – Boards should assure themselves that they have sufficient quality and capable IT technical resources to manage and support their local IT infrastructure, systems and services.

5.1.3 Training – In addition to mandatory and statutory training, organisations should ensure that their staff receive regular and targeted cyber and information security awareness training appropriate to their job role. Further, boards for NHS organisations should undertake annual cyber awareness training.

5.1.4 Intelligence – NHS providers should ensure the relevant parties in their organisation receive CareCERT Threat Intelligence alerts and review the Information Sharing Portal2 for information on emerging threats. Where they exist, NHS providers can join and collaborate with local Warning Advice and Reporting Point groups to share trusted up-to-date advice on information security, cyber threats, incidents and solutions.

5.1.5 Improvement – All NHS organisations are to develop local action plans to achieve compliance with the Cyber Essentials Plus standard by June 2021.

5.1.6 Contract Management – Health and social care organisations should ensure that local contracts, processes and controls are in place to manage and monitor third party contracts for local IT systems, and that the provisions for software updates and business continuity are understood.

5.1.7 Response – Local organisations' business continuity and disaster recovery plans should include the necessary detail around response to cyber incidents, and must include a clear assessment of the impact of the loss of services on other parts of the health and social care system.

5.2 The CCG and its partners at NHS England, Humber, Coast and Vale STP, A&E Delivery Board and other local providers have collated data on the delivery of services over the winter period. The outcomes and feedback from this information has been incorporated into local winter plans for 2018-19.

5.3 The Easter period saw more incidences of flu, measles and scarlet fever. Pressures on the system over Easter led to the cancellation of some elective procedures. In all there has been a better collaboration of partners and services during the bank holiday period.

5.4 Evaluation has shown a slight improvement in the take up of the flu vaccination during winter 2017-18

5.5 The Tour de Yorkshire takes place from Thursday 3 May for five days. The route passes through Pocklington on the 3 May and visiting Helmsley and Pickering on the 5 May.

6. CCG 360^{o} Stakeholder Survey

6.1 The survey was conducted by Ipsos Mori on behalf of NHS England during March and April 2018. It is an integral part of the CCG annual assessment, providing an opportunity for stakeholders to critique the CCG's work and provide comment which can help the CCG to further develop working relationships.

6.2 Core stakeholder organisations were invited by NHS England / Ipsos Mori to take part in the survey and the principal theme in the results for 2017-18 show that there is an improvement against previous years.

6.3 To maintain this shift and continue with the CCG ongoing improvement work, it is recommended that the Governing Body devolves responsibility to the Executive Committee to develop a proactive Organisational Development and Improvement Plan for 2018-19.

7. Changes to the Governing Body membership

7.1 I'd like to formally welcome Dr. Nigel Wells to his first Governing Body meeting as the CCG's Clinical Chair. Nigel joins the CCG team from Beech Tree Surgery, Selby. He moved to York in 1998 after qualifying in medicine at Dundee University. He trained in Leeds and York and started work as a GP in 2003. He is a GP trainer and has an interest in finance, management and service provision.

7.2 Tracey Preece, the CCG's Chief Finance Officer has stepped down from her role on the Governing Body to take up a new position. Tracey joined the NHS in 1999, and rose through several managerial ranks up to her leadership role at the CCG in November 2013. I'm sure the Governing Body will join staff in thanking Tracey for her hard work, commitment and the enormous contribution she has made to help shape the Vale of York heath and care system.

8. National issues

8.1 NHS England is allocating funding to STPs and Integrated Care Systems to deploy 240 pharmacists and pharmacy technicians in care homes. The programme asks one Lead CCG, per STP, to support the commissioning of new teams, and that the Lead CCG submits a STP-wide plan online, working within the local enhanced health in care homes framework.

8.2 The Department of Health and Social Care (DHSC), NHS England, and PHE have published a flu letter providing information about which patients and children are eligible for vaccination in the national flu immunisation programme for 2018-19.

8.3 The Healthcare Safety Investigation Branch (HSIB) will be rolling out an investigation programme by region commencing in April 2018 with full national coverage to be achieved by April 2019. Until HSIB formally notifies them in writing, providers should continue to investigate maternity incidents as per their normal process. This is important work for CCGs as the legal entities responsible for local oversight of serious incidents.

8.4 NHS England has launched the NHS Veterans' Mental Health Complex Treatment Service, further expanding the range of dedicated care and treatment for those who have served their country. The new local community based service is for ex-forces personnel who have military attributable complex mental health problems that have not improved following previous treatment. Patients will benefit from an enhanced range of intensive care and treatment that may include (but is not limited to) support for substance misuse, physical health, employment, accommodation, relationships and finances, as well as occupational and trauma focused therapies. Families will also be offered care and support where appropriate.

8.5 The Regulation of General Practice Programme Board (RGPPB) has published its statement on the shared view of quality in general practice. It was developed with the support of organisations representing providers, professionals and the public, including NHS England, and draws together existing frameworks into an overarching set of principles. By bringing together multiple definitions of quality, the Board can begin to reduce the workload and duplication for health care providers in providing evidence of outcomes for quality assurance.

8.6 NHS England has partnered with NHS Clinical Commissioners (NHSCC) to support CCGs in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. National guidance on conditions for which over the counter items should not routinely be prescribed in primary care has been published to ensure people receive the safest and most effective treatment available, aiming to save the NHS an estimated £100m in drug costs. CCGs are reminded to decide whether and how to implement the national guidance, with due regard to local circumstances and their own impact assessments.

8.7 Providing personalised care through tailoring services and support to people's needs, increases their knowledge, skills and confidence – known as patient activation. This leads to improved outcomes, experiences of care and reduced costs for the NHS. NHS England has published a guide to provide practical and operational support to CCGs and NHS organisations considering implementing the Patient Activation Measure (PAM) tool. The guide focuses on why patient activation is important to manage people's health and wellbeing, as well as elements to consider before implementing the PAM. It should be used in the context of a fully integrated approach to personalised care.

8.8 NHS England, with the support of the British Medical Association and the National Association of Patient Participation, has produced a leaflet about changes in the NHS Standard Contract which require hospitals to take responsibility for certain aspects of care. Aimed at patients, it advises what they can expect from both their GP and the hospital when they are referred to a specialist. GP practices will receive literature for patients.

8.9 The Department of Health and Social Care and NHS England have launched a consultation on extending the legal rights to have a personal health budget or integrated personal budget. The consultation seeks views on extending rights to a range of people, including those with social care and health needs, people accessing mental health services, and armed forces personnel who are leaving services and eligible for ongoing NHS care. The consultation is open until 8 June 2018. This consultation follows the Secretary of State for Health and Social Care's speech on social care reform last month.

8.10 A change in legislation means advanced paramedics are now able to prescribe, bringing huge benefits to patients and the NHS. This means there will be better use of paramedics' skills, allowing them to provide care closer to home. It will also improve patient experience while easing demand on other busy urgent and emergency care services, as well as reducing NHS costs. Once these highly trained paramedics have received a period of additional training they will be able to prescribe medicines for their patients. This is likely to happen in practice early next year.

8.11 A small team has been recruited within Finance at national level to work with Regional Directors of commissioning operations and CCG staff to support the development of a Financial Resilience work plan building on work already in place. A major objective of the team has been to establish a national SharePoint site to act as the 'go to' place for CCGs to access a range of helpful information which will enable commissioning plans to be reviewed and refreshed in the light of guidance, good practice case studies, benchmarking tools and lessons learned, ensuring good practice is disseminated widely and assisting the delivery of maximum efficiency and savings. CCGs have been encouraged to review Quality, Innovation, Productivity and Prevention plans against these materials.

8.12 The NHS Workforce Race Equality Standard (WRES) was mandated in April 2015. It aims to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Although national healthcare arm's length bodies are not required to implement the WRES and report data against its indicators; in the spirit of transparency and continuous improvement, Care Quality Commission, Health Education England, NHS Digital, NHS England, NHS Improvement and Public Health England have published their WRES data report. Of the nine indicators, eight cover black and minority ethnic appointments, career progression, experiences in bullying (by colleagues and managers) and disciplinary action, and one measures voting board representation.

8.13 NHS England's Sustainable Improvement team has published an updated and enhanced version of the Change Model. The model, originally developed in 2012 with hundreds of health and care staff, is a framework for any project or programme that is seeking to achieve transformational, sustainable change. It provides a useful organising framework for leaders and teams, helping to deliver real benefits for patients and the public. The refreshed version of the model includes series of supporting diagnostic tools.

8.14 NHS England's Dementia Team has published the guide My Future Wishes: Advance Care Planning (ACP) for people with dementia in all care settings. The Dementia Challenge 2020 maintains that 'By 2020 we would wish to see… All people with a diagnosis of dementia being given the opportunity for advance care planning.' To support this, NHS England developed the guide with input from dementia experts, carers, health and social care professionals. ACP is fundamental for everyone living with dementia. It enhances choice, aids delivery of person-centred end of life care, helps to guide care when mental capacity is lost and provides support for families and carers.

8.15 NHS England has published the strategic direction for sexual assault and abuse services, which sets out what is needed to improve services and patient experience for those who have experienced sexual assault and abuse. Co-designed with a range of partner organisations, as well as the victims and survivors of sexual assault and abuse, the strategic direction takes into account a lifelong pathway of care for survivors. It also outlines how services need to evolve and work together to ensure that as much as possible can be done to safeguard individuals and support them at times of crisis and at the point of disclosure.

9. Recommendation

9.1 The Governing Body is recommended to devolve responsibility for the development of a proactive Organisational Development and Improvement Plan for 2018-19 to the Executive Committee.

9.2 The Governing Body is asked to note the report.

Item Number: 6

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 3 May 2018

NHS
Vale of York
Clinical Commissioning Group

Risk Update Report

Purpose of Report
To Receive

Reason for Report
To provide assurance that risks are strategically managed, monitored and mitigated.

This report provides present details of current events and risks escalated to Governing Body by the sub-committees of the Governing Body for consideration regarding effectiveness of risk management approach.

The Governing Body should note that a full update regarding any risks arising from the latest NHSE CCG Improvement and Assessment Framework (IAF) assessment of CCG for 2017/18 will be incorporated in May 2018 risk report, and will also be incorporated into the refreshed CCG Board Assurance Framework due to be presented to the Finance and Performance Committee in May 2018.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities

Covalent Risk Reference and Covalent Description
All corporate risks escalated to the Governing Body.

Emerging Risks (not yet on Covalent)

No emerging risks are noted this month.

Recommendations
The Governing Body is requested to: • review risks arising and to consider risk appetite for events and high scoring risks.

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam, Accountable Officer	Pennie Furneaux, Risk and Assurance Manager

Annexes (please list)

Annex A: Corporate Events April 2018
Annex B: Corporate Risk Register April 2018

GOVERNING BODY

RISK UPDATE REPORT

3 MAY 2018

1. CCG IMPROVEMENT AND ASSESSMENT FRAMEWORK PERFORMANCE RISKS

1.1. An updated IAF Dashboard was published on the 25th April 2018 and related to Quarter 3 2017/18. The CCG's performance is being reviewed to ensure that risks identified are managed appropriately through the CCG's risk registers.

2. CORPORATE EVENTS

2.1. A new corporate event occurred during April. The CCG was notified of a planned reduction in the provision of in-patient care at The Retreat in York. The Retreat, (commonly known as the York Retreat), is a charitable trust that provides care and treatment for people with mental health needs. This event has been scored as high impact. The CCG is currently evaluating potential risks relating to this announcement.

2.2. There are a number of on-going corporate events that are being managed by the CCG Executive team and are reported to Governing Body. A list of events is provided below and a full update at **Annex A**

List of On-Going CorporateEvents

Code & Title	Description	Lead Director	Impact	Status	Trend
ES.17 There is a potential risk that the CCG will fail to deliver a 1% surplus in-year.	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point.	Executive Director Chief Finance Officer	4		
JC.26a CAMHS: long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards	Long waiting lists may adversely affect response to treatment and outcomes. CYP and families experience longer periods of stress and anxiety waiting for appointments and treatment. Poorer or reduced outcomes may have effects on longer term emotional and mental health. There is potential detriment to reputation, and effects on partnerships, eg local authority.	Executive Director Transformation	4		
JC.26c Children and young people eating disorders. Non-compliance with national access and waiting time standards	Higher than anticipated referral rates into the NYY eating disorder service in York means TEWV does not meet access and waiting time standards. These patients are usually very ill, and require intensive long term care and support. Although patients are seen outside the national waiting time standard, they generally do not wait long periods, but the high volume means patients are in treatment for longer than national standards recommend, and outcomes may be poorer and take longer to be apparent.	Executive Director Transformation	4		
JC.26b Children's Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic	For the 5-18 pathway there is a long waiting list. For both the 0-5 and 5-18 pathways, the diagnostic process does not comply with NICE guidance. Children and families can wait for long periods for assessment and	Executive Director Transformation	3		

process	diagnosis, with consequent strain and anxiety, and do not receive support from other agencies pending diagnosis. There are concerns around the pathway for formal diagnosis because of limited input across professional input into assessment.				
JC.30 Dementia - Failure to achieve 67% coding target in general practice.	Non delivery of mandatory NHSE targets Lack of sufficient providers in some areas resulting in delayed transfers of care or limited choice available to patients meeting new standards	Executive Director Transformation	3		

2.3. A position paper is being prepared for the May meeting of the Finance and Performance Committee in relation to challenges facing mental health services in relation to CAMHS and Childrens' and Young People eating disorders.

3. CORPORATE RISK UPDATE REPORT

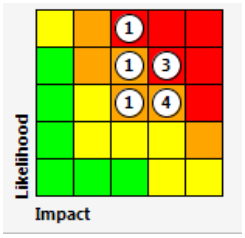
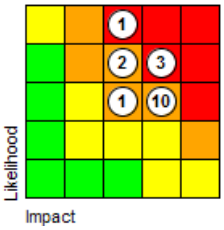
4.2. Risks are managed through the CCG's risk registers which are monitored in line with the CCG's Risk Management Strategy and Policy. Risks are reviewed, as a minimum, on a monthly basis.

Profile of Corporate Risks Escalated to Governing Body as at 18th April 2018

4.3. The current corporate risk heat profile is provided on the next page and risks are rated according to the perceived impact and likelihood of occurrence, the CCG operates the NHS standard 5 by 5 risk matrix.

Vale of York CCG Risk Matrix					
	Probability				
Impact	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

3.3 A profile of Corporate Risks is provided on the following page; "red" risks remain unchanged since the last Governing Body meeting.

Current Profile		Profile at last meeting	
	**Headline Red Risks:** • Delivery of QIPP schemes • Maintaining expenditure within allocation • Delivering the Local Digital Roadmap agenda • Failure to meet the Planned Care 18 Referral to Treat target		**Headline Red Risks:** • Delivery of QIPP schemes • Maintaining expenditure within allocation • Delivering the Local Digital Roadmap agenda • Failure to meet the Planned Care 18 Referral to Treat target

3.4 Since the last Governing Body meeting and as a result of senior management review five corporate 17/18 risks have been archived as follows:

- External MH placements transition/alignment of service will impact on patient waiting lists (current one year);
- PCU staff in transition following restructure;
- There is a potential risk that the CCG fails to develop effective prevention strategy/locality plans which when implemented will lead to system transformation and drive the improved health outcomes;
- There is a risk that the CCG fails to function effectively due to re-alignment of PCU services to CCGs; and
- Vacancies in the Executive Team may potentially impact delivery of CCG objectives.

3.5 A risk relating to CAMHS and Childrens' and Young Peoples' Eating disorder services was reviewed and analysed as three separate events to provide better indication of scope and impact. These have been classified as on-going events and reported in the events section of the report.

3.6 Risk in relation to stakeholder support for delivery of plans is de-escalated to Executive Committee monitoring.

3.7 Full details of all corporate risks under Governing Body monitoring are now managed through committees following the review at the Governing Body in April 2018. These can be provided as an annex on request by the Governing Body otherwise will be reported by exception from committees.

Events Report

NHS Vale of York Clinical Commissioning Group

CCG REGISTER OF NEW EVENTS

Code & Title	Description	Potential Effect	Operational Lead	Lead Director	Latest Note	Note Last Updated	Impact	Status	Trend
JC.29 Changes to services offered by The Retreat	The Retreat recently advised stakeholders of changes to the services it offers which will significantly reduce the inpatient bed base.	Patient experience compromised and financial burden on CCG	Jenny Brandom; Paul Howatson	Executive Director Transformation	The Retreat have publicly announced their intention to change the provision of in-patient services at their site in York in response to the Mental Health Five Year Forward View. The CCG have had several discussions already and are working closely with The Retreat to gain assurance on the changes affecting direct patient care. Regular meetings are being arranged as The Retreat move through transition and mobilisation of their plans.	26 Apr 2018	4		

CCG REGISTER OF ON-GOING EVENTS

Code & Title	Description	Potential Effect	Operational Lead	Lead Director	Latest Note	Note Last Updated	Impact	Status	Trend
ES.17 There is a potential risk that the CCG will fail to deliver a 1% surplus in-year.	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point.	Failure to retain a surplus of 1% will not have an overall impact on patient care.	Michael Ash-McMahon	Executive Director Chief Finance Officer	The CCG has delivered an in-year deficit of £20.07m in 2017/18 following the release of the 0.5% national risk reserve and the Category M prescribing benefit. Moving forward, the CCG is implementing the transformational programmes identified as part of its MTFS laying the foundations for the delivery in future years with effect from 1st April 2018. This process has been supported by the internal confirm and challenge sessions for each workstream area and the high-level plans have been shared with York Teaching Hospital NHS Foundation Trust. The CCG continues to work with the hospital and Scarborough and Ryedale CCG to build on the aligned incentives principles that have been agreed. There is now a clear reconciliation of the system plans and the gap is clearly understood by all partners. A detailed joint cost reduction programme of work now needs to be completed in order to jointly agree how the system gap will be closed.	18 Apr 2018	4		
JC.26a CAMHS: long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards	Long waiting lists may adversely affect response to treatment and outcomes. CYP and families experience longer periods of stress and anxiety waiting for appointments and treatment. Poorer or reduced outcomes may have effects on longer term emotional and mental health. There is potential detriment to reputation, and effects on partnerships, eg local authority.	Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience.	Susan De Val; Paul Howatson	Executive Director Transformation	April 2018: risk has been re-scoped to focus on CAMHS and separate risks are being scoped for autism assessments and community eating disorders. We have agreed with TEWV they will provide a further analysis of CAMHS capacity and demand, with narrative around clinical priorities for consideration at CMB. QPEC is sighted on the issue and seeking a report on background and proposed actions.	17 Apr 2018	4		
JC.26c Children and young people eating disorders. Non compliance with national access and waiting time standards	Higher than anticipated referral rates into the NYY eating disorder service in York means TEWV does not meet access and waiting time standards. These patients are usually very ill, and require intensive long term care and support. Although patients are seen outside the national waiting time standard, they generally	Delays in assessment and diagnosis: high referral rate leads to longer periods in treatment with potential for poorer outcomes.	Susan De Val; Paul Howatson	Executive Director Transformation	April 2018: risk re-scoped to focus on eating disorders. This is a small but clinically critical group of patients. In conjunction with North Yorkshire CCGs there is an action plan to improve performance against the national indicator and increase transparency around clinical concerns regarding treatment pathways. The matter is reported as a standing exception at CMB, and QPEC is sighted on the issue and requested a report on background and actions proposed.	17 Apr 2018	4		

Code & Title	Description	Potential Effect	Operational Lead	Lead Director	Latest Note	Note Last Updated	Impact	Status	Trend
	do not wait long periods, but the high volume means patients are in treatment for longer than national standards recommend, and outcomes may be poorer and take longer to be apparent.								
JC.26b Childrens Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic process	For the 5-18 pathway there is a long waiting list. For both the 0-5 and 5-18 pathways, the diagnostic process does not comply with NICE guidance. Children and families can wait for long periods for assessment and diagnosis, with consequent strain and anxiety, and do not receive support from other agencies pending diagnosis. There are concerns around the pathway for formal diagnosis because of limited input across professional input into assessment.	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings.	Susan De Val; Paul Howatson	Executive Director Transformation	April 2018: risk re-scoped to focus on autism assessment and diagnostic pathways for both 0-5 and 5-18 services. Families express great concerns over waiting times for assessment to be undertaken and finalised, with reputational damage and complaints to CCG. The diagnostic pathway involves multi disciplinary working, and this has changed in recent months, and is now more complex to gain the clinical assurance around diagnosis. There is a being finalised an action plan to address waiting lists, and discussions between the CCG and providers around the responsibility for provision of a fully NICE concordant service.	17 Apr 2018	3		
JC.30 Dementia - Failure to achieve 67% coding target in general practice.	Non delivery of mandatory NHSE targets Lack of sufficient providers in some areas resulting in delayed transfers of care or limited choice available to patients meeting new standards	Further pressure from NHS England to rectify this. Service users may not be appropriately flagged and therefore ongoing referrals from primary care will not have the relevant information to make reasonable adjustments for their carers support.	Paul Howatson	Executive Director Transformation	The diagnosis rate is 60.7%, remaining below the national ambition of 67%. The CCG approved funding for GPs to undertake additional sessions to improve their practice diagnosis rates. Figures for March are due to be published on 20 April. Work is being undertaken to identify cases in care homes and to reconcile registers held in the specialist MH service with GP QOF registers	18 Apr 2018	3		

Item Number: 7

Name of Presenter: Michael Ash-McMahon

Meeting of the Governing Body

Date of meeting: 3 May 2018

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Report Month 12

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of the CCG and achievement of key financial duties for 2017/18 as at the end of March 2018.

To provide details and assurance around the actions being taken.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

F17.1- ORG Failure to deliver 1% surplus
F17.2 – ORG Failure to deliver planned financial position
F17.3 – ORG Failure to maintain expenditure within allocation

Emerging Risks (not yet on Covalent)

The CCG has effectively closed down a number of key variable / risk areas including York Teaching Hospital NHS Foundation Trust, CHC, FNC and Mental Health Out of Contract expenditure. Those that remain are of a much lower value and risk of variation. Although these are covered off within some of the broader risks described in Covalent it is worth noting them specifically here:

- Acute - The reported forecast outturn now includes the agreed year-end position with all providers apart from the Ramsay, Nuffield, Harrogate and Leeds contracts, which will be paid based on the actual level of activity delivered as it has not been possible to agree a value that all parties were satisfied with.
- Discussions have progressed with NHS Property Services, with regards to the historic position for 2015/16 and 2016/17 where both parties have agreed a full and final settlement position. Work is on-going for 2017/18, which remains complicated and potentially high value, although the position includes a prudent assessment of this as far as possible.

Recommendations

To note the financial performance of the CCG and the achievement of key financial duties for 2017/18 as at the end of March 2018.

Responsible Executive Director and Title	**Report Author and Title**
Tracey Preece, Chief Finance Officer	Michael Ash-McMahon, Deputy Chief Finance Officer Rachel Cooke, Interim Head of Finance

Appendix 1 – Finance dashboard
Appendix 2 – Running costs dashboard

Financial Performance Report – Executive Summary

April 2017 to March 2018

Month 12 2017/18

DRAFT

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
Underlying position	The outturn underlying position of £21.2m is an improvement on the 2017/18 opening underlying position of £22.4m in the 31st March plan submission.	On-going monitoring and reporting.
Primary Care Prescribing	There was an improvement on the forecast outturn position of £443k, due to CCGs now retaining the Category M benefit	No further action required.
QIPP delivery	Full year QIPP delivery was £7.9m. This was a £0.5m improvement on the forecast position at Month 11.	On-going monitoring and reporting.
Reserves (0.5% national risk reserve)	As per the national instruction from NHS England the CCG has released the 0.5% national risk reserve into its position, thereby improving the outturn by £2.0m.	No further action required.

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
York Teaching Hospital NHS Foundation Trust	The finance report / dashboard includes an apparent deterioration of the trading position with the Trust. However, this wholly relates to the release of the 0.5% CQUIN, £898k, previously held in CCG reserves, following national instruction. There was no deterioration to the CCG's overall position.	No further action required.

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Cash - the CCG met its internal Key Financial Measure to have a month-end cash holding within 1.25% of the monthly draw down. The CCG had its Maximum Cash Drawdown (MCD) amended to reflect the Month 9 outturn and the extra allocations it received in Month 12 made one supplementary drawdown in March.

2. Continuing Healthcare – inconsistencies in data which may have a financial impact. Invoices transferred from 1st February 2018 – it is expected this may have an adverse impact on the Better Payment Practice Code. Significant work underway to validate data, internal audit and lay members involved.

3. NHS Property Services – Discussions have progressed with NHS Property Services, with regards to the historic position for 2015/16 and 2016/17 where both parties have agreed a full and final settlement position. Work is on-going for 2017/18, which remains complicated and potentially high value, although the position includes a prudent assessment of this as far as possible.

Financial Performance Summary

Summary of Key Financial Statutory Duties

Indicator	Year to Date Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation	7.5	6.3	1.2	G↑
In-year total expenditure does not exceed total allocation (Programme and Running costs)	455.0	475.1	(20.1)	R↑
Better Payment Practice Code (Value)	95.00%	99.51%	4.51%	G↑
Better Payment Practice Code (Number)	95.00%	97.52%	2.52%	G↓
Cash balance at year end is within 1.25% of monthly drawdown (£k)	451	96	355	G
CCG cash drawdown does not exceed maximum cash drawdown	469.6	469.0	0.6	G

Description	Value
Deficit at Month 12	**(£20.1m)**
Adjust for non-recurrent items -	
Non-recurrent allocation adjustments	(£3.2m)
Non-recurrent allocation expenditure adjustments	£1.2m
Repayment of system support	£0.3m
Non recurrent QIPP (BMI & Smoking)	(£2.7m)
Prescribing adjustments (Incl. NCSO and Cat M)	£2.5m
Prior year pressures	£0.9m
Prescribing Indicative Budgets mobilisation payments	£0.3m
Syrian Refugee income	(£0.1m)
NRS backlog work	£0.04m
Legal directions support	(£0.4m)
Underlying financial position	**(£21.2m)**

Summary of Key Financial Measures

Indicator	Year to Date Target £m	Actual £m	Variance £m	RAG rating
Running costs spend within plan	7.3	6.3	1.0	G↑
Programme spend within plan	454.1	468.8	(14.7)	R↑
Actual Surplus / (Deficit) within plan (In-year)	(6.3)	(20.1)	(13.7)	R↑
Actual Surplus / (Deficit) within plan (Cumulative)	(30.1)	(43.8)	(13.7)	R↑
Cash balance at month end is within 1.25% of monthly drawdown (£k)	451	96	355	G
QIPP delivery (see section 8)	14.4	7.9	(6.5)	R↑

QIPP Summary	£m
QIPP Target	14.4
Delivered at Month 12	(7.9)
QIPP gap (included in overall gap)	**6.5**

NHS Vale of York Clinical Commissioning Group Financial Performance Report – ***Executive Summary***

Report produced: April 2018

Financial Period: April 2017 to March 2018 (Month 12)

Summary of Key Financial Statutory Duties

Indicator	Year to Date Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation	7.5	6.3	1.2	G↑
In-year total expenditure does not exceed total allocation (Programme and Running costs)	455.0	475.1	(20.1)	R↑
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Summary of Key Financial Measures

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QIPP delivery (see section 8)	14.4	7.9	(6.5)	R↑

See Detailed Narrative for supporting information.

Key Messages

- **Financial Plan:** the final year-end position is reported against a planned deficit of £6.3m.
- **Underlying position:** the underlying position of £21.2m has not changed materially since M11, and remains an improvement against the 2017/18 opening underlying position of £22.4m in the 31st March plan submission.
- **Month 12:** the Month 12 position is a deficit of £20.1m following the release of the 0.5% national risk reserve (£2.0m) and the Category M benefit (£443k) as required by NHS England, both of which improved the previous forecast deficit of £22.5m.

- **QIPP:** (see section 8)

QIPP Summary	£m
QIPP Target	14.4
Delivered at Month 12	(7.9)
QIPP gap (included in overall gap)	**6.5**

- **Cash:** the CCG met its internal Key Financial Measure to have a month-end cash holding within 1.25% of the monthly draw down. The CCG has had its Maximum Cash Drawdown (MCD) amended and made one supplementary drawdown in Month 12 to take account of additional allocation in month.

- **Key Actions & Areas for Discussion**:
  - **Level of risk (Acute)** – The reported forecast outturn now includes the agreed year-end position with all providers apart from the Ramsay, Nuffield, Harrogate and Leeds contracts, which will be paid based on the actual level of activity delivered as it has not been possible to agree a value that all parties were satisfied with.
  - **Disputes and Challenges** – The trading position for Hull and East Yorkshire appears to have improved, however this is a result of the expenditure associated with Cardiac Resynchronisation Therapy Pacemakers activity being removed from the trading position, and instead £175k is being charged directly to the CCG by NHS England. The CCG have challenged these charges but are still awaiting a response from NHSE. The status of the challenge is unknown, but the CCG has provided for the expenditure.
  - **Level of risk (Other)** – Discussions have progressed with NHS Property Services, with regards to the historic position for 2015/16 and 2016/17 where both parties have agreed a full and final settlement position. Work is on-going for 2017/18, which remains complicated and potentially high value, although the position includes a prudent assessment of this as far as possible.
  - **Prescribing** – Pharmacy costs include the full impact from No Cheaper Stock Obtainable (NCSO) items of £1.9m. Planning guidance indicates this is not expected to continue into 2018/19.

- **Report Format**: for the last few months a new-style Executive Summary has been presented alongside this current format and this has been maintained through to the year-end to ensure continuity of key information at a critical time of the financial year. For 2018/19, following very positive feedback on the new format, that will replace this current Executive Summary. The Detailed Narrative section and appendices will remain.

NHS Vale of York Clinical Commissioning Group Financial Performance Report – ***Detailed Narrative***

Report produced: April 2018

Financial Period: April 2017 to March 2018 (Month 12)

1. Red / Amber financial statutory duties and measures

- *'In-year total expenditure does not exceed total allocation'* – outturn expenditure is £20.1m higher than the CCG's in-year allocation.
- *'Programme spend within plan'* – programme spend was overspent by £14.7m. This is offset by an under-spend on running costs of £1.0m which results in the overall position being £13.7m worse than plan.
- *'Actual position is within plan (in-year)'* – the year end expenditure position is a £20.1m deficit
- *'Actual position is within plan (cumulative)'* - the cumulative position has moved in line with the above.
- *'QIPP delivery'* – year to date QIPP delivery is 54.9% of plan which equates to £6.5m under delivery.

2. Month 12 Supporting Narrative

The plan at Month 12 was for a deficit of £6.3m; however the actual deficit is £20.1m, £14.7m worse than planned.

QIPP delivery ended the year at £7.9m, £6.5m short of the original plan and a £0.5m improvement on the forecast position at Month 11.

		£m
QIPP plan		14.4
Original CEP proposals	9.7	
Underlying position improvement	(1.9)	
Net CEP		7.8
Total savings plan as at June 12th		**22.2**
Removal of net CEP		(7.8)
Full Year Delivery		(7.9)
Shortfall		**6.5**

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust	(£10.7m)	The bulk of this relates to slippage on QIPP schemes, £4.9m, because the majority of the Health Optimisation proposals are impacting the Independent Sector providers. Further detail on the trading pressure is within the contract trading report.
Out of Contract Placements and SRBI	(£2.1m)	Increased trading costs in both Out of Contract and SRBI placements. This has included the reclassification of several patients to the Vale of York previously reported to the North Yorkshire CCGs as part of the on-going transfer and review of PCU services.
Primary Care Commissioning	£2.1m	Additional allocation for transitional support for sparsity in Primary Care and associated services £2.0m, and for co-commissioning interim support in 2017/18 £230k.
Reserves	(£4.1m)	This includes the impact of prior year pressures where estimates were made at year end (£846k). It also includes the benefit from release of the contingency (£2.2m) and the pressure from the CEP adjustment (£5.0m).
Ramsay and Nuffield Health	£1.5m	Ramsay is currently under trading by £1.9m however this is partly offset by an overtrade with Nuffield of £346k.
Other Prescribing	(£1.1m)	Increased costs on ONPOS offset by an under-spend on Primary Care Prescribing.
Other acute contracts	(£1.4m)	Overspends on Mid Yorkshire Hospitals NHS Trust (£273k), Harrogate and District NHS Foundation Trust (£341k), South Tees NHS Foundation Trust (£129k), Leeds Teaching Hospitals NHS Trust (£107k) and South Tees NHS Foundation Trust (£129k), offset by an underspend on North Lincs & Goole NHS Foundation Trust (£72k).
Running costs	£1.0m	There have been and remain a number of vacancies throughout the year that have been managed to help deliver the YTD underspend.
Other Primary Care	£0.5m	Slippage in the Out of Hospital QIPP means the associated investment has not yet been committed.
York Teaching Hospital NHS Foundation Trust – MSK	£0.7m	Contract is currently under trading due to lower levels of activity and vacancies and has now been agreed as a block amount for 2017/18 that reflects the actual cost of delivery.
Primary Care Prescribing	£1.2m	Underspend on Primary Care Prescribing offset by overspend on Other Prescribing for increased costs in relation to ONPOS and the associated QIPP. Increase in rebate income for 2016/17 not previously accrued. Improvement on the forecast position due to CCGs now retaining the Category M benefit as per national NHS England guidance.

Continuing Care and Funded Nursing Care	(£0.6m)	Funded Nursing Care is currently underspent by £0.8m, which is more than offset by an over-spend in Continuing Healthcare of £1.4m.
York Teaching Hospital NHS Foundation Trust – Community	£0.2m	Underspend on non-medical prescribing.
Other variances	(£0.9m)	
Total impact on YTD position	**(£13.7m)**	

3. Allocations

The cumulative allocation at Month 12 is as follows:

Description	Recurrent/ Non-recurrent	Category	Value
Allocation brought forward			£430.9m
TPP reconciliation - month 12	Non Recurrent	Programme	£14k
Additional Winter Funding - Tranche 2	Non Recurrent	Programme	£275k
Total allocation at Month 12			**£431.2m**

4. Underlying Position

The underlying position reported at Month 12 is detailed below:

Description	Value
Deficit at Month 12	**(£20.1m)**
Adjust for non-recurrent items -	
Non-recurrent allocation adjustments	(£3.2m)
Non-recurrent allocation expenditure adjustments	£1.2m
Repayment of system support	£0.3m
Non recurrent QIPP (BMI & Smoking)	(£2.7m)
Prescribing adjustments (Incl. NCSO and Cat M)	£2.5m
Prior year pressures	£0.9m
Prescribing Indicative Budgets mobilisation payments	£0.3m
Syrian Refugee income	(£0.1m)
NRS backlog work	£0.04m
Legal directions support	(£0.4m)
Underlying financial position	**(£21.2m)**

5. Balance sheet / other financial considerations

The CCG met its internal Key Financial Measure to have a month-end cash holding within 1.25% of the monthly draw down. The CCG has had its Maximum Cash Drawdown (MCD) amended to reflect the Month 9 outturn and the extra allocations it received in Month 12, and made one supplementary drawdown in March, in line with these allocations.

The CCG also continued its delivery of the Better Payment Practice Code requirements for NHS and Non-NHS creditors to be paid within 30 days of invoicing in terms of both value and volume of invoices.

6. QIPP programme and Capped Expenditure Process schemes

Scheme Name	Ref	Planned start date	Year to Date		Comments
			Planned savings £000	Actual savings £000	
PLANNED CARE					
Anti-Coagulation service	194	Apr-17	259	105	
Cataract Thresholds	161	Apr-17	300	0	In plan from 2018/19
Faecal Calprotectin	PC4	Oct-16	53	0	
Biosimilar high cost drugs gain share	016	Apr-17	318	163	
Remove SpR block from contract	168	Apr-17	952	952	
Commissioning for Value (PNRC)	006	Apr-17	150	350	
Optimising Health Outcomes: BMI & smoking thresholds	064	Mar-17	3,000	2,718	
RightCare - Circulation (Heart Disease)	008	Oct-17	100	100	
RightCare - Gastroenterology	009	Apr-18	0	0	In plan from 2018/19
RightCare - Respiratory (COPD)	010	Apr-18	0	0	In plan from 2018/19
RightCare - Orthopaedics / MSK	011	Oct-17	750	0	In plan from 2018/19
Outpatient Transformation and Demand Management (Incl. Consultant Connect, Advice and Guidance or Virtual Clinics)	014	Oct-17	1,000	0	In plan from 2018/19
UNPLANNED CARE					
Community Podiatry	IC4	May-17	393	339	
Review of community inpatient services - Phase I (Archways)	019a	Apr-17	421	352	In contract and delivering but at lower level than in financial plan
Wheelchairs service re-procurement	207	Apr-17	217	187	
Community Equipment service re-procurement	187	Apr-17	418	0	New contract in place but costs higher than expected.
Patient Transport - contracting review	190a	Apr-17	11	11	
Unplanned Care Programme (including urgent care and out of hospital care)	149	Jul-17	824	0	
Integrated Care Team Roll-out (Central locality only)	152	Apr-17	756	202	Scheme up and running.
Review of community inpatient services - Phase II	019b	Oct-17	200	0	
RightCare Phase 2 - Trauma & Injuries	017	Apr-18	0	0	In plan from 2018/19
Patient Transport project - re-procurement	190b	Apr-18	0	0	In plan from 2018/19

Scheme Name	Ref	Planned start date	Year to Date		Comments
			Planned savings £000	Actual savings £000	
PRIMARY CARE					
Dermatology Indicative Budgets	195	Apr-17	36	28	
GP IT - NYNET	003	May-17	183	183	
Roll out indicative budgets to other specialities	020	Jul-17	75	0	
PRESCRIBING					
PIB and Non-PIB unaligned: Other schemes (branded generics)	196	Apr-17	277	277	
PIB and Non-PIB unaligned: Therapeutic switches	197	Apr-17	128	128	
PIB and Non-PIB unaligned: Gluco Rx - Diabetic Prescribing	198	Apr-17	106	106	
PIB and Non-PIB unaligned: Minor Ailments Prescribing	176	Oct-17	75	75	
CCG wide: Dressings/Woundcare (ONPOS)	201	Apr-17	75	75	
PIB and Non-PIB unaligned: Prescribing schemes - Quality i.e.: Red & black drugs	022	Apr-17	900	900	
CCG wide: Continence & Stoma Care	199	Oct-17	53	53	
COMPLEX CARE					
Continence Supplies	C1	Apr-17	23	5	
CHC review 1 to 1 care packages	024a	Apr-17	98	0	
CHC review: Short Breaks	024b	Apr-17	51	0	
CHC review panel decisions (jointly funded packages of care)	024c	Apr-17	83	0	
Complex Care - CHC and FNC benchmarking	024d	Oct-17	1,550	0	
Recommission MH out of contract expenditure	025	Apr-17	300	0	
BACK OFFICE					
Commissioning support (eMBED) contract savings	004	Apr-17	207	207	
Vacancy control	027	Apr-17	54	407	
Total identified QIPP			**14,396**	**7,924**	

QIPP programme delivery updates and risks are provided in the integrated performance and QIPP report; the table above represents a summary financial analysis.

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			Forecast Outturn Previous Month			Forecast Outturn Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services																		
Acute Services																		
York Teaching Hospital NHS FT	185,280	196,025	(10,745)	168,680	178,676	(9,996)	16,600	17,349	(749)	185,280	195,127	(9,847)	184,446	195,127	(10,681)	834	0	834
Yorkshire Ambulance Service NHS Trust	12,897	12,897	0	11,768	11,768	0	1,129	1,129	0	12,897	12,838	59	12,838	12,838	0	59	0	59
Leeds Teaching Hospitals NHS Trust	8,276	8,384	(107)	7,555	7,652	(97)	721	731	(10)	8,276	8,367	(91)	8,276	8,367	(91)	0	0	0
Hull and East Yorkshire Hospitals NHS Trust	2,994	3,082	(88)	2,740	2,967	(227)	254	115	139	2,994	3,231	(237)	2,994	3,231	(237)	0	0	0
Harrogate and District NHS FT	1,851	2,192	(341)	1,684	1,950	(266)	168	242	(74)	1,851	2,133	(282)	1,843	2,133	(290)	8	0	8
Mid Yorkshire Hospitals NHS Trust	2,096	2,369	(273)	1,912	2,138	(226)	184	231	(47)	2,096	2,320	(224)	2,087	2,320	(233)	10	0	10
South Tees NHS FT	1,264	1,393	(129)	1,150	1,255	(105)	114	138	(24)	1,264	1,372	(108)	1,258	1,372	(114)	6	0	6
North Lincolnshire & Goole Hospitals NHS Trust	567	496	72	516	457	59	51	39	13	567	500	67	565	500	64	3	0	3
Sheffield Teaching Hospitals NHS FT	215	203	12	197	183	14	18	20	(2)	215	201	14	215	201	14	0	0	0
Non-Contracted Activity	3,912	4,156	(243)	3,586	3,604	(18)	326	552	(225)	3,912	3,930	(18)	3,912	3,930	(18)	0	0	0
Other Acute Commissioning	923	1,078	(155)	846	802	44	77	276	(199)	923	884	39	923	884	39	0	0	0
Ramsay	6,721	4,868	1,853	6,158	4,408	1,750	562	460	103	6,721	4,778	1,943	6,721	4,778	1,943	0	0	0
Nuffield Health	2,926	3,272	(346)	2,681	2,990	(309)	245	282	(37)	2,926	3,263	(337)	2,926	3,263	(337)	0	0	0
Other Private Providers	1,040	1,208	(168)	953	1,059	(106)	87	149	(63)	1,040	1,167	(127)	1,040	1,167	(127)	0	0	0
Sub Total	**230,964**	**241,622**	**(10,659)**	**210,426**	**219,910**	**(9,483)**	**20,537**	**21,713**	**(1,175)**	**230,964**	**240,112**	**(9,148)**	**230,044**	**240,112**	**(10,068)**	**920**	**0**	**920**
Mental Health Services																		
Tees Esk and Wear Valleys NHS FT	39,650	39,905	(255)	36,334	36,480	(146)	3,317	3,425	(109)	39,650	39,805	(154)	39,650	39,805	(154)	0	0	0
Out of Contract Placements and SRBI	5,227	7,281	(2,054)	4,791	6,903	(2,111)	436	379	57	5,227	7,307	(2,080)	5,227	7,307	(2,080)	0	0	0
Non-Contracted Activity - MH	421	404	18	386	359	27	35	45	(9)	421	419	2	421	419	2	0	0	0
Other Mental Health	272	287	(15)	214	214	0	58	73	(15)	272	272	0	272	272	0	0	0	0
Sub Total	**45,571**	**47,876**	**(2,306)**	**41,725**	**43,955**	**(2,230)**	**3,846**	**3,922**	**(76)**	**45,571**	**47,803**	**(2,232)**	**45,571**	**47,803**	**(2,232)**	**0**	**0**	**0**

	YTD Position			YTD previous month			YTD Movement			Forecast Outturn			YTD previous month			YTD Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Community Services																		
York Teaching Hospital NHS FT - Community	19,686	19,502	184	17,980	17,881	98	1,706	1,620	86	19,686	19,507	179	19,596	19,507	89	90	0	90
York Teaching Hospital NHS FT - MSK	2,777	2,089	688	2,504	1,867	636	273	221	52	2,777	2,107	670	2,777	2,107	670	0	0	0
Harrogate and District NHS FT - Community	2,656	2,758	(101)	2,425	2,548	(123)	231	210	22	2,656	2,753	(96)	2,643	2,753	(109)	13	0	13
Humber NHS FT - Community	990	988	1	903	907	(4)	87	81	6	990	990	0	985	990	(5)	5	0	5
Hospices	1,247	1,246	1	1,143	1,142	1	104	104	0	1,247	1,246	2	1,247	1,246	2	0	0	0
Longer Term Conditions	458	421	37	420	414	7	38	8	31	458	454	4	458	454	4	0	0	0
Other Community	2,179	2,309	(131)	1,979	1,931	48	200	379	(179)	2,179	2,106	73	2,179	2,106	73	0	0	0
Sub total	**29,993**	**29,313**	**681**	**27,354**	**26,690**	**664**	**2,639**	**2,623**	**17**	**29,993**	**29,162**	**831**	**29,885**	**29,162**	**723**	**108**	**0**	**108**
Other Services																		
Continuing Care	26,033	27,383	(1,350)	23,915	25,197	(1,282)	2,118	2,186	(68)	26,033	27,567	(1,534)	26,033	27,567	(1,534)	0	0	0
Funded Nursing Care	5,005	4,249	755	4,588	3,541	1,047	417	708	(291)	5,005	3,863	1,142	5,005	3,863	1,142	0	0	0
Patient Transport - Yorkshire Ambulance Service NHS Trust	2,007	2,063	(55)	1,841	1,886	(45)	167	177	(10)	2,007	2,060	(52)	2,007	2,060	(52)	0	0	0
Voluntary Sector / Section 256	547	489	58	490	511	(21)	57	(22)	79	547	554	(7)	547	554	(7)	0	0	0
Non-NHS Treatment	576	592	(16)	529	531	(3)	47	60	(13)	576	578	(3)	576	578	(3)	0	0	0
NHS 111	813	830	(17)	745	744	1	68	86	(18)	813	810	3	813	810	3	0	0	0
Better Care Fund	11,138	11,293	(154)	10,152	10,450	(298)	986	842	144	11,138	11,283	(144)	11,138	11,283	(144)	0	0	0
Other Services	2,203	2,550	(347)	2,018	2,054	(37)	185	495	(310)	2,203	2,245	(43)	2,203	2,245	(43)	0	0	0
Sub total	**48,321**	**49,448**	**(1,127)**	**44,277**	**44,915**	**(638)**	**4,044**	**4,533**	**(489)**	**48,321**	**48,960**	**(639)**	**48,321**	**48,960**	**(639)**	**0**	**0**	**0**

	YTD Position			YTD previous month			YTD Movement			Forecast Outturn			YTD previous month			YTD Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care																		
Primary Care Prescribing	50,196	49,018	1,178	45,912	45,601	311	4,284	3,417	867	50,196	49,871	325	50,196	49,871	325	0	0	0
Other Prescribing	673	1,765	(1,092)	617	1,581	(964)	56	184	(128)	673	1,831	(1,158)	673	1,831	(1,158)	0	0	0
Local Enhanced Services	1,918	1,708	210	1,732	1,401	331	187	307	(121)	1,918	1,834	84	1,918	1,834	84	0	0	0
Oxygen	263	304	(41)	241	275	(34)	22	29	(7)	263	300	(37)	263	300	(37)	0	0	0
Primary Care IT	1,146	1,144	2	914	940	(26)	232	204	28	1,146	1,164	(18)	1,146	1,164	(18)	0	0	0
Out of Hours	3,167	3,215	(48)	2,903	2,976	(72)	264	239	25	3,167	3,219	(52)	3,167	3,219	(52)	0	0	0
Other Primary Care	1,095	595	500	856	186	670	239	408	(169)	1,095	589	506	1,095	589	506	0	0	0
Sub Total	**58,459**	**57,749**	**710**	**53,176**	**52,961**	**215**	**5,283**	**4,788**	**495**	**58,459**	**58,808**	**(350)**	**58,459**	**58,808**	**(350)**	**0**	**0**	**0**
Primary Care Commissioning	**44,041**	**41,907**	**2,134**	**40,360**	**38,556**	**1,804**	**3,682**	**3,352**	**330**	**44,041**	**42,030**	**2,012**	**44,027**	**42,030**	**1,998**	**14**	**0**	**14**
Trading Position	**457,349**	**467,915**	**(10,566)**	**417,318**	**426,986**	**(9,668)**	**40,031**	**40,930**	**(898)**	**457,349**	**466,875**	**(9,526)**	**456,307**	**466,875**	**(10,568)**	**1,042**	**0**	**1,042**
Prior Year Balances	0	846	(846)	0	846	(846)	0	0	0	0	846	(846)	0	846	(846)	0	0	0
Reserves	(547)	0	(547)	(2,733)	0	(2,733)	2,187	0	2,187	(547)	2,839	(3,386)	206	2,839	(2,633)	(753)	0	(753)
Contingency	2,248	0	2,248	2,061	0	2,061	187	0	187	2,248	0	2,248	2,248	0	2,248	0	0	0
Unallocated QIPP	(4,994)	0	(4,994)	0	0	0	(4,994)	0	(4,994)	(4,994)	0	(4,994)	(4,994)	0	(4,994)	0	0	0
Reserves	**(3,293)**	**846**	**(4,138)**	**(672)**	**846**	**(1,518)**	**(2,620)**	**0**	**(2,620)**	**(3,293)**	**3,685**	**(6,978)**	**(2,540)**	**3,685**	**(6,225)**	**(753)**	**0**	**(753)**
Programme Financial Position	**454,057**	**468,761**	**(14,705)**	**416,645**	**427,831**	**(11,186)**	**37,411**	**40,930**	**(3,518)**	**454,057**	**470,560**	**(16,504)**	**453,768**	**470,560**	**(16,793)**	**289**	**0**	**289**
In Year Surplus / (Deficit)	(6,345)	0	(6,345)	(5,816)	0	(5,816)	(529)	0	(529)	(6,345)	0	(6,345)	(6,345)	0	(6,345)	0	0	0
In Year Programme Financial Position	**447,712**	**468,761**	**(21,049)**	**410,829**	**427,831**	**(17,002)**	**36,883**	**40,930**	**(4,047)**	**447,712**	**470,560**	**(22,848)**	**447,423**	**470,560**	**(23,137)**	**289**	**0**	**289**
Running Costs	**7,287**	**6,309**	**978**	**6,678**	**5,943**	**736**	**609**	**366**	**242**	**7,287**	**6,673**	**614**	**7,287**	**6,673**	**614**	**0**	**0**	**0**
Total In Year Financial Position	**454,999**	**475,071**	**(20,072)**	**417,508**	**433,774**	**(16,266)**	**37,491**	**41,296**	**(3,805)**	**454,999**	**477,233**	**(22,234)**	**454,710**	**477,233**	**(22,523)**	**289**	**0**	**289**
Brought Forward (Deficit)	(23,759)	0	(23,759)	(21,779)	0	(21,779)	(1,980)	0	(1,980)	(23,759)	0	(23,759)	(23,759)	0	(23,759)	0	0	0
Cumulative Financial Position	**431,240**	**475,071**	**(43,831)**	**395,729**	**433,774**	**(38,046)**	**35,511**	**41,296**	**(5,785)**	**431,240**	**477,233**	**(45,993)**	**430,951**	**477,233**	**(46,282)**	**289**	**0**	**289**

Appendix 2 – Running costs dashboard

Directorate	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			Forecast Outturn Previous Month			Forecast Outturn Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Governing Body/ COO/Execs	880	416	464	806	777	29	74	(361)	435	880	1,017	(137)	880	1,017	(137)	(0)	(0)	0
System Resource & Performance	1,777	1,386	391	1,628	1,265	363	149	121	28	1,777	1,390	386	1,777	1,390	386	(0)	0	0
Planning & Governance	1,196	1,015	181	1,096	916	180	100	99	1	1,196	998	198	1,196	998	198	(0)	0	(0)
Joint Commissioning	498	482	16	457	425	31	41	57	(15)	498	471	27	498	471	27	0	(0)	0
Transformation & Delivery	347	292	55	318	268	50	29	24	5	347	294	52	347	294	52	(0)	0	0
Medical Directorate	945	961	(16)	866	807	59	79	154	(75)	945	881	64	945	881	64	(0)	0	(0)
Finance	988	1,008	(20)	902	798	104	86	210	(124)	988	882	106	988	882	106	(0)	0	(0)
Quality & Nursing	671	536	135	616	489	126	55	47	9	671	521	150	671	521	150	0	0	(0)
Recharges & PCU	247	214	33	230	196	34	17	18	(1)	247	218	29	247	218	29	0	(0)	0
Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QIPP	(261)	0	(261)	(239)	0	(239)	(22)	0	(22)	(261)	0	(261)	(261)	0	(261)	0	0	0
Overall Position	**7,287**	**6,309**	**978**	**6,680**	**5,941**	**737**	**607**	**368**	**241**	**7,287**	**6,673**	**614**	**7,288**	**6,672**	**614**	**(1)**	**1**	**(0)**

Item Number: 8

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Meeting Date: 3 May 2018

NHS
Vale of York
Clinical Commissioning Group

Integrated Performance Report Month 11 2017/18

Purpose of Report
For Information

Reason for Report

This document provides a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2017/18 programmes incorporating QIPP, Contracting and Performance information.

The report captures validated data for Month 11 for performance and contracting, and Month 12 for finance and QIPP.

The report should be read alongside the Financial Performance Report.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☒Equalities

Covalent Risk Reference and Covalent Description

26 risks as captured in the Risk report for March 2018

Emerging Risks (not yet on Covalent)

n/a

Recommendations
n/a

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Caroline Alexander Assistant Director of Delivery and Performance

Integrated Performance Report

Validated data to February 2018
Month 11 2017/18

NHS
Vale of York
Clinical Commissioning Group

CONTENTS

Performance Headlines

Performance Summary : All Constitutional Targets

Programme Overviews

Planned Care
- Contracting
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – RTT, Cancer, Diagnostics
- Key Questions – QIPP, Contracting and Performance
- Prescribing – QIPP and key questions

Unplanned Care
- Contracting
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – Accident and Emergency, Ambulance Service, Other Services and Measures
- Key Questions – QIPP, Contracting and Performance

Mental Health, Learning Disability and Complex Care
- Contracting
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – Improving Access to Psychological Services, Dementia, CAMHS, Psychiatric Liaison Service
- Key Questions – QIPP, Contracting and Performance

Primary Care
- Overview of progress with the GPFV programme and QIPP (see QIPP Supplementary report: Annex to Finance report)
- Performance – primary care dashboard now reported to Primary Care Commissioning Committee

Annexes:
Includes core supporting performance documents and updates on other/ enabling/ quality workstreams linked to performance

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

Cancer 2 Week Wait	Vale of York CCG met the 93% target for the fourth consecutive month, with performance in February 2018 at 97.2%, up from 96.1% in January. The only specialities to not meet target were Gynaecological (90.6% = 5/53 breaches) and Lung (85.7% = 2/14 breaches). All other specialities had performance of 96% or above against 93% target. York Trust also remained above target this month, with performance up from 94.4% in January to 94.7% in February.	Of the 23 two week wait breaches in February 2018, over half (12) were down to patient cancellations, with a further 3 patients declining dates offered within 2 weeks.
DTOC	Delayed bed days have increased slightly at York Trust in February compared to January with an increase in acute delays, but this is counteracted in part with a reduction in non-acute delays. Delayed days have reduced month on month for York UA as a whole, and for TEWV on a provider level.	This is a focus for system financial and performance recovery in 2018/19 and the CCG are working to establish and agree the baseline for DTOCs and the recovery trajectory with partners locally.

Performance Headlines

DETERIORATION IN PERFORMANCE :

A&E 4 hr	York Trust's performance for all attendance types fell further to 81.2% in March 2018, down from 81.8% in February. This month represents the lowest performance since January 2017 which stood at 78.2%. There were 40 trolley waits > 12 hours in March, up from 14 in January and 15 in February. This is the highest number of 12 hour breaches since January 2017 when there were a total of 45. The most recent unvalidated data shows Trust performance of 82.3% as at week ending 8th April 2018.	The Trust continues to experience high bed occupancy at both hospitals. Bed occupancy levels have had a significant impact on flow, resulting in long waits for patients in ED and delays in ambulance handover. The majority of admitted breaches are attributed to bed pressures. Nurse staffing vacancies remains a significant operational pressure. In week ending 8th April there were 352 unfilled Registered Nurse shifts equating to 2,840 unfilled shift hours across the York, Scarborough and Bridlington Hospitals. Diagnostic work is underway at York to target recovery actions and inform the recovery plan 2018-19. A rapid Improvement plan has been drafted by the Trust for Scarborough. Diverts are instigated as required, including the ongoing geographical alternation of YAS' normal boundary between Harrogate and York.
Diagnostics 6 Week Wait	Vale of York CCG's performance against the >99% target continued to deteriorate to 96.1% in February 2018, down from 96.6% in January. This equates to 131 patients waiting longer than 6 weeks from a cohort of 3,381. Specialities with the highest number of breaches were CT (32), MRI (24), Colonoscopy (19) and Sleep Studies (19). York Trust's performance in Diagnostics also deteriorated slightly, from 98.1% in January to 97.9% in February.	CT breaches at Hull and East Yorkshire (HEY) increased in February; the new CT scanner at HEY is now operational and staff are being trained to use the equipment. CT scans are being subcontracted out to Spire until the end of March 2018 to provide extra capacity and help clear the current backlog. YTHFT accounted for all 19 Sleep Studies breaches, 18 of the CCG's 19 Colonoscopy breaches, and 22 of the CCG's 24 MRI breaches.

Performance Headlines

DETERIORATION IN PERFORMANCE :

Cancer 62 day Treatment	Vale of York CCG's performance against the 85% target deteriorated further in February 2018, with performance of 81.6% compared to 84.9% in January. This equates to 16 breaches of a cohort of 87 patients. York Trust's performance also fell in February to 81.1%, compared to 85.1% in January 2018. The next quarterly detailed cancer update to Committee will co-ordinate with quarterly sub CMB cancer focus sessions and is scheduled for May 2018.	The NHSI Elective Intensive Support Team is currently working with York Trust to review 62 day processes and implementing optimal clinical pathways for Lung and Haematology. Final report is due at the end April 2018. YTHFT's Cancer Board has been reviewed and new arrangements will be implemented in January 2018, bringing closer alignment with the STP Cancer Alliance Priorities and the development of the local Trust Cancer Strategy. Clinical Harm Reviews are completed on all patients waiting over 104 days. A review is also underway to provide assurance that all possible options for diagnostics have been considered to reduce waiting times for patients.
RTT 18 Week target	RTT performance dropped to 86.6% in February 2018 from 87.5% in January 2018, this is the lowest performance on record against the incomplete standard for Vale of York CCG. There were 6 x 52 week breaches for the CCG in February, 4 at Leeds in General Surgery (1), Plastic Surgery (2) and Other (1), and 2 at NLAG in Ophthalmology (1) and Trauma and Orthopaedics (1). York Trust's performance also declined to 84.8% from 85.3% in January.	The RTT position has been affected by winter pressures and elective patient cancellations within 48 hours due to bed shortages are the highest for the year at 129. Ward 23 has been utilised as a flu ward for the past 2 months but re-opened again in March 2018. The Trust is currently engaged with the NHSI productivity team to support effective theatre utilisation and productive working. During February 2018 their work focused on outpatient processes and supporting the overall productivity of outpatients, the Trust DNA rate has reduced to 6.2%.

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. To note: year-end performance forecasts show improvement across majority of performance indicators across the year. Month 11 performance has obviously shown the full impact of the winter period, particularly around ECS and RTT performance. This is captured in the draft Annual Report and was noted at the Q4 NHSE IAF annual review for the CCG.

2. ECS performance - continued fluctuations in A&E 4 hour performance in M10-12. See Annex for latest ECS weekly performance report and sitreps.
Winter plan for 2018/19 will be presented to Committee for approval.

3. To note: feedback from NHSE 2017/18 Annual Review on 23rd April and proposal for de-escalation from Legal Directions based on CCG delivery and improvement in 2017/18 – verbal update Phil Mettam, Accountable Officer

4. To note: additional funding allocation proposals for Cancer 62 day performance improvement – see Annex

5. To note: Cancer Alliance end of year report and provider waiting times dashboard 2017/18– see Annex.
Also for update on implementation: new national 28 day waiting time data recording system and inter-provider transfers policy

6. To note: Refreshed Quality Premium 2018/19 guidance and implications for CCG – see Annex for guidance.
Verbal update from Caroline Alexander.

7. To note: Performance recovery plans for 2018/19 to be presented in full at May Committee and establishment of Performance recovery Boards from May 2018.

Performance Summary:
All Constitutional Targets 2017/18

Validated data to February (Month 11)

NHS
Vale of York
Clinical Commissioning Group

VoY CCG - NHS Constitution - 2017/18

Generated on: 17 April 2018

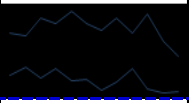
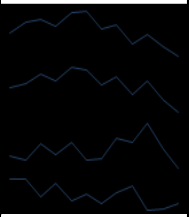
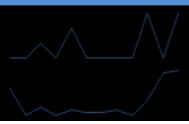
no filter
ALL (Y,R,G)
Green
Red

EMBED HEALTH CONSORTIUM

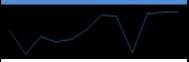
Planned Care

Indicator	Level of Reporting		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	2016/17	Direction of Travel (last 12 Months)	3 Month Trend
Referral to Treatment																						
Referral to Treatment pathways: incomplete	CCG	Actual	90.7%	89.7%	90.2%	90.2%	89.7%	89.3%	88.8%	89.2%	89.2%	88.1%	87.5%	86.6%	90.0%	89.3%	88.8%	87.1%	89.0%	91.4%		↓
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	2	2	2	0	1	0	0	0	0	3	5	6	4	1	3	11	19	5		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Diagnostics																						
Diagnostic test waiting times	CCG	Actual	2.12%	3.76%	3.49%	2.83%	2.18%	1.63%	1.60%	1.99%	1.85%	2.06%	3.42%	3.87%	2.83%	1.60%	2.06%	3.87%	3.87%	2.12%		↑
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
Cancer																						
All Cancer 2 week waits	CCG	Actual	93.3%	90.5%	89.6%	90.4%	85.9%	85.2%	88.1%	86.8%	96.4%	93.5%	96.1%	97.2%	90.2%	86.4%	92.1%	96.6%	90.8%	93.6%		↑
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	98.3%	91.9%	95.5%	96.6%	96.8%	96.8%	100.0%	97.6%	91.3%	93.0%	93.2%	98.6%	95.2%	97.6%	93.4%	95.9%	95.4%	96.3%		↑
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Cancer 31 day waits: first definitive treatment	CCG	Actual	96.6%	95.0%	98.9%	97.8%	97.4%	97.4%	96.6%	95.2%	98.2%	98.3%	98.3%	97.6%	97.5%	97.2%	96.9%	98.0%	97.3%	98.0%		↓
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	100.0%	95.2%	93.8%	96.9%	88.1%	97.7%	95.5%	85.1%	94.2%	97.1%	92.9%	100.0%	95.3%	93.1%	92.5%	95.1%	93.8%	95.0%		↑
		Target	94.0%	94.0%	96.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-
		Target	98.0%	98.0%	96.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	97.7%	99.2%	100.0%	100.0%	98.1%	99.4%	99.6%		↓
		Target	94.0%	94.0%	96.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	Actual	78.7%	83.6%	74.3%	76.6%	82.0%	87.3%	74.1%	72.5%	87.5%	87.0%	85.1%	81.8%	77.8%	81.2%	82.1%	83.5%	81.0%	81.8%		↓
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	85.7%	83.3%	100.0%	100.0%	88.2%	100.0%	94.4%	88.9%	90.0%	86.7%	100.0%	90.9%	94.6%	94.7%	88.4%	94.4%	92.9%	91.9%		↑
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	100.0%	100.0%	Nil Return	100.0%	100.0%	100.0%	100.0%	Nil Return	100.0%	100.0%	Nil Return	100.0%	100.0%	100.0%	100.0%	100.0%	88.5%		
		Target																				
Cancelled Operations																						
Cancelled Operations - York	YFT (Trust Wide)	Actual	7.8%			1.9%			1.1%			0.4%			1.9%	1.1%	0.4%		1.1%	5.1%		↓
		Target	2.0%			11.7%			1.4%			1.0%			11.7%	1.4%	1.0%		5.1%	3.1%		
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mixed Sex Accommodation																						
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0	0	0	0	0	0	0	0	0	0	1.2	0.1	0	0	0	0.7	0.1	0		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of MSA breaches for the reporting month in question	CCG	Actual	0	0	0	0	0	0	0	0	0	0	14	1	0	0	0	15	15	2		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Unplanned Care

Indicator	Level of Reporting		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	2016/17	Direction of Travel (last 12 Months)	3 Month Trend
A&E																						
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG weighted)	Actual	89.4%	92.9%	88.1%	91.9%	87.1%	88.2%	83.2%	86.7%	91.7%	83.0%	81.5%	81.9%	90.9%	86.2%	87.0%	81.7%	87.0%	86.4%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	4551	4485	4802	4714	4937	4716	4590	4795	4554	4869	4399	4136	14001	14243	14217	8535	50996	55185		↓
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	81.7%	87.5%	79.6%	86.1%	77.6%	79.1%	71.2%	77.1%	86.3%	72.0%	69.4%	70.3%	84.3%	80.1%	79.5%	69.8%	77.9%	76.6%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E Attendances - Type 3, SitRep data	% of YFHT activity (CCG weighted)	Actual	1652	1785	1818	1730	1894	1927	1704	1749	1517	1630	1484	1,367	5333	5525	4897	2850	18605	20011		↓
A&E Attendances - Total, SitRep data	% of YFHT activity (CCG weighted)	Actual	7,881	8,083	8,466	8,201	8,755	8,599	8,024	8,319	7,611	8,157	7,388	6,890	24,749	25,377	24,088	14,277	88,492	95,514		↓
A&E Attendances - VoY CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	7,205	7,069	7,619	7,259	7,661	7,097	7,141	7,818	7,673	8,343	7,453	6,809	21,947	21,899	23,834	14,262	81,942	86,952		↓
A&E waiting time -% of patients seen and discharged within 4 hours -CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	90.02%	90.38%	83.90%	88.75%	82.14%	84.95%	81.10%	85.23%	87.72%	78.65%	79.22%	81.27%	87.59%	82.71%	85.19%	80.20%	83.88%	83.55%		↑
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
Trolley Waits																						
12 hour trolley waits in A&E - Vale of York CCG	CCG	Actual	0	0	1	0	2	0	0	0	0	3	0	3	1	2	3	3	9	19		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - York	YFT (Trust Wide)	Actual	9	0	3	0	2	1	1	2	0	5	14	15	3	4	7	29	43	85		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ambulance performance - YAS																						
Category 1 - Response within 8 Minutes	YAS (Region)	Actual	75.4%	75.4%	74.1%	68.2%	71.4%	66.8%							69.9%	68.8%			69.5%	67.4%		
		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%							75.0%	75.0%			75.0%	75.0%		

Ambulance Handover Time

Indicator	Level of Reporting		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	2016/17	Direction of Travel (last 12 Months)	3 Month Trend
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	21.80%	7.40%	18.30%	14.90%	16.80%	22.30%	31.40%	30.30%	8.30%	32.10%	33.20%	32.50%	12.90%	23.30%	23.90%	32.90%	22.40%	29.40%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	294	117	182	222	260	357	456	436	112	472	452	406	521	1073	1020	858	3472	4771		
		Den	1346	1572	994	1487	1552	1601	1450	1440	1352	1470	1360	1251	4053	4603	4262	2611	15529	16224		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	6.00%	2.60%	6.40%	5.00%	5.00%	6.10%	12.80%	13.70%	1.80%	12.40%	15.50%	16.90%	4.40%	7.80%	9.50%	16.20%	8.80%	12.90%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	81	41	64	74	77	98	186	197	25	183	211	212	179	361	405	423	1368	2088		
		Den	1346	1572	994	1487	1552	1601	1450	1440	1352	1470	1360	1251	4053	4603	4262	2611	15529	16224		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	CCG	Actual	7.00%	4.10%	10.90%	7.00%	11.00%	10.60%	13.90%	9.80%	7.00%	26.70%	17.70%	18.00%	7%	11.80%	14.80%	17.80%	12.60%	16.20%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		HIDDEN																				
		Num	131	78	209	126	200	188	245	192	128	544	356	336	413	633	864	692	2602	3813		
		Den	1869	1906	1921	1794	1820	1767	1765	1954	1841	2039	2016	1864	5621	5352	5834	3880	20687	23476		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	CCG	Actual	0.90%	0.90%	3.70%	1.30%	4.10%	2.80%	4.50%	3.20%	1.80%	14.10%	7.70%	9.00%	2%	3.80%	6.50%	8.30%	4.90%	7.00%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		HIDDEN																				
		Num	16	17	71	23	75	49	79	62	33	287	155	168	111	203	382	323	1019	1655		
		Den	1869	1906	1921	1794	1820	1767	1765	1954	1841	2039	2016	1864	5621	5352	5834	3880	20687	23476		

Mental Health/ IAPT

Indicator	Level of Reporting	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	2016/17	Direction of Travel (last 12 Months)	3 Month Trend
IAPT																						
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	0.62%	0.64%	0.72%	0.94%	0.82%	0.93%	0.86%	0.88%	1.04%	0.88%			2.30%	2.61%	2.80%		7.71%	13.32%		↑
		Target	1.25%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	2.00%	2.00%	2.0%	0.00%	5.99%	8.57%		
% of people who are moving to recovery	CCG	Actual	53.85%	42.50%	54.17%	42.31%	40.91%	37.93%	41.67%	53.85%	46.81%	40.00%			45.56%	40.00%	47.11%		44.76%	47.04%		↑
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	0.6%	0.6%	0.7%	0.9%	0.8%	0.9%	0.9%	0.9%	1.0%	0.9%			2.3%	2.6%	2.8%	0.0%	7.7%	13.3%		↑
Number of people who have depression and/or anxiety disorders (local estimate based on Psychiatric Morbidity Survey)	CCG	Actual	31260.0	31260.0	31260.0	31260.0	31260.0	31260.0	31260.0	31260.0	31260.0	31260.0			31260.0	31260.0	31260.0	0.0	31260.0	31260.0		-
Number of people who receive psychological therapies	CCG	Actual	195	200	225	295	255	290	270	275	325	275			720	815	875		2410	4165		↑
		Target	208	208	208	208	208	208	208	208	208	208	208	208	624	624	624		1872	2679		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	93.10%	97.62%	96.15%	92.59%	95.65%	96.77%	96.15%	97.62%	100.00%	97.37%			95.79%	96.25%	98.46%		97.05%	83.60%		↓
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		95.00%	95.00%		
The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	100.00%	100.00%	100.00%	98.31%	98.04%	98.28%	100.00%	100.00%	100.00%	100.00%			99.31%	98.77%	100.00%		99.38%	87.15%		-
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		90.00%	90.00%		
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	82.76%	90.48%	80.77%	77.78%	82.61%	80.65%	84.62%	76.19%	70.00%	76.32%			84.21%	82.50%	73.85%		79.34%	66.24%		↑
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%		75.00%	75.00%		
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	92.31%	80.00%	42.22%	49.15%	47.06%	62.07%	75.93%	90.91%	83.08%	83.64%			55.56%	61.96%	85.71%		68.67%	78.03%		↓
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%		
Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period.	CCG	Actual	44.83%	57.14%	84.62%	85.19%	134.78%	109.68%	123.08%	92.86%	88.00%	50.00%			72.63%	121.25%	78.46%		87.87%	66.56%		↓
		Target	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%		40.00%	40.00%		
Average number of treatment sessions	CCG	Actual	7	6	8	7	6	5	5	6	6	5			7	5	6	0	6	5		↓
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual	99.2%			96.2%			98.8%			94.0%			96.2%	98.8%	94.0%		96.3%	96.9%		↓
		Target	95.0%			95.0%			95.0%			95.0%			95.0%	95.0%	95.0%		95.0%	95.0%		
Dementia																						
Estimated diagnosis rate for people with dementia.	CCG	Actual	55.4%	58.4%	58.3%	58.7%	59.1%	59.4%	59.6%	60.2%	61.0%	60.7%	60.9%	60.6%	58.7%	59.6%	60.7%	60.6%	60.6%	55.4%		↓
		Target	66.7%	66.7%	62.8%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		

HCAI and Quality

Indicator	Level of Reporting		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	2016/17	Direction of Travel (last 12 Months)	3 Month Trend
Hospital Infections																						
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	1	1	1	1	2	2	2	0	1	0	0	0	3	6	1	0	10	9		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG ATTRIBUTED	Actual	5	4	4	6	5	6	14	12	10	6	9	9	14	25	28	18	85	61		↑
		Target	6	7	6	8	4	7	6	7	5	9	7	6	21	17	21	13	66	78		
Incidence of healthcare acquired infections (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	0	0	1	0	0	1	1	0	0	0	0	0	1	2	0	0	3	6		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFT TRUST APPORTIONED	Actual	5	2	2	5	2	3	5	7	4	3	5	4	9	10	14	9	42	46		↑
		Target	3	3	1	3	3	2	1	3	2	8	10	5	7	6	13	15	36	45		
Healthcare acquired infection (HCAI) measure (Escherichia Coli infections)	CCG ATTRIBUTED	Actual	22	31	21	24	20	23	19	33	25	33	26	15	76	62	91	41	270	307		↓
		Target	23	26	21	24	20	27	25	20	26	27	25	26	71	72	73	51	241	269		
Serious Incidents/ Never Events																						
Number of Serious Incidents (NHS Vale of York CCG)	CCG ATTRIBUTED	Actual	5	6	1	9	7	4	3	9	5	5	9	19	16	14	18	28	76	117		↑
Number of Never Events (NHS Vale of York CCG)	CCG ATTRIBUTED	Actual	0	0	0	0	0	1	0	0	0	0	0	2	0	1	0	2	3	3		↑
Smoking at time of Delivery																						
Maternal smoking at delivery.	CCG	Actual	12.3%			10.1%			12.0%			7.5%			10.1%	12.0%	7.5%		9.9%	11.0%		↓
		Target	12.1%			12.1%			12.1%			12.1%			12.1%	12.1%	12.1%		12.1%	12.1%		

Programme Overview - Planned Care

Validated data to February (Month 11)

This dashboard provides an integrated overview of performance against Contracting, QIPP, and key Performance Measures related to the Planned Care Programme.

Executive & Clinical Lead:
Shaun O'Connell, Medical Director, CCG

Programme Leads:
Andrew Bucklee, Head of Commissioning and Delivery
Laura Angus, Lead Pharmacist

NHS Vale of York Clinical Commissioning Group

YORK TEACHING HOSPITAL REFERRALS*

- Overall, referrals into York Teaching Hospital for 2017-18 have decreased by 0.8% (916) in comparison to 2016/17. Referrals via a GP have reduced by 3.5% (1976), whilst consultant to consultant referrals have increased by 3% (405) and other referrals have increased by 1.6% (655). The main specialties driving the increase are Cardiology and Mental Health Assessment And Liaison Service. Referrals into Geriatric Medicine, Haematology (Clinical) and Trauma and Orthopaedics have significantly reduced by 40%, 25% and 12% respectively.

Speciality	Total Referrals (Year on Year comparison)			Change 2016-17 v's 2017-18 by Referral Type				% Change (2016-17 v's 2017-18)			
	2015-16	2016-17	2017-18	GP	Cons:cons	Other	Total Change	GP	Cons:cons	other	Total change
320: Cardiology	14,528	15,166	16,443	201	31	1045	1,277	4.4%	3.3%	9.5%	7.8%
100: General Surgery	12,016	12,553	12,502	-22	-146	117	-51	-0.2%	-8.1%	8.9%	-0.4%
130: Ophthalmology	11,146	12,033	11,825	-397	112	77	-208	-6.6%	10.0%	1.6%	-1.8%
110: Trauma And Orthopaedic Surgery	10,967	11,665	10,400	199	-154	-1310	-1,265	10.4%	-17.8%	-17.2%	-12.2%
120: Ear, Nose And Throat	7,343	7,427	7,124	-387	1	83	-303	-7.7%	0.3%	4.6%	-4.3%
502: Gynaecology	6,322	6,320	6,467	-180	86	241	147	-3.3%	20.1%	40.3%	2.3%
501: Obstetrics	5,575	5,459	5,384	-9	33	-99	-75	-10.3%	70.2%	-1.9%	-1.4%
330: Dermatology	5,523	5,454	5,226	-323	64	31	-228	-7.0%	13.3%	21.1%	-4.4%
420: Paediatrics	4,006	4,622	4,717	-43	-127	265	95	-1.8%	-11.0%	21.9%	2.0%
101: Urology	4,518	4,429	4,559	-167	103	194	130	-5.3%	11.4%	38.3%	2.9%
301: Gastroenterology	4,858	4,452	4,361	-305	107	107	-91	-10.2%	13.7%	18.1%	-2.1%
340: Respiratory Medicine -Thoracic	2,315	2,424	2,417	-122	54	61	-7	-7.5%	11.0%	20.7%	-0.3%
430: Geriatric Medicine	2,902	3,137	2,238	-324	390	-965	-899	-31.1%	48.0%	-252.0%	-40.2%
302: Endocrinology	2,034	2,065	2,160	66	8	21	95	5.8%	3.8%	2.6%	4.4%
400: Neurology	2,114	2,186	2,051	117	-291	39	-135	7.2%	-82.0%	50.6%	-6.6%
315: Palliative Medicine	1,585	1,691	1,752	-56	5	112	61	-13.2%	15.2%	8.6%	3.5%
190: Anaesthetics	1,584	1,626	1,751	19	23	83	125	1.8%	9.3%	18.1%	7.1%
410: Rheumatology	1,684	1,734	1,717	-55	17	21	-17	-3.9%	10.2%	14.1%	-1.0%
370: Medical Oncology	1,430	1,604	1,641	-12	31	18	37	-40.0%	3.1%	2.9%	2.3%
300: General Medicine	1,416	1,534	1,581	9	44	-6	47	0.6%	86.3%	-5.0%	3.0%
401: Clinical Neuro-Physiology	845	996	1,017	29	5	-13	21	35.8%	1.1%	-2.8%	2.1%
303: Haematology (Clinical)	1,424	990	790	-185	-37	22	-200	-38.8%	-13.5%	57.9%	-25.3%
160: Plastic Surgery	519	671	695	22	5	-3	24	10.7%	1.2%	-3.8%	3.5%
430: Mental Health Assessment And Liaison Service	0	0	543	0	0	543	543	0.0%	0.0%	100.0%	100.0%
361: Nephrology	575	523	445	-67	0	-11	-78	-29.5%	0.0%	-8.2%	-17.5%
510: Ante-Natal Clinic	431	444	438	9	2	-17	-6	2.6%	100.0%	-19.5%	-1.4%
822: Clinical Biochemistry	95	108	162	23	30	1	54	22.5%	53.6%	25.0%	33.3%
823: Haematology	67	88	83	-9	0	4	-5	-450.0%	0.0%	4.9%	-6.0%
Other (< 50 Referrals)	185	70	66	-7	9	-6	-4	-87.5%	0.2	-0.4	-0.1
Grand Total	**108,007**	**111,471**	**110,555**	**-1,976**	**405**	**655**	**-916**	**-3.5%**	**3.0%**	**1.6%**	**-0.8%**

*Note : Referrals have been working day standardised to allow comparison across years.

QIPP: PLANNED CARE AND PRESCRIBING - MONTH 12

Scheme Name	Ref	Planned start date	YTD Planned savings £000	YTD Expected savings £000	YTD Actual savings £000	Forecast Outturn Planned savings £000	Forecast Outturn Expected savings £000	Forecast Outturn Actual savings £000	Comments
PLANNED CARE									
Anti-Coagulation service	194	Apr-17	259	259	105	259	259	0	Scheme up and running; based on acute saving, net of primary care costs
Cataract Thresholds	161	Apr-17	300	300	0	300	300	0	
Faecal Calprotectin	PC4	Oct-16	53	53	0	53	53	0	Scheme up and running.
Biosimilar high cost drugs gain share	016	Apr-17	318	318	163	318	318	163	Etanercept in place from 2016/17, YTD based on forecast until validated acute data available. Rituximab now in forecast from Oct (was in plan from Apr) due to second biosimilar coming to market later but with lower expected price
Remove SpR block from contract	168	Apr-17	952	952	952	952	952	952	In contract, delivery on track
Commissioning for Value (PNRC)	006	Apr-17	150	150	350	150	150	350	
Optimising Health Outcomes: BMI & smoking thresholds	064	Mar-17	3,000	3,000	2,718	3,000	3,000	2,718	Scheme up and running
RightCare - Circulation (Heart Disease)	008	Oct-17	100	100	100	100	100	100	
RightCare - Gastroenterology	009	Apr-18	0	0	0	0	0	0	*In plan from 2018/19*
RightCare - Respiratory (COPD)	010	Apr-18	0	0	0	0	0	0	*In plan from 2018/19*
RightCare - Orthopaedics / MSK	011	Oct-17	750	750	0	750	750	0	
Outpatient Transformation and Demand Management (Incl. Consultant Connect, Advice and Guidance or Virtual Clinics)	014	Oct-17	1,000	1,000	0	1,000	1,000	0	

Scheme Name	Ref	Planned start date	YTD Planned savings £000	YTD Expected savings £000	YTD Actual savings £000	Forecast Outturn Planned savings £000	Forecast Outturn Expected savings £000	Forecast Outturn Actual savings £000	Comments
PRESCRIBING									
PIB and Non-PIB unaligned: Other schemes (branded generics)	196	Apr-17	277	277	277	277	277	277	YTD based on forecast profile until schemes confirmed and prescribing data available
PIB and Non-PIB unaligned: Therapeutic switches	197	Apr-17	128	128	128	128	128	128	YTD based on forecast profile until schemes confirmed and prescribing data available
PIB and Non-PIB unaligned: Gluco Rx - Diabetic Prescribing	198	Apr-17	106	106	106	106	106	106	YTD based on forecast profile until schemes confirmed and prescribing data available
PIB and Non-PIB unaligned: Minor Ailments Prescribing	176	Oct-17	75	75	75	75	75	75	
CCG wide: Dressings/Woundcare (ONPOS)	201	Apr-17	75	75	75	75	75	75	YTD based on forecast profile until schemes confirmed and prescribing data available
PIB and Non-PIB unaligned: Prescribing schemes - Quality i.e.: Red & black drugs	022	Apr-17	900	900	900	900	900	900	YTD based on forecast profile until schemes confirmed and prescribing data available
CCG wide: Continence & Stoma Care	199	Oct-17	53	53	53	53	53	53	

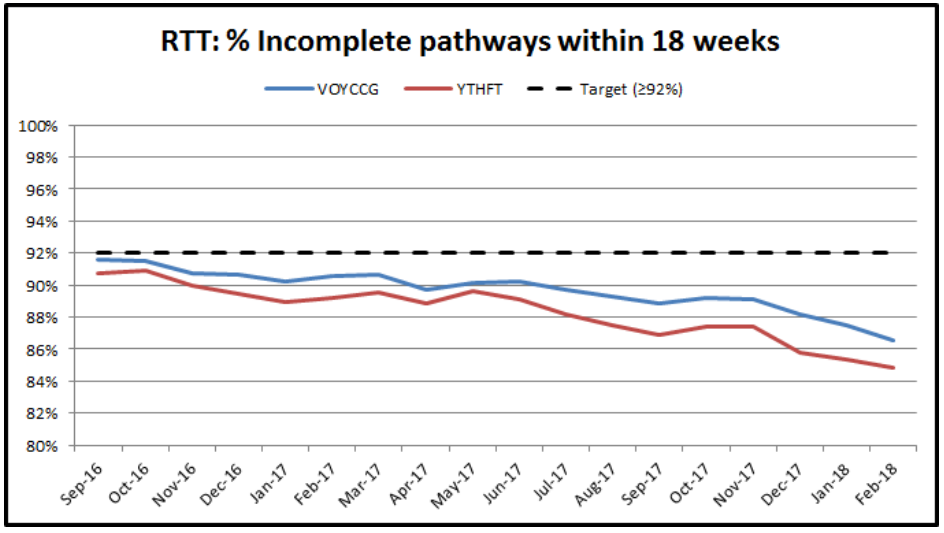
QIPP: PLANNED CARE AND PRESCRIBING – MONTH 12

KEY QUESTIONS: UNPLANNED CARE QIPP

Are QIPP targets being met and are you assured this is sustainable?	What mitigating actions are underway?	Is further escalation required?
See highlights from financial recovery incorporated in Finance report		

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

RTT: % Incomplete pathways within 18 weeks (Target ≥92%)					
Vale of York CCG			York Trust		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
87.5%	86.6%	⇩	85.3%	84.8%	⇩



Treatment Function	Total VOYCCG Incomplete Pathways	No. of 18 week breaches	% VOYCCG pathways within 18 weeks	52 week breaches
Neurosurgery	17	-	100.0%	0
Geriatric Medicine	99	-	100.0%	0
General Medicine	194	4	97.9%	0
Neurology	467	25	94.6%	0
Other	1,711	120	93.0%	1
Rheumatology	412	29	93.0%	0
Trauma & Orthopaedics	1,609	142	91.2%	1
Cardiology	917	83	90.9%	0
Gastroenterology	912	92	89.9%	0
Gynaecology	862	90	89.6%	0
Cardiothoracic Surgery	8	1	87.5%	0
ENT	1,450	217	85.0%	0
Dermatology	988	150	84.8%	0
General Surgery	1,870	288	84.6%	1
Urology	941	165	82.5%	0
Plastic Surgery	164	30	81.7%	2
Ophthalmology	2,613	518	80.2%	1
Thoracic Medicine	678	182	73.2%	0
Grand Total	**15,912**	**2,136**	**86.6%**	**6**

Vale of York CCG's performance deteriorated further in February 2018 from 87.5% to 86.6%. This equates to 2,136 breaches of the 18 week target, from a cohort of 15,912. There were 6 x 52 week breaches for Vale of York patients in February, 4 at Leeds and 2 at NLAG.

York Trust's RTT performance in February 2018 was 84.8% and dropped further below the STF trajectory of 92%. Un-validated data for the Trust indicates that RTT performance for March was 83.84% with an increasing number of patients waiting over 30 weeks. The Trust declared 1 x 52 week breach in February in Oral Surgery, although this was not a Vale of York patient. Long waits continue to be a significant concern for Sleep Studies, Urology, Ophthalmology, Max Fax, ENT, General Surgery and Dermatology.

The total waiting list has remained comparatively stable at around 25,500 patients, however, the backlog has increased significantly over the last year with over 4,000 patients now waiting more than 18 weeks.

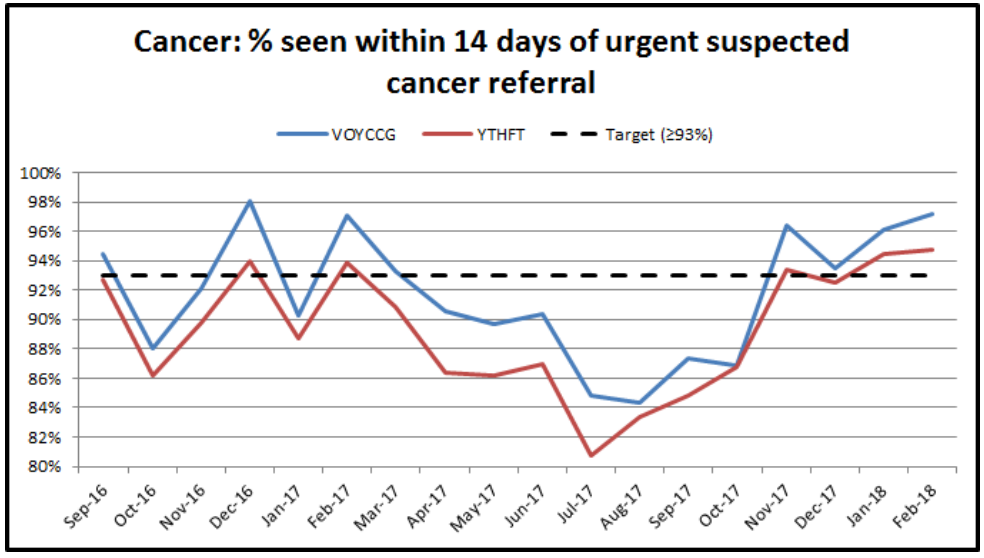
The RTT position has been affected by winter pressures and elective patient cancellations within 48 hours due to bed shortages are the highest for the year at 129. Ward 23 has been utilised as a flu ward for the past 2 months but re-opened again in March 2018.

The Trust is currently engaged with the NHSI productivity team to support effective theatre utilisation and productive working. During February 2018 their work focused on outpatient processes and supporting the overall productivity of outpatients, the Trust DNA rate has reduced to 6.2%.

The proposed trajectories for RTT for 2018-19 are based on a gradual improvement of RTT to allow productivity initiatives to embed through the year

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)					
Vale of York CCG			York Trust		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
96.1%	97.2%	↑	94.4%	94.7%	↑



Tumour Type	VOYCCG: Total Referrals	Number of 2WW breaches	VOYCCG: % within 14 days
Brain/Central Nervous System	1	0	100.0%
Haematological Malignancies	3	0	100.0%
Other Cancer	2	0	100.0%
Testicular	1	0	100.0%
Childrens	1	0	100.0%
Breast	153	1	99.3%
Urological Malignancies	120	1	99.2%
Upper Gastrointestinal	55	1	98.2%
Skin	158	3	98.1%
Head and Neck	90	3	96.7%
Lower Gastrointestinal	178	7	96.1%
Gynaecological	53	5	90.6%
Lung	14	2	85.7%
Sarcoma	0	0	N/A
Grand Total	**829**	**23**	**97.2%**

Vale of York CCG again achieved the 2WW Cancer Standard in February 2018 with performance of 97.2% against the 93% target. York Hospital also achieved the 2WW target in February with 94.7% performance.

In total there were 23 breaches of the two week wait target for Vale of York CCG patients in February 2018, as detailed in the table opposite.

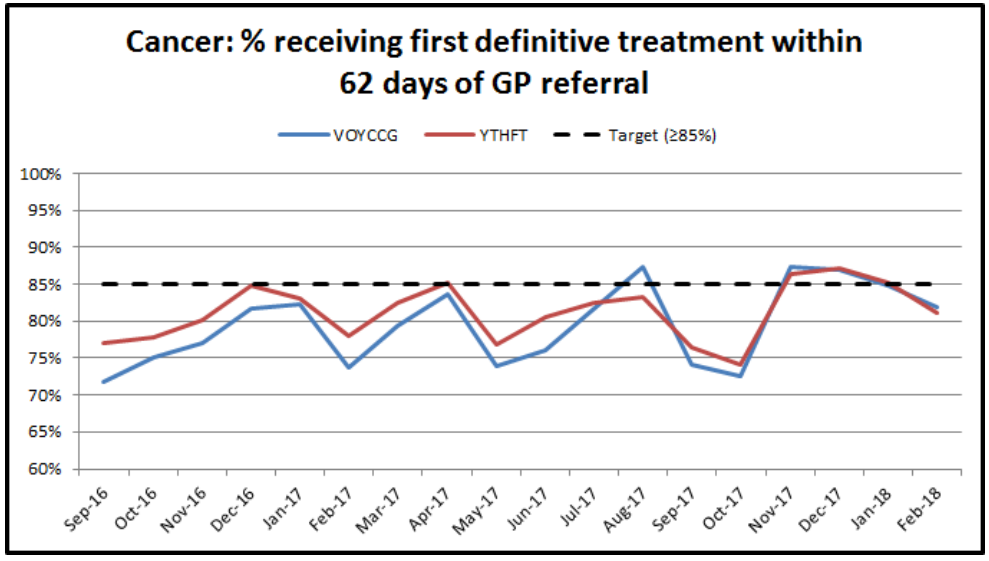
The reasons for these delays were:

12 Patient cancellations
3 Patient declined dates offered within 2 weeks
3 Outpatient capacity inadequate
3 Clinic cancelled (all Gynae)
1 Admin delay
1 Other

There is on-going colorectal two week wait improvement work focused on piloting FIT testing with SHIELD practices in 2018 which should capture 70,000 patients over 6 months

PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)					
Vale of York CCG			York Trust		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
84.9%	81.6%	↓	85.1%	81.1%	↓



Tumour Type	VOYCCG: Total Treated	VOYCCG: 62 day breaches	VOYCCG: % within 62 days
Head & Neck	3	0	100.0%
Haematological (Exc Acute Leukaemia)	3	0	100.0%
Breast	8	0	100.0%
Urological (Exc Testicular)	26	4	84.6%
Upper Gastrointestinal	6	1	83.3%
Skin	19	4	78.9%
Lower Gastrointestinal	7	2	71.4%
Gynaecological	7	2	71.4%
Lung	8	3	62.5%
Grand Total	**87**	**16**	**81.6%**

Vale of York CCG again failed to achieve the 62 Day target of 85% in February 2018 with performance of 81.6%, equating to 16 breaches out of a total 87 patients. York Trust also failed to meet target with performance at 81.1% in February.

The main reasons for the delays being were access to diagnostics, late referrals, theatre capacity, medically unfit to attend and patient needing time to think. The longest waiting times range from 63 – 115 days. The longest wait is by an Upper Gastro patient at 115 days, and there are also long waiters in Lower Gastro, Lung and Urology.

Clinical Harm Reviews are completed on all patients waiting over 104 days. A review is also underway to provide assurance that all possible options for diagnostics have been considered to reduce waiting times for patients.

The NHSI Elective Intensive Support Team is currently working with York Trust to review 62 day processes and implementing optimal clinical pathways for Lung and Haematology. Final report is due at the end April 2018.

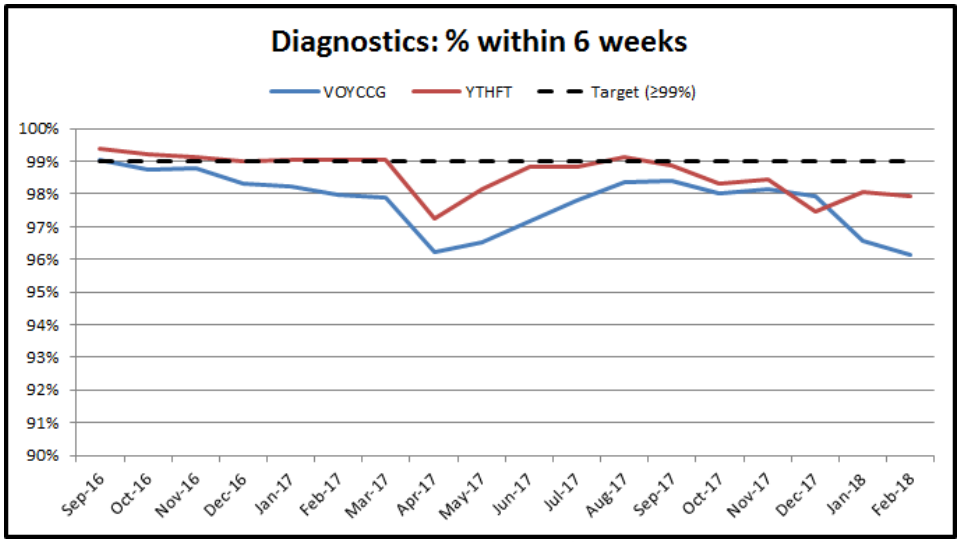
YTHFT's Cancer Board has been reviewed and new arrangements will be implemented in January 2018, bringing closer alignment with the STP Cancer Alliance Priorities and the development of the local Trust Cancer Strategy.

As HCV STP Cancer Alliance failed to achieve the 85% target for 62 Day performance in December 2017, the national funding was reduced by 25% (£1.4M) for Q1 & Q2 2018/19 and the Alliance has been asked to review its priorities/delivery accordingly. Key focus is to achieve 62 Day Standard for May, June and July 2018 as this will determine the level of funding for Q3 and Q4.

Changes to the national breach allocation rules indicate that the new rules will mean that YTHFT 'allocated' breaches will increase and further work is being undertaken by the Trust to estimate the impact of these rule changes.

PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnostics: % within 6 weeks (Target ≥99%)					
Vale of York CCG			York Trust		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
96.6%	96.1%	↓	98.1%	97.9%	↓



Diagnostic Type	Total VOYCCG Waiting List	Total >6 weeks	VOYCCG % within 6 weeks
BARIUM_ENEMA	19	0	100.00%
NON_OBSTETRIC_ULTRASOUND	776	4	99.48%
AUDIOLOGY_ASSESSMENTS	209	2	99.04%
CYSTOSCOPY	76	1	98.68%
GASTROSCOPY	273	7	97.44%
MRI	897	24	97.32%
DEXA_SCAN	102	3	97.06%
ECHOCARDIOGRAPHY	279	11	96.06%
FLEXI_SIGMOIDOSCOPY	59	3	94.92%
PERIPHERAL_NEUROPHYS	56	4	92.86%
URODYNAMICS	28	2	92.86%
CT	409	32	92.18%
COLONOSCOPY	154	19	87.66%
SLEEP_STUDIES	44	19	56.82%
ELECTROPHYSIOLOGY	0	0	N/A
Grand Total	**3381**	**131**	**96.13%**

Vale of York CCG achieved 96.1% against the 99% target for patients waiting less than 6 weeks for a Diagnostic Test in February 2018. There were a total of 131 breaches out of 3,381 on the waiting list.

CT breaches at Hull and East Yorkshire Hospitals NHS Trust (HEY) increased with 30 breaches for Vale of York CCG patients and a further 16 breaches for Scarborough and Ryedale CCG patients. The new CT Scanner at HEY is now operational and staff are being trained to use the equipment. CT scans are also being subcontracted out to Spire until the end of March 2018 to provide extra capacity and clear the current backlog.

There were 22 MRI breaches at York Trust in February 2018 and although the Trust has reviewed the patients, there is still no plan in place to see the patients requiring GA. There were 19 Sleep Studies breaches, the business case for new equipment has been agreed by East Riding and Scarborough CCGs, but the Trust are awaiting a decision from Vale of York CCG. February also showed an increase in the number of colonoscopy breaches (18) but Echocardiography remained the same with 10 breaches.

York Teaching Hospitals Foundation Trust's overall performance was 97.9% in February 2018 and did not meet the diagnostic target of 99%.

KEY QUESTIONS: PERFORMANCE PLANNED CARE

Are targets being meet and are you assured this is sustainable?	What mitigating actions are underway?
Diagnostics – No **Cancer 2 week waits – Yes** **Cancer 62 day standard – No** **RTT – No**	**Diagnostics:** CT Scanner has been replaced at HEY and staff are currently being trained on the new equipment. HEY are also outsourcing CT scans to SPIRE until the end of March 2018 to clear the backlog. Sleep Studies business case to replace equipment is currently awaiting sign-off by VOYCCG. York Trust has submitted a bid to NHSE for additional funding to increase diagnostic capacity and reduce the 'winter backlog'. This includes funding for additional:- • Endoscopy waiting list initiatives at both York and Scarborough, • Radiology - additional scanning and reporting • Cardiology ECHO ECP activity • Cytology Screening – to support 14 day turnaround times for cervical screening • Histopathology – to reduce 14 day and 62 day backlogs improving diagnostic turnaround times. **Cancer:** HCV Cancer Alliance is currently undertaking a Demand & Capacity exercise to understand current and future demand for services across Humber, Coast & Vale STP. HCV Alliance is also looking to procure a new networked system which will allow the sharing of images and reporting across the STP footprint. NHSI Intensive Support Team are working with York Trust to improve 62 Day process and clinical pathways for Lung and Haematology. YTHFT's Cancer Board has been reconfigured with 4 work groups focused on: timed pathways, diagnostics, quality surveillance and patient outcomes, living with and beyond cancer. A clear understanding of the best approach to the management of patients with vague symptoms and design of a pathway to be piloted at York. Clear understanding of the key issues within diagnostics and agreed actions required to reduce pressures 3 additional radiographers trained to report plain film by June 2018, reporting 3000 plain film per annum and releasing consultant radiologist time to report an additional 6,000 complex radiographs. 2 WTE radiographers in post to support additional workload
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
YHFT Return to Operational Standards High Level Recovery Plan documents the actions and timescales for recovery.	

Programme Overview - Unplanned Care

Validated data to February (Month 11)

This dashboard provides an integrated overview of performance against QIPP, Contracting and key performance measures of the Unplanned Care Programme.

Executive Lead:
THIS NEEDS TO BE CONFIRMED BY EXEC COMMITTEE
Programme Leads :
Fiona Bell, Assistant Director of Transformation & Delivery
Becky Case, Head of Transformation and Delivery
Clinical Lead:
Andrew Phillips, Medical Director

NHS Vale of York Clinical Commissioning Group

QIPP: UNPLANNED CARE MONTH 12

Scheme Name	Ref	Planned start date	YTD Planned savings £000	YTD Expected savings £000	YTD Actual savings £000	Forecast Outturn Planned savings £000	Forecast Outturn Expected savings £000	Forecast Outturn Actual savings £000	Comments
UNPLANNED CARE									
Community Podiatry	IC4	May-17	393	393	339	393	393	339	New contract in place from 1st May 2017. YTD saving based on forecast profile until validated activity information available
Review of community inpatient services - Phase I (Archways)	019a	Apr-17	421	421	352	421	421	352	In contract and delivering but at lower level than in financial plan
Wheelchairs service re-procurement	207	Apr-17	217	217	187	217	217	187	New contract in place but costs higher than expected. YTD saving based on forecast until expenditure data available
Community Equipment service re-procurement	187	Apr-17	418	418	0	418	418	0	New contract in place but costs higher than expected. YTD saving based on forecast until expenditure data available
Patient Transport - contracting review	190a	Apr-17	11	11	11	11	11	11	Scheme in place since May 2016, FYE in April. YTD saving based on plan until expenditure data available
Unplanned Care Programme (including urgent care and out of hospital care)	149	Jul-17	824	824	0	824	824	0	
Integrated Care Team Roll-out (Central locality only)	152	Apr-17	756	756	202	756	756	202	Scheme up and running, YTD saving based on forecast profile until validated acute data available
Review of community inpatient services - Phase II	019b	Oct-17	200	200	0	200	200	0	
RightCare Phase 2 - Trauma & Injuries	017	Apr-18	0	0	0	0	0	0	*In plan from 2018/19*
Patient Transport project - re-procurement	190b	Apr-18	0	0	0	0	0	0	*In plan from 2018/19*

QIPP: UNPLANNED CARE MONTH 12

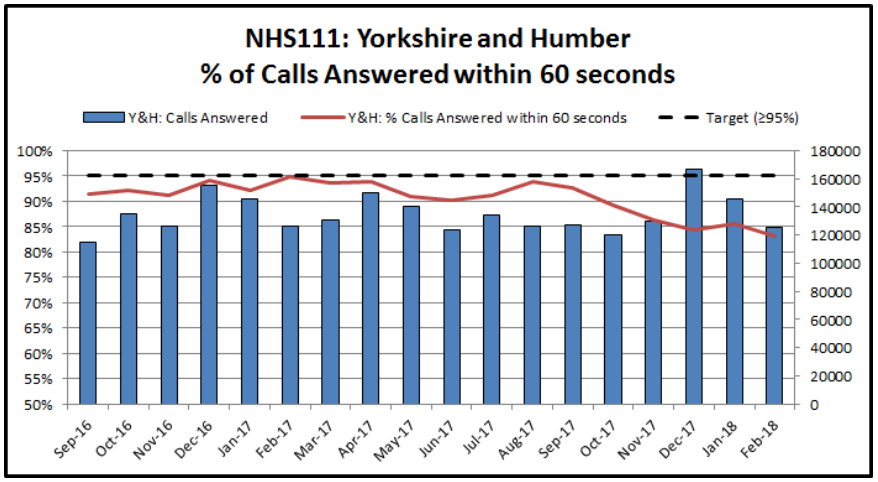
KEY QUESTIONS: UNPLANNED CARE QIPP

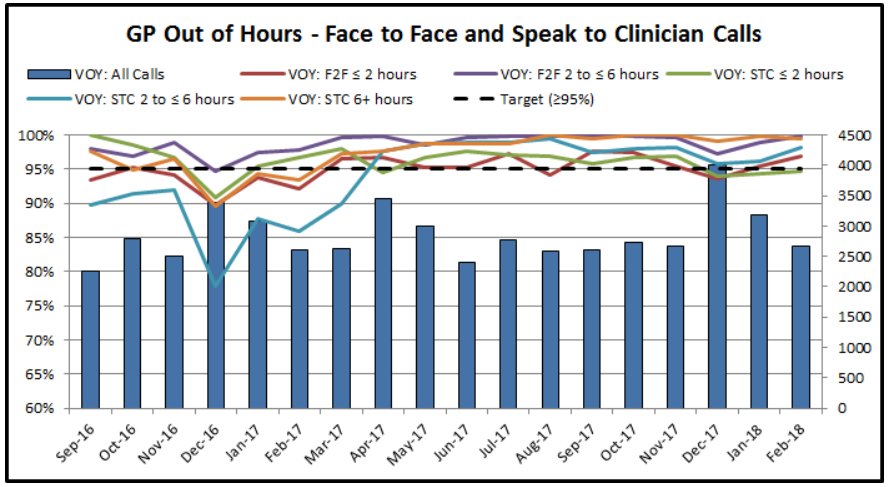
Are QIPP targets being met and are you assured this is sustainable?	What mitigating actions are underway?	Is further escalation required?
See highlights from financial recovery incorporated in Finance report		

PERFORMANCE UNPLANNED CARE: NHS111, GP OOH, YAS and ED

NHS111: Yorkshire and Humber					
Calls Offered			% Answered within 60 seconds		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
145,633	125,412	↓	85.6%	83.1%	↓

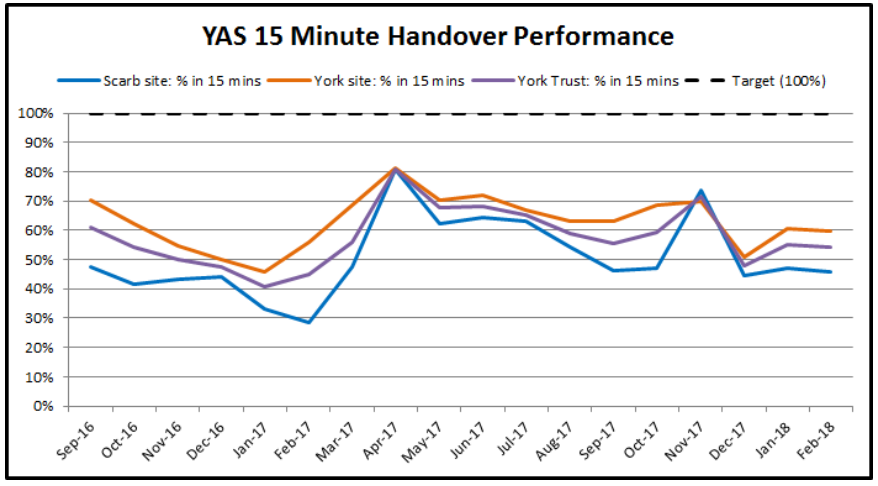
GP Out of Hours - Face to Face and Speak to Clinician Calls					
F2F calls within ≤2 hours (Target 95%)			STC calls within ≤2 hours (Target 95%)		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
95.4%	96.9%	↑	94.4%	94.8%	↑

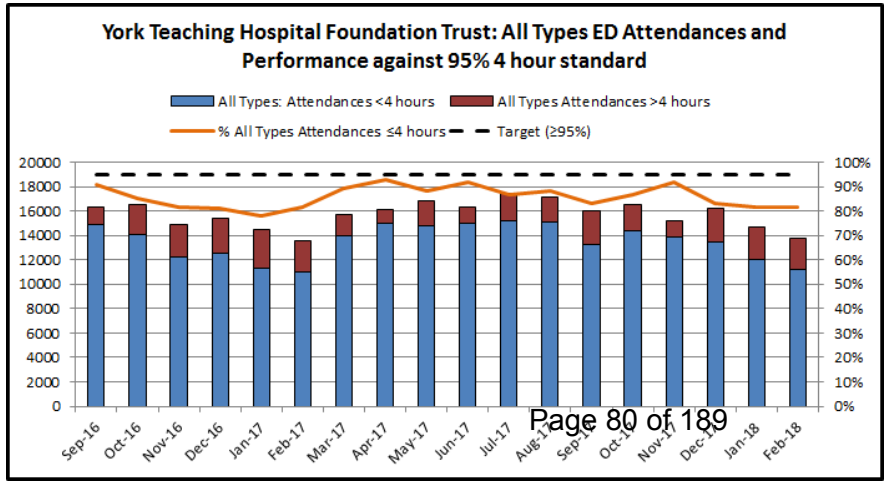




YAS 15 Minute Handover Performance					
Scarborough site (Target 100%)			York site (Target 100%)		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
47.2%	45.9%	↓	60.4%	59.6%	↓

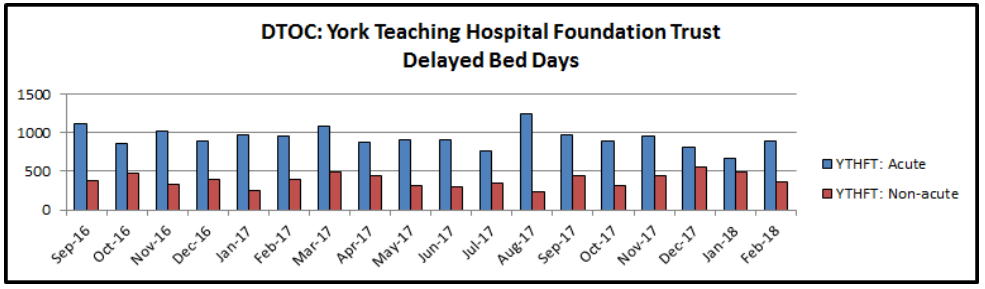
York Teaching Hospital Foundation Trust: ED 4 hour standard					
All Types Attendances			All Types % within 4 hours		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
14,712	13,719	↓	81.5%	81.8%	↑



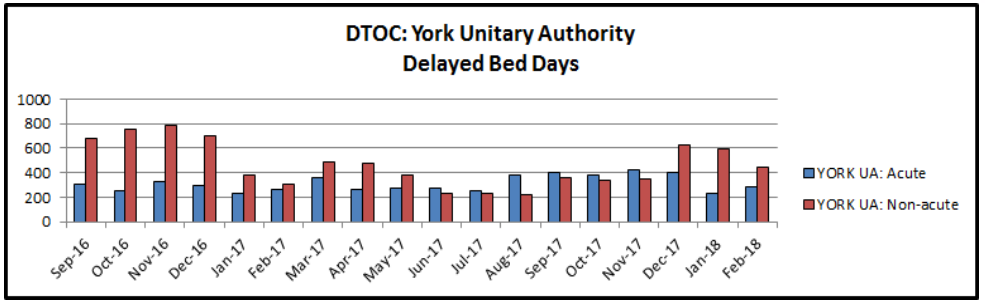


PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

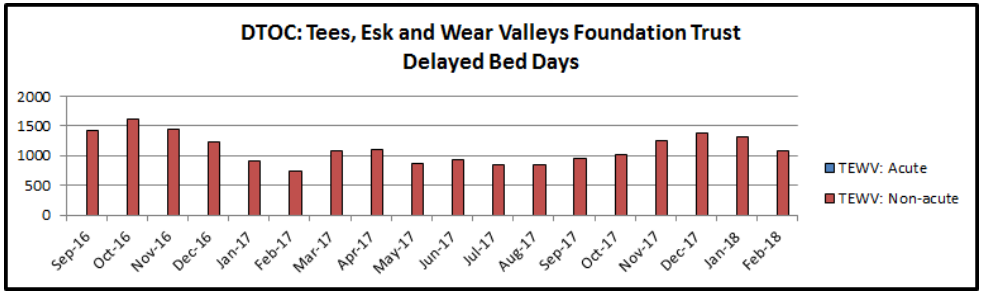
DTOC: YTHFT Delayed Bed Days					
Acute			Non-acute		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
660	885	⇧	483	357	⇩



DTOC: York UA Delayed Bed Days					
Acute			Non-acute		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
227	287	⇧	599	440	⇩



DTOC: TEWV Delayed Bed Days					
Acute			Non-acute		
Jan-18	Feb-18	DoT	Jan-18	Feb-18	DoT
N/A	N/A	N/A	1314	1082	⇩



The number of bed days for acute DTOCs at York Trust increased from 660 in January 2018 to 885 in February 2018, however there was a reduction in the bed days for non-acute DTOCs from 483 in January to 357 in February 2018.

York Hospital experienced sustained pressure linked to the influenza strains and respiratory viruses within the local community in January and February 2018. Flu patients were cohorted on Ward 23 in January/February and the ward re-opened in March 2018. Bed occupancy was exceptionally high on both York and Scarborough sites in February 2018 resulting in an increase in the acute DTOCs.

Actions to address the poor performance include:

- With effect from Saturday 2 December 2017 Social Workers and Care Staff are working 7 days per week to facilitate discharges from York Hospital.
- Discharge Liaison Team at York Hospital are operating 7 days per week with effect from February 2018.
- CYC increased the number of hours for packages of home care from providers in January 2018 to assist with discharges.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

Are targets being meet and are you assured this is sustainable?

- **4-hour standard:** The performance target was again difficult to meet in March 2018, with the complication of the initial period of the Easter holiday in York (and some other areas) falling during the last week of the month. Improvement has been seen in April.
- **Ambulance Handovers**: Handovers again struggled to meet the target in March, with poor weather continuing to affect these. It should be noted that levels overall are better than during the same period in 2017.
- **YAS response times:** Targets are not being met, but work towards ARP compliance is ongoing. Additional investment into YAS during 2018/19 is agreed and investment in vehicles are also planned over next 5 years.
- **OOH GP**: performance has been good, including during the poor weather.
- **EDFD:** This continues on the current below target trajectory. A paper went to Exec on 18/04 to describe potential new operational models.
- **NHS111:** there was a slight deterioration in March, with difficulties with staff access to their operational hub during the poor weather. April is improving.
- **DTOC**: non-acute DTOCs have improved. Ongoing work is sustainable with work on joint reablement and community bed support prioritised.
- **Utilisation review**: YTHFT have commissioned Ernst & Young to support an internal flow review. The focus during March was on ED non-admitted breaches.

What mitigating actions are underway?

- **4-hour standard:** performance standards continue to be not met. E&Y review may impact on the internal issues affecting bed usage and flow. New operational standards describe a return to 95% during 2018/19.
- **Ambulance Handovers:** it has been agreed that the AEDB should refocus on this work to ensure these continue to improve year on year.
- **YAS response times:** we are still awaiting additional management information including CCG level data. Direction of mitigations are therefore unknown.
- **OOH GP:** No mitigating actions required at present; monitoring continues.
- **EDFD:** Work to be progressed on the outcomes of the Exec paper, and clear understanding of resource requirement to be outlined.
- **NHS111:** No mitigating actions required at present; monitoring continues.
- **DTOC:** Reablement work is ongoing with a joint CCG/LA project to progress the joint team working that will support future DTOC provision. Additionally the CHC review has recommended 2 beds are maintained for more complex patients; Exec have approved.
- **Utilisation review:** Will be reviewed by AEDB once complete.

Is there a trajectory and a date for recovery/improvement?

- **4-hour standard:** winter reviews regionally and locally have taken place. New trajectories for 18/19 are yet to be agreed.
- **Ambulance Handovers:** current performance matches that seen regionally; monitoring to continue. A refresh of the working group will take place shortly.
- **YAS response times:** CCG performance review to take place when possible from data.
- **OOH GP:** not applicable at present.
- **EDFD**: not applicable at present.
- **NHS111**: not applicable at present.
- **DTOC**: discussions around executive/senior leadership for this system issue are still ongoing. This is vital to ensure the trajectory designed as part of CCG QIPP will be achievable.

Is further escalation required?

- **4-hour standard:** System recovery is taking place in April, mirroring the pattern of previous years, although performance is better overall.
- **Ambulance Handovers**: YTHFT to inform us of data review outcome.
- **YAS response times**: No
- **OOH GP**: No
- **EDFD**: No
- **NHS111**: No
- **DTOC**: Continued focus from Complex Discharge Group and associated programmes. AEDB aware of issues. Escalation for system leadership required.

Programme Overview - Mental Health, Learning Disability, Complex Care and Children's

Validated data to February (Month 12)

This dashboard provides an integrated overview of performance against QIPP, Contracting and key performance measures of the MH LD CC & Children's Programme.

Executive Lead:
Denise Nightingale, Executive Director of Transformation & Delivery
Programme Leads :
Paul Howatson, Head of Joint Programmes
Bev Hunter, Head of Mental Health Commissioning
Clinical Lead:
Louise Barker, GP

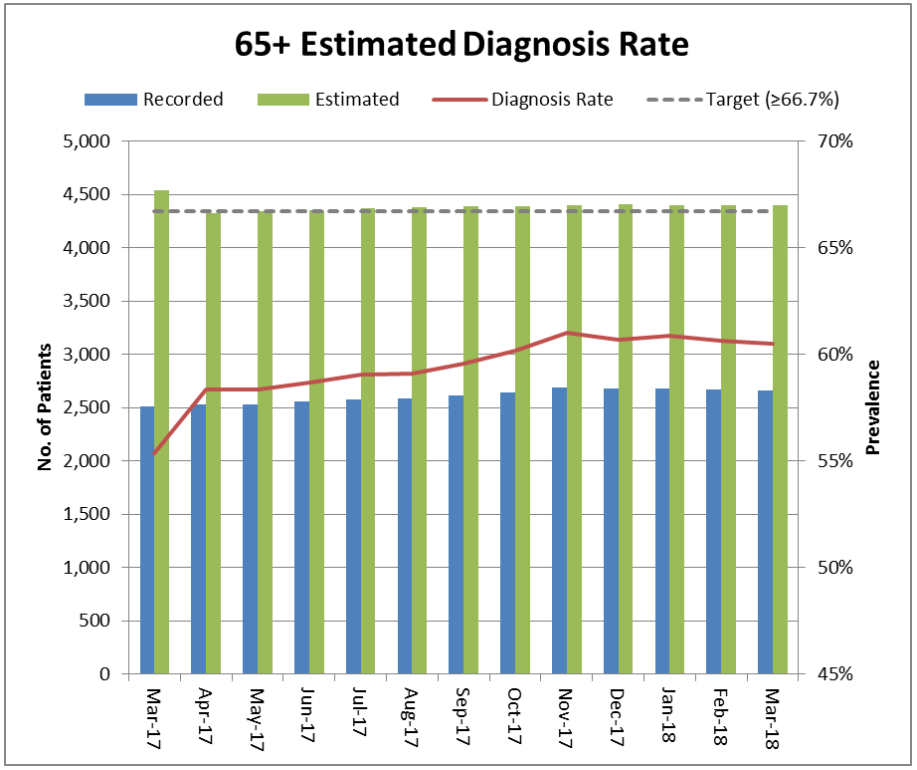
NHS Vale of York Clinical Commissioning Group

MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN: CONTRACT MONTH 12

	Cumulative To Date		
	Budget £000	Actual £000	Variance £000
Mental Health Services			
Tees Esk and Wear Valleys NHS Foundation Trust	39,650	39,905	(255)
Out of Contract Placements and SRBI	5,227	7,281	(2,054)
Non-Contracted Activity - MH	421	404	18
Other Mental Health	272	287	(15)
Total	**45,571**	**47,876**	**(2,306)**
Continung Healthcare			
Continuing Care	26,033	27,383	(1,350)
Funded Nursing Care	5,005	4,249	755
Total	**31,038**	**31,632**	**(594)**

PERFORMANCE : MENTAL HEALTH – DEMENTIA

Dementia				
65+ Estimated Diagnosis Rate				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
60.7%	60.9%	60.6%	60.5%	



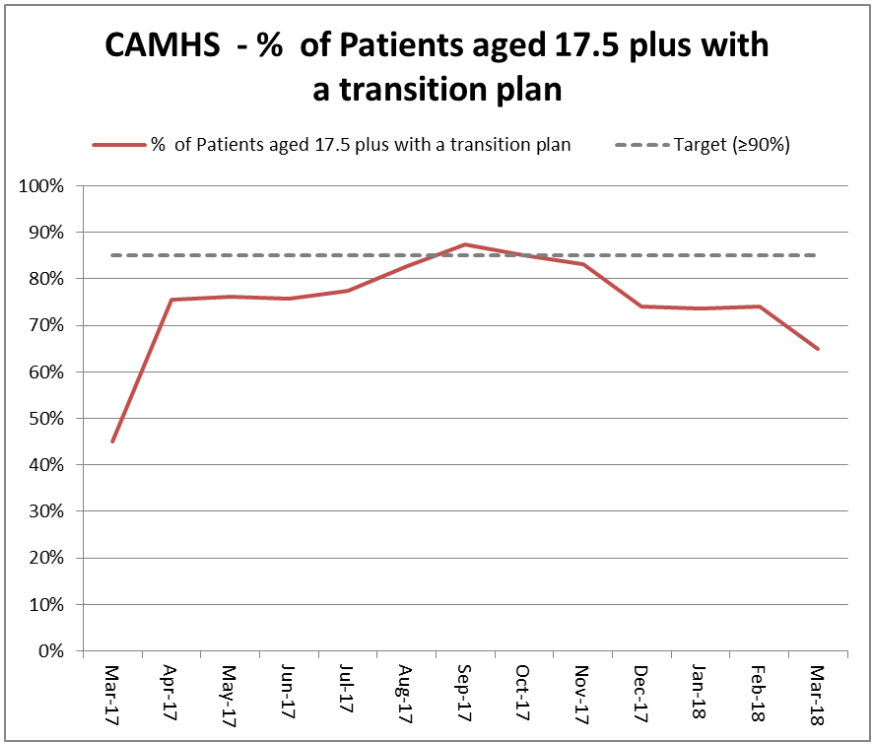
65+ Dementia Diagnosis rate decreased slightly from 60.6% in February 2018 to 60.5% in March 2018

Note: Rise in April 2017 relates to the recalculation of Estimate Prevalence

Practice Name	Prevalance
BEECH TREE SURGERY	75.7%
DALTON TERRACE SURGERY	38.4%
EAST PARADE MEDICAL PRACTICE	46.2%
ELVINGTON MEDICAL PRACTICE	77.0%
ESCRICK SURGERY	61.3%
FRONT STREET SURGERY	38.9%
HAXBY GROUP PRACTICE	91.9%
HELMSLEY SURGERY	47.3%
JORVIK GILLYGATE PRACTICE	72.0%
KIRKBYMOORSIDE SURGERY	56.7%
MILLFIELD SURGERY	69.7%
MY HEALTH GROUP	56.6%
PICKERING MEDICAL PRACTICE	52.7%
POCKLINGTON GROUP PRACTICE	55.8%
POSTERNGATE SURGERY	58.7%
PRIORY MEDICAL GROUP	63.4%
SCOTT ROAD MEDICAL CENTRE	85.1%
SHERBURN GROUP PRACTICE	75.0%
SOUTH MILFORD SURGERY	42.0%
STILLINGTON SURGERY	52.9%
TADCASTER MEDICAL CENTRE	54.9%
TERRINGTON SURGERY	42.9%
THE OLD SCHOOL MEDICAL PRACTICE	50.6%
TOLLERTON SURGERY	31.8%
UNITY HEALTH	50.6%
YORK MEDICAL GROUP	41.9%

PERFORMANCE : MENTAL HEALTH

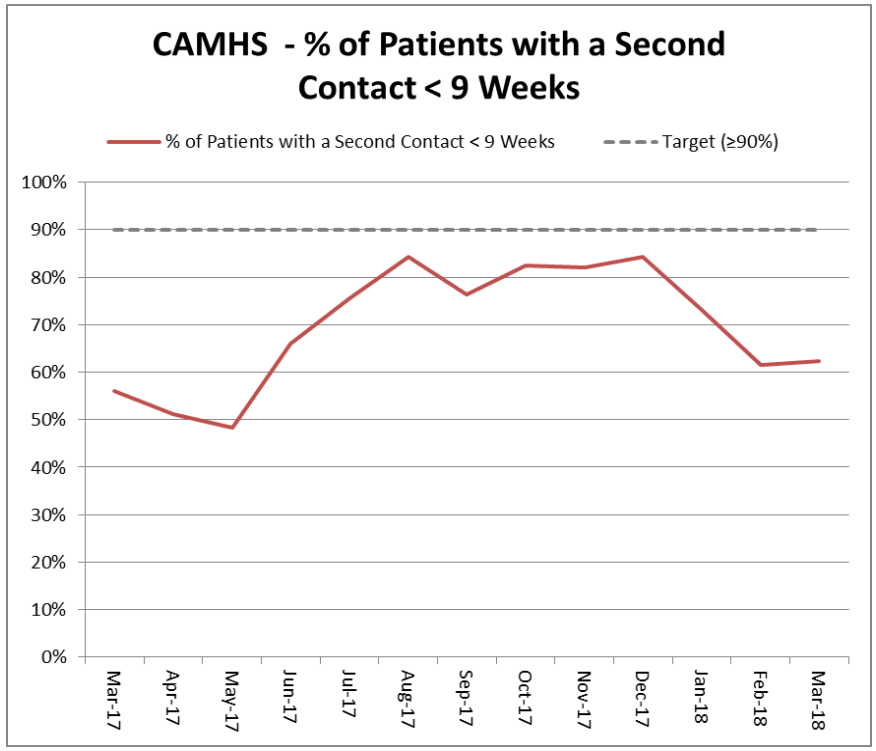
CAMHS				
% of Patients aged 17.5 plus with a transition plan				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
74.0%	73.7%	74.1%	64.8%	↓



The position for March is 64.8%, which is attributable to 32 breaches out of 91 patients.

Reason	Count
New to Service	10
No Transition Plan - Clinicians Contacted	13
Discharged	6
Other	3
	32

CAMHS				
% of Patients with a Second Contact < 9 Weeks				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
84.3%	73.1%	61.5%	62.4%	↑



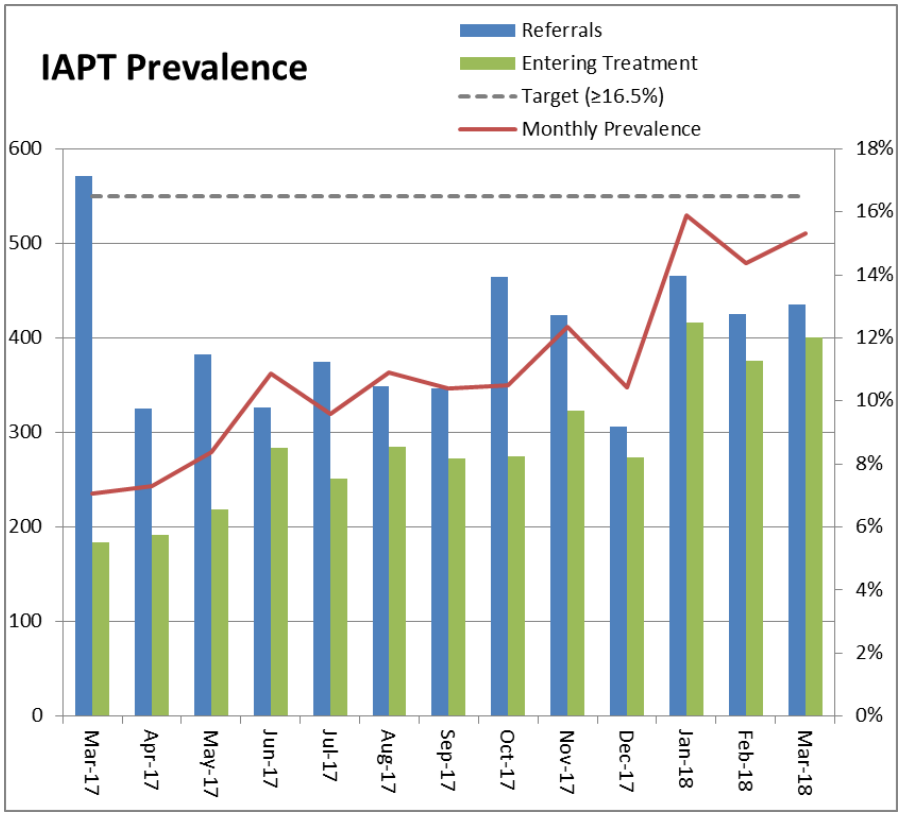
The position for March is 62.4%, which is attributable to 35 breaches out of 93 patients.

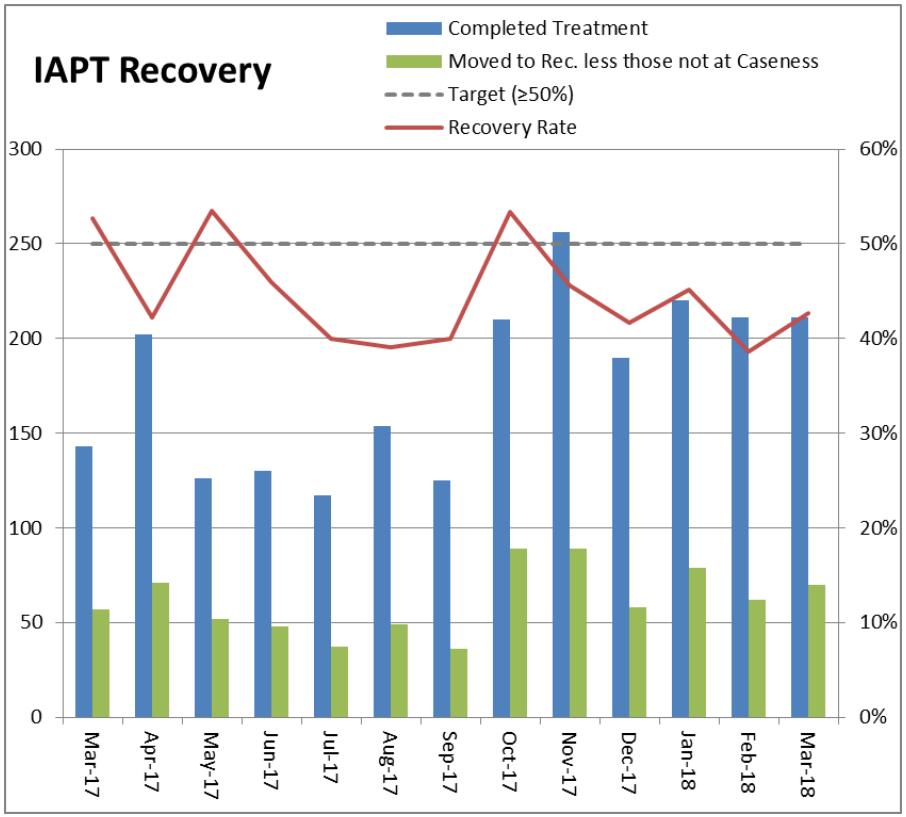
Reason	Count
Staff Capacity	23
Complexity	2
Data Quality	6
Patient Choice	4
	35

PERFORMANCE : MENTAL HEALTH

IAPT				
Prevalence				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
10.4%	15.9%	14.4%	15.3%	

IAPT				
Recovery				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
41.7%	45.1%	38.6%	42.6%	





The local position for March is 15.3%. This is an increase from 14.4% in February.

401 patients have entered treated in February against a level of need of 2,617.

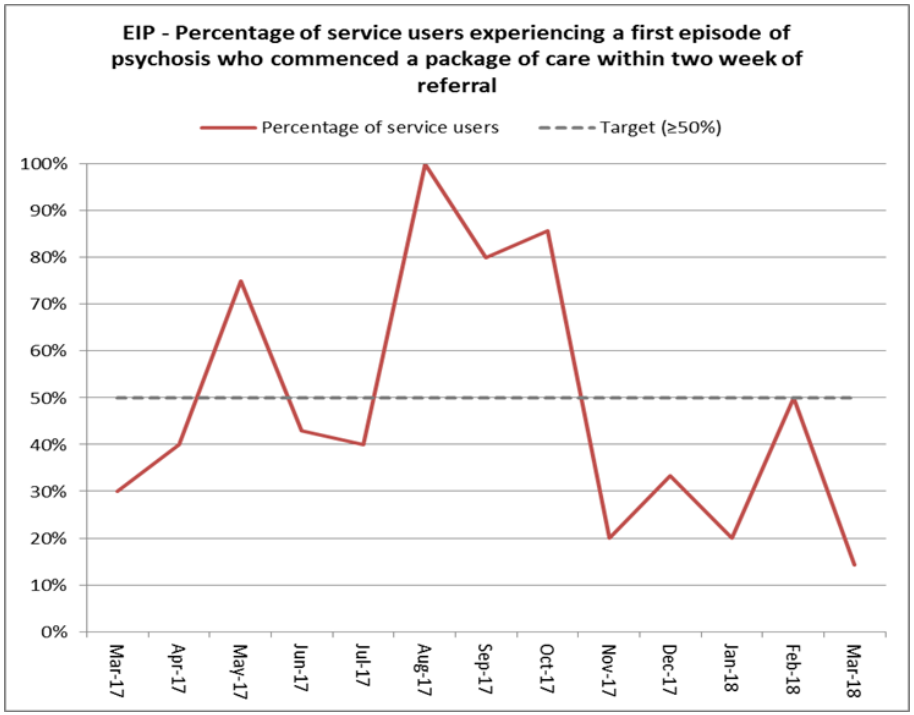
The local position for March is 42.6%. This is an increase from 38.6%. in February.

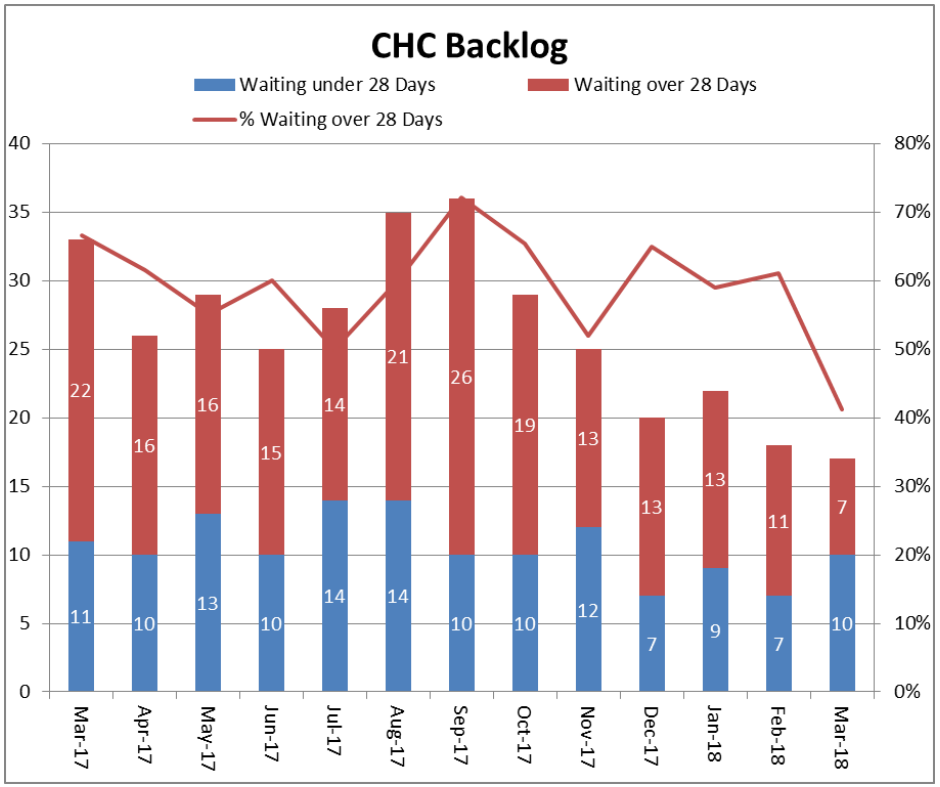
Of the 211 patients who completed treatment : 84 moved to recovery and of the 127 patients who did not recover, 14 were not at clinical caseness at treatment commencement.

PERFORMANCE : MENTAL HEALTH / CONTINUING HEALTHCARE

EIP				
Percentage of service users experiencing a first episode of psychosis who commenced a package of care within two week of referral				
Dec-17	Jan-18	Feb-18	Mar-18	DoT
33.3%	20.0%	50.0%	14.3%	↓

Continuing Healthcare			
Backlog			
Jan-18	Feb-18	Mar-18	DoT
59.1%	61.1%	41.2%	↓





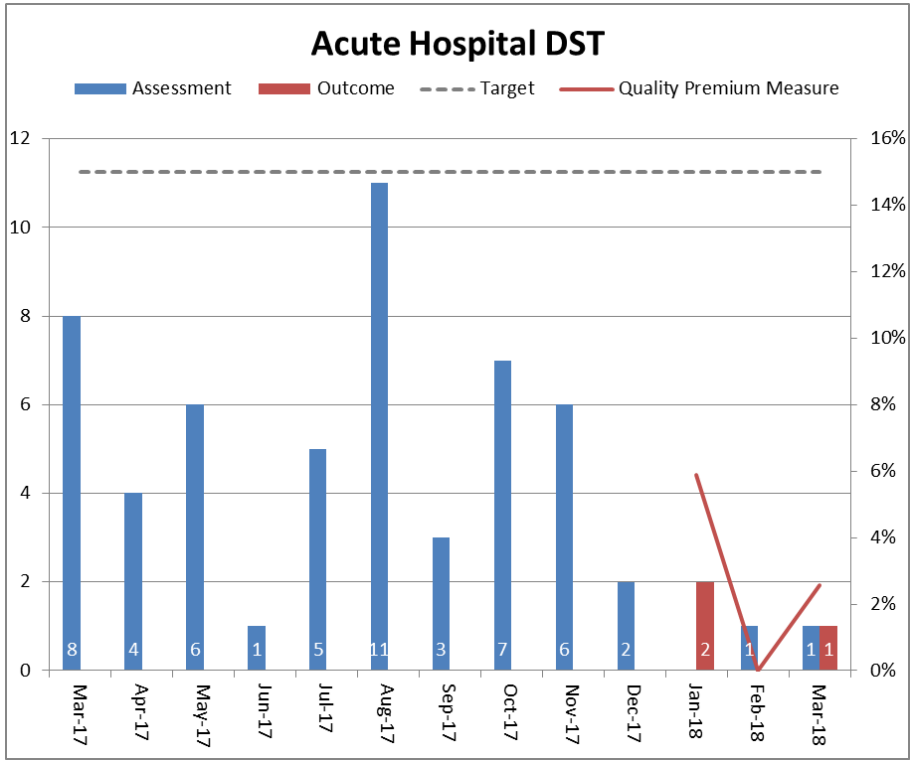
The position is attributable to 6 breaches out of 7 patients.

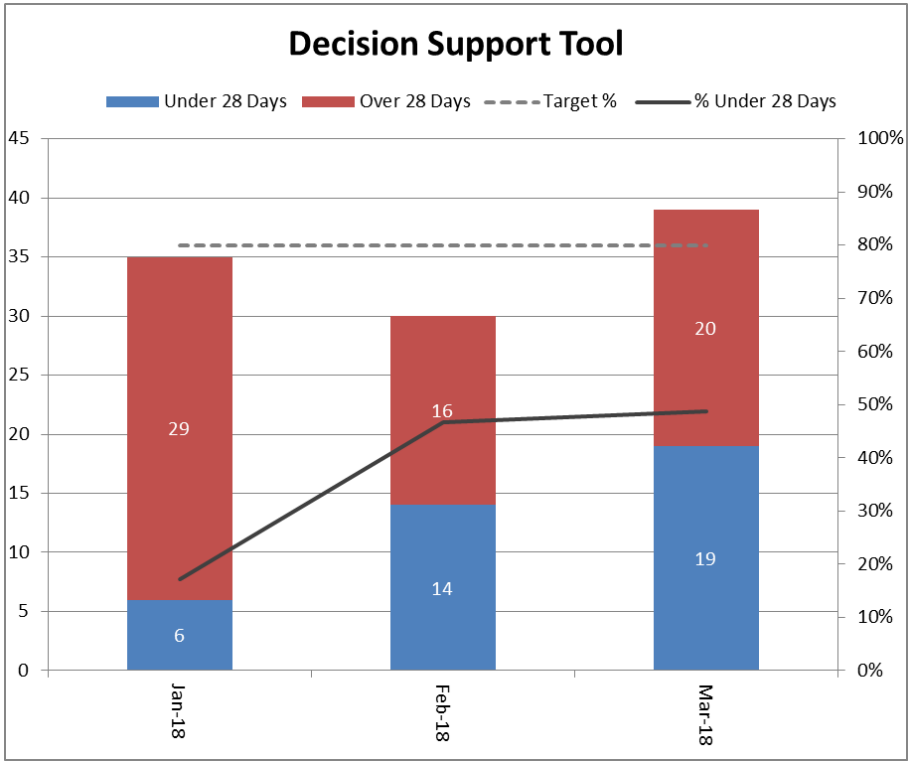
- 4 breaches were attributed to staff capacity / staff illness
- 1 breach was due to complexity
- 1 breach was a result of the patient not being well enough to commence assessment
- 1 attendance classed as a breach was excluded due to date quality issues.

Months Waiting					
1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	Total
0	1	1	5	0	7

An overall reduction over time is noted and some long waiters require specialist CHC nurse skills relating to children's transition which is currently a workforce gap.

PERFORMANCE : MENTAL HEALTH / CONTINUING HEALTHCARE





Implementation of the discharge to assess approach has delivered this target over the last quarter

80% of DSTs undertaken from referral to decision within 28 days not achieved

This target has not been achieved. A new approach manually tracking patients waits from referral to decision making on DSTs is assisting with delivery, the constraints have been clearing the backlog of already over 28 day waits and the challenging workforce issues in social care and the CHC clinical team. Further improvement is anticipated

KEY QUESTIONS: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
Mental Health: **IAPT :** No **Dementia :** No **CAMHS :** No **EIP:** No **Psych Liaison**: No **CHC :** **Monthly Acute Hospital DST Activity :** Yes **Decision Support Tool :** No	**IAPT** CMB is has received the business case from TEWV's that outlines long term plans for achieving targets up until 2021. Validated data for March is reported at 15.3% **Dementia** : Significant progress has been made to date. Work is on-going with Primary Care to increase the dementia diagnosis rates. 4 practices have taken up the additional support offer to improve rates to the end of March. Roll out of the DIADEM (diagnostic tool kit) to all care homes, working successfully in 4 care homes to date. **CAMHS** High levels of activity on going. Capacity and demand analysis being refreshed as part of the action planning to clarify service priorities to deliver national and local priorities **EIP** : CCG has identified additional funding to address gaps in the action plan, family therapy. **Psychiatric Liaison :** The CCG continues to monitor current levels of activity and will continue to monitor the shortfall in performance at the monthly CMB. **CHC:**. NECs not currently started the work. **PHB**: targets for increasing the numbers are not being met-review of opportunity and process underway. **DST**s done out of hospital now meeting target due to discharge to assess pathway & performance management.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
IAPT : Yes – Action plan in place to achieve 15% access, and 50% recovery sustainably during Qtr4 2017/18. This is lower than the current national target of 16.8%. The business case outlines the investment requirements to achieve targets to 2021 **Dementia :** The tasks in the action plan support progress towards delivery of the national target of 66.7% and this will be reviewed 2 weekly **CAMHS :** Action plan being developed with TEWV to meet required performance targets. (18 week and local KPIs) eating disorder performance improving and trajectories agreed for 18/19 **EIP** : Continues to be monitored at CMB agreed a level of recurrent funding. **Psychiatric Liaison :** Performance is being monitored monthly at CMB agreed on-going recurrent funding for the	**IAPT recovery:** Verbal update to F & P Committee. **Dementia :** Verbal update to F & P Committee. **CAMHS :** Verbal update to F & P Committee **EIP** : Verbal update to F & P Committee **Psychiatric Liaison :** No escalation required at this stage. ***CHC :*** No further escalation at present

Programme Overview - Primary care

Month 12

Scheme Name	Ref	Planned start date	YTD Planned savings £000	YTD Expected savings £000	YTD Actual savings £000	Forecast Outturn Planned savings £000	Forecast Outturn Expected savings £000	Forecast Outturn Actual savings £000	Comments
PRIMARY CARE									
Dermatology Indicative Budgets	195	Apr-17	36	36	28	36	36	28	Scheme in place since 2016/17, saving in 2017/18 is FYE.
GP IT - NYNET	003	May-17	183	183	183	183	183	183	Scheme up and running?
Roll out indicative budgets to other specialities	020	Jul-17	75	75	0	75	75	0	

NHS Vale of York Clinical Commissioning Group

Annex 1: Supporting performance reports

Validated data to February (Month 11)

ANNEXES

Public 'erformance Repor	**Public Performance Report** York Trust overview of Performance.
Performance Headlines	**Performance Headlines** York Trust detailed Performance report covering key metrics inc. Emergency Care Standard, Cancer, RTT & Diagnostics.
ECS Summary ECS 9th -15th April	**ECS system performance summary** 02nd April – 08th April 2018 09th April – 15th April 2018
C&YP LTP Q3	**Children and Young People's Local Transformation Plan:** Q3 17/18 Progress Letter
HCV EOY review Adobe Acrobat Document	**HCV Cancer Alliance End of Year Review Report and Providers Cancer Waiting time dashboard**
Cancer Alliance additional fundin	**HCV Cancer Alliance 62 day performance improvement funding application - draft April 2018**
New Cancer Times System Ma	**New national cancer waiting times and inter-provider transfer policy**

Acronyms

2WW	Two week wait: Urgent Cancer Referrals Target
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactive Disorder
AEDB	A and E Delivery Board
CAMHS	Child and Adolescent Mental Health Services
CC	Continuing Care
CEP	Capped Expenditure Process
CGA	Comprehensive Geriatric Assessment
CHC	Continuing Healthcare
CMB	Contract Management Board
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation (framework)
CRUK	Cancer Research UK
CT	Computerised Tomography Scan
CYC	City of York Council
DNA	Did not attend
DTOC	Delayed Transfer of Care
DEXA	Dual energy X-ray absorptiometry scan
DQIP	Data Quality Improvement Plan (in standard acute contract)
ED	Emergency Department
EDFD	Emergency Department Front Door
EMI	Elderly Mentally Infirm

Acronyms continued

ENT	Ears Nose & Throat
F&P/ F&PC	Finance & Performance Committee (CCG)
FIT	Faecal Immunochemical Test
FNC	Funded Nursing Care
GI	Gastro-intestinal
GPFV	GP Forward View
H&N	Head and Neck
HCV	Humber, Coast & Vale (Sustainable Transformation Plan or STP)
HR&W	NHS Hambleton, Richmondshire and Whitby CCG
HaRD	NHS Harrogate and Rural District CCG
IAF	Integrated Assurance Framework (NHS England)
IAPT	Improving Access to Psychological Therapies
IFR	Individual Funding Review (complex care)
IPT	Inter-provider transfer (Cancer)
IST	Intensive Support Team
LA	Local Authority
LD	Learning Disabilities
LDR	Local Digital Roadmap
MCP	Multi-Care Practitioner
MDT	Multi Disciplinary Team
MH	Mental health
MMT	Medicines Management Team

Acronyms continued

MNET	Medical Non Emergency Transport
MSK	Musculo-skeletal Service
MIU	Minor Injuries Unit
NHSE	NHS England
NHSI	NHS Improvement
NYCC	North Yorkshire County Council
NYNET and	NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity broadband services to private and public sector sites)
ONPOS	Online Non Prescription Ordering Service
OOH	Out of hours
PCH	Primary Care Home
PCU	Partnership Commissioning Unit
PIB	Permanent Injury Benefit
PID	Project Initiation Document
POD	Point of Delivery
PM	Practice Manager
PMO	Programme Management Office
PNRC	Procedures Not Routinely Commissioned
QIPP	Quality, Innovation, Productivity and Prevention
RRV	Rapid Response Vehicle
RSS	Referral Support Service
RTT	Referral to treatment

Acronyms continued

S&R/ SCRCCG	NHS Scarborough and Ryedale CCG
SRBI	Special Rehabilitation Brain Injury
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
STT	Straight to Triage
SUS	Secondary Uses Service (data)
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
T&I	Trauma and Injury
TIA	Transient Ischaemic Attack
ToR	Terms of Reference
UCC	Urgent Care Centre
UCP	Urgent Care Practitioner
VoY	Vale of York
VoY CCG	NHS Vale of York CCG
VCN	Vale of York Clinical Network
YAS	Yorkshire Ambulance Service
YDUC	Yorkshire Doctors Urgent Care
Y&H	Yorkshire & Humber (region)
YTH/YTFT/YTHFT/York FT	York Teaching Hospital NHS Foundation Trust
YDH	York District Hospital
YHEC	York Health Economics Consortium

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Item Number: 9

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 3 May 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title: Quality and Patient Experience Report

Purpose of Report *(Select from list)*
For Information

Reason for Report
To Update Governing Body about all the Quality Team's work streams and activity

Key Messages

- The Committee commended the powerful patient story which highlighted the need for integrated psychological and physical care.
- The Committee noted the work to influence providers in respect of serious incidents and never events.
- The Committee expressed concern at the current level of care home suspensions and the impact on both the quality and patient experience perspective and also supply and demand in the system.
- Following the report on the experiences of the winter of 2017/18 the Committee requested an in depth report at the August meeting.

Strategic Priority Links

☒Primary Care/ Integrated Care
☒Urgent Care
☒Effective Organisation
☒Mental Health/Vulnerable People
☒Planned Care/ Cancer
☒Prescribing
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

Recommendations
N/A

Responsible Chief Officer and Title	**Report Author and Title**
Michelle Carrington (Chief Nurse)	Quality Team

NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– April 2018

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Quality in Primary Care 3
Workforce Update 4
Infection Prevention & Control (IPC) 5
Serious Incidents (SIs) 7
NHS 111/Yorkshire Ambulance Service (YAS) Sub Regional Quality Board 10
Patient Experience Update 10
Care Homes and Adult Safeguarding Update 14
Quality in Care Homes 15
Mental Health 18
Children and Young People 18
Adult Mental Health 20

Purpose of the Report

The purpose of this report is to provide an overview of the Vale of York Clinical Commissioning Group in relation to the quality of services across our main provider services. In addition, it provides an update about the Vale of York CCG's Quality team's important work relating to quality improvements that affect the wider health and care economy.

Key pieces of improvement work that the team is involved in include

- Special School Nursing Review as part of review of the 0 – 19 pathway
- Care Home Strategy development
- Maternity services transformation
- Workforce transformation

Patient Story

The Quality and Patient Experience Committee heard a patient story from a carer's perspective. His presentation centred on his experience of seeking Continuing Healthcare (CHC) funding for his Mother as well as wider issues associated with his mother's care. Key issues from the carers perspective were captured;

- Information given by some CHC staff can be misleading
- Relatives are not encouraged to be part of the care planning process
- Psychological care needs are not always met by teams who predominantly care of those with physical needs
- Hospital and Care Home staff often struggle to care for people with complex needs
- Care Home and Hospital staff don't understand CHC processes
- CHC assessments seem to be more about the funding than collaborating with professionals to deliver appropriate levels of quality of care

However, the positives are that the carer's mother is now receiving care in a suitable Care Home environment following involvement of a CHC nurse that advocated and listened.

Additionally, QPEC agreed that it would be helpful to dedicate an item on CHC at a future meeting.

Quality in Primary Care

Quality Lead for Primary Care
Priorities for the Quality Lead for Primary role have been developed and include

- Continued building of relationships and trust with primary care.
- Supporting the development of a quality assurance system across primary care
- Development of a concise General Practice Nurse Strategy in support of the NHS Five Year Forward View 10 point plan.
- Develop systems and processes to support Non-Medical Prescribers.

CCG Lead Practice Nurse
Following expressions of interest, a local practice nurse has accepted the offer of the CCG Lead Practice Nurse post and the CCG look forward to having the nurse in post from June 2018.

Workforce Development
An interactive session was arranged for the CCG's Council of Representatives to update them about access to Advanced Clinical Practitioners and Assistant Practitioners training. This included information about how practices could think differently about supporting different roles and support training and development.

Workforce Update

The CCG's Quality and Nursing Team have been involved with several initiatives to support the development of future workforce models. Specifically, this includes representation at the Health and Support Staff Steering Group and the Advanced Clinical Practitioner Steering Group; both groups report into the Local Workforce Advisory Board. Local Workforce Action Boards (LWABs) were established to meet the needs of Sustainability & Transformation Plans (STP) in respect of action on both the current and future workforce needs; including

- Active management of both current and future workforce supply and demand
- Workforce transformation – for both future service delivery but also as part of current demand management
- A workforce in line with the NHS Five Year Forward View (FYFV) and STP goals and assumptions, including overall affordability and consideration of how services integrate effectively.

Specifically, the two forums referred to above enable the CCG to influence the discussion and focus the efforts of the group to not only build workforce resilience inside hospitals but across our communities as well; specifically, the Care Home Sector and Primary Care.

An excellence centre is being launched in April to provide a central point for access to recruitment and retention support for health and social care support staff workforce across the Humber, Coast and Vale STP footprint.

The CCG's Chief Nurse attended the recent NHS's Chief Nursing Officer Conference where the challenge of maintaining and sustaining the workforce was called to action. Although we have more nurses than in 2012 it is not enough and high vacancy rates continue. The significant reduction of staff from the European Union and the added challenge of the English Language Test have further compounded the workforce shortages.

In response HEE have been consulting on their draft Health and Care Workforce Strategy; Facing the Facts, Shaping the Future. The proposals highlight the importance of retaining workforce and promoting staff health and wellbeing. Currently £1 out of every £40 of NHS money is 'lost' on sickness of staff.

Development of new roles is also valued. These include Nurse Associates, Maternity support workers and primary care support workers and the development of guidance on the deployment of those staff is being further developed.

The conference also highlighted that next year HEE will be concentrating on development of career pathways with the aim to getting more student nurse placement in general practice.

Building on workforce resilience should also be a key priority; winter was the worse it has been for a long time as well as recognition for the public service response to terrorist attacks and the Grenfell fire tragedy which demonstrated nurse's resilience in extremely challenging environments. Key messages related to the importance of people to embrace 'it's ok not to be ok' and seeking help as well as more integration with local authorities.

Infection Prevention & Control (IPC)

Overall Update – City of York Council
Multiagency meetings have taken place regarding the City of York Council (CYC) notification of their decision to withdraw their financial contribution to the shared community infection prevention service. Following positive discussions and due to some uncertainty relating to commissioning responsibility for TB services CYC have agreed to defer their decision and will continue to contribute funding for the next year.

York Teaching Hospital NHS Foundation Trust team update
A meeting is scheduled with the newly appointed Lead Nurse for IPC at YTHFT. It is hoped processes for increased collaborative working will be agreed.
An additional meeting is also planned with Scarborough and Ryedale CCG (SRCCG), the IPC nurses and a Microbiologist from YTHFT to continue to focus on E. coli bacteraemia and progress against the shared action plan to achieve the required reduction.

Influenza (flu)
As expected an increased incidence of influenza occurred. The final vaccination uptake data has been ratified and in summary the vaccination schedule has gone well with CCG data demonstrating uptake above both the Yorkshire and Humber and national average. Uptake in all categories is in line with or above targets except for those under the age of 65 who are at risk which reflects the national picture.

Below is the flu vaccination uptake position as of week ending 28th January 2018.

Group	NHS Vale of York CCG	National end of season ambition	Current National Uptake	Current Regional Uptake	CCG uptake at this point last year
65 and over	75.3	75.0	72.4	74.3	73.2
At risk (6 months to under 65 years)	49.0	55.0	48.7	50.5	47.6
Children aged 2	50.3	40.0	42.6	42.1	51.2
Children aged 3	51.6	40.0	44.0	44.7	50.9
Pregnant women	57.5	55.0	47.1	50.6	53.3

More up to date CCG level data is available from the February upload to Immform, however the comparator data for this period is not yet available.
February 2018 data

- 65 and over -75.6%
- Under 65s (at risk only) - 49.6%
- Children aged 2 - 50.8%
- Children aged 3 - 52.0%
- Pregnant women - 56.6% (a lower percentage than January due to an increase in the number of pregnancies -January - 3293 eligible patients with 1894 vaccinated = 57.5%. February - 3628 eligible patients with 2052 vaccinated = 56.6%)

2018/19 Flu Planning
At the most recent multi-agency flu steering group representatives from YTHFT attended to ensure a whole system approach to both the look back at this season's campaign and commence planning for next season.

YTHFT had raised concerns that unwell patients had been admitted to them from care homes with either no alert that they were showing symptoms of potentially infectious flu-like illness nor recognition that they were part of a developing outbreak. The need for a more aligned system wide approach to ensure prompt identification and isolation to limit spread will form part of the 2018/19 CCG flu plan and the Quality Lead for Care Homes will be involved in supporting this.

The lack of efficacy of the vaccination in the over 65 year old cohort has resulted in a directive from the Joint Committee on Vaccination and Immunisation (JCVI) and from Public Health England that for the 2018-19 winter season. GP practices and Community Pharmacy providers are to offer the adjuvanted trivalent vaccine for all 65s and over. As this was only licensed for use in the UK in August 2017 it was not an option for the 2017/18 season however a UK license has now been obtained. The JCIV has recommended the use of the quadrivalent vaccine (QIV) for 18 – 65 year olds at risk in light of an independent cost-effectiveness study into its effectiveness undertaken by Public Health England.

The CCG is closely monitoring practice ordering of the adjuvanted trivalent to obtain an overview of which practices have not ordered to enquire about any reasons for this and encourage adequate available stock supplies. NHS England confirmed additional funding available in 2018/19, to support use of adjuvanted trivalent vaccine and quadrivalent influenza vaccine and that suppliers advise they will be able to meet demand. Ordering deadlines have been extended until 12th April.

Eligibility criteria for vaccination for 2018/19
In 2018/19 there is one change in eligibility of an additional cohort of children, those in school year 5.

Therefore, in 2018/19 the following are eligible for flu vaccination:

- all children aged two to nine (but not ten years or older) on 31 August 2018

- all primary school-aged children in former primary school pilot areas
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers

Vaccination is recommended for frontline health and social care workers, with additional guidance on provision of this expected at any time.

Serious Incidents (SIs)

Serious Incident processes continue to progress but challenges in agreeing a manageable robust process with YTHFT to discuss investigation reports in a timely way remain.

YTHFT have communicated that it would affect discussions if commissioners attend their SI panel meetings so alternative forums to discuss cases with clinicians as well as members of the governance team are currently being considered.

The quality and nursing team have been invited to participate in ward assurance visits at YTHFT and will ensure issues and actions identified through serious incident investigations are incorporated and considered as part of this process.

Key Issues from provider Trusts

York Teaching Hospital Foundation Trust

Never Events (NE)

Following the update provided in the previous report identifying the significant concerns the CCG had relating to the number and similarities in the type of Never Events reported by YTHFT a meeting took place between representatives at the Trust, the CCG, SRCCG and ERCCG to obtain more information and assurance. The meeting provided differing levels of assurance for different CCGs but the subsequent actions have been agreed. YTHFT will be expected to provide assurance in response to the action plan.

Serious Incidents
York Hospital sites including community & community hospitals

YTHFT has reported 32 SIs at York Hospital sites during Quarter 4 which is a significant increase in comparison to previous quarters (12 in December, 22 in January, 21 in February). Whilst an increase could be attributable to higher activity , bed occupancy rates and significant winter pressures the YTHFT has experienced this quarter, it is important the CCG continues to monitor this and the type of incidents being reported. It has also been noted that some incidents are being detected following mortality reviews resulting in delays in reporting.

The year to date total of SIs reported is however demonstrating an overall reduction in the number of SIs reported in year. The CCG lead nurses continue to work to

support the provider in reporting in line with the SI framework, resulting in 7 SIs approved for de-log during Quarter 4. This will continue to be monitored by the CCG leads to ensure SIs are reported appropriately and investigations are concentrated on incidents which meet the NHSE SI framework.

The improved quality of SI reports had been acknowledged and communicated to YTHFT. A series of root cause analysis Lead Investigator training events have been delivered to investigators and the CCG leads were invited to speak to share the commissioner perspective and requirements in a robust investigation report.

It has been noted that in Quarter 4, 2 SI reports from incidents at Scarborough site plus 5 action plans have been graded as not adequate. As insufficient assurances were provided these cases have been returned to the provider for further information. YTHFT have acknowledged that some clinical investigators are more adept at undertaking good quality investigations and a review of the processes for allocating investigations to clinicians is underway.

Falls and Pressure Ulcers

There has been an increase during Quarter 4 in the number of reported Slips, trips and falls resulting in harm with 13 SIs being reported during the quarter. The year to date total is 18. 33 SI's relating to falls were reported during 2016/17. The increase is predicted to be attributable to the increased activity and acuity of patients during the winter period. Overall there is a continued reduction in the number of falls SIs reported.

There has also been an increase in the number of pressure ulcers reported during Quarter 4 with 10 SIs reported, with the year to date number being 25. 30 SIs were reported during 2016/17 replicating the same trajectory as falls. There is a noticeable continued reduction in the number of pressure ulcers reported.

The CCG lead nurses routinely attend the provider Pressure ulcer and falls panels at both Scarborough and York Hospitals. This has proved to be both successful and productive with continued assurances of improvements and evidence learning is being embedded across the organisation.

Duty of Candour

Evidence of YTHFT's compliance with the duty of candour standards continues to demonstrate improving compliance and embedding of understanding. This is evidenced through discussions with clinical staff at falls and pressure ulcer panels and data presented through dashboards at sub contract management board.

12 Hour Breaches

Whilst it is acknowledged by all stakeholders that a 12-hour breach does not result in a good patient experience, wider system issues are recognised as the route cause. Increased assurance of patient safety is being received by the CCG and progress is being made to support CCGs to undertake audits of patients affected by long waits and identify any unintended consequences.

Despite the numbers of 12-hour breaches being captured elsewhere NHSE still require them to be logged as SI's in the Yorkshire and Humber. Whilst the decision is

awaited to remove these cases from the SI process unless they meet the SI framework it has been agreed that following receipt of the 48-hour report and if no harm has been determined the SI can be de-logged following commissioner agreement.

Since 1December 2018 to 31 March 2018 there have been 85 12-hour breaches in total. 5 on the York site all affecting CCG patients and 4 CCG patients were affected on the Scarborough site. All of these cases have been de-logged as serious incidents.

Tees, Esk and Wear Valleys (TEWV)

Key Issues
Following the concerns highlighted in the last report regarding the lack of responsiveness to queries about SI reports, outstanding action plans and extension requests the CCG has discussed this with both the Director of Quality and Governance and Head of Patient Safety. In response, improvements have been made although some issues persist and are being closely monitored. TEWV remain responsive and provide evidence of a willingness to work together to both improve processes and assurance.

CCG involvement is taking place at both service level SI panels and Directors panels which is aimed at fewer outstanding queries being reported and allowing for increased focus on the embedding of learning and gaining assurance through other means. Progress has been made against closure of old cases.

Harrogate NHS Trust
Harrogate Trust reported a diagnostic SI relating to misplaced biopsy specimens. This affected a number of patients from HARD, Leeds North, Leeds West and & 2 CCG patients. The patients have been recalled.

CCG Incidents
One Serious Incident was declared by the CCG in December relating to a delay in diagnosis reported to the CCG by primary care. The investigation has been completed and a meeting is arranged to discuss the findings with the GP who reported it. It is anticipated that the incident will be downgraded from a serious incident. The patients family are aware an investigation was taking place so clarification will be obtained from the GP about how the findings will be shared.

Clinical Quality Visits
Following the two quality visits to Huntington House in December and Lime Trees additional visits to Older peoples and Learning disabilities services are currently being arranged. Information on performance, themes from serious incidents and information from staff about any learning they are aware of as a result of incidents and complaints will be incorporated into the visit plans.

NHS 111/Yorkshire Ambulance Service (YAS) Sub Regional Quality Board

The CCG's Quality and Nursing team continue to attend this meeting on a regular basis to gain insight and assurance of these services from a quality perspective. The meeting is well attended with representatives from the 6 CCGs, NHS 111, YAS and Urgent Care providers. NHS 111 and YAS quality dashboards are presented with exceptional issues being presented to provide additional assurance about the organisation's response.

York and Scarborough Hospitals continue to be outliers regarding the numbers and lengths of ambulance handovers in their emergency departments. The impact for patients and staff was discussed at the Quality Board and despite the very best efforts of all those involved this does have a significant impact on the capacity of YAS to turn vehicles around in a timely way.

Of further note are the patient's stories that are presented that provide invaluable insight into the patient's journey from contacting NHS 111 (or YAS if it is a 999 call) to receiving treatment. A recent example described an emergency call from a Care Home which unfortunately resulted in a dying resident being conveyed unnecessarily to hospital because of a lack of communication about advanced care planning and the residents wish to die at home. Additionally, the Board reviews end to end recordings of call handlers dealing with patients who contact the service and use these to review their services and quality assure for improvement. QPEC will continue to receive updates from this meeting when appropriate.

The CCG's Head of Transformation and Delivery was invited to April's QPEC to provide an update about how services performed in winter. NHS 111/YAS performance will form an important part of this feedback.

Patient Experience Update

Vale of York CCG Complaints

8 complaints were registered in the CCG during January and February 2018:

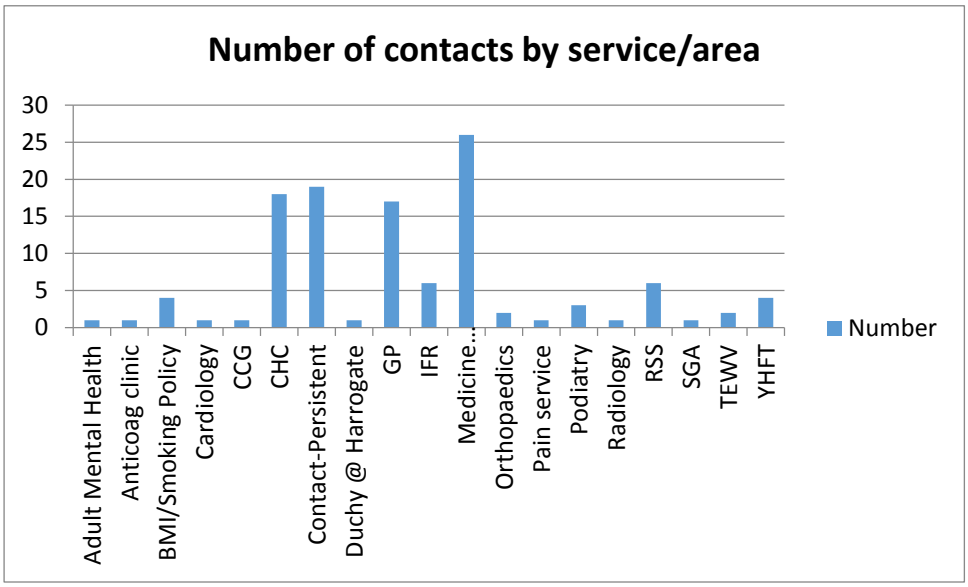
- 1 complaint related to the BMI/smoking threshold policy.
- 4 complaints related to communication/information and delays regarding Continuing Healthcare
- 2 complaints related to Medicines Management – commission decision and prescribing policy
- 1 patient unhappy at a mental health service funding decision following review

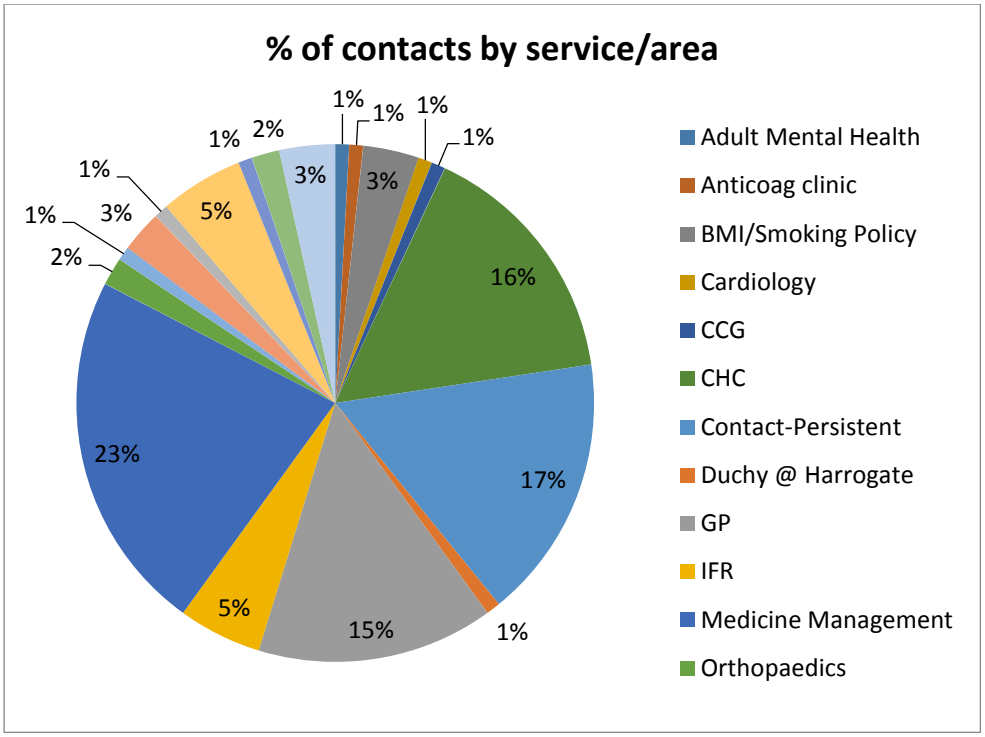
115 concerns/enquiries were managed by the CCG, including:

- 18 contacts relating to CHC, these include delays in arranging assessments, lack of communication/information to patients and relatives about the process and difficulties in contacting the team.
- 19 contacts were from a persistent contactor which required no further action.

- 26 contacts from patients with Type 1 diabetes wanting to know if and when the CCG would be approving the prescribing of a new glucose monitoring system – Freestyle Libre. The commissioning statement was published on the CCGs website on 1 March 2018 and has been jointly produced by colleagues from NHS Scarborough and Ryedale CCG and York Teaching Hospitals NHS Foundation Trust. The commissioning decision is based on the Regional Medicines Optimisation Committee suggestion which has been adapted to help ensure that NHS resources are focused on those who will most benefit from this device.

  CCG activity for all types of contact during the two month period of January and February is shown below by column graph and bar chart.





Examples of actions arising from complaints and concerns

Joint agency complaint:
The CCG were asked by a patient and his family to co-ordinate responses to outstanding issues from a complaint they had made to their GP Practice (relating to care and treatment for prostate cancer. The initial response had raised further issues and also identified areas for York Teaching Hospital NHS Foundation Trust to investigate. The CCGs Deputy Chief Nurse and Quality Lead for Primary Care met with the patient and his wife to listen to their concerns and agreed to take this forward on their behalf.

The family were provided with a detailed response and given assurances from the CCG about its role in ensuring learning from feedback is shared across the Vale of York GP Practices.

Part of the response from York Teaching Hospital NHS Foundation related to discharge planning and explained how the Trust, in conjunction with local authority and continuing healthcare are looking at implementing new ways of working to be able to identify and improve lead coordination and understand the best way to do this. Immediate action was taken to provide support and training to staff where the investigation identified a need.

The GP Practice implemented a number of changes, these included:

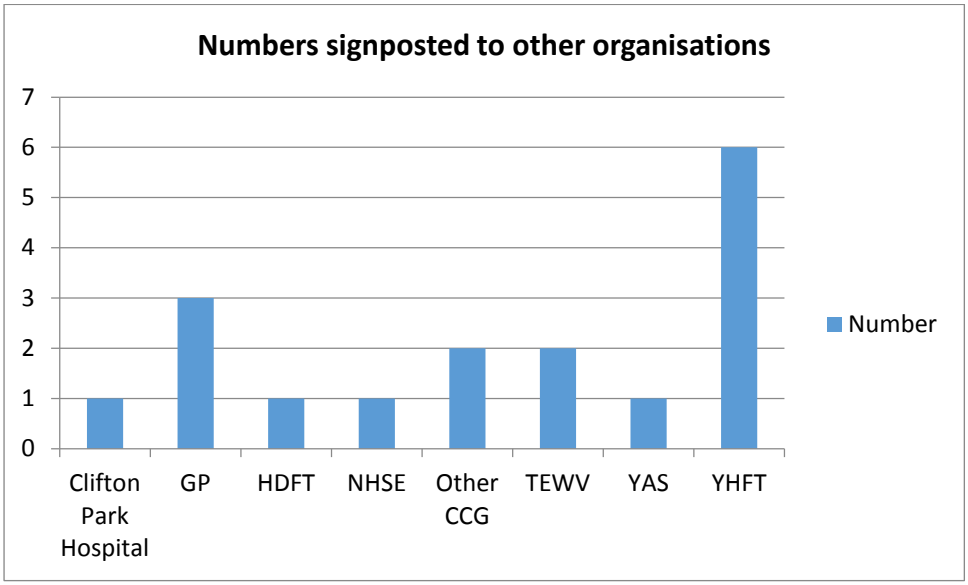
- changes to coding and computer alerts for patients diagnosed with metastatic cancer, which is triggered every time a clinical action is recorded

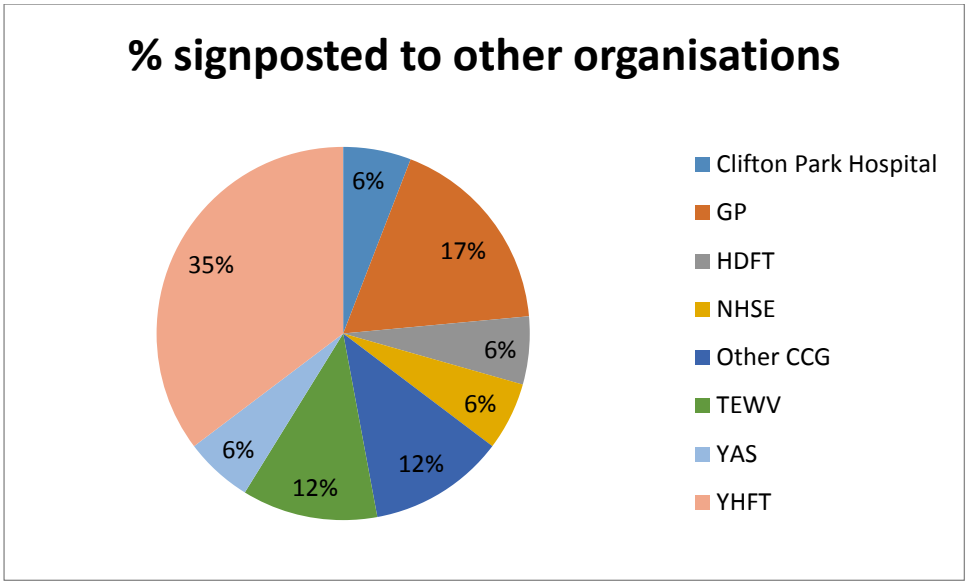
- a named GP and a deputy GP is appointed when each new diagnosis of cancer is made to ensure meaningful communication and continuity of clinical care
- a GP has been appointed as urology lead and will oversee the monthly monitoring of patients on the active surveillance register of prostate cancer and will act as liaison between the hospital and the practice.

Health optimisation letters
Since January 2017, when the CCGs Health Optimisation Policy for elective surgery was implemented, patients being referred to secondary care whose GP has identified they have a BMI over 30 and/or smoke, have been sent an automated letter by the Referral Support Service, explaining the CCGS policy and criteria for potential surgery.

The Patient Relations Team have received numerous contacts on this matter and following review with relevant colleagues, the CCG has streamlined the wording of the letters, which we hope will better explain the reason why patients have received the letter and simplified the content.

Other Organisation Complaints / Concerns
17 complaints/concerns were signposted to other organisations and these are detailed in the graph/pie chart below:





Other Sources of Patient Feedback
These include Healthwatch, Friends & Family Test and the NHS Choices website. Providers review themes, trends or potential issues, in conjunction with formal complaints and concerns made directly to them, so that themes and trends can hopefully be identified early, escalated and resolved where possible.

Below are the current hospital ratings available at the time of writing, based on feedback by users on NHS Choices. Providers not listed have not yet been rated.

Hospital	Rating (out of a score of 5)	Number of ratings
York	4.5	223
Scarborough	4	93
Malton	4.5	37
Nuffield York	3	3
Whitecross Court	5	1
St Helen's	3	2

Care Homes and Adult Safeguarding Update

Stamford Bridge Beaumont - **Barchester**.
Dementia Care Unit/General Nursing Care 104 bed capacity with a current occupancy of approximately 75 residents. The CCG quality and safeguarding team completed an unannounced walk round on 2nd February 2018. Improvements were noted and a summary was shared with CQC and East Riding Council. CQC re-inspected the home at the beginning of March – an update has been requested in advance of the full report. Suspension to admissions remains in place.

Alne Hall York – Leonard Cheshire
Nursing Care and physical disabilities Care Home. A new manager and deputy manager started in March 2018. Both are Learning Disability Registered Nurses with significant residential and clinical experience. Further joint quality assurance visit (NYCC & CCG) planned for 24 April 2018. Next Collective care meeting is planned for 27 April 2018. CQC have published their latest inspection report which indicates overall rating of requires improvement; safe - requires improvement; effective - requires improvement; caring- good; responsive - requires improvement; and well-led - inadequate. Voluntary suspension to admissions remains in place.

Amelia House – York – Tamaris (England) Ltd (aka Four Seasons)
Dementia Care Unit/General Nursing Care Home with 80 beds. Suspension is in place due to high number of safeguarding concerns. Joint CCG/CYC assurance visit carried out in January. CQC completed inspection and report published – rated inadequate overall; safe - inadequate; effective - requires improvement; caring - requires improvement; responsive - requires improvement; well-led –inadequate. A team of clinicians and managers have been brought into the home; a new manager has been recruited; and improvements are now being seen. The CCG's Safeguarding and Quality team have re-visited a number of times and have attended the relatives meetings held at the home.

Spring House – Hornsea - Hatzfeld Care Ltd
Nursing Care Home with associated care facilities including Willowgarth and the Park. The CCG's safeguarding team visited all three homes on 14 February 2018. CQC inspection report published overall rating requires improvement; safe – inadequate; all other domains - requires improvement. New manager is now in post. CCG's safeguarding staff attended relatives meeting.

Moorlands – York – Astonbrooke
Nursing Care home with a bed capacity of 68 and a current occupancy of 37. Concerns highlighted during a week of unannounced CQC inspection in March 2018. Multiple safeguarding concerns raised – re. neglect of personal care and environmental issues. Already on an improvement plan with City of York Council and considered to be making progress. Voluntary suspension of new placements put in place by home. CQC initially issued a notice of suspension but have subsequently rescinded this as they are satisfied with measures taken by home and robust action plan. CQC have requested visit by Infection Prevention Control team. Safeguarding strategy planning meeting held 22 March 2018.

Quality in Care Homes

Care Home engagement:
The Head of Engagement and Senior Quality Lead had a number of successful engagement events with care home staff and residents in February. This work ensures that the care home strategy reflects residents and carers priorities.

React to Red and Safety Huddles:

To date 11 care homes are currently undergoing training for React to Red. This includes approximately 400 eligible staff. Three homes have achieved full sign off with all staff trained and competent. Certificates have been awarded to recognise the success. One care home has been recognised for achieving 100 days since the last acquired pressure ulcer. There are a further 5 homes recruited for the next cohort starting in April.

In March the Project Nurse for React to Red joined the team to work alongside the React to Red Practitioner and lead further spread. Post training evaluation continues to be positive with care staff reporting the training is easy to understand, improving baseline knowledge of pressure prevention, recognition and actions to take. Some homes involved in the training package have also made pressure ulcer prevention training mandatory for care workers as an annual refresher.
Focussed support for reducing falls in a care home continues which includes education and Safety Huddles. A number of other homes have expressed an interest in becoming involved in this work and the quality team are working with them.

An abstract has been accepted for a poster presentation at the Tissue Viability Society Conference in April 2018 which describes the experience of implementing React to Red with Safety Huddles in the pilot homes across the CCG.

Supporting Care Homes
The Senior Quality Lead aims to play an active role in work that prevents non elective admissions. This includes support for domiciliary care organisations as well as Care Homes.

A pilot to support care homes not to dip stick urine is being planned and led by the Infection Prevention Team. This aims to reduce the use of unnecessary antibiotics, promote appropriate antibiotic stewardship and links with good hydration.

A Quality Improvement project to explore the early identification and communication of deterioration in care home residents is planned. This includes the use of a softer signs tool combined with NEWS scores and SBAR communication tool. Supported by the Improvement Academy it is anticipated to build on work published by Wessex Academic Health Science Networks (AHSN) and include sepsis awareness.

A conference is planned for May in collaboration with the Improvement Academy which is called “Recognising and Responding to Deterioration in Care Home Residents”. This aims to bring together health and social care staff from across the region to share ideas and good practice. Specifically this relates to recognition and response to deterioration, showcasing best practice, sharing innovative ideas and forming the basis of a network to drive improvement. The event will be hosted in York with key Note speeches by the CCG’s Chief Nurse and Dr Andrew Phillips.

Additionally preparations for the roll out of the Red Bag initiative is planned to commence in summer 2018

NHS Digital have also approached a care home and the Quality Team to progress the use of IT to facilitate better communication with care homes on discharge from hospital. A colleague from NHS digital attended the Partners in Care meeting in February and discussed the Information governance tool kit and the offer of NHS mail for care homes.

Supporting Carers
The Senior Quality lead has supported the Partnership Development Officer within the Carers Centre to structure a 'wellbeing adult carer hub programme'. This is to support unpaid carers of all ages in York. The sessions are now advertised and will provide training around a variety of issues important to carers including one to be delivered by the React to Red Team in April.

Care Home Bed State Tool
This is described as a 'web based capacity portal' developed by NECS North of England Commissioning Support) in conjunction with NHS England North region and is aimed at reducing delayed transfers of care. The tool has been procured by NHS England and is free. It aims to enables care homes to share 'real time' bed availability with NHS providers and Local Authorities. The tool is now live and progressing alongside colleagues from the East Riding. The CCG is leading on this initiative with support from colleagues in North Yorkshire County Council (NYCC), City of York Council (CYC), East Riding County Council and YHTFT. Scarborough and Ryedale CCG are also now launching the tool.

The Partners in Care forum
The February meeting had a full agenda with good attendance from all stakeholders including the Accountable Officer Phil Mettam. The second Partners in Care Lessons Learned Bulletin was well received and will continue monthly with contributions from the social care sector.

Health and social care joint working
The Senior Quality Lead continues to accompany CYC colleagues on assurance visits to care homes when required to support action and improvement plans or where concerns are raised. This is proving supportive to the care homes and is a real example of joint working between health and social care in action, ensuring appropriate interventions can be facilitated.

The Quality team have participated in work with NYCC who are conducting a feasibility study for nursing and residential care. The opportunity to contribute to this important piece of work is valued and allows a joint response to the issues experienced in the NYCC area.

Equipment Selection in Community
Guidance has been reviewed to support staff in decision making and ease the ordering process when selecting a mattress for patients with pressure ulcers or those at risk of pressure ulcer development in community. This work continues in collaboration with Tissue Viability Specialists and community nursing colleagues. The process for selection has been streamlined to simplify and

standardise best practice whilst also realising significant financial savings. This work is also extending to include the use of pressure relieving cushions and overlays. A wider piece of work to ensure the quality perspective is integral in the commissioning agreements is progressing. It has been agreed that quality issues are to be shared in relation to the equipment contract and to ensure contracting arrangements reflect the needs of service users.

A case study into the benefits of using the Mercury Hybrid mattress within a Nursing Home commenced in early December. The home currently has 32 mattresses to trial and a number of cushions. A care home setting has not published a trial like this as yet and it is hoped will help inform on best practice. The trial is now coming to an end and a report will be written in April.

Mental Health

Children and Young People

CAMHs (Child and Adolescent Mental Health Services)
A plan has been agreed to implement recommendations from the clinical quality visit to CAMHS in January 2018, which will be monitored through the Quality Sub Contract Management Board. The CAMHS recovery plan, focused on improving performance against contractual and national KPIs is planned for approval at CMB in April 2018.

CAMHS Key Performance Indicators	To Q3	To Feb 2018	Comment
85% 17 ½ year olds with transition plan	61.6%	63.5%	Underlying trend remains down: TEWV has changed internal process to see patients earlier, but February monitoring reports showed a high number of cases where clinicians had not started work on transition planning.
90% with second appointment (full assessment) within 9 weeks of referral	71.3%	71.10%	Performance has dipped since Q3, although 66% of delayed 2nd appointments are seen within 16 weeks. Staff capacity is given as the main reason for delays, which is of particular concern for a few patients waiting very long periods for ADHD assessment and treatment.

The issue of internal waiting lists for treatment also remains a concern, with waits of up to 6 months to start some treatments. The CAMHS recovery plan seeks to address these issues and future focus will be on bringing waiting times closer into line with the national constitutional standard of 18 weeks.

The CQC has published its findings from 10 area reviews as part of the research into production of the recent Green Paper on children and young people's mental health.

North Yorkshire County Council area was one of the 10 review areas although the report focuses on general rather than specific locality themes. The report recommendations cover national, regional and local issues, highlighting the role of the STP, and the centrality of issues such as local joint commissioning, multi-agency pathways and patient involvement in choices around their care. The full report is at http://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services

Autism Assessment and Diagnosis

Autism waiting lists for children and young people aged 5-18 continue to be challenging. We now have the detailed monitoring data for 2017/18 to February 2018, which shows a substantial increase in referrals in the current year (243 to February 2018 against 143 for the whole of 2016/17). Waiting times continue to be long, currently averaging 36 weeks, although this is not out of line with performance across England. However, the numbers receiving a positive diagnosis are low, at 22%, as against 68% for 2017/18: this is substantially lower than for the North Yorkshire CCGs, although there is not yet full comparative benchmarking data across the region to measure performance. We are discussing this with TEWV in April 2018 and also plan to review with local authority partners the whole pathway across the local systems of support.

Community Eating Disorders (CEDS)

Performance against national waiting time standards is improving slowly. Discussions are in hand to set targets for 2018/2019 to move towards the 5YFV national targets for 2020/2021.

KPI	To Q3	To Feb 2018	Comment
95% urgent eating disorder referrals seen in 5 days (national target for 2020/2021)	40%	40%	An improvement plan is under discussion in conjunction with North Yorkshire CCGs. Internal processes at TEWV are being changed and will improve performance against targets without compromising patient safety or service quality. Targets for 2018/19 and beyond are being amended to reflect the realistic trajectory to meeting the national target by 2020/2021
95% routine eating disorder referrals seen in 4 weeks (national target for 2020/2021)	11%	20.59%	

The improved understanding of TEWV's internal process around recording compliance with the national waiting time standards offers greater transparency around patient waiting times.

Eating Disorders – physical health monitoring (relates to adults and children)

TEWV has provided the Eating Disorder service commissioned by the VOY CCG since 2015. Currently this service addresses the mental health needs of these often complex patients but does not capacity, nor are they contracted to provide physical

monitoring. The service in VOY has a caseload on average of 46 adults and 41 children requiring this service per month.

The service specification states that GPs will retain clinical responsibility for on-going management and this can involve intensive physical monitoring for periods of time.

The Local Medical Committee has expressed concerns about the ability of GPs to provide the intensity of input needed under the terms of their standard contract. As a result, it is a concern that vulnerable people will potentially not have their needs met, putting them at high risk of morbidity and mortality, and potentially generating significant secondary care costs.

Work is underway to develop options for the commissioning of a physical health monitoring service that supports flexible and seamless patient care for this vulnerable patient group. Options are currently being costed and will be submitted to the Executive Committee shortly.

Special Educational Needs and Disabilities (SEND)
There is a continued focus on transitions to adult services. There is work being done with GP practices around improving performance to deliver annual health checks to those over 14 with a learning disability which is now a national target. A recent focus group with parents have highlighted difficulties families experience and a task and finish group for North Yorkshire and York will work on a local protocol and supporting documents to help families and clinicians.

Adult Mental Health

Internal Audit Report – Quality Assurance: Compliance with National Guidance for Mental Health and Learning Disabilities – Significant Assurance
The outcomes of the internal audit review against compliance with National Guidance for Mental Health and Learning Disabilities has been published. The review confirmed that the Clinical Commissioning Group (CCG) can demonstrate that there are effective processes in place to manage and report the delivery of national requirements for the transformation and improvement of the quality of Mental Health and Learning Disabilities commissioned services. The CCG has worked closely with the Mental Health care provider Tees, Esk and Wear Valley NHS Trust (TEWV) to transform the services provided in line with the vision of the Five Year Forward View for Mental Health as part of the long-term contract in place. The CCG is not fully delivering against challenging national strategy in terms of the Five Year Forward View for Mental Health, the Building the Right Support for Learning Disabilities and the Improvement and Assessment Indicators. This can be attributed to the far-reaching scope of this national strategy and the requirement for local organisations including the CCG to work together to improve outcomes, together with funding required from NHS England (NHSE) to deliver in certain areas.

However, where the CCG is not delivering, this performance is reported within the governance structure and to NHSE, and action plans produced to improve performance towards objectives. The CCG is also involved in local partnerships created with the aim of delivering national strategy; for the Mental Health Strategy

and the Local Transformation Plan. In addition, processes are changing to address this performance within the CCG governance structure with the revised Contract Management Board structure and the updating of the Board Assurance Framework, and external to the organisation with the new Mental Health Strategy and the refresh of the Transforming Care Partnership Executive Board.

A small number of recommendations have been made to improve controls in this area but the valuable work of those involved should be recognised.

Dementia
The CCG dementia diagnosis rate is currently 60.6%, lower than the national ambition of 66.7% and the following work is on-going to improve this

- The collection of monthly data to monitor the number of patients on individual GP registers against predicted population prevalence. This information is then circulated to practices which shows their position in terms of % in terms of predicated numbers actually diagnosed compared to other practices
- Support for practices to run the dementia quality toolkit. This is a SystmOne or EMIS search that helps practices identify patients who have codes in their notes that may suggest dementia but who have no corresponding dementia diagnosis. To date visits have been made to 8 practices to run the toolkit and 9 have received telephone and email support.
- Targeting additional support for practices with high list sizes and low rates of predicted numbers actually diagnosed. This includes data cleansing and coding reviews which can be achieved through the use of the dementia toolkit
- Targeted clinical support from the CCG GP lead for Mental Health to review the ‘work to do’ lists identified from the toolkit searches
- The identification of a GP dementia lead in all VOY practices
- Reconciling QOF registers with specialist mental health records
- Review of the care home population for accurate dementia diagnosis
- Raise awareness of the benefits of diagnosis for patients, including regular articles in the practice bulletin and the updated Primary Care Resources User Guide circulated to all practices
- To support the accurate coding and addition onto QOF registers in primary care, all ICD10 and READ codes are clearly stated at the start of the discharge letter to assist GPs in adding dementia diagnoses to the QOF register

In addition to the above, the CCG’s Executive Committee approved funding for additional payments as incentives to GP practices to identify patients with dementia and to ensure that all patients diagnosed with dementia have their primary care patient record updated.

Autism and ADHD diagnostic service

The contract for the North Yorkshire Autism & ADHD Assessment Service based at the Tuke Centre in York has been extended to 31st December 2018.

A procurement process is underway led by the VOY CCG on behalf of the three NY CCGs. A Prior Information Notice (PIN) has determined market interest and the next step is potentially a competitive procurement process.

There is currently on going engagement and consultation with service users, carers, community and voluntary organisations and mental health professionals.

The CCGs, along with City Of York Council and North Yorkshire County Council, aim to coordinate services across all relevant agencies encompassing the whole autism care pathway. This will show the journey from early identification to assessment and referral and into support and action, with awareness raising, education, advocacy and personal support as crucial elements throughout.

The service will work with CAMHS/ Children's and Adolescents Autism services to ensure a smooth transition from children to adult services.

Vale of York
Clinical Commissioning Group

Item 10

Chair's Report: Audit Committee

Date of Meeting	7 March 2018
Chair	Sheenagh Powell

Areas of note from the Committee Discussion

- The Committee emphasised the need for the CCG to improve response rates to Internal Audit report requests and recommendations
- The Committee approved the Internal Audit Plan for 2018/19
- The Committee approved the Counter Fraud Plan for 2018/19
- The Committee received assurance on year end processes for completion of the statutory annual statements
- The Committee received assurance on the Financial Recovery Plan process and recognised the main risks in 2018/19 were delivery of QIPP and agreement of an Aligned Incentives Contract with York Teaching Hospital NHS Foundation Trust

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

NHS
Vale of York
Clinical Commissioning Group

MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON 7 MARCH 2018 AT WEST OFFICES, YORK

Present

Sheenagh Powell (SP)	Chair
David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust - Secondary Care Doctor Member

In attendance

Cath Andrew (CA)	Senior Manager, Mazars
Abigail Combes (AC)	Head of Legal and Governance
Helen Kemp-Taylor (HK-T)	Head of Internal Audit
Mark Kirkham (MK)	Partner, Mazars
Anne Ellis Playfair (AEP)	Audit Manager, Audit Yorkshire
Steven Moss (SM) – for items 1 to 10	Local Counter Fraud Specialist
Rachael Murray (RM)	Management PA
Tracey Preece (TP)	Chief Finance Officer
Michèle Saidman (MS)	Executive Assistant

Preceded by a meeting of Committee members with Internal Audit; the pre-meet with External Audit was deferred to the April meeting.

SP noted that discussion at the pre-meet had focused on Internal Audit matters including the delay in response to the Committee's request for an audit on the process and lessons learnt in respect of the Partnership Commissioning Unit transition.

STANDING ITEMS

1. Apologies

There were no apologies.

2. Declarations of Interest

There were no declarations of members' interests in relation to the business of the meeting. Declarations of interest were as per the Register of Interests.

3. Minutes of the meetings held on 29 November 2017

The minutes of the meeting held on 29 November were agreed.

Confirmed Minutes

The Committee:

Approved the minutes of the meeting held on 29 November 2017.

4. Matters Arising

Constitution, Scheme of Delegation and Detailed Financial Policies - Summary to be provided for meeting chairs: TP agreed to discuss this outstanding action with AC. It was noted that attendees' declarations of interest were routinely available at committee meetings.

Progress Report and Internal Audit Reports - Reminder to be issued for prompt responses to requests from Internal Audit relating to recommendations – TP confirmed that CCG staff had been reminded of the need for prompt responses via the regular staff communication and that she followed up any delays escalated to her by AEP. Members also noted that MKInsight was now back in operation which provided automatic prompts.

Partnership Commissioning Unit Transition Audit Plan: SP reported that she had written to the North Yorkshire Audit Committee Chairs and would circulate the response. She noted that they did not have the same level of concern for a number of reasons including the fact that their CCGs were not taking on the financial function formerly undertaken by the Partnership Commissioning Unit. In response to SP emphasising that the Committee's request had been for an audit of risks during the transition, TP referred to the Partnership Commissioning Unit Transition Board noting the action plan, business plan and risk registers. She reiterated that the transition was in effect "business as usual" for the other CCGs. TP also explained that the Partnership Commissioning Unit Transition Board was not a decision making forum. Any decisions were made through the appropriate governance arrangements of each CCG and in this regard Denise Nightingale, Executive Director of Transformation, ensured compliance with processes for NHS Vale of York CCG. TP also highlighted that AEP's membership of the Partnership Commissioning Unit Transition Board provided assurance and noted that she would provide the meeting papers if members wished to see them. AEP assured members that performance monitoring was continuing through the transition and added that the four Chief Nurses met to discuss quality of services. She would discuss with Michelle Carrington further assurance in this regard.

Internal Audit and Counter Fraud Effectiveness Review - Post meeting note: SP, DB, AK and TP to meet immediately before the April Committee meeting.

Draft Accounts Preparation Plan and Timetable: HK-T confirmed that the draft Head of Internal Audit Opinion would be available for the 16 March submission date and would be circulated to the Committee in advance.

Control Mechanisms for Business Cases - Clarification to be sought regarding the process for Prescribing Indicative Budgets: TP explained that the Prescribing Indicative Budgets for 2017/18 had not been to the Primary Care Commissioning Committee for approval but that the gross savings and investments in primary care were being presented for approval at the March meeting of that Committee.

In response to SP enquiring about the approval process for the 2017/18 Prescribing Indicative Budgets TP advised that this investment in primary care was from the CCG's core budget. As it was not a primary care direct commissioning budget the approval process was the Executive Committee and the Governing Body. If SP's view that any contractual payments to GPs should be approved by the Primary Care Commissioning Committee was implemented, the Committee's terms of reference and the CCG's Scheme of Delegation would require amendment as the current remit related to primary care investment in staff, services and equipment with associated reporting requirements to the CCG. TP agreed to discuss SP's concerns with AC but also emphasised that the Financial Plan was transparent in terms of savings and investment.

Report on Suspension of Standing Orders and Waiver to Tender: TP reported that the Procurement Policy at agenda item 25 incorporated the amendments relating to Chief Clinical Officer.

AC joined the meeting

Repeat Prescribing Internal Audit Report: TP referred to the report which provided an update on actions in response to Internal Audit's recommendations following review of the CCG's repeat prescribing processes in place at GP Practices and also of areas of best practice to inform development of a standard policy or protocol. She noted that the repeat prescribing audit required from Practices under the Prescribing Indicative Budgets Memorandum of Understanding had been delayed due to the 'No Cheaper Stock Obtainable' issue which had in turn delayed development of the guidance. However, as it had now been confirmed that this issue was not expected to continue into 2018/19 the development of the repeat prescribing guidance was expected to be progressed.

Update on Partnership Commissioning Unit assurance: AEP reported that the audit of the transition had reviewed four areas:

- Governance: AEP's attendance at the Partnership Commissioning Unit Transition Board in the role of "critical friend" provided assurance.
- Financial data and balance transfers: AEP referred to discussion at the pre-meet when she had reported that there were issues with processes relating to information provided but no data quality issues in terms of financial data reported.
- Quality and continuity of services following transition: Michelle Carrington and Denise Nightingale would update the Partnership Commissioning Unit Transition Board.
- Information Governance: An Internal Audit information governance specialist had reviewed the project plan as a "critical friend" and made a number of suggestions relating to transfer and cleansing of data.

SP and DB referred to the concerns expressed previously that the Committee had in fact requested an urgent review due to the CCG's concerns about a major area of risk and its potential impact on the financial position. The Committee needed assurance that lessons had been learnt and that, in the event of any future such request, either the response, or alternatively explanation as to why the response was not available, would be forthcoming.

A number of matters were noted as agenda items, completed or still requiring action.

The Committee:

1. Noted the updates.
2. Noted that TP would discuss with AC the remit of the Primary Care Commissioning Committee and any associated requirement relating to the Scheme of Delegation.

5. Audit Committee Work Plan

TP noted that there had been no changes to the work plan.

In response to MK referring to the new contract arrangements following the appointment of Mazars, TP confirmed that going forward there would not be a separate review by the Committee of External Audit effectiveness.

The Committee:

Noted the work plan.

INTERNAL AUDIT

6. Draft Internal Audit Plan 2018/19

AEP presented the Internal Audit Plan for 2018/19 which included focus of Internal Audit, approach to audit planning, developments for 2018/19, plan and coverage, and both the audit plan summary and detailed schedule. The proposed number of days for 2018/19 was 120, against the 123 for 2017/18, and the proposed cost, to be confirmed following the March meeting of the Management Board, remained at £290 per day.

AEP explained that this was the third year of the strategic plan which, following review by the Executive Committee, was being aligned with the CCG's Board Assurance Framework and strategic priorities. The audits would also be aligned with strategic risks.

AEP provided clarification on a number of the audits and, in response to DB referring to the CCG's financial recovery being dependent on achieving an Aligned Incentives Contract with York Teaching Hospital NHS Foundation Trust, advised that this would be included in the Contract Management Audit. TP added that this particular audit would encompass the CCG's main contracts and processes for their agreement but could be directed to focus in particular on the new governance and risk share arrangements with York Teaching Hospital NHS Foundation Trust. This would be done through the audit specification which could be circulated to the Committee.

The Committee:

Commended and approved the Internal Audit Plan 2018/19.

7. Internal Audit Progress Report and Internal Audit Reports

AEP reported that delivery against the current year's plan was continuing and was expected to be delivered to inform the draft Head of Internal Audit Opinion, as referred to at agenda item 4. The progress report included a summary of progress, a number of changes requested and completion of two audits – Business Continuity and Performance Management – both of which had received Significant Assurance with three recommendations made for the latter regarding documenting procedures. AEP also noted that the days for the primary care commissioning audit, deferred from 2017/18 to 2018/19, had been transferred and used for the client directed Vale of York Clinical Network audit.

TP commended the progress with the current year's programme.

The Committee:

Received the Internal Audit Progress Report and Internal Audit Reports noting assurance on the position.

8. Audit Recommendations Status Report

In presenting the report which outlined progress with the implementation of Internal Audit Recommendations AEP noted that a further 25 recommendations, relating to both the CCG and the Partnership Commissioning Unit, had been completed since the last report and eight new recommendations had been added since the November Committee meeting.

There were currently 48 open recommendations, of which eight were not yet due based on their original target date. Fifteen recommendations had been delayed due to changes in the CCG structure and review of governance arrangements.

AEP highlighted that the Partnership Commissioning Unit recommendations, separated as per the Committee's request, were also included

Members sought clarification on a number of the recommendations where target dates had changed. TP provided assurance in this regard that work was progressing to implement recommendations.

The Committee:

Received the Audit Recommendations Status Report.

COUNTER FRAUD AND SECURITY

9. Draft Counter Fraud Plan 2018/19 and Security Work Plan

SM presented the draft Counter Fraud Plan in accordance with the requirements of NHS Counter Fraud Authority Counter Fraud Standards for Commissioners. The plan detailed the proactive and reactive work scheduled to be undertaken from 1 April 2018 to 31 March 2019 under the key principles of Strategic

Governance, Inform and Involve, Prevent and Deter, Hold to Account. Eight days had been allocated for counter fraud work, as in 2017/18, with reactive counter fraud work being charged additionally subject to prior agreement with the Chief Finance Officer.

In respect of Security Management SM reported that, as there were now no national requisites, he was attending the forthcoming North Yorkshire Chief Finance Officers meeting to discuss local requirements. SM would present the Security Plan to the Committee as soon as possible thereafter.

The Committee:

1. Approved the Counter Fraud Plan 2018/19.
2. Noted the update on the Security Work Plan.

10. Anti-Crime Progress Report

SM referred to the Anti-Crime Progress Report which provided a summary of work relating to fraud awareness, fraud prevention and the NHS Counter Fraud Authority. In response to comment about low incidents SM noted that fraud was an area of low risk to CCGs and offered to provide the next national fraud report for the Committee.

SM highlighted an Independent Review of NHS Protect and, in light of reference to the effectiveness of some Local Counter Fraud Specialists, assured the Committee that this in no way applied to Audit Yorkshire.

SM noted the requirement for submission of the Self Review Tool in respect of 2018/19 Counter Fraud Standards for NHS Commissioners, together with the Annual Counter Fraud Report, by 1 April 2018.

TP referred to a recent court case in Darlington relating to lease car fraud by a member of finance staff which had prompted an internal review to ensure appropriate processes were in place at NHS Vale of York CCG.

SM advised that from 1 April 2018 the NHS England Counter Fraud function would no longer be provided by Deloittes but would be in-house.

The Committee:

Received the Anti-Crime Progress Report.

SM left the meeting

FINANCE GOVERNANCE

11. Year-End Update Report

TP referred to the report which comprised Draft Accounting Policies, 2017/18 Accounts Timetable, Audit Planning and Month 9 Reporting including the Governance Statement Report which described six control issues and associated

mitigating actions. Members sought and received clarification on a number of aspects, including the high levels of receivables and payables, and noted the ongoing work to ensure compliance with timescales.

TP reported that there had to date been no feedback from NHS England following submission of the central return or on the accounts and there were no major balance differences with providers. She noted assurance on the current position.

In response to MK referring to the recent Conflicts of Interest audit undertaken by Deloittes, AC advised that CCGs had been selected at random and the report had been requested to enable the findings to be reflected in the Annual Governance Statement. The report was in fact received during the Audit Committee meeting.

The Committee:

Received the draft accounting policies noting the proposed deviations from the NHS England accounts template primarily in relation to the Partnership Commissioning Unit hosted functions.

12. Draft Consideration of 'Going Concern' Status 2017-18

In presenting this report TP noted that the final version would incorporate comments from the Committee and responses to the Directors' Declaration questions, as at agenda item 30.

TP explained that the draft Financial Plan was at an advanced stage of development and had been presented at both the Finance and Performance Committee and the Governing Body. The current iteration of the plan was a £17m deficit against the £14m deficit control total set by NHS England. This supported preparation of the accounts on a 'going concern' basis. The main risks related to delivery of Quality, Innovation, Productivity and Prevention (QIPP) and achievement of the Aligned Incentives Contract with York Teaching Hospital NHS Foundation Trust. TP confirmed that the report would be updated with the most recent information for presentation at the April Governing Body to ensure consistency with the draft Financial Plan which would also be presented.

TP noted the first submission of the draft Financial Plan was the following day, 8 March, with final submission at the end of April.

The Committee:

Approved preparation of the accounts on a 'going concern' basis and the report to be presented to the Governing Body.

13. Review of Losses and Special Payments

The Committee:

Noted the the breakage of a tablet screen (value to replace £191) had been entered onto the Losses and Special Payments Register. This would also be reported in the Annual Accounts for 2017/18.

14. Update and Assurance on Key Financial Policies

TP reported that all key financial policies were up to date. The Finance Team was now prioritising year-end work. The next major area for consideration was to update the Scheme of Delegation in respect of continuing healthcare and mental health from April 2018.

The Committee:

Noted the update.

15. Review Progress against Financial Recovery Plan

TP reported that, following review by AC of the Finance and Performance Committee Terms of Reference, it had been agreed that the Audit Committee Chair should remain 'in attendance' as part of the assurance. TP also referred to discussion at item 12 regarding 'going concern' and development of the Financial Recovery Plan which had been presented to the Executive Committee, Finance and Performance Committee and Governing Body. The CCG was also working with NHS England in this regard to avoid duplication.

In respect of the £14m deficit control total TP explained that the current iteration of the plan included £17m QIPP of which £1.7m did not yet have any identified plans. This significant risk was offset by contingency.

TP noted that plans had been developed with a 'bottom up' approach and jointly with partners. Confirm and challenge sessions had taken place and the figures, though challenging, were recognised by the respective Executive leads.

With regard to the Aligned Incentives Contract TP reported that detailed work was taking place with York Teaching Hospital NHS Foundation Trust. She noted that the £17m gap predominantly related to the position with that organisation following a full assessment of their cost base by commissioner. An 'open book' approach was being implemented with focus on cost and cash release. TP added that a meeting with the regulators, including the Sustainability and Transformation Partnership Finance Lead, was taking place on 9 March. She also noted that detailed discussion had taken place at the Finance and Performance Committee and the Governing Body.

In respect of the 2017/18 financial position TP reported that the forecast deficit of £22.5m, as had been reported for some time, remained. She referred to the agreed fixed year-end settlement with York Teaching Hospital NHS Foundation Trust and noted that this included agreement for other main associate commissioners as part of the arrangement. This therefore meant that one of the main risks to achievement of the £22.5m deficit had been removed.

TP reported that a methodology had been agreed for forecasting and agreeing the continuing healthcare and mental health spend which provided confidence in the forecast outturn position. She also noted that a month 11 teleconference was taking place with NHS England the following day and expressed confidence in the current position.

With regard to the stabilisation of the in-year position TP explained that the current deficit of £17.5m was in the context of the 2017/18 Financial Plan being set at £16m deficit with acknowledged risk of £5m therefore a risk adjusted total of £21m. She also noted that the current £22.5m deficit position included £1.8m additional prescribing expenditure for the 'No Cheaper Stock Obtainable' issue and that exclusion of this and release of the 0.5% for Category M drugs would result in an £18m deficit, therefore stabilisation. TP also reported that the underlying deficit had stabilised from £22.5m to just below £22m noting a positive run rate across all programme areas.

Discussion ensued about QIPP including in terms of Quality Impact Assessment. In this regard TP confirmed that the 2017/18 schemes had all been through a Quality Impact Assessment and schemes for 2018/19 were subject to this process. She also noted that staff were being trained on both Quality Impact Assessments and Privacy Impact Assessments and that these requirements were being emphasised particularly to staff working on projects.

In respect of the level of QIPP, currently above 4% gross, TP advised that the System Transformation Board would agree the requirement to close the gap. Nationally 4% to 5% was recognised as challenging.

The Committee:

Noted the update.

16. Policy on Primary Care Rebate Schemes – Review of Conflict of Interests

TP referred to the policy which was being presented in accordance with the original approval and review timescale. She highlighted the amendments which related to change in delivery of the Medicines Management service and updating of references relating to the former Quality and Finance Committee to read Finance and Performance Committee.

TP proposed the review timescale be increased to two years in view of the confidence in this policy's implementation.

The Committee:

Approved the amendments to the Policy on Primary Care Rebate Schemes and agreed the proposed two year review timescale.

CORPORATE GOVERNANCE

17. Update and assurance – Review other reports as appropriate

AC reported that, following separate sign off of the Risk Policy and Risk Statement, these were now being combined in to one document. Six training sessions had been arranged for Governing Body members and all staff. Risk Registers were now being taken to all committees as appropriate.

The Committee:

Noted the update.

18. Note business of other committees, review relationships

AC explained that she was currently reviewing all committee terms of reference which she would discuss with Dr Nigel Wells, Clinical Chair from 1 April 2018. The Scheme of Delegation was also being reviewed to ensure appropriate delegation from the Governing Body and work was taking place with staff in terms of decision making for their roles.

AC advised that a diagram detailing accountability through the CCG would be developed.

The Committee:

Noted the update.

19. Review assurance from other committees and Partnership Commissioning Unit and commissioning support (third party assurance)

TP noted that Cheryl Hobson, Head of Corporate and Business Services at eMBED Health Consortium, was not attending the Committee as planned due to the fact that eMBED was finalising a report to the four North Yorkshire CCGs by the end of the month. If this did not provide the assurance sought Cheryl Hobson would be invited to a future meeting.

In presenting the Commissioning Support Management Report TP apologised for its late circulation. The report focused on the latest position on Commissioning Support services contracted from organisations other than eMBED which had previously been reported to the Committee.

The CCG used two different approaches for external contracting for Commissioning Support services:

- Externally tendered and contracted:
    a. eMBED – Providing IT (Corporate and GP IT), Business Intelligence, Corporate Services (Equality and Diversity) and Business Services (Human Resources, Payroll, Learning and Development and Organisational Development)
    b. North of England Commissioning Support – Individual Funding Requests, Data Services for Commissioners Regional Offices and Non-Contract Activity invoice processing services
- CCG hosted and shared:
    a. East Riding CCG – Research and Development, Infection Prevention and Control
    b. Scarborough and Ryedale CCG – Safeguarding
    c. Harrogate and Rural District CCG – Medicines Management

TP reported that the North of England Commissioning Support contract was low risk but did require updating in terms of Non-Contract Activity and establishment

of a contract management board. She also referred to the detailed review undertaken by Neil Lester, Senior Finance Manager, in 2016/17 and confirmed that there were no concerns regarding processes.

With regard to the hosted and shared services TP reported that assurance was being provided through a standard Service Level Agreement developed by AC for the CCGs. This had been agreed in principle and implementation, which was being co-ordinated by the North Yorkshire CCGs' Deputy Chief Finance Officers, was expected to be complete in quarter one of 2018/19.

The Committee:

Received the Commissioning Support Contract Management Report.

20. Review Assurance Framework

AC reported that the CCG was working with NHS England over the period to 30 April to agree its financial and operational plans. These would incorporate all performance targets, trajectories for recovery and indicators including all the NHS Constitutional standards and the 51 indicators in the refreshed Improvement and Assessment Framework for CCGs. There were currently five new indicators for which the CCG was working to submit an initial return or to establish the current performance/delivery baseline, including sepsis and patient and community engagement. Other local measures of delivery and performance, including system indicators for delivery of system plans and the NHS England refreshed planning guidance requirements for 2018/19, would also be incorporated, as would outstanding indicators such as the Quality Premium.

A series of performance confirm and challenge sessions with delivery teams (the same approach taken under turnaround for financial recovery) was taking place to inform and refresh the CCG's full 'portfolio' of performance areas which formed part of the assurance framework.

The CCG was also working with NHS England to agree and monitor a phased exit from legal Directions. This process was confirmed on 5 March at NHS England's Senior Management Team meeting and would be incorporated in all areas of assurance that the CCG would monitor with NHS England monthly through Planned Directions Meetings.

The CCG Board Assurance Framework for 2018/19 would therefore be presented in draft in May following the formal approval of all CCG 2018/19 plans by the Governing Body and NHS England for delivery. This would be aligned to the refreshed governance and committee structure and risk framework for the CCG.

In the meantime current assurance to the Governing Body was provided through the regular reporting from its four Committees. AC noted that all four internal audits relating to financial governance, performance, contracting and quality assurance had been assessed as 'Significant Assurance' based on the current processes and reporting.

Discussion ensued regarding the difference between the Board Assurance Framework and the Improvement and Assessment Framework. It was noted that the latter had been accepted by the Governing Body as the CCG's strategic objectives. AC agreed to seek clarification on the two frameworks.

Post meeting note: In response to the clarification sought regarding the Improvement and Assessment Framework and the Board Assurance Framework, Caroline Alexander, Assistant Director of Performance and Delivery, advised that the Board Assurance Framework was a composite of all the CCG's assurance reporting to the committees and included most of the Improvement and Assessment Framework indicators. A separate report as such was therefore not required.

The Committee:

Noted the update.

21. Primary Care Commissioning Assurance

TP referred to the business of the January meeting of the Primary Care Commissioning Committee. The agenda had included the principles and processes for 2018/19 £3 per head and Personal Medical Services (PMS) funding, an update on the 'No Cheaper Stock Obtainable' prescribing issue, estates issues which had been discussed both in public and in private, and the regular NHS England primary care update report which had included the GP Forward View. The private meeting had also included extensive discussion on primary care assurance reporting.

The key messages to the Governing Body were recognition of the work to manage prescribing budgets in light of the "No Cheaper Stock Obtainable" issue and of the work relating to £3 per head and PMS premium monies.

The Committee:

Noted the update.

22. Review Register of Gifts and Hospitality

AC reported that the Patient Experience Officer had received a gift with an estimated value of £10 from a grateful patient.

The Committee:

Received the Gifts and Hospitality audit.

23. Amendments to Security Policy

TP referred to the amendments to the Secutiry Policy following the annual review by SM.

The Committee:

Approved the amendments to the Security Policy.

24. Managing Conflicts of Interest – CCG Improvement and Assessment Framework

AC highlighted that there were no breaches to management of conflicts of interest requirements.

The Committee:

Received the quarterly Conflict of Interest Indicator assessment which had been submitted to NHS England North Region on 5 January 2018 in compliance with the timescale of submission by 19 January .

25. Procurement Policy

TP noted that the Procurement Policy had been updated in terms of language and titles, including the waiver of tender form as discussed at the previous meeting.

SP reported on attendance at a recent Audit Yorkshire session regarding NHS England's process for complex and contentious procurements. She commended a presentation on the Integrated Support and Assurance Process (ISAP) which should be considered for all procurments. Discussion ensued on where this was carried out in the CCG's procurement process. TP agreed to review current practice with AC and consider inclusion of the ISAP in the Procurement Policy.

The Committee:

1. Received the updated Procurement Policy.
2. Requested that TP and AC would consider inclusion of the Integrated Support and Assurance Process in the CCG's Procurement Policy.

INFORMATION GOVERNANCE

26. Information Governance Update and Assurance Report

AC presented the report which comprised progress in respect of completing the Information Governance Work Plan, preparedness for submission of the Information Governance Toolkit evidence and compliance with Information Governance mandated standards. It also included reporting on Information Governance in terms of responsibilities, mandatory training and incidents, an update to the Governance Steering Group Terms of Reference to include oversight of health and safety matters, and reported a breach of Standing Orders.

With regard to training requirements AC noted the earlier reference to Privacy and Quality Impact Assessment training. She also reported NHS England and Internal Audit had agreed that training could be delivered face to face provided an attendance register was kept.

In respect of the Governance Steering Group Terms of Reference members requested that cyber security, as well as security, be reflected.

The Committee:

1. Noted progress with the Information Governance work plan.
2. Noted progress in providing supporting evidence for the 2017/18 Information Governance Toolkit submission due by 31 March 2018.
3. Approved the revised Terms of Reference for the Governance Steering Group subject to assurance that cyber security was included.

27. Note business of the Emergency Planning, Business Continuity and Information Governance Steering Group

AC referred to the minutes at item 34 below.

EXTERNAL AUDIT

28. External Audit Progress and Technical Update Report

CA referred to the report which included progress on the 2017/18 audit and an update on publications. SP welcomed the latter and discussion ensued on the WannaCry cyber attack in May 2017. TP advised that the CCG had received assurance from York Teaching Hospital NHS Foundation Trust's report and action plan following the attack noting it had also been reported through the Emergency Preparedness, Resilience and Response arrangements. TP also reported that the CCG had received their internal action plan which provided as much assurance as was possible in such a case. *Post meeting note: The York Teaching Hospital NHS Foundation Trust Systems and Network cyber attach action plan was circulated in confidence to members on 8 March 2018.*

The Committee:

Received the External Audit Progress and Technical Update Report.

29. Report to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014

MK presented the letter which constituted the referral to the Secretary of State in accordance with this requirement as the CCG had set a deficit budget and was forecasting expenditure would exceed income in 2017/18. NHS England's Commissioning Board would also be notified as required.

The referral was noted in the context of the system being fully aware of the CCG's financial circumstances. TP additionally confirmed that she had ensured the information required had been provided.

The Committee:

Received the Report to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014

30. Request for Directors' Declarations

CA referred to the annual request for Directors' Declarations which comprised questions about arrangements for preventing and detecting fraud, complying with law and reguldations reqponsibilities and appropriateness of the 'going concern' assumption. TP advised that draft responses would be presented for agreement at the April meeting of the Governing Body as previously and then forwarded to External Audit to inform their audit work.

The Committee:

Received the annual request for Directors' Declarations noting that draft responses would be presented for agreement at the April meeting of the Governing Body.

MINUTES FROM OTHER MEETINGS

31. Finance and Performance Committee Minutes

DB highlighted the key messages: congratulations on achieving a year-end outturn position with York Teaching Hospital NHS Foundation Trust and the fact that creation of Aligned Incentive Contracts with provider organisations was critical for the CCG's continued financial recovery

The Committee:

Received the minutes of the Finance and Performance Committee meetings held on 23 November, 21 December 2017 and 25 January 2018.

32. Quality and Patient Experience Committee Minutes

The Committee:

Received the minutes of the Quality and Patient Experience Committee meeting held on 14 December 2017.

33. Executive Committee Minutes

The Committee:

Received the minutes of the Executive Committee meetings held on15 November 2017 and 6 and 13 December 2017 noting that the four sets of minutes from the January and February meetings had been approved the previous day.

34. Emergency Planning, Business Continuity and Information Governance Steering Group

The Committee:

Received the minutes of the Emergency Planning, Business Continuity and Information Governance Steering Group meeting held on 14 December 2017 and 23 January 2018

35. Audit Yorkshire Minutes

Members noted that the minutes from Audit Yorkshire Board meetings would not be circulated as they included items that were commercial in confidence.

HK-T explained that the CCG was one of 17 member organisations of Audit Yorkshire Board noting that there were 28 attendees at the meetings which covered a broad agenda, including approval of Audit Yorkshire's business plan, strategic direction, tenders and collaboration across NHS audit providers.

HK-T reported that in addition to the Board meeting on 5 March there had been a session with a number of presentations. SP noted that she would circulate these to the Committee.

The Committee:

1. Noted the Audit Yorkshire Board update.
2. Noted that SP would circulate the presentations from the Audit Yorkshire event.

36. Key Messages to the Governing Body

- The Committee emphasised the need for the CCG to improve response rates to Internal Audit report requests and recommendations
- The Committee approved the Internal Audit Plan for 2018/19
- The Committee approved the Counter Fraud Plan for 2018/19
- The Committee received assurance on year end processes for completion of the statutory annual statements
- The Committee received assurance on the Financial Recovery Plan process and recognised the main risks in 2018/19 were delivery of QIPP and agreement of an Aligned Incentives Contract with York Teaching Hospital NHS Foundation Trust

The Committee:

Agreed the above would be highlighted by the Committee Chair to the Governing Body.

37. Next meeting

2.30pm to 3.30pm, 26 April 2018 – Single Item Draft Accounts Meeting, preceded by a meeting of Committee members and External Audit.

Members congratulated TP on her appointment with the Joseph Rowntree Foundation noting that she would leave the CCG on 27 April 2018.

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Vale of York
Clinical Commissioning Group

Item 11

Chair's Report: Executive Committee

Date of Meeting	7 and 21 March 2018
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee discussed the financial and operational plans for 2018/19.

Additionally, a number of service areas were discussed with agreements on how to address the related issues. This included improving access to primary care.

The Committee noted the first meeting of the York 'place' Board and discussed how to engage with this, and with the Sustainability and Transformation Partnership, going forward.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Minutes of the Executive Committee, meeting held on

07 March 2018 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Tracey Preece (TP)	Chief Finance Officer
Dr Kevin Smith (KS)	Director of Primary Care and Population Health
Dr Shaun O'Connell (SOC)	Joint Medical Director
Denise Nightingale (DN)	Executive Director of Transformation

In Attendance

Simon Cox (SC) to item 4	Chief Officer, Scarborough & Ryedale CCG
Caroline Alexander (CA) to item 6	Assistant Director of Delivery and Performance
Fiona Bell (FB) to item 4	Deputy Director of Transformation and Delivery
Dharminder Khosa (DK)	Director of Turnaround and Delivery
Audrey Mattison (AM)	Management PA
Abigail Combes (AB)	Head of Legal and Governance
Jenny Brandom (JB)	Deputy Chief Nurse

The agenda was discussed in the following order:

1. **Apologies**

Dr Andrew Phillips (AP)	Joint Medical Director
Michelle Carrington (MC)	Executive Director of Quality and Nursing

2. **Declaration of Interests**

There were no declarations of members' interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. **Action Tracker and Minutes from the previous meeting**

The minutes of the Executive Committee held on 21 February 2018 were approved.

The minutes of the Executive Committee held on 03 January 2018 were approved, subject to the removal of "MC version"

The minutes of the Executive Committee held on 17 January 2018 were approved subject to agenda item 5.4 Anti-coag Update being corrected to Chris O'Neil.

The Action Tracker was updated by the Committee.

DN provided an update on Mental Health - the IAPT target in 18/19 is 19%. The Committee held discussions on the targets and the aim for what is deliverable.

Committee agreed for this to be included on the next Finance and Performance Committee meeting for lay member involvement.

4. Acute System Review York System

Malton Update

The Committee noted the positive feedback from Primary Care with regard to the work by the Vale of York CCG to try and resolve the Ryedale and Malton beds issue. The Committee noted the agreement in place with Humber to provide 12 beds. There is a new Partnership Delivery Board for the Scarborough and Ryedale Community which Vale of York CCC will be invited to join. A Contract is now in place with Humber Foundation Trust for Community Services.

FB addressed the Committee with regards to the understanding of the Vale of York CCG GP Community Provision Service comparison for Ryedale when the service goes live. KS suggested once the services are disaggregated there would be further meetings with the Trust. SC suggested to the Committee for the Vale of York CCG to be invited onto the Harrogate and District Foundation Trust model of Community Services Partnership Board, to enable more joint working between Harrogate, York and Ryedale Foundation Trusts.

5. Finance, QIPP and Contracts

5.1 18/19 Financial Recovery Priorities

CA presented the 18/19 QIPP & Recovery Plan slides to the Committee for discussion. CA highlighted that for many of the QIPP schemes (particularly the planned care schemes) the rationale and evidence used was similar to the Scarborough QIPP plan.
The Finance and Performance Committee had requested the Executive Committee review the QIPP plans in detail on behalf of the Committee.

TP updated the Committee on Aligned Incentives, Payment by Results Contract gap of £3.5m to Vale of York Clinical Commissioning Group on top of the £18m system gap. There were differences within the gap with the different Commissioners. Due to this there is uncertainty on ERY CCG entering into the Aligned Incentives Contract as this could increase their risk.

There was discussion around different levels of operating costs between CCGs based on the Trust's costing, where Scarborough and Ryedale CCG and East Riding of Yorkshire costs are higher than Vale of York are higher for acute services.

The Executive Committee agreed that the AIC remains in place and would continue to work with the Trust and other Commissioners to release cost savings under this emerging framework.

The Committee then held an extensive discussion on the proposed QIPP schemes, most of which are focused around the opportunities for releasing efficiency from York Foundation Trust. It was agreed that the next action is to review both CCGs' QIPP plans with the Trust alongside their CIP programme and there was a meeting scheduled for all partners to do this on Friday 09 March 2018.

There was also discussion about the current work programmes budgets, with Executive members noting their concerns on the lack of certainty with Continuing Health Care budgets.

The Committee agreed for all projects to be further scoped and developed with assigned resources. This action is for all with Dharminder as the lead.

Aligned Incentives Contract meetings were continuing to be held on regular bases.

The Committee then discussed the emerging strategy and key actions around the Independent sector and provision following the meeting on 20 February 2018 Committee sort further information and options paper.

ACTION: Liza Smithson and TP would work to produce the supporting information and bring back to the Executive Committee.

The Committee also discussed the current performance around Out of Hospital Delayed Transfers Of Care (DTOCs), noting the need to confirm the baseline for 2018/19 to support agreeing the trajectory for moving to target. The potential link to releasing system income was also noted and when the final NHSE technical guidance around 18/19 Quality Premium is released this can be confirmed.

6. Performance and Delivery

6.1 First Draft National Planning Submission

TP updated the Committee that the draft submission had gone in locally to NHS England on the 2 March and high level feedback had been received. Members of the Executive Team may be required to input on 8 March 2018 but the Governing Body would be able to approve any changes from the plan discussed at Finance and Performance Committee.
The Committee agreed that Executive Members would make themselves available if needed on 8 March 2018 for submission approval.

6.2 Feedback from Heads of meeting

Caroline updated on feedback from the last Heads of meeting which confirmed that the meetings are going well, bullets points circulated after the Exec Committee meeting were helpful. There was a request to augment these with clear actions where required. Heads of are meeting the day after each Executive meeting to discuss matters arising and actions and these dates were now being scheduled led by AC.

SC/FB/CA/DK left the meeting 11:50am

7. Service, Quality and Safety

7.1 Chronic Fatigue Syndrome

DN introduced a paper to the Committee which outlined options to extend the current contract whilst scoping a procurement exercise. This was at risk as there was no scope within the contract to extend; the risk, however, was minimal. There were few other options available due to timings and the need for a service to be continued.

7.2 Sepsis Assurance Submission

JB updated the Committee about the Sepsis Assurance Submission which is now one of the Improvement Assurance Framework (IAF) indicators. The profile requirements need to be raised and the issues highlighted in Primary Care with the Programme Lead and PMO support to be identified. Committee agreed that MC, AP and KS to meet and discuss outside this meeting.

8. Strategy

8.1 Stoma Nursing

SOC introduced the enclosed proposal for approval from the Committee for staffing and delivering the Stoma Nursing Service at York Teaching Hospitals Foundation Trust and to identify and approve the option that the Vale of York CCG would support.

The benefits of working collaboratively with the Trust to review the service, include prescribing spend on stoma products can be reduced by controlling waste, stock-piling, and use of inappropriate products.

SOC outlined the position in Vale of York CCG as opposed to Scarborough and Ryedale CCG. Scarborough and Ryedale CCG have Stoma Nurses appointed by a company with freedom to prescribe any product, however the Vale of York CCG Stoma Nurses are limited to company specific products.

SOC outlined the proposed options, the preferred one being supporting the Trust to serve notice on the current contract and to procure the service with a model similar to Scarborough and Ryedale. Scarborough & Ryedale's contract is due for re-procurement so could align the two.

The Committee agreed their support for option 2

Committee requested that SOC look at and understand the TUPE/redundancy risks as applicable.

9. Commissioning Primary Care Improving Access GPS

KS provided the Committee with an update on the Improving Access to Primary Care position. Current advice to date on whether procurement exercises had been inconsistent. A paper is being written that will be brought to the next Executive meeting and taken to PCCC in April 2018.

The Committee agreed that KS bring completed paper to the next Executive meeting on 21 March 2018.

KS provided an update to the Committee on the £3 per head and advised there is still work in progress for the central locality with regard to them following the guidance.

The Committee agreed to extend the current contracts in the interim while new services are being procured.

KS advised the Committee that Terrington Practice is looking more positive in terms of reaching a suitable agreement.

10. Joint Commissioning

10.1 Strategic Developments for Mental Health

PM introduced the paper to the Committee seeking agreement for Paul Howatson to visit Trieste (Itlay) to approve the resource to support the implementation of the new mental health strategy, develop further links with the International Mental Health Collaborating Network and learn from new models of care in Trieste endorsed by the World Health Organisation

The Committee raised queries about insurance arrangements if the trip was self-funded and the remit of the work if not paid.

The Committee agreed that further advice to be sort from HR and that AC speak to Helena Nowell about the insurance arrangements before approval from the Executive Committee.

11. People, Support and Development

11.1 Health and Safety Policy

JB provided an outline on the Health and Safety Policy to the Committee and brief conversation took place.

The Committee supported the Health and Safety Policy.

11.2 HR Report Q3 2017-18

JB introduced the report to the Committee and advised that this was the first time the report had been before the Committee, and requested feedback. The Committee agreed that some of the detail was helpful including sickness levels and statutory and mandatory training levels but suggested that not all the whole report needs to come to Committee and that Helena Nowell reduce the amount of information in the report.

11.3 Business Continuity Policy and Updated Plan

JB introduced the report to the Committee, this report is to provide assurance that there are effective systems to review and update Vale of York CCG policies. This paper provides routine bi-annual update to the Vale of York CCG's Business Continuity Policy.

The Committee agreed to approve the Business Continuity Policy.

12. Corporate

No items on agenda or discussion

13. Any other Business

13.1 Place Based Improvement Board

PM provided an update to the Committee on the CQC Local System Review of York.

PM confirmed to the Committee that Mary Weastell reported to Scarborough and Vale of York Board about the first meeting of the CQC Improvement Board which was held on 1 March 2018.

The Committee agreed for KS to be involved in supporting integration with Primary Care and DN to be involved in Right Care, Right Place, Right Time.

Pippa Corner will be leading from the Local Authority and will be helping the Local Authority to understand the governance structure for the Vale of York CCG. Pippa Corner and Paul Howatson will produce a flow chart within the next two weeks.

13.2 NHS 70 Communications Engagement

PM requested to the Committee on behalf of Sharron Hegarty for approval for additional funding for the NHS 70 Campaign Celebrating 70 years of the NHS. Amount requested £5000 which will be for local plans in line with national activities. TP advised the Committee this would not be within Sharron Hegarty usual budget approval.

The Committee supported the proposal and the budget required for the £5000

13.3 PMO

JB provided an update to the Committee on resourcing issue relating to support for DN and the Continuing Healthcare team. Work is on-going to establish whether Kate Todd from PMO could provide assistance.

14. Issues of assurance framework and/or Risk Register

Nothing to discuss on this agenda item

15. Next meeting 21 March 2018

Minutes of the Executive Committee, meeting held on

21 March 2018 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Tracey Preece (TP)	Chief Finance Officer
Dr Kev Smith (KS)	Director of Primary Care and Population Health
Denise Nightingale (DN)	Executive Director of Transformation

Apologies

Dr Andrew Phillips (AP)	Medical Director
Dr Shaun O'Connell (SOC)	Medical Director

In Attendance

Caroline Alexander (CA) to 11.1	Assistant Director of Delivery and Performance
Fiona Bell (FB) to item 5.3	Deputy Director of Transformation and Delivery
Dharminder Khosa (DK) item 6.1	Director of Turnaround & Delivery
Shaun Macey item 5.4	Head of Transformation & Delivery
Becky Case item 5.4	Head of Transformation & Delivery
Jo Baxter	Management PA

The agenda was discussed in the following order:

1. Apologies

As noted above

2. Declaration of Interests

There were no Declarations of Members' Interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes from the previous meeting

The minutes of the Executive Committee held on 7 March were deferred to the next meeting.

6. Performance & Delivery

6.1 Capacity Review

DK presented the Projects Prioritisation paper and outlined the background and process for completing the template. Teams had been requested to provide a list of current projects and high level benefit vs effort analysis which would bring together all the areas being worked on. Once completed, this template would be shared to

help the CCG understand and question the work being completed, when delivery was expected and confirm and agree priorities. It was expected this would be revisited every 6 months.

Through discussion the committee agreed a separate session was required for the Executive team dedicated to the Projects Prioritisation work. JB to arrange.

DK left the meeting

4.1 Acute System Review

There were no further updates to report at this stage.

5.1 Update on Progress with 18/19 QiPP/Contracts

TP took the committee through the financial options re York Teaching Hospital NHS Foundation Trust contracts, working towards the mandatory deadline of 23 March. The approach would be agreed at the Finance & Performance Committee on 22 March.

6.2 Re-establishing Local Digital Roadmap Programme

The item had been discussed at a previous meeting around the current capacity gap and the option to share a band 8a resource with Scarborough & Ryedale CCG. That option was still available however the committee felt they should first highlight the capacity gap to NHS England and request support as part of the next QiPP phase. CA to take forward.

6.5 Unplanned Care/Out of Hospital

CA highlighted the need to identify an Executive lead for Unplanned Care/Out of Hospital. A single point of accountability was required to ensure the CCG was proactively driving the delivery of work streams that deliver performance improvement. The committee clarified that the programme should be called Out of Hospital and that unplanned care was used for urgent and emergency care (ECS). AP currently provided Executive lead for this and SC would take this executive lead once the Joint Committee had been formally approved.

It was confirmed that DN would provide Executive Lead for Delayed Transfers Of Care (DTOCs) and FB would provide programme lead role for the out of hospital programme and the work streams supporting DTOCs and community services transformation.

Monitoring of delivery around the out of hospital programme would be through the internal CCGs' out of hospital steering group initially, with an ask for the wider system to establish a wider partnership group to have oversight of out of hospital work.

6.4 Discharge to Assess

DN presented the paper to the committee which followed a successful pilot of additional discharge to assess beds in December 2017 to March 2018.

The committee discussed the findings from the pilot and supported the continuation of Discharge to Assess in 18/19 procuring up to 2 beds in nursing care homes.

6.4 Delayed Transfers of Care for Mental Health

DN provided a background to the paper which highlighted concerns on the DTOC current recording system and a suggestion from CYC that all joint funded Mental Health discharges should be reported as a shared delay. It was felt this way of measuring would not identify what the delays were or who was responsible for the delay and would likely worsen the CCG position.

A meeting was planned later that day with TEWV, CYC and the CCG to discuss the matter further and agree where improvements could be made to the process, specifically around identifying patients for complex discharge earlier. DN to provide an update at the next meeting.

DN left the meeting

6.6 Feedback from Yorkshire and the Humber Region – Vale of York legal directions and special measures

The committee noted the positive email from NHS England acknowledging the progress made by the CCG over the past 12 months. A broad timeline was now agreed to exit Legal Directions and Special Measures.

8. Strategy and Planning

8.2 Quality of Leadership Submission

CA advised the committee that the IAF Quality of Leadership submission had been completed. This would form a key part of the 17/18 CCG IAF annual assessment. The committee acknowledged the work that had taken place by all to complete this.

8.1 Update on Refreshed Planning

Work was on-going for the 30 April submission deadline and would be brought back to the Executive Committee on the 18 April. It was expected that the Finance and

Performance Committee would approve on behalf of the Governing Body at the April meeting.

11.1 Staff Briefings Going Forward

The committee discussed the need for a forward plan for staff briefings. It was agreed that the plan would link into delivery and be lead by a "Head of" on a rotational basis to brief on their current work. Each briefing session would also include an update from PM and the Executive team. Abby and Jo to take forward.

Malton Hospital Community Beds

This item was not on the agenda however FB provided the committee with an update regarding Malton hospital community beds. Humber Foundation Trust had confirmed the finances had been signed off though further input was still required for the clinical model and governance to be agreed. The committee offered their support if required to progress this.

CA left the meeting

4.2 STP Estates & Capital Programme – Local Priorities

The first meeting of the Strategic Estates Board was taking place on the 26th March. The board had been established to take an overview of estate and capital investment issues across the Humber Coast and Vale area. The committee discussed who should attend to represent the CCG and agreed Shaun Macey would attend the initial meeting. The committee also agreed KS would invite 2 local GP's to secure primary care input.

5. Finance, QiPP and Contracts

5.2 Out of Hospital GP Extension to Contract

The proposal to extend the current Out Of Hours GP service provided by Yorkshire Doctors Urgent Care was approved in principle by the Executive Committee in November 2017 subject to a new costing model being agreed. TP advised the committee that extensive negotiations had now taken place and an agreement for the financial model for the years 18/19 and 19/20 had been reached.

TP summarised the changes which the committee supported, the paper would now go to Governing Body for approval.

5.3 GP in A&E

This item was deferred to the next meeting.

SM & BC joined the meeting

5.4 Improving Access to Primary Care

KS presented the paper to the committee which provided an update on NHS England's requirements around improving access to General Practice during evenings and weekends, the development of Urgent Treatment Centres and the opportunities around aligning the two programmes of work. A steer on how the services should be developed and commissioned was being sought, with a specific emphasis on the CCG's preferred approach regarding procurement.

The committee discussed and agreed the following:

Procurement
To work with a range of local Providers to secure an interim solution to meet the October 1st target.
Publish a PIN signalling the CCG's intention to procure the service.
Ensure alignment with Scarborough & Ryedale CCG's approach.
To investigate the potential to access immediate procurement support from remaining capacity 17/18 and pursue procurement support for 18/19.

Footprints & Contracts
The service provision would be locality-based, therefore contracts would be locality based North, South and Central.

Links into Urgent Treatment Centres
Acknowledged there were longer term opportunities around closer integration with Urgent Treatment Centres.

Weighted Funding
The localities would be funded, and deliver required additional clinical capacity, based on their combined weighted list.

SM to bring back to the Executive Committee in due course. Primary Care Commissioning Committee and Governing Body approval would also be required.

5.5 Prescribing Indicative Budgets

The committee noted the update and agreed to continue with the Prescribing Indicative Budgets, acknowledging the continued risk reduction on No Cheaper Stock Obtainable.

5.6 Review 18/19 Running Cost Budget

TP presented the paper requesting approval of the running cost budget. The committee discussed the identified cost pressures for 2018/19 along with current vacancies.

The committee approved the running costs budget and committed to managing the overall budget during the year to remain within allocation.

TP left the meeting

6.3 Urgent & Emergency Care Letter

The committee noted the letter from NHS England & NHS Improvement regarding the significant pressures the system faced due to bad weather. BC to seek assurances from the A&E Delivery Board and Finance & Performance Committee.

7. Service, Quality & Safety

7.1 Harmonisation of Commissioning Thresholds Policies – Scarborough & Ryedale CCG & Vale of York CCG

The committee discussed and approved the 3 commissioning policies which were the first outputs from the action plan to align policies between the 2 CCG's.

7.2 Medicines Commissioning Committee Recommendations February & March 2018

The committee approved the recommendations.

7.3 Psychology Services

This item was deferred to the next meeting

8.3 Gluten Free Communications Plan

The communications plan was approved. The committee requested that the Council of Representatives be made aware of the plan.

8.4 Tier 3 Weight Management Services

The committee reviewed the paper which highlighted the absence of a Tier 3 service for Vale of York patients and the associated risks. The committee approved the paper as a pilot which would be used to test the market.

11. People, Support & Development

11.2 NHSE Graduate 8 Week Programme

A programme was required in preparation for an NHSE graduate who would be spending time at the CCG in September; the committee discussed and agreed to ask Helena Nowell to draft the programme.

11.3 Local Temperature Check Survey

MC provided an update on the latest survey and highlighted the positive moves, with particular emphasis on an increase from staff who felt the CCG were putting patients at the heart of all decisions made. The staff engagement group were working through the full results. HR would also be attending the Executive Committee in April to share and discuss the national staff survey results.

11.4 "Heads of" Communications

The committee confirmed the 2 way feedback was working well and agreed to continue.

DN re-joined the meeting

12. Corporate

12.1 Annual Report

The committee noted the progress made to date with the annual report and recommended the BIG Conversations be incorporated at the front of the report.

12.2 NHS70 - 5th July 2018

NHS70 events would be taking place on the 5th July, the committee agreed that the planned Governing Body meeting would still take place on the morning of the 5th with time kept available in the afternoon for attendance at NHS70 events.

12.3 Chief Finance Officer Recruitment

PM provided an update on the recruitment for the Chief Finance Officer. The vacancy was live on NHS jobs and an assessment recruitment day was planned for Tuesday 10th April.

13. Any Other Business

13.1 Governing Body Draft Agenda April

The committee approved the draft agenda.

13.2 Attain Proposal – Turnaround Lead

The committee approved the continuation of the support provided by Dharminder Khosa, Turnaround Director through Attain. The approval included a cost of living increase.

13.3 Bootham Park Hospital Site

The committee received the paper regarding the old Bootham Park Hospital Site.

Next meeting Wednesday 4th April

Vale of York
Clinical Commissioning Group

Item 12

Chair's Report: Finance and Performance Committee

Date of Meeting	22 March 2018
Chair	David Booker

Areas of note from the Committee Discussion

The Committee expressed appreciation to colleagues who had been involved in development of the draft Financial Plan noting their commitment in terms of working hours.

The Committee agreed the financial recovery priorities for 2018/19 and commended the CCG's robust approach to contract negotiations both with York Teaching Hospital NHS Foundation Trust and other partners. The agreement of an Aligned Incentives Contract was reiterated as critical to addressing the financial challenges of both the CCG and the system.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Minutes of the Finance and Performance Committee Meeting held on 22 March 2018 at West Offices, York

Present

David Booker (DB) (Chair)	Lay Member and Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Phil Mettam (PM)	Accountable Officer
Tracey Preece (TP)	Chief Finance Officer
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health

In attendance

Caroline Alexander (CA)	Assistant Director of Delivery and Performance
Michael Ash-McMahon (MA-M) - part	Deputy Chief Finance Officer
Fiona Bell (FB) - part	Deputy Director of Transformation
Michele Saidman (MS)	Executive Assistant
Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)

Apologies

Denise Nightingale (DN)	Executive Director of Transformation
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Dr Andrew Phillips (AP)	Joint Medical Director
Keith Ramsay (KR)	CCG Chairman

The agenda was considered in the following order.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 22 February 2018

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 22 February 2018.

4. Matters Arising

F&P48 Financial Performance Report: TP confirmed that the information from the Financial Recovery Board was included in the Financial Performance Report at agenda item 6 below.

A number of other items were noted as ongoing or on the agenda.

"Good News"

MC reported on the success of Haxby Group at the Yorkshire and Humber General Practice Nursing Awards on 21 March where they had won the Practice Nurse Leadership Award and the Judges Choice Award for inspirational practice, also being shortlisted for a further three awards. This achievement came two weeks after they had won three of the eight awards at the Humber, Coast and Vale Sustainability and Transformation Partnership edition of the awards. MC, who had attended the event, highlighted that the Practice Nurse Leadership Award was recognition of the whole nursing team being at the forefront of care. She had been moved and inspired by the work to provide the very best care to patients, families and carers. It was evident that these awards mattered so much to the Practice Nurses whose efforts proved that great care was happening beyond the award winners. MC expressed pride in all the nominations, finalists and winners and looked forward to continuing to work with such committed Practice Nurses. The Committee requested that the Governing Body add their congratulations.

KS reported that the Council of Representatives had now appointed the three GP Locality Governing Body members.

KS also reported on progress in developing a single voice for primary care across the city. All Practices had been meeting as part of the Primary Care Home and were developing a common application for improving access; membership of various forums was also being agreed for representation of the whole city. The Committee commended this in terms of establishing a focus for moving services out of hospital and meeting ambitions set out in the commissioning intentions.

The Committee:

Requested that the Governing Body add their congratulations to the Haxby Group Practice Nurses for their success in both the Yorkshire and Humber General Practice Nursing Awards and the Humber, Coast and Vale Sustainability and Transformation Partnership Awards.

5. Risk Update Report

CA referred to the report which provided details of current events and risks managed by the Finance and Performance Committee, confirmed the cohort of corporate risks for escalation to the Governing Body, gave an overview of programme risk registers and provided an update on risks arising from published Improvement and Assessment Framework indicators that informed the Board Assurance Framework. CA reported that, following confirmation by the Governing Body of their refreshed risk appetite and

thresholds, the 2017/18 corporate risks were being reviewed in relation to the year end risk position. Work was now taking place to assess the risk levels associated with emerging 2018/19 programmes of work and any corporate risks taking into account the refreshed risk thresholds.

Two 'red' risks were reported: failure to deliver a 1% surplus and lack of currently defined capital investment requirements for the Vale of York which could be submitted to the Humber, Coast and Vale Sustainability and Transformation Partnership Estates and Technology Transformation Fund and Strategy. With regard to the latter CA explained that this related to the historic fragmented nature of local General Practice to come together within and across the localities to define their estates and capital needs and effectively access funding. She noted that the first meeting of the Humber, Coast and Vale Strategic Partnership Capital Board had recently taken place which would provide an alternative means of accessing capital within the Vale of York and Scarborough system; submissions were required by July and early sight of investment proposals would be needed by May. PM added that the Primary Care Home was working with the CCG on the out of hospital model of care, including identifying impact on General Practice and associated estates requirements which would inform further consideration of this current risk.

TP explained that the risk relating to failure to deliver 1% surplus related to one of the business rules in the planning guidance. She referred to previous discussion of the financial position noting that this risk was now being reported as having materialised. TP also noted that the Audit Committee on 7 March had received external audit's letter to the Secretary of State, required as the CCG had set a deficit budget and forecast that expenditure would exceed income in 2017/18.

PM advised that the three emerging risks were being monitored by the Executives and would be escalated as appropriate. These risks related to City of York Council's notice to cease their contribution to the shared Harrogate District NHS Foundation Trust Community Infection and Prevention Control Service from 1 April 2018; Continuing Healthcare and Transforming Care / Section 117 Vulnerable People risks; and the impact on the CCG's community bed base following York Teaching Hospital NHS Foundation Trust's notice to cease bed base at Fitzwilliam Ward in Malton Hospital.

In response to DB seeking further information about the two risks relating to recruitment and retention, recommended for de-escalation from Governing Body scrutiny, MC reported that a recent local staff survey had had a more positive outcome than the previous survey using the same Staff Engagement Group questions. She also noted good performance in terms of sickness absence and that there were few vacancies.

MA-M joined the meeting

PM reported that the Executive Team was having a Time Out in April to consider the capacity within their teams, including in the context of the Commissioning Intentions, primary care support and working with Local Authorities.

DB commended the improved risk report and expressed appreciation to the staff involved.

The Committee:

1. Reviewed all risks and risk mitigation plans for the cohort of risks under the management of the Committee.
2. Agreed the proposed actions relating to Governing Body corporate risks and emerging risks.

6. Financial Performance Report Month 11

TP reported that the forecast at month 11 was an outturn deficit of £22.5m and that the forecast underlying position had stabilised. She noted that £2m non recurrent allocation from NHS England to offset a number of areas was reflected in the reported position. TP also reported that a £228k deterioration relating to cardiology at Hull and East Yorkshire Hospitals NHS Trust was reflected in the position, although this was being disputed.

With regard to the cash position TP advised that the CCG was forecast to meet the requirement to have a month-end cash holding within 1.25% of the monthly draw down. She confirmed that a cash adjustment had been made to reflect the 0.5% non-recurrent reserve released to CCGs and that account had been taken of Category M drugs and winter pressures.

TP noted that the previously withheld 0.5% Commissioning for Quality and Innovation payment, following national guidance, was now authorised for release and would be paid to relevant providers.

TP reported that, although an agreed forecast outturn had been reached for continuing healthcare, funded nursing care and mental health out of contract placements, further work was required, particularly in relation to finance and business intelligence. The Partnership Commissioning Unit Transition Board was continuing to meet, data validation work was progressing and handovers were taking place.

TP confirmed that the CCG continued to deliver the Better Payment Practice Code.

The Committee:

Received the month 11 financial performance report.

9. Contract Trading Report Month 10

TP referred to the contract trading report highlighting the ongoing concerns about the Medequip contract for community equipment from the quality, process and financial perspectives. She noted however that progress was being made as the Chief Nurse from NHS Hambleton, Richmondshire and Whitby CCG, who had direct experience of managing an equipment contract, was providing support to resolve a number of issues. MA-M added that the new Clinical Assessment Toolkit had gone live and should support management of the contract.

The Committee:

Received the month 10 contract trading report noting the respective contractual positions, key risks and issues.

7. Draft Financial Plan 2018/19

TP reported on discussion at the Executive Committee the previous day when a number of options for setting the Financial Plan had been considered in the context of meeting control totals and associated impact on the three organisations – NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust – and on the system. JS advised that the financial plan would be considered by NHS England not only in terms of the local system but also Yorkshire and the Humber, the North of England and the NHS nationally. He also noted that, due to the differing financial systems, any debt would be carried forward into the next year for the CCGs but not for York Teaching Hospital NHS Foundation Trust.

TP presented the Draft Financial Plan which comprised: a summary, key metrics, dashboard headings for 2017/18 to 2018/19; dashboard headings with growth and cost pressure summary, QIPP savings and investment, inflation and growth, investments and pressures, and risks and mitigations. TP explained the development of the plan since previous discussion both at Committee and Governing Body Part II meetings. TP also highlighted the level of engagement and 'confirm and challenge' that had informed the plan.

Members sought and received clarification on aspects of the plan noting the risks and mitigations were presented as at 8 March. The key risks related to £1.3m in respect of the current contract alignment with York Teaching Hospital NHS Foundation Trust and the £5.6m QIPP of which £1.7m currently remained unidentified. The key mitigations included the release of £2.3m contingency and £4.5m relating to the development of the Aligned Incentives Contract and other clinical opportunities.

In terms of decisions sought from the Committee, members acknowledged the risks to the plan and the requirement for an Aligned Incentives Contract and other clinical opportunities to deliver QIPP, noting that this was a potential risk as such efficiencies would not be achieved under payment by results.

TP explained that work was taking place around modelling to understand acute demographic growth in terms of the planning guidance with particular reference to waiting lists. She noted that the planning guidance did permit use of local circumstances in this regard and also advised that discussions were taking place with the aim of agreeing commissioning requirements and associated costs. JS additionally explained that from an NHS England perspective the CCG was required to submit a credible commissioning plan in terms of activity and QIPP to meet the £14m deficit control total and serve the population needs.

Discussion ensued on the work taking place to agree a contract value with York Teaching Hospital NHS Foundation Trust that achieved the appropriate level of activity and reduced the QIPP requirement. In response to DB referring to historical issues relating to contract setting and the out of hospital developments, TP explained that the CCG's default contract position was £194.4m as the contract signed was for the two years 2017/18 to 2018/19 and this was the value of the contract determined at original signature. She also explained that York Teaching Hospital NHS Foundation Trust's key concern related to cash flow and that there was the potential, within specific terms allowed in the contract, for cash to be profiled in line with agreed service developments

for cost reduction; this would be subject to agreement by the Governing Body and NHS England. MA-M added that the requirements to deliver control totals under an Aligned Incentives Contract had been identified but the system needed confidence and trust to achieve this.

PM referred to the current default contract position of £194.4m and the aim of reducing this to £191.3m, the value required to deliver the draft plan, through a Contract Variation for a joint cost reduction programme emphasising that a robust timetable was required to provide confidence in the Aligned Incentives Contract. He also noted that PwC's current work on behalf of the system should be triangulated in this regard.

With regard to the Transforming Care Programme allocation and the additional reinvestment in mental health services, MA-M detailed concerns expressed by DN in the context of Tees, Esk and Wear Valleys NHS Foundation Trust delivering improvements. Following discussion members supported the principle of working with them within the £1.4m financial envelope subject to review of their mental health improvement trajectory.

MA-M explained that there were two areas of contract growth where NHS Vale of York CCG was not the lead commissioner. He sought agreement for inclusion in the plan of c£4k for Marie Stopes for which NHS Hambleton, Richmondshire and Whitby CCG was lead commissioner and c£1k for St Catherine's Hospice for which NHS Scarborough and Ryedale CCG was lead commissioner. Members supported these variances in the context of collaborative working.

In summary:

- The preferred position was to sign a Contract Variation with York Teaching Hospital NHS Foundation Trust at £191.3m, in line with the Draft Financial Plan, excluding QIPP, but the default position was the current £194.4m contract value. PM advised that SP had agreed this approach in terms of governance and noted that it also aligned with the risks discussed at the Governing Body.
- Cash would be profiled in line with the standard contract with acknowledgement that service developments and QIPP could be recognised via Contract Variation within this.
- System reductions to deliver QIPPs should be set.
- The current PwC work would be incorporated in the Financial Plan.
- Work would continue to review levels of growth.
- A timetable, supported by the regulators, was required by the end of April.

PM additionally emphasised that the Committee and Nigel Wells, The CCG's Clinical Chair, would be kept informed of progress towards achieving the control total and the associated gap.

The Committee:

Noted the challenges associated with the draft Financial Plan and emphasised that a robust approach to contract negotiations should be adopted to ensure achievement of the £14m deficit control total.

FB left the meeting

11. Update on Financial Recovery Plans for 2018/19

In introducing the 2018/19 Financial Recovery Plan CA noted that discussions were continuing with York Teaching Hospital NHS Foundation Trust regarding financial efficiency opportunities for QIPP and Cost Improvement Programmes under the emerging Aligned Incentives Contract framework. She detailed by programme area - planned care, out of hospital, complex care, prescribing, primary care and management costs – a current total of £15.6m savings and the associated work required jointly to deliver this with the Trust and other partners

With regard to planned care CA highlighted the need for the CCG and York Teaching Hospital NHS Foundation Trust to reach a joint understanding of all priority pathways of care where there were sustainability pressures, cost pressures, and demand and activity pressures. These would be proposed to be the jointly established workstreams under the joint planned care programme, and delivered through the joint planned care steering group. The QIPP savings identified were in the context of payment by results and, once the pathways had been agreed, the Aligned Incentives Contract approach could be progressed. CA emphasised the need for strong clinical engagement and "ownership", including primary care, to deliver transformation and noted the aim of developing a Clinical Engagement Strategy by the end of quarter 1 of 2018/19 to support the development of shared care pathways.

Discussion ensued on capacity for the transformation. This included the on-going provider to provider discussions to establish a joint efficiency programme, as well as a "wrap around" delivery team to support the work which would utilise CCG and provider teams.

TP reported on a meeting with representatives from Ramsay Hospital the previous day noting that they were exploring further NHS savings opportunities and the role of independent sector providers in supporting the delivery of NHS elective care activity within the system financial envelope.

CA explained that the out of hospital work had been further progressed with all schemes requiring system work in order to mitigate unplanned demand and growth. She noted the need for the joint Aligned Incentives Contract governance arrangements to be established as a matter of urgency in order to support all QIPP programmes, but that this would be critical for the out of hospital programme and the 'oversight' or steering group required. Discussion included recognition of the need for a public sector estates strategy with review of current facilities in relation to the community beds productivity workstream and that there may well be consultation required depending on the scale and scope of transformation around out of hospital care. Additionally, inclusion of primary care moving forward as part of the steering group was noted. PM highlighted the role of the System Transformation Board in supporting this governance moving forward.

TP referred to the 25 days support, agreed by NHS England, for the complex care QIPP. She reported that, as North of England Commissioning Support (NECS) were unable to provide this, JS had confirmed that the CCG could use this resource to employ agency nurses to undertake the reviews. The Turnaround Director was also to provide support for the continuing healthcare workstream going forward.

CA noted that the prescribing savings were in the context of overall strong prescribing delivery of current QIPP in 2017/18. KS advised that if all Practices joined the Prescribing Indicative Budgets scheme there were further opportunities, however external factors had to be recognised in this regard.

In terms of next steps it was proposed that the refreshed Operational Plan and QIPP priorities should be presented for approval by the Council of Representatives before the 30 April submission deadline. It would be helpful to have some smaller group discussions with the new Clinical Chair and three locality clinical leads before this, with KS and PM to lead.

Discussion included aspects of the Aligned Incentives Contract development and opportunities to learn from areas where this was already in operation. MA-M advised that a proposed governance structure, including out of hospital care, was being developed. Members noted that, although transformation would be agreed jointly, each organisation would maintain their governance arrangements. CA agreed to circulate the governance proposal when ready and emphasised that the Committee would be kept informed about progress with delivery of financial recovery.

In response to DB seeking clarification about the future model of care and interdependence on the wider HCV STP system, CA advised that a Finance and Programme Delivery Group for the STP had been established which met monthly. Its role included regulatory oversight of the organisations' respective control totals. CA noted that discussions were also taking place with the Humber, Coast and Vale Sustainability and Transformation Partnership to update on the CCG Local Place Based Plan and the CCG's Commissioning Intentions.

The Committee:

1. Supported the proposed 2018/19 Financial Recovery Plan.
2. Noted that members would be kept informed of progress with mobilising the plan with partners moving forward.

10. Integrated Performance Report Month 10

CA referred to the information, circulated separately from the meeting papers, relating to the early outputs from the local and regional winter reviews and the progress with refreshing the performance recovery priorities for 2018/19. She noted that the referral to treatment "stock take" had included consideration of the requirement to manage winter pressures throughout the year.

JS reported on opportunities to learn about the development of an Aligned Incentives Contract from colleagues in Leeds where this approach was being implemented, and supports both financial and performance recovery.

With regard to Sleep Studies TP reported that discussion had taken place at the York Teaching Hospital NHS Foundation Trust Contract Management Board on 20 March. A clinical review had been requested prior to this being presented for consideration by the CCG Executive Committee.

CA referred to delayed transfers of care noting the requirement for system focus for both financial and performance recovery in 2018/19. The CCG was working to establish and agree the baseline performance for delayed transfers of care from April 2018, and the recovery trajectory with partners locally for 2018/19.

CA advised that more robust local data was now available to inform mental health and learning disabilities performance confirm and challenge reviews. This would be part of the performance recovery plan presented at the April meeting of the Committee.

CA reported that York Teaching Hospital NHS Foundation Trust had been at OPEL 4 on both the York and Scarborough sites. She would ascertain the number of 12 hour breaches. MC noted the number of trolley waits and long ambulance waits at Scarborough during the last weekend period.

CA highlighted that all cancer performance targets had been achieved. She noted that this was the third consecutive month for this achievement at York Teaching Hospital NHS Foundation Trust.

CA requested that delegated authority be sought from the Governing Body for approval of the final 2018/19 operational plans (including QIPP and performance) by the Committee.

The Committee:

1. Received the month 10 Integrated Performance Report.
2. Agreed that delegated authority be sought from the Governing Body for the Committee to approve the final 2018/19 plans.

8. Update on Better Care Fund

Post meeting note: The update was circulated to the Committee on 26 March 2018.

12. Key Messages to the Governing Body

The Committee expressed appreciation to CA, MA-M, TP and colleagues who had been involved in development of the draft Financial Plan noting their commitment in terms of working hours.

The Committee agreed the financial recovery priorities for 2018/19 and commended the CCG's robust approach to contract negotiations both with York Teaching Hospital NHS Foundation Trust and other partners. The agreement of an Aligned Incentives Contract was reiterated as critical to addressing the financial challenges of both the CCG and the system.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

13. Next Meeting and Forward Plan

The next meeting would be 9am to 1pm on 26 April 2018.

Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	27 March 2018
Chair	Keith Ramsay

Areas of note from the Committee Discussion

- The Committee had a detailed discussion on primary care assurance.
- The Committee welcomed the early success of Prescribing Indicative Budgets.
- The Committee supported full clinical service review of Local Enhanced Services noting that recommendations would be made at the July meeting for future commissioning.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item 4

Minutes of the Primary Care Commissioning Committee held on 27 March 2018 at West Offices, York

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England (Yorkshire and the Humber)
Phil Mettam (PM)	Accountable Officer
Sheenagh Powell (SP) - part	Lay Member and Audit Committee Chair
Tracey Preece (TP)	Chief Finance Officer
Dr Kevin Smith (KS)	Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Dr Lesley Godfrey (LG)	Central Locality GP Representative
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Andrew Phillips (AP)	Joint Medical Director
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Kathleen Briers (KB)	Healthwatch York Representative
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)

Unless stated otherwise the above are from NHS Vale of York CCG

There were two members of the public in attendance.

Question from Member of the Public

Bill McPate

Primary Care Dashboard (PCCC23)
Can the PCCC provide an update on the development of the above and, in particular, report on the information it is seeking to assure itself on primary care performance?

Response

SM referred to presentation of the Primary Care Assurance Report at the November 2017 meeting of the Committee which had confirmed that all NHS Vale of York CCG Practices had been rated by the Care Quality Commission as 'good'. A range of data sources had been reviewed with a view to developing a more robust process to ensure that the CCG continued to commission high quality, patient-focused primary care services for its population. Available national data including Care Quality Commission inspection reports, Quality and Outcomes Framework performance, the GP Patient Survey, vaccination statistics and patient online activity were also being reviewed to inform Practice visits in terms of considering opportunities for improvement, with an offer of CCG support. These Practice visits would be attended by a GP, nurse and contracting manager from the CCG.

SM also noted that the CCG was looking to include a broader range of primary care intelligence. Consideration was being given to working with Practices including public representation in developing processes for bringing issues and concerns to the Committee.

Bill McPate sought further clarification on how the Committee exercised governance for assurance. In response SM referred to the infrequent reporting timescales for national data noting that an update report would be presented at the May Committee. SP added that, although national data was provided annually, it would be helpful for the Committee to receive Practice progress reports in this context.

Agenda

1. Welcome and Introductions

KR welcomed everyone to the meeting.

2. Apologies

As noted above.

3. Declarations of Interest in Relation to the Business of the Meeting

There we no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

4. Minutes of the meeting held on 24 January 2018

The minutes of the meeting held on 24 January were agreed.

The Committee

Approved the minutes of the meeting held on 24 January 2018.

5. Matters Arising

The report presented at agenda item 9 was the only matter arising.

Unconfirmed Minutes

6. Primary Care Commissioning Financial Report 2017/18 and Draft Financial Plan 2018/19

TP presented the report which comprised financial performance of primary care commissioning as at month 11 and the draft financial plan for 2018/19 in respect of delegated commissioning.

With regard to the month 11 position TP explained that, after adjustment for non recurrent allocation from NHS England, the underlying overall year to date position was an overspend of £29k. However the forecast position was an underspend of £28k following release of prior year variances.

The forecast outturn for General Medical Services (GMS) and Personal Medical Services (PMS) was in line with previous months and, as reported at the last meeting, there was an Enhanced Services underspend due to the avoiding unplanned admissions Directed Enhanced Service being retired by NHS England. This over-accrual of £106k was offset by year to date overspends of £18k on minor surgery and £14k for learning disabilities.

The CCG had received £230k additional non-recurrent allocation in month 11 for previously reported one-off overspends during 2017/18 relating to seniority, maternity, sickness and the retainer scheme; these were not expected to continue into 2018/19. Premises costs were based on current expected costs with assumptions on the rent revaluations due and no further changes expected. Quality and Outcomes Framework had been accrued based on NHS England information; adjustments would be made for 2018/19 when the 2017/18 position was finalised.

TP noted that the budget for CCG PMS premium reinvestment, showing as £205k slippage year to date and £223k forecast outturn, was included in the core CCG dashboard in Other Primary Care.

In referring to the high level summary from the 2018/19 Financial Plan for primary care delegated commissioning TP highlighted that detailed supporting information was available to members on request.

TP explained the assumptions on which the draft plan was based were supported by NHS England. She noted an increase in allocation of £1.2m (2.8%) from that of 2017/18 and advised that there was expectation of further allocation for the extended hours requirement. With regard to the two inflation assumptions TP clarified that the 1% included on all elements of the GP contract may be subject to change as it was dependent on national changes to GMS and PMS contracts which would be announced in May 2018 and the 3% on the refuse and clinical waste contract managed by a third party provider was expected as this was a non-pay contract.

TP referred to the Other Primary Care information which had been within the 8 March submission to NHS England, included in the report for information, advising that this had been subject to a robust confirm and challenge process. She provided clarification on a number of aspects including in relation to the Practice Public wifi service for which the national deadline had slipped. SM noted in this regard that

eMBED were working to a timescale of 31 March 2018 but he would inform Practices of any changes as required.

TP highlighted that the budgets presented would form part of the full draft Financial Plan that would be presented to the Governing Body on 5 April at a summary level.

The Committee:

Received financial position of the Primary Care Commissioning Budgets as at month 11 and the draft 2018/19 Financial Plan for delegated commissioning.

7. General Practice Visits and Engagement Update

KS referred to the discussion at the start of the meeting regarding data sources and availability advising that an "intelligence group" had been established to bring together information relating to each Practice to inform prioritisation of visits. He noted that a number of Practice visits were already taking place and also explained that data from the Referral Support Service was being utilised in this regard. The three highest and three lowest referring Practices would be visited to gain an understanding of their information with a view to sharing learning to address variation. KS emphasised that the visiting programme was in the context of providing support and ensuring added value for Practices noting that it also related to primary care data and assurance.

Detailed discussion ensued about how the Committee could gain assurance and exercise governance as commissioners of primary care. KS noted that different teams in the CCG received various data but Practice contracts did not require reporting of such as workforce issues or additional appointments offered. The most valuable information to identify support needs was through "soft intelligence".

LG suggested that the Committee consider what data would be helpful and then discuss how feasible it would be for Practices to provide it. She also noted with regard to appointments that availability was an issue at the present time in many of the Practices in the CCG.

PM highlighted the need for the Committee to both be assured about primary care at the present time but also in the context of development of a new model of General Practice in three to five years. Data sets were required to provide assurance in areas such as frailty, urgent care and integrated physical and mental health care.

AP noted that the new national data set for urgent and emergency care had potential to provide information for Practices and localities to develop care pathways when this source was more established.

DB referred to the working group that had previously been established for development of the primary care dashboard. Whilst recognising the complexities that had been identified through this work he proposed that the group be re-established to identify measures that would provide assurance for the Committee. KR emphasised the need for both this and the "soft intelligence" obtained through Practice visits.

The Committee:

1. Noted the update.
2. Requested that the working group be re-established to identify measures to provide assurance as primary care commissioners.

8. Primary Care Assurance Report

This item had been covered by the response to the question at the start of the meeting and the above discussion.

9. Prescribing Indicative Budgets: Update

In introducing this report KS explained that the prescribing budget was even larger than the budget for General Practice. Prescribing Indicative Budgets were based on Practice populations with support from pharmacists and pharmacy technicians. Savings achieved would be shared by the CCG and the Practices participating in the scheme.

KS referred to the fact that the CCG was one of the best performing CCGs nationally for prescribing but confirmed there were still further opportunities to ensure maximum value. He noted that the impact of the previously reported 'No Cheaper Stock Obtainable' issue would be met by savings in the prescribing budget and commended the exceptional achievement in year to enable this.

KS highlighted that Prescribing Indicative Budgets was the way to effect change and confirmed that the CCG was in discussion with the localities to continue this work. He noted that a number of amendments to the process were being implemented to ensure these contracts were fit for purpose.

With regard to recent adverse national media about Prescribing Indicative Budgets KS emphasised that this approach was reinvestment in the system for the benefit of patients.

KS provided assurance of the success of Prescribing Indicative Budgets explaining that the CCG had maintained prescribing costs whereas other parts of the country had not, despite being at the marginal end savings were still being achieved and specific prescribing schemes were saving money. Complex and innovative work was achieving the savings.

In response to requests for specific figures to evidence the success of Prescribing Indicative Budgets KS advised that this information was commercial in confidence. He agreed to share the structure, savings and investment back into Practices at alliance level in a Part II meeting after the May meeting in public.

The Committee:

1. Received the update on Prescribing Indicative Budgets.

2. Noted that alliance level Prescribing Indicative Budgets information would be presented at a Part II meeting after the May meeting in public.

10. Local Enhanced Services 2018/19

SM presented the report which described the 2017/18 Local Enhanced Services and made recommendations for 2018/19. He explained that these services were contracted with Practices via the Standard NHS Contract and required either annual renewal or three month notice period to cease or significantly amend. SM noted that the Enhanced Services for Amber Drugs Shared Care, previously discussed at the Committee, and Anticoagulation Monitoring, currently being transferred to primary care, were not reviewed as part of this report.

SM highlighted that, although these services were offered to all Practices where applicable to the general Practice population, Practices were not obliged to provide them. The proposal to roll the contracts on for a further year was to enable the CCG to undertake a full clinical service review and fully understand levels of access to these services with a view to implementing a more robust approach for 2019/20. SM noted that three services – homeless, student health and vexatious patients – were only commissioned for a defined population and delivered by specific Practices.

SM explained the current services detailed in the report:

- Bone Protection Service
- Complex Wound Care
- Simple Wound Care
- Diabetes
- Long Acting Removable Contraceptive (LARC)
- Minor Injuries
- Near Patient Testing/Amber Drugs
- Neonatal Checks
- Phlebotomy
- PSA (Prostate Cancer Monitoring)
- Homeless Service
- Student Health
- Vexatious Patients

SM advised that an end of year position for 2017/18 was being requested from Practices for their Enhanced Services to inform the baseline position for the clinical services review.

Members sought and received clarification on a number of aspects of the report. SM confirmed that the intention was to explore opportunities for enhanced service

contracts to be offered to localities as “bundles”. The issue relating to LARCs was that there were currently two service models and assurance was required that the whole population had access.

TP requested that the Local Enhanced Services relating to ophthalmology, low visual aids and D-dimers be included in terms of ensuring all spend within the Local Enhanced Services budget line was included. She also requested, if possible, simplification of the current complex arrangements both for Practices and the Finance Team and referred to the recent tenders for Wound Care, which had focused on outcomes, noting this should be incorporated in the review.

SS provided a Public Health perspective on a number of the services. With regard to Bone Protection she requested Public Health input in to the review both as an opportunity to develop a pathway approach, including falls prevention, and in the context of the Care Quality Commission recommendation for improved partnership working.

With regard to LARC SS noted that this was complicated by the different approaches of City of York Council and North Yorkshire County Council. She advised that City of York Council intended to continue with the current agreement and service specification until 30 June 2019 with the potential for joint commissioning thereafter. SS reported that City of York Council planned to tender for the Sexual Health Service, including primary care options, and proposed bringing a report for future commissioning to the Committee.

SS reported that City of York Council was undertaking a health needs assessment of the homeless as part of the Joint Strategic Needs Assessment. Clinical engagement in this would be welcomed and would also be a means of informing commissioning requirements. AP noted that a homelessness worker in the A and E Department at York Hospital provided a valued service.

In terms of student health provision SS noted that, in view of the University of York’s expansion plans, student numbers were expected to increase dramatically. *Post meeting note: SS confirmed that the University of York intended to create 5000 more student places, expanding from 20,000 to 25,000 over the next 10 years, with most of this expansion taking place within the next five years.*

SS commended use of Public Health information also highlighting opportunities to improve integration and collaborative working. She would engage with Public Health colleagues at North Yorkshire County Council and East Riding of Yorkshire Council as appropriate.

Discussion ensued in the context of the complexity and capacity required to undertake a full service review and the potential impact on the three to five year

timescale for development of a new primary care model. PM requested that consideration be given to capacity and capability support requirements with a view to this being sought from NHS England or elsewhere.

SP left the meeting

The Committee:

1. Agreed that the Local Enhanced Services contracts be rolled over for a further year.
2. Supported the proposal for a full clinical review of services, with the exception of Amber Drugs and anticoagulation, by the end of quarter 1 of 2018/19 with recommendations for their future commissioning being brought to the July Committee meeting.

11. Item deferred

12. GP Retention Scheme

DI presented the report which described the scheme that provided a package of finanical and educational support to help doctors remain in clnicial General Practice instead of leaving the profession. He noted that this was a national scheme with local arrangements. CCGs were now required to approve requests due to the finanical impact which could be up to c£20k per annum depending on the number of sessions.

Members supported the suggested process for approving or rejecting applications:

- Once an application is received by the CCG it is to be reviewed in order for a decision to be made as to whether or not to support it.
- The review to be undertaken by the primary care team and finance to determine whether or not there is sufficient need for the Practice to employ a retained GP and to understand the financial impact in approving the request.
- This decision will be based on local intelligence and previous discussions with the Practice. The CCG may seek assurance from the host GP Practice that they have considered alternative recruitment solutions and that there is sufficient need based on workforce shortages and current vacancies.
- If its felt there is insufficient need for the host GP Practice to be funded to employ a retained GP the applicant may be advised their application would be supported if it was made to work at another Practice.
- Once a decision is made notification to then be taken to the next Primary Care Commissioning Committee. In the event of approval being required before the next committee meeting this would be sought from the Committee Chair and the Accountable Officer.

Members noted that Practices would be informed of the need to engage with the CCG if they wished to utilise the GP retention scheme.

The Committee:

1. Noted the content of the paper.

2. Supported the suggested approval process for future applications both by the Committee and outside of the meeting schedule.

13. NHS England Primary Care Update

DI referred to the report which provided updates on contractual issues and the General Practice Forward View. With regard to the former he reported that all 26 Practices in the CCG had responded regarding the Quality and Outcomes Framework aspiration payment for 2018/19 and that, following review by the District Valuer, there was no increase in notional rent for Dalton Terrace Surgery in York.

In respect of the General Practice Forward View DI highlighted that the timescale for improving access in General Practice had been brought forward to October 2018 and that 10 Practices had expressed an interest in the online consultation which was a Sustainability and Transformation Partnership procurement.

The Committee:

Noted the NHS England updates.

14. Key Messages to the Governing Body

- The Committee had a detailed discussion on primary care assurance.
- The Committee welcomed the early success of Prescribing Indicative Budgets.
- The Committee supported full clinical service review of Local Enhanced Services noting that recommendations would be made at the July meeting for future commissioning.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

15. Next meeting

9.30am on 22 May 2018 at West Offices.

Post meeting note: A Part II meeting on 26 April 2018 would consider the deferred item prior to reporting at the meeting in public on 22 May 2018.

Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contained commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	12 April 2018
Chair	Keith Ramsay

Areas of note from the Committee Discussion

- The Committee commended the powerful patient story which highlighted the need for integrated psychological and physical care.
- The Committee noted the work to influence providers in respect of serious incidents and never events.
- The Committee expressed concern at the current level of care home suspensions and the impact on both the quality and patient experience perspective and also supply and demand in the system.
- Following the report on the experiences of the winter of 2017/18 the Committee requested an in depth report at the August meeting.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Minutes of the Quality and Patient Experience Committee Meeting held on 12 April 2018 at West Offices, York

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
Jenny Brandom (JB)	Deputy Chief Nurse
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Abigail Combes (AC)	Head of Legal and Governance
Debbie Winder (DW)	Head of Quality Assurance and Maternity

In attendance

Becky Case (BC)	Head of Transformation and Delivery
Sarah Corner (SC)	Management PA
Barry Dane (BD)	Healthwatch, York
Susan De Val (SDV)	Commissioning Specialist, Children and Young People
Sarah Fiori (SF)	Senior Quality Lead
Sarah Goode (SG)	Quality Lead for Primary Care
Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Victoria Hirst (VH)	Head of Engagement
Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Gill Rogers (GR)	Patient Experience Lead
Michèle Saidman (MS)	Executive Assistant
Rachael Simmons (RS)	Corporate Services Manager

C attended for the Patient Story

Apologies

Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Andrew Phillips (AP)	Joint Medical Director
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health

KR noted that the meeting was not quorate.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 8 February 2018

The minutes of the previous meeting were agreed subject to amendment at item 7 Care Homes Update, paragraph one to read '…there were 83 registered care homes with 2683 beds…'.

The Committee:

Noted that approval of the amended minutes would be sought at the next meeting due to the lack of quorum.

4. Matters arising from the minutes

Q&PE17 Patient Story: KH reported that there were 519 young people in care in North Yorkshire. She was trying to ascertain how many of these were within the CCG population.

A number of matters arising were noted as agenda items or not yet having reached the scheduled date.

The Committee:

Noted the update.

JB, C and BC joined the meeting.

5. Patient Story

C described his experiences in seeking continuing healthcare funding for his mother. C explained that his mother, who had multiple illnesses and was wheelchair bound, had been widowed in 2013 and lost her mother the same year. C had visited her frequently between 2013 and 2015 when she had fallen and broken her hip following two failed hip operations. She had then been admitted to a nursing home due to mobility and health problems which included unstable diabetes.

C's mother had spent time at St Monica's Hospital, Easingwold, where a continuing healthcare assessment had been completed. As her carer C highlighted concerns about this process in terms of statements made by professionals. This includedissues regarding care planning, assessment of his mother's psychological care needs particularly by teams involved in her physical care, the need for collaborative working and a focus on money rather than the person's needs.

C explained that his mother had been admitted to York Hospital due to her panic disorder and that he had then sought an appropriate care home placement for her. He highlighted that care staff both in hospital and care homes sometimes struggled to care for people with complex needs and that staff and organisations often did not appear to understand the continuing healthcare processes.

Fulford Nursing Home had been recommended to C as being able to meet his mother's needs. C noted that this had been a positive experience and he had in fact been part of the planning process to discharge his mother to Fulford where she had been since

January 2018. However he did note that his mother was still waiting for a continuing healthcare assessment. C explained that staff there treated her appropriately and that relevant professionals, including a community psychiatric nurse and a psychologist, were now involved in her care.

C emphasised how stressful his experience had been even though he had a level of knowledge of the care system therefore highlighting how distressing it could be for someone who did not.

AC joined the meeting

Members commended C's powerful presentation and MC expressed disappointment in the lack of "customer care" on the part of the agencies involved. She noted that this resonated with other sources of patient experience information relating to continuing healthcare advising that lessons were being learnt to inform improvement work both locally and nationally, also noting the recently published revised *National Framework for NHS continuing healthcare and NHS-funded nursing care*. KR additionally referred to the previous NHS commitment of 'no decision about me without me' which had not always been the case for C as his mother's carer until her placement at Fulford Nursing Home.

While C accepted the financial constraints of the health and social care system, there should be recognition that a 'one size fits all' approach was not acceptable; account must be taken of individual need and family views.

JB welcomed the positive feedback about Fulford Nursing Home noting that the CCG was continuing to work to improve support for care home staff. She also highlighted the need for improved understanding of continuing healthcare for care home staff.

BD noted that much of C's account had been mirrored in a 2017 Healthwatch report on continuing healthcare. He additionally noted that Healthwatch had highlighted that a greater level of understanding was required about how stressful the continuing healthcare assessment process was for both the person and their family.

KR noted C's experience in the wider context of the CCG's integrated care agenda commenting that care home availability in the North Locality was a concern. C responded that the issue was lack of integrated care in the community to meet demand. He had wanted his mother to continue to live at home with his support but the services required, which he believed would be less costly, were not available .

In response to MC asking what further improvements C would like to see, he highlighted: improvements had been made but the continuing healthcare team should focus more on patient need than the money; integration of physical and psychological services in the community; awareness raising of continuing healthcare processes both in hospitals and care homes; and family involvement in the whole assessment process.

Members thanked C for his comprehensive contribution to the meeting. JB and VH would meet up with C in a few months and then provide an update to the Committee.

VH and C left the meeting

KR noted C's story in the context of closer working between the Local Authorities, York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

The Committee:

Welcomed C's presentation and noted the issues raised.

6. Quality and Patient Experience Report

JB introduced the report which provided an overview of the quality of services across the CCG's main providers and an update on the quality improvement work of the CCG's Quality Team relating to quality improvements affecting the wider health and care economy. Key pieces of improvement work included: Special School Nursing Review as part of review of the 0 – 19 pathway, Care Home Strategy development, maternity services transformation and workforce transformation. Members of the team highlighted aspects of the report.

SG highlighted the success of Haxby Group at the recent General Practice Nursing Awards where they had won five of the eight awards at the Humber, Coast and Vale event and a further two at the Yorkshire and Humber event. She also noted the development of a concise General Practice Nurse Strategy in support of the NHS Five Year Forward View 10 Point Plan, meetings with senior nurses in terms of workforce development and the appointment of a CCG Lead Practice Nurse with effect from June 2018.

JB referred to the Quality Team's involvement with initiatives to support the workforce development of future working models and the CCG's ability to influence efforts to meet the challenges of building resilience across the system. She also referred to the reducing workforce of GPs and also of nurses at York Teaching Hospital NHS Foundation Trust noting the role of the CCG in providing support. Members noted the forthcoming launch of the Health Education England Excellence Centre, which would be "virtual", and the fact that workforce shortages had been compounded by a c80% reduction in applications from abroad.

DW presented the Infection Prevention and Control information. She updated against the risk presented at the last meeting regarding the City of York Council decision to withdraw from their contribution to the shared community Infection Prevention Control service, particularly the risk relating to the TB service, highlighting that City of York Council had agreed to continue to contribute to the service for the next year. Work was now taking place with Harrogate and District NHS Foundation Trust to identify efficiencies; North Yorkshire County Council had also expressed an interest in joining this work.

DW reported that work was taking place at a national level in respect of E. coli. Progress against the collaborative action plan was slow and locally discussion was taking place with East Riding of Yorkshire Infection Prevention Control service with a view to establishing a more proactive service model through a Memorandum of Understanding.

VH joined the meeting

With regard to influenza DW noted that the CCG uptake of vaccination as at 28 January 2018 had been above both the Yorkshire and Humber and the national average. Practices were now ordering supplies for the next season which was being monitored by the CCG to ensure adequate availability of stock. DW also noted a cohort of children in school year 5 had been added to the eligibility criteria for vaccination in 2018/19 and reported that resilience work was taking place in terms of planning and ambition for uptake.

DW reported in respect of serious incidents that the CCG was meeting with York Teaching Hospital NHS Foundation Trust to review cases and discuss how to progress concerns relating to individual reports. She noted that currently differing York Teaching Hospital NHS Foundation Trust processes for managing serious incidents continued to present challenges in the receipt of answers to queries. The falls and pressure ulcers process, managed by the nursing team, worked well, with the CCG being welcomed and assurance provided. It was hoped that progress would be made in other areas following the recent appointment of a new Deputy Director of Patient Safety who was from a nursing background.

In response to KR noting the significant increase in serious incidents in quarter 4, MC advised that this was a national pattern and additionally York Teaching Hospital NHS Foundation Trust had a good record of reporting. DW also noted that more formalised case reviews and audits had resulted in late identification of a number of serious incidents which in combination with winter challenges had contributed to the rise in numbers. She advised that assurance regarding standards and patient safety was gained from a variety of means, for example ward visits and conversations with patients.

MC reported on the meeting with York Teaching Hospital NHS Foundation Trust on 19 February regarding concerns about the number and similarities to Never Events. She advised that the Assistant Medical Director had reviewed all Never Events since 2012. No themes or trends had been identified but the need for patient safety training and culture change had been recognised. Assurance had however been provided in relation to theatre processes. A series of actions were being progressed with the three commissioning CCGs, namely NHS East Riding of Yorkshire, NHS Scarborough and Ryedale and NHS Vale of York.

BD expressed concern that receipt of timely information on serious incidents from York Teaching Hospital NHS Foundation Trust appeared to be a continuing challenge and he asked whether patients and relatives may experience a similar situation if anything was to go wrong. DW answered that this was an understandable concern but there were no grounds to think this was the case; evidence was seen from several sources of compliance with Being Open and Duty of Candour requirements. DW emphasised that the CCG was fully aware of its responsibilities to seek assurance but she explained that it was balance between continuing to build relationships to allow increased access for additional surveillance and assurance to occur. It was agreed that constant proportionality of the high numbers of patients who received completely safe treatment was required, Members welcomed the CCG's appointment of a Clinical Chair in the context of progressing discussion with clinicians.

DW reported that Tees, Esk and Wear Valleys NHS Foundation Trust continued to be engaged in and responsive to serious incident processes and that the contract management board was evolving in terms of quality reporting.

Discussion ensued in the context of falls and pressure ulcers information from care homes. SF advised that care homes had an obligation to report serious pressure ulcers through the Care Quality Commission who would highlight any issues to the CCG. She also referred to the React to Red work and noted that care homes had been asked to report pressure ulcers on a monthly basis, quality visits were ongoing and information on any issues would be amalgamated.

GR highlighted that continuing healthcare was a theme in complaints, concerns and enquiries. The continuing healthcare checklist was also an element of a joint agency complaint with York Teaching Hospital NHS Foundation Trust. A meeting was being arranged in this regard.

JB noted inclusion of the quarter 3 Commissioning for Quality and Innovation outcomes for each of the CCG's providers and advised that new guidance had been published which would be incorporated in the next report.

CP presented the care homes and adult safeguarding update. Members noted the continuing work to support care homes but discussed concerns about capacity due to the number of suspensions. The context of costs to the commissioner through patients being in hospital unnecessarily was noted. MC additionally advised that The Retreat, which had been reported at the last meeting as being assessed as 'Good' across all the Care Quality Commission domains following the 'Inadequate' rating in 2017, was now undertaking a full service review which may impact on CCG patients.

SF referred to the detailed information on quality in care homes. She highlighted the success of the React to Red programme. SF explained that there was an opportunity to apply for funding to support the work in the care home sector. It was noted that on visits to care homes issues relating to continuing healthcare were regularly raised by managers and these were along the same themes as C had described during the patient story. JB added that SF's role was now providing an understanding about care homes and the work plan was being prioritised accordingly. KR requested that Denise Nightingale, Executive Director of Transformation, be asked to provide an assurance report on continuing healthcare programmes of work and associated impact on quality.

In presenting the mental health update SDV welcomed the progress with Tees, Esk and Wear Valleys NHS Foundation Trust in terms of reporting and noted that work was taking place on a number of action plans. She reported that one of the key issues was waiting times for Child and Adolescent Mental Health Services both in terms of treatment and assessment advising that these services were subject to the national 18 week referral to treatment performance target. SDV explained that, although the information available when Tees, Esk and Wear Valleys NHS Foundation Trust had taken on the contract had been limited, work was still required in terms of identification of key priorities including demand and associated capacity requirements for these services. She noted that Child and Adolescent Mental Health Services was now a key corporate risk for the CCG.

SDV explained that the autism assessment and diagnosis information in the report related to 18+. There were two services for under 18s: the service for 0 to 5s was provided through York Teaching Hospital NHS Foundation Trust, who managed both requests for assessment and the assessment process; the service for 5 to 18s was through Tees, Esk and Wear Valleys NHS Foundation Trust and there had been a considerable rise in referrals in 2017/18. Discussion ensued in the context of this being a system issue, the role of Well-being Workers in the two school based projects and the need for data analysis to gain an understanding of the issues.

With regard to eating disorders and physical health monitoring, members noted that GPs did not feel they had the capacity to understand the complex needs of these patients. Options were being developed for consideration by the Executive Committee for the commissioning of a physical health monitoring service to support this vulnerable patient group.

The Committee:

1. Received the Quality and Patient Experience Report.
2. Requested an assurance report on continuing healthcare programmes of work and the impact on quality.

7. Safeguarding Children and Children in Care

KH presented the report which provided an update on: the CCG footprint's three Local Authority Safeguarding Children Boards including in relation to Serious Case Reviews and Learning Reviews and multi agency information sharing; the Designated Professionals Strategic Plan; children in care in respect of out of area placements within North Yorkshire and timeliness of health assessments; statutory guidance; primary care, including development of safeguarding processes with Yorkshire Doctors Urgent Care; and the Care Quality Commission Children Looked After and Safeguarding Reviews. The quarter 3 Initial Health Assessment and Review Health Assessment Report was also included.

KH reported that an independent safeguarding adviser had been appointed to the investigation relating to Ampleforth Abbey and School. She noted that a request had been made for receipt of the communication that had been sent to parents.

KH referred to the allegations of abuse at the Army Foundation College in Harrogate. She explained that the safeguarding children review was progressing and noted that, as a result of the training that had taken place, there were now Safeguarding Champions where there were cadets who were under 18. KH also confirmed that discussion had taken place with the North Yorkshire Safeguarding Adults team regarding the College.

KH reported that a Learning Review would take place regarding the two boys arrested in Northallerton in relation to terrorism offences. A reviewer with experience in the PREVENT agenda was being sought.

KH advised that the City of York Safeguarding Children Board had met on 11 April and reported that the new partnership arrangements had been well received, noting that this built on an existing structure and governance arrangements.

KH reported there were no major concerns regarding delivery of the Care Quality Commission Children Looked After and Safeguarding Reviews action plans and noted with regard to the Designated Professionals Strategic Plan that work was now focusing on embedding and assurance.

The Committee:

1. Noted the progress made against the Designated Professionals Work Plan as at quarter 4 of 2017-18.
2. Noted the more detailed reports regarding the timeliness of health assessments for looked after children.
3. Noted the progress made against the North Yorkshire and City of York Care Quality Commission Children Looked After and Safeguarding Review action plan and agreed to receive an update in four months.

8. Safeguarding Adults

CP presented the report which comprised an update on the City of York and North Yorkshire Safeguarding Adults Boards, Prevent, the Homelessness Reduction Act and Duty to Refer, the Learning Disability Mortality Review, the Law Commission Deprivation of Liberty Report – Government Response and the Joint Working Protocol for when a hospital, service of facility closes at short notice. Information was also included regarding current and potential safeguarding reviews with City of York Safeguarding Adults Board, North Yorkshire Safeguarding Adults Board, NHS England and North Yorkshire Community Partnership.

BD referred to discussion at the December meeting of the Committee regarding concerns that some care agencies were supplying care staff to health providers without their Disclosure and Barring Service details being disclosed and falsification of documents. JB, who had attended the City of York Safeguarding Adults Board on 2 March on behalf of CP, reported that this had been discussed. The Chief Nurse at York Teaching Hospital NHS Foundation Trust was setting up a sub group to undertake a piece of work in this regard; a report would be provided to the Safeguarding Adults Board.

The Committee:

Received the Safeguarding Adults report.

9. Draft Patient and Public Participation Annual Report

VH explained that in accordance with best practice a Patient and Public Participation Annual Report should be produced separate from the CCG Annual Report. She sought members' views on the initial draft noting that a final draft would be presented for approval at the next meeting.

Members commended the range of activity and suggested a number of additional areas, including 'You Said, We Did' especially in the context of the CCG's 2018/19 Commissioning Intentions, recognition of the many staff who had assisted with events,

information from Practice Patient Participation Groups and assurance from providers in terms of fulfilling engagement requirements. KR also confirmed that a Forward, signed by himself and the Accountable Officer, should be incorporated.

The Committee:

Noted that an updated draft Patient and Public Participation Annual Report would be presented for consideration at the next meeting.

10. Review of Patient Experiences During Winter

BC explained her role in the context of engagement with urgent and unplanned care and winter planning noting that the latter no longer only related to a specific time of the year but related to pressures all year round. She highlighted the relevance of the earlier discussion to potential attendance at A and E and described the complexity of the system: locally in terms of GPs including Out of Hours, NHS 111 and NHS 999 with links to other blue light services; across the York Teaching Hospital NHS Foundation Trust footprint; the Urgent and Emergency Care Network across the Sustainability and Transformation Partnership; and NHS England and NHS Improvement across the North. Work at national, regional and local levels was required to ensure the most appropriate treatment and best experience for patients whether in A and E, in hospital or at home.

BC reported that key meetings had taken place to discuss the winter experience including one on 12 March for the whole of the North. She also noted that Scarborough Hospital had been at the highest Operational Pressures Escalation Level (OPEL) on 9 April demonstrating the necessity to continue to work jointly. BC also that noted the CCG area had had the highest number of influenza cases in the country in weeks 49 and 50 of 2017/18. This had been managed through partnership working.

BC advised that performance was measured in terms of breaches to the four hour A and E standard. Clinical evidence was that waits of more than four hours had an increasingly negative impact on patients, particularly the frail elderly.

BC reported that regional and local representatives of the A and E Delivery Board had met at the end of March noting that she would provide associated information for members. Performance against the A and E four hour performance standard had been 1.8% better in December 2017 and 3.2% better in January 2018 than the same period during the previous winter. This was a reflection of whole system work including additional GP appointments put on at the request of GPs. It was not however possible to identify the impact of this aspect on A and E demand which was static. BC also noted that the improvement on the York Hospital site had been greater than in Scarborough.

BC explained that comparing data was complex as proportionally more people were being admitted but length of stay was shorter, including zero length stays. She also noted in relation to seven day working that Local Authority partners had put on additional weekend staff to support weekend discharges but there had been little impact due to the need for a culture change in this regard. In response to MC noting the need for access to social care as well as availability of a social worker at the weekend, BC

advised that there was some improvement citing the example of the One Care Team for reablement assessment at the weekend.

BC reported that the system approach which included daily calls with partners and guidance and action across primary care, mental health services and physical services had been commended. However, consideration was required to manage the system moving forward as short term funding to provide such as admin support could not be maintained and although planning was taking place this was difficult until available money was known.

In response to KR asking what had not worked during winter, BC advised that it had been difficult to maintain a balance between planned and unplanned work, time management of consultants in terms of the suspension of elective surgery, the need for the establishment of the appropriate bed base, and the historical relationship between care homes and York Teaching Hospital NHS Foundation Trust. In respect of the latter BC highlighted SF's role in developing culture change and also noted the work of the Central Locality in supporting care homes.

BC referred to York Teaching Hospital NHS Foundation Trust's recent infection control differentiation between influenza strains and different influenza wards. MC noted that the effectiveness of this approach was being reviewed by Public Health.

In respect of Yorkshire Ambulance Service and NHS 111 BC reported that the forecast by the latter had been accurate with the exception of Christmas Eve when there had been double the number of calls expected. This had had a substantial impact on the Out of Hours service but services overall had communicated and worked well together; this was seen in the resilience of the system.

BC advised that NHS 111 was being re-procured across the region as part of the national Urgent and Emergency Care Specification. This included links between General Practice, Out of Hours, NHS 111, pharmacies and others. She also noted that consideration was being given to ensuring best use of resources in terms of the urgent and emergency care system before next winter. This was complex and would be high risk through the transition. The ambition for NHS 111 was that 50% of callers would receive clinical input which would require availability of a network of specialists with associated impact on their working practice.

In response to MC commenting that currently the only quality measure related to 12 hour trolley waits, BC confirmed that all partners had quality oversight but did not necessarily report it into the system. BC described as an example that she had reviewed 250 Out of Hours attendances the previous week as part of a day of end to end reviews with Yorkshire Doctors Urgent Care and had no concerns about quality for that service. Other providers had similar quality processes in place. JB additionally reported on attendance at reviews by Yorkshire Ambulance Service Quality Board noting that York and Selby were outliers in terms of ambulance delays. A 'lessons learnt' exercise had taken place but there was a need for continued strategic commissioning to develop integrated working.

With regard to patient and public engagement BC advised that work was continually taking place with the CCG Communications Team and with partner organisations particularly with regard to promoting self care.

KR requested an update on the winter plans for 2018/19 at the August meeting.

The Committee:

1. Noted the information on patient experiences during winter and the ongoing work.
2. Requested an update on the 2018/19 winter plans at the August meeting.

11. Risk Update Report

In introducing this item AC advised that she had reviewed the risks with MC and JB to reduce the number reported to the Committee. She noted that the programme of staff training on risk was well underway which should reduce the number and severity of risks reported.

AC presented the report which provided details of current events and risks reviewed by the Quality and Patient Experience Committee, identified those risks escalated to the Governing Body, provided an overview of programme risk registers and an update regarding risks arising from published Improvement and Assessment Framework indicators that informed the Board Assurance Framework. AC noted the "Red" risk relating to long waiting lists to access Child and Adolescent Mental Health Services, Community Eating Disorder Services and Autism support had been discussed at item 6 above and was being managed.

MC noted regarding quality issues in General Practice that it was proposed in the new committee structure that reporting should be to the Quality and Patient Experience Committee instead of the Primary Care Commissioning Committee.

The Committee:

1. Received the risk report.
2. Reviewed the corporate risks assigned to review by the Committee and ascertained that appropriate action was being undertaken to mitigate risks to an acceptable level in line with the CCG's risk appetite.
3. Confirmed risks to be escalated to Governing Body.

12. Key Messages to the Governing Body

- The Committee commended the powerful patient story which highlighted the need for integrated psychological and physical care.
- The Committee noted the work to influence providers in respect of serious incidents and never events.
- The Committee expressed concern at the current level of care home suspensions and the impact on both the quality and patient experience perspective and also supply and demand in the system.

- Following the report on the experiences of the winter of 2017/18 the Committee requested an in depth report at the August meeting.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

13. Next meeting

9am, 14 June 2018.