

Please note start time

GOVERNING BODY MEETING

2 November 2017, 10am to 1.00pm

Snow Room (GO35), 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 10am.

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 10.20am				
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 23	Minutes of the meeting held on 7 September 2017	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Pages 25 to 35	Accountable Officer's Report	To Receive	Phil Mettam – Accountable Officer
6.	Pages 37 to 47	Risk Update Report	To Receive	Phil Mettam – Accountable Officer
STRATEGIC – 11am				
7.	Pages 49 to 123 and Presentation	Humber, Coast and Vale Local Maternity System Plan 2017-20	To Receive	Michelle Carrington - Executive Director of Quality and Nursing

FINANCE AND PERFORMANCE – 11.15am				
8.	Pages 125 to 146	Financial Performance Report Month	To Receive	Tracey Preece - Chief Finance Officer
9.	Pages 147 to 190	Integrated Performance Report Month	To Receive	Phil Mettam – Accountable Officer
ASSURANCE – 12 noon				
10.	Pages 191 to 207	Quality and Patient Experience Report	To Receive	Michelle Carrington - Executive Director of Quality and Nursing
11.	Pages 209 to 214	Better Care Fund Update	To Receive	Dr Andrew Phillips – Joint Medical Director
12.	Pages 215 to 236	City of York Safeguarding Children Board Annual Report 2016/17	To Receive	Michelle Carrington - Executive Director of Quality and Nursing
13.	Pages 237 to 290	City of York Safeguarding Adults Board Annual Report 2016/17	To Receive	Michelle Carrington - Executive Director of Quality and Nursing
14.	Pages 291 to 310	Committee Terms of Reference: <ul style="list-style-type: none"> • Audit Committee • Quality and Patient Experience Committee • Remuneration Committee 	To Approve	Michelle Carrington - Executive Director of Quality and Nursing
RECEIVED ITEMS – 12.45pm				
15.	Pages 311 to 330	Audit Committee Minutes: 30 August 2017		
16.	Pages 331 to 344	Executive Committee Minutes: 19 July, 16 August and 20 September 2017		
17.	Pages 345 to 373	Finance and Performance Committee Minutes: 24 August and 28 September 2017		

18.	Pages 375 to 384	Primary Care Commissioning Committee: 19 September 2017		
19.	Pages 385 to 396	Quality and Patient Experience Committee Minutes: 12 October 2017		
20.	Pages 397 to 408	Medicines Commissioning Committee Recommendations: 9 August and 20 September 2017		
NEXT MEETING				
21.	Verbal	9.30am on 4 January 2018 at Pocklington Arts Centre, 22-24 Market Place, Pocklington, York YO42 2AR	To Note	All
CLOSE – 1.00pm				
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.				

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 held 7 September 2017 at The Priory Street Centre, York**

Present

Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	Clinical Director
Dr Emma Broughton (EB)	Clinical Director
Dr Stuart Calder (SC)	GP, Council of Representatives Member
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Phil Mettam (PM) - part	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Dr Shaun O'Connell (SOC)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Tracey Preece (TP)	Chief Finance Officer
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Caroline Alexander (CA) – for item 9	Assistant Director of Delivery and Performance
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Jim Hayburn (JH)	Strategic Programme Consultant
Michèle Saidman (MS)	Executive Assistant
Elaine Wylie (EW)	Strategic Programme Consultant

Apologies

David Booker	Lay Member and Finance and Performance Committee Chair
Dr Andrew Phillips (AP)	Joint Medical Director
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Nine members of the public were in attendance.

KR welcomed everyone to the meeting. He particularly welcomed AB to his first meeting since his appointment as Local Medical Committee Liaison Officer, Selby and York.

KR informed members that, with effect from 1 January 2018, the CCG would no longer provide paper copies of meeting papers for the Governing Body and committees as part of reducing expenditure due to the cost of production, postage and the staff time involved. Meeting papers would continue to be available online.

KR referred to changes to the Governing Body membership, as per the Accountable Officer's report, and reiterated appreciation to Dr Tim Maycock, who had been an original member of the CCG, and Dr John Lethem for his contribution as Local Medical Committee Liaison Officer, Selby and York. KR also reported that this was the last meeting for JH and EW and thanked them for their work.

KR additionally reported that this was RP's last meeting as she was taking early retirement. He noted that RP had provided support over the five years since the start of the CCG and expressed appreciation for her considerable contribution.

AGENDA ITEMS

The agenda was considered in the following order.

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. Members' interests were as per the Register of Interests.

3. Minutes of the Meeting held on 13 July 2017

The minutes of 7 July were agreed subject to amendment at the final paragraph of item 11 Quality and Patient Experience Report which should read '...a new nursing home was planned for the Burnholme community site and advised that she had requested City of York Council inform the CCG...'

KR noted that the January meeting of the Governing Body would be in Pocklington due to the change of venue for the present meeting.

The Governing Body:

Approved the minutes of the meetings held on 13 July 2017 subject to the above amendment.

4. Matters Arising from the Minutes

Safeguarding Children Annual Report 2015-16: MC reported that capacity needed for commissioning of the children's agenda was still being reviewed.

Integrated Performance Report Month 2 - GP members over the summer period to identify general issues to be prioritised: PM advised that this would be discussed at the Council of Representatives meeting on 21 September.

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

The Governing Body:

Noted the updates.

5. Accountable Officer's Report

PM presented the report which provided updates on turnaround, legal Directions and the CCG's financial position; Operational Plan 2017-19 assurance and delivery; Council of Representatives meeting; Better Care Fund; Humber, Coast and Vales Sustainability and Transformation Plan leadership arrangements; engaging and involving local patients and stakeholders; changes to the Governing Body membership; and national plans and strategic issues.

In terms of the CCG's financial position PM referred to the detailed Financial Performance Report at item 8. With regard to the Capped Expenditure Process (CEP) PM explained that, following requests from the regulators (NHS England and NHS Improvement), discussions were taking place between NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust to identify areas of focus to take cost out of the healthcare system in the current year. He advised that as soon as he was able to, and in agreement with PE and SC, a meeting would be arranged with representatives from GP Practices to consider the regulators' request and to ask GPs to take a lead role in determining the health system in five years time. PM highlighted the aim of maintaining the current high quality primary care services but in the context of the need to reduce costs.

PM referred to the CCG's 'Inadequate' rating for the 2016/17 Integrated Assurance Framework and explained that this was due to the significant financial deficit; all CCGs under legal Directions were rated as 'Inadequate'. He highlighted that the Integrated Assurance Framework measured performance in terms of services and emphasised the need for improvement in, for example, the A and E four hour target at York Teaching Hospital NHS Foundation Trust, cancer services and dementia diagnosis, noting that the CCG would adopt a more robust approach to meeting national standards where performance issues impacted on patients.

PM advised that discussions were taking place with commissioning partners to establish joint working arrangements, including with City of York Council and North Yorkshire County Council in respect of joint commissioning intentions and improving out of hospital services. The CCG was also working with NHS Scarborough and Ryedale and NHS East Riding of Yorkshire CCGs to develop a new model of hospital based care, achieve efficiencies, maximise workforce and ensure the highest standard of care in the future.

At the same time as the cost reduction and efficiency requirements the CCG needed to promote and enable opportunities, including incentivising GPs and clinicians, for redesign of services that were clinically led and developed through working with patients. SOC cited Dermatology Indicative Budgets as a clinically led model that had moved resources to General Practice and achieved a saving of £120k. He also reported that three GP Federations had signed off Prescribing Budgets moving to General Practice.

PE reported that the Council of Representatives was aware of the requirements for clinical ownership of services but highlighted concerns about General Practice sustainability and operational issues. She also referred to discussion at the last Governing Body meeting about primary care risk, noting that the CCG was working with a number of Practices in regard to a telephony issue, and advised that the feasibility of extended access was being considered in the context of workforce capacity.

In respect of the Better Care Fund submissions, required by 11 September, EW reported that the East Riding of Yorkshire Council plan had been submitted to NHS England and the North Yorkshire County Council and City of York Council draft plans had been presented at the respective Health and Wellbeing Boards on 6 September. Feedback was awaited from North Yorkshire County Council.

EW explained that the City of York Council draft plan required further work with a focus on delayed transfers of care. Health and Local Authorities had different ways of calculating numbers and there was a potential for local Better Care Fund plans to be subject to further assurance given the technical challenges in setting trajectories at both an A and E Delivery Board level and a Health and Wellbeing Board footprint. Further updates on this issue would continue to be provided to the Governing Body. EW also referred to the additional improved Better Care Fund monies for which investment was required to reduce delayed transfers of care and to support social care. She commended the joint working which had achieved an agreed balanced Better Care Fund plan and thanked all involved in the process.

PM expressed appreciation to EW for the exemplary way she had progressed difficult partnership discussions to achieve an agreed Better Care Fund plan with City of York Council.

In response to PE seeking clarification about the former System Resilience Group schemes, EW explained that the schemes relating to East Riding of Yorkshire Council and North Yorkshire County Council were based in the local areas. The £860k non recurrent schemes in the City of York Council footprint were within the CCG's 2017/19 Financial Plan. All schemes had performance indicators to provide assurance, the overall aim being to reduce non elective admissions. EW added that delayed transfers of care in care homes were subject to metrics, some of which were national, others local.

Further discussion on the Better Care Fund included confirmation from TP that investment in the Better Care Fund plan was as identified in the Financial Plan and agreement that the draft plan be circulated to members of the Governing Body with the final plan presented at the November meeting. *Post meeting note: The draft plan and the submission were circulated respectively on 8 and 13 September to members.*

PM advised that Simon Pleydell's appointment as lead for the Humber, Coast and Vale Sustainability and Transformation Plan was a national appointment. He noted support for a 'place' focus within the Sustainability and Transformation Plan Executive and explained that he had been assured that this would not impact on the CCG's development of localities. In response to a number of concerns raised by GP members about areas such as prevention and mental health where wider consideration was required, PM referred to the complex geography of both the CCG and Sustainability and Transformation Plan footprint. He agreed to review the current clinical networks and associated processes and develop a proposal to address these concerns.

The Governing Body:

1. Received the Accountable Officer's Report.
2. Requested that the City of York Council Better Care Fund be presented to the November meeting.
3. Noted that PM would develop a proposal for review of clinical networks and processes across the Sustainability and Transformation Plan footprint.

CA joined the meeting

6. Risk Update Report

RP referred to discussion at the previous meeting regarding review of risk reporting, particularly in relation to primary care, and advised that this had been delayed due to annual leave but was now progressing. She noted that an action plan was being developed and reported that DB, AP and CA were involved in the work. The aim was for a revised risk report to be presented at the November Governing Body.

In respect of the current report RP noted two new 'red' risks: cancer two week waits and the Local Digital Roadmap. A summary of actions relating to each risk was provided in the report; further discussion would take place at later agenda items.

In response to discussion of risks that had been categorised as 'red' for 12 months or more, RP advised that this would be included in the current review and action plan.

PE and EB highlighted respectively the Local Digital Roadmap and CCG Estates Strategy as key enablers for system transformation. RP advised that discussion would take place at the next meeting of the Executive Committee. PE agreed to discuss with PM seeking GP involvement for the Local Digital Roadmap.

The Governing Body:

1. Received the Risk Update Report.
2. Noted the ongoing work to review risk reporting.
3. Noted that PE would discuss with PM GP involvement for the Local Digital Roadmap.

FINANCE AND PERFORMANCE

7. Financial Plan 2017/19

In presenting the Financial Plan 2017/19 TP apologised for two errors noting that, following correction, the amended plan would be circulated. *Post meeting note:* The amended plan was *circulated on 11 September*.

TP explained that the presentation provided an update to previous iterations and incorporated the financial plan submissions to NHS England on both 31 March and 12 June. The latter of these submissions took into account the proposed impact of the Capped Expenditure Proposals and was the plan that was currently being used for reporting and monitoring purposes within the CCG and by NHS England nationally.

The summary headline figures described the 2017/18 and 2018/19 positions for allocation growth, £8.7m and £9.2m respectively, and total savings requirement, £22.2m and £13.7m respectively. The planned year-end financial positions from the 31 March and 12 June submissions were respectively for 2017/18 in-year deficits of £16.0m and £6.3m and for 2018/19 £9.8m deficit and £2.9m surplus with cumulative positions of £44.1m deficit and £30.1m deficit for 2017/18 and £53.9m deficit and £27.2m deficit for 2018/19. TP noted that the Business Rule for 1% of allocation improvement for deficit CCGs was met in both submissions and advised that the Finance and Performance Committee had considered the expenditure plan in detail.

The plan included performance against the Business Rules, inflation and growth information, the main areas for achievement of the plan, a summary of the QIPP and Capped Expenditure savings plans, and risks. TP noted that detailed information was available for all programme areas.

JH reported on QIPP discussions with York Teaching Hospital NHS Foundation Trust. These included development of an interface between primary and secondary care, the expectation of savings on outpatients to deliver later in the year, the potential in cardiology to move from angiograms to CT scans, and work in the three localities to provide support to care homes to reduce impact on secondary care. JH advised that if all the schemes delivered, including those relating to orthopaedics and outpatients, the QIPP shortfall would be c£2m. He reported that this did not include the Capped Expenditure but discussions were continuing with York Teaching Hospital NHS Foundation Trust.

KR referred to the letter he and SP had written to the Director of Commissioning Operations, NHS England North – Yorkshire, detailing Governing Body members' concerns about the lack of clarity regarding delivery and approval of the CCG's 2017/8 Financial Plan but had also emphasised commitment to fulfilling the financial responsibilities. A potential approach of caveated approval of the Financial Plan was discussed in the context of it still not receiving NHS England approval.

Detailed discussion ensued regarding concerns about approving the Financial Plan as the Governing Body had not to date formally acknowledged the control total, the additional £7.8m Capped Expenditure for which there were currently no deliverable plans, and the fact that the Council of Representatives did not support the plan. Members emphasised that the CCG could not deliver the plan alone; Capped Expenditure was a system challenge. Discussion also included recognition of pressures across the system in addition to the CCG's financial challenge, notably the cash crisis position of York Teaching Hospital NHS Foundation Trust and pressures on General Practice, and the current absence of the patient voice in clinical change.

In respect of engaging with GPs PE highlighted the best practice model of patients spending the shortest possible time in hospital when required and noted that CT for cardiac conditions was a nationally recognised methodology for better care. SOC advised that the planned care work programme was making some progress in working with York Teaching Hospital NHS Foundation Trust but a more collaborative approach with joint ownership was required.

In respect of concerns about lack of patient participation in development of the plan, PM referred to the Engagement Update at agenda item 13 and noted that the Financial Plan, whilst well constructed, did not align with the four key themes that had emerged from the 'big conversation' public events. JH advised that expertise provided by Healthwatch in the self help workstream could be utilised and TP referred to the principles of the Medium Term Financial Strategy noting that its refresh would include explanation of the link between the Financial Plan and services.

In response to SP highlighting the CCG's position of "financial gridlock" due to savings being used to repay debt rather than for investment, PM explained the need for development of alternative services from 2020/21 for potential release of savings. This would be achieved through working with key partners - including GPs, City of York Council, Healthwatch and the third sector - to develop a patient offer and create cost reduction that would enable investment. TP noted that the CCG being in a position of recurrent financial balance was a priority for NHS England. She also advised that the plan would be refreshed for 2018/19 as part of the annual planning cycle.

Members discussed further the current challenging position of York Teaching Hospital NHS Foundation Trust. PM reported that the CCG had made a number of formal offers to them and was also working informally to provide support as far as possible.

In view of members' concerns about the approval of the Financial Plan, it was agreed that PE, PM, KR and TP draft a resolution, to be circulated to members for approval. *Post meeting note: the draft resolution was circulated for comment on the afternoon of 7 September.*

The Governing Body:

1. Recognised the CCG's requirement to live within its resources and was committed to achieving this.
2. Recognised the key role of primary care in leading a clinical delivery model and committed to ensuring that the Financial Plan, now and in the future, effectively supported and enabled this.
3. Noted significant concern around giving approval for the Financial Plan given there were no deliverable plans in place and there remained a high level of inherent financial risk which related to the deliverability of an unrealistic level of savings plans which necessarily required commitment from partner organisations as an integral part of delivery of plans. The Governing Body also noted that neither the CEP proposals nor the resulting revised financial plan had received NHS England approval or sign-off. The Governing Body supported the underlying financial planning assumptions and principles underpinning the financial plan and acknowledged the CCG's requirement to participate in the CEP process.

8. Financial Performance Report Month 4

TP highlighted addition to the Financial Performance report of a summary of key financial statutory duties and summary of key financial measures, in response to feedback from members of the Finance and Performance Committee. She noted that the deficit position at month 4 was £280k better than planned and that to date the CCG had delivered

savings of £2.57m, £830k more than was achieved in 2016/17, despite the fact that a large proportion of savings, including the Capped Expenditure Plans, were profiled to deliver later in the year. Members commended this achievement.

TP confirmed that the 80 days support from North of England Commissioning Support had commenced. This was being utilised for QIPP, including planned and unplanned care, RightCare, Medicines Management, and for key areas of risk in continuing healthcare.

TP explained that the formally reported year to date forecast outturn position was in line with plan but that in overall terms the detailed forecast was showing £6.16m variance which mainly related to QIPP and Capped Expenditure schemes. She advised that, in accordance with discussion at the Finance and Performance Committee, future reporting would as far as possible reflect true variance to plan.

TP reported that the key risks related to QIPP and the Capped Expenditure schemes with no material risk from other contracts. She explained that the £13.11m net risk, the difference between the CCG and York Teaching Hospital NHS Foundation Trust plans, was offset by the 0.5% contingency and noted that the significant unmitigated risk had been discussed in detail with NHS England and at the Finance and Performance Committee.

In response to PE seeking clarification about reference to issues around GP Practices working across Practice boundaries to support schemes, SOC explained that this related to a number of Enhanced Services which could have been implemented with greater collaboration. He also noted that discussion was taking place with regard to differing Practice approaches in respect of anticoagulation. JH highlighted that engagement with Practices and localities was required for development of primary care at scale.

The Governing Body:

1. Received the Financial Performance Report.
2. Commended the year to date QIPP achievement.

9. Integrated Performance Report Month 4

CA presented the report which provided performance headlines, performance summary for all constitutional targets and programme overviews. She highlighted the performance headlines for areas of improvement and deterioration, referred to the detailed analysis process currently taking place for areas of deterioration relating to constitutional targets and noted capacity issues in the context of both producing the integrated performance report and undertaking the work required in respect of the previous agenda items.

CA reported that four hour A and E performance continued to deteriorate and had been 83.2% on the York Hospital site the previous week. She also referred to York Teaching Hospital NHS Foundation Trust's recent closure of 20 beds at the York site and seven at Scarborough. CA noted that there were c117 whole time equivalent Qualified Nursing vacancies affecting the medical and elderly wards and that discussion of the bed and staffing issues was taking place at both the Executive Programme Board and the A and E Delivery Board, as well as the sub contract management board in relation to performance.

CA advised that the system winter planning submission to the regulators was required on 8 September and noted the trajectory to reduce delayed transfers of care and the bed reviews both in hospital and the community. CA highlighted that bed occupancy at York Teaching Hospital NHS Foundation Trust had peaked at 96% occupancy, adding to the significant pressures.

CA noted the report on mental health performance at the following agenda item and the letter from York Teaching Hospital NHS Foundation Trust about ceasing dermatology services in Selby due to capacity issues. This would mean that dermatology urgent appointments for suspected cancer referrals would be centralised on the York and Malton sites.

CA reported that a rolling programme of work with York Teaching Hospital NHS Foundation Trust was taking place focusing on specialties that required system support immediately, notably dermatology, rheumatology, head and neck and colorectal. This was part of the ongoing clinically-led work to ensure the delivery of sustainable future services and service models.

In respect of the nursing vacancies MC explained that there was a national shortage of nurses, recruitment issues in York were multi factorial and the CCG was working closely with York Teaching Hospital NHS Foundation Trust in this regard. MC assured members that patient safety would not be compromised and all possible actions were being taken in relation to nurse recruitment. She also noted that the bed closures were not whole ward closures.

CA referred to national funding released by the Cancer Alliance and reported that a bid was being prepared through the Sustainability and Transformation Plan for diagnostics to augment colorectal diagnostic capacity. She confirmed the ambition of achieving the 62 day cancer performance target locally and in line with the national NHS England cancer 62 day recovery plans and trajectory for the region.

KR and SP referred to discussion respectively at the Finance and Performance Committee and the Audit Committee about assurance relating to risks rated as 'red' on the risk register, noting this in terms of four hour A and E performance.

JH thanked CA for her work on development of the integrated performance report and sought members' views on the format. Members commended the report but recognised the capacity issue referred to by CA at the start of the item.

SOC highlighted concern about the impact on patients from performance issues noting that a meeting was planned to consider dermatology two week waits for urgent referrals. LB also referred to the report on mental health performance at the following agenda item.

In respect of primary care reporting CA referred to development of the Primary Care Dashboard which had been delayed due to CCG Business Intelligence and programme capacity issues through to the beginning of September. However, this was now being progressed and capacity allocated to drive development. SP additionally noted a Limited Assurance Internal Audit Report for Primary Care Commissioning.

The Governing Body:

Received the Integrated Performance Report.

10. Update on Mental Health Performance

In introducing this item PM referred to the CCG Integrated Assurance Framework noting the current approach of reporting from detailed analysis of performance issues. He also reported on discussion with the Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust who had requested both recognition of their work since taking over the contract for mental health services in October 2015 and expressed his personal commitment to improving the services. PM emphasised that partnership working was required to address the issues.

EW presented the report which provided an update on performance in respect of child and adolescent mental health services, Improving Access to Psychological Therapies and dementia diagnosis.

Improving Access to Psychological Therapies

EW highlighted the three key areas identified in the Intensive Support Team report following their review of local Improving Access to Psychological Therapies services to identify underlying issues: backlog of patients waiting, new pathway to support sustainable access and recovery targets, and appropriate levels of workforce. EW explained that the number of people being referred and treated and the number of appropriately trained staff did not meet the rigorous definition of Improving Access to Psychological Therapies and treatment to ensure recovery. Additionally the Intensive Support Team report highlighted that there was insufficient money focused on the Improving Access to Psychological Therapies service for the population ratio that needed support.

EW explained that work was taking place in respect of clearer pathways, increasing self referral access, and pathways to address the backlog as well as new pathways. She also reported that additional capacity, which would be in place from October 2017, had been sub contracted by Tees, Esk and Wear Valleys NHS Foundation Trust. EW noted she was attending a meeting with NHS England and Tees, Esk and Wear Valleys NHS Foundation Trust on 8 September to review progress on the Intensive Support Team recommendations.

EW advised that, although there was some improvement in performance, workforce was an underlying concern across all service lines and a formal Contract Query Notice had been issued. She noted the need for partnership as well as contracting solutions.

LB noted that she was seeking clarification about the reported closure of the City of York Council Qwell online counselling service.

PM left the meeting

Child and Adolescent Mental Health Services

EW described concerns about the lack of detailed information on child and adolescent mental health services, including sharing of unvalidated data. She noted, however, that progress had been made in this regard following the single item meeting of the Quality and Patient Experience Committee to seek assurance on child and adolescent mental health services. EW also highlighted that progress was also needed in terms of information provision for specific service lines, including autism and eating disorders.

EW noted that lessons would be learnt from the Intensive Support Team report referred to above and the Care Quality Commission reviews at agenda items 11 and 12. She also highlighted that Tees, Esk and Wear Valleys NHS Foundation Trust welcomed opportunities for partnership working.

LB referred to the report, currently in draft, following the Healthwatch *York Inspirational Kids* survey. One of the key observations was that waiting times were the issue; the patient experience was good once they accessed the service. She added that significant work was needed to ensure consideration across wellbeing services.

Discussion included impact on capacity from inappropriate referrals, the new initiative of a wellbeing worker in each school in terms of prevention and intervention, level of demand on services within the CCG, the impact of historical lack of investment, and recognition of impact on primary care resulting from delays in being able to access services. PE welcomed the wellbeing workers in school.

Dementia Diagnosis

EW referred to actions to date to improve performance against the 66.7% target for dementia diagnosis. She noted the need for a culture change and emphasised the need for Practices to complete the dementia toolkit. Early diagnosis was beneficial to both the person and their family.

LB noted that the report was awaited from the NHS England/NHS Improvement Intensive Support Team review of the local dementia pathway and services. Whilst recognising the pressures on primary care she advised that identifying a GP with a special interest in dementia in each Practice would be helpful and reported that care homes were being asked to identify people who should be on the dementia register

SOC advised that dementia guidelines were available on the Referral Support Service website and noted there may be a need to understand variation in diagnosis between Practices, including in respect of running the toolkit. LB added that, following running the toolkit, there was work in terms of reviewing patients and submitting monthly reports.

PE and SC reiterated that early diagnosis was beneficial but highlighted the need to recognise that patients may not be willing to recognise a diagnosis of dementia.

The Governing Body:

Received the update on mental health performance noting the work taking place to improve performance.

QUESTION FROM MEMBER OF THE PUBLIC

The following matters were raised in the public questions allotted time:

Gwen Vardigans, Defend Our NHS

Following the recent news of financial problems within York Teaching Hospital NHS Foundation Trust and the financial constraints of the Vale of York CCG what alternatives are there for patients on elective surgery waiting lists?

SOC responded:

1. The CCG was working with the Trust to help manage demand into elective services. Though there were a few areas where the Trust was not meeting the 18 week referral to treatment pathway in most specialties this was being met. The CCG was meeting with the Trust week commencing 11 September to discuss specific areas of concern – dermatology, colorectal and maxillofacial waits.
2. The CCG was working with GP partners to reduce demands on dermatology – recently York Against Cancer had funded more dermatoscopes so GPs could take detailed digital photos and send these into specialists potentially avoiding attendance at hospital and having minor surgery, where needed, in primary care. The Dermatology Indicative Budget project was an incentive for GPs not to refer and there was more that could be done within this project.
3. The CCG was working with the Trust to review the need for, and timing of, follow ups in outpatients with the aim of developing more flexible follow up arrangements for patients with long term conditions and so reduce pressure on outpatients. This and all the changes in pathways were being implemented after discussion with GPs and hospital clinicians and aimed to make the experience and quality of care better for patients.
4. The Trust had recently agreed that consultants in all specialties should work in the Referral Support Service giving GPs advice on investigations to carry out prior to referral and treatments to try without the patient needing to attend the hospital.
5. The Trust was currently introducing the national target of responding to GPs' requests for 'Advice and Guidance' within 48 hours and GPs locally had been encouraged to seek 'Advice and Guidance' rather than automatically refer a patient into the hospital service.
6. The CCG and the Trust were working towards NHS England's target of 100% of referrals being sent in electronically. This reduced costs, the likelihood of referrals being delayed or lost, and critically enabled the review and triage of referrals before they were booked into potentially unnecessary outpatient appointments. The aim was for this to be introduced by 1 January 2018 locally.
7. PROMS (Patient Reported Outcome Measurements) or the 28 Shared Decision Making tools that NHS England had recently relaunched would help patients understand the options they had for treating their condition. They may be surprised that the evidence that surgery helps was not always as clear cut as they may think. The full list was available from the links on the front page of the CCG's website.
8. Finally the CCG encouraged everyone to look after themselves which would help the NHS to be there when needed. A bold approach was required to help the NHS get through these challenging times.

TP added that from a financial perspective the role was to support these measures by changing payment systems, for example an alternative to payment by results to free up resources to change pathways, consider payment for the whole pathway and incentivise change. In short, how to pay for services to support the above response.

CARE QUALITY COMMISSION REVIEWS

11. Care Quality Commission Local System Review of Health and Social Care in York – Briefing for Partners

EW referred to the briefing that had been widely shared, including at the City of York Council Health and Wellbeing Board on 6 September. She highlighted the scope and methodology of the review noting that City of York was one of 12 areas initially identified by the Care Quality Commission for a Local System Review of health and social care. EW explained that the 14 week process would culminate in a report and a Local Summit with a tailored improvement support offer for each area.

In response to queries from PE and AB EW agreed to seek advice as to whether GPs would be included in the stakeholder survey and suggest that the Local Medical Committee be included.

Post meeting note: A briefing was also presented at the September meeting of the Council of Representatives.

The Governing Body:

Received the briefing for partners on the Care Quality Commission Local System Review of Health and Social Care in York.

12. Care Quality Commission Thematic Review of Mental Health Services for Children and Young People – North Yorkshire

MC explained that this item was to inform members of the review of mental health services for children and young people in North Yorkshire noting that North Yorkshire County Council was the lead agency. This was the second phase of a three phase approach which would result in a national report. MC advised that significant information relating to four key lines of enquiry had been submitted on request.

EW reported that the stakeholder briefing had been attended by commissioners and providers, including schools and CCGs, and noted there had been emphasis on the fact that this was a review, not an inspection. She highlighted this as an opportunity to learn from good practice.

The Governing Body:

Noted the forthcoming Care Quality Commission Thematic Review of Mental Health Services for Children and Young People in North Yorkshire.

STRATEGIC

13. Engagement Update

RP presented the report which provided an update on the engagement plan previously considered by the Governing Body, the initial analysis of the conversations held with the public and the themes that had emerged. She noted the key themes, as discussed at agenda item 7, were waiting times for GP appointments, quality of and access to mental health services, length of time spent in hospital, and communication and signposting of alternative support and care outside the traditional methods and routes.

RP advised that there was a rolling programme of engagement events and the CCG was working with Healthwatch in this regard. The CCG's responses to the engagement sessions would be in the format of 'You Said, We Did' and the Head of Engagement was ensuring the feedback was incorporated in the CCG's programmes of work.

In respect of access to primary care PE highlighted that this should not be regarded solely as GPs but as teams of allied health professionals.

RP confirmed that the CCG website included a section 'Get Involved' and that the Head of Engagement was working with both Practice Participation Groups and York Teaching Hospital NHS Foundation Trust to maximise opportunities for feedback.

The Governing Body:

Received the Engagement update.

ASSURANCE

14. Emergency Preparedness, Resilience and Response – NHS Vale of York CCG Arrangements

RP referred to the report presented in accordance with the annual requirement for approval of nationally mandated Emergency Preparedness, Resilience and Response arrangements. She noted that the self assessment of Significant Assurance had been agreed with NHS England and noted actions required relating to new Executive Directors and training.

The Governing Body:

Approved:

1. The CCG's Emergency Preparedness, Resilience and Response Assurance Self-Assessment for 2017-18 and current Compliance Level.
2. The CCG's Emergency Preparedness, Resilience and Response Action Plan.
3. The CCG's revised Emergency Preparedness, Resilience and Response Policy.
4. The CCG's revised On-Call Policy.

15. Extension of Period of Tenure of Governing Body Lay Member and Chair of the Finance and Performance Committee

RP described the process for the recommendation of extension of DB's tenure, which had included discussion with PE as the appointment was outwith the terms of the CCG's Constitution. She emphasised that this appointment in no way set a precedent.

The Governing Body:

Ratified the reappointment of DB as Lay Member and Chair of the Finance and Performance Committee for one year on a rolling contract, to be reviewed annually, with effect from 1 August 2017 and for a maximum of three years.

17. Business Conduct Policy

RP referred to the Business Conduct Policy which had been refreshed in line with the CCG's organisational change and also to incorporate revised Conflicts of Interest Guidance from NHS England issued in June 2017.

The Governing Body:

Ratified the Business Conduct Policy

16. Executive Committee Terms of Reference

RP referred to the Executive Committee Terms of Reference which had been updated to reflect recommendations from Internal Audit's recent report on internal governance arrangements. Members agreed the following amendments and noted that accountability to the Governing Body was through receipt of the Committee's minutes.

- *Purpose of the Committee* to read '... responsible for making executive decisions which deliver ...
- *Frequency* to read '...meet at least once a month.'
- *In Attendance* to read 'Anyone at the invitation of the Accountable Officer'.

The Governing Body:

Approved the Executive Committee Terms of Reference subject to the above amendments.

RECEIVED ITEMS

18. Audit Committee Minutes

The Governing Body:

Received the minutes of the Audit Committee held on 5 July 2017.

19. Executive Committee Minutes

The Governing Body:

Received the minutes of the Executive Committee held on 17 May and 21 June 2017.

Unconfirmed Minutes

20. Finance and Performance Committee Minutes

The Governing Body:

Received the minutes of the Finance and Performance Committee held on 22 June and 27 July 2017.

21. Primary Care Commissioning Committee

The Governing Body:

Received the minutes of the Primary Care Commissioning Committee held on 25 July 2017.

20. Quality and Patient Experience Committee

The Governing Body:

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

21. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee held on 12 July 2017.

22. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 2 November 2017 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and 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.

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

ACTIONS FROM THE GOVERNING BODY MEETING ON 7 SEPTEMBER 2017 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	<ul style="list-style-type: none"> • 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 • Options were being developed for additional capacity • Review of capacity requirements for commissioning the children's agenda was ongoing 	MC	
2 March 2017			MC	Ongoing
13 July 2017				Ongoing
7 September 2017			MC	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 September 2017	Risk Update Report	<ul style="list-style-type: none"> PE to discuss with PM GP involvement for the Local Digital Roadmap 	PE/PM	

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Item Number: 5	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body Date of meeting: 2 November 2017	 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 <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital- single acute contract <input type="checkbox"/> Transformed MH-LD- Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> North Yorkshire County Council	
Impacts- Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Emerging Risks (not yet on Covalent)	
Recommendations The Governing Body is asked to note the report.	
Responsible Executive Director and Title Phil Mettam Accountable Officer	Report Author and Title Sharron Hegarty Head of Communications and Media Relations

Annex 1 - Internal audit of conflicts of interest and gifts and hospitality management.

GOVERNING BODY MEETING: 2 NOVEMBER 2017

Accountable Officer's Report

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

- 1.1 The CCG awaits information from NHS England that will outline the conditions to be applied for organisations in special measures. The CCG has placed itself into a position of self-improved turnaround. This involves developing a new model of acute commissioning, consolidating the approach across Vale of York and Scarborough and Ryedale CCG's. Additionally it will involve a planned 10% net reduction in running costs, new measures to reduce service costs and the introduction of a Director post with a portfolio directly linked to the other aspects of historical increased cost. These predominantly involve complex case management for patients with both physical and mental health needs. It is anticipated that a turnaround Director will also be required to lead and drive further change across the wider healthcare system.
- 1.2 The mid-year assessment of the wider system and the CCG financial position can be characterised as follows:
- The trend of year on year elective demand on acute services continues to be stable. There has been a 4% reduction in referrals to the local provider in the last 12 months.
 - The CCG has delivered £4.3m of its Quality, Innovation, Productivity and Prevention (QIPP) programme at month 6. This is significantly more than was achieved in all of 2016-17, however there are still pressures which may require exceptional action in the current year.
 - Progress with RightCare is broadly on track and the CCG achieved the highest impact nationally in 2016-17. For the current year and into 2018-19, the CCG has brought forward plans that relate to a number of disease areas and medical specialties. Active and effective clinical engagement across primary and secondary care will be essential if this is to be delivered. Clinical networks in some of these areas have historically been relatively passive.
 - The volume trend of emergency demand remains broadly stable, however there are peaks in activity and the Emergency Department at York Hospital regularly demonstrates efficient, good practice. The acuity of patients presenting to hospital is the issue and this highlights the importance of flow within the hospital which continues to be challenging. It also highlights the importance of general practice developing the way that care and support is provided for our most frail and vulnerable.

- Cancer services continue to be a priority, performance fluctuates in some specialties and patient choice also continues to be a factor.
- Referral to treatment time is a concern, there is a growing backlog.
- The CCG financial position for the current year is an improvement on 2016-17 and further information is provided in the Finance Report.

In summary, the financial position of the CCG is stable. The CCG progress with cost reduction is reasonable and better than in the past; however the in-year financial gap is still very challenging.

The next report to the Governing Body will provide a similar outline assessment of non-acute services commissioned.

2. Council of Representatives meeting

- 2.1 Among the agenda items at its latest meeting on 19 October 2017, members received the Accountable Officer's briefing and updates from Dr Andrew Phillips around the local winter and influenza plans. Members also received information from York Hospital's Macmillan Advance Care Planning Coordinator. Partners from City of York Council and York Mind shared an update on the Adult Mental Health Recovery Team and the Mental Health and Wellbeing Activities Programme.

3. Better Care Fund update and Local System Review

- 3.1 Plans for 2017-19 that focus upon helping our Vale of York community to remain independent and get back home quickly if they need to be in hospital (where clinically appropriate) have been developed across the three Health and Wellbeing boards areas.
- 3.2 Following submission for all three areas in September 2017, the East Riding of Yorkshire Council plan was approved. City of York Council and North Yorkshire County Council plan have not yet been approved and, in line with assurance processes, Chief Officers from the partner organisations involved are scheduled to meet to discuss with regional NHS England colleagues to resolve outstanding issues.
- 3.3 The Care Quality Commission (CQC) is undertaking a system review of health and social care in York on Monday 30 October to Friday 3 November 2017. The review will look at how people move between health and social care, including delayed transfers of care. They also include an assessment of commissioning across the interface of health and social care and of the governance systems and processes in place in respect of the management of resources. The system reviews will not include mental health services or

specialist commissioning, but it will look at the experiences of people living with dementia.

4. Engaging and involving our local patients and stakeholders

4.1 The CCG continues to engage and involve the local patients and partners. To date the CCG has held 57 public engagement events and has many more engagement opportunities lined up for the remainder of 2017-18.

5. Changes to the Governing Body membership

5.1 Rachel Potts, Executive Director of Planning and Governance has stepped down from her role on the Governing Body. Rachel joined the NHS in 1981, and rose through several managerial ranks up to her Executive member role at the CCG in 2012. I'm sure the Governing Body will join staff in thanking Rachel for her hard work, commitment and the enormous contribution she has made to help shape healthcare in the Vale of York.

6. Local Plan for the City of York Council area

6.1 The CCG has responded formally to the pre-publication version of the draft Local Plan for the City of York Council area, which sets out proposed areas of housing growth and infrastructure development. The planned growth will have an impact on primary care services, which vary by location, and the CCG will expect to be consulted in detail as planning proposals emerge.

7. Internal audit of conflicts of interest and gifts and hospitality management

7.1 Following updates to 'Managing conflicts of interest in the NHS: Guidance for staff and organisations' in June 2017, NHS England has randomly selected the CCG to participate in its upcoming internal audit plans that aim to understand how arrangements work in practice. The notification letter from NHS England about the audit has been provided in Annex 1.

8. Emergency Preparedness, Resilience and Response assurance 2017-18

8.1 The self-assessment and compliance rating for the CCG was confirmed as 'Substantial' by NHS England on the 19 October 2017. An improvement action identified through the process was the appointment of Non-Executive Director to oversee Emergency Preparedness, Resilience and Response (EPRR) activities. Our Lay member Sheenagh Powell has now taken on this important role. Other actions identified include:

- Follow up work on the Cyber Attack Action Plan;
- For the Clinical Executive to agree the commissioning arrangements for a localised flu outbreak;
- For On-Call Directors to attend Strategic Leadership in Crisis training.

- 8.2 Following the retirement of the CCG's Emergency Preparedness, Resilience and Response (EPRR) Lead, Chief Finance Officer, Tracey Preece, has taken on the role of Accountable Officer with responsibility for EPRR.
- 8.3 A member of the Planning and Governance team has attended the Loggist Instructor Training on the 28 June 2017 allowing the facilitation of training for both the CCG and its partners at York Teaching Hospital NHS Foundation Trust.
- 8.4 The CCG observed Exercise Mashau – a multi-agency exercise that tested the City of York Council's River Ouse evacuation plans. Joining the exercise the Council's Major Incident Response Team, North Yorkshire Police, North Yorkshire Fire and Rescue Service, Yorkshire Ambulance Service and a number of willing volunteers who acted as the passengers and casualties.
- 8.5 The Tour de Yorkshire returns on the 3 to 6 May 2018. Routes are not yet confirmed.

9. National plans and strategic issues

- 9.1 The NHS Standard Contract 2017-19 was published to cover the period April 2017 - March 2019. With some recently announced national policy requirements, a National Variation is now required. NHS England has published consultation documents on the NHS Standard Contract website.
- 9.2 The Next Steps on the NHS Five Year Forward View - A National Service Specification for Integrated Urgent Care Services has been published. It outlines the steps that commissioners must take to deliver this important transformation and to move from an 'assess and refer' to a new 'consult and complete' model of service delivery.
- 9.3 The Department of Health (DH) has launched a new £5 million fund to support local health and care partnerships to develop social prescribing – an intervention through which people are supported to access non-medical services in the community. Through this programme, the DH, NHS England and Public Health England are working with voluntary, community and social enterprise (VCSE) organisations to promote equality and address health inequalities as outlined in the Next steps on the NHS Five Year Forward View and support the wellbeing of people, families and communities.
- 9.4 The publication of Your Data, Better Security, Better Choice, Better Care confirms the Government's acceptance of the recommendations set out in the National Data Guardian for Health and Care's Review of Data Security, Consent and Opt-Outs. The review states that patients should better understand and have control over the use of their data. Work is now

progressing on the development of a national data opt-out and to provide public communications on data sharing.

- 9.5 Following the success of the Royal College of General Practice (RCGP) 'Peer Support Programme' pilot, NHS England will be continuing to offer resilience support for practices identified as having significant challenges following the new Care Quality Commission (CQC) risk-based inspection regime through the GP Resilience Programme.
- 9.6 The Guidance for General Medical Services (GMS) contract 2017-18 has been published. This guidance provides information about the new contractual requirements. This supersedes all previous guidance.
- 9.7 Following a successful joint NHS England and Department for Education (DfE) pilot project across 27 CCGs and 255 schools, DfE in collaboration with the Anna Freud National Centre for Children and Families is recruiting 20 further areas for 2017-18. This project aims to help CCGs and local authorities work together with schools and colleges to provide timely mental health support to children and young people.
- 9.8 NHS England has commissioned the NHS Benchmarking Network to undertake an audit of adult community mental health services. These services form the backbone of mental health care and current service models need to be understood better. This includes services commissioned by CCGs, provided by primary and secondary care, the voluntary sector and local authority social care services. The audit also includes adult eating disorder services. Findings will inform national policy and workforce development. All CCG participants will receive bespoke reports to inform Sustainability and Transformation Partnerships (STP) level planning, amongst other uses. The audit will run until 17 November 2017.

10. Recommendation

- 10.1 The Governing Body is asked to note the report.

Operations and Information Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

Email: UKNHSEngland@deloitte.co.uk

6 October 2017

To Phil Mettam – Accountable Officer - Vale of York CCG
Keith Ramsay – Chair – Vale of York CCG
CC Moira Dumma – Director of Commissioning Operations (North – Yorkshire & Humber)

Dear Phil and Keith

RE: Audit of conflicts of interest and gifts and hospitality management

A. Background and Context

In September 2015, NHS England commissioned an audit of conflicts of interest management in a sample of ten primary care co-commissioning arrangements. The aim of the audit was to review how the safeguards set out in the Managing Conflicts of Interest statutory guidance were operating in practice, share learning and good practice and identify any areas for improvement. The audit was undertaken between October and December 2015 by NHS England's internal audit function.

Following on from the findings of the above audit and to align with the cross system conflicts of interest guidance 'Managing conflicts of interest in the NHS: Guidance for staff and organisations' published in February 2017, the statutory guidance for Clinical Commissioning Groups (CCGs) on managing conflicts of interest has been updated and the latest version was published in June 2017. Given the changes to the guidance, NHS England have included an audit within the FY2017/18 internal audit plan to understand how these arrangements are working in practice at a sample of ten CCGs.

To choose the sites to participate in the audit, a long list of CCGs was collated by NHS England Regional offices, taking account of the volumes and types of

commissioning decisions being made, from which the final non-statistical sample of ten sites were randomly selected by the NHS England internal audit team. The ten sites have been selected to provide wide geographical coverage.

Your CCG has been selected to take part in this audit, including consideration of how conflicts of interest have been managed for commissioning decisions and remuneration decisions for members of the governing body. In addition, the scope of the audit will consider the processes for the management of gifts and hospitality (see more information below).

One of the requirements of the revised guidance is that CCGs undertake an annual audit of conflicts of interest management as part of their internal audit plans. This is an important mechanism for CCGs to confirm and obtain assurance that the safeguards set out in the revised statutory guidance have been embedded. The outcome of the internal audit then needs to be reported in the CCG's annual governance statement.

CCGs selected as part of this NHS England exercise could consider using this internal audit as part of the fulfilment of that requirement, if they felt it would meet their internal needs.

B. Scope of the audit

The scope of this audit will include consideration of the following in relation to conflicts of interest and gifts and hospitality:

- The arrangements in place to confirm compliance with the requirements in the revised Managing Conflicts of Interest: Statutory Guidance for CCGs 2017.
- The definition of roles and responsibilities for making decisions and determinations on remuneration of members of the Governing Body.
- The processes in place to identify and manage conflicts of interest in respect of a non-statistical sample of decisions in the following areas:
 - Commissioning decisions, including primary medical services commissioning and new models of care commissioning.
 - Remuneration of members of the Governing Body.

C. Methodology

To undertake the audit, NHS England internal audit will:

- Review relevant documentation in relation to the management of conflicts of interest and gifts and hospitality as set out in Appendix A.
- Undertake interviews with a range of stakeholders at each CCG as set out in Appendix B.

The audit will take place, at a date to be agreed with yourselves between October and December 2017. We do not expect participation in the audit to be an onerous

task. We will do everything we can to minimise the burden placed on CCGs by collating all material we can access ourselves or that is publicly available. Further, meetings will be set up at a place and time that is convenient to each participant.

D. Feedback and final report

Each CCG taking part in the audit will get an individual report on the findings. The CCG and NHS England will be the only organisations to receive a copy of the report. These reports will not be shared with any other external organisation.

As Deloitte is contracted with NHS England to provide internal audit services, Deloitte will require each CCG to sign a Hold Harmless Letter, which will be provided separately to this letter, prior to issuing the report. As a result, these reports will be subject to a duty of confidentiality and consequently section 41 'Information provided in confidence' of the Freedom of Information Act (FOIA) is applicable. Therefore, if you were to receive a FOI request about the audit, you should notify us in the first instance before responding to the request.

We aim for all the final reports to be completed by the end of February 2018.

E. Next steps

Please contact UKNHSEngland@deloitte.co.uk by 13th October 2017 to provide NHS England internal audit with the name of a contact person in your CCG who they could liaise with to set up the audit (this could be your governance lead). NHS England internal audit will contact this individual to obtain key contact details and to arrange a convenient time to undertake the audit.

We hope you will take this opportunity to participate in the audit as it will be a mutually beneficial exercise that will help to improve the management of conflicts of interest and gifts and hospitalities across all CCGs and NHS England.

If you have any queries about the audit, please email UKNHSEngland@deloitte.co.uk.

Kind regards

Simon Weldon
Director of Operations and Delivery
NHS England

Appendix A: Documentation to be reviewed as part of the audit

The below list is the documentation NHS England internal audit propose to look at during the audit and these will be obtained from various sources including public sources e.g. the internet, NHS England and the CCG. Where we cannot find documents publicly or obtain them from NHS England we will request these from the CCG in a document request list (to be sent to the CCG nominated contact). This list will not be exhaustive and we may need to request other documents as the audit progresses.

Governance Documents

- Terms of reference for the following:
 - the Governing Body.
 - Primary Care Commissioning Committee.
 - Remuneration Committee.
 - Audit Committee.
- Minutes of the Governing Body meetings for the previous twelve months.
- Minutes of the Primary Care Commissioning Committee meetings for the previous twelve months.
- Minutes of the Remuneration Committee meetings for the previous twelve months.
- CCG's constitution.
- CCG's organisational chart / committee structure.
- CCG's policy and procedures for managing conflicts of interest.
- CCG's policy and procedures for managing gifts and hospitalities.
- CCG's policy and procedures for managing remuneration decisions for members of the Governing Body.
- CCG's guidance in relation to:
 - dealing with compliance breaches with the conflicts of interest policy.
 - what happens when all GP or other practice representatives are conflicted.
 - processes to identify breaches / non-compliance with the statutory guidance / local policy.
 - the appointments process to the governing body and committees and sub-committees of the governing body.
- Latest training materials for Conflict of Interest Training.

Conflict Registers and Commissioning Decisions

- CCG's register of interests and gifts and hospitalities register covering:
 - Members of its governing body and members of the CCGs committees or sub-committees
 - Employees
 - All members of the CCG (i.e. providers of primary medical services which are a member of the CCG).
- Register of procurement decisions and contracts awarded.
- List of new appointments to the Governing Body and the Primary Care Commissioning Committee since September 2016.
- List of breaches/non-compliance identified with the statutory guidance / local policy, if relevant.

Appendix B: Stakeholders to be interviewed as part of the audit:

CCG representatives to include:

- CCG Accountable Officer
- CCG Clinical Chair (and if different GP CCG clinical member of the primary care commissioning committee)
- CCG Conflicts of Interest Guardian
- Chair of the Primary Care Commissioning Committee
- CCG Audit Chair
- CCG Finance Director


NHS England representatives:

- NHS England Director of Commissioning Operations for the locality or their nominee

Other stakeholders:

- Healthwatch representative on the Primary Care Commissioning Committee (or Healthwatch lead for the locality)
- Local Authority representative on the Primary Care Commissioning Committee
- Local professional network representative for the locality
- LMC representative for the locality

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Item Number: 6	
Name of Presenter:	
Meeting of the Governing Body	
Date of Meeting: 2 November 2017	
Risk Update Report	
Purpose of Report To Receive	
Reason for Report The CCG risk report is presented to Governing Body for review, discussion and to instigate any additional mitigating actions the Governing Body considers appropriate. A verbal update will be given in relation to the outcomes from the Risk Working Group established to support the CCG in developing a new approach to monitoring and managing risk.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description All covalent risks flagged as corporate risks managed through the Covalent Integrated Governance system.
Emerging Risks (not yet on Covalent) N/a	
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 Phil Mettam Accountable Officer	Report Author and Title Pennie Furneaux, Risk and Assurance Manager

Annexes:

Annex A: Summary of Corporate Events

Annex B: Detailed Report of Corporate Red Risks

GOVERNING BODY
RISK UPDATE REPORT
2 NOVEMBER 2017

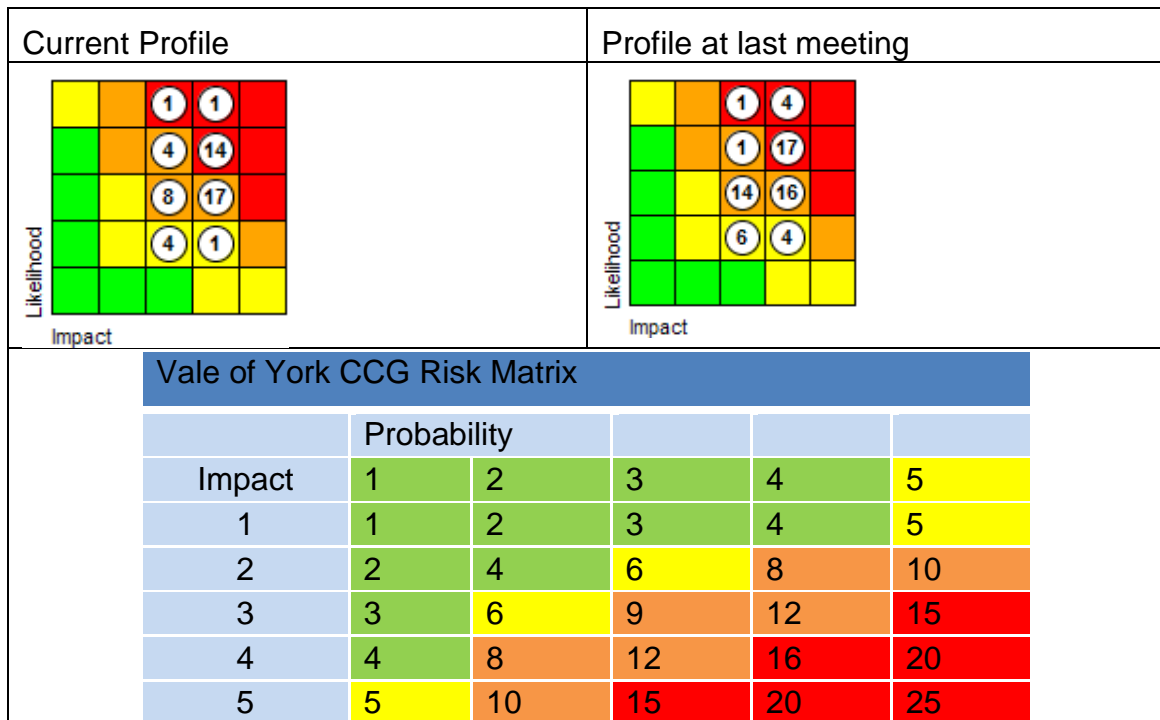
1. Integrated Assurance Framework Performance

- 1.1. There is no update to the previous NHS England (NHSE) published CCG Integrated Assurance Framework (IAF) performance position this month.
- 1.2. Risk areas identified under the IAF are included in the corporate risk register.

2. Risk Management

- 2.1. There are established systems in place to monitor and manage risks arising through sub-committees of the Governing Body and working groups.
- 2.2. Subsequent to the September meeting of the Governing Body there have been two further meetings of the Risk Working Group convened to assist in informing a refresh to the content and format of Risk and Assurance reporting and to ensure that the impact of identified corporate risks are fully understood. The Risk Working Group included Executive and Non-Executive representation.
- 2.3. During October a review of the CCG's Board Assurance Framework, (BAF) was undertaken to ensure that it remains focussed on CCG's corporate objectives and fit for purpose. The impact of this review on CCG's corporate risks was considered at the October Finance and Performance Committee.
- 2.4. The update to the CCG's Assurance Framework was designed to monitor:
 - the controls in place for achieving the CCG's six priorities;
 - actions in hand to address the outcome gaps; and
 - focus on the strategic/corporate risks arising.
- 2.5. Risks are managed through the CCG's risk registers which are monitored in line with the CCG's Risk Management Strategy and Policy; the CCG's Risk Management Framework. This framework has also been reviewed and refreshed. The revised draft Risk Management Strategy and Policy and the refreshed Board Assurance Framework were discussed at the October meeting of the Finance and Performance Committee.
- 2.6. Finance and Performance Committee members have been asked for feedback prior to the presentation of the revised Risk Management Strategy and Policy and the refreshed Board Assurance Framework to the Audit Committee in November for approval.
- 2.7. Risk leads have committed to a full review of corporate risks. This will inform a full update of the cohort of corporate risks. Corporate risks will then be aligned to assurances provided through the refreshed BAF. This review will enable confirmation of risks to be managed by the sub-committees of the Governing Body where there is adequate assurance regarding the controls in place and risks are within the risk tolerances.

- 2.8. The CCG's Risk Management Strategy and Policy defines the level and cohort of risks to be managed by the separate sub-committees/Governing Body and ensures that there is effective challenge in the appropriate forum.
- 2.9. One of the recommendations of this group has been risk refresh training for Executives and senior managers. This is being arranged and risk appetite in a corporate climate of challenge will be considered at this session.
- 2.10. The current corporate risk heat is provided below and risks are rated according to the perceived impact and likelihood of occurrence, the CCG operates the NHS standard 5 by 5 risk matrix.



2.11. Risks scores are rated as follows:

- Green – low risk
- Yellow – moderate risk
- Amber – high risk
- Red – extreme risk

3. Events this Period (Annex A)

3.1. There are five events detailed within risk registers this month, (i.e. the risk has materialised and the CCG is being impacted); all with an impact rating of 4. This is an increase of one event reported to Governing Body in July. This is the event relating to failure to agree all BCF Plans.

3.2. Details of on-going events are as follows:

- Failing to achieve Dementia coding 67% target in general practice, potentially leading to delays in access to treatment;

- Inadequate CQC report on The Retreat, leading to potential gaps in patient services;
- Failing to achieve IAPT access and recovery targets;
- Failing to meet 18 week Referral To Treatment target, leading to delays in patients receiving treatment; and
- Not all BCF Plans have been agreed.

3.3. Actions are in hand to mitigate the impact of events,

- the October meeting of the Finance and Performance Committee reviewed detailed reports on recovery plans for Dementia and IAPT 18 week RTT ;
- the Executive Committee is monitoring current performance position and recovery plans for Planned Care RTT target; and
- Progress with the action plan to address the issues raised in the CQC Report on the Retreat is being monitored.

3.4. Details of latest action in relation to these events are provided at Annex A.

4. Red Risks This Period (Annex B)

4.1. There are currently 16 red rated corporate risks down from 22 risks rated as red in September 2017.






4.2. Risks may be seen as interdependent, in that failure to appropriately resource and deliver transformation programmes may impact the ability of the CCG to meet financial challenges.

4.3. There are no new red risks this month.

4.4. A detailed report of all red corporate risks is provided at Annex B along with mitigating action in hand to manage the risk.

4.5. The Governing Body is requested to consider whether the mitigations and approach to risk management outlined in relation to the key red rated risk areas is adequate to reduce risk to acceptable levels.

Events Report-Risks that Have Materialised

Code & Title	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
JC.16 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG. There is a potential risk that partners are unable to deliver agreed trajectories	Paul Howatson; Beverley Hunter	Executive Director Joint Commissioning	All three BCF plans for the three Health and Well-being Boards were submitted. East Riding's was approved. Both North Yorkshire and York's plans were not approved due to a data error pulled through from earlier returns of the A&E Delivery Board giving the NHS a target of 0% attributable delays with effect from November. Both HWBs have had escalation telephone conferences with a national escalation panel and have a further week to resolve the outstanding issues before the formal approval completes at the end of October.	19 Oct 2017	4	
JC-PROG.01 Dementia - Failure to achieve 67% coding target in general practice.	Paul Howatson	Executive Director Transformation and Delivery	A meeting was held with system partners to work on system wide initiatives to increase the rate of coding and improve the local pathways and sharing of information. This group agreed to meet again and formulate an action plan to respond to the recommendations from the IST report. The CCG is now in receipt of the Intensive Support Team draft recommendations report and will respond with any amendments before the final version is released by NHS England/NHS Improvement.	18 Oct 2017	4	
JC-PROG.02 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	Sheila Fletcher; Paul Howatson; Beverley Hunter	Executive Director Transformation and Delivery	Work continues to deliver progress against the action plan and regular dialogue is held with operational leads. The CCG is working with TEVV and the Intensive Support Team continue to monitor progress against the recommendations they made.	18 Oct 2017	4	
PLC.05 Constitution target – Planned Care - VoYCCG failure to meet 18 week RTT target	Fliss Wood	Executive Director System Resources and Performance	RTT 87.5% in August, 3.7% off trajectory. Admitted backlog improved but non-admitted backlog increased significantly and was adversely impacted by nurse and medical staffing during the summer holidays. Currently 26,359 patients on the incomplete pathway with 3500 of those waiting over 18 weeks.	05 Oct 2017	4	
JC.24 Risk of increased demand on local system following the Inadequate CQC report on The Retreat	Jenny Brandom	Executive Director Quality and Nursing	A remedial action plan is in place and regular meetings and assurance visits are undertaken. A reduction in bed base of one of the community units is planned but related to under utilisation of the bed base. The action plan is progressing well and regular updates are provided to the Governing Body. The CQC will be carrying out a planned inspection on 7/8/9 November 2017.	18 Oct 2017	4	

Profile Report of Red Risks

Generated on: 26 October 2017

CORPORATE RISK REGISTER 2017/18

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
JC.26 CAMHS and Childrens Autism Assessments	Very long waiting lists to access Children & Adolescent Mental Health Services, Community Eating Disorder Services and Autism support. This may potentially impact quality of patient experience and outcomes. Potentially detrimental impact to reputation and performance and partners in other agencies services. (e.g. Local Authority).	Service Development Improvement Plan in place Data Quality Improvement Plan in place Capacity and demand gap analysis submitted and under review Community Eating Disorder Deep Dive interim report (July 2017)	Discussions are continuing with TEWV in relation to C&YP mental health and autism services as well as the CEDS service. The NYCCGs, VoYCCG and TEWV in discussion around concerns about the evolution of the local CEDs service offer and a meeting will be held on 20th October 2017. NHS England will be reviewing the CEDs service regionally.	Susan De Val; Paul Howatson	Executive Director Transformation and Delivery	20	12		18-Oct-2017
ES.01 There is a potential risk that identified QIPP schemes and transformational programmes of work may fail to deliver quantified savings	The CCG QIPP plan and targets for 17/18 are complex and challenging. The national QIPP support programme report (confirmed at the Q4 16/17 assurance meeting with NHSE) as the most challenged QIPP programme in England. Unplanned care programmes particularly have a large and complex QIPP target over the next three years requiring significant partnership and transformational change. The impact for patients of not delivering QIPP and transformational programmes of work is that the CCG is unable to move the funding it receives from current contracts and services, and invest in improved service models that support the needs of people which are emerging and in different places in the Vale of York. The impact for the CCG as an organisation is that it does not meet its statutory duties to meet all financial rules placed upon it and adequately commission the services the local	The established programme management arrangement and performance management framework in place within the CCG brings together all workstreams and actions to drive QIPP and system transformation based around five programmes (unplanned care, planned care, primary care, MHLd & complex care and enabling & quality). The NHSE national QIPP support programme report outlined recommendations to reduce risk associated with QIPP delivery including: (a) accessing further capacity/capability, (b) engaging with the national CHC support programme (c) driving Rightcare programmes (Wave 1 & 2) further towards indicated efficiency targets, and (d) improving engagement with partners. Additionally, the CCG undertook an internal review of QIPP delivery to date exercise, and identified a series of	The CCG has mobilised additional NHSE QIPP support capacity to support the prescribing and CHC programmes during September and October. Additionally, Rightcare capacity has been allocated across the VoY and S&R CCGs to further drive Rightcare opportunities. There is additional funding now confirmed for the period through to March 2018 for the STP to support delivery of the national elective care programme. Three Executive Directors left in September who had led on many of the QIPP programmes. The Executive Committee continues to work to ensure that QIPP and other programmes are adequately supported by executive leads in order to drive delivery in line with QIPP planned forecast to year end. This requirement was reinforced at the CCG meeting with NHSE under Planned Directions on the 17th October. The delivery of the planned QIPP target for the unplanned care programme continues to be at risk of slippage due to	Caroline Alexander	Accountable Officer	16	8		20-Oct-2017

Annex B

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	population require, making best use of the funding it receives.	lessons learnt which should inform future processes for QIPP delivery. The CCG has worked during September and October to align all planned care (Rightcare) programmes with S&R CCG in order to maximise capacity availability and strengthen the single commissioner voice.	the delivery through a system approach. The CCG needs to consider how to drive a QIPP target at locality level. The Executive Committee is meeting as a matter of urgency in the week commencing 23rd October to reflect on the delivery of QIPP for unplanned care/ out of hospital care and refresh the current QIPP programme.						
ES.13 There is a potential risk that divergent strategies between main acute provider and the CCG which materially impact the CCG's financial position	There is a risk that financial strategies pursued by the York Teaching Hospitals NHS FT, in relation to managing it's own financial position will adversely impact on the CCG strategies to return to financial sustainability.	Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Program	Previously proposed CEP plans are no longer being pursued. The CCG has deteriorated its CEP planned deficit by £6.9m, its original share of the control total. However, further savings are still required in order to deliver the original £16.0m planned deficit. YTHFT are now implementing a Financial Recovery Plan for which the CCG is aware is partly dependent on additional income. Both S&R CCG and VoY CCG have been asked to reconcile current respective forecast positions and detail all outstanding disputes and how they are being resolved in preparation for a joint meeting with NHSE and NHSI on the 25th October.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	4		20-Oct-2017
ES.15 There is a potential risk of inability to create sustainable financial plan	Financial modelling of allocation, demographics, tariff changes, business rules, investments, cost pressures, inflation and outturn creates an unaffordable financial challenge.	Medium Term Financial Strategy Heads of Terms Joint QIPP programme Capped Expenditure Programme	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. Furthermore the CCG is actively pursuing additional proposals for 2017/18 including bringing forward RightCare opportunities demand management schemes. A further reconciliation of 2017/18 forecasts between VoY CCG, S&R CCG and YTHFT is being produced for a joint meeting with NHSE and NHSI on the 25th October.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	5		20-Oct-2017
ES.17 There is a potential risk of failure to deliver a 1% surplus	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.	Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Programme	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.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	5		20-Oct-2017

Annex B

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			<p>Furthermore the CCG is actively pursuing additional proposals for 2017/18 including bringing forward RightCare opportunities demand management schemes.</p> <p>A further reconciliation of 2017/18 forecasts between VoY CCG, S&R CCG and YTHFT is being produced for a joint meeting with NHSE and NHSI on the 25th October.</p>						
ES.20 There is a potential risk of failure to maintain expenditure within allocation	The scale of the financial challenge for the organisation is such that the CCG will not maintain expenditure within the in-year allocation.	Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Programme	<p>Following the breakdown of the proposed CEP schemes the CCG has deteriorated its forecast deficit by £6.9m for its share of the control total shortfall.</p> <p>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.</p> <p>Furthermore the CCG is actively pursuing additional proposals for 2017/18 including bringing forward RightCare opportunities demand management schemes.</p> <p>A further reconciliation of 2017/18 forecasts between VoY CCG, S&R CCG and YTHFT is being produced for a joint meeting with NHSE and NHSI on the 25th October.</p>	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	5		20-Oct-2017
JC.06 Potential non-compliance with CHC national framework	CHC processes and procedures may be non-compliant with the national framework leading to financial, reputational, patient experience and quality and safety risks	CHC transformation programme of work	Weekly reviews with CHC team in place and are working well. Contracting and finance CHC team from PCU are under formal consultation regarding their future alignment and this should be concluded shortly with staff mobilised accordingly.	Denise Nightingale	Executive Director Transformation and Delivery	16	6		18-Oct-2017
JC.07 PCU staff in transition following restructure	There is a risk that the CCG fails to function effectively due to PCU staff in transition following restructure. Staff redeployment will cause gaps in skills, knowledge and expertise	Agreed actions following internal audit review and paper to Governing Body.	The Phase 3 consultation is drawing to a close shortly and staff affected will be mobilised as soon as practicable.	Denise Nightingale	Executive Director Transformation and Delivery	16	20		18-Oct-2017
JC.09 CHC Retrospective Cases	There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions and potential for damage to CCG reputation	External review requested and completed. Restructure underway to enable identification of an appropriate team to address systems, process and risks.	Director of Transformation overseeing CHC improvements and this will allow further progression of improvement actions.	Abigail Combes	Executive Director Transformation and Delivery	16	16		18-Oct-2017
JC.12 There is a	The risk of realigning PCU to CCGs	Local Action Plan under development	Further risk relates to the transition of	Denise Nightingale	Executive Director	16	16		18-Oct-2017

Annex B

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
risk that the CCG fails to function effectively due to re-alignment of PCU services to CCGs	may negatively impact on the following, Loss of skills crucial to commissioning of service delivery Loss of appropriate specialist commissioning knowledge Risk of damage to CCG reputation Risk of failure to gain assurance regarding financial, quality and performance targets		finance and contracting services, IT systems and adopting skills in the CCG. DoF sighted on issues and plan for transition under development.		Transformation and Delivery				
JC.16 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG. There is a potential risk that partners are unable to deliver agreed trajectories	Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.	Continue multi-agency approach to delivery. Strategic Accountable Care System (ACS) arrangements Tactical Locality Delivery Groups Operational City of York Council – Task Group North Yorkshire County Council – Integration and Performance Group Link to individual Health and Wellbeing Boards being considered within ACS reporting / accountability arrangements	All three BCF plans for the three Health and Well-being Boards were submitted. East Riding's was approved. Both North Yorkshire and York's plans were not approved due to a data error pulled through from earlier returns of the A&E Delivery Board giving the NHS a target of 0% attributable delays with effect from November. Both HWBs have had escalation telephone conferences with a national escalation panel and have a further week to resolve the outstanding issues before the formal approval completes at the end of October.	Paul Howatson; Beverley Hunter	Executive Director Joint Commissioning	16	9		19-Oct-2017
JC-PROG.01 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	CCG/PCU leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified. Controls include: Programme meeting and TEVV CMB	A meeting was held with system partners to work on system wide initiatives to increase the rate of coding and improve the local pathways and sharing of information. This group agreed to meet again and formulate an action plan to respond to the recommendations from the IST report. The CCG is now in receipt of the Intensive Support Team draft recommendations report and will respond with any amendments before the final version is released by NHS England/NHS Improvement.	Paul Howatson	Executive Director Transformation and Delivery	16	9		18-Oct-2017
JC-PROG.02 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	Non-delivery of increased mandatory NHSE targets	Engagement with NHSE IST Regular performance monitoring at formal CMB and Quality and Performance meetings. Provider is aware that failure to achieve will lead to a Performance Improvement Notice. Provider submits regular assurance, action plans and updates to the CCG. NHS England seek further assurance	Work continues to deliver progress against the action plan and regular dialogue is held with operational leads. The CCG is working with TEVV and the Intensive Support Team continue to monitor progress against the recommendations they made.	Sheila Fletcher; Paul Howatson; Beverley Hunter	Executive Director Transformation and Delivery	16	9		18-Oct-2017


Annex B

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		from the CCG on a monthly basis. Controls include: Programme meeting and TEWV CMB							
PLC.05 Constitution target – Planned Care - VoYCCG failure to meet 18 week RTT target	The % of patients on a completed admitted pathway within 18 weeks should equal or exceed 90%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. The constitution splits this measure into three parts for admitted, non-admitted and incomplete pathways, this internal measure for the risk register is based on admitted adjusted pathways. Data source is the monthly RTT report produced by the CSU.	<input type="checkbox"/> New BMI threshold implemented in January 2017. Anecdotal evidence shows that orthopaedic referrals appear to be down but not evidenced in the performance due to increased backlog, <input type="checkbox"/> The new theatre plan is in place which aims to cut out variation in requests and improved utilisation. Work continues closely with surgical directorates to reduce late starts and to fully utilise the theatre lists.	RTT 87.5% in August, 3.7% off trajectory. Admitted backlog improved but non-admitted backlog increased significantly and was adversely impacted by nurse and medical staffing during the summer holidays. Currently 26,359 patients on the incomplete pathway with 3500 of those waiting over 18 weeks.	Fliss Wood	Executive Director System Resources and Performance	16	12		05-Oct-2017
PrC.PROGRAMM E.05 Estates and Technology Transformation Fund Strategy		Identify Executive leads for Workforce, Premises and Technology strategies to drive this programme forward	The CCG needs to develop an out of hospital estates strategy to align with strategic plans and to support the shift of work from acute to community based providers. Step Porter to take a paper to November 2017 Primary Care Commissioning Committee summarising current position re. ETTF with indicative costs for prioritised schemes to inform a process to understand affordability. From a broader perspective, the CCG needs to develop plans around Primary Care premises development outwith ETTF.	Shaun Macey	Accountable Officer	16	6		18-Oct-2017
ES.04 Local Digital Roadmap: The CCG may not develop adequate enabling programmes of work to deliver the Local Digital Roadmap agenda.	There is a potential risk of lack of allocated staff resource and technical expertise with the CCG to deliver the programme within required deadlines. The impact may be that progress fails to meet national requirements or attract funding. If stakeholders do not share the digital system vision and commit to delivering the local digital roadmap the CCG may be unable to access funding opportunities and this may result in delays in delivering the	The CCG needs to clarify STP and local level Governance arrangements, exec sponsorship, and implementation resource to ensure delivery of the Local Digital Roadmap. Steps have been taken to engage with STP digital programmes, however, this needs to be formalised. An LDR Partnership Steering Group has been formed. Governance arrangements have been agreed. The CCG's Exec sponsorship is to be confirmed. Implementation of adequate	Meeting scheduled with Scarborough Ryedale CCG to reset this work. Still concerns around clearly identified clinical leadership and resource to engage with Providers to move this programme forward. Opportunities to engage Providers around the LDR Universal Capabilities that deliver operational benefits.	Phil Mettam	Accountable Officer	15	9		18-Oct-2017

Annex B

Risk ID & Title	Description of Risk	Mitigating Actions	Latest Update Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	national requirements.	resource to ensure delivery of the Local Digital Roadmap.							

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Item Number: 7	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 2 November 2017	 Vale of York Clinical Commissioning Group
Report Title – Humber, Coast and Vale Local Maternity System Plan 2017-2020	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report To inform Governing Body of the Local Maternity System Plan to develop maternity systems across the STP in line with national requirements. In addition to the attached, there will be a presentation at the meeting.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input checked="" type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Emerging Risks (not yet on Covalent) Developing the Perinatal Mental health service will present financial implications for the CCG Lack of maternity specialist commissioning expertise within the CCG	

Recommendations

For Governing Body to receive and acknowledge the plan.

Responsible Executive Director and Title

Michelle Carrington
Executive Director of Quality and Nursing

Report Author and Title

The plan has been circulated electronically to members of the Governing Body and is available at:

<http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>



Humber, Coast and Vale Local Maternity System

System Plan 2017 - 2020

Foreword

Our vision as the Humber Coast and Vale Local Maternity System is to be an area where pre-pregnancy, pregnancy and childbirth services truly reflect the needs of our childbearing population and which focus upon delivering personalised care by kind, knowledgeable, skilful staff that is jointly agreed and planned with women and families.

In setting this vision we recognise that:

- At present, in surveys, women often report that they have limited choice during pregnancy and childbirth and our aim is to change that so that women, their partners and, if required, their families do consistently have the offer of choices and are able to decide for themselves what is best for them and have been supported in this decision by the professionals that are providing the care they need.
- The maternity episode sets the basic foundation for the future generations by supporting the delivery of healthy children to families who are making, or are supported to make, positive lifestyle choices, from pre-conception onwards, as these early in-utero months and first years set the blueprint for the child's future. Additionally a pregnancy can be a wider motivator to positive lifestyle choices across the wider family and these opportunities need to be embraced.
- All our professionals who are involved in caring for women and families during the pre-pregnancy, pregnancy, delivery and post delivery period are highly skilled professionals in their own right and extremely dedicated to delivering the best care and outcomes they can whilst being kind and considerate of the women and her partners expectations. They have already started to make changes in the services they offer to further enhance the experience of women and families at this time and to better meet their individual needs but there is more that can be done.

The development of the Local Maternity System provides us with an opportunity to work together across a wider system, and across organisations, to deliver those changes that are common to us all once and to share learning and good practice so that all the women we care for receive the best care we can offer. It will also help us to improve the range of choices that our women and families have including systemisation of choices across the whole LMS. Our staff will also benefit from improved opportunities to work across the LMS gaining a greater range of skills, or maintaining existing skills,

We believe that the ideas set out in this plan reflect, and deliver, the national priorities outlined within Better Births (2016) and they also represent the right approach for the women and families across the Humber Coast and Vale Local Maternity System footprint .

We are committed to co-production of solutions with both our staff and the women and families who use our services and we will not make any decisions without involving our population and our staff in the changes we believe we should make.

We are now working collectively to deliver the best care possible as efficiently as possible with the resources we have to meet the health and care needs associated with pregnancy and childbirth in the best way.

Kevin Phillips
Chair and Operational Lead
Humber, Coast & Vale Local Maternity System

Contents

Foreword	2
Chapter 1 Case for Change	6
Background	7
Geography	8
Our LMS	9
Better Births 2016	10
Women’s and Families Perspectives	11
Self Assessment against Better Births	12
Joint Needs Assessment	13
How will we achieve our vision and address our case for change?	15
System Governance	16
Chapter 2 Work Programmes	17
Improving choice, personalisation and continuity of carer	18
Putting the individual, quality and safety at the core of our service delivery	21
Neonatal Care	25
Provider Quality Improvement	27
Delivering Improvements in Perinatal Mental Health	28
Multi professional working and governance	31
Chapter 3 Supporting Work Streams	33
Prevention	34
Commissioning Models / Partnership Working	35
Co-production, Participation, Communication and Engagement	37
Developing Women and Family Perspectives	38
Valuing and Developing our Workforce	33
Workforce Options / Models under Consideration	40
Finances	41
Performance	43
Risks	44
Equality Impact Assessment	47

Appendices

- Appendix 1 – Draft Joint Needs Assessment
- Appendix 2 – Project Plans
- Appendix 3 – Inter-Dependencies
- Appendix 4 – Contributors

48

Separate Document

Separate document

49

56



Chapter 1

Case for Change

Background

The Humber Coast and Vale Local Maternity System is coterminous with the Humber Coast and Vale Sustainability and Transformation Partnership. It covers the geographical areas of: Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, Vale of York, Scarborough and Ryedale.

Organisations within the Local Maternity System include:

- 6 Clinical Commissioning Groups
- 3 Acute Trusts
- 3 Mental Health trusts
- 6 Local Authorities
- 2 Ambulance Trusts
- A range of other health and care organisations including community providers and community and voluntary sector organisations

As part of the STP we recognise the STP's five priority areas (listed below) and are working to ensure that the work we undertake in developing our Local Maternity System not only delivers our specific plan outcomes but contributes to the STP's priority outcomes.

We have integrated our work on perinatal mental health with that of the STP Mental Health work stream to ensure we combine our expertise to deliver the best outcomes for our population.

Humber Coast and Vale Sustainability and Transformation Partnership

The Sustainability and Transformation Partnership (STP) is committed to working together in partnership to tackle the major health and care challenges it is facing across the footprint including:

- 23% of the 1.4 million population live in the most deprived areas of England
- Having an ageing population of which 8.9% are over the age of 75 which will lead to an increasing strain on health and care services.
- Variation in life expectancy for men is 20 years, and for women is 17 years across the best and worst areas of the footprint

The Sustainability and Transformation Partnership's five priorities focus on addressing Humber, Coast and Vale specific challenges, local place based delivery and on achieving national targets. The priorities are:

- Helping people stay well
- Place based care
- Creating the best hospital care
- Supporting people through Mental Health challenges
- Strategic Commissioning

Geography

This Local Maternity System covers the populations registered with:

- NHS Vale of York Clinical Commissioning Group
- NHS Scarborough and Ryedale Clinical Commissioning Group
- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- NHS North Lincolnshire Clinical Commissioning Group
- NHS North East Lincolnshire Clinical Commissioning Group

Women registered with these Clinical Commissioning Groups are likely to receive the majority of their antenatal maternity care through Community Midwifery services and their Specialist Obstetric Consultant Care through one or more of the following Secondary Care Trusts:

- York Teaching Hospital NHS Foundation Trust;
- Hull and East Yorkshire Hospitals NHS Trust; and
- Northern Lincolnshire and Goole NHS Foundation Trust

The physical geography includes urban and suburban areas, but also includes a significant number of patients who reside in rural settings which may lead to challenges related to the transport networks that are in place.

Geographical area covered by the LMS



Our LMS

Our Vision: Personalised maternity care delivered by integrated high quality services which demonstrate the experience and outcomes that our population deserves

We are clear that we all want to commission and deliver maternity care that is delivered by kind, skilled and well-informed professionals who ensure that women and families are treated as equals. This enables us to deliver safe, personalised care where women and their partners are well informed of their options and choices, are listened to and are able to develop their personalised care plan with confidence. We recognise that for some the care they require will change during the maternity episode and we will ensure that the woman and her partner understands the reasons for the recommended change in the care plan and is able to make an informed choice regarding the way forward. Women have an expectation that pregnancy will be an enjoyable episode in their life with the delivery of a healthy baby and we will focus upon delivering this expectation. However we are aware that this expectation cannot always be met and where this is the case our women and their families continue to have a right to personalised care that meets their clinical needs at this time and supports them to understand what needs to or has happened.

Our Values

- ❖ The woman and family is at the centre of everything we do
- ❖ Openness and transparency is central
- ❖ Active listening, involvement, co-production
- ❖ Our workforce's wellbeing is important to us
- ❖ Safety and quality is a right not an expectation
- ❖ Through collaboration we will jointly grow

Our Commitments

We will:

- ❖ Work together to develop and deliver a comprehensive plan of system and service change
- ❖ Define the interventions that will help to improve the quality and equity of our services and improve outcomes
- ❖ Ensure co-production, engagement and involvement with our service users and communities
- ❖ Adhere to the STP's Memorandum of Understanding

Wider Vision

The Humber Coast and Vale Sustainability and Transformation Partnership has a vision of 'start well' - the work we do as a Local Maternity System is central to this

By the same rationale, we need women and families to be entering the maternity episode as healthy as possible with low levels of smoking and obesity and well controlled long term conditions

Better Births (2016)

Plans to implement the vision in Better Births will need to include delivery of the following by the end 2020/21:

Improving choice and personalisation of maternity services so that:

- ❖ all pregnant women have a personalised care plan
- ❖ all women are able to make choices about their maternity care, during pregnancy, birth and postnatally
- ❖ most women receive continuity of the person caring for them during pregnancy, birth and postnatally
- ❖ more women are able to give birth in midwife-led settings (at home, and in midwife led units)

7 Themes



Improving the safety of maternity care so that by 2020/21 all services have:

- ❖ made significant progress towards the 'halve it' ambition of halving rates of stillbirth and neonatal death, maternal death and serious brain injuries during birth by 50% by 2030 with an interim target of 20% reduction by 2020
- ❖ are investigating and learning from incidents, and are sharing this learning through their LMS and with others
- ❖ fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative programme

Women and Families Perspectives

Better Births (2016) is based upon the views of women and their families which were gathered as part of the plan development. In order to ensure that we prioritise those aspects of Better Births for early delivery that our local women want us to we will undertake an extensive involvement / engagement exercise. However we do have evidence from recent engagement work across Vale of York CCG, North East Lincolnshire CCG and Hull & East Yorkshire Hospitals NHS Trust that gives us an indication of current views.

Views expressed include:

We want local services close to home and flexible

Things that are important to us are:

- Respect and support
- Informed decisions
- Best health outcomes
- Local services

A number of women told us no-one had spoken to them about their mental health

Women would like a named Midwife to build a relationship with

Women value consistency of advice as much as consistency of carer

Some women felt that knowing your midwife made it harder to talk about more difficult subjects

Yet in a different area 7 out of 10 women say they got information on the signs and symptoms of depression

We recognise that the information we have got is small scale and sometimes contradictory. We need to improve the level of co-production, involvement and engagement with women and families and will outline our plans later in this document pages 37/38

Self Assessment against Better Births

Our three main maternity services provider organisations;

- Hull and East Yorkshire Hospitals NHS Trust
- York Teaching Hospitals NHS Foundation Trust
- Northern Lincolnshire & Goole Hospital NHS Foundation Trust

have repeated an initial self assessment against key aspects of Better Births undertaken in 2016.

The second self assessment demonstrates that of the 27 recommendations within Annex A considered:

- 9 are fully compliant
- 16 recommendations have shown an improved RAG rating
- 2 ratings have demonstrated a decreased RAG rating associated with improved clarity of what was being assessed

The recommendations associated with payment systems have not been self assessed due to the level of dependency on national work.

The self assessments will be reviewed in partnership with service commissioners to ensure that the evidence is in place to demonstrate the level of self assessment.

Areas where full compliance has been self assessed:

- 2.2 Each team of midwives should have an identified obstetrician who can get to know and understand their service and can advise on issues as appropriate

2.4 The woman's midwife should liaise closely with obstetric, neonatal and other services ensuring that they get the care they need and that it is joined up with the care they are receiving in the community.

3.1 Provider organisation boards should designate a board member as the board level lead for maternity services. The Board should routinely monitor information about quality, including safety and take necessary action to improve quality.

3.2 Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training.

3.3 There should be rapid referral protocols in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it.

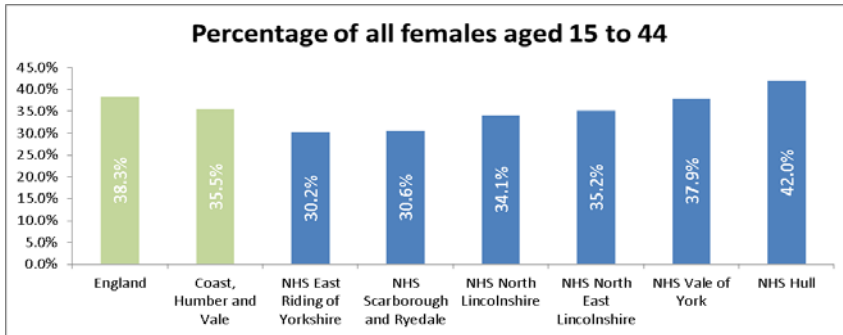
3.4 Teams should collect data on the quality and outcomes of their services routinely, to measure their own performance and to benchmark against others' to improve the quality and outcomes of their services.

3.6 There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly.

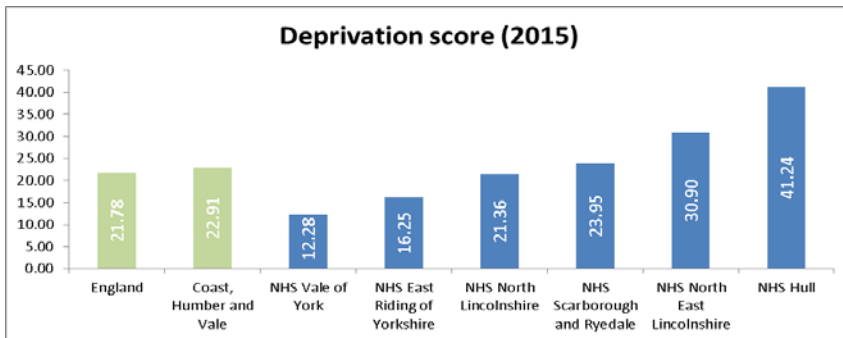
4.2 Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby.

5.2 Multi-professional training should be a standard part of professionals' continuous professional development,

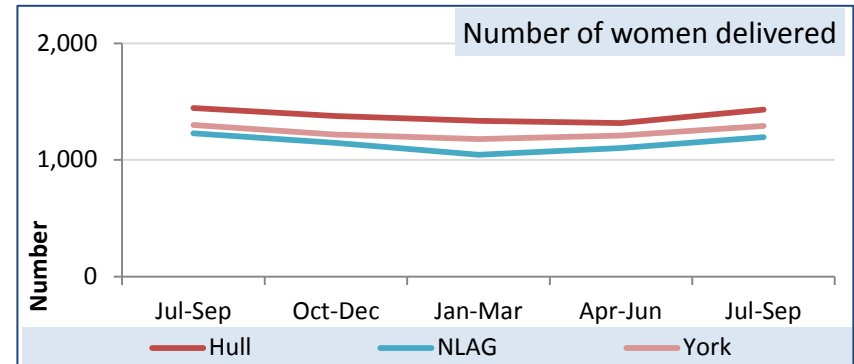
Joint Needs Assessment



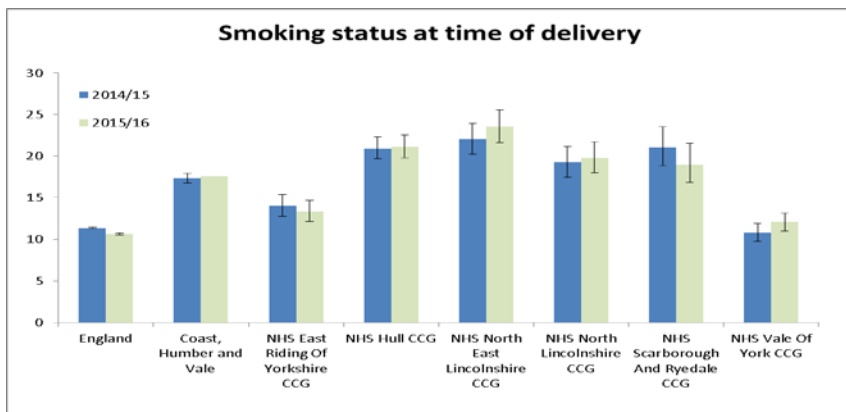
The Humber, Coast and Vale LMS has a total population of 1.37million individuals; approximately 35.5% (246,723) of these are females in the age-range 15-44 years, compared to 38.3% of the population of England. All but one of the CCGs have a lower than national average percentage of childbearing women.



The deprivation score for the LMS based of the Indices of Multiple Deprivation (2015) is 22.91 with lower scores indicating less deprivation. However this average figure masks the extremes of deprivation scores across the LMS with York having a deprivation score of 12.28 whereas Hull has a score of 41.24. This means that whilst we can agree core approaches these will need to be flexed locally to reflect local need



The trend data shows a steadily rising trend over quarters one and two of 2016-17. There is a possibility that this is the start of a rising trend in pregnancies and deliveries, although this may also be chance variation in fertility rates. This data will help to consider the workforce challenges and skill mix necessary to ensure high-quality services are available.



Smoking during pregnancy has significant health impacts for the pregnant woman, the pregnancy, existing children, other family members and the unborn child. Smoking and therefore smoking in pregnancy is directly related to socioeconomic deprivation and as discussed there are some significantly deprived areas included in the LMS area. Some of the CCG areas are showing rises in the proportion of women who at still smoking at time of delivery rather than decreases

Birth Outcomes

Northern Lincolnshire and Goole NHS Foundation Trust, is an outlier inasmuch as a larger proportion of women appear to have a normal birth than would be expected, and that this result is greater than would be expected by chance. This could be due to the case mix of women being delivered there but further investigation is required to understand the difference.

As an LMS, two of the Secondary Care Trusts are outliers for the number of caesarean sections they undertake. Hull and East Yorkshire Hospitals NHS Trust does significantly more caesarean section deliveries than other Secondary Care Trusts, and Northern Lincolnshire and Goole NHS Foundation Trust undertakes significantly fewer. There are a number of possible explanations for this, all of which will need exploring and may be clarified to a degree by splitting the procedures into those which were planned, and those which were undertaken as an emergency.

Low birth-weight babies are associated with a variety of different factors, some of them intrinsic, some extrinsic. All of the Secondary Care Trusts are outliers in terms of low birth-weight babies, Northern Lincolnshire and Goole NHS Foundation Trust has significantly more low birth-weight deliveries at term, while York Teaching NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have significantly fewer which is surprising given the levels of smoking at time of delivery in Hull and East Yorkshire Hospitals NHS Trust.

Further information can be found in Version 1 of the HCV LMS Joint Needs Assessment 2017 (annex 1), which sets out the information we have available to date. This document will follow an iterative process and will be developed and updated as information comes available.

How will we achieve our vision and address our case for change?

In order to deliver our vision and address the items within our case for change we need to alter how we do things.

We have identified four priority work streams within which we will work to deliver the change that we want and need. The work streams are:

- Improving Choice, Personalisation and Continuity of Carer
- Putting the individual, quality and safety at the core of our service delivery
- Delivering improvements in Perinatal Mental Health
- Multi professional working and governance

These work streams will develop close links with the developing Maternity Voices Partnerships and other fora that support women, families and staff to have a voice so that the plans for each work stream are co-produced with our population for our population.

Each work stream will develop a project initiation document with a supporting project plan including agreed realistic but challenging timelines and trajectories. The delivery of these will be overseen by the LMS Executive, with progress being reported to the partnership workshops and an exception / delivery report will be received by the STP In-Hospital work stream.

Alongside these work streams we know that we have major pieces of work / changes to our working practices to:

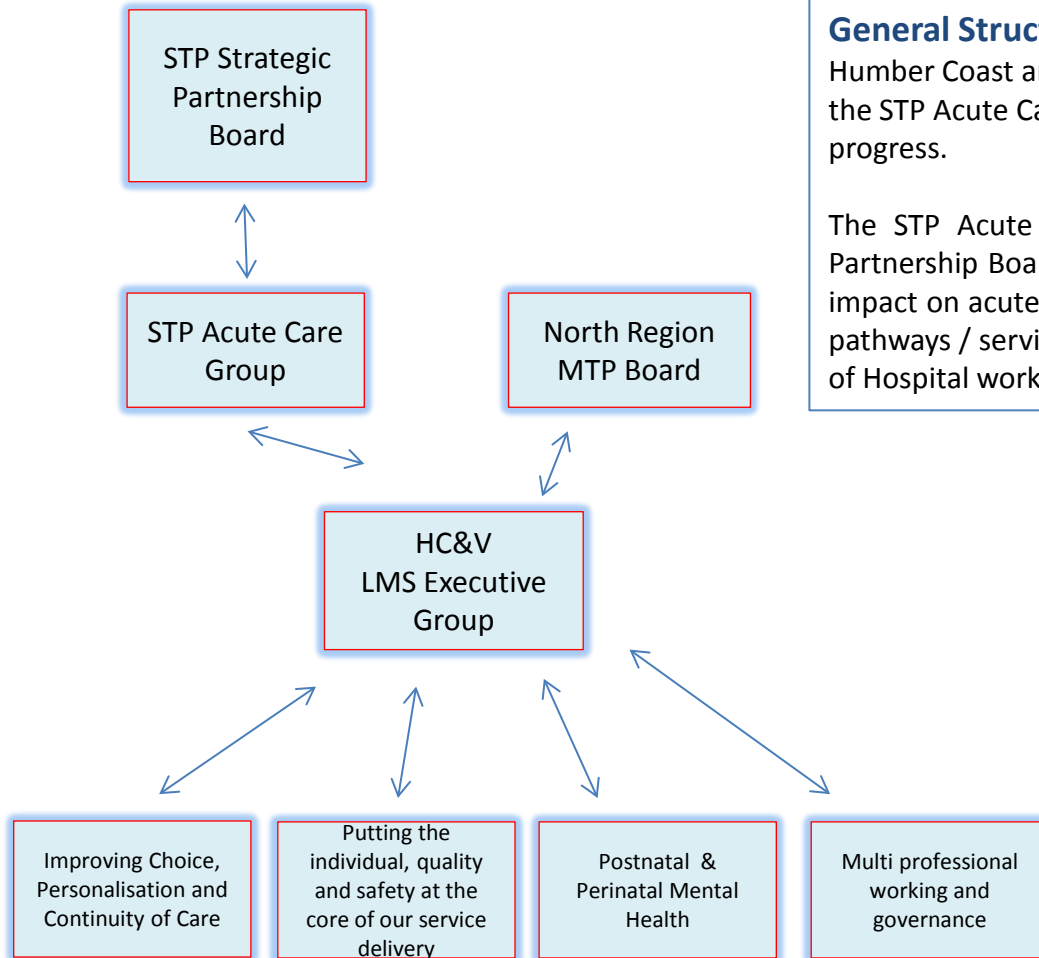
- Ensure our women and families have realistic expectations of their maternity care and genuinely feel involved in the care they receive
- Set aside organisational boundaries and develop a single culture of mutual co-operation, sharing and partnership
- Understand our workforce, both the current establishment and future predicted requirements to meet our ambitions around named Midwives and integrated care pathways
- Actively participate in wider prevention and health promotion initiatives with a specific focus upon those initiatives which are directly relatable to impacts and outcomes in pregnancy and childbirth

In support of this we will actively link into the STP's work streams on

- Communication Involvement and Engagement
- Information technology and Digital Roadmaps
- Local Workforce Action Board

promoting the need to consider the unique needs of the maternity care pathway

System Governance



General Structure

Humber Coast and Vale Local Maternity System is a core project within the STP Acute Care Group and reports to it on a monthly basis regarding progress.

The STP Acute Care Group has been delegated by the STP Strategic Partnership Board to lead and coordinate all areas of work that primarily impact on acute hospital services, although it is acknowledged that whole pathways / services should be considered and these will cross into the Out of Hospital work programme.

LMS Executive Group Membership

- Each organisation in the LMS has a seat on the Executive Group
- Across the organisations there is a mix of clinical managerial, commissioning and quality experts in attendance
- How to best involve women and families is still being explored

Workshops

Quarterly workshops have been timetabled, rotating around the LMS footprint, to support wider involvement and co-production

Cross Cutting Themes

Co-production, participation, communication and engagement
 Use of Technology
 Workforce
 Prevention and health improvement



Chapter 2

Work Programmes

Improving choice, personalisation and continuity of carer

What do we need to change?

We know that all our women have personalised care plans, however we also know that not all of them feel they are fully involved in planning their care. We also know that they value consistency, evidence based information and advice.

Our aim is to ensure that:

- All women / families are an equal partner in care planning and have a clear voice in their pregnancy, labour and postnatal care
- All women / families feel that they have been able to develop their own care plan in partnership with their midwife
- When changes are advised these will be jointly discussed, understood and agreed
- All women / families will be cared for by a small team of Midwives members of whom they will have either met in person or been made aware of via a 'meet the team' booklet
- All women / families will have a choice of care delivery options across the LMS

What are we going to do?

1. Develop a Local Maternity Offer

We will develop a core LMS care plan for women to access on line with a view to discuss and personalise with her named midwife throughout the maternity care pathway. This will be supported by work with

professionals to enhance skills to ensure the woman and her family feel to have been genuinely involved.

2. Evaluation of future Service Choice opportunities

We know what services are currently commissioned at present within the LMS. We will map these and (i) services provided within the LMS boundaries that may not be formally commissioned, (ii) services provided close to our boundaries and (iii) specialised services that cover a wider footprint and then combine with data on reasonable travel distance. This will allow us to demonstrate service coverage and to identify whether there are any gaps in service. If service gaps are identified a market development plan will be developed.

3. Ensure that all women have a small Midwifery Team providing the core continuity of care

We have already put community teams in place that have a linked Consultant providing antenatal and postnatal care. We are looking at options to ensure that women are familiar with the Team members, including a 'meet the team' booklet. We are planning to undertake an audit to assess women's views of continuity of carer which we will repeat at least annually.

This will support us to **deliver Better Births** by:

Improving continuity of carer initially antenatal and postnatal, with a planned progression to include labour at a later date

Developing a comprehensive Local Maternity Offer

Supporting women to make better informed decisions regarding their care options

Improve women's ability to inform and be involved in service developments

Existing constraints on the midwifery workforce means that including intrapartum care, except in home births, is not deliverable as part of phase 1 delivery of continuity of carer. As we progress through phase 1 we will review workforce and workforce planning and agree a date from when phase 2, intrapartum care will be included within the continuity of carer offer.

4. Personalised Care Budgets

We will work to develop a deliverable model of personal care budgets that meet the requirements of our local women and their families.

5. Develop the Maternity Voices Partnerships

We want all our service users to be able to contribute to the design, development and ongoing review of our services.

We will build upon existing Maternity Services Liaison Groups and existing Maternity Voices Partnerships across the LMS and review work within other LMS to develop Maternity Voices to ensure we are able to develop and deliver an LMS wide agreed model of Maternity Voices that best meets the needs of our local mothers and their families.

We will utilise online technologies to promote greater discussion across the whole footprint, as well as supported forums and work with our Maternity Voices members to develop systems that they agree will support participation.

5. Explore options around innovative access routes to maternity care

As we develop our maternity offer we will present it through a variety of formats. To meet this need we are developing a LMS Facebook page which will contain links to a wide range of information, online discussion forums and support groups. We will also develop a central information number which women will be able to use if they wish to speak to a professional. This will enable us to promote and better market home births and midwife led care.

We are reviewing opportunities to develop an online booking portal which will allow women to enter basic details and then be presented with a range of clinically appropriate options for booking. Women will then be able to choose an appointment to complete their booking with their preferred option.

At present we have a mixed economy of parent education; face to face and online; and no core agreement on content. We will agree core content, role out the online model across the footprint and ensure all women are able to access face to face parent education locally if they choose to do so.

See Appendix 2, project plans, page 1 Choice, Personalisation and Continuity for details

Planned Outcomes	
Increased self reporting of involvement in care planning	
Increased self reporting that the women knew their midwives	
Increased numbers of women choosing midwife led care	
Service choice options mapped and market development plan agreed	
Quality assessed information sources accessible	
Maternity Voices Group(s) functioning	

Key Milestones – Improving Choice, Personalisation and Continuity of Carer

- ✓ 1% year on year in growth in the percentage of women will know the small team of Midwives who will provide their antenatal and postnatal care by April 2021
- ✓ LMS wide model of including intrapartum care within the small team of Midwives agreed by April 2020
- ✓ 1% year on year increase in the percentage of low risk women will have been cared for by a small integrated team throughout antenatal, labour and postnatal care by April 2021

- ✓ LMS Facebook page operational 31 March 2018
- ✓ Central contact number developed 31 March 2019
- ✓ Review of existing models of online booking portals 31 March 2018
- ✓ Opportunities linked with digital roadmap explored 31 March 2018
- ✓ Portal developed, if a feasible option at this time, date to be confirmed

- ✓ Single core maternity care plan agreed across the LMS footprint 31 March 2018
- ✓ Single core maternity care plan in place across the LMS 31 March 2019

- ✓ Agreed core content of parent education 30 September 2018
- ✓ Both online and face to face parent education options available to all women 31 March 2019
- ✓ Model of Maternity Voices agreed 31 March 2018

- ✓ LMS specific services and geographical coverage mapped by 31 December 2017
- ✓ Geographically close services mapped by 31 December 2017
- ✓ Market development plan developed December 2018

These milestones will be reviewed as work progresses to ensure they are achievable with appropriate levels of stretch

Putting the individual, quality and safety at the core of our service delivery

What do we need to change?

We all have maternity services as a priority, with Board level responsibility for the maternity services but we all know that there are always improvements that we can make to the quality and safety of our services.

Our aim is to ensure that:

- Women and their families are central to our services
- Our services meet individual and family needs whilst promoting high levels of safety, quality and clinical outcomes.
- We identify high risk pregnancies early and manage them to minimise risk
- Neonatal services and the care of the sick neonate are an integral part of the services and pathways we deliver

What are we going to do?

1. Reduce the level of stillbirths, neonatal deaths, maternal deaths and brain injuries in line with national requirements

We have already made progress in reducing the level of stillbirths but we recognise that there remains more to do.

In order to deliver the reductions we plan to:

- Establish the baseline from which we are measuring our reduction, confirm our current position and agree our 2020/21 target

- Review current services against best practice and develop a comprehensive action plan to address identified areas of improvement
- Review data on both neonatal and maternity services to understand any issues on organisational risk registers, incident rates, complaints, etc. to understand specific areas of perceived challenge
- Review systems and processes to identify and manage predicted low birthweight pregnancies, sharing best practice and developing and adopting a single system / process for adoption across the LMS
- Working with the Neonatal ODN to review capacity, workforce and skill-mix across neonatal services to ensure the services are resilient and are able to respond to predicted demand levels

2. Build upon organisational systems for learning from incidents and near misses to develop an LMS wide system for sharing learning

We will work to improve the consistency and robustness of systems and processes across the LMS to ensure that investigations are undertaken in a timely manner ensuring transparency of process and findings with the involved families. We will also review and enhance systems for sharing learning, both positive and negative, across the whole LMS and wider

This will support us to **deliver Better Births** by:

Reducing stillbirths, neonatal deaths, maternal deaths and brain injuries

Building upon our existing systems for learning from serious incidents to provide an LMS wide system of sharing learning

Developing improved joint working with the Neonatal Operational Delivery Network

across partner systems if appropriate.

Each of our maternity services have systems and processes in place, in conjunction with the CCG's Quality Teams, to quickly investigate complaints, incidents and near misses and then adopt the learning identified. We will utilise and develop these systems and processes so that the learning is shared across the LMS.

3. Develop closer links with the Neonatal ODN

The LMS is uniquely placed to support both the Neonatal ODN and the service providers to improve quality. We know the Neonatal ODN has coordinated a peer review programme and we want the LMS to be involved with this. We respect the different roles of the ODN and the LMS but in order to improve quality we need to work together to understand the challenges and what actions the services are putting in place to rectify any areas of concerns.

We will review existing pathways and refine where needed to ensure access to neonatal services is at an optimal time, pre-planned wherever possible and consistent.

4. Develop a quality dashboard for the LMS

There is a wide range of data available from a number of different sources. We plan to identify all the relevant existing outcome measures and to review what they are telling us. We will then develop the data into both an LMS wide and individual service dashboard that we will use to

identify areas where we are not performing to the level we expect. This will enable us to develop and deliver remedial action plans to improve the services we offer.

5. Develop and adopt consistent policies and service specifications around neonatal services (links with multi-professional working and governance work stream)

We will work to ensure that the neonatal services across the LMS are working to the service level that we expect and that transfers between neonatal services for higher intensity intervention are undertaken as soon as identified to minimise the risk to the neonate and the mother.

Where exceptions to the intended place of delivery for preterm babies occurs, for example in a pre 27 week gestation delivery, the Neonatal ODN has a process to review what happened and identify any learning in place. We will be seeking to link into the ODN's work and review any learning identified at the LMS Executive

We will also review and refresh where necessary anticipatory / risk assessment pathways associated with potential or actual sick neonates

This will support us to **deliver Better Births** by:

Improving escalation pathways to and from neonatal services and developing consistency of the neonatal service offer

Supporting the adoption of national best practice

6. Adoption of national best practice and best practice pathways

There are a range of NICE reviewed best practice and clinical pathways available. We will benchmark our services against these and develop action plans to undertake any identified service change needed

7. We will oversee the delivery of agreed action plans in response to CQC / Peer Reviews and other service quality / outcomes reports

Our priority in relation to CQC action plans is to support Northern Lincolnshire and Goole NHS Foundation Trust which was identified as 'requires improvement'. Local commissioners are working with the Trust to develop a case for change and then deliver an associated action plan, overseen by a Service Transformation Group. The LMS will be party to this Service Transformation Group seeking assurance that the plans put in place will deliver the improvement needed in a timely, cost effective manner.

There is a planned national peer review process of neonatal services taking place over the course of this autumn and early next year through the Quality Surveillance Team of NHSE. The LMS will take account of the outcomes of these and support the Trusts to deliver any identified changes.

9. Review the information identified within the Joint Needs Assessment that identifies our services being outliers in the rate of normal delivery and caesarean sections

We have identified that Northern Lincolnshire and Goole Hospital NHS Foundation Trust does higher than expected numbers of normal deliveries and lower than expected numbers of caesarean sections and that Hull and East Yorkshire Hospitals NH Trust undertake more caesarean sections than expected. These figures may be due to local demographics but we need to review this in more detail to understand what is actually happening and take action if there are service quality concerns.

Planned Outcomes:

A reduction in maternal deaths, stillbirth and neonatal deaths and serious brain injuries in line with national ambition

Systemised implementation of low birth weight pathways

Standardisation of levels of openness and rigour around investigation less optimal care pathways / outcomes

Agreed model for sharing clinical learning in place

See Appendix 2, project plans, page 2 'Safety' for details

Key Milestones

- ✓ Collation of existing outcome measures by 31 December 2017
- ✓ Development of LMS specific dashboard by 31 March 2018
- ✓ Development of LMS wide system to disseminate learning and support consistency of investigation processes by November 2019
- ✓ Baseline, current position and improvement trajectory agreed for reduction in stillbirths, neonatal deaths etc. by May 2018
- ✓ Programme of service reviews developed by 31 March 2018 with implementation from 1 April 2018
- ✓ Review of processes around the identification and management of predicted low birthweight pregnancies by November 2018
- ✓ Review of existing escalation pathways to neonatal care completed by 31 March 2018
- ✓ Agreed plan of pathway reviews in place by 31 March 2018
- ✓ LMS a member of the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust Service Transformation Group by 31 October 2017
- ✓ Northern Lincolnshire & Goole Hospitals NHS Foundation Trust Case for Change developed by tbc
- ✓ Review of Joint Needs Assessment identified outliers complete by 31 December 2017

Planned Outcomes:

All services are reviewed in a systemised manner by 2020/21

Northern Lincolnshire & Goole Hospitals NHS FT delivers the system changes required to improve it's services

The level of safety and quality of services will have improved by 2020/21 demonstrated through agreed quality measures

These milestones will be reviewed as work progresses to ensure they are achievable with appropriate levels of stretch

Neonatal Care

Maternity services cannot be considered in isolation and are inextricably linked to neonatal services, which are key in delivering optimal outcomes for babies.

Neonatal services provide, alongside maternity staff, an oversight of care for all babies who are at risk of, or have developed complications. This includes babies born too early, babies with congenital abnormalities and babies who experienced complications during birth.

Whilst our focus is upon reducing admissions to neonatal units and any potential separation of mother and child we will also focus on improving outcomes for those infants that do need to be admitted.

Working in close collaboration with the neonatal operational delivery network we will focus upon:

Action on Mortality - Pre-delivery

We will reduce the number of women who deliver in a centre without a neonatal intensive care unit pre 27 weeks gestation where the reason for the delay was avoidable. We will work to develop appropriate screening of high risk women and to promote the use of antenatal steroids and intra partum magnesium sulphate to improve outcomes.

Developing models of care

We will work with neonatal ODN to refine and develop robust pathways of care including escalation into neonatal services and proactive transition back to the lower levels of care as the neonates condition indicates. We will develop systems to review, in conjunction with the ODN, any deviations from the agreed pathway.

System Resilience

We will work to ensure that women and neonates will be cared for in a clinically appropriate service as close to home as possible.

In addition we will work with providers to ensure there is sufficient capacity, of the correct level available to support the LMS and meet the needs of its population. We will aim to have sufficient capacity to provide all neonatal care for at least 95% of babies who require admission for neonatal intensive care and are born to women booked for delivery in the network and maintain an annual average of 80% bed occupancy.

Term Babies Admitted to Neonatal Units

We will develop a process to review admission of term neonates to identify root causes and lessons to be learnt and ensuring ATAIN is implemented

See Appendix 2, project plans, page 2 'Safety' for details

Mortality Reviews

Any neonatal deaths must be reviewed to identify root cause and enable lessons to be learnt.

Neonatal transport

We will review the 2016 data received from the Neonatal Transport Group to Assess the reasons for:

- Babies being transferred because of lack of capacity (space or staff),
- Babies being transferred for more specialised care
- Any babies transferred in the first 3 days who should have been born in an intensive care unit in the first place

We will review the situation on an annual basis

Workforce

Neonatal services need to be delivered by suitably qualified, multi-disciplinary teams. Often these teams are constrained due to gaps in core professionals. The LMS will review, as part of wider workforce work linked into the LWAB, progress against neonatal workforce development plans and seek remedial delivery plans if required.

Quality Improvement

We will review the outcomes of the QST reviews and the improvement plans developed as a consequence. We will also review the specialised commissioning quality dashboard.

Provider Quality Improvement

Part of the responsibility of the LMS is to ensure that the users of our services receive the best quality and outcomes that we can provide / commission.

In support of this we will ensure that the quality forms that are in place with each providers have the needs of the maternity and neonatal care system clearly within their remit. These forums will maintain a general oversight of quality and performance within the providers with core representatives of the LMS present to ensure that work across the Quality Forums, the LMS and the STP are coordinated and that all involved partners are kept abreast of actions / concerns.

Working as part of the In-Hospital work stream of the LMS we will support, and be actively involved in, any reviews of obstetric, midwifery and neonatal care services; including outcomes, experience, capacity and safety factors. This will enable the LMS to ensure that sufficient safe, high quality services are maintained to meet the needs of eth local population whilst ensuring that choice is maintained across the LMS footprint.

There will be a standing item on the LMS Exec to look at quality issues in all commissioned services to ensure that any reduction in the standards delivered are identified early and remedial actions put in place.

The LMS, as a party to the quality forums, will actively link with the contracting functions and systems that are currently in place to ensure there is no duplication of work and actions being undertaken.

Northern Lincolnshire and Goole NHS Foundation Trust

This Trust has recently had a follow-up inspection by CQC which found that insufficient progress had been made against concerns raised at the initial inspection.

The LMS has been invited to have a representative on the group looking to address the issues raised within the CQC report to ensure that women who opt to deliver within Northern Lincolnshire and Goole NHS Foundation Trust can access high quality care and an optimal experience.

See Appendix 2, project plans, page 2 'Safety' for details

Delivering Improvements in Perinatal Mental Health

Our aim

Our aim is personalised perinatal mental health care delivered by integrated high quality services which are equitable, accessible and responsive to women and their family's needs. Perinatal mental health services are for women during pregnancy and in the first year after birth

Our objectives:

- To have a clear and integrated perinatal mental health pathway of care, supported by strategic planning to identify current provision and improvement areas across the LMS, that will be localised within the defined maternity community hubs.
- To ensure that all commissioners within the LMS commission services for physical and mental health that are integrated and enable women to experience equitable, high quality personalised maternity care. We will endeavour to ensure that investment in perinatal mental health services are protected and increased where appropriate through service transformation and efficiencies.
- To have a focus on perinatal mental health for vulnerable women to include for example BME, refugees, asylum seekers, travellers, teenage parents, looked after children, those with learning difficulties and cognisant with factors that indicate safeguarding concerns.

- To work with key partners, including the Maternity Voices Partnership (MVP) to ensure that the voices of women and their families with lived experience are captured and embedded in all areas of service development making sure we include the service user input and comments
- To improve early identification and early support, targeted and specialist perinatal mental health services to ensure we provide the right care, first time and as close to home as possible. This will include reducing inappropriate out of area mental health placements including Mother and Baby units.
- To ensure there is a suitably competent and confident workforce to support the delivery of integrated care pathways from early identification and support through to specialist perinatal mental health services.
- To raise awareness throughout the LMS community of perinatal mental health thus reducing stigma and promoting resilience and self-management; with an emphasis on the supporting role of the family and the voluntary and community sector.
- To ensure that perinatal mental health information, advice and guidance (IAG) is included in the LMS local maternity offer.

This will support us to **deliver Better Births** and the requirements of the **Mental Health Taskforce** by:

Improving the consistency of services offered across the LMS

Improving the early recognition of systems

Systemising screening tools and treatments to those with demonstrable positive impacts

Delivering personalised mental health care planning

Delivering Maternity Voices

- To ensure that there is an established perinatal mental health network that supports strategic working and service improvement, ensuring that this work is reflected in the local maternity community hubs.

What are we going to do?

1. In order to **ensure effective implementation**, integration and delivery we will work with

- Our Maternity Voices Partnerships
- Our other LMS work streams
- The HCV Mental Health Executive Board
- The Y&H Maternity Clinical Network and the Yorkshire and Humber Perinatal Mental Health Steering Group
- The national maternity transformation team
- Our neighbouring STPs
- Specialist commissioned mental health services including Mother and Baby units
- NHS England Commissioners and networks
- The maternity community hubs to ensure local delivery of the overarching LMS perinatal mental health delivery plan.

2. We will **develop an LMS integrated perinatal mental health care pathway** based on national guidance for implementation by the local maternity community hubs.

3. We will undertake a **baseline assessment of services**, workforce (including workforce development), and performance data taking into consideration the focus on vulnerable women and groups.

4. We will utilise the MVP to ensure we **gain women and their families views** on perinatal mental health issues on an on-going basis.

We will ensure **service user representation** is integral to the work stream and integral in the development, delivery and monitoring of our plan.

We will further develop an understanding of the needs of fathers, partners and families with regard to their mental health. We will also use this opportunity to drive forward improvements in infant mental health.

5. We will agree an **LMS-wide workforce development plan** informed by the workforce assessment and gap analysis. This will include the development and delivery of specialist roles in maternity and health visiting, perinatal mental health champions and ambassadors. To include the recommendations from the Five Year Forward View in relation to staffing and workforce development.

Planned Outcomes

A whole system approach to the delivery of an agreed perinatal mental health integrated care pathway, which strengthens transition arrangements between and across services

An improved local offer for perinatal mental health – reducing inequalities and variation across the LMS

Improved access to, and uptake of, perinatal mental health services

Workforce training and development will include systemisation of evidence based screening tools that support integrated personalised care planning and delivery

6. We will **secure the resource to deliver the transformation** needed across the LMS. This will initially be supported by submission of the funding application for the national perinatal mental health community service development fund. Should this be unsuccessful, the work stream will develop and implement an alternative transformation plan which achieves our objectives. In any event, our transformation will look to secure services which will deliver safe sustainable services beyond 2020.

7. We will **develop, and implement, a perinatal mental health local offer** which will be promoted and publicised through a clear communication strategy and within the LMS website with links to key stakeholders. The communications strategy will have both professional and public facing elements and will also be localised and implemented through the local maternity community hubs.

8. Identify digital opportunities in relation to perinatal mental health for both the workforce and services users and their families for utilisation across the integrated perinatal mental health pathway.

Planned Outcomes

Improvements in support to fathers and partners.

A more competent and confident workforce, with the correct capacity and skills mix.

Improved service user experience.

Reduced variation in access to, and availability of, perinatal mental health services and outcomes for mum, baby and family

See Appendix 2, project plans, page 3 Perinatal Mental Health for details

Multi professional working and governance



What do we need to change?

In providing care and support for women and their families a wide range of professionals can be involved including midwives, obstetricians, sonographers, family nurses. We need to further improve how these professionals work together to avoid duplication and to minimise the number of professionals that are involved in any one women's care. In order to do this we need systems and processes in place that support our professionals and provide a clear framework within which they work to support them to deliver high quality, safe care to women who are equal partners in care and decision making.

Our aim is to ensure that:

- Have a robust organisational governance model across the LMS, linking into the STP governance, which provides a clear framework within which we will all work and be held to account within
- An LMS wide model of clinical governance is developed that promotes shared policies, protocols and pathways; in line with the STP's approach to clinical governance
- Women are cared for by professionals who are skilled, kind, have excellent communication skills and are supported to care for the woman in line with the care plan

- Wherever possible develop joint training and shared experiences between professional groups to ensure that common skills are developed and greater understanding and respect of differing professions expertise
- The LMS culture evolves into a multi-professional, collaborative, women and family centred culture which recognises the individual worth of all it's staff and the woman and families it cares for

What are we going to do?

1. Align structures across the LMS to deliver seamless care

We will review our existing governance structures to ensure that best support the LMS to do its work and that the LMS is fully integrated into the STP's governance.

We will work within the STP to utilise their leadership development to ensure that leaders within the LMS have an opportunity to develop

2. Clinical and operational governance will be developed (links with the choice, personalisation and continuity work stream)

We will review the service offer across the LMS and develop the whole LMS's understanding of what is offered in arts or across the LMS.

This will support us to **deliver Better Births** by:

Ensuring the LMS works within a robust framework

Ensuring women receive the same level of care and a consistent service offer across the LMS

Robust clinical governance supporting everything we do

Developing a learning system which shares and learns as a matter of routine

Ensuring an inclusive transparent, accountable culture

We will seek to systemise these so that women across the LMS have access to the same service offer

We will develop, alongside the in-hospital work stream of the STP, a single model of clinical governance working to align our core policies, protocols and pathways, recognising the need to vary minor details to reflect demographic requirements.

Pathways will be developed to allow women , and babies, to move between services and systems either through choice or because of changed decision making based upon clinical need. Rapid referral protocols and pathways for both mothers and babies will be developed across the LMS.

Record keeping and maternity notes will be consistent across the LMS, and wherever possible beyond to neighbouring services / LMS

3. An effective multi-professional workforce will be developed

As will be described in the workforce section on pages to our workforce is our most valuable asset. We will work to ensure that our professionals work together across organisational boundaries in the best interests of women and babies. These will need to include all providers across the LMS footprint and those providers beyond where we have routine pan LMS pathways e.g. clinical genetics

4. A collaborative culture will be developed

We will support the development of a culture across the LMS that:

- Recognises professional skills and competencies
- Values kindness, transparency and openness
- Respects all staff and the women and families using the services

5. Advocating and Educating for Quality Improvement (A-EQUIP)

We need to ensure that we develop a single model of A-EQUIP across the LMS and then support our services to implement the model.

Whilst we are developing / refining our model we will review existing systems and processes to ensure that our Midwives continue to have the support they require to enable them to continue to feel in control (empowered) of their personal professional development, of the quality of care they deliver and be able to advocate for the women in their care.

See Appendix 2, project plans, page 3 Multi-Professional & Governance for details

Planned Outcomes

Refreshed organisational governance across the LMS

Policies, protocols, pathways and standards will be aligned

Workforce will be reviewed and developed

Women and their families will be central

High quality, safe, consistent care will be in place across the LMS

Chapter 3

Supporting Work Streams

Prevention

Design Principles

- Prevention is an essential part of all pathways and of each interaction with women and families
- Prevention is everyone's business
- Prevention initiatives will be implemented at scale with local variation to address specific local needs

Wider Context

- Smoking, Obesity and alcohol consumption is higher than average across the STP / LMS
- Preventative work is generally popular but not widely understood across the STP

This context applies to the LMS with high levels, and associated impacts, of smoking and obesity evident within our women and families. Alcohol moderation does appear to occur in pregnancy but mixed messages on safe consumption is not helping.

What do we need to do?

1. Standardisation of Messages

We need to standardise the prevention messages that we give to our women and families, utilising latest evidence and linking into online resources where agreed for use, especially the proposed local web page and Facebook page but also apps.

2. Make Every Contact Count

We need to revisit the make every contact count approach and not just focus upon the women and their partners in our care but also the wider family who may be receptive to change at this time.

3. Links to Public Health Initiatives

Both local PH Services and Public Health England have a range of initiatives that deliver the prevention agenda relevant to our population (see appendix 3; pages 50 & 51 for details)

We will ensure that we link in with these initiatives, and that the needs of the maternity population is reflected in any more general work; such as around smoking, weight management; to ensure what is offered caters for the specific needs of a pregnant women.

4. Staff Skills around Prevention

We need to ensure that our staff have the correct skills and information as well as sufficient time to address the prevention agenda and effectively interact with the women and their families

Commissioning Models / Partnership Working

Outcomes based commissioning

In line with wider commissioning principles we will commission for outcomes in relation to maternity and neonatal care. The local contracting approach has evolved differently across the STP footprint. However this has not affected how we commissioning.

Integrated Commissioning and Planning

All Commissioners (CCGs, PHE/Local PH, Specialised Commissioning), providers and Networks (maternity clinical network, Neonatal ODN) will work together on the LMS footprint to deliver coordinated planning and commissioning of outcomes; including optimal pathways and integrated services; to avoid fragmentation or duplication and to promote integrated pathways focussed around the women, neonate and family

We will ensure that the outcomes described by the LMS are aligned with other local plans and with the plans of partner commissioners including specialised commissioners, PHE/PH and Networks including the Maternity Clinical Network and the Neonatal Operational Network

Inter-Dependencies

The LMS cannot work in isolation. There are a wide range of functions and organisations who have a vested interest in the commissioning and outcomes of maternity and neonatal services. Appendix 3 provides details of the differing interests. The LMS will work actively with all identified partners to ensure that outcomes, plans and actions are aligned and duplication is avoided.

Specialised Commissioning

Our specialised commissioning colleagues have a range of interfaces with the LMS. They commission a range of tertiary services on the footprint which have been mapped. They also are responsible for the delivery of the Neonatal Operational Delivery Network which has a direct interface with the LMS and how services operate across the LMS.

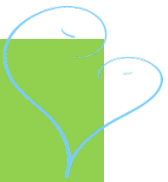
They also commission wider specialised services that are delivered outside the LMS footprint, for example : clinical genetics, specialised maternal and foetal medicine, neonatal and paediatric surgery.

In order to ensure that the commissioned pathways are integrated our specialised commissioning colleagues are members of the LMS executive, and the STP executive. There are close links between the commissioners and the Specialised Commissioning Oversight Group (SCOG) and active participation in the associated work programme, which at present is focusing on paediatric services.

The LMS is committed to ensuring that women, neonates and their families are able to access the specialised services they require without discernible boundaries and at the point of need.

See Appendix 2, project plans, page 5 Cross Cutting, Outcome 1 for details

Co-production, Participation, Communication and Engagement



We are committed as a LMS to co-producing all our plans, service specifications and expected outcomes with our workforce and our service users (woman and families).

Central to this is the development of Maternity Voices Partnerships. These Partnerships will be independent to the LMS and will provide an independent view and voice to inform our decision making. There is an existing Maternity Voices Partnership in the south of the LMS area (North and North East Lincolnshire) and we will use the learning from setting this Partnership up to inform how we transition our existing Maternity Services Liaison Committees into a Partnership. Further details are provided within section 2 page 19.

In order to supplement the role of the Maternity Services Partnership we are putting in place a range of systems and processes to help us increase gain regular information and feedback from our women, some of our proposals are identified on the next page.

We are also seeking service user representation on our workstreams and their underpinning task and finish groups.

We are also planning to undertake a series of workshops, focus groups and online surveys / discussion forums to support participation especially amongst our harder to reach groups. We understand that participating is a daunting prospect for many and we are aiming to be as flexible as possible to support this.

We will develop a programme of communication and information sharing to raise awareness of Better Births and awareness of our local vision and ambition. This includes the development of the LMS Local Offer.

We recognise that we have a low percentage of our population coming from other national and ethnic backgrounds with the core ethnic groups being:

- Central European
- Asian
- Traveller / Romany

This means that we have to take especial care to ensure that members of our minority groups are able to access the maternity care they need and expect as well as ensuring that they are able to put forwards their views and actively engage with our co-production work.

As our plans progress we may need to consider changes that require more formal engagement and communication. In this event we will follow national guidance on process and requirements.

See Appendix 2, project plans, page 5 Cross Cutting, Outcome 2 for details

Developing Women and Family Perspectives



Maternity Voices Partnership

We will systematically implement Maternity Voices Partnership(s) bringing together the best of our existing Maternity Voices Partnership(s) and our Maternity Services Liaison Committees , other independent women’s forums, groups that represent our smaller more marginalised population groups and our current or recent service users. This will enable us to plan and evaluate our services in a much more collaborative way and deliver effective co-production of service specifications and outcomes.

We will also use the Maternity Voices Partnership to help us identify the best ways to effectively work with our women and families and to support us in undertaking family friendly forums

Using Technology

We propose to develop an LMS Facebook / website page which will be used to provide information on the services we offer (our service prospectus), support discussion forums, provide or link to information on pregnancy, labour, the postnatal period and common clinical issues including mental health

We will also adopt the national maternity app when available and look at a local app based solution to complement.

Ethnic / Culturally specific Involvement and Support

Part of developing our understanding of women’s and family perspectives is developing an understanding of the ethnic and cultural requirements around pregnancy and childbirth.

This will enable us to ensure our service developments meet the needs of all our population and all our population can be involved in developing these services.

Partnership Working:

We will interface with the wider LMS organisations including Healthwatch , voluntary and community websites / forums, STP, and non-health services such as police services etc. to ensure that we maximise the distribution of our proposals and maximise the level of involvement and engagement.

Friends and Family

Collation and interpretation of the Friends and Family feedback that we get on our services

Plan:

We will:

- ✓ Have agreed our model of maternity voices by 31 March 2018 and have commenced development with an aim of having Maternity Voices fully in place by September 2018
- ✓ Have an operational Facebook page by 31 March 2018
- ✓ Have refined our communication plan to incorporate ongoing learning and the individual work stream plans

Appendix 2, Project Plans, page 5, outcome 1 for details

Valuing and developing our workforce

Our workforce is our single most valuable asset. We need to develop an approach which means our current workforce is able to directly influence the environment in which they work; e.g. working patterns, service design; believe they have the level of professional autonomy they require and ensures that our workforce feel valued by their employing organisations. Looking forward we also need a system which attracts, and keeps, in new staff across all professions to ensure that we meet safer staffing guidelines.

We know we need to work in partnership with both our staff and with other organisations to deliver this. In the first instance we will work within the STP's workforce plans and the Local Workforce Action Board (LWAB) to make sure we are accessing their expertise around workforce and to ensure that workforce plans reflect the needs of the maternity workforce.

We know our workforce has a relatively higher proportion of more mature midwives, Consultants and other professionals who are considering their options around retirement which could lead to a significant loss of knowledge and skills over a relatively short period of time.

At the other end of the career spectrum we have a range of younger midwives, Consultants and other professionals who are well educated and skilful but need to further enhance their skills as they develop their careers. This group also tend to articulate a clear view on work life balance.

Nationally it is estimated that, as a minimum, by 2021 the workforce needs to increase by:

- Midwifery 2.4%
- Obstetricians 11.6% (complicated by inclusion of gynaecology requirements)

There is no evidence to suggest that this should be different within the LMS, but the figures do not allow for current gaps in staffing.

We will work with the LWAB to explore how we can develop their two key work programmes:

- (i) Support staff at scale
- (ii) Advanced practice at scale

Within the maternity setting allowing us to utilise staff where their skill set is best used.

We will also look at what is needed to support our staff to develop the knowledge, skills and behaviours which will help them deliver the developing models of maternity care. We also need to consider 'safer staffing' and apply that to our workforce calculations to ensure that we are meeting national requirements on staffing levels and associated safe practice.

The next page outlines some of the areas we are planning to explore.

Workforce Options / Models under Consideration

Integrated Workforce

We are looking to explore models where clinicians can work across the wider STP to develop and maintain their skill set especially in units where a specific intervention may be required infrequently. By rotating staff into units where the intervention is routine will support skill development / maintenance and service resilience.

Common Skill Set

We also want to consider developing an agreed skill set, skill recognition method so that staff can consistently evidence their transferable skills. We would want to support this with joint training programmes across all disciplines to help remove professional barriers.

Innovative posts

As with the link to the LWAB work we want to look at innovative posts, from informal, 'lay' support (e.g. doulas), through physicians aides / midwifery aides. Thus enabling staff to use their whole skill set for the benefit of the women and families they are caring for.

Culture

We appreciate we need to start changing the culture from the bottom up so that our workforce has the knowledge, skills and autonomy to deliver the care their families are asking for as part of their personalised care plans.

Leadership

We need to develop, in line with work within the STRP and LWAB leadership programmes which will encourage the development of leaders at all levels of our organisations.

Other Professionals

As an LMS we are dependant upon professional groups that work within specialised services covering more than the LMS, for example clinical genetics. We will work with Health Education England, Specialised Commissioners and partner LMS to ensure that we have sufficient service coverage to meet all our needs.

Expected benefits for our staff including:

- Less duplication in the way they work
- Increased job satisfaction
- More fulfilling job roles and career opportunities, as a result of working across typical organisational barriers
- Opportunities to work seamlessly across care settings.

Expected Outcomes

- Existing and predicted workforce understood for the LMS including projected staffing numbers and skill mix
- Development of joint training programmes accessible to all linking with proposed learning academies
- A joint understanding of the current and future models of service delivery

We will further link our plan with the Health Education England action/delivery plan when it is published.

See Appendix 2, project plans, page 4 Multi-Professional working for details



LMS Finances

The LMS, as part of the HCV STP, will adhere to the financial parameters set out and utilised across the footprint.

Review of the spend on midwifery and obstetric care has demonstrated that there is no consistency across the three main contracts in how activity is collated; for example:

NHS Hull and NHS East Riding appear to spend the most

NHS North East Lincolnshire appears to spend least

However North East Lincolnshire monitor their spend via HRGs, which the other areas don't and this potentially impacts upon the identified figures

STP Finances

STP Finance design principles:

- Operate a single control total for HCV STP; early work has commenced to ensure that the single control total operates formally from 2017/18
- Look at establishing alternative payment mechanisms for 2017/18 onwards which have collective focus on managing activity levels and reducing cost. Two main models are in use across the STP:
 - Capped Expenditure Programme
 - York health economy
 - North and North East Lincolnshire health economy
 - Aligned Incentive Contract
 - Hull and East Riding health economy

Financial Planning Assumptions

LMS activity growth will be in line with STP planned population growth

- ✓ Confirmed birth rate growth within parameters of predicted population growth

The system needs to deliver efficiencies to meet financial parameters

- ✓ By ensuring women can choose the care model they prefer and ensuring they get the right care first time efficiencies will be delivered by reduction in duplication

Innovative contracting models to be utilised

- ✓ Impact of proposed maternity tariffs needs assessing when available

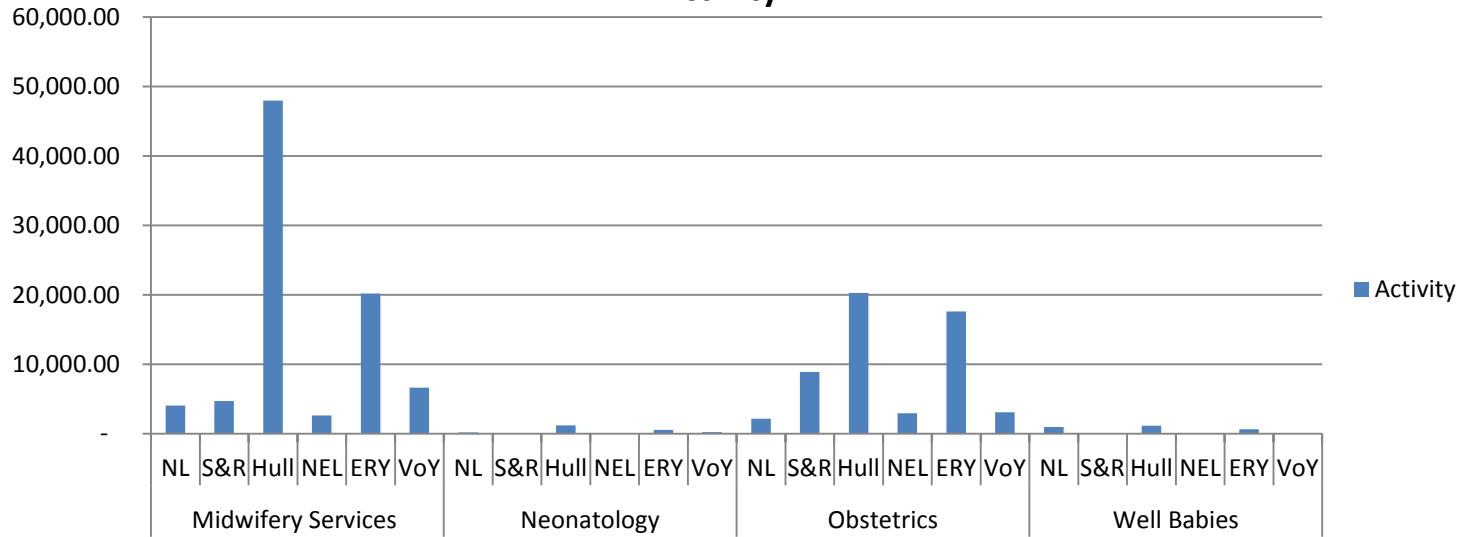
Financial Planning Next Steps

- Work is required to systemise how maternity activity and finance is recorded across the LMS
- Predicted spend by 2020 to be calculated based on predicted increase in maternity activity
- Impact of changes to midwifery delivery models and workforce numbers to be modelled
- Planned changes to services to be quantified with respect to both activity and finance

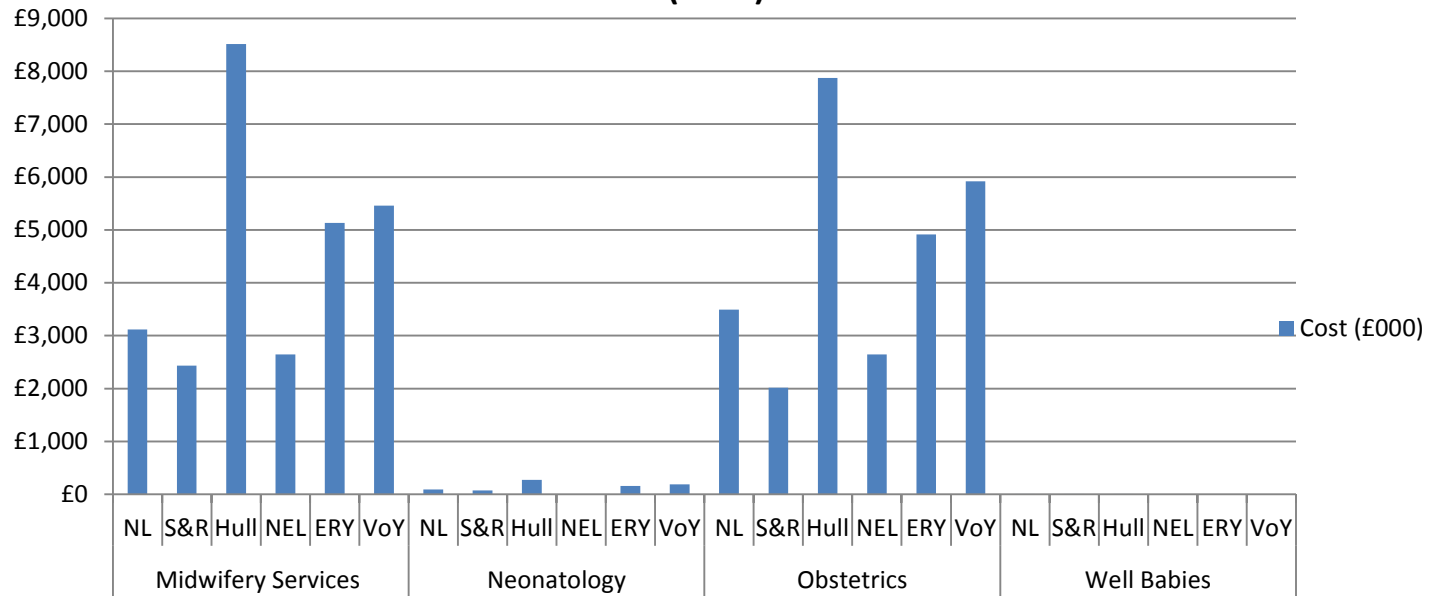
See appendix 2, project plans, sheet 5, cross cutting , outcome 3 for details



Activity



Cost (£000)



Performance

In order to demonstrate delivery of our plan outcomes we will be developing a services of outcome / delivery trajectories to enable us to demonstrate progress over the years covered by the plan.

The range of outcome trajectories that we will develop and deliver will cover the breadth of our plans.

Trajectories we are planning to put in place include (others may be developed as plan delivery progresses):

- Percentage growth of women experiencing continuity of carer (a) antenatal / postnatal (b) antenatal/labour/postnatal- 1% year on year increase from baseline position
- 10% year on year growth in number of women choosing to have a homebirth
- 10% year on year growth in the use of maternity personal health budgets from date of agreed model
- Reduction in number of stillbirths, neonatal death, maternal deaths and brain injuries from 2010 baseline – assumed 6% composite reduction per year from 2018 to 2021
- Reduction in number of women with moderate to severe mental health problems placed out of area for their specialised care and / or separated from their infant/family unless clinically indicated

- Increase in number of women reporting having a personalised care plan and being involved in their care planning

The ambition around all these trajectories will be reviewed as baseline data and current performance become available. Ambition / stretch will be included in all our trajectories

See appendix 2, project plans, sheet 5, cross cutting , outcome 5 for details

Risks – Top Programme Risks

Risk	Impact	Mitigation
Competing priorities between managing operational service challenges and developing/implementing strategic change leading to delays in delivering strategic change	<ul style="list-style-type: none"> • Day to day operational management prioritised over strategic change • Changes not implemented in a timely manner • Loss of confidence in plans due to non-delivery 	<ul style="list-style-type: none"> • Commitment from all organisations, via the MOU, to support the strategic work • Effective programme management / project support • Deliverable plans with the right amount of 'stretch'
Lack of availability of key, appropriately skilled workforce to support and deliver proposed changes	<ul style="list-style-type: none"> • Workforce constraints limits opportunities for staff to participate • Reluctance to consider alternative working patterns as perceived as having negative impact • Insufficient staff to deliver the identified level of service 	<ul style="list-style-type: none"> • Involvement of staff early in plans to ensure high levels of ownership • Models of sharing training, skills development/maintenance developed • Review plan timelines against projected staff availability / recruitment and training plans
Changes to workforce model and move towards more personalised midwife led care leads to increased financial pressures on the system	<ul style="list-style-type: none"> • Overall STP driver is around stabilising/reducing expenditure, if costs rise there will need to be a corresponding reduction elsewhere in the system 	<ul style="list-style-type: none"> • Review of national models being developed to better understand associated cost pressures • Development of maternity personal budgets
Duplication of work between different workstreams	<ul style="list-style-type: none"> • Time wasted doing things more than once • Different outcomes which then need integrating 	<ul style="list-style-type: none"> • Strong governance structure across the LMS • Monthly updating by workstreams to Exec • PMO to continually review for duplication

Risks – Choice Personalisation and Continuity

Risk	Impact	Mitigation
Lack of wider professional engagement within the LMS workstreams	<ul style="list-style-type: none"> • Lack of awareness across the senior medical team about the work of the LMS • Disengagement from the choice agenda • Destabilisation of the LMS with potential that pathways of care will not be aligned to Obstetric care 	<ul style="list-style-type: none"> • Raised at CEG meeting and the Obstetric Forum • Request to be sent out again for full representation • Alternative methods of communication to be agreed • Agree LMS communication strategy
Inability to deliver all elements of the Task & Finish Group for Choice, Personalisation, Continuity of Care, Maternity Voices Partnership	<ul style="list-style-type: none"> • Due to the large work programme for this particular group especially in relation to achieving the MVP the implementation of the recommendations from Better Births would be incomplete or not achieved 	<ul style="list-style-type: none"> • Proposal to the Executive Board that the MVP is separated and has its own Task and Finish Group • Utilising national funding appropriately to support a leadership framework within the LMS
Lack of Maternity Voices and Stakeholder engagement	<ul style="list-style-type: none"> • Non engagement of service users • Developments of LMS would be constricted and would not be co-produced with service users • Destabilisation of the LMS with potential that pathways of care will not be aligned to Obstetric care 	<ul style="list-style-type: none"> • Proposal to the Executive Board that the role of service users is appropriately recognised and resourced

Risks – Perinatal Mental Health

Risk	Impact	Mitigation
Lack of financial investment to deliver the recommendations of Better Births (BB) and the 5-Year Forward View (5YFV)	<ul style="list-style-type: none"> Significant impact to delivery and continued inequalities of access and provision across the Y&H 	<ul style="list-style-type: none"> Sub group set up to develop a robust Wave 2 bid Letters being sent to all CCG's and Providers to seek advance support for the bid, and, in the case of the 4 CCG's in the Humber, advance approval to fund out of baselines after the first year of the bid
Ability to establish and maintain service user input and co-production through the Maternity Voices Partnership	<ul style="list-style-type: none"> Perinatal Mental Health Pathways in Y&H do not reflect the needs, aspirations and lived experiences of women and their families 	<ul style="list-style-type: none"> Pro-active MPV Chair is included as a core member of the sub group and other MPV members actively involved and securing wider involvement
Capacity to deliver the programme within existing resources	<ul style="list-style-type: none"> Delay to the implementation of the recommendations of Better Births and the Five Year Forward View around perinatal mental health 	<ul style="list-style-type: none"> Programme Management support to be identified by the STP LMS additionally NELCCG have agreed to support in terms of staff resource to deliver



Equality Impact Assessment

Equality Impact Assessment

A high level review of the likely impacts in regards to equality has been undertaken. This does not replace the detailed equality impact assessments that need to be undertaken by each work stream and individual projects but helps to start raise areas where it is assessed that unintended inequalities may arise.

Key areas where unintended inequalities may become apparent are around:

Participation in LMS – to date there has been limited participation in the LMS for participants representing a broad range of racial, religious, demographic backgrounds or participants with a disability (mental, leaning or physical). Without this breadth of participation there is a high risk that the plans put in place will reflect a relatively restrictive viewpoint and not meet the needs of our whole population

Use of technology – whilst the LMS is intending to have a webpage and to use Facebook, both these formats have been discussed in relation to the use of the English language. Whilst the range and number of individuals where English is a second language is relatively small when compared to the population with English as a first language this does not mean this group should not have

Access to web based resources in their first language or in an easy read format. We need to work in partnership with our neighbouring LMS and with the wider NHS to ensure all our population can access app / web based information which is localised to the local services.

We are committed to start to address these issues as we continue to develop as an LMS ad as our plans start to be further refined.

See appendix 2, project plans, sheet 5, cross cutting , outcome 6 for details



Appendices

- Appendix 1 – Joint Needs Assessment Separate word document
- Appendix 2 – Project Plans Separate excel project plan
- Appendix 3 – Inter-Dependencies page 47
- Appendix 4 – Contributors page 54



Appendix 3

Inter-Dependencies



Maternity Clinical Network - Work Programmes

Safer Maternity Care	<ul style="list-style-type: none">* Development of a Shared Learning Network (July 2017). This group will promote the dissemination of best practice, lessons learnt and spread awareness of system initiatives across health communities.* Supporting the Maternity and Neonatal Health Safety Collaborative, facilitating shared learning opportunities from wave 1 across Y&H.
Stillbirth	<ul style="list-style-type: none">* The CN are supporting the implementation of the Saving Babies Lives Care Bundle including providing national assurance.* Have developed and published Stillbirth and Bereavement Care Recommendations.* Benchmarking has been undertaken against these recommendations and support provided across Y&H for shared learning to support implementation.* CN are providing support for the National Perinatal Review Tool.* Development and launch of Y&H Stillbirth Peer Review Guidance.* Planning a Smoking In Pregnancy Symposium Sept 2017 to support smoking cessation.
Maternal Enhanced and Critical Care (MEaCC)	<p>Developed the Maternal Enhanced and Critical Care (MEaCC) Task and Finish Group. MEaCC T&FG have reviewed the draft (unpublished) nation MCC Guidance and developed a benchmarking Tool. All 13 Trusts across Y&H have undertaken the MEaCC Benchmarking. MEaCC T&FG reviewed key findings from the benchmarking and have developed 3 draft documents:</p> <ol style="list-style-type: none">1. Y&H MEaCC Revised Recommendations including deteriorating patient.2. Y&H MEaCC Competencies Framework3. Y&H MEaCC Training Framework. <p>The above documents will undergo further revision as part of the Y&H CN MEaCC Event in September.</p>
Y&H Maternity Dashboard	<ul style="list-style-type: none">* Developed and published a Y&H Maternity Dashboard supported by all Maternity services across the geography.* Available at a Y&H, LMS and Trust level with run charts and infographics to support quality improvement.
Perinatal Mental Health (PMH)	<ul style="list-style-type: none">* Y&H PMH T&FG established April 2015 previously in place and supported several pieces of work.* Y&H PMH Network Steering Group established July 2017.* April 2017 published mapping report of access to IAPT for women in PMH period, will support implementation of next steps in liaison with North region team.* CN support for CSDF waves.* Event held June 2017 to share learning and support wave 2 bids.* Y&H PMH network steering group to consider the following work in 2017/2018: workforce development, PMH pathways, user experience and PMH metrics.

Public Health England / Local Public Health Work Programme



Overall Ambition	PHE is leading work on developing a consistent approach to improving health and wellbeing before and during pregnancy and in the early years.
(i) Pre-conceptual care	<ul style="list-style-type: none"> • Advice on healthy lifestyle including: <ul style="list-style-type: none"> (i) Checking immunisation status (ii) use of vitamin D and folic acid (iii) Reducing alcohol consumption (iv) Smoking cessation (v) Contraception, family spacing and sexual health (vi) Reducing teenage pregnancies. • Public health nursing services and sexual health services will offer advice on preconceptual care.
(ii) Smoking in pregnancy	<ul style="list-style-type: none"> • Usually commissioned by local authority public health teams. Complex pathway best delivered in partnership across community services and maternity teams to be most effective.
(iii) Maternal obesity	<ul style="list-style-type: none"> • Review of services commissioned to address obesity in pregnancy.
(iv) Alcohol/substance use in pregnancy	<ul style="list-style-type: none"> • Local authority public health teams may commission specialist support for pregnant women who use alcohol and/or drugs during pregnancy.
(v) Vaccination/immunisation programmes	<ul style="list-style-type: none"> • Pregnant women are offered immunisation for pertussis (whooping cough) and flu. • There is a programme of childhood vaccinations for babies up to 13 months old.
Antenatal and newborn screening programme.	<ul style="list-style-type: none"> • Fetal anomaly screening offers pregnant women the opportunity to be screened for a number of fetal anomalies. • Infectious diseases in pregnancy screening programme currently screens for HIV, hepatitis B and syphilis. • The newborn screening programme aims to detect a number of rare but serious disorders present at birth and to prevent serious consequences. • The newborn bloodspot screening programme screens for 9 conditions. • Newborn hearing screening offers all parents the opportunity to have their baby's hearing tested shortly after birth.



Perinatal mental health	* Local authority public health teams commission public health nursing services. One role for these teams is the identification those with mental health problems early and to provide appropriate support and referral for specialist treatment where necessary.
Teenage pregnancy/parenthood	* Local authority public health teams work to reduce the numbers of teenage pregnancies through multi-factor programmes and provide enhanced support for teenage parents to improve outcomes for this high risk group of parents and babies.
Breastfeeding	* Local authority public health teams commission services that promote and support mothers to breastfeed including the 0-5 services and peer support programmes.
Safe sleeping	* Public health teams support services to promote the adoption of safe sleeping advice.
Early years including 0-5 mandated checks	* Commissioned by local authority public health teams. Services must deliver 5 mandated checks (antenatal, new birth, 6-8 weeks, 12 months and 2-2.5 year visits) to monitor the health and wellbeing of the new mother and her baby.
Child Death Overview Panels (CDOPs)	* Local Safeguarding Children Boards (LSCBs) are responsible for ensuring that a review of each death of a child normally resident in its area is undertaken by a Child Death Overview Panel (CDOP). Public health representation is required on each CDOP.

Health Education England

Workforce analysis on current and future maternity workforce	<ol style="list-style-type: none"> 1. Working with partners in the Maternity workforce data sub group to gain alignment and shared understanding of workforce data (HEE, Royal Colleges, PRSB - Professional Records Standards Body) 2. Interim national report developed to identify the size of the current workforce and future supply , including recommendations re-the future workforce around supply, up-skilling, new roles, new ways of working and leadership (due to be published August). Local maternity workforce planning workshops delivered across the North in July and August.
Establishing provision of education and training to support the continuity of carer model	<ol style="list-style-type: none"> 1. HEE will model workforce requirements to deliver the model based on the experience of early adopter sites 2. Continuity of Carer sub group led by NHS England progressing the modelling and draft guidance
Reviewing pre-reg education to embed a culture of multi-professionalism	<ol style="list-style-type: none"> 1. NMC reviewing pre-reg midwifery standards with a view to developing the future midwifery standards of proficiency 2. RCOG progressing review of the core O&G curriculum to include commonality with NMC review, and streamlining intermediate and advanced training
Training 200 healthcare professionals in obstetric US skills for the 3rd trimester	<ol style="list-style-type: none"> 1. EOI have been collated across the North. Limited response with only 19 individuals identified for training by June 2018 2. Issues raised re supervision of trainees in practice due to limited capacity within sonography, exploring other potential options for supervision including supervision by midwife scanners and consultant obstetricians, and recruitment of dedicated supervisors on short term contracts 3. Other issues include release of staff due to other training commitments and vacancies within midwifery staffing making recruitment from just this group difficult. Looking to explore the potential for some backfill funding to aid release and engage with other appropriate healthcare professionals re the potential for them to undertake the course.
Developing a new system of midwifery supervision	<ol style="list-style-type: none"> 1. E-learning to support the new model has been launched with guidance for implementation of A-EQUIP for managers, midwives, commissioners and HEIs 2. Planning to start a survey of the implementation of the new model across maternity providers shortly 3. Looking to secure funded places across the North for existing SoMs to undertake the short Professional Midwifery Advocate bridging programme 4. Plans to develop the longer programme for delivery in 2018 for succession planning future PMAs

Developing the role of the MSW	<ol style="list-style-type: none"> 1. Planning to clarify current position nationally and locally regarding numbers and roles of MSWs within maternity services at bands 1-4 2. Exploring the NHS Wales model and best practice approaches for development of the MSW role 3. Next steps will then be to identify trailblazer groups to develop apprenticeship standards, develop consistent role competencies and profiles and banding structures
Maternity Safety Training fund	<ol style="list-style-type: none"> 1. £8.1 m DH funding to 136 Trust nationally. All Trusts in the North received funding of approximately £40K + and were asked to identify appropriate training to improve maternity safety according to local need and demographics 2. Independent evaluation to be commissioned Autumn 2017 to assess the impact of the this in terms of patient outcomes, improves safety in maternity services and sustainable changes to practice
Labour ward Coordinators Programme	<ol style="list-style-type: none"> 1. RCM commissioned to develop and run leadership training workshops focussing on empowering teams to work more effectively 2. Pilot with 5 Trusts Winter 2016 followed by evaluation 3. Evaluation event held in June 17 by the RCM to share feedback and learning and assess impact. Report and further resources to be published shortly

National Maternity Transformation Plan

Workstream 1 Local Transformation	* Will ensure every that every part of England has a plan to Implement Better Births.
Workstream 2 Promoting good practice through safer care	* Supports the delivery of measurable improvements in safety outcomes for women, their newborns and families in maternity and neonatal services.
Workstream 3 Increasing Choice and Personalisation	* This work stream is working with seven Maternity Pioneer sites to achieve three key objectives (i) Widening choice across CCG / LMS including developing opportunities for new providers or services (ii) Empowering women to take control through Personal Maternity Care Budgets (iii) Enabling women to make decisions about the care that they receive through provision of good quality information.
Workstream 4 Improving Access to Perinatal Mental Health Services	* Will ensure that by 2020/21, women in all areas of England should be able to access evidence - based specialist support , in the community or though inpatient mother and baby services, closer to home , when they need it.
Workstream 5 Transforming the Workforce	* Will support the delivery of the models of care recommended by Better Births , through transforming the workforce and empowering professionals.
Workstream 6 Sharing Data and Information	* Will improve data and information collection , quality and sharing to drive maternity service improvement at local , regional and national levels.
Workstream 7 Harnessing Digital Technology	* Will ensure that all maternity records in England can be accessed digitally by both professionals and women * Women will have access to the right, unbiased information to enables them to receive a service in which there is a choice, personalisation and safety.
Workstream 8 Reforming the Payment System	* Will carry out the detailed work required to build an evidence base to make any changes required to the national maternity tariffs whilst also working with the LMS to support innovation and local adaptation of the tariff.
Workstream 9 Improving Prevention as seen in PHE Interdependences	See pages 39-40
NHS Digital	NHS Digital provide maternity services monthly data http://content.digital.nhs.uk/maternityandchildren/maternityreports



Appendix 4

Contributors

The following have contributed to the development of this plan either through direct contributions or reviewing the text:

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HCV LMS Vision:		LMS Values * The woman and family is at the centre of everything we do * Openness and transparency is central * Active listening, involvement, co-production * Our workforce is important to us * Safety and quality is a right not an expectation * Through collaboration we will jointly grow	Responsible Owner(s): Chris Long: LMS SRO Dr. Kevin Phillips: Chair & Operational Lead Sarah Smyth: Commissioning Lead Dr Chris Wood: Neonatal MCN Lead
Personalised maternity care delivered by integrated high quality services which demonstrate the experience and outcomes that our population deserves As service users, clinicians and managers involved in either experiencing or delivering our maternity services we are clear that we all want women and families during the maternity episode to know and believe that the care they receive is personalised ,meets their clinical needs and, wherever possible, meets their expectations of an enjoyable episode in their life with the delivery of a healthy baby. However we are all acutely aware that this expectation cannot always be met and where this is the case our women and their families continue to have a right to personalised care that meets their clinical needs and supports them to understand and evaluate the changes to their expectations.			Project Management Lead (Supporter) tbc
			Plan Start Date: 01-Nov-17
			Plan End Date: 31-Mar-21
Contents of Project Plan			
1	Improving choice, personalisation and continuity of carer		
2	Putting the individual, quality and safety at the core of our service delivery		
3	Delivering Improvements in Perinatal Mental Health		
4	Multi professional working and governance		
5	Cross Cutting Themes: 1.0 Commissioning Models / Partnership Working 2.0 Communication, Involvement and Engagement 3.0 Finances 4.0 Prevention 5.0 Performance 6.0 Equality Impact Management		

Recommendations		Day to Day Owner	Interdependencies	Milestones	Financial Impact	Comments
O.1	The LMS has a Local Maternity Offer that has been co-produced by providers, commissioners and service users and aligns with the recommendations of Better Births			Mar-21		
D.1.1	The LMS has a choice offer across the footprint, which meets the recommendations in Better Births	PMO	Neonatal ODN MH delivery boards National Choice work stream Cross Boundary LMS's	Jul-18		
T. 1.1.1	Review current choice offer across the LMS	PMO/T&F G		Feb-18		
T. 1.1.2	Benchmark against Better Births recommendations and identify gaps	PMO/T&F G		May-18		
T. 1.1.3	Identify any gaps and review potential solutions	PMO/T&F G		Jul-18		
T.1.1.4	Agree choice offer	PMO/T&F G		Aug-18		
D.1.2	Determine and understand the range of services women, their families and babies need	PMO	National work streams Voluntary Sector MVP and MSLCs	Nov-18		
T.1.2.1	Identify all the providers with which the LMS has a contractual relationship even if these are outside of its footprint	PMO/T&F G		May-18		
T.1.2.2	Undertake a Health Needs Analysis	PMO		Dec-17		Will be an ongoing process as information is made available
T.1.2.3	Understand the range of services required from service user perspective	PMO/T&F G		Nov-18		
T.1.2.4	Understand the range of services required from a provider perspective	PMO/T&F G		Nov-18		
D.1.3	The LMS will have an agreed model of care and an implementation plan to achieve this	PMO	National work streams Early adopters and pioneers MVP and MSLCs Y&H Clinical Network	Nov-19		
T.1.3.1	Have an overview of national early adopters and pioneer sites	PMO/T&F G		on-going		
T.1.3.2	Develop model of care options with stakeholder consultation including user and STP involvement	PMO/T&F G		May-19		
T.1.3.3	Approve model of care via LMS executive board and STP	PMO/T&F G		Nov-19		
D.1.4	Providers will engage with commissioners across the LMS	PMO	STP comms teams Cross boundary STP comms teams			
T.1.4.1	Provider Trusts and Commissioners (including CCG, Specialised & Local Authority) will be represented on LMS Task and Finish groups	PMO/T&F G		Nov-17		
T.1.4.2	Develop a work stream plan of what communications and engagement is required to support the agreed work	PMO/LMS executive board				
T.1.4.3	Ensure that the LMS communications and engagement strategy reflects the requirements of the work stream	T&F G				
D.1.5	Unbiased information is available to all women to help them make their decisions and develop their care plan drawing on the latest evidence, assessment of their individual needs and what services are available locally. This should be through their digital maternity tool	PMO	National NHS Digital STP	Mar-21		
T.1.5.1	Review what platforms are already in place for sharing information with women and their families, including social media	PMO/T&F G		Feb-18		
T.1.5.2	Link with national developments on digital maternity tool	PMO/T&F G		on-going		
T.1.5.3	Develop the local maternity offer in formats that are readily accessible to the population they serve with content regularly reviewed and updated	PMO/T&F G		Aug-18		
T.1.5.4	Publish and launch the local maternity offer in formats that are readily accessible to the population they serve with content regularly reviewed and updated	PMO/T&F G		Nov-18		
T.1.5.5	Monitor, review and update as LMS develops	PMO/STP comms/LMS exec board		May-19		
D.1.6	Choice will be available across the LMS	PMO	MVP NHS digital Boundary LMS's Multiprofessional and governance T&F	Mar-21		
T.1.6.1	Define choice from a service user, commissioner and provider perspective	PMO/T&F G		Feb-18		
T.1.6.2	Identify opportunities and barriers to choice with; service users, commissioners and providers	PMO/T&F G		Aug-18		
T.1.6.3	Identify solutions to reduce identified barriers	PMO/T&F G		Nov-18		
T.1.6.4	Implement action plans for solutions	PMO/T&F G		Nov-18		

T.1.6.5	Monitor and evaluate	PMO/T&F G		Mar-21		
O.2	Choice is offered within antenatal care; with standard, specialist and targeted services available					
D.2.1	Women receive antenatal care as appropriate to their needs	PMO	National work streams NICE PHE Multiprofessional and governance T&F MVP Boundary LMSs			
T.2.1.1	Review current antenatal services, choices and locations across the LMS	PMO/T&F G		Feb-18		
T.2.1.2	Benchmark antenatal choices/services against Better Births and peer organisations	PMO/T&F G		Feb-18		
T.2.1.3	Identify any gaps in services	PMO/T&F G		May-18		
T.2.1.4	Develop a comprehensive antenatal pathway which defines where standard, specialist and targeted services are available across the LMS	PMO/T&F G		Nov-18		
T.2.1.5	Identify and agree the role of community hubs in delivering the antenatal pathway	T&F group/ LMS exec board		Nov-18		
T.2.1.6	Agree the model for community hubs	LMS exec board		Nov-18		
T.2.1.7	Develop the agreed model across the LMS	PMO/T&F G		Nov 18 - Nov 19		
T.2.1.8	Monitor and evaluate functioning / impacts	PMO/T&F G		Ongoing process		
T.2.1.7	Include information about choice options in personalised care plans and local maternity offer	PMO/T&F G		Nov-18		
O.3	Choice is available for place of birth (homebirth, in a midwifery unit, in a hospital obstetric unit)					
D.3.1	Women are able to make informed choices about their place of birth	PMO	National work streams NICE PHE Multiprofessional and governance T&F MVP			
T.3.1.1	Review and benchmark current place of birth choices across the LMS	PMO/T&F G		Feb-18		
T.3.1.2	Identify any gaps/opportunities	PMO/T&F G		May-18		
T.3.1.3	Identify solutions for addressing any gaps and strengthen opportunities	PMO/T&F G		May-18		
T.3.1.4	Implement agreed solutions to address gaps as required	PMO/T&F G		May 2018 - May 2019		
T.3.1.5	Include information about choice options in personalised care plans and local maternity offer	PMO/T&F G		May-18		
O.4	Choice is available for postnatal care					
D.4.1	Women receive postnatal care in alignment with their choices and personalised care plan	PMO	National work streams NICE PHE Multiprofessional and governance T&F MVP PMH T&F			
T.4.1.1	Map the current service provision for postnatal care delivered through key partners (Maternity Services, Health Visitors and GP's)	PMO/T&F G		Nov-18		
T.4.1.2	Identify service user expectations for postnatal care	PMO/T&F G		May-18		
T.4.1.3	Develop a comprehensive postnatal pathway (including transition to and from other services)	PMO/T&F G		Nov-18		
T.4.1.4	Develop a comprehensive care transition pathways for step up and step down from specialised / more intensive services	PMO/T&F G		Nov-18		
T.4.1.5	Develop, agree and implement approaches for how the LMS might improve postnatal care including; breastfeeding, smoking cessation, perinatal mental health and contraception	PMO/T&F G		Mar-21		
T.4.1.6	Identify the role of community hubs in delivering the postnatal pathway	T&F group/ LMS exec board		Nov-18		
T.4.1.7	Women should have access to their midwife as they require after having their baby	PMO/T&F G		Mar-21		
T.4.1.8	Identify the role the voluntary, community sector and independent midwifery practices within the postnatal pathway	PMO/T&F G		Nov-18		
T.4.1.9	Include information about choice options in personalised care plans and local maternity offer	PMO/T&F G				
O.5	The LMS will offer greater continuity of the health care professional supporting the woman, her baby and her family					
D.5.1	There will be an agreed definition of continuity of carer across the LMS	PMO	National team Early adopters and pioneers MVP Cross Boundary LMS's Multiprofessional and governance T&F	Aug-18	Sep-18	Oct-18
T.5.1.1	Explore continuity of carer from a; service user, commissioner and provider perspective	PMO/T&F G		May-18		
T.5.1.2	Service users, providers and commissioners work together to define continuity of carer	PMO/T&F G		Aug-18		
D.5.2	Increased continuity of carer across the LMS	PMO		Mar-21		
T.5.2.1	Benchmark against agreed definition of continuity of carer and identify gaps	PMO/T&F G		Nov-18		
T.5.2.2	Agree models of care for continuity of carer	PMO/T&F G		Nov-20		

T.5.2.3	Identify a local ambition for implementation, consider piloting models	PMO/T&F G		Nov-20		
T.5.2.4	Full implementation of model	PMO/T&F G		Mar-21		
T.5.2.5	Monitor and evaluate	PMO/T&F G		on-going		
O.6	All women have a personalised care plan					
D.6.1	Women will have the tools and support available to help them make informed decisions and develop their care plan	PMO	Maternity Voices Partnership Early adopters and pioneers Other T&F groups			
T.6.1.1	Review current care plans across the LMS	PMO/T&F G		Feb-18		
T.6.1.2	Agree a personalised care plan for all women across the LMS which is inclusive of vulnerable groups (safeguarding, BME, PMH, young women)	PMO/T&F G		Nov-18		
T.6.1.3	Agree an LMS process for use	PMO/T&F G		May-19		
T.6.1.4	Implement use of personalised care plans	PMO/T&F G		May-19		
T.6.1.5	Monitor and evaluate	PMO		on-going		
T.6.1.6	Quality audit of personalised care plans across the LMS	PMO		May-20		
O.7	Women are in control of exercising their choices through their own NHS Personal Maternity Care Budget					
D.7.1	Look into personal health budgets / observe early adopters and pioneers	PMO	National	TBC		
T.7.1.1	Review current models of personal health budgets across the STP footprint	PMO		Apr-18		
T.7.1.2	Compare these models with early adopter and pioneer experience	PMO		Apr-18		
T.7.1.3	Develop a pilot LMS personalised care plan to test prior to full roll-out across LMS	PMO		Oct-18		
T.7.1.4	Evaluate and revise on an ongoing basis	PMO		Apr-19		
O.8	All women can contribute to the Maternity Voices Partnership					
D.8.1	All women in the LMS (and their partners and families) are able to participate and influence by; giving feedback, becoming service user members of the MVP or co-designing services in the local maternity offer	PMO	National work stream Early adopters Boundary LMSs SANDS BLISS FFT Maternity Safety Thermometer CQC	Nov-19		
T.8.1.1	Benchmark current MSLCs and service user forums	PMO/T&F G		Feb-18		
T.8.1.2	Determine and benchmark current means of service user experience and feedback	PMO/T&F G		Feb-18		
T.8.1.3	Co-produce a model for the Maternity Voices Partnership (align with community hub model)	PMO/T&F G		Aug-18		
T.8.1.4	Identify available resources for the Maternity Voices Partnership	PMO/T&F G		TBC		
T.8.1.5	Establish membership of MVP from a wide range of organisations (including voluntary and independent sector)	PMO/T&F G		Aug-18		
T.8.1.6	Develop a work programme for the MVP	PMO/T&F G		Nov-18		
T.8.1.7	Implement	PMO/T&F G		Nov-18		
T.8.1.8	Assess	PMO		Nov-19		

Recommendation(s)		Day to Day Owner	Interdependencies	Timescale	Financial Impact	Comments
O.1	Improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the 'halve it' ambition of halving rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 50% by 2030 with a 20% reduction by 2020.					
D.1.1	Measures are in place to monitor and evaluate progress towards reducing the rate of stillbirth and neonatal death, maternal death and brain injuries during birth by 50% by 2030 with a 20% reduction by 2020.	PMO	National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety	Mar 21		
T.1.1.1	Baseline 2010 rates of stillbirth, neonatal death, maternal death and HIE across the LMS	PMO /T&F G		May 18		
T.1.1.2	Identify current rates and gather appropriate data across all trusts	PMO /T&F G		May 18		
T.1.1.3	Identify existing measures in place for data across trusts	PMO /T&F G		May 18		
T.1.1.4	Agree potential data measure to be used across the LMS	PMO /T&F G		Nov 18		
T.1.1.5	Agree and implement process for data collection, monitoring and evaluation	PMO /T&F G		Nov 18		
D.1.2	Approved appropriate National, Regional and Y&H recommendations for Maternal Enhanced and Critical Care, stillbirth, neonatal deaths and brain injuries are implemented across the LMS	PMO	National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety	on-going		
T.1.2.1	Collate relevant recommendations and reports	PMO /T&F G		Feb 18		
T.1.2.2	Benchmark against the recommendations on an LMS footprint	PMO /T&F G		Aug 18		
T.1.2.3	Agree implementation of the documents and recommendations across the LMS	PMO /T&F G		Feb 19		
T.1.2.4	Monitor and evaluate the implementation of recommendations for quality improvement purposes.	PMO /T&F G		Mar 21		
T.1.2.5	Benchmark, implement, monitor and evaluate Saving Babies Live care bundle across the LMS	PMO /T&F G		Nov 18		
T.1.2.6	Benchmark, implement, monitor and evaluate the recommendations from ATAIN	PMO /T&F G		Nov 18		
T.1.2.7	Benchmark, implement, monitor and evaluate the National Perinatal Mortality Tool (once published)	PMO /T&F G		TBC		
D.1.3	Public Health (PH) pathways are in place to improve the health and social wellbeing outcomes for women and babies.	PMO /T&F G	PHE National work stream	Mar 21		
T.1.3.1	Identify and collate current PH pathways across localities	PMO /T&F G		May 18		
T.1.3.2	Identify current practice in relation to specialist PH midwives and Specialist PH services	PMO /T&F G		May 18		
T.1.3.3	Link to work stream 9 and scope national PH practice and campaigns	PMO		on-going		
T.1.3.4	Agree PH pathways needed for trusts/LMS	PMO /T&F G		May 19		
T.1.3.5	Implement and evaluate PH pathways	PMO		Mar 21		
D.1.4	A consistent and evidence based approach is undertaken in regards to: - Foetal growth - Smoking in pregnancy - Weight management for women - Perinatal Mental Health - Sepsis - Seasonal Flu - VTE - Obesity - Safer Sleeping - Drugs and alcohol	PMO /T&F G	Multiprofessional working and governance T&F Perinatal Mental Health T&F Perinatal Mental Health Network MVP PHE	Mar 21		
T.1.4.1	Identify current practice for all of the indicators above	PMO /T&F G		Nov 18		
T.1.4.2	Assess current practice against recommendations and evidence of good practice.	PMO /T&F G		May 19		
T.1.4.3	Agree recommendations and actions	PMO /T&F G		Nov 19		
T.1.4.4	Implement recommendations and actions	PMO /T&F G		Feb 20		

T.1.4.5	Monitor and evaluate	PMO /T&F G		Mar 21		
T.1.4.6	Ensure women have access to consistent and accurate information for the areas highlighted in D.1.4	PMO /T&F G		Feb 20		
O.2	Serious Incidents in maternity services result in good quality investigations, action plans and shared learning across the LMS.					
D.2.1	Consistent and timely approaches to recognise, report and investigate serious incidents, complaints, comments and compliments across the LMS.	PMO	National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety Rapid Resolution and Redress scheme Yorkshire and the Humber Maternity Safety Learning Network CDOP	Aug 19		
T.2.1.1	Ensure consistency in criteria for; serious incidents, complaints, comments and compliments across the LMS	PMO /T&F G		Nov 18		
T.2.1.2	Identify current process for reporting and investigations – including trigger lists	PMO /T&F G		Feb 18		
T.2.1.3	Identify what constitutes as a quality investigation including a SMART action plan	PMO /T&F G		May 18		
T.2.1.4	Agree a consistent and timely approach to investigations and SIs	PMO /T&F G		Nov 18		
T.2.1.5	Implement agreed approach across LMS and evaluate implementation / impacts	PMO /T&F G		Feb 19		
D.2.3	Consistent and robust mechanisms are in place across the LMS to share learning from investigations (including complaints, comments and compliments).	PMO	National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety Rapid Resolution and Redress scheme Yorkshire and the Humber Maternity Safety Learning Network CDOP Healthwatch Friends and Family Test Multiprofessional and governance T&F	Mar 21		
T.2.3.1	Scope existing practice for shared learning across all trusts	PMO /T&F G		May 18		
T.2.3.2	Identify current forums where learning can be shared	PMO /T&F G		May 18		
T.2.3.3	Agree and develop mechanisms and resources for shared learning across various platforms	PMO /T&F G		Nov 18		
T.2.3.4	Implement processes for shared learning	PMO /T&F G		Nov 19		
T.2.3.5	Monitor and evaluate shared learning	PMO /T&F G		Nov 20		
D.2.4	There is openness and honesty between professionals and women, their partners and families, which should be supported by a rapid resolution and redress scheme, encouraging rapid learning and to ensure that women, their partners and families receive the help they need quickly	PMO	Rapid Resolution and Redress Scheme Multiprofessional working and governance			
T.2.4.1	Scope current practice in relation to: - openness and honesty between professionals and families - encouraging rapid learning and to ensure families receive the help they need	PMO /T&F G		May 18		
T.2.4.2	Identify gaps in training and support for staff	PMO /T&F G		May 18		
T.2.4.3	Establish a link to national RRR work	PMO		on-going		
T.2.4.4	Ensure implementation of the national RRR scheme	PMO		TBC		
O.3	Robust governance procedures for safer maternity care are in place across the LMS					
D.3.1	Provide a forum through which safety issues can be identified, solutions agreed and implementation of improvements overseen	PMO	National work streams Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN Multiprofessional and governance T&F Communities of practice	Nov 19		
T.3.1.1	Identify members and function of the forum	PMO /T&F G		May 18		
T.3.1.2	Assess current governance procedures and identify gaps	PMO /T&F G		May 18		
T.3.1.3	Develop recommendations for an LMS approach	PMO /T&F G		Aug 18		
T.3.1.4	Agree and implement recommendations	PMO /T&F G		Nov 18		
T.3.1.5	Evaluate the forum	PMO /T&F G		Nov 19		

D.3.2	Ensure consistent criteria and mechanisms are in place across the LMS to identify and escalate appropriate safety issues to the forum	PMO	National work streams Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN Multiprofessional and governance T&F			
T.3.2.1	Assess current criteria and mechanisms for escalation of safety issues	PMO /T&F G		May 18		
T.3.2.2	Develop recommendations for an LMS approach	PMO /T&F G		Aug 18		
T.3.2.3	Agree and implement recommendations	PMO /T&F G		Nov 18		
T.3.2.4	Monitor mechanisms	PMO /T&F G		Nov 19		
D.3.3	Ensure mechanisms are in place for the forum to cascade all lessons learned throughout; the LMS, Yorkshire and the Humber Safety Learning Network, Yorkshire and the Humber Maternal and Neonatal ODN Forum	PMO	Multiprofessional and governance T&F Maternity Safety Learning Network Yorkshire and the Humber Maternal and Neonatal ODN Forum	May 20		
T.3.3.1	Scope existing mechanisms for cascading lessons learned	PMO /T&F G		May 18		
T.3.3.2	Agree and implement mechanisms and resources for cascading lessons learned across the LMS using various platforms.	PMO /T&F G		May 19		
T.3.3.3	Evaluate the cascade of lessons learned	PMO/T&F G		May 20		
D.3.4	Ensure recommendations from the LMS/Forum are considered as part of all safety plans and organisations' overall safety strategies, so that actions are not taken in a fragmented and unsustainable way	PMO	H, C&V Acute Trusts	Nov 19		
T.3.4.1	Identify current methods to contribute to all safety plans and organisations' overall safety strategies.	PMO /T&F G		May 18		
T.3.4.2	Agree and implement mechanisms to contribute to all safety plans and organisations' overall safety strategies	PMO /T&F G		Nov 18		
T.3.4.3	Evaluate safety plans and strategies	PMO		Nov 19		
D.3.5	A peer review process is in place across the LMS	PMO	Yorkshire and the Humber Clinical Network work programmes National work streams	Nov 20		
T.3.5.1	Define what is meant by peer review process	PMO /T&F G		Feb 18		
T.3.5.2	Identify any current peer review processes across LMS, Y&H, national	PMO /T&F G		Feb 18		
T.3.5.3	Scope governance processes and assurance that need to be in place	PMO /T&F G		May 18		
T.3.5.4	Agree peer review process.	PMO /T&F G		May 19		
T.3.5.5	Pilot peer review process	PMO /T&F G		Aug 19		
T.3.5.6	Implement peer review process	PMO/T&F G		Nov 19		
T.3.5.7	Evaluate peer review process	PMO /T&F G		Nov 20		
O.4	The LMS will continuously improve the quality and safety of maternity and neonatal units across H,C&V					
D.4.1	Participate in the NHS Improvement Maternity and Neonatal Health Safety Collaborative	PMO	NHS Improvement National work streams Saving Babies Lives Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety			
T.4.1.1	Identify trusts taking part in each wave	PMO /T&F G		Nov 17		
T.4.1.2	Link with other LMS's in Yorkshire and the Humber to share learning from wave 1	PMO /Y&H Improvement Academy		on-going		
T.4.1.3	Develop Communities of Practice across the LMS (as defined by Collaborative)	PMO /Y&H Improvement Academy		Nov 18		
D.4.2	Provide visible multi-professional leadership for a safety culture across LMS provider organisations	PMO	NHS Improvement Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme	May 20		
T.4.2.1	Identify multi-professional safety leadership	PMO /T&F G		Nov 17		
T.4.2.2	Identify current good practice	PMO /Y&H Improvement Academy		May 18		
T.4.2.3	Undertake a safety culture survey	PMO		May 19		
T.4.2.4	Implement and evaluate any recommendations from the safety culture survey	PMO /T&F G		May 20		
D.4.3	Collect data on the quality and outcomes of services routinely, to measure performance and to benchmark against others to improve the quality and outcomes of services.	PMO	NHS Improvement	Nov 20		
T.4.3.1	Assess current measures and processes for measuring quality and service improvement across the LMS	PMO /T&F G		May 18		
T.4.3.2	Develop a quality improvement strategy	PMO /T&F G		May 19		

T.4.3.3	Implement strategy	PMO /T&F G		Nov 19		
T.4.3.4	Monitor and evaluate	PMO /T&F G		Nov 20		
O.5	Access to high quality neonatal care and reduce poor outcomes for babies across all categories of care; intensive care, high dependency care, special care and transitional care.					
D.5.1	Work in partnerships with Neonatal ODN to reduce the variation in neonatal outcomes and provide for stronger models of networked care to ensure that babies receive the best care in the optimal setting to maximise life chances.	PMO	NHS Improvement National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety ATAIN Embrace	Mar 21		
T.5.1.1	Review and understand the findings from the neonatal critical care review.	PMO/T&F G		May 18		
T.5.1.2	Develop and deliver local plans to reduce variation.	PMO/T&F G		May 19		
D.5.2	Clear and effective cot based pathways from maternity to neonatal care.	PMO	NHS Improvement National work streams Saving Babies Lies Care bundle Maternity and Neonatal Health Safety Collaborative Yorkshire and the Humber Clinical Network work programme Neonatal ODN PHE Sign up to Safety ATAIN Embrace Multiprofessional working and governance T&F	Mar 21		
T.5.2.1	Assess what cots are currently available and where across the LMS.	PMO/T&F G		Feb 18		
T.5.2.2	Identify baby to staff ratio across trusts.	PMO/T&F G		Feb 18		
T.5.2.3	Identify pathways currently in place.	PMO/T&F G		Feb 18		
T.5.2.4	Understand current procedures and criteria for transitional care.	PMO/T&F G		May 18		
T.5.2.5	Identify trusts without transitional care and what care pathways they have in place.	PMO/T&F G		May 18		
T.5.2.6	Develop a pathway for the LMS	PMO/T&F G		May 19		
T.5.2.7	Implement pathway	PMO/T&F G		Nov 19		
T.5.2.8	Monitor and evaluate pathway	PMO/		Mar 21		
D.5.3	Identify right place and right care for women whose babies may need neonatal care at or after birth and develop a joint policy on care for these women and their babies.	PMO	National work streams Choice and Personalisation T&F MVP	Mar 21		
T.5.3.1	Analysis of data for babies requiring neonatal care.	PMO/T&F G		May 18		
T.5.3.2	Collect and analyse data re: pre term births; rates and place of delivery.	PMO/T&F G		May 18		
T.5.3.3	Collect and analyse data re: inductions of labour and neonatal care.	PMO/T&F G		May 18		
T.5.3.4	Identify gaps in medical, nursing and midwifery staffing: - Paediatric - Neonatal - Obstetric - Sonography	PMO/T&F G		May 18		
T.5.3.5	Collect and analyse data re: term baby admissions and ensure learning is captured from the ATAIN programme.	PMO/T&F G		May 18		
T.5.3.6	Develop joint policy in partnership with Neonatal ODN.	PMO/T&F G		May 19		
T.5.3.7	Implement policy	PMO/T&F G		Nov 19		
T.5.3.8	Monitor and evaluate (include the experience of women and their families)	PMO		Mar 21		
O.6	All women and babies that are at risk are recognised and provided with appropriate care including safeguarding.					
D.6.1	Ensure: Safeguarding processes are in place to identify and support women and babies that maybe at risk. Multi agency safeguarding is in place to address the needs of women and babies at risk. Appropriate systems and processes are in place to share safeguarding information across the LMS in regard to women and babies identified as at risk.	PMO /Safeguarding leads	National MTP Work stream 2 Early Adopters and Pioneers PHE CQC Ofsted	May 19	May 20	May 21
T.6.1.1	Review application of legal safeguarding requirements.	PMO /T&F G		May 18		
T.6.1.2	Review process for identifying mothers and babies at risk	PMO /T&F G		May 18		
T.6.1.3	Identify good practice	PMO /Safeguarding leads		Nov 18		
T.6.1.4	Develop a consistent approach across the LMS	PMO /T&F G		May 19		

		Task and Finish Group: Delivering Improvements in Perinatal Mental Health				Comments
		Chair:	Michelle Thompson	Plan Start Date:	01-Nov-17	
		Project Management:	tbc	Plan End Date:	31-Mar-21	
Recommendation(s)		Day to Day Owner	Interdependencies	Milestones	Financial Impact	
O.1	The LMS has a clear and integrated Perinatal Mental Health pathway of care					
D.1.1	Develop an LMS Perinatal Mental Health offer	PMO	Y&H PMH Network MBU	Feb 19		
T.1.1.1	Benchmark current Mental Health services for women in the perinatal period across the LMS	PMO/T&F G		May 18		
T.1.1.2	Identify gaps in services (relate to Five Year Forward View for MH and Better Births)	PMO/T&F G		May 18		
T.1.1.3	Link to Yorkshire and the Humber Perinatal Mental Health Network Pathways group to avoid repetition of work and develop consistency across the wider region	PMO/T&F G		Nov 17		
T.1.1.4	Establish links to Mother and Baby units; recognising Leeds MBU as the inpatient care facility within Yorkshire and the Humber but other MBU's may be utilised.	PMO/T&F G		Feb 18		
T.1.1.5	Build plans around how to develop services where gaps identified, utilising National funding opportunities as available	PMO/T&F G		Nov-18		
T.1.1.6	Identify the role of all the role of support services as part of the PMH offer	PMO/T&F G		May-18		
T.1.1.7	Engage women and their families in co-producing the PMH offer	PMO/T&F G		ongoing		
T.1.1.8	Establish if there are any vulnerable groups of women who need bespoke consideration in the PMH offer	PMO/T&F G		May-18		
D.1.2	The Perinatal Mental Health Care Pathway is readily available and easy to access for health and social care staff across the LMS	PMO	Multiprofessional and governance T&F Choice and Personalisation T&F	tbc		
T.2.2.1	Identify which care providers (including voluntary sectors) may need to access Perinatal Mental Health Pathway	PMO/T&F G		May-18		
T.2.2.2	Develop a platform where the PMH Care Pathway for the LMS is easily accessed.	PMO/T&F G		tbc		
O.2	Early identification of women with mental health issues in the perinatal period is a recognised feature of the LMS					
D.2.1	Physical and mental health care is integrated across the LMS in the perinatal period	PMO	LMS exec board - multi professional and governance T&F - STP work stream -	Mar-21		
T.2.1.1	Benchmark current position of LMS	PMO/T&F G		May-18		
T.2.1.2	Establish link with community hubs and consider what PMH services could work within a community hub	PMO/T&F G		tbc		
T.2.1.3	Establish link with work on personalised care plans to ensure every physical check in pregnancy coincides with a MH assessment of the woman	PMO/T&F G		Nov-17		
O.3	Women receive high quality, personalised maternity care without any inequity in access					
D.3.1	PMH guidelines across the LMS are co-produced with women and are evidence based	PMO	National work streams Multiprofessional and governance T&F	Feb-19		
T.3.1.1	Collate current guidelines used across the LMS (maternity services, MH services, GP's, A&E, Ambulance service)	PMO/T&F G		May-18		
T.3.1.2	Review guidelines collectively with organisations working together to reach agreement on policies which ensure safety, whilst recognising the distinctive nature of individual services	PMO/T&F G		Feb-19		
T.3.1.3	Implement guidelines	PMO/T&F G		Feb-19		
T.3.1.4	Embed a process for ensuring regular review of guidelines and updating as appropriate	PMO		Aug 19		
O.4	All members of the workforce who meet women in the perinatal period have an understanding of PMH and know how to escalate concerns					
D.4.1	Workforce members are trained and educated in PMH to reflect their role and their predicted involvement with women in the perinatal period	PMO	Multiprofessional working and governance T&F HEE Mental Health Delivery Boards	Mar-21		
T.4.1.1	Identify all workforce roles that interface with women and their families in the perinatal period	PMO/T&F G		May-18		
T.4.1.2	Conduct a training needs analysis for the determined roles	PMO/T&F G		Nov-19		
T.4.1.3	Review available training packages and the PMH Competency Framework	PMO/T&F G		Nov-19		
T.4.1.4	Implement training	PMO/T&F G		Mar-20		
T.4.1.5	Monitor and evaluate	PMO		Mar-21		

		Task and Finish Group:		Multi professional working and governance		
		Chair:		Dr. Nicola Dean		
		Project Management:		tbc		
Recommendation(s)		Day to Day Owner	Interdependencies	Timescale	Financial Impact	Comments
O.1	LMS has alignment of structures to provide seamless care for women and their babies					
D.1.1	The LMS has a clear governance structure	PMO	STP Neonatal ODN Mental Health Delivery Boards	Nov-18		
T.1.1.1	Review current governance structures at; STP, LMS and Local levels	PMO		May-18		
T.1.1.2	Agree a standard set of wording that can be included in all maternity provider specifications and contracts to require providers to work collaboratively as part of a Local Maternity System	PMO		Nov-18		
T.1.1.3	LMS membership shows a clear link to Neonatal ODN	PMO		May-18		
T.1.1.4	LMS membership shows clear links to other parts of the STP e.g.. Mental Health Delivery Board	PMO		May-18		
D.1.2	Leadership and organisational development is embedded across the STP	PMO	STP			
T1.2.1	LMS integrated into STP governance structures			Complete		
T1.2.2	LMS part of In-Hospital stream looking at organisational development across the hospital based system			Complete		
T1.2.3	STP is developing an organisational development plan	STP		Mar-18		
T1.2.4	STP leadership refreshed Sept 2017 and senior team realigning dynamics, LMS chair party to this	STP		Mar-18		
O.2	Clinical and operational governance processes and protocols ensure that patients get the right care at the right time from the right person					
D.2.1	All providers will know and understand the care available across the LMS including knowledge of pathways of care available in midwifery units, obstetric units, neonatal services, perinatal mental health services, community hubs and other support services	PMO	Choice and Personalisation, MVP T&F Perinatal Mental Health T&F NHS Digital	Nov 18		
T.2.1.1	Scope current services and pathways	PMO/T&F G		May 18		
T.2.1.2	Scope models of information sharing	PMO/T&F G		May 18		
T.2.1.3	Ensure services and pathway information is accessible at a central point	PMO		Nov 18		
D.2.2	Clinical teams across the LMS work to shared standards and guidelines	PMO		Mar 21		
T.2.2.1	Establish an LMS Guidelines/standards group	PMO		May 18		
T.2.2.2	Review guidelines collectively with organisations working together to reach agreement on policies which ensure safety, whilst recognising the distinctive nature of individual services	PMO/T&F G		May 18		
T.2.2.3	Develop a platform where all guidance for the LMS is shared	PMO		May 19		
T.2.2.4	Develop and embed a process for ensuring regular review of guidelines and updating as appropriate	PMO/T&F G		Mar 21		
D.2.3	Transfer and referral protocols are in place so it is clear what happens when a woman and/or her baby need to change pathway and/or receive care from another provider, including mental health services and specialist hospital services outside the LMS. It will need to include the role of community based midwives who accompany a woman into a hospital	PMO	Neonatal ODN Mental Health Delivery Boards Y&H PMH Network	Mar 21		
T.2.3.1	Review current transfer guidelines including; intrauterine, mental health, neonatal and specialist services outside the LMS	PMO/T&F G		May 18		
T.2.3.2	Identify gaps in transfer guidelines	PMO/T&F G		Nov 18		
T.2.3.3	Develop LMS transfer and referral guidelines and protocols	PMO/T&F G		May 19		

T.2.3.4	Implement LMS transfer and referral guidelines and protocols	PMO/T&F G		Nov 19		
T.2.3.5	Evaluate LMS transfer and referral guidelines and protocols	PMO/T&F G		Mar 21		
D.2.4	Record keeping is such that information can be shared between providers	PMO	National work streams Choice and Personalisation T&F NHS Digital	Mar 21		
T.2.4.1	Benchmark record keeping systems across the LMS	PMO/T&F G		Feb 18		
T.2.4.2	Information/data sharing agreement (so that information can be shared between providers (in the longer term this should be electronic)	PMO		Nov 18		
T.2.4.3	Wait for national specification to be published, investigate the possibility of procuring one provider for patient digital records - (needs to be an inter operable system)	PMO		TBC		
T.2.4.4	Ensure principles of data/information sharing and agreement of those measures are included in the specification and identify links with community and primary care	PMO		Nov 18		
D.2.5	Workforce sharing across the LMS	PMO	National work stream	Mar 21		
T.2.5.1	Review existing workforce arrangements for sharing staff (including where staff already work across sites)	PMO/T&F G		May 18		
T.2.5.2	Consider which roles / situations this may be particularly suitable for (consider continuity of carer)	PMO/T&F G		Nov 18		
T.2.5.3	Engage workforce / seek their opinions in relation to working pan LMS	PMO/T&F G		May 19		
T.2.5.4	Conduct a feasibility / pilot study to explore sharing workforce across the geographies	PMO/T&F G		Nov 19		
T.2.5.5	Develop a policy which sets out how sharing of staff works. This includes support and management structures for staff, clear lines of accountability and handling of liability across organisations	PMO/T&F G		May 20		
T.2.5.6	Evaluate all new policies/ processes for workforce sharing across the LMS	PMO		Mar 21		
D.2.6	Community hubs have a clear and agreed operating model. This could involve the creation of a single organisation overseeing a wide range of services but could also feature a range of bodies working together to provide joined up services	PMO	National work stream Early adopters and pioneers PHE Local Authorities	Mar 21		
T.2.6.1	Benchmark current community based facilities and practices	PMO/T&F G		Nov 18		
T.2.6.1	Identify what a community hub will look like, scope potential model for community hubs for the LMS including share hubs.	PMO/T&F G		May 19		
T.2.6.2	Consider the wants and needs of the population and the geography.	PMO		Nov 18		
T.2.6.3	Identify and engage stakeholders and services to operate with the hub.	PMO		May 19		
T.2.6.4	Develop an operating model for community hubs in H,C&V LMS	PMO		May 20		
T.2.6.5	Implement and evaluate the model for community hubs	PMO		Mar 21		
O.3	The LMS has an effective multiprofessional workforce that supports the model of care					
D.3.1	An LMS Workforce strategy for maternity transformation is in operation	PMO	LWABs HEE Universities	Mar 21		
T.3.1.1	Undertake workforce benchmarking across the LMS	PMO/T&F G		Aug 18		
T.3.1.2	Undertake a gap analysis between the current capacity and capabilities of staff and those required to deliver the vision set out in Better Births	PMO/T&F G		Nov 18		
T.3.1.3	LMS to establish a link with Health Education England, Local Workforce Action Boards and Universities	PMO		May 18		
T.3.1.4	Explore centralising recruitment processes on an LMS footprint	PMO		Aug 18		
T.3.1.5	Ensure the Workforce Strategy is co-produced with representatives from the MVP	PMO/T&F G		ongoing		
T.3.1.6	Implement, monitor and evaluate the workforce strategy	PMO		Mar 21		
D.3.2	Shared learning, development and training is delivered across the LMS, which enables clinicians from different professions and different professions and different organisations to learn together	PMO		Nov 20		
T.3.2.1	Review current learning and training across the LMS	PMO/T&F G		May 18		
T.3.2.2	Conduct a Training Needs Analysis for a range of professional roles	PMO/T&F G		Nov 18		
T.3.2.3	Agree and develop a LMS model for the shared training	PMO/T&F G		May 19		

T.3.2.4	Develop a training passport for CPD / revalidation purposes	PMO/T&F G		May 19		
T.3.2.5	Continually monitor and evaluate the training provided ensuring training delivered is high quality and evidence based	PMO		Nov 20		
T.3.2.6	Develop a process to ensure that multi-professional peer review of services is available to support and spread learning	PMO/T&F G		Nov 18		
D.3.3	Local Maternity System should ensure that the model Advocating and Educating for Quality Improvement (A-EQUIP) is implemented effectively across its area.	PMO	HEE Universities Regional maternity leads National work stream			
T.3.3.1	Scope current interim models being used across the LMS	PMO				
T.3.3.2	As an LMS, agree preferred model allowing for local variation	PMO				
T.3.3.3	Agree programme for roll out of A-equip	PMO				
T.3.3.4	Implement agreed programme	PMO				
O.4	The LMS has a multiprofessional collaborative culture which puts women and their families at the centre of care and learns with and from each other					
D.4.1	A multiprofessional collaborative culture is a recognisable and notable feature of the LMS	PMO	National work streams Yorkshire and the Humber Improvement Academy	Mar 21		
T.4.1.1	Consider and agree the use of a culture barometer tool	PMO/T&F G		May 18		
T.4.1.2	Undertake a cultural assessment across the LMS	PMO/T&F G		May 19		
T.4.1.3	Track development over time and agree action plans for improvement	PMO		Mar 21		


Recommendation(s)		Day to Day Owner	Timeline		Interdependencies	Financial Impact	Comments
			Start	Finish			
O.1	Commissioning Models / Partnership Working	tbc	Nov-17	Mar-21	All STP Work streams All involved organisations - provision and commissioning Specialised Services Neighbouring STPs Networks including ODN		
D1.1	Outcome based commissioning	tbc	Nov-17	Mar-21			
T.1.1.1	Review of existing measurable outcomes, quality outcomes undertaken		Nov-17	Mar-18			
T.1.1.2	Agreement of preferred outcomes across all commissioners		Nov-17	Mar-18			
T.1.1.3	Inclusion in commissioning intentions and planning rounds		Dec-17	Dec-17			
T.1.1.4	Monitoring of progress to deliver required actions		Apr-18	Mar-21			
T.1.1.5	Remedial planning if required		Sep-18	Mar-21			
D.1.2	Integrated Commissioning and Planning		Nov-17	Mar-21			
T.1.2.1	Partners included on Exec: Specialised Commissioning, Neonatal ODN, Maternity CN, PH, DCO			Complete			
T.1.2.2	All partners involved in decision making			Complete			
D.1.3	Partnership working with specialised commissioners		Nov-17	Mar-21			
D.1.3.1	Active membership of the STP Exec in place			Complete			
D.1.3.2	Review of Specialised Commissioning Maternity and Neonatal priorities and alignment with LMS priorities		Nov-17	Dec-17			
D.1.3.3	Joint delivery plan agreed		Dec-17	Mar-18			
O.2	Communication, Involvement & Engagement Project Plan	tbc	Nov-17	Mar-21	All STP Work streams All involved organisations - provision and commissioning Specialised Services Neighbouring STPs Networks including ODN		
D.2.1	Development of basic information pack regarding Better Births and the LMS	tbc	Nov-17	Feb-18			Financial resources to develop hard copy literature to be confirmed
T.2.1.1	Consider / agree opportunities for a joint information resource across Y&H to support all LMS		Nov-17	Nov-17	West Yorkshire LMS; South Yorkshire LMS, Maternity Clinical Network, NHSE Yorkshire & the Humber		
T.2.1.2	If joint resource not an option agree what local resources are required including: * Literature on Better Births * Literature on LMS which can be used across the LMS		Dec-17	Jan-18			
T.2.1.3	Each work stream to consider and agree what information they wish to share and format		Nov-17	Feb-18	STP, CCGs. Providers		
T.2.1.4	Agree with Maternity Voices Partnerships and other involvement fora if the identified information will meet their basic information requirements		Dec-17	Feb-18			
T.2.1.5	Develop required information sources in agreed range of formats		Dec-17	Feb-18			
D.2.2	Development of Maternity Voices Partnerships						Financial impact of supporting independent Maternity voices Partnerships to be confirmed
	Please see sheet 1. Choice for details						
D.2.3	Identify key groups; outside of Maternity Voices Partnership; where active involvement and engagement is required	tbc	Nov-17	Dec-17			
T.2.3.1	Each CCG and Provider organisation to identify their key engagement/involvement groups		Nov-17	Nov-17	STP, LA, Non-NHS Services / Providers, HealthWatch		
T.2.3.2	Master list to be compiled and initial contact made		Dec-17	Dec-17			
T.2.3.3	Agree preferred contact methodology with key groups		Jan-18	Jan-18			
T.2.3.4	Consider range of languages / formats required		Jan-18	Jan-18			

T.2.3.5	Work with Maternity Voices Partnership and other identified groups to identify non-traditional involvement / engagement routes		Jan-18	Mar-18			
T.2.3.6	Develop a range of family friendly involvement / engagement routes		Jan-18	Mar-18			
D.2.4	Develop programme of routine briefings and regular workshops		Nov-17	Jan-18			Funding to support workshops identified from LMS project support funds
T.2.4.1	Agree section on routine STP briefings for LMS		Nov-17	Nov-17	STP, CCGs, Providers		
T.2.4.2	Agree with STP Communication Team, regular LMS specific briefing programme (newsletter / Facebook posts, etc.)		Nov-17	Nov-17			
T.2.4.3	Develop programme of regular workshops exploring different topics / progress made		Nov-17	Nov-17			
T.2.4.4	Review potential for use of survey monkey, Facebook discussion fora, etc. to gain wider range of involvement		Nov-17	Dec-17			
T.2.4.5	Develop bespoke programme to reach traditionally low involvement groups		Dec-17	Jan-18	HealthWatch, CCGs, Providers, West Yorkshire LMS, South Yorkshire LMS		
T.2.4.6	Review involvement / engagement activities and refine process		Ongoing	Ongoing			
D.2.5	Understanding of existing involvement, engagement, patient feedback information		Jan-18	Mar-18			
T.2.5.1	Review of complaints, compliments, etc.		Jan-18	Jan-18	HealthWatch, CCGs, Providers		
T.2.5.2	Collation of Friends and Family Test information from providers		Feb-18	Feb-18			
T.2.5.3	Review of maternity specific work undertaken or planned by HealthWatch		Jan-18	Jan-18			
T.2.5.4	Collation of overview report for LMS Exec		Mar-18	Mar-18			
D.2.6	Promotion of patient representation on work streams / task and finish groups		Jan-18	Mar-18			
T.2.6.1	Utilise current services to 'advertise' for individuals willing to be involved with work streams		Jan-18	Jan-18	HealthWatch, CCGs, Providers		
T.2.6.2	Review opportunities for parent friendly facilities are available to support participation		Feb-18	Feb-18			
T.2.6.3	Identify 'buddy system' to support individuals willing to get involved to help them negotiate the system		Jan-18	Jan-18			
T.2.6.4	Establish patient representation on work streams		Mar-18	Mar-18			
D.2.7	Develop LMS Facebook page		Jan-18	Mar-18			
T.2.7.1	Opportunities to set up a Facebook page reviewed		Jan-18	Jan-18			
T.2.7.2	Page contents agreed		Feb-18	Mar-18			
T.2.7.3	Page set up		Mar-18	Mar-18			
T.2.7.4	Ongoing support for page agreed		Mar-18	Mar-18			
O.3	Finances	tbc	Nov-17	Mar-21	STP Provider and Commissioner Finance Depts		
D.3.1	Develop consistency of activity and finance counting						
T.3.1.1	Agree as part of 2018/19 contracting round counting methodology to be adopted across contracts		Oct-17	Dec-17			
T.3.1.2	Agree how retrospective counting will occur to enable trends to be reviewed to date		Oct-17	Dec-17			
D.3.2	Use JNA data to project predicted activity and current tariffs forward						
T.3.2.1	Review JNA and agree growth factors to be utilised		Jan-18	Mar-18			
T.3.2.2	Agree tariffs to be utilised		Jan-18	Mar-18			
T.3.2.3	Project 'no change' figure		Jan-18	Mar-18			
D.3.3	Review impact of national tariff when released						
T.3.3.1	Active involvement, where possible, in tariff development		tbc				
T.3.3.2	Review tariff and shadow usage when available		tbc				
T.3.3.3	Apply new tariff to existing activity data to ascertain likely impact		tbc				
T.3.3.4	Assimilate into contracting methodology in use		tbc				
D.3.4	Project likely activity changes associated with agreed system models						
T.3.4.1	Work with choice, personalisation and continuity work stream and multi-professional and governance work stream to agree expected changes to work		tbc				

T.3.4.2	Link expected changes to tariffs		tbc			
T.3.4.3	Develop optimal change model and associated activity and finance figures		tbc			
T.3.4.4	Develop third option based upon refined factors around recruitment, rate of cultural change, etc.		tbc			
D.3.5	Integrate the LMS financial plan with the STP financial plan including any case for financial change					
T.3.5.1	Develop a financial plan to support delivery of the overall LMS plan		tbc			
T.3.5.2	Align financial plan with STP Pan and parameters		tbc			
T.3.5.3	Develop case for change, if required, including areas for investment and disinvestment in line with STP principles		tbc			
O.4	Prevention		tbc			
D.4.1	Integration with wider PH Initiatives		tbc			
T.4.1.1	PH rep on LMS Exec			Complete		
T.4.1.2	Agree method of contributing to wider work		tbc			
T.4.1.3	Establish agreed methodology		tbc			
T.4.1.4	Ongoing monitoring to ensure maternity message is reflected across appropriate work streams		tbc			
D.4.2	Standardisation of Messages		tbc			
T.4.2.1	Agree core messages and delivery mechanisms		tbc			
T.4.2.2	Local adaption of local need using core message		tbc			
T.4.2.3	Raise awareness of core messages and processes with staff		tbc			
T.4.2.4	Agree start date		tbc			
T.4.2.5	Monitor implementation and impact on an ongoing basis		tbc			
D.4.3	Skills Development		tbc			
T.4.3.1	Review existing skills for giving prevention messages / having this type of discussion		tbc			
T.4.3.2	Undertake a gap analysis around skills		tbc			
T.4.3.3	Agree a skill development programme, evaluation methodology and implementation date		tbc			
T.4.3.4	Commence development programme		tbc			
T.4.4.2	Ongoing evaluation of impact		tbc			
O.5	Performance					
D.5.1	Development of agreed outcome / trajectory definitions		tbc			
T.5.1.1	Review existing definitions, if available, across the LMS		tbc			
T.5.1.2	Review national / regional definitions as become available against local definitions		tbc			
T.5.1.3	Agree baseline year and target delivery year		tbc			
T.5.1.4	Agree suite of LMS specific definitions that align / match to regional/national definitions		tbc			
D.5.2	Review data availability		tbc			
T.5.2.1	Establish whether required baseline data was routinely collected and routinely shared including data definitions / parameters		tbc			
T.5.2.2	Establish whether current data is routinely collected and shared including data definitions / parameters		tbc			
T.5.2.3	Agree collection methodology and frequency for current data that isn't available at present and data definitions / parameters		tbc			
D.5.3	Establish Baseline Data		tbc			
T.5.3.1	Review available local data for baseline year		tbc			
T.5.3.2	Compare with nationally provided data		tbc			
T.5.3.3	Identify reasons for any differences (if any)		tbc			
T.5.3.4	Agree baseline data to be used		tbc			
T.5.3.5	Present baseline data by LMS, individual CCG and Provider (if appropriate)		tbc			
D.5.4	Establish current performance		tbc			
T.5.4.1	Gain current data for agreed 12 month period		tbc			
D.5.5	Establish progress to date		tbc			
T.5.5.1	Compare current data with baseline data and establish relative difference (positive or negative)		tbc			
T.5.5.2	Recheck that same data definitions applied		tbc			
D.5.6	Set final trajectory		tbc			
T.5.6.1	Based upon progress to date, initiatives planned across different years agree a worse case, best case and average case rate of improvement		tbc			

T.5.6.2	Agree level of stretch for each year		tbc			
T.5.6.3	Develop trajectories for LMS and individual organisations		tbc			
D.5.7	Performance Monitoring		tbc			
T.5.7.1	Set up and initiate performance data gathering, monitoring and evaluation		tbc			
O.6	Equality Impact Management					
D.6.1	Agreed system / methodology for Equality Impact Assessments		tbc			
T.5.1.1	Ascertain whether STP has a standard assessment methodology/format		tbc			
T.6.1.2	If not review equality impact assessment tools across LMS		tbc			
T.6.1.3	Confirm / agree system and methodology to be used		tbc			
T.5.1.4	Roll out agreed system/methodology across all works teams		tbc			
D.6.2	Undertaking of Equality Impact Assessments		tbc			
T.6.2.1	Central coordination of composite equality data to be held centrally in line with Joint Needs Assessment		tbc			
T.6.2.2	Support to be given to each work stream regarding undertaking equality impact assessments		tbc			
T.6.2.3	Work stream specific data to be collated		tbc			
T.6.2.4	Work stream specific Equality Impact Assessments undertaken		tbc			
T.6.2.5	Outcomes recorded into central impact assessment document		tbc			
T.6.2.6	Ongoing cycle of review as new data is made available		tbc			
T.6.2.7	Undertaking of Equality Impact Assessments by each task and finish group on an ongoing basis		tbc			
D.6.3	Development of impact mitigation plans		tbc			
T.6.3.1	Collation and analysis of impacts from different work streams		tbc			
T.6.3.2	Core themes identified		tbc			
T.6.3.3	Review of proposed actions for consistency / duplication		tbc			
T.6.3.4	Consolidation of core actions linked to core themes		tbc			
T.6.3.5	Delivery of required actions within agreed timescales		tbc			
T.6.3.6	Review of actions for agreed impacts					
T.6.3.7	Reassess in line with agreed system/methodology					

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Item Number: 8	
Name of Presenter: Tracey Preece	
Meeting of the Governing Body 2 November 2017	 Vale of York Clinical Commissioning Group
Financial Performance Report Month 6	
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 September 2017. To provide details and assurance around the actions being taken. Please note that the format of the report has changed this month to provide a stand-alone Executive Summary on pages 1 and 2 with accompanying Detailed Narrative to provide greater depth if required.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> 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)

This report highlights a number of emerging risks. Although these are covered off within some of the broader risks described in Covalent it is worth noting them specifically here:

- Trading positions that vary to plan and 16/17 contract challenges.
- The CCG has received notification from NHSE that it has not been successful in two recent arbitration cases with an estimated cost of around £250k.
- Finally, further work needs to be done to understand the Transforming Care Programme impact and CHC emerging risks within Complex Care.

Recommendations

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

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

- Appendix 1 – Finance dashboard
- Appendix 2 – Running costs dashboard
- Appendix 3 – Detailed QIPP report

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

Report produced: October 2017

Financial Period: April 2017 to September 2017 (Month 6)

Summary of Key Financial Statutory Duties

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation					7.5	6.9	0.6	G
In-year total expenditure does not exceed total allocation (Programme and Running costs)					452.1	465.3	(13.2)	R
Better Payment Practice Code (Value)	95.00%	99.55%	4.55%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.06%	3.06%	G	95.00%	>95%	0.00%	G
Cash balance at year end is within 1.25% of monthly drawdown								G
CCG cash drawdown does not exceed maximum cash drawdown					457.6	465.3	(7.7)	R

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
Running costs spend within plan	3.6	3.4	0.3	G↑	7.3	6.9	0.3	G↑
Programme spend within plan	226.6	229.6	(3.0)	R↓	451.1	458.3	(7.2)	R↓
Actual position is within plan (In-year)	(3.2)	(5.9)	(2.7)	R↓	(6.3)	(13.2)	(6.9)	R↓
Actual position is within plan (Cumulative)					(30.1)	(37.0)	(6.9)	R↓
Risk adjusted deficit					(13.2)	(19.4)	(6.2)	R↑
Cash balance at month end is within 1.25% of monthly drawdown (£k)	344	357	(13)	R				
QIPP delivery (see section 9)	5.5	4.3	(1.2)	R↓	14.4	14.4	0	G→

Key Messages

See Detailed Narrative for supporting information.

- **Financial Plan:** the CCG continues to report against a planned deficit of £6.3m. No adjustment to the 12th June financial plan was allowed following national NHS England feedback (see section 3).
- **Forecast:** the forecast has moved by £6.9m in Month 6 to a deficit of £13.2m following the removal of CEP equivalent to the CCG's share of the STF control total shortfall. The CCG's preferred position following the GB meeting is a deficit of **£16.0m**, the difference of £2.8m being the S&RCCG part of the CEP plans which was not able to be transacted in the ledger for month 6 due to the timing of agreeing the position and ledger closure (see sections 3&5).

	Month 5 F&P (28 th Sept) £m	Month 6 – GB position (5 th Oct) £m	Month 6 – GB position updated for no plan amendment £m	Month 6 Actual reported £m
Planned Deficit	6.3	9.1	6.3	6.3
FOT	0.0	6.9	9.7	6.9
Reported Deficit	6.3	16.0	16.0	13.2
Gap	13.1	3.4	3.4	6.2
Total	19.4	19.4	19.4	19.4

● **Forecast Expenditure Summary:** (see sections 3, 5 & Appendix 1)

Dashboard Heading	Overall Forecast £m	Month 6 Reported Forecast £m	Month 6 Reported Risk £m
YTHFT	191.0	184.5	(6.5)
Other Acute Commissioning	45.4	45.4	-
Mental Health Services	46.7	46.6	(0.1)
Community Services	29.8	29.8	-
Continuing Care	27.1	26.0	(1.1)
Funded Nursing Care	4.2	4.2	-
Other Commissioning	27.5	26.6	(0.9)
Primary Care Prescribing	48.9	48.9	-
Primary Care	41.2	41.2	-
Running Costs	6.8	6.9	0.1
0.5% CQUIN	1.0	1.0	-
0.5% Risk Reserve	2.0	2.0	-
Contingency	0.0	2.2	2.2
Unallocated QIPP	0.0	0.0	-
Total Expenditure	471.5	465.3	(6.2)
Total Allocation	452.1	452.1	-
Surplus / (Deficit)	(19.4)	(13.2)	(6.2)
31st March Plan	(16.0)		
Variance – Gap to deliver £16.0m	(3.4)		

- **Risks:** Key risks are acute contract activity levels and unsuccessful contract challenges, winter costs and CHC and mental health costs resulting from the on-going review work

- **Month 6 Year-to-date:** plan £3.2m deficit, actual £5.9m deficit so behind plan by £2.7m at month 6 which is a deterioration of £1.5m from month 5 (mainly £1.4m related to £2.8 S&R adj) but with overall trading position stable (see section 2).

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

QIPP Summary	£m
QIPP Target	14.4
Delivered at Month 6	(4.3)
Forecast to deliver in remainder of year	(6.4)
QIPP gap (included in overall gap)	3.7

- **Cash:** the CCG narrowly missed one of its internal Key Financial Measures to have a month-end cash holding within 1.25% of the monthly draw down. Additionally, the deterioration of the forecast outturn means that the CCG will breach its Maximum Cash Drawdown in March 2018, unless this is adjusted nationally (see section 7).

- **Key Actions:** (with Executive leads)

- The CCG already requires all challenges (including rehab beddays) to be successful and a further £3.4m of mitigations to deliver a deficit of £19.4m:
 - Use of 0.5% contingency – 2.2m - TP
 - Additional QIPP (Gastro) - £0.3m – SO’C
 - High cost packages of care (responsible commissioner) - £0.5m - DN
 - Neutralise the impact of the Transforming Care Programme costs - £0.2m – MC/DN
 - Other - £0.2m – TP
- The CCG requires £3.4m of additional savings proposals to keep expenditure in line with the Governing Body approved plan from 31st March (£16.0m deficit). Plans include:
 - The planned care proposals shared with Governing Body on the 5th October 2017 – a range of £0.85m-£2.45m - SO’C
 - Maximise delivery of QIPP to close gap - critical gaps are £1.0m Planned Care – SO’C, £1.0m Unplanned Care - AP/DN and Complex Care £1.6m – DN
 - Extension and mandating of the Shared Decision Making (SDM) pilot, and the inclusion of a 6 week pause to allow for informed decision making (£0.75m – SO’C)
 - Revisiting of system support opportunities (£0.3m – TP)

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

Report produced: October 2017

Financial Period: April 2017 to September 2017 (Month 6)

1. Red / Amber financial statutory duties and measures

- *'In-year total expenditure does not exceed total allocation'* – forecast expenditure is £13.2m higher than the CCG's in-year allocation.
- *'CCG cash drawdown does not exceed maximum cash drawdown'* – the cash drawdown required for the year exceeds the Maximum Cash Drawdown (MCD) as advised by NHS England by £7.7m. This difference is made up of the £6.9m movement in the forecast deficit, £0.2m of cash at bank held as at 31 March 2017 and £0.7m of depreciation. Note that the value of depreciation is currently a pro-rated amount based upon our revenue resource limit and will be adjusted later in the year at which point our maximum cash drawdown will also be amended.
- *'Programme spend within plan'* – programme spend is forecast to overspend by £7.2m. This is offset by an under-spend on running costs of £0.3m which results in the overall position being £6.9m worse than plan. This is as a result of the removal of the capped expenditure proposals
- *'Actual position is within plan (in-year)'* – the in-year position has moved by £6.9m due to the removal of the capped expenditure savings proposals.
- *'Actual position is within plan (cumulative)'* - the cumulative position has moved by £6.9m due to the removal of the capped expenditure savings proposals.
- *'Risk adjusted deficit'* – £6.2m of net unmitigated risk has been identified. This includes £4.7m in relation to in-year contract trading positions and £3.7m of unallocated QIPP.
- *'Cash balance at month end is within 1.25% of monthly drawdown'* – the cash balance at the end of September exceeded the in-month limit, due to a £45k VAT refund on the last working day. Further details on this are included in section 7 of the report.
- *'QIPP delivery'* – year to date QIPP delivery is 78.9% of plan which equates to £1.2m under delivery.

2. Month 6 & Year-to-date Supporting Narrative

The plan at Month 6 was for a deficit of £3.2m; however the actual deficit is £5.9m, £2.7m worse than planned. This represents a deterioration from month 5 of £1.5m of which £1.4m relates to 6/12ths of the £2.8m Scarborough & Ryedale CEP adjustment.

The remainder relates to the overall trading position across all expenditure lines of £0.3m worse, partly offset by the release of a further 1/12th of the 0.5% contingency.

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

The current QIPP position is as follows:

		£m
QIPP plan		14.4
CEP proposals	9.7	
Underlying position improvement	(1.9)	
Net CEP		7.8
Total savings plan		22.2
Removal of net CEP		(7.8)
Year to Date Delivery		(4.3)
Further Delivery required		(6.4)
Shortfall		3.7

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust	(£2.4m)	Year to date Trauma and Orthopaedic planned activity is £370k above plan offset by underspends on the Ramsay contract.
Reserves	(£1.4m)	This reflects 6 months of the £2.8m adjustment relating to Scarborough.
Contingency	£1.1m	0.5% contingency provided for in plan.
Ramsay and Nuffield Health	£0.9m	Ramsay is currently under trading by £919k however this is partly offset by an overtrade with Nuffield of £65k.
Primary Care Prescribing	£0.6m	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.
Out of Contract Placements and SRBI	(£0.6m)	Increased trading costs in both Out of Contract and SRBI placements.
Continuing Care and Funded Nursing Care	(£0.4m)	Funded Nursing Care is currently underspent by £274k which is more than offset by an over-spend in Continuing Healthcare of £640k.
Prior Year Balances	(£0.4m)	Payments relating to 2016/17 where estimates were made at year end. The majority of this relates to the final positions with acute providers where the CCG had not agreed a year-end position and the Prescribing outturn. The only year-end position remaining is with YTHFT with whom discussions are on-going.
Other Prescribing	(£0.4m)	Increased costs on ONPOS offset by an under-spend on Primary Care Prescribing.
Other acute contracts	(£0.3m)	Overspends on Hull and East Yorkshire Hospitals NHS Trust (£60k), Mid Yorkshire Hospitals NHS Trust (£86k), Harrogate and District NHS Foundation Trust (£98k), South Tees NHS Foundation Trust (£29k) and Leeds Teaching Hospitals NHS Trust (£101k), offset by an underspend on Sheffield Teaching Hospitals NHS Foundation Trust (£16k).

Running costs	£0.3m	Small improvement in year to date position explained further in the running costs dashboard in Appendix 2.
Other Primary Care	£0.2m	Slippage in the Out of Hospital QIPP means the associated investment has not yet been committed.
York Teaching Hospital NHS Foundation Trust – MSK	£0.1m	Contract is currently under trading due to lower levels of activity and vacancies.
Other variances	(£0.2m)	
Total impact on YTD position	(£2.7m)	

3. Financial Plan & Forecast Outturn Supporting Narrative

The current financial plan is an in-year deficit of £6.3m, resulting in a cumulative deficit of £30.1m. Although the preference of the Governing Body at its meeting on 5th October was to deteriorate the plan by at least £2.8m, in relation to the Scarborough and Ryedale CCG CEP adjustment, this was not possible following a national steer with regards to this. However, the CCG has made two adjustments to the plan whilst maintaining the overall deficit as follows:

- the impact of the CEP was removed from individual budget lines and is now in reserves;
- the 0.5% CQUIN reserve that the CCG is required to hold by NHS England has been removed from individual budget lines and a separate reserve has been created.

The forecast has been updated to an in-year deficit of £13.2m, a movement of £6.9m. The Governing Body preference was an increase in the deficit of £9.7m to remove CEP and return to the 31st March plan of £16.0m. At the time of the month-end close-down the intention was to correct the Scarborough and Ryedale adjustment through a non-recurrent allocation transfer in Month 7 that would have eliminated the need to deteriorate the forecast. This proposal was not accepted by all parties, but came after the final reporting day and the CCG had no opportunity to adjust for this in the ledger, but did reflect it in the risk section of the non-ISFE.

The CEP plan for VoY CCG delivered a reduction in expenditure of £9.7m against a CCG control total of £6.9m and included £2.8m of savings to support the York economy's share of the STP control total (specifically Scarborough and Ryedale CCG).

The in-year deficit is reported as £13.2m. The forecast outturn as reported in the ledger has been updated at Month 6 to remove £6.9m worth of the CEP schemes no longer being progressed.

The impact on the reported deficit is shown in the table below:

	<i>Month 5 F&P (28th Sept)</i> £m	Month 6 – GB position (5th Oct) £m	Month 6 – GB position updated for no plan amendment £m	Month 6 Actual reported £m
Planned Deficit	6.3	9.1	6.3	6.3
FOT	0.0	6.9	9.7	6.9
Reported Deficit	6.3	16.0	16.0	13.2
Gap	13.1	3.4	3.4	6.2
Total	19.4	19.4	19.4	19.4

NHS Vale of York Clinical Commissioning Group Financial Performance Report

The total CEP plan was made up of £1.9m of improvement in the 2016/17 underlying position and £7.8m of proposed savings.

As far as possible and within the overall parameters of the figures above all budget lines have been forecast in line with the YTD position and the usual forecasting methodology apart from the York Teaching Hospital NHS Foundation Trust acute contract spend. This is reflected in detail in Appendix 1 and summarised in the table below.

Reported forecast outturn key variances

Description	Value	Reason
Out of Contract Placements and SRBI	(£1.3m)	Increased trading costs in both Out of Contract and SRBI placements.
Other acute contracts	(£0.8m)	Overtrading positions including £239k on Leeds Teaching Hospitals NHS Trust and £241k on Harrogate and District NHS FT.
York Teaching Hospitals NHS FT - Community	£0.3m	Forecast underspend on non-medical prescribing of £307k offset by an over-spend in other prescribing.
Ramsay and Nuffield Health	£1.0m	Ramsay is forecast to under trade by £1.2m which is offset by an over-trade with Nuffield Health of £130k.
Other Community	(£0.3m)	Wheelchairs overtrade until VAT recovery confirmed (£110k), Community Equipment overtrade (£448k) off-set by an underspend against plan with Health Navigator (£120k) and slippage in investment in the Out of Hospital QIPP (£174k).
Prior Year Balances	(£0.4m)	Payments relating to 2016/17 where estimated at year end. The majority of this relates to the final positions with acute providers where the CCG had not agreed a year-end position and the Prescribing outturn. The only year-end position remaining is with YTHFT with whom discussions are on-going.
York Teaching Hospital NHS Foundation Trust – MSK	£0.1m	Forecast under trading position (£143k) impacted by recruitment.
CHC and FNC	£0.7m	Overtrading position on CHC (£24k) and under trading position on FNC (£756k)
Prescribing	£0.4m	Under trading position on Primary Care Prescribing (£1.34m) and overtrading position on Other Prescribing (£912k) partly in relation to the ONPOS change described earlier in this report.
Reserves	(£1.7m)	
Unallocated QIPP	(£5.0m)	The unallocated QIPP is now £6.9m of the capped expenditure proposals less the £1.9m improvement in the 2016/17 underlying position.
Other Primary Care	£0.2m	Slippage in the Out of Hospital QIPP means the associated investment has not yet been committed.
Running Costs	£0.3m	Achievement of running cost QIPPs
Primary Care Commissioning	(£0.2m)	Forecast worsening position as provided by NHS England.
Other variances	(£0.3m)	
Total impact on YTD position	(£6.9m)	

4. Allocations

Cumulative allocation at Month 6

Description	Recurrent/ Non-recurrent	Category	Value
Allocation brought forward			£428.3m
Insulin pumps	Non Recurrent	Programme	£8k
Spinal outpatients	Non Recurrent	Programme	£17k
Total allocation at Month 6			£428.3m

The CCG has received £25k additional allocation for insulin pumps and spinal outpatients which will be transferred to Leeds Teaching Hospitals as part of a contract variation.

5. Gap and key delivery challenges

There are significant pressures on the CCG's financial plan. In the Month 6 non-ISFE submission to NHS England, the CCG reported a gross unmitigated risk of £9.6m and a net mitigated risk of £6.2m following proposal to close the gap:

Pressures

Description	Value	Commentary
Acute SLAs	£5.6m	Trading position and 2016/17 contract challenges
Mental Health	£0.3m	Overspend on out of contract mental health
QIPP under-delivery	£3.7m	Risk against delivery of £14.4m QIPP
Total	£9.6m	

Proposals & contingencies

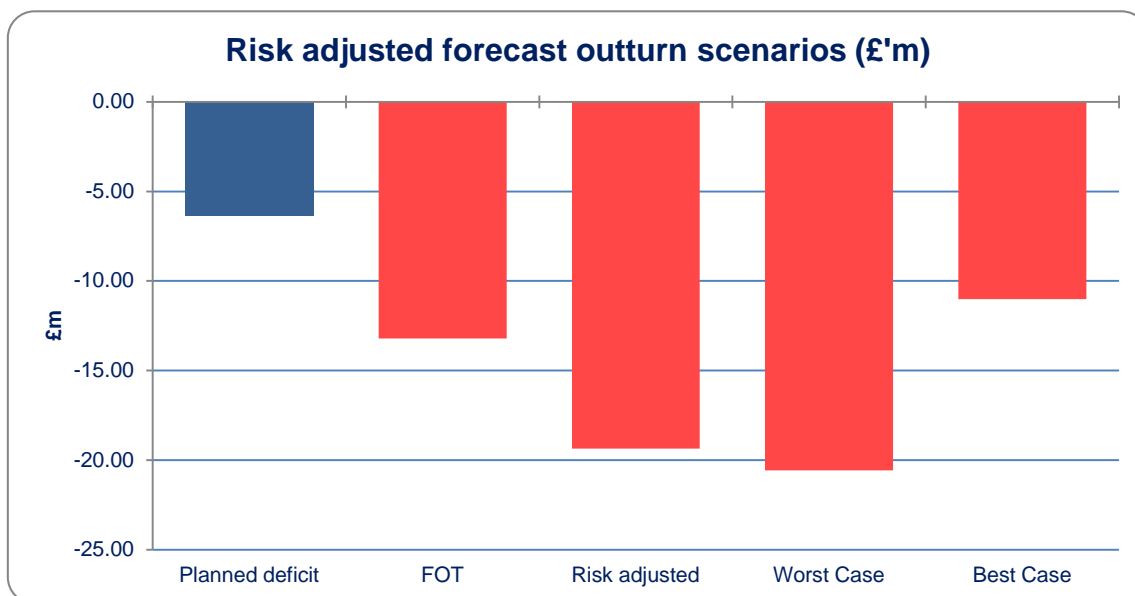
Description	Expected Value	Commentary
Contingency	£2.2m	0.5% contingency provided for in plan
Mental Health	£0.2m	TCP neutralisation
Acute SLAs	£0.2m	Recognition of outstanding contract challenges
Continuing Care	£0.5m	High cost package of care
Additional QIPP	£0.3m	RightCare Gastro proposal
Total	£3.4m	

Net Mitigated Risk	£6.2m	
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This position also assumes resolution of all current challenges on acute contracts in the CCG's favour. The total of these is £4.1m of which rehab beddays amounts to £3.4m.

The following graph shows potential risk adjusted outturn based on the following scenarios. These are in line with the risk adjusted positions used by NHSE.

- FOT – forecast outturn at Month 6
- Risk adjusted – probable – applies risks and mitigations with probability weighting
- Worst case – assumes all risks materialise and only uncommitted contingency mitigates
- Best case – assumes no risks materialise and uncommitted contingency mitigates



There are also a number of assumptions made in the programme areas and there are therefore inherent risks in some, particularly where contracts are activity based. The principal activity based risks are:

- Acute activity – which is confirmed 2 months in arrears.
- Continuing Healthcare – forecast is based on a ‘probable’ methodology so deemed realistic.
- Prescribing – information runs two months behind. Whilst the forecasting methodology takes this into account and has seen improvement recently there remains an inherent risk.
- Community Equipment – currently being billed on the contract split % rather than an actual organisational basis. Work is on-going with the provider and other commissioners to resolve this issue and the overspend described earlier, the latter of which is becoming an increasing challenge for partners to achieve.

Critical delivery challenges:

- Capacity to deliver the number of QIPP and CEP schemes at speed and confidence around the value that the schemes will deliver in year.
- Gaps within the programme work stream structures. Although CCG is expediting the support requirements with North East Commissioning Support in discussions within NHSE it has not been possible to deliver the full range of support in all of the required work streams apart from Prescribing.
- Consultation will be required on some of the schemes and this makes it a longer process to implement these initiatives.
- Clinical capacity (CCG and providers) to support the proposed changes in pathways and referral support. Unplanned care schemes require increased system working and although there is now an agreed and approved PID by the ACS partnership board, there is an increased complexity involved in delivering the associated work streams which align to the three locality plans as well as delivering the contractual requirements.
- Engagement with YTHFT as the main acute provider is improved, but is still impacted by capacity to support the range of initiatives and appropriate governance and programme management to deliver the change. There are still issues around GP practices working across practice boundaries to support schemes, which could delay implementation.
- Continuing Healthcare and Mental Health out of contract spend remain high and difficult to quantify risks following work by the Executive Director for Transformation.

6. Underlying Position

The underlying position reported at Month 6 is detailed below:

Description	Value
Deficit at month 6	(£13.2m)
Adjust for non-recurrent items in plan -	
IR rules and HRG4+ allocation	£2.2m
IR rules and HRG4+ expenditure	(£2.0m)
Repayment of system support	£0.3m
Familial Hypercholesterolemia business case	£28k
0.5% headroom	£2.0m
Non recurrent QIPP (BMI & Smoking)	(£3.0m)
Prior year pressures	(£0.9m)
Underlying financial position	(£14.6m)

7. Balance sheet / other financial considerations

The cash balance at the end of September exceeded the in-month limit by £13k. The cash balance over the month was higher than forecast due to a number of factors:

- The GMS payments were £304k less than expected and had been notified to the CCG by the NHS England primary care finance team. The GMS payments are variable each month and come via NHS England on the day before the last BACS run of the month.
- The expected cash flow included two prescribing indicative budgets mobilisation payments totalling £194k that did not come through for payment.
- Income in September was higher than usual at £377k; by comparison income was £185k in August and £77k in July.

As a result, cash was managed very carefully with invoices being pushed through the system and five faster payments being made on the last working day. It was expected that these measures would allow us to meet the cash target by £32k, however, we also received a VAT refund of £45k from HMRC on the last working day. The VAT return was submitted on 26th September and the refund was received on 29th September. HMRC do not provide remittances for VAT refunds and the payment was not shown on the cash book on 29th September so the CCG finance team could not have been aware of the additional income on the last day of the month when additional payments could have been made.

8. QIPP programme and Capped Expenditure Process schemes

8a. QIPP progress table

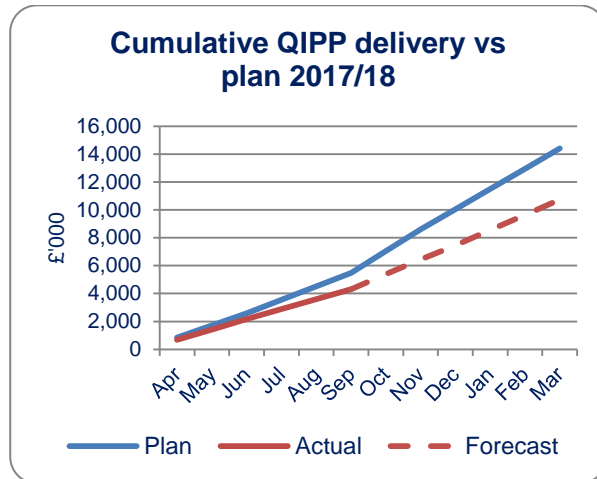
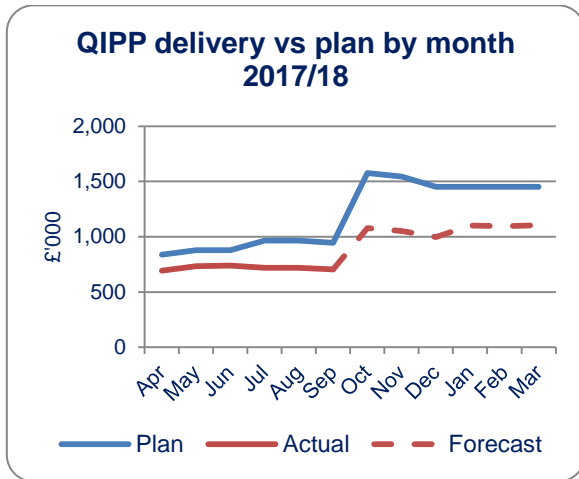
Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	
PLANNED CARE							
Anti-Coagulation service	194	Apr-17	94	1	259	108	
Cataract Thresholds	161	Apr-17	150	0	300	150	
Faecal Calprotectin	PC4	Oct-16	53	53	53	53	
Biosimilar high cost drugs gain share	016	Apr-17	201	85	318	201	
Remove SpR block from contract	168	Apr-17	476	476	952	952	In contract, delivery on track
Commissioning for Value (PNRC)	006	Apr-17	75	0	150	75	
Optimising Health Outcomes: BMI & smoking thresholds	064	Mar-17	1,500	1,500	3,000	3,000	
RightCare - Circulation (Heart Disease)	008	Oct-17	0	0	100	100	
RightCare - Gastroenterology	009	Apr-18	0	0	0	0	In plan from 2018/19
RightCare - Respiratory (COPD)	010	Apr-18	0	0	0	0	In plan from 2018/19
RightCare - Orthopaedics / MSK	011	Oct-17	0	0	750	750	
Outpatient Transformation and Demand Management (Incl. Consultant Connect, Advice and Guidance or Virtual Clinics)	014	Oct-17	0	0	1,000	500	
UNPLANNED CARE							
Community Podiatry	IC4	May-17	179	179	393	393	In contract, delivery on track
Review of community inpatient services - Phase I (Archways)	019a	Apr-17	211	176	421	352	In contract and delivering but at lower level than in financial plan
Wheelchairs service re-procurement	207	Apr-17	163	163	217	217	In contract, delivery on track
Community Equipment service re-procurement	187	Apr-17	313	77	418	102	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	
Unplanned Care Programme (including urgent care and out of hospital care)	149	Jul-17	275	0	824	275	
Integrated Care Team Roll-out (Central locality only)	152	Apr-17	378	378	756	756	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	0	0	200	200	
RightCare Phase 2 - Trauma & Injuries	017	Apr-18	0	0	0	0	In plan from 2018/19
Patient Transport project - re-procurement	190b	Apr-18	0	0	0	0	In plan from 2018/19

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	
PRIMARY CARE							
Dermatology Indicative Budgets	195	Apr-17	36	36	36	36	
GP IT - NYNET	003	May-17	83	83	183	183	
Roll out indicative budgets to other specialities	020	Jul-17	25	0	75	0	
PRESCRIBING							
PIB and Non-PIB unaligned: Other schemes (branded generics)	196	Apr-17	138	138	277	277	
PIB and Non-PIB unaligned: Therapeutic switches	197	Apr-17	64	64	128	128	
PIB and Non-PIB unaligned: Gluco Rx - Diabetic Prescribing	198	Apr-17	53	53	106	106	
PIB and Non-PIB unaligned: Minor Ailments Prescribing	176	Oct-17	0	0	75	75	
CCG wide: Dressings/Woundcare (ONPOS)	201	Apr-17	37	37	75	75	
PIB and Non-PIB unaligned: Prescribing schemes - Quality i.e.: Red & black drugs	022	Apr-17	450	450	900	900	
CCG wide: Continence & Stoma Care	199	Oct-17	0	0	53	53	
COMPLEX CARE							
Continence Supplies	C1	Apr-17	23	23	23	23	
CHC review 1 to 1 care packages	024a	Apr-17	84	84	98	98	
CHC review: Short Breaks	024b	Apr-17	44	44	51	51	
CHC review panel decisions (jointly funded packages of care)	024c	Apr-17	71	71	83	83	
Complex Care - CHC and FNC benchmarking	024d	Oct-17	0	0	1,550	0	
Recommission MH out of contract expenditure	025	Apr-17	150	0	300	200	
BACK OFFICE							
Commissioning support (eMBED) contract savings	004	Apr-17	104	104	207	207	In contract, delivery on track
Vacancy control	027	Apr-17	27	27	54	54	
Total identified QIPP			5,468	4,312	14,396	10,745	
Unidentified QIPP			0	0	0	3,651	
Additional QIPP required as a result of removing CEP			0	0	0	7,840	
Total QIPP requirement			5,468	4,312	14,396	22,236	

QIPP programme delivery updates and risks are provided in the integrated performance and QIPP report; the table above represents a summary financial analysis. Note that figures highlighted in purple are those where the QIPP scheme is in place and known to be delivering but the savings cannot yet be quantified due to the timing of the information to report the actual position.

8b. QIPP delivery graphs

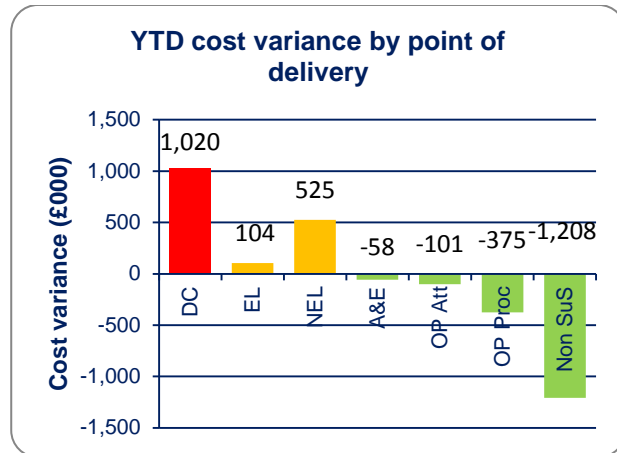
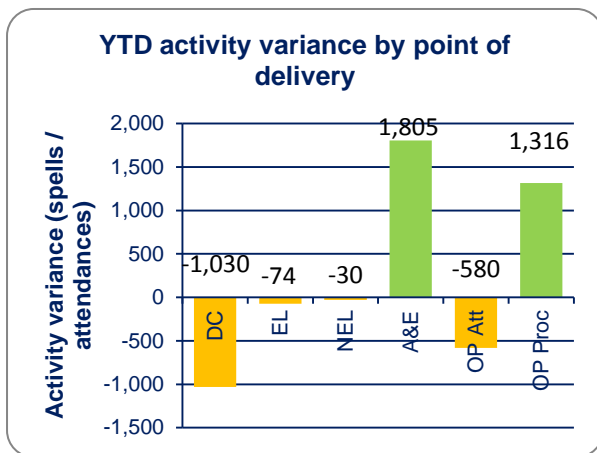


9. Secondary Care Activity

9a. York Teaching Hospital NHS Foundation Trust

The two graphs below show YTD activity and cost variance against plan by point of delivery (POD) with the CCG's main acute provider, York Teaching Hospital NHS Foundation Trust.

Variances are shown as red when they are 10% or more above plan, amber where 5-10% above plan and green where less than 5% above plan or below plan. Year to date covers April to August data in line with acute activity data submissions.



Notes – July data is freeze, August is flex and may change when final freeze data is submitted. The cost graph excludes contract adjustments such as readmissions and marginal rate adjustments, penalties and CQUIN.

Daycase activity is 8% above plan which equates to an overspend of £1,020k. A&E attendance and outpatient procedures are both below plan at 7% and 8% respectively with corresponding underspends of £58k and £375k.

10b. Other secondary care providers

Overall there is a £513k overspend in the April to September financial position. This is made up of overspends with Hull & East Yorkshire (£60k), Nuffield Health (£65k), Mid Yorkshire Hospitals (£86k), South Tees (£29k), Leeds (£101k) and Harrogate (£98k), offset by a large underspend with Ramsay (£919k).

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

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	92,490	94,843	(2,353)	76,998	78,520	(1,522)	15,492	16,323	(831)	184,446	184,446	0	181,150	183,232	(2,082)	3,296	1,214	2,082
Yorkshire Ambulance Service NHS Trust	6,419	6,419	0	5,374	5,374	0	1,045	1,045	0	12,838	12,868	(30)	12,897	12,897	0	(59)	(29)	(30)
Leeds Teaching Hospitals NHS Trust	4,079	4,180	(101)	3,435	3,459	(24)	644	721	(77)	8,261	8,500	(239)	8,243	8,245	(2)	18	255	(237)
Hull and East Yorkshire Hospitals NHS Trust	1,499	1,558	(60)	1,249	1,319	(70)	250	239	10	2,994	3,111	(117)	2,994	2,994	0	0	117	(117)
Harrogate and District NHS FT	922	1,019	(98)	771	878	(107)	151	141	9	1,843	2,084	(241)	1,851	1,851	0	(8)	233	(241)
Mid Yorkshire Hospitals NHS Trust	1,044	1,130	(86)	871	958	(87)	173	172	1	2,087	2,236	(149)	2,096	2,096	0	(9)	140	(149)
South Tees NHS FT	629	658	(29)	527	581	(54)	102	77	25	1,258	1,335	(77)	1,264	1,265	(1)	(6)	70	(76)
North Lincolnshire & Goole Hospitals NHS Trust	282	267	15	236	232	4	46	35	11	565	538	27	567	567	0	(2)	(29)	27
Sheffield Teaching Hospitals NHS FT	107	91	16	89	73	16	18	18	(0)	215	199	16	215	215	0	(0)	(16)	16
Non-Contracted Activity	1,956	1,956	(0)	1,630	1,630	0	326	326	(0)	3,912	3,912	(0)	3,912	3,912	0	0	0	(0)
Other Acute Commissioning	462	434	27	385	362	23	77	72	4	923	905	19	923	923	0	0	(18)	19
Ramsay	3,346	2,427	919	2,500	2,220	280	846	207	639	6,721	5,547	1,173	4,451	4,451	0	2,270	1,096	1,173
Nuffield Health	1,457	1,522	(65)	1,089	1,262	(173)	368	260	108	2,926	3,058	(132)	1,940	1,940	0	986	1,118	(132)
Other Private Providers	520	546	(26)	433	449	(16)	87	97	(10)	1,040	1,086	(46)	1,040	1,040	0	0	46	(46)
Sub Total	115,211	117,052	(1,840)	95,587	97,317	(1,730)	19,624	19,735	(110)	230,029	229,825	204	223,543	225,628	(2,085)	6,486	4,197	2,289
Mental Health Services																		
Tees Esk and Wear Valleys NHS FT	19,804	19,796	8	16,504	16,478	26	3,300	3,318	(18)	39,360	39,341	18	39,360	39,360	0	(0)	(19)	18
Out of Contract Placements and SRBI	2,613	3,231	(618)	2,167	2,663	(496)	446	568	(122)	5,227	6,560	(1,333)	5,017	5,117	(100)	210	1,443	(1,233)
Non-Contracted Activity - MH	211	217	(6)	176	181	(5)	35	36	(1)	421	427	(6)	421	421	0	0	6	(6)
Other Mental Health	117	117	0	97	58	39	20	59	(39)	233	233	0	233	233	0	0	0	0
Sub Total	22,745	23,360	(615)	18,944	19,380	(436)	3,801	3,980	(179)	45,241	46,562	(1,321)	45,031	45,131	(100)	210	1,431	(1,221)

NHS Vale of York Clinical Commissioning Group Financial Performance Report

	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	9,898	9,778	120	8,251	8,293	(42)	1,647	1,485	162	19,596	19,327	269	19,742	19,811	(69)	(146)	(484)	338
York Teaching Hospital NHS FT - MSK	1,138	1,002	136	945	646	299	193	356	(163)	2,777	2,634	143	2,767	2,767	0	10	(133)	143
Harrogate and District NHS FT - Community	1,335	1,412	(78)	1,122	1,175	(53)	213	237	(25)	2,643	2,732	(88)	2,656	2,686	(30)	(13)	46	(58)
Humber NHS FT - Community	494	492	1	414	412	2	80	80	(1)	985	985	(0)	990	1,038	(48)	(5)	(53)	48
Hospices	624	623	1	520	519	1	104	104	(0)	1,247	1,246	2	1,247	1,247	0	0	(1)	2
Longer Term Conditions	229	236	(6)	191	186	5	38	50	(11)	458	460	(1)	458	458	0	0	2	(1)
Other Community	991	1,051	(60)	797	867	(70)	194	184	10	2,179	2,449	(270)	2,179	2,320	(141)	(0)	129	(129)
Sub total	14,709	14,595	114	12,240	12,098	142	2,469	2,497	(28)	29,885	29,832	53	30,039	30,327	(288)	(154)	(495)	341
Other Services																		
Continuing Care	13,625	14,265	(640)	11,333	11,480	(147)	2,292	2,785	(493)	25,990	26,014	(24)	25,948	27,498	(1,550)	42	(1,484)	1,526
Funded Nursing Care	2,502	2,229	274	2,085	1,872	213	417	357	61	5,005	4,249	756	5,005	5,005	0	(0)	(756)	756
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,008	1,007	1	841	832	9	167	175	(8)	2,007	2,050	(42)	2,007	2,007	0	0	43	(42)
Voluntary Sector / Section 256	251	325	(74)	203	269	(66)	48	56	(8)	547	615	(68)	547	554	(7)	(0)	61	(61)
Non-NHS Treatment	295	291	3	248	244	4	47	47	(1)	576	573	3	576	580	(4)	(0)	(7)	7
NHS 111	407	397	10	339	339	0	68	58	10	813	794	19	813	813	0	0	(19)	19
Better Care Fund	5,538	5,568	(30)	4,615	4,635	(20)	923	933	(10)	11,075	11,117	(42)	11,075	11,105	(30)	0	12	(12)
Other Services	1,091	1,115	(24)	906	927	(21)	185	188	(3)	2,203	2,253	(50)	2,203	2,203	0	(0)	50	(50)
Sub total	24,716	25,196	(480)	20,570	20,598	(28)	4,146	4,598	(452)	48,215	47,663	552	48,174	49,765	(1,591)	41	(2,102)	2,143

NHS Vale of York Clinical Commissioning Group Financial Performance Report

	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	25,026	24,385	640	20,818	20,373	445	4,208	4,012	195	50,196	48,855	1,341	50,196	50,196	0	0	(1,341)	1,341
Other Prescribing	337	693	(356)	235	610	(375)	102	83	19	673	1,585	(912)	563	563	0	110	1,022	(912)
Local Enhanced Services	808	793	15	674	597	77	134	196	(62)	1,918	1,899	20	1,918	2,211	(293)	0	(312)	313
Oxygen	132	145	(13)	110	120	(10)	22	25	(3)	263	286	(22)	263	263	0	0	23	(22)
Primary Care IT	506	570	(64)	425	494	(69)	81	76	5	1,147	1,176	(30)	1,147	1,147	0	(0)	29	(30)
Out of Hours	1,584	1,610	(26)	1,320	1,355	(35)	264	255	9	3,167	3,206	(39)	3,167	3,167	0	0	39	(39)
Other Primary Care	261	22	238	188	189	(1)	73	(167)	239	856	622	234	856	418	438	(0)	204	(204)
Sub Total	28,652	28,219	434	23,770	23,738	32	4,882	4,481	402	58,221	57,629	592	58,110	57,965	145	111	(336)	447
Primary Care Commissioning	20,852	20,825	27	17,358	17,350	8	3,494	3,475	19	41,797	41,996	(199)	41,797	41,797	0	0	199	(199)
Trading Position	226,886	229,246	(2,361)	188,469	190,481	(2,012)	38,417	38,765	(349)	453,389	453,507	(118)	446,694	450,613	(3,919)	6,695	2,894	3,801
Prior Year Balances	0	366	(366)	0	385	(385)	0	(19)	19	0	366	(366)	0	0	0	0	366	(366)
Reserves	(1,409)	0	(1,409)	0	0	0	(1,409)	0	(1,409)	498	2,222	(1,725)	2,269	2,002	267	(1,771)	220	(1,992)
Contingency	1,124	0	1,124	937	0	937	187	0	187	2,248	2,248	0	2,248	2,248	0	0	0	0
Unallocated QIPP	0	0	0	0	0	0	0	0	0	(4,994)	0	(4,994)	0	(3,651)	3,651	(4,994)	3,651	(8,645)
Reserves	(285)	366	(651)	937	385	552	(1,222)	(19)	(1,203)	(2,248)	4,837	(7,085)	4,517	599	3,918	(6,765)	4,238	(11,003)
Programme Financial Position	226,601	229,612	(3,011)	189,406	190,866	(1,460)	37,195	38,746	(1,551)	451,141	458,344	(7,203)	451,211	451,212	(1)	(70)	7,132	(7,202)
In Year Surplus / (Deficit)	(3,172)	0	(3,172)	(2,644)	0	(2,644)	(528)	0	(528)	(6,345)	0	(6,345)	(6,345)	0	(6,345)	0	0	0
In Year Programme Financial Position	223,428	229,612	(6,184)	186,762	190,866	(4,104)	36,666	38,746	(2,080)	444,796	458,344	(13,548)	444,866	451,212	(6,346)	(70)	7,132	(7,202)
Running Costs	3,643	3,377	265	2,994	2,784	210	649	593	55	7,287	6,947	340	7,187	7,187	0	100	(240)	340
Total In Year Financial Position	227,071	232,990	(5,918)	189,756	193,650	(3,894)	37,315	39,340	(2,024)	452,083	465,291	(13,208)	452,053	458,399	(6,346)	30	6,892	(6,862)
Brought Forward (Deficit)	(11,879)	0	(11,879)	(9,900)	0	(9,900)	(1,979)	0	(1,979)	(23,759)	0	(23,759)	(23,759)	0	(23,759)	0	0	0
Cumulative Financial Position	215,192	232,990	(17,798)	179,856	193,650	(13,794)	35,336	39,340	(4,004)	428,324	465,291	(36,967)	428,294	458,399	(30,105)	30	6,892	(6,862)

Appendix 2 – Running costs dashboard

Directorate	YTD Position			YTD Previous Month			YTD Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Governing Body/ COO/Execs	440	492	(52)	367	414	(47)	73	78	(5)
System Resource & Performance	884	666	218	735	520	215	149	147	2
Planning & Governance	587	510	77	489	430	60	98	81	17
Joint Commissioning	168	136	32	140	113	28	28	24	4
Transformation & Delivery	173	144	29	144	120	24	29	24	5
Medical Directorate	472	473	(1)	394	388	5	79	85	(6)
Finance	483	479	4	403	406	(4)	81	73	8
Quality & Nursing	340	253	86	284	207	77	55	46	9
Recharges & PCU	226	223	3	188	186	2	38	37	1
Reserves	0	0	0	(42)	0	(42)	42	0	42
QIPP	(131)	0	(131)	(109)	0	(109)	(22)	0	(22)
Overall Position	3,643	3,377	265	2,994	2,784	210	649	594	55

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
880	965	(85)	880	950	(70)	0	15	(15)
1,777	1,428	349	1,777	1,542	235	0	(114)	114
1,175	1,013	161	1,175	1,068	107	0	(55)	55
336	272	64	336	306	30	0	(34)	34
347	314	32	347	328	18	0	(14)	14
945	912	32	945	951	(6)	0	(38)	38
967	935	32	967	932	35	0	3	(3)
671	541	130	671	562	109	0	(21)	21
451	453	(2)	451	451	0	0	2	(2)
0	374	(374)	(100)	358	(458)	100	16	84
(261)	(261)	0	(261)	(261)	0	0	0	0
7,287	6,947	340	7,187	7,187	(0)	100	(240)	340

Appendix 3 – Detailed QIPP report


See separate attachment.

Prescribing Work		AUGUST			SEPTEMBER			October 2017				
Project	How will the savings be delivered	What's been done	What's the next milestone	How will the savings be delivered	What's been done	What's the next milestone	How will the savings be delivered	What's been done	What's the next milestone	Identified	2017/18	2018/19
Practice Indicative Budgets (PIB)	The three GP federations have been offered their practices' indicative prescribing budgets and a tiered share of savings if achieved. The CCG has invested £1 per weighted head of population into the project and will recover 50% of this from savings first before any further share of savings is given to the federations. In addition it is expected that two of the CCG's pharmacist technicians are being seconded to the federations and their costs will be recovered from the federations too so that this secondment is cost neutral to the CCG. PIB moves the incentive to achieve efficiencies in prescribing from the CCG Executive to the prescribers in general practice. The federations have to get CCG agreement for the spend of any savings. It can be spent on reasonable costs associated with achieving the savings and on new additional services or equipment in primary care. The resource is not guaranteed to be recurrent. PIB is expected run until end March 2019. The QIPP target across all practices is £3.061M including the £1 per weighted head of population invested (minus secondment of the CCG's pharmacist technicians to the federations). The federations have to achieve 5 quality indicators and choose 5 more from a	A contract has been signed with CAVA though it now requires a contract variation agreeing because NHS England announced in August that savings associated with the price drop of Pregabalin (£1.7m in Vale of York) is being retained centrally for the time being and the mechanisms of that saving flowing to CCGs is currently unclear. It was expected that this large saving would be within the PIB project and its abrupt removal risks damaging the federations confidence in PIB. The CCG is working with the legal firm DAC Beechcroft using Pioneer funding the CCG was awarded in the past to achieve the necessary contract changes.	- It is hoped the contracts with the federations will all be signed by mid-September - the CCG will continue to work closely with each Federation with legal support to mobilise all contracts, clarify operational details and reporting. - additional capacity from NHSE NECS has been agreed to support this mobilisation (date for commencement still TBC)	Prescribing data from May 2017 shows that we are under budget on prescribing by £840,000. There should be some caution in extrapolating this figure to a whole year effect as this is only prescribing data from ePACT, it includes a distorted annual benefit from the formulary used to calculate all practice budgets that results in an overfunding of the university practice's budget and it does not account for spend on dressings and rebates.	All three GP federations have now signed contracts for the Prescribing Indicative Budgets and contract variations that resulted from Pregabalin savings being held centrally. Two 8a Pharmacists have been recruited to support Medicines Management with the CCG. One of our technicians has resigned due to family and travelling issues. We will recruit to replace that individual. The medicines management team has undergone significant changes in personnel over the past few months and as a result we are going to take the opportunity to review the methods in which we report prescribing QIPP delivery. NECS additional medicines management capacity has been utilised during August and September to support the prescribing programme while the CCG team has been under-establishment. There is potentially more support NECS	Ongoing support of the federations in the delivery of PIB and monthly analysis of achievement / bottom line costs. Further meetings are planned in the near future to establish what spend is in the practice budgets and what spends is included in the the finance report prescribing spend.	Prescribing indicative budgets (PIB) have now been rolled out - one GP federation (CAVA) have been delivering since July and the other two GP federations (Nimbus and SHIELD) went live on 1st September. The CCG are now in discussions with some of the unaligned practices regarding starting PIB and this will be progressed further in October.	All 3 federations are engaged with the CCG regarding monitoring of delivery of PIB, they are in the process of submitting their plans for the year and then these will be used to forecast QIPP saving delivery timeline for the CCG. There is a 2-month lag in receiving prescribing data from NHS BSA and further to this there has been national NHSE guidance on Category M drugs (in that NHSE will centrally hold funds released from Cat M price drops) has meant that it is incredibly difficult to calculate the finances relating to prescribing and hence it is currently unknown (18th October) if PIB (CAVA only) is delivering QIPP. Finance team are working hard to calculate the potential impact of NHSE guidance on the prescribing budget.	There is a potential cost pressure on the prescribing budget regarding NCSSO (no cheaper stock obtainable) concessions and this has been highlighted via a paper sent 17.10.17. We cannot mitigate against this, it is a national problem that only DH can influence. The CCG needs to assess the potential impact on the prescribing budget, as the figures provided are only forecast for September 2017-March 2018.	1,486	1,575	
Dressings (onpos)	All sixteen district nurse teams in the Vale of York are now operating the new Onpos system of ordering supplies (out with FP10 prescribing) for wound care products and one practice has started trialling using the system at all nine of their sites for practice based dressing.	YTD figures based on forecast profile. Rollout plan underway with Phases 2-4. All accounts set up and formulary finalised and shared with all bases. Phase 5 (Pocklington DNs) not necessary as they are already using ONPOS via Humber. Phase 6 (North Ryedale) discussions underway. Future rollout to Practice Nurses and Care Homes to be considered during 2017/18. The project does not seem to be delivering savings to the anticipated level and the reason for this needs to be identified. Work has begun with hospital and community nurses to review the range of products that are available on the formulary with the expectation the list will be restricted to achieve best use of resources	A review of the scheme is scheduled for September	Although the scheme is fully rolled out now and should be reducing waste it is believed that inventory levels are high and initial stocking up may be the cause for no savings being materialised yet. The dressings formulary has been reviewed and is due to come to Medicines Commissioning Committee soon for sign off. That should reduce the range of products available and reduce costs.	No further update in September	Scheme review to commence WC 25/9/17 - full update in October	Update on review in November 2017			75	0	
Gluten free prescribing				Savings will be achieved if gluten free prescribing is only provided for those local people who are appropriately means tested.	A month long consultation will start in October to survey patients and also incorporate at least one engagement event. Work is also on-going to liaise with Sheffield CCG as they have already run an engagement event to support their gluten-free prescribing programme.	Completion of the consultation event in October and assessment of the findings.	Savings will be achieved if gluten free prescribing is only provided for those local people who are appropriately means tested.	Consultation is underway, good response to patient survey - effectively targeting the affected group, public engagement event 02/11/17	Collation and analysis of feedback from consultation - report to Executive Committee 15/11/17			
Stoma & Incontinence Supplies (Cobweb)	Programme in place to encourage community nursing teams take-up via Cobweb. Includes incentivising practices and identifying trigger points where they can make gain shares.	The delivery of the project has been suspended because the member of staff who was leading on this work left the CCG. A replacement has been recruited and the project will restart as that individual does	A review of the scheme is scheduled for September. This will inform an outcomes paper to fully understand the impact on YTH and support further progression.	A new project manager has been appointed. An updated analysis of spend is awaited for consideration. A meeting with YHFT community managers and the CCG is imminent to consider whether the project is delivering savings or not.			Pilot has demonstrated a flat-line in spend in Cobweb practices, vs approximately 20% increase in spend in non-cobweb practices (04/15-07/17). Savings will be achieved by full implementation of Cobweb.	Report produced evaluating pilot, agreement from YHFT to roll out across area, scoping around what full implementation will require at an operational level in progress.	Consideration of an options appraisal re staffing, where service sits, etc. 25/11/17	53	53	
Total										1,614	1,628	

Mental health, LD, complex care and children's work programme				SEPTEMBER			OCTOBER			Identified QIPP savings		Rightcare opportunity area
Project	How will the savings be delivered	What's been done	What's the next milestone	How will the savings be delivered	Whats been done	What's the next milestone	How will the savings be delivered	Whats been done	What's the next milestone	2017/18	2018/19	
Voluntary Sector Grant monies review	Reduction of 2017/18 spend	<ul style="list-style-type: none"> - Review of existing schemes - Discussion with partner agencies - Assessment of existing investment against strategic priorities - Profile of allocations across the financial year to meet financial reduction required 	<ul style="list-style-type: none"> - No further action required regarding savings - Some confirmation of arrangements required with one provider - All provider allocations resolved. Dementia Forward to be transacted via TEWV going forward. 		<ul style="list-style-type: none"> - All provider allocations resolved. Dementia Forward to be transacted via TEWV going forward. 	<ul style="list-style-type: none"> - No further action required regarding savings 				0	0	N/A
Mental health out of contract spend	Reduction of existing spend in contracts that sit outwith TEWV's core contract	<ul style="list-style-type: none"> - Review of CFS/Adult Autism contracts - Discussion with TEWV about potential to extend service for any non-core (TEWV have confirmed that they do not wish to extend service to include CFS or Adult Autism) - Agreement that CFS remains with current provider and contract is extended for 12 months (HRW lead on behalf of 4 CCGs) - Review of Individual Funding Requests to consider whether there is opportunity to commission services within contract; approved cases show the largest group of similar requests/approvals to equate to c.£5K in 16/17; decision that no benefit in extending any existing contract - Agreement that Adult Autism remains with current provider and contract is extended for 12 months (VOY lead on behalf of 4 CCGs) 	<ul style="list-style-type: none"> - Consider opportunities for alternative commissioning models for patients subject to S117; this falls into the wider case management activities following the changes in the PCU arrangements 	<ul style="list-style-type: none"> - QIPP savings should be reallocated to external mental health placement line and reviewed in light of update at TEWV CMB 25/9/17 regarding progression of project. 	<ul style="list-style-type: none"> - Tuke contract for adult autism/ADHD considered in Exec on 20/9/17. Decision to extend for 12 months; issue PIN and review pathway/specification in year in order to address backlog built up year to date. No savings expected on this contract in 17/18 -potential for revised costs following market testing in next 12 months but this is unquantifiable until market testing completed. 	<ul style="list-style-type: none"> - Review Service Specification issue PIN for Autism diagnostic service. Review activity data and spend on the CFS contract 	<ul style="list-style-type: none"> - No savings expected on this contract in 17/18 -potential for revised costs following market testing in next 12 months but this is unquantifiable until market testing completed. 			0	0	N/A
External mental health placements	Reduction in spend on individual care packages	<ul style="list-style-type: none"> - Agreement to undertake a project to review a number of existing high cost care packages in partnership with TEWV - Identification of initial 10 cases; 7 progressed to clinical review; 3 not progressed - Further 10 cases identified and undergoing initial desk top review - Escalation to Heads of Service to push the project forward following difficulty in accessing data from PCU 	<ul style="list-style-type: none"> - Clinical review of initial 7 cases progressed after desk top - Desk top review of 2nd cohort of 10 cases to be followed by clinical review 		<ul style="list-style-type: none"> - 10 cases have been reviewed Potential for costs to fluctuate e.g. one case = £500K pa - review has identified that responsible commissioner is not Vale of York; discussion with responsible CCG underway to transfer responsibility and costs. Secondment of the nurse to the project ends October 31st 	<ul style="list-style-type: none"> - Review the ongoing support to the project with TEWV/VP team identify the next cohort of patients requiring review. Link the review outcomes and establish savings outcomes. 	<ul style="list-style-type: none"> - Where there is a change of care package as a result of a patient review establish the savings/implications of any changes 			300	500	N/A
CHC Transformation & Optimisation	<ul style="list-style-type: none"> - Workstreams: - FNC review - Improved quality of DSTs to support decision making - Reduce delays in 1st DST being undertaken inline with the framework - Reduce DSTs done in hospital when clients have not optimised, develop transfer to assess pathway - Review fast track cases at 10 weeks 	<ul style="list-style-type: none"> - CHC admin & nurses transitioned to VOYCCG - Executive Lead considers all exceptions above £700 - Allocation of fast track reviews routinely to staff now occurring - Clinical reviewer searching FNC delays to understand which pathway they should subsequently follow - Allocation for review & data cleansing of long waits for DST - Early discussions with The Trust re discharge to access - Workshop re CHC with COY 		<ul style="list-style-type: none"> - Savings are around individualised packages of care and will be delivered through market management of providers jointly with LA and timely review of packages and care needs in line with the national framework. Executive review of high cost packages ongoing. 	<ul style="list-style-type: none"> - Agreed support from NECS to undertake clinical reviews on FNC cohort which is currently being validated-the reviews will need support from social care to assess the patients in a full DST process. We have scheduled professional time out regarding adhering and delivering framework compliance. Joint training is planned for Dec with COY. Identification that QIPP opportunity based on FNC identified previously may not have captured all the issues and therefore the assumptions maybe flawed. 	<ul style="list-style-type: none"> - BI and finance being consulted on move to VOYCCG from PCU. Agree NECS work timescales. Consider in year support from COY re market management and deliver improvements in framework compliance whilst recognising data quality issues currently which may subsequently mean position looks worse initially. 	<ul style="list-style-type: none"> - Executive review of high cost packages on-going 			1,805	2,500	N/A
Community Equipment and Wheelchairs	Repurchase of more cost effective service including a standardised product catalogue and bulk purchasing power.	<ul style="list-style-type: none"> - Procurement completed and now in operation. Wheelchair contract delivering QIPP. Agreement in 2016/17 to clear Wheelchair backlog. Work almost complete and likely to be less than accrued. - Detailed review of Equipment contract performance as overtrading on equipment purchases, but under trading on repairs and deliveries. Cost pressure from both Commissioners' and Provider perspective based on pricing model. - On-going refinement of equipment catalogue. 	<ul style="list-style-type: none"> - Executive level review of equipment contract between Provider directors and Commissioners' CFO lead to agree potential solutions arranged for early September. 	<ul style="list-style-type: none"> - Wheelchair QIPP in and delivering following procurement, may be further one-off benefit on accrual for backlog - Equipment QIPP at risk for 2017/18, but should deliver recurrently from 2018/19 	<ul style="list-style-type: none"> - Executive level review of equipment contract between Provider directors and Commissioners' CFO lead to agree potential solutions including: Payment of achieved CQUIN for year to date - Exploring alternative occupant of Colburn equipment store - Additional equipment review group meeting to make further catalogue changes - Gain share and tapering arrangements - All of these need to be agreed across all commissioners and will put at risk the QIPP delivery in this financial year 	<ul style="list-style-type: none"> - Agreement of gain share arrangements 	<ul style="list-style-type: none"> - Despite new contracts in place, equipment overspends identified 	<ul style="list-style-type: none"> - Wheelchair referral forms refreshed and relaunched 9/10/17 - Equipment provider asked to provide top high spend items to be reviewed 	<ul style="list-style-type: none"> - equipment amnesty campaign and arrangements for siting of amnesty bins currently being explored with equipment provider - Equipment Review Group scheduled for 25/10/17 to look at potential for reduction in spend on high cost items - previous decision tool put in place to restrict ordering of certain beds/mattresses has proved ineffective 	635	0	N/A
Total										2,740	3,000	

Project	How will the savings be delivered/ QIPP opportunity	Latest Joint YFT and CCGs Actions October 2017 [Update as provided for Executive Programme Board 16th October 2017]
Demand Management & Outpatient Transformation:	<p>Cross-cutting priorities:</p> <ul style="list-style-type: none"> - Move to 100% electronic referrals by October 2017 - Expansion of clinical triage and review to all specialties through RSS - Maximise usage and effectiveness of Advice & Guidance across both CCGs (all specialties) - Scope development of real – time advice availability - Management of consultant to consultant referrals - Reduction of the number of follow-ups within the health system - Develop joint monitoring arrangements - Develop reporting back to primary care - Development of primary care indicative budgets for all specialties (Dermatology already in place) - Ongoing STP Standardisation process (80 policies) - Health optimisation approach across all three CCGs (elective surgery BMI and smoking) 	<p>Advice & Guidance: scoping move A&G to RSS platform; prioritising specialties to move with highest impact on supporting activity management and maximising Consultant capacity; identifying funding for Consultant PAs to support RSS; exploring software requirements for A&G via RSS</p> <p>RSS: agreement to incorporate gastro & cardiology for consultant triage Primary care indicative budgets: CCGs developing proposal for locality based indicative budgets to go to CORs November 2017; focus on supporting activity management in medical specialties initially</p> <p>PNRC/Threshold: strengthening monitoring policies and authorisation codes to be in place post thresholds approval by first week December (to ensure highest impact on activity management); formal approval and launch of 22 STP thresholds 19/10/17 (needs Shared Decision Making and PROMS addendums) and impact assessment on current YFT activity management [including ERY CCG activity]; PAC codes & process being mobilised; future STP threshold representation from VoY & S&R will be RSS clinical lead (Alison Forrester)</p> <p>Health Optimisation: CCGs now working to align point of referral and decision to treat</p> <p>MSK: agreed commencement of MSK point of referral at MSK Board WE 13/10/17 and 6 week SDM build in - letter to go out WC 16/10/17</p> <p>Volume management: agreement by Exec Prog Board to jointly model impact of managing activity within system financial envelope - RTT modelling first output for review WC 16/10/17 and impact assessment for 17/18 and 18/19</p> <p>Performance recovery plans: in place for dermatology (2WW & 62D), colorectal (2WW), rheumatology and proposed H&N/ENT/max fac deepdive November. Overarching Cancer 62 day recovery plan (Cancer Alliance-led) & funding</p> <p>Rightcare: embedding of Rightcare in planned & unplanned care programmes; systematic review of all RC opportunities with NHSE and RC (additional resources from NHSE & RC); priority areas - trauma & injuries/ neurology/ gastro (additional QIPP target)</p>
ENT	<ul style="list-style-type: none"> - Establishment of Community Microsuction service - Establishment of Virtual Clinics and reduce outpatient utilisation 	Undertaking early evaluation of future community pathway with NHSE, primary care and YFT which supports performance improvement and manages outpatient activity down. To include primary care ear wax pathway and conservative management process and review hearing aid pathway
Ophthalmology	<ul style="list-style-type: none"> - Incorporates cataracts threshold and aligning locally to STP threshold - Develop a model for integrated model (primary/community/secondary care) - Clinical Assessment and Treatment (community) - Minor Eye Care Service (primary) - Complex acute care (Secondary) 	Thresholds being formally approved WC 16/10/17; assessing impact in RTT modelling for listed second eye patients (CCGs & YFT) Potential procurement for minor eye conditions and community glaucoma service 18/19 across both CCGs - scoping underway
MSK/Orthopaedics	<ul style="list-style-type: none"> - Implementation of new MSK model (including SDM following pilot) - Implementation of Virtual Fracture Clinic - scope expansion into other areas - Movement from daycase to outpatient procedures - Activity profiling for Orthopaedics to ensure delivery of CCG QIPP targets - Strengthening demand management processes within MSK - Scope expansion of one-stop shop process (currently do for hand procedures) 	SDM: 6 week reflection period agreed to be built in through SDM and start first week November; - agreement for not utilising the freed-up capacity in order to manage within financial envelope and support QIPP delivery; need to build this into RTT modelling; - still to agree SDM model and costs (meeting scheduled WC 16/10/17) and business case to come to Exec PB, implementation targeted for 1 st November
Circulation	<ul style="list-style-type: none"> - Pathways (Palpitations/Chest Pain/AF/Open Access ECHO/Heart Failure) - Guidelines (Lipids/Hypertension) - Investment in Cardiology diagnostics/equipment to move to less expensive and less intrusive procedures 	Pathways now completed: - Heart Failure with open access echo - Palpitations - AF Statin switches - sought practice support to do switches, developing enablers (website/PR planning), and quotes for MMT, Lipid guide drafted. AF Prevention programme – 16 practice sites started (6 month programme) using quality improvement approach to detect and treat Remodelling cardiology diagnostics – drafting joint PID with YTHFT and both CCGs Software and Consultant now available to support move to arteriography model (need 2 sessions per week of 5 patients each) Need to free up CT now (being escalated YFT and also exploring other CT provision at Hull) Identifying numbers of patients for scoping asap Selby PH action plan event Clinical summit hypertension workshop Cardiology service review to be mobilised following agreement at Planned Care Steering Group and decision for cardiology to go onto RSS
Gastroenterology	<p>Additional £300K QIPP targeted for remainder of 17/18 (VoY CCG) - identified as programme to accelerate with additional RC capacity.</p> <ul style="list-style-type: none"> - Review endoscopy activity - Reduce Cholecystectomy activity - Review alcohol related activity 	Project plan agreed - RightCare data reviewed - Local data reviewed - Scope of project extended to also include Gen.Surgery Initial priority areas agreed as: - Cholecystectomy - Endoscopic Sphincterotomy (ERCP) - Upper GI tract endoscopy Agreed gastro will go through RSS and now need to mobilise
Gynaecology (S&R)	<ul style="list-style-type: none"> - Alignment of PMB pathway and RSS suspected cancer referral process to VoY and ERY - Cervical polyp removal training and primary care service model development - review minor surgery spec for alignment across all 3 CCGs 	
Rightcare: Respiratory Medicine	Revised Rightcare analysis October 2017 - for review and deepdive for validation of opportunities.	Opportunities need confirming but focus proposed around: - CBT - hospital-based sleep apnea/ - pulmonary rehab and oxygen treatment service
Rightcare: Neurology	VoY CCG Wave One Cycle Two RC priority area. Additional RC capacity now in post until March 2018.	Revised Rightcare analysis October 2017 - for review and deepdive for validation of opportunities. Noted overlap with RC Trauma & Injuries
Anti-coagulation (VoY only)	<ul style="list-style-type: none"> - Move anti-coagulation service to primary care from secondary care 	<ul style="list-style-type: none"> - Full joint mobilisation now in place with dates for confirming hitting 50% population target asap (provisional date June 2018 and then M13or full transfer of service Sept 2018) - GP practice tracker to monitor patient transfer to primary care completed - Communications to practices to request date of completed transfer of patients - Practice/Alliance visits being scheduled

Unplanned Care Project	AUGUST			SEPTEMBER			OCTOBER 2017			Identified QIPP savings (£'000s)		
	How will the savings be delivered	What's been done	What's the next milestone	How will the savings be delivered	What's been done	What's the next milestone	How will the savings be delivered	What's been done	What's the next milestone	2017/18	2018/19	
Out of Hospital: Central Locality	Development of urgent same day access in primary care to provide alternative to secondary care and to free up GP time to deliver different models of care. The development of more integrated teams to manage frail elderly in different ways both in care homes and in individuals' homes. The establishment of additional support to help self management/self care for elderly and people with long term conditions. This is split into what can be done within the central locality what is best done across the whole of the CCG.	- Agreement on priorities for locality - Establishment of working groups for each of the workstreams. - Establishment of baseline acute activity and finance within the locality by elderly, long term conditions and multiple users of services. Linked to right care and financial plan. - Establishment of leads for each workstream	- Project briefs/PIDs to be completed for each of the priority areas - Establishment of savings - Assess plans for deliverability of savings and revise/update as necessary - Project plan for implementation of priority areas to be completed - Agree how to utilise the £3 per head to start implementation urgently - Development of locality budgets and establish monitoring arrangements	Lead: Lesley Godfrey with CYC, Trust and CCG. Project supports council of representatives decision to focus on frailty by supporting residents in care homes. Aim is to prevent admissions to hospital throughout winter through proactive support and care planning for care home residents. Project documentation currently being developed to include cost of new frailty team to enhance the current integrated care team. (Aim to release funding from £3 per head) potential savings currently being assessed.	meetings held with project team and initial priorities identified. Includes: medication reviews, advanced care planning, visits by UCP's early in the day to improve flow and avoid admissions were clinically appropriate. Initial care homes currently being identified from data through the CCG Quality team.	NIMBUS practices currently progressing to recruit team, including UCP's at risk. Start date aimed for early October 2017.	Savings calculated on the basis of 20% reduction in A&E attendances and unplanned admissions for two care homes initially. At a 20% reduction in activity (vs 2016/17 levels), the team would be cost neutral once 5 care homes are supported. In addition, national evidence shows strong support for additional prescribing savings within care homes as a result of care planning, medicines reviews and advanced care planning.	PID presented to CCG Exec team 18.10.17 and approved for non recurrent funding from £3/head. Allocation against the NIMBUS allowance proportion of central locality allocation for proof of concept with two care homes initially, extending as rapidly as possible to multiple care homes. Aim, subject to delivery, is to extend to cover all care homes and also provide support to frail and vulnerable household patients in subsequent phases - subject to outcomes being delivered.	End November, initial team in place and commencement of work with the two initial care homes.	824	3,878	
Out of Hospital: North Locality	Priority is two workstreams focusing on the provision of an Integrated Care Team over the two areas of the North Locality (Easingwold and area, and North Rydale). Proposal is to use existing successful model in York to review and task clinicians daily followed by a daily MDT. The development of the MDT will include healthcare representation across both areas as well as social care and voluntary sector input. It is planned to investigate technologies available to support this. Next steps into the autumn will then focus on the extended hours provision and effective linking and testing of all these new systems.	- Agreement on priorities for locality - Establishment of working groups for each of the workstreams and initial staff workshop held - Establishment of baseline acute activity and finance within the locality by elderly, long term conditions and multiple users of services. Linked to right care work. - Leads established and regular planning meetings set up - PID, scoping document and initial project plan well under way for North Integrated Care Team and MDT	- PID and scoping document to be finalised - Establishment of savings plan and agreement on how to utilise the £3 per head to start implementation urgently - Assess plans for deliverability of savings and revise/update as necessary - Project plan for implementation of priority areas to be completed - Development of locality budgets and establish monitoring arrangements - Implementation of new integrated team and supporting MDT in October 2017 as planned	An options paper is being prepared to discuss with North Locality on 27/09. Agreement at this meeting to the model progressed (either outsourcing to YICT for triage or containing this in house) will then ensure this model is implemented from October 2017. There will also be a discussion about how the £3 per head payment will potentially support the expansion of the current joint team available to do the MDTs	- Meetings have taken place with the YICT and Millfield current Care Coordinator - Core working team has met regularly throughout the summer to describe documents - Work is progressing on designing SOPs and flow charts for access to staff - Finance plan being derived around the baseline data previously shared	Options appraisal to be completed by 27/09 - Completed PID circulated by 30/09 - Financial plan to be mapped to options paper	The options paper was completed mid-October with input from the wider team. Agreement was reached to pursue the ambitious model holding all the teams in house (triage and MDT support). The £3 per head and PMS funding options were considered as part of this and an ROI of approx 2.5 has been calculated.	- Meetings between teams ongoing - Core working team progressing SOPs and testing outcomes - Finance plan has been drawn up and reviewed by CCG Exec.	- Anticipating the provision of a letter approving the spend as requested w/c 23/10. - Recruitment to then commence and new team members put in place from November 2017 onwards. - Joint Health and Social Care MDTs already progressing - review to take place with new staff in November			
Out of Hospital: South Locality	Same day and urgent access to General Practice: Improving patient access to General Practice will help to manage system demand, improve system flow, and reduce secondary care activity and costs. This will be delivered through a combination of: - Exploring existing access models to understand whether same day access can be improved without adversely affecting wait times for book ahead appointments. Potential workforce/skillmix opportunities, and using Selby Hospital facilities for urgent care. Extending access to 8pm and weekends through hub working arrangements with GPV funding - potential to involve Minor Injuries settings and A&E front door. This work should also link into wider plans around GP-led Urgent Treatment Centres. GPV funding to support Practices in training reception staff on clinical signposting and care navigation. GPV funding to support the rollout of electronic consultations eConsults.	Engagement with stakeholders in the locality to agree GP access as a priority area for development. Draft PID has been developed and sent to stakeholders for comment/input. CCG Council of Representatives workshop to explain GPV requirement and associated funding regarding extending GP access. Meeting with Steve Reed, Head of Strategy for Out of Hospital Services (York Hospital).	Workshop session scheduled for 23rd August with South Locality Practices to start to develop plan for delivering improved same day and urgent access across the patch. Better management of same day demand - potentially with a different skill mix in General Practice - should free up GP capacity to engage in more proactive work with frail/elderly/complex patients - potentially reducing avoidable A&E attendances and unplanned admissions. The development of metrics to evidence changes in activity and savings/ROI is complex however - and is not yet fully developed in the GCG.	Any savings are likely to be indirect - with the aim of improvements in same day access enabling GP's to spend more time with complex patients. Agreement in principle that Beech Tree and Scott Road will lead on the development of access services based around Selby Hospital. Acknowledgement that the remaining South Locality Practices will need to look at other solutions - potentially working across boundaries with Leeds CCG. GPV resilience funding of £6k secured to support Selby Practices to develop plans.	2 key meetings to date with South Locality GP's and Practice Managers. Development of the project plan - Shaun Macey to lead with input from Nick Jackson, Nigel Wells and Richard Gregory. Clarification needed around procurement requirements in the context of GPV extended access, plus Urgent Treatment Centres. Update at South Locality re progress.	As reported previously... There is an opportunity for the CCG to consider the scope of this work. Improved access to General Practice services 8-8 links closely into work around Urgent Treatment Centres and realignment of wider urgent care resources in the community.	Heather Marsh taking a lead on the South access and extended access work. GPV resilience funding of £6k secured for 12 week programme of work - and MOU's for the work signed by Practices involved. Heather Marsh starting to meet with Selby Practices on a more regular basis to move the project forward. Beech Tree Surgery keen to lead/progress this work (Dr Nigel Wells, Richard Gregory).	During October start to develop the project plan for delivering improved access to General Practice services out of Selby Hospital.				
Intermediate care and realignment - better integration of services:	A comprehensive review of existing intermediate care and realignment services across health and local authority will enable the system to explore opportunities for better integration of out of hospital services - with a view to managing demand and flow more efficiently, reducing secondary care activity and costs. Efficiencies should be delivered through fewer A&E attendances and emergency admissions, and a reduction in lengths of stay through proactive, supported discharge. Proactive realignment services will help to keep people independent and active in their own homes for longer, and proactive discharge planning for elderly patients will help them to remain mobile and independent. Self Management: Promote self-management and self-care to reduce demand on health services where appropriate.	Engagement with stakeholders in the locality to agree intermediate care and integration as a priority area for development. Draft PID has been developed and sent to stakeholders for comment/input. Meeting with Steve Reed, Head of Strategy for Out of Hospital Services (York Hospital).	Arrange workshop session with South Locality stakeholders to further develop and refine the PID and discuss plans for delivery. Better integration of services and care coordination should result in system savings. However, there are opportunities for savings through service and contract redesign across the South Locality.	No savings identified at this point through the PID. Draft PID produced by Steve Reed from York Hospital. Steve working with key partners to review existing service provision to understand opportunities for better integration of services.	Update at South Locality re progress.	No update from York Teaching Hospital in October - full update in November						
Out of Hospital: Risk Stratification for Locality Work	Identification of frail/vulnerable patients to provide more proactive support through Integrated Care Teams and Care Home outreach and avoid unplanned admissions.	Draft agenda sent to Dr Lesley Godfrey - work with Lesley to plan workshop session.	Deliver workshop session.				Given sufficient capacity in out of hospital services, risk stratification (or case finding) can identify patients who would benefit from more proactive MDT care coordination to reduce their risk of hospital attendance/admission. Also, York Integrated Care Team using local intelligence to case find for their caseload of patients to offer MDT support across City Practices.	Currently doesn't seem to be a priority in General Practice. All Practices are now working on using the electronic frailty score to identify patients for more proactive care planning to meet the GMS contract requirement.	Review with a clinical steer to check whether this is still a priority - and whether General Practice has the capacity to potentially increase its MDT supported caseload.			
Community Podiatry	This project is in place and delivering. Ongoing review of the new service and impact is ongoing. Savings identified.	Service tendered, procured and implemented.	3 and 6 months reviews ongoing/expected	This project is in place and delivering. Ongoing review of the new service and impact is ongoing. Savings identified.	Service tendered, procured and implemented.	3 and 6 months reviews ongoing/expected	3 month review being undertaken - feedback in November			393	26	
Patient Transport - contracting review	This project is in place and delivering. Ongoing review of the new service and impact is ongoing. Savings identified.	Additional crew provided, delivering above the anticipated level of savings currently.	Involvement of this scheme into the MNET procurement will mean this is a time limited scheme to 01/07/18	As previous month	As previous month	Review of savings plan required	As previous month	As previous month	As previous month	11	0	
Integrated Care Team Roll-out (Central Locality only)	This project is in place and delivering. Ongoing review of the new service and impact is ongoing. Savings identified in plan - review required.	Service is now delivering across all City of York practices, discussions still ongoing with Pocklington.	- need to review the first quarter of data - no CCG resource available to be able to do this at present	Medication reviews done by team member and support virtual / in person elderly care consultants	Secure BI and finance support to review savings in QIPP plan against activity. Deadline mid October.	Updated position against QIPP needed October 2017	Updated BI information shows consistency in reduction of excess bed days up to April 2017. Information about this financial year still anticipated.	Team have worked to support the One Team as well as initiatives around improved GP/consultant communication. Recruitment ongoing for roles.	Review of expanded dataset to include 2017-18 once available.	756	0	
Review of community inpatient services - Phase I (Archways)	This project is in place and delivering. Ongoing review of the new service and impact is ongoing	Final report now completed and circulated	- continuation of the 'One Team' reallocation of Archways staff and physical property working on standard referral paperwork and progression of trusted assessor model. Being run by YTHFT/CYC	Single advance care plan for all residents done as above	- Meeting start of September to describe next steps and finalise initial KPIs took place - Group to feed back to various partners - Agreement to work on YICT model for rapid review of patients - MDT triage and single referral to commence 1st week of October 2017	- Commencement from 1st week of October 2017 - Review at 1 month/3 months				421	0	
Review of community inpatient services - Phase II	This project is mid-way through the process; savings not yet accurately identified	- Community inpatient bed review completed, report circulated August 2017. - Workgroup looking at circulation of the report and next steps, including a workshop to describe action points. YTHFT leading	- no timescales against the next steps yet. Continuing to monitor progress.	Visits to be done by UCP/AHP early in the day to improve flow / avoid admission as appropriate clinically	- CCG to explore who in YTHFT will be taking forward discussions and offer support - Feed of information into	TBC with partners	A number of separate workstreams are still being pursued by the complex discharge group and individual teams. Mini-MADE events have taken place through October to further identify where efficiencies can be made.	- Morning review programme with UCPs struggling with resource - Complex patients identified earlier through MADEs - Report circulated to STP as well as locally	- Extraordinary meeting of complex discharge group on 26/10 to review workstreams with particular regard to DTDCs	200	200	
RightCare Phase 2 - Trauma & Injuries	This project is still being scoped; savings not yet accurately identified	- Initial discussions held with ED to identify their input - Data review held between CCG and Right Care team to review assumptions - Meeting with orthopaedics in August cancelled due to lack of resource; data only shared	- rebook meeting with Orthopaedics no CCG resource available to be able to do this at present - PMO resource supporting this has left - advertisements out for replacements - Decision still needed on ongoing resource for Unplanned Care team to pick up proposed faster/harder workstreams	Longer term planning for a team which can expand to other homes with ANP/AHP (prescriber), pharmacist, therapy, SW, GP, voluntary sector and TEWV named link.	- New starter has commenced and busy describing initial plans, as well as taking over the CVD unplanned care flows - PMO resource supporting this has left - advertisements out for replacements - Decision still needed on ongoing resource for Unplanned Care team to pick up proposed faster/harder workstreams	- Meeting with Orthopaedics Clinicians 27/09 - Describe plan and potential savings in more detail - Allocate appropriate resource	Meeting has been held with the Orthopaedics team and the ED clinical lead and discussions held on the Right Care data and potential opportunities.	- Data review - discussed with NHSE support and action notes developed. - PMO resource to commence w/c 23rd October - Progression still slow due to limited resource	- Regular meetings with new staff member to be set up - Project plan with PMO to be worked up and actions chased	0	373	
Patient Transport project - re-procurement	This project is mid-way through the process; savings have not yet been identified but assumption is that this will work within current envelope and hence halt the increase in spend seen (+14% in 15-16)	- PQD completed; 6 active bidders put forward to the ITT stage - Joint specification, risk register and financial model developed - Ongoing work on detail of financial model/contracting and KPIs currently - ITT to commence October 2017, with 5 month mobilisation and implementation on 01/07/18	- Ongoing work to continue as described. PMO support to be identified - ITT and evaluation to take place Oct/November 2017 - Successful bidder to be announced January 2018	Agreement has been reached about the partners in the re-procurement, going forward as best clinical outcomes for patients required. Spend/saving calculations have not changed from last month.	- ITT ready to go out on the 20/09 - Financial model completed with as accurate data as possible - KPIs drafted for discussion with potential provider - ITT ready for mobilisation	Submission of the ITT on the 20/09	Tender is now out for consideration - 35 clarification questions received. Two potential providers have dropped out of process. Questions to close 20/10 and tender to close 27/10. All questions answered in timeframes so far. Next milestones as described.	As prior call	As prior call	0	150	
GPV: Reception Training in Signposting and Care Navigation	Programme to support General Practice in managing demand.	£31k of funding allocated to Practices via alliance groupings in 2016/17 - Primary Care Team following up use of this funding to understand requirements and next steps. Practices have been asked to provide feedback on work completed, and requirements for 2017/18. £61k of funding received by the CCG for the 2017/18 programme of work. Plan to move this out to Practices via locality groupings to support the development of extended access and urgent access hubs.	Review Practice feedback. CCG to attend Practice Manager's meeting on 12th September to agree next steps with Practices.	Verbal update/separate report to Finance and Performance Committee on 28/9/17. Shaun Macey			See detailed General Practice workplan and update on agenda for Committee 26/10/17	Practices contacted a number of times to request plans on a page for allocation of this funding. To date, one response/plan from CAVA.		0	0	
GPV: Funding for eConsults	Programme to support General Practice in managing demand through the use of technology.	Unity Health already using eConsults (for approx 2 years) - learning can be shared. Awaiting funding (£92k for 2017/18 and £122k for 2018/19) from NHS England to roll out eConsults platform to Practices.	Awaiting receipt of funding.					Awaiting receipt of funding/guidance from NHSE.				
GPV: Funding for improving access	Plan delivery of extended access as per the requirements in the 2017-19 Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision. Agree plan for NHSE (needed to attract funding) with CCG sign off. Explore and agree links into locality programmes. £3.34 per head 2018/19 the £6.00 per head recurrently from 2019/20. Planning guidance states PROCUREMENT required.	Attended national NHS England event to understand requirements. CCG Council of Representatives workshop to explain GPV requirement and associated funding regarding extending GP access.	Series of locality based meetings to develop plans. South confirmed 23rd Aug Central confirmed 26th Sep North tbc					All locality meetings have been held. Awaiting response from Practices re plans. Paper to exec explaining requirement and links into wider UTC and urgent care agenda. NHSE webinars attended by CCG staff. Questions around funding flows and procurement requirements pushed back to NHS England. Other CCG's contacted around the country to understand their delivery and procurement approaches. S Macey has arranged meetings with SystemOne and EMS to address access to records across clinical systems.				
GPV: £3 per Head Funding	Development of General Practice led service to provide more proactive support for frail/elderly patients and reduce unplanned admissions. Also helps to manage demand in General Practice.	Council of Representatives discussions with Practices.	Agree £3 per head funding plans and roll out to Practices with guidance on use and reporting of outcomes.					Update to members at Council of Reps. Test schemes over winter with a view to supporting schemes from April 2018 with £3 per head - on a locality basis.				
Dermatology Indicative Budgets		Scheme in place since 2016/17, saving in 2017/18 is FYE. YTD saving based on forecast until validated acute data available	Undertake validation of data				Shared savings with primary care following reduced referrals into acute setting	In delivery	In delivery	36	0	
GP IT - NYNET		Delays to telephony project have put this at risk, but some saving could be achieved by moving to new NYNET WAN3 contracts subject to discussions with providers and impact on HSCN procurement					Original intention of scheme was to move off NYNET COIN and for practices to pay for their own telephony solution. Further savings could now be achieved by moving onto single HSCN network rather than NYNET and BT N3 now the BT Transition Network.	NYNET WAN3 contract variation has now been signed and this is now delivering.	CCG to make formal decision with regards to preferred HSCN provision.	183	113	
Roll out indicative budgets to other specialities		Initial indication is that there is little scope of further savings in other specialities and therefore the scheme has been stopped.	Scheme not being progressed					Scheme no longer being progressed.	Removed from QIPP programme	75	125	
Total										2,899	4,865	
Other QIPP (Back office): Embed savings	In delivery									207	223	
Other QIPP (Back office): vacancy control	In delivery									54	0	
Total										261	223	

Item Number: 9									
Name of Presenter: Phil Mettam									
Meeting of the Governing Body 2 November 2017	 Vale of York Clinical Commissioning Group								
Integrated Performance Report Month 6 2017/18									
Purpose of Report For Information									
Reason for Report <p>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 5 for performance and contracting, and Month 6 for finance and QIPP. The report should be read alongside the QIPP Supplementary Report (Annex to full Finance Report) and the Contract Report.</p> <p>The Finance and Performance Committee received supplementary reports on A&E 4 hour performance (Winter Plan submissions to date), referral to treatment recovery and cancer 62 day performance recovery.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Reducing Demand on System</td> <td style="border: none;"><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td style="border: none;"><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td style="border: none;"></td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care	<input checked="" type="checkbox"/> Reducing Demand on System	<input checked="" type="checkbox"/> System transformations	<input checked="" type="checkbox"/> Fully Integrated OOH Care	<input checked="" type="checkbox"/> Financial Sustainability	<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	
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<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract									
Local Authority Area									
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks	Covalent Risk Reference and Covalent Description								
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	30 risks as captured in the Risk report for September 2017								

Emerging Risks (not yet on Covalent)	
n/a	
Recommendations	
n/a	
Responsible Executive Director and Title Phil Mettam Accountable Officer	Report Author and Title Caroline Alexander Assistant Director of Delivery and Performance

Integrated Performance Report



Validated data to August 2017
Month 05 2017/18

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 (presentation by Shaun Macey on 26/10/17)
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – primary care dashboard in development and first formal dashboard will be reported to Primary Care Commissioning Committee in October 2017

Annexes:

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

Diagnostics 6 week wait

NHS Vale of York CCG Performance has improved for the 4th consecutive month, now standing at 1.63% in August against target of $\leq 1\%$. This equates to a total of 50 breaches out of 3,051 patients on the waiting list.

York Trust met the $\leq 1\%$ target in August 2017 with just 0.9% of patients waiting longer than 6 weeks. However the Trust have reported recent problems with Audiology at Scarborough and consequently are expected to fail target in September.

The Cancer Alliance are undertaking a demand and capacity modelling exercise with YHEC and all providers across HCV STP with a view to developing a future model of diagnostic provision. This is due to be completed around the end of January and will include key tests within radiology, pathology and endoscopy.

Cancer 62 day wait

The $\geq 85\%$ target was met in August for the first time since August 2016, with performance of 87.3%. This equates to 13 breaches of the 62 day target. Unfortunately the unvalidated performance position for the Trust in September is 76% and further detail is provided in the separate 62 day target recovery paper (on agenda).

York Trust continue to work with the Cancer Alliance on the pathways to tertiary centres and the allocation of breaches. The Trust has been allocated £131K funding to enhance the one-stop diagnostics at Malton and pilot 'straight to test' to reduce the number of 62 day breaches by improving diagnostic turnaround times. HCV Cancer Alliance have received confirmation of £4M transformation funding to be invested in HCV over the next 2 years.

Dementia diagnosis

Performance has shown a slight increase on the previous month and is now at 59.6% although still below the national target.

IST diagnostic review draft report presented to Committee on 26/10/17

IAPT

Performance remains below target for both access and recovery. The three month rolling average for access has recently increased to 10.4%

Update to Committee on 26/10/17

Performance Headlines

DETERIORATION IN PERFORMANCE :

A&E 4 hour target

York Trust's performance against the 4 hour standard has continued to fall during September to 83.1%, despite efforts of partner organisations to halt the decline. Provisional October performance for the period up to 15th October was 82.3%. However, ECS performance (unvalidated) on weekend of 21st October was 95.3% and 96.3%.

A costed winter plan that describes potential improvement schemes and their potential impact on beddays and ECS performance where applicable has been submitted to NHSE/I. This creates a cost pressure for the system and is included as a separate report for Committee in the agenda for 26th October.

Current actions include:

- The ECS recovery plan has been fully updated with a specific immediate focus on addressing non-admitted breaches.
- Manager of the Day implemented.
- Senior nurse and Matron of the day overseeing staff deployment on both sites.

RTT 18 week

CCG RTT performance continues to decline, standing at 89.3% in August 2017 against target of $\geq 92\%$. However there were no 52 week breaches reported in this month. Specialities with an incomplete backlog of greater than 200 include General Surgery, Ophthalmology, Dermatology and Thoracic Medicine. Max Fax patients currently account for 36% of all 40+ week waits at York Trust. There are performance recovery plans in place for: Dermatology; colorectal and rheumatology. There is a proposed deepdive to be scheduled for Head & neck which will aim to bring in above clavicle pressures on the ENT, max fac and oral medicine specialties.

York Trust performance also continued to decline in August at 87.5%, down 0.7% from July. The admitted backlog has improved through August and DNA rates reduced from 7% in July to 6.7% in August. However, the non-admitted backlog increased significantly in August and September. Contributing factors to performance include D&V and an increase in DTOCs impacting bed occupancy, an increase in staff sickness and workforce pressures during the summer holidays. The Planned Care Steering Group has commenced work on modelling RTT and activity management as the CCGs and Trust work to deliver their financial recovery plan and QIPP programmes. This modelling will support all organisations in jointly understanding the 'demand' and capacity on each specialty and develop joint recovery plans for delivering elective care in 17/18 and 18/19.

Performance Headlines

DETERIORATION IN PERFORMANCE :

Cancer 2WW	<p>Performance is currently at it's lowest point since January 2015, with August 2017 performance at 85.2% against target of $\geq 93\%$.</p> <p>There were 137 breaches for NHS Vale of York CCG patients in August, 105 breaches in Skin and 5 in Children's Cancer were due to lack of OP capacity. However another 21 breaches across a range of specialties were due to patient cancellations or patients declining appointment dates within 2 weeks.</p>	<p>The CCG is sending out a communication to Vale of York GPs to ask them to stress the importance of patients being available to attend slots within 2 weeks. Dermatology delays continue to be a key issue for York Trust; 3 clinics per week will continue to operate from Scarborough Hospital but the majority of dermatology work will be centralised in clinics at York and Malton, and all fast track clinics will be delivered from York and Scarborough Hospitals (centralised since September 2017 as part of the Dermatology recovery plan)</p>
CAMHS	<p>Performance remains below target. Current position is 85% having a second appointment in under 9 weeks. Eating disorder performance remains low against national standards.</p>	<p>Update to Committee 26/10/17</p>
CHC	<p>On-going review identifying the true performance position and helping shape the recovery plan.</p>	<p>Update to Committee 26/10/17</p>

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. Winter planning: costed winter plan submission on agenda for discussion at Finance and Performance Committee 26/10/17
2. Transforming Care / Section 117 Vulnerable People Risks
3. Continuing Healthcare
4. Cancer 62 day recovery plans
5. RTT recovery
6. Primary care programme – supported by current GP workplan

Performance Summary: All Constitutional Targets 2017/18

Validated data to August (Month 05)

Planned Care

Indicator	Level of Reporting		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Q1 2017/18	Q2 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	91.6%	91.5%	90.8%	90.6%	90.3%	90.5%	90.7%	89.7%	90.2%	90.2%	89.7%	89.3%	90.2%	89.5%	89.8%	90.7%		↓
		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%		
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	0	1	1	0	0	0	2	2	2	0	1	0	4	1	5	5		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Diagnostics																				
Diagnostic test waiting times	CCG	Actual	0.93%	1.27%	1.21%	1.70%	1.76%	2.00%	2.12%	3.76%	3.49%	2.83%	2.18%	1.63%	0.0%	1.6%	1.63%	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%		
Cancer																				
All Cancer 2 week waits	CCG	Actual	94.5%	88.1%	92.1%	98.1%	90.2%	97.0%	93.3%	90.5%	89.6%	90.4%	85.9%	85.2%	90.2%	85.6%	88.4%	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%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	96.2%	96.7%	98.2%	95.5%	95.7%	95.7%	98.3%	91.9%	95.5%	96.6%	96.8%	96.8%	95.2%	96.8%	95.5%	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%		
Cancer 31 day waits: first definitive treatment	CCG	Actual	96.2%	98.0%	96.2%	98.5%	96.3%	98.2%	96.6%	95.0%	98.9%	97.8%	97.4%	97.4%	97.5%	97.4%	97.4%	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%		
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	92.1%	97.5%	86.7%	84.8%	97.1%	92.1%	100.0%	95.2%	93.8%	96.9%	88.1%	97.7%	95.3%	92.9%	94.2%	95.0%		↑
		Target	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%	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%		-
		Target	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%	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%	97.4%	100.0%	100.0%	99.2%	100.0%	99.5%	99.6%		↑
		Target	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%	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	71.8%	75.0%	77.3%	81.7%	82.4%	74.0%	78.7%	83.6%	74.3%	76.6%	82.0%	87.3%	77.8%	84.7%	80.5%	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%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	83.3%	96.0%	84.6%	94.1%	94.7%	93.3%	85.7%	83.3%	100.0%	100.0%	88.2%	100.0%	94.6%	94.7%	94.7%	91.9%		-
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	92.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Cancelled Operations																				
Cancelled Operations - York	YFT (Trust wide)	Actual	1.4%			1.0%			7.8%			1.9%			1.9%		1.9%	5.1%		
		Target	0.0%			3.8%			2.0%			11.7%			11.7%		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		-
		Target	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	0.1	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		
Number of MSA breaches for the reporting month in question	CCG	Actual	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Unplanned Care

Indicator	Level of Reporting		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Q1 2017/18	Q2 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	91.0%	85.5%	81.9%	81.2%	78.3%	81.5%	89.4%	92.9%	88.1%	91.9%	87.1%	88.2%	90.9%	87.6%	89.6%	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%		
A&E Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	4,594	4,717	4,418	4,607	4,302	3,991	4,551	4,485	4,802	4,714	4,937	4,716	14,001	9,653	23,654	55,185		↑
	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%		
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	84.2%	74.9%	69.4%	68.7%	63.3%	68.7%	81.7%	87.5%	79.6%	86.1%	77.7%	79.1%	83.5%	77.7%	83.5%	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%		
A&E Attendances - Type 3, SitRep data	% of YFHT activity (CCG weighted)	Actual	1,799	1,767	1,522	1,555	1,483	1,397	1,652	1,785	1,818	1,730	1,894	1,927	5,333	3,821	9,154	20,011		↑
	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%		
A&E Attendances - Total, SitRep data	% of YFHT activity (CCG weighted)	Actual	8,219	8,278	7,485	7,741	7,291	6,807	7,881	8,083	8,466	8,201	8,755	8,599	24,749	17,354	42,103	95,514		↑
	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%		
A&E Attendances - VoY CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	7,279	7,681	7,104	7,268	6,914	6,256	8,360	7,053	7,604	7,254	7,654	7,033	21,911	7,654	29,565	86,952		↓
	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%		
A&E waiting time - % of patients seen and discharged within 4 hours - CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	90.80%	83.54%	77.82%	74.81%	73.33%	79.49%	89.37%	90.36%	83.89%	88.74%	82.14%	84.79%	87.58%	82.08%	86.16%	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%		
Not Included in VOY Dashboard	Not Included in VOY Dashboard	Not Included in VOY Dashboard	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data			-
		Not Included in VOY Dashboard	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data		
Trolley Waits																				
12 hour trolley waits in A&E - Vale of York CCG	CCG	Actual	0	1	1	9	6	2	0	0	1	0	2	0	1	2	3	19		↑
		Target	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	0	4	3	11	45	6	9	0	3	0	2	1	3	3	6	85		↑
		Target	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			68.3%	62.9%	62.4%	69.8%	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%	75.0%	75.0%		
Achieved 8 Mm	YAS (region)	Actual			196	242	252	216	265	269	259	261	281	267	789	809	1337	1171		↑
Total Calls (C1)	YAS (region)	Actual			287	384	404	309	352	357	390	382	394	400	1129	1176	1923	1736		
Category 1 - Tail of Performance 75%	YAS (region)	Actual								00:08:20	00:08:03	00:09:06	00:08:21	00:09:07	00:08:30	00:08:44	00:08:35			↑
Category 1 - Tail of Performance 100%	YAS (region)	Actual								00:44:14	00:25:56	00:24:03	00:31:26	00:39:56	00:31:24	00:35:41	00:33:07			
Category 2R (resource) - Response within 19 minutes by a resource	YAS (region)	Actual			82.4%	78.2%	85.5%	85.3%	83.5%	85.0%	86.9%	86.9%	83.3%	76.5%	86.3%	79.9%	83.4%	83.0%		↓
Category 2R - Tail of Performance 95%	YAS (region)	Actual								00:27:25	00:24:04	00:30:40	00:30:54	00:29:53	00:27:23	00:30:24	00:28:35			
Category 2R - Tail of Performance 100%	YAS (region)	Actual								00:42:35	00:37:19	01:02:20	01:12:04	00:53:05	00:47:25	01:02:35	00:53:29			
Category 2T (transport) - Response within 19 Minutes by DCA unless RRV arrives and DCA not required	YAS (region)	Actual			70.0%	62.3%	69.4%	69.2%	76.6%	80.0%	77.5%	75.9%	73.0%	75.2%	77.8%	74.0%	76.3%	69.5%		↓
Category 2T - Tail of Performance 95%	YAS (region)	Actual								00:34:50	00:31:24	01:01:00	00:38:18	00:40:31	00:42:25	00:39:24	00:41:13			
Category 2T - Tail of Performance 100%	YAS (region)	Actual								02:22:47	01:20:47	23:24:31	01:53:29	02:59:26	09:02:42	02:26:27	06:24:12			
Category 3R (Resource) - Response within 40 Minutes by a resource	YAS (region)	Actual			86.0%	82.1%	84.5%	83.9%	87.3%	91.4%	90.6%	90.6%	88.6%	89.2%	90.9%	88.9%	90.0%	84.8%		↓
Category 3R - Tail of Performance 95%	YAS (region)	Actual								01:10:35	00:50:41	00:50:10	00:58:36	00:54:18	00:57:09	00:56:27	00:56:52			
Category 3R - Tail of Performance 100%	YAS (region)	Actual								01:41:40	01:41:01	02:21:42	02:06:15	01:39:51	01:54:48	01:53:03	01:54:06			
Category 3T (Transport) - Response within 40 minutes by DCA unless RRV arrives and DCA is not required	YAS (region)	Actual			80.7%	77.1%	76.9%	79.2%	87.7%	90.2%	89.7%	83.0%	79.5%	77.9%	87.8%	78.7%	84.3%	80.3%		↓
Category 3T - Tail of Performance 95%	YAS (region)	Actual								01:27:56	00:51:25	15:08:40	01:11:36	01:10:23	05:49:20	01:11:00	03:58:00			
Category 3T - Tail of Performance 100%	YAS (region)	Actual								01:58:55	03:03:13	23:43:28	03:13:24	03:43:33	09:35:12	03:28:28	07:08:31			
Category 4T (Transport) - Response within 90 Minutes of locally determined	YAS (region)	Actual			94.2%	88.8%	88.7%	94.3%	90.7%	91.8%	91.0%	83.3%	89.2%	76.0%	88.6%	82.6%	86.2%	91.3%		↓
Category 4T - Tail of Performance 95%	YAS (region)	Actual																		
Category 4T - Tail of Performance 100%	YAS (region)	Actual																		
Category 4H - (Hear and Treat) Hear and Treat within 90 Minutes	YAS (region)	Actual			100.0%	93.3%	94.1%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	100.0%	98.6%	99.5%	96.4%		↓
Category 4H - Tail of Performance 95%	YAS (region)	Actual																		
Category 4H - Tail of Performance 100%	YAS (region)	Actual																		

HCAI and Quality

Indicator	Level of Reporting		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Q1 2017/18	Q2 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	0	3	0	0	1	1	1	1	1	1	2	2	3	4	7	9		↑
		Target	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	7	5	9	7	4	5	4	4	6	5	6	14	23	37	61		↓
		Target	6	7	5	9	7	6	6	7	6	8	4	7	21	17	25	78		
Incidence of healthcare acquired infections (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	0	1	0	1	0	0	0	0	1	0	0	1	1	1	2	6		↑
		Target	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	1	3	2	8	10	5	5	2	2	5	2	3	9	10	19	46		↓
		Target	2	3	3	6	3	5	3	3	1	3	3	2	7	6	13	45		
Healthcare acquired infection (HCAI) measure (Escherichia Coli infections)	YFT TRUST APPORTIONED	Actual	32	25	32	19	24	27	22	31	21	24	20	23	76	62	138	307		↓
		Target	14	16	21	22	27	36	23	26	21	24	20	27	71	72	143	269		
Serious Incidents/ Never Events																				
Number of new serious incidents (NHS Vale of York CCG)	CCG ATTRIBUTED	Actual	12	2	8	12	7	7	5	6	4	11	8	4	21	12	33	117		↓
Number of Never Events (NHS Vale of York CCG)	CCG ATTRIBUTED	Actual	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	3		↑
Smoking at time of Delivery																				
Maternal smoking at delivery.	CCG	Actual	9.7%			10.3%			12.3%			10.1%			10.1%		10.1%	11.0%		
		Target	12.1%			12.1%			12.1%			12.1%			12.1%		12.1%	12.1%		

Programme Overview

- Planned Care -

Validated data to August (Month 05)

PLANNED CARE including PRESCRIBING

This dashboard provides an integrated overview of performance against QIPP, Contracting 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



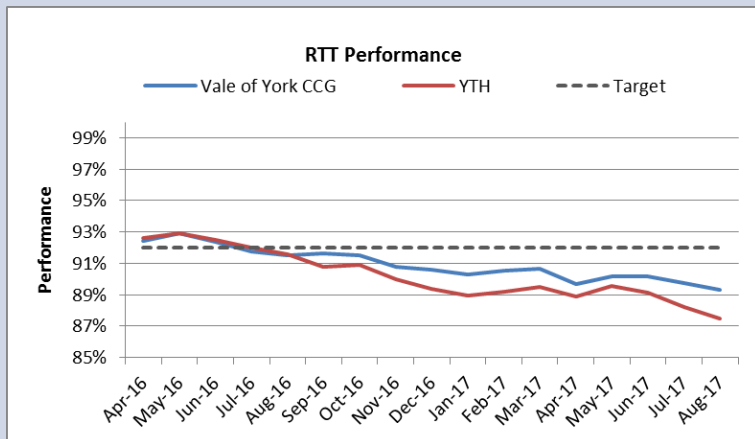
CONTRACTING: Month 05

Point of Delivery	Year to Date							
	Activity				Expenditure (£,000)			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%
Inpatient	16,809	17,892	(1,084)	(6.45%)	18,339	18,906	(567)	(3.09%)
Outpatient	120,899	120,636	263	0.22%	13,929	13,473	456	3.27%
Other	999.255	958,427	41,008	4.10%	17,762	17,075	687	3.87%
CQUIN					1,079	878	201	18.60%
Total	1,136,963	1,096,776	40,187	3.53%	51,108	50,331	777	1.52%

Please refer to the Contract Trading Report

Referral to Treatment Time

Vale of York CCG			York Teaching Hospital			YTH - Admitted Backlog		
July	August	DoT	July	August	DoT	30/07	03/09	01/10
89.73%	89.3%	↓	88.20%	87.5%	↓	1,418	1,366	1,426



York Teaching Hospitals RTT performance in August 2017 was 87.5%, a 0.7% reduction from July 88.2%, and this has declined again to 86.91% in September (unvalidated). It is unlikely that the planned return to the national standard of 92% will be achieved by October 2017.

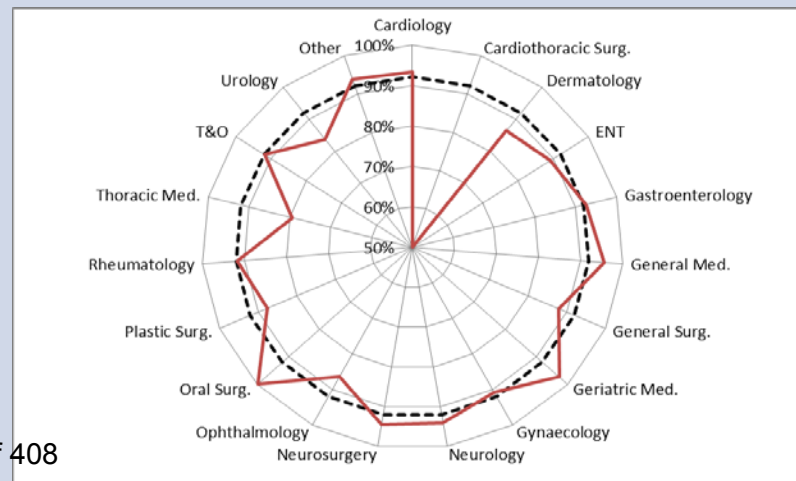
The admitted backlog has improved through August due to increased day case activity and improved utilisation of theatre lists held. DNA rates reduced from 7% in July to 6.7% in August 2017. However, the non-admitted backlog increased significantly in August and September with weekly backlogs ranging between 1984 – 2110 patients. 825 Outpatient appointments for non-clinical reasons were cancelled in August.

Bed occupancy was impacted by D&V at the start of August and an increase in the number of DTOCs. Staff sickness also increased during the summer months (4.74% in July) and demand for temporary nurse staffing equated to an average of around 416 FTE staff per month. Workforce pressures have adversely impacted on RTT performance during the summer holidays.

As at 8 October 2017 the Admitted backlog was 1404, and the non-Admitted backlog had reduced to 1,872. Total patients now waiting on non admitted waiting list is 19,746 (3243 on the backlogs).

Specialty	Performance	Breaches	Main Provider
Cardiothoracic Surgery	50.00%	2 of 4	SHE (1)
Thoracic Medicine	79.46%	121 of 589	YTH (115)
Urology	83.73%	145 of 891	YTH (118)
Dermatology	86.36%	165 of 1,210	YTH (160)
Ophthalmology	86.51%	350 of 2,594	YTH (311)
Plastic Surgery	87.73%	20 of 163	LTH (9)
General Surgery	87.97%	242 of 2,011	YTH (221)
ENT	89.07%	137 of 1,254	YTH (118)
Gynaecology	90.82%	86 of 937	YTH (72)
Rheumatology	91.69%	37 of 445	YTH (30)
Trauma & Orthopaedics	91.79%	129 of 1,571	YTH (50), LTH (44)
All	89.29%	1,704 of 15,911	

Specialties with an incomplete backlog of greater than 200 include General Surgery, Ophthalmology, Dermatology and Thoracic Medicine. General Surgery and Dermatology are experiencing higher demand in Cancer pathways and the alignment of resource to support urgent pathways is likely to impact on RTT non-admitted capacity. Max Fax patients currently account for 36% of all 40+ week waits at YHFT.



PERFORMANCE PLANNED CARE: RTT REFERRALS ANALYSIS BY SPECIALITY (Comparison April to September 2016-v-2017)

Speciality	Total Referrals (Year on Year comparison)			Change Q1&Q2 16/17 v's 17/18 by Referral Type				% Change (Q1&Q2 16/17 v's Q1&Q2 17/18)			
	Q1&Q2 2015/16	Q1&Q2 2016/17	Q1&Q2 2017/18	GP	Cons:cons	Other	Total Change	GP	Cons:cons	other	Total change
Cardiology	7,396	7546	8148	92	-17	527	602	4%	-4%	11%	8%
General Surgery	6,082	6213	6335	103	-77	97	123	2%	-8%	17%	2%
Ophthalmology	5,677	5903	6077	-119	113	180	174	-4%	27%	8%	3%
Trauma And Orthopaedic Surgery	5,502	5762	5575	-84	-16	-87	-187	-9%	-3%	-2%	-3%
Ear, Nose And Throat	3,696	3687	3525	-217	1	54	-162	-8%	0%	7%	-4%
Gynaecology	3,084	3081	3133	-67	19	101	52	-2%	11%	64%	2%
Dermatology	2,819	2838	2748	-188	71	26	-90	-7%	37%	55%	-3%
Obstetrics	2,709	2687	2649	-2	26	-61	-37	-5%	537%	-2%	-1%
Gastroenterology	2,496	2289	2103	-197	56	-45	-186	-12%	17%	-17%	-8%
Urology	2,228	2215	2093	-312	81	108	-123	-18%	22%	78%	-6%
Paediatrics	1,934	2197	2367	-65	41	193	169	-6%	7%	47%	8%
Geriatric Medicine	1,522	1585	1287	-267	117	-148	-298	-37%	58%	-23%	-19%
Respiratory Medicine -Thoracic	1,126	1203	1167	-79	18	25	-36	-9%	8%	26%	-3%
Neurology	1,064	1087	1010	55	-142	11	-76	7%	-45%	71%	-7%
Endocrinology	1,072	971	1035	41	-2	26	64	8%	-2%	7%	7%
Rheumatology	829	905	928	-8	20	11	24	-1%	27%	16%	3%
Anaesthetics	806	838	869	-40	20	52	32	-7%	18%	28%	4%
Palliative Medicine	821	782	826	-41	3	80	43	-18%	29%	15%	6%
Medical Oncology	723	736	811	-1	15	61	75	-7%	3%	23%	10%
General Medicine	696	692	747	12	-4	47	55	2%	-66%	207%	8%
Haematology (Clinical)	715	516	421	-107	-7	19	-95	-30%	-4%	334%	-18%
Clinical Neuro-Physiology	428	484	489	-3	32	-25	5	-11%	15%	-10%	1%
Plastic Surgery	237	326	335	11	-2	0	10	12%	-1%	1%	3%
Nephrology	279	275	198	-63	7	-21	-77	-39%	16%	-28%	-28%
Ante-Natal Clinic	197	199	206	20	1	-14	7	13%	0%	-28%	3%
Clinical Biochemistry	40	49	68	9	9	2	20	23%	91%	200%	40%
Haematology	30	47	37	-5	0	-5	-10	-73%	0%	-13%	-22%
Other (up to 50 referrals)	130	44	30	-8	-1	-5	-14	-67%	-6%	-31%	-32%
Grand Total	54,337	55,155	55,217	-1530	382	1210	61	-5%	6%	6%	0%

YFT performance team reported at the beginning of October that YTD there had been a 4% reduction in referrals across all specialties compared to the same period last year, suggesting that the implementation of thresholds and health optimisation policies are now having a significant impact on 'demand' on the Trust.

A request for the breakdown of 'Others' referrals for cardiology and Paediatrics has been requested from the Trust and is still awaited. If available for Committee on 26/10/17 then this analysis will be presented.

A verbal update on the system approach to RTT recovery will be given at Committee on 26/10/17.

Cancer

14 Day Fast Track

62 Day 1st Treatment (GP)

62 Days 1st Treatment (SS)

CCG	DoT	Target	CCG	DoT	Target	CCG	DoT	Target
85.2%	↓	93%	87.3%	↑	85%	100%	↑	90%

14 Day Fast Track - YHFT July 80.7%, reduction of 6.3% on June 87%

There were 137 x 2WW breaches for VOYCCG patients in August 2017. 105 breaches in Skin and 5 breaches in Children's Cancer were due to lack of outpatient capacity. However, the 11 breaches for Lower Gastro, 4 Gynae, 2 Breast Cancer, 2 Lung and 2 Upper Gastro breaches were all due to patient cancellations or patients declining appointment dates within 2 weeks. The CCG is sending out a communication to Vale of York GPs to ask them to stress the importance of patients being available to attend slots within 2 weeks.

SRCCG had 53 x 2WW breaches, 47 related to Skin, 3 Lower Gastro and 1 each for Breast, Head & Neck and Upper Gastro.

Delays in Dermatology fastrack continue to be the predominant factor in the low Trust performance and are due to the lack of outpatient capacity. 3 clinics per week will continue to operate from Scarborough Hospital but the majority of Dermatology work will be centralised at clinics at York and Malton and all fast track clinics will be delivered from York and Scarborough. Dan Cottingham, Clinical Lead for Cancer, has made a training video on how to use dermatoscopes in order to improve the quality of images submitted with GP referrals.

YHFT and VOYCCG are reviewing the number of colorectal referrals from GP practices in York which have increased following the introduction of new guidance and is affecting clinic capacity at both York and Scarborough. Partners are working to introduce FIT testing based on the Northumberland model.

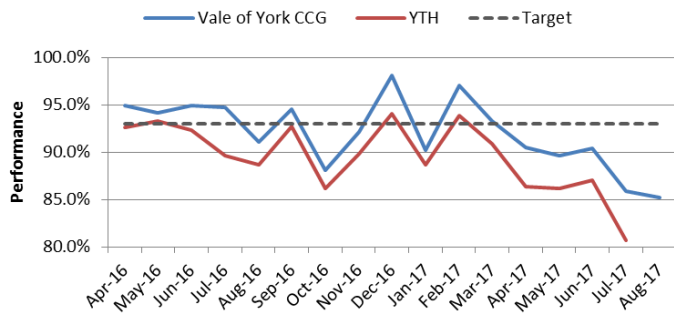
62 day waits first treatment

VOYCCG achieved **62 Day First Treatment** target in August 2017 with performance of 87.3%. YHFT performance in July (reported one month behind) was 82.4% against the 85% national target, an improvement of 1.8% on June 2017 (80.6%).

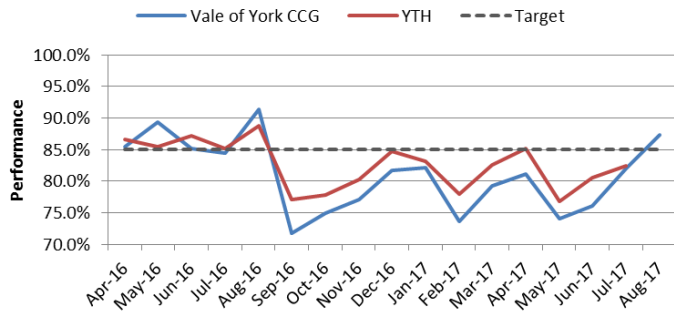
In August there were 13 x 62 Day breaches for VOYCCG (9 admitted & 4 non-admitted). 7 York, 4 Leeds, 1 Hull and 1 Mid Yorkshire. These are all complex cases with a range of tumour sites including 3 Lung, 3 Skin, 3 Urological, 2 Haematological, 1 Upper Gastro and 1 Gynae Cancer. SRCCG had 10 breaches in total, 4 Lung, 2 Gynae, 2 Lower Gastro, 1 Upper Gastro and 1 Haematological Cancer.

YHFT continue to work with the Cancer Alliance on the pathways to tertiary centres and the allocation of breaches. YHFT has been allocated £131K funding to enhance the one-stop diagnostics at Malton and pilot 'straight to test' to reduce the number of 62 day breaches by improving diagnostic turnaround times. Cancer Alliance has also secured 18 months funding for 7 radiographer posts across the STP footprint (3 at York) to be trained in reporting.

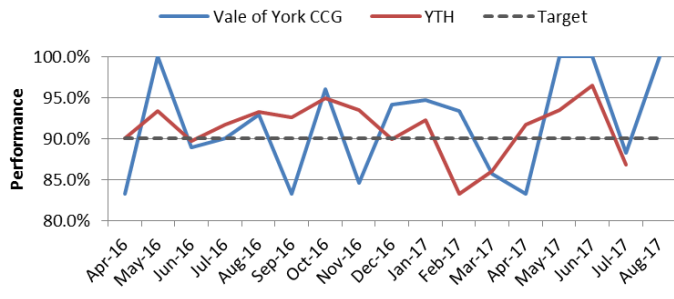
Patients seen < 14 days of an urgent suspect Cancer referral



Patients seen < 62 to First Definitive Treatment after GP Ref.



Patients seen < 62 days to First Definitive Treatment after Screening Service Referral



PERFORMANCE PLANNED CARE: CANCER

Jul-17	Indicator	Target	In Target	Out of Target	% in Target	Pass /Fail
1.1	14 day Fast Track	93%	994	233	81.01%	validated, predicted fail
1.2	14 day Symptomatic Breast	93%	99	3	97.06%	validated, predicted pass
2.1	31 day 1st treatment	96%	233	4	98.31%	validated, predicted pass
2.8	31 day subsequent - surgery	94%	39	2	95.12%	validated, predicted pass
2.8	31 day subsequent - drug	98%	102	0	100.00%	validated, predicted pass
3.1	62 day 1 st Treat	85%	103.5	22	82.47%	under validation, predicted fail
4.1	62 day screening	90%	20.5	2	91.11%	validated, predicted pass

Aug-17	Indicator	Target	In Target	Out of Target	% in Target	Pass /Fail
1.1	14 day Fast Track	93%	419	88	82.64%	under validation, predicted fail
1.2	14 day Symptomatic Breast	93%	46	1	97.87%	under validation, predicted pass
2.1	31 day 1st treatment	96%	81	4	95.29%	under validation, current fail
2.8	31 day subsequent - surgery	94%	9	0	100.00%	under validation, predicted pass
2.8	31 day subsequent - drug	98%	25	0	100.00%	under validation, predicted pass
3.1	62 day 1st treatment	85%	46.5	11	80.87%	under validation, predicted fail
4.1	62 day screening	90%	9	0	100.00%	under validation, predicted pass

Q2 2017-2018	Indicator	Target	In Target	Out of Target	% in Target	Pass /Fail
1.1	14 day Fast Track	93%	1413	321	81.49%	under validation
1.2	14 day Symptomatic Breast	93%	145	4	97.32%	under validation
2.1	31 day 1st treatment	96%	314	8	97.52%	under validation
2.8	31 day subsequent - surgery	94%	48	2	96.00%	under validation
2.8	31 day subsequent - drug	98%	127	0	100.00%	under validation
3.1	62 day 1st treatment	85%	150	32.5	82.19%	under validation
4.1	62 day screening	90%	29.5	2	93.65%	under validation

YHFT

In July 2017, YHFT achieved 4 out of the 7 cancer waiting targets but performance was under expected levels for 14 day fastrack and the 62 Day targets.

- Delays in Dermatology FastTrack continues to be the predominant factor in low Trust 2WW performance due to the lack of outpatient capacity. Skin accounts for 57.7% of all Fast Track breaches in July.
- Pilot 'Direct to Test' for colorectal patients – currently agreeing referral criteria and identifying GP practices for pilot. Colorectal FastTrack accounted for 27.4% of breaches in July, 71.9% of delayed patients were diagnosed with no cancer.
- Communication to GP stressing importance of patients being available within 2 weeks for suspected cancer referrals. Patient cancellations of appointments accounts for 16% of breaches in July.
- Recovery Plan – 'Return to Operational Standards' has been updated in September and sets out the trajectories for performance recovery and will go to YHFT Trust Board in October 2017.
- Performance pack reporting has been enhanced with a focus on timed pathways, time to diagnosis, IPT targets and long wait patients.
- Mobilisation of the funding to support colorectal and review of options to support MRI for prostate underway.

Performance against Cancer Alliance 62 Day Waiting Times

- 22 breaches were attributable to the Trust in July which are spread across 8 tumour sites – colorectal had the highest number of breaches, delays in complex diagnostic pathways and medical delays also contributed to the number of breaches.
- Trust improvement actions will focus on timed pathways for all tumour sites and diagnostic turnaround times.
- CCG have requested to see RCA reports for all 62 Day breaches and clinical harm reviews for 104 day breaches.

Further HCV wide actions to improve 62 days

HCV Cancer Alliance have received confirmation of £4M transformation funding to be invested in HCV over the next 2 years. The priority is to raise awareness via Cancer Champions to support people to take charge of their own health and wellbeing and help those with cancer to get diagnosed and treated earlier. Funding will also be used to purchase diagnostic equipment to increase capacity and expertise so that cancers are diagnosed at the earliest possible stage.

PERFORMANCE PLANNED CARE: DIAGNOSTICS AUGUST 2017

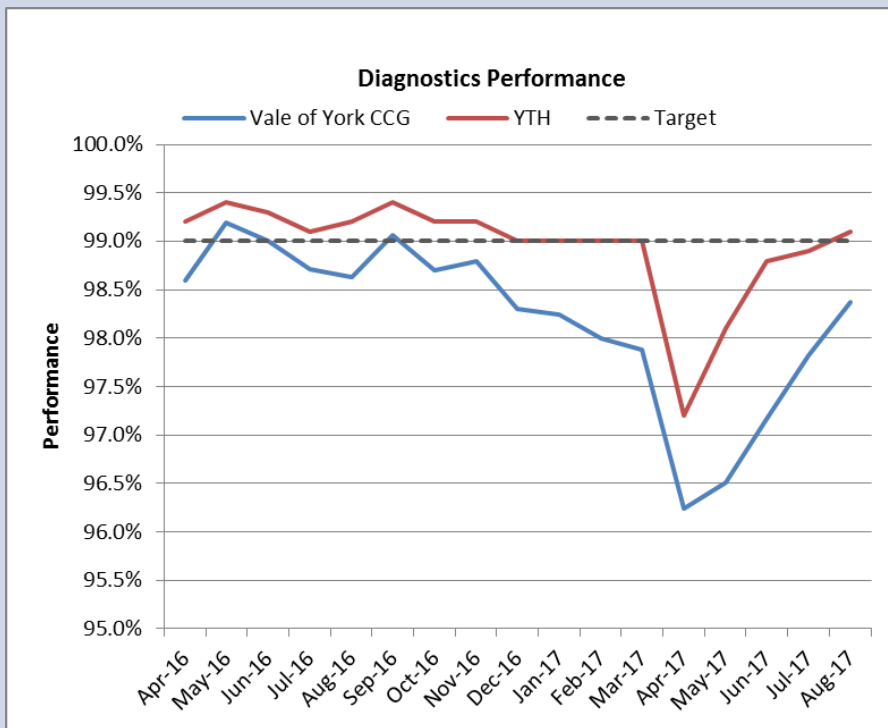
Test	Performance	Activity	Provider
MRI	97.1%	17 of 587	YTH (15)
CT	97.7%	12 of 531	BTH (8), HEY (4)
Cystoscopy	88.2%	6 of 51	YTH (6)
Colonoscopy	97.1%	5 of 177	NLAG (2)
All Tests	98.4%	50 of 3,062	YTH (28)

Vale of York CCG achieved 98.4% against the 99% target for patients waiting less than 6 weeks for a Diagnostic Test in August 2017. There were a total of 50 breaches out of 3051 on the waiting list, which equates to 1.64% against the 1% target.

The number of CT breaches reduced from 27 in July to 12 in August 2017. 8 Cardiology CT breaches were reported at Bradford Teaching Hospitals and 4 CT breaches at Hull, down from 10 in July.

York Teaching Hospitals performance was 99.1% in August and they achieved the national 99% diagnostic target.

YHFT have reported problems with Audiology at Scarborough in September and consequently will fail the diagnostic target next month. Radiology and Endoscopy have both achieved the target in September.





Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
<p>RTT – No</p> <p>Cancer – No</p> <p>Diagnostics – VOYCCG No. YHFT Achieved diagnostic target in August 2017.</p>	<p>RTT Cleaner Waiting List – YHFT are working with admin teams in Gastro, Gynae, General Surgery and Head & Neck to improve the validation process for patients on the waiting list. Recovery Plan – ‘Return to Operational Standards’ has been updated in September and sets out the trajectories for performance recovery and will go to YHFT Trust Board in October 2017. Long-waiters management on a weekly basis, YHFT review every patient who has waited over 40 weeks and put a plan in place. 75 patients are now waiting over 40 weeks. Max Fax comprise the majority of these long waits (36%). Following concerted work across directorates, DNA rates have decreased to 6.7% overall at the Trust and 5.9% at York Hospital.</p> <p>Cancer Training Video for Dermatoscopes produced by Dan Cottingham available to GPs, to improve the quality of images submitted with Skin referrals. Analysis of 2WW breaches showed that many are due to patient cancellations so a communication is being sent to GPs to remind them to ensure that patients are available to attend outpatient appointments within 2 weeks. YHFT/SRCCG to use GPwSIs to increase skin capacity. Agreed to retain 3 skin clinics per week at Scarborough and centralise the majority of work by running dermatology clinics at Malton and York.</p> <p>YTHFT are working with the Cancer Alliance on the pathways to tertiary centres and the allocation of breaches. YTHFT has been allocated £131K funding to enhance the one-stop diagnostics at Malton and pilot ‘straight to test’ for GP colorectal referrals. Other initiatives being explored include:-</p> <ul style="list-style-type: none"> • Primary care education – learning lunches with consultants attending GP practices – proposed Oct-Mar • Run audit of photo quality/quantity through the month of September to assess if theory of photo quality correct and that increased education would be beneficial. • Internal discussions with regards to the involvement of Max Fax in the current skin cancer pathway are underway. • YTHFT scoping the possible development of a one stop MDT clinic for ‘cancer lumps and bumps’. The clinic would contain a plastics consultant so the relevant patients could be seen quickly and slot for surgery booked on the same day. • Northumbria model - triaged as low, medium or high risk triage – 2 different routes to 2WW. Would need to look at the model to assess whether this model of triage change the end capacity for diagnostics <p>Diagnostics</p> <ul style="list-style-type: none"> • Bradford are outsourcing CT scans to external providers to meet demand. • Hull have acquired an extra mobile van to scan 110 cardiac patients and are getting a new scanner in the near future – breaches reduced in August 2017. • Cancer Alliance demand and capacity review to commence end of October and complete January 2018.
<p>Is there a trajectory and a date for recovery / improvement?</p> <p>York Teaching Hospitals Return to Operational Standards performance improvement plan incorporates the recovery plans for RTT, Cancer and Diagnostics.</p>	<p>Is further escalation required?</p> <p>York Teaching Hospitals Return to Operational Standards performance improvement plan incorporates the recovery plans for A&E 4 hour, RTT, Cancer and Diagnostics performance. was updated in September and will be to YHFT Trust Board in October 2017 and will be considered by the CCG in November as part of the wider recovery plans for each area of under-performance.</p>

Programme Overview

- Unplanned Care -

Validated data to August (Month 05)

UNPLANNED CARE PROGRAMME

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

Executive Lead: Executive Director for Transformation and Delivery

Programme Lead: Fiona Bell. Assistant Director of Transformation & Delivery; Becky Case, Head of Transformation and Delivery

Clinical Lead: Andrew Phillips, Medical Director, CCG



CONTRACTING: Month 05

Point of Delivery	Current Month							
	Activity				Expenditure			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%
Accident and Emergency	28,504	26,588	1,916	6.72%	3,840	3,774	66	1.72%
Inpatient	15,381	15,321	60	0.39%	27,912	28,433	(521)	(1.87%)
Other	10,206	9,335	870	8.53%	7,098	6,480	618	8.71%
CQUIN					971	782	189	19.47%
Total	54,090	51,244	2,846	5.26%	39,820	39,468	352	0.88%

Please refer to the Contract Trading Report

PERFORMANCE: ECS & ORGANISATION

Accident and Emergency

Ambulance Service

Type 1 Attendances

% seen within 4 hrs

Conversion Rate

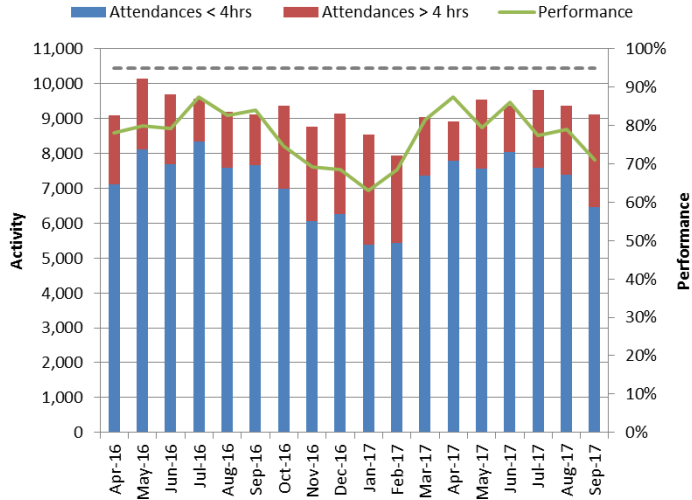
Cat. 1 Response

Arrivals at Destination

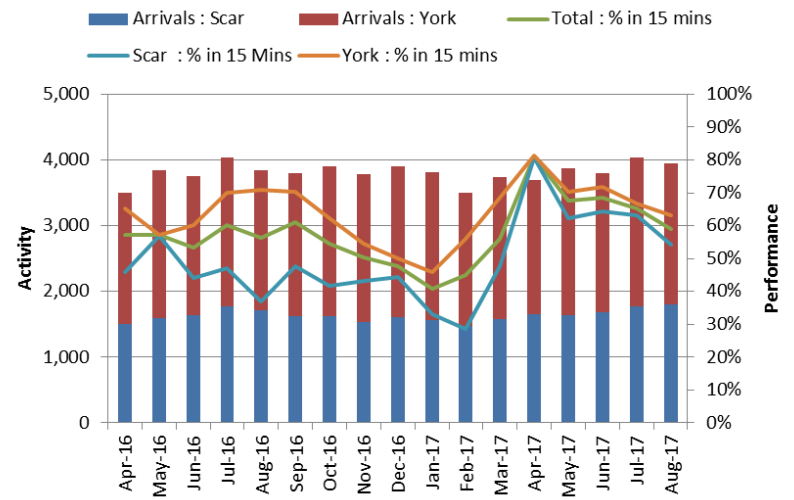
15 Min Handover

Type 1 Attendances			% seen within 4 hrs			Conversion Rate			Cat. 1 Response			Arrivals at Destination			15 Min Handover		
Jul	Aug	Sept	Aug	Sept	DoT	Aug	Sep	DoT	Jul	Aug	DoT	Jul	Aug	DoT	Jul	Aug	DoT
9,804	9,367	9,112	78.89%	70.94%	↓	36.48%	37.70%	↑	71.4%	72.1%	↑	4,041	3,940	↓	65.1%	59.0%	↓

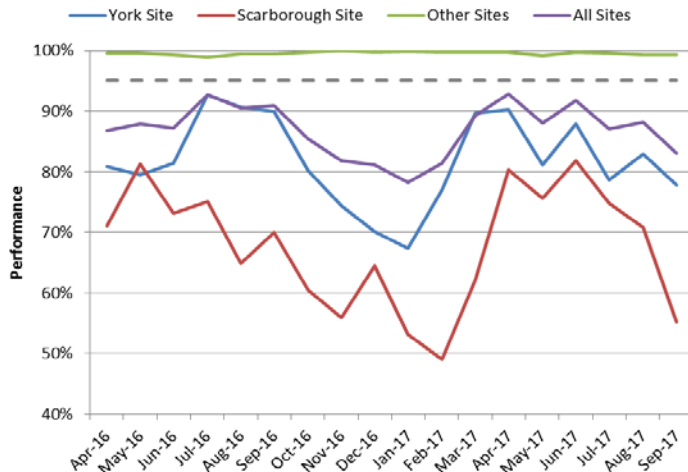
York Trust (All Sites) - Type 1 Attendances and 4 hr Performance



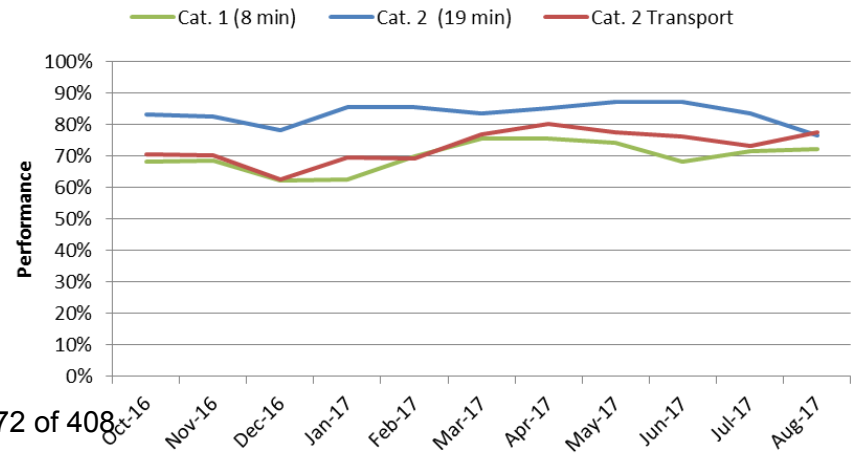
YAS - 15 mins Handover



York Trust - AE 4 Hr Performance by Site

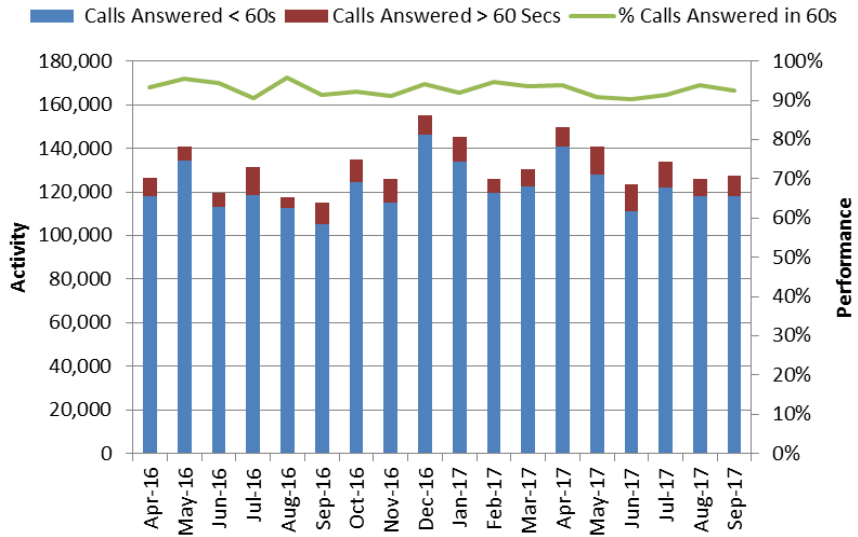


Vale of York CCG - Response Times

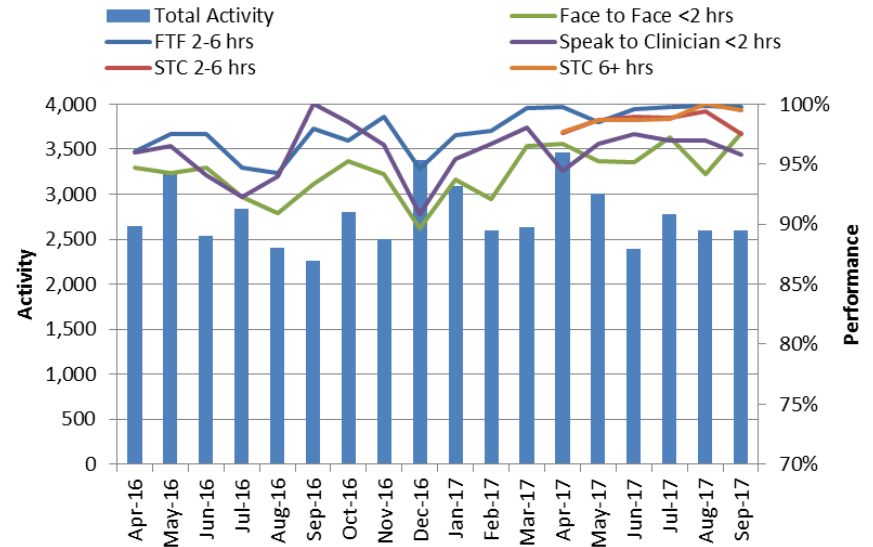


URGENT CARE SYSTEM SERVICES : PERFORMANCE

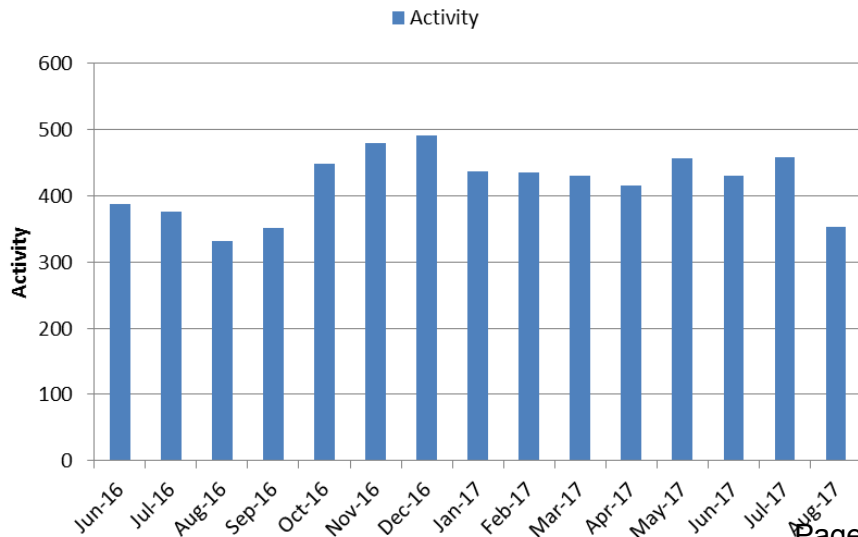
NHS 111 (Y&H)

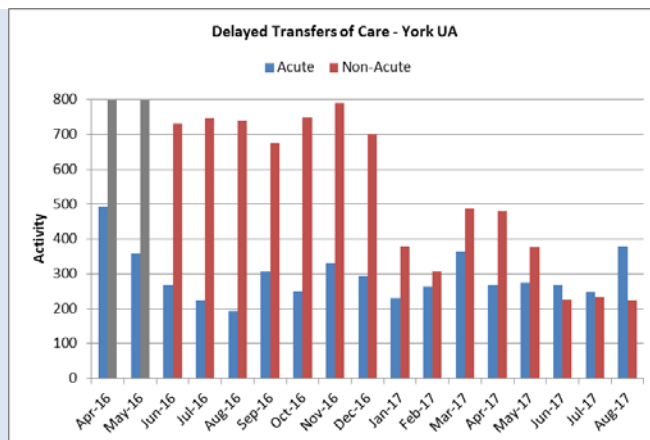


GP Out of Hours



Urgent Care Practitioners (YAS)





Performance picture:

The number of DTOCs increased in August 2017 due to staffing shortages at both the Acute Trust and in Social Care during the summer holidays .

Common reasons for delay include:

- Poor patient flow at York Hospital results in discharges later in the day
- Shortage of Care Staff to provide home care packages
- Delays in putting packages of care in place to support people in their own home
- Difficulties in sourcing overnight care packages
- Continuing Health Care systems and processes are a contributory factor in delays
- Shortage of Dementia/EMI Nursing beds across the City of York and North Yorkshire
- Sourcing complex packages of care that can meet individual needs in a timely manner, especially at weekends
- 7 day discharge systems and processes are yet to be embedded across all parts of the system
- Patient Choice - patients sometimes wait in acute beds for their preferred Care Home placement

Actions to address the poor performance include:

1. Continuing health care – executive lead in place to direct a programme of work, including systems/process/capacity pressures
2. Care homes, packages of care – CYC market position statement being reviewed, High Impact Change self-assessment undertaken as part of BCF planning
3. Review of community beds – common recurring reasons for delay identified and alternative system solutions being developed by partner agencies
4. 7 day discharges – priority programme within the BCF
5. Patient choice – protocol agreed to support timely discharge

DTOCs is one of our key performance indicators and is reported monthly through UNIFY returns. The ADASS Yorkshire & Humber DTOC Workshop held on 22 September 2017 identified an anomaly in the reporting of DTOCs across the York system which may impact on the government DTOC target of 3.5% of occupied bed days that are delayed in the acute sector. A system-wide workshop is being organised to agree the way forward with partners in October 2017. The CQC review for the York HWB footprint is progressing with a multi-agency working group established to support the review. Reviewers will be on site in October following an information/dataset submission.



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

What mitigating actions are underway?

- **4-hour standard:** performance has continued to fall during September despite efforts of partner organisations to halt the decline. A winter plan that describes potential improvement schemes, impact on beds and performance against costs where applicable has been submitted to NHSE/I. The revised trajectory relating to this is described in the attached.
- **Ambulance Handovers:** Handover performance continues to drop in response to ongoing flow and ECS issues.
- **YAS response times:** the 8 minute response has stabilised although still below target this month.
- **OOH GP:** services continue to perform well against quality targets.
- **EDFD:** We have been informed we will receive the updated figures w/c 16/10 which will enable a better estimated of costs. The new ED MDS was implemented to time at the last week of September.
- **NHS111:** performance continues to be on target.
- **DTOC:** there continues to be focus on this as part of the BCF. A review is underway during the w/c 16/10.
- **Utilisation review:** increased focus continues – data is feeding the winter planning.

- **4-hour standard:** the work on the winter plan has described a number of mitigating actions for performance against the standard – some of which are currently being scoped/implemented such as a weekly mini-MADE to review stranded patients. Others have significant costs attached and further system discussion around support is required.
- **Ambulance Handovers:** monitoring continues, linked to 4-hour standard.
- **YAS response times:** monitoring continues.
- **OOH GP:** No mitigating actions required at present; monitoring continues.
- **EDFD:** data-pack expected w/c 16/10. Activity and financial review to then take place.
- **NHS111:** No mitigating actions required at present; monitoring continues.
- **DTOC:** no funding has been confirmed from NHSE for any additional support – there is a possible value of £45k for each CCG but this will not address much of the winter plans proposed.
- **Utilisation review:** individual actions from the AEDB are being escalated as required. Frailty and Complex Discharge sub-groups have each a number of workstreams underway.

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

Is further escalation required?

- **4-hour standard:** a joint trajectory has been agreed for achievement of 95% by March 2018. This has been revised by partners in the winter plan (see attached)
- **Ambulance Handovers:** current performance matches that seen regionally; monitoring over the next three months will continue.
- **YAS response times:** current performance meets the target; monitoring over the next three months will continue.
- **OOH GP:** not applicable at present. Please see the revised data review audit paper for more information.
- **EDFD:** ongoing discussions at CMB level.
- **NHS111:** not applicable at present.
- **DTOC:** trajectory is still under discussion due to the confusion around the original separate NHSE and BCF submissions.
- **Utilisation review:** DN now attending meetings; system pressure on agreeing and meeting timescales to continue.

- **4-hour standard:** Escalation is underway. No confirmation around additional winter funding is forthcoming and revised trajectory is still very challenging for the system. Pressures are continuing.
- **Ambulance Handovers:** No
- **YAS response times:** No
- **OOH GP:** No
- **EDFD:** No
- **NHS111:** No
- **DTOC:** Escalation is underway. Exec members and BCF groups are discussing with finance leads to understand next steps.



Programme Overview

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

Validated data to August (Month 05)

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: Executive Director of Transformation & Delivery

Programme Lead: Paul Howatson, Head of Joint Programmes; Bev Hunter, Head of Mental Health Commissioning

Clinical Lead: Louise Barker, GP



	Cumulative To Date (M6)			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Mental Health Services						
Tees Esk and Wear Valleys NHS Foundation Trust	19,804	19,796	8	39,360	39,341	18
Out of Contract Placements and SRBI	2,613	3,231	(618)	5,227	6,560	(1,333)
Non-Contracted Activity - MH	211	217	(6)	421	427	(6)
Other Mental Health	117	117	0	233	233	0
Sub Total	22,745	23,360	(615)	45,241	46,562	(1,321)

QIPP: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN Month 6

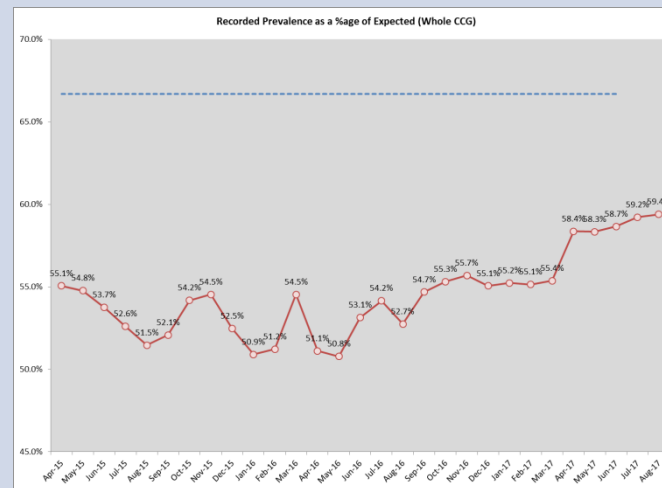
ALL SCHEMES		Current month	6		MONTHLY PROFILES																																															
Scheme Name	Ref	Planned start date	YTD		Forecast Outturn		Plan profile												Actual profile												Forecast profile																					
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar										
COMPLEX CARE																																																				
Continence Supplies	C1	Apr-17	23	23	23	23	5	5	5	5	5	0	0	0	0	0	0	0	5	5	5	5	5	0																												
CHC review 1 to 1 care packages	024a	Apr-17	84	84	98	98	14	14	14	14	14	14	14	14	0	0	0	0	14	14	14	14	14	14																												
CHC review: Short Breaks	024b	Apr-17	44	44	51	51	7	7	7	7	7	7	7	7	0	0	0	0	7	7	7	7	7	7																												
CHC review panel decisions (jointly funded packages of care)	024c	Apr-17	0	71	83	83	12	12	12	12	12	12	12	12	0	0	0	0	12	12	12	12	12	12																												
Complex Care - CHC and FNC benchmarking	024d	Oct-17	0	0	1,550	0	0	0	0	0	0	0	0	0	258	258	258	258	258																																	
Recommission MH out of contract expenditure: comprised of two work streams (I) review of MH external placements and high cost cases in order to identify opportunity to reprofile with alternative provider solutions/ packages of care (II) review of where services are not in current contract and opportunities for bundles of services to be incorporated into contract (so far reviews of chronic fatigue syndrome, adult autism, IFRs and psychosocial services have not indicated any opportunities therefore focus now on review of individual care packages [whether jointly funded nursing packages or fully funded care packages])	025	Apr-17	150	0	300	200	25	25	25	25	25	25	25	25	25	25	25	25	25																																	

KEY QUESTIONS: MH LD CC & Children's QIPP

<p>Are QIPP targets being met and are you assured this is sustainable?</p>	<p>What mitigating actions are underway?</p>	<p>Is further escalation required?</p>
<p>See Agenda item 6 M6 Finance report with Supplementary QIPP progress report</p>		

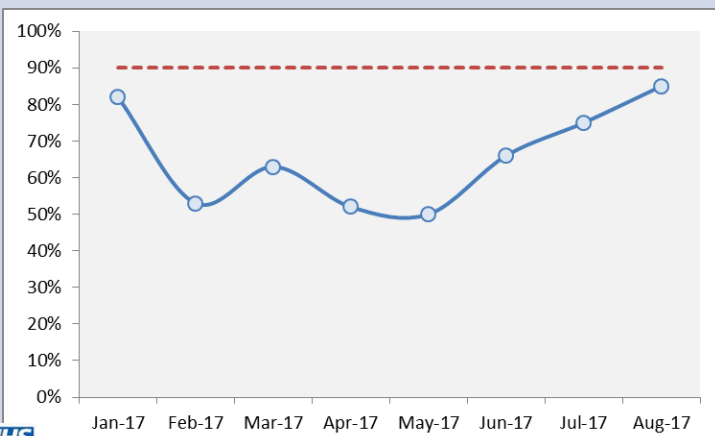
Estimated Dementia Diagnosis Rate (QoF)

The proportion of people that enter treatment against the level of need in the general population. Target – 66.7%								Trend ↑
Feb 17	Mar17	Apr17	May17	Jun17	Jul17	Aug17	Sep17	RAG
55.1%	55.4%	58.4%	58.3%	58.7%	59.2%	59.4%	59.6%	



Child & Adolescent Mental Health Service (CAMHS) : % Assessments <9 weeks

The percentage of external CAMHS referrals assessed within 9 weeks. Target – 90%								Trend ↑
Jan 17	Feb 17	Mar17	Apr17	May17	Jun17	Jul17	Aug17	RAG
82%	53%	63%	52%	50%	66%	75%	85%	



Psychiatric Liaison Service: % seen within 60 mins of A&E referral

The percentage of Psychiatric liaison referrals from A&E seen within 60 minutes. Target – 90%								Trend →
Jan 17	Feb 17	Mar17	Apr17	May17	Jun17	Jul17	Aug17	RAG
73%	71%	72%	67%	88%	88%	87%	85%	

Provider Update on Performance – August 2017

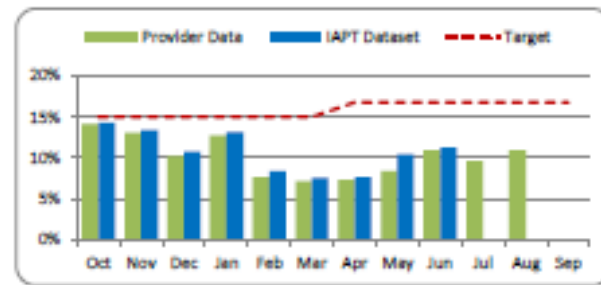
The position for August is 85.44% which is attributable to 15 breaches

- 5 patients breached due to staff capacity issues at the time of referral
- 3 patients breached due to the handover period
- 1 patient breached due to requiring an interpreter
- 1 patient breached due to requiring further information from another Trust before the patient could be seen
- 1 patient required input from the SHO
- 1 patient was not available at the time the staff attended as they had left A & E. The patient returned after the 60 minute period
- 3 were attributable to data recording errors and were seen within the 60 minute time frame. PARIS has been amended to reflect this. Focussed work will be carried out in conjunction with the Information Team over the next few months in order to prevent future data recording issues.

Recruitment has taken place to increase capacity of the service to prevent future breaches.

PERFORMANCE EXCEPTIONS: Mental Health - IAPT

Improving Access to Psychological Therapies (IAPT) : Prevalence								Trend
The proportion of people that enter treatment against the level of need in the general population. Target – 16.8% from April-17								↑
Jan 17	Feb 17	Mar17	Apr17	May17	Jun17	Jul17	Aug17	RAG
12.7%	7.6%	7.1%	7.3%	8.4%	10.9%	9.6%	10.9%	

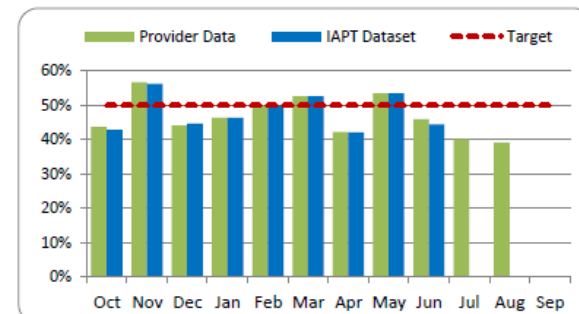


Provider Data

Source: TEWW

Monthly	2016-17						2017-18					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number of Referrals	459	438	375	466	400	571	325	383	326	375	349	
Number Entering Treatment	367	341	264	332	199	184	191	219	284	251	285	
Monthly Prevalence rate	14.1%	13.1%	10.1%	12.7%	7.6%	7.1%	7.3%	8.4%	10.9%	9.6%	10.9%	
Rolling 3 month Prevalence rate	12.8%	13.3%	12.4%	12.0%	10.2%	9.1%	7.3%	7.6%	8.8%	9.6%	10.4%	
Quarterly against target	Target	Q3	Var.	Target	Q4	Var.	Target	Q1	Var.	Target	Q2	Var.
Number Entering Treatment	1172	972	-200	1172	715	-457	1319	694	-625	1319		
Quarterly Prevalence rate		12.4%			9.1%			8.8%				

Improving Access to Psychological Therapies (IAPT) : Recovery								Trend
Number of people not at caseness at their last session, as a proportion of people who were at caseness at their first session. Target – 50%								↓
Jan 17	Feb 17	Mar17	Apr17	May17	Jun17	Jul17	Aug17	RAG
46.3%	50.0%	52.7%	42.2%	53.4%	45.9%	40.0%	39.0%	



Provider Data

Source: TEWW

Monthly	2016-17						2017-18					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number completing treatment	125	139	171	151	150	143	202	126	130	117	154	
Number moving to recovery	48	73	66	62	66	69	81	62	56	44	57	
Number not at caseness	15	10	21	17	18	12	10	10	8	7	8	
Monthly Recovery rate	43.6%	56.6%	44.0%	46.3%	50.0%	52.7%	42.2%	53.4%	45.9%	40.0%	39.0%	
Rolling 3 month Recovery rate	44.3%	48.9%	48.1%	48.7%	46.6%	49.6%	47.5%	48.3%	46.3%	46.6%	41.5%	
Quarterly against submitted plans	Plan	Q3	Var.	Plan	Q4	Var.	Plan	Q1	Var.	Plan	Q2	Var.
Number moving to recovery	187	187		197	197		195	199	4	195		
Quarterly Recovery rate		48.1%			49.6%			46.3%				

PERFORMANCE EXCEPTIONS: Mental Health - IAPT

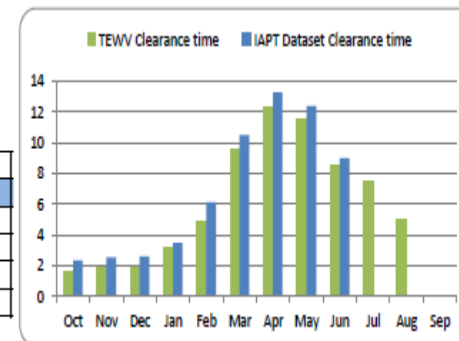
Clearance waiting times

The scale of patients waiting is often shown as Clearance Times in weeks. The clearance time is the number of weeks it would take to clear the waiting list if no further new referrals arrived i.e. the number of patients waiting divided by the weekly number of patients entering treatment. Clearance times therefore give an indication of the scale of the backlog to be cleared, irrespective of the actual numbers and the size of the service/waiting list.

It is the most useful measure for monitoring variation between different services/waiting lists or progress within a service/waiting list.

Source: NHS Digital/TEWV

Monthly	2016-17						2017-18					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Digital Clearance Times in weeks	2.3	2.5	2.6	3.5	6.1	10.5	13.3	12.4	9.0			
Waiting for treatment at month end (TEWV)	125	144	137	223	297	522	543	528	454	433	311	
Difference to nationally reported	-70	-61	-63	-37	-98	-88	-82	-107	-76			
TEWV Clearance Times in weeks	1.6	1.8	1.8	3.1	4.9	9.5	12.3	11.6	8.5	7.5	4.9	

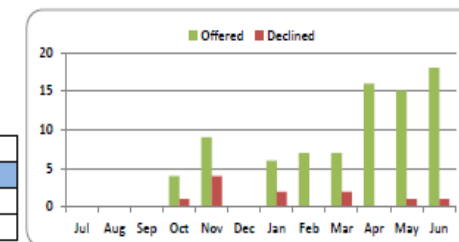


PERFORMANCE EXCEPTIONS: Mental Health - Personal Health Budgets – No August Update available – Quarterly update

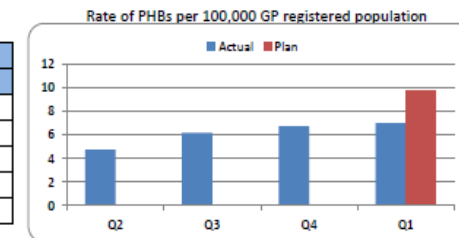
Vale of York CCG

Source: systmOne

Monthly	2016-17						2017-18					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Personal Health Plan Offered				4	9	0	6	7	7	16	15	18
Personal Health Plan Declined				1	4	0	2	0	2	0	1	1



Plan/Actual/Variance	Q2			Q3			Q4			Q1		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Quarterly Performance Against Plan												
Number of PHBs in place at the beginning of the quarter	13			17			22			20	24	4
Number of PHBs that began during the quarter	4			5			2			15	1	-14
Total Number of PHBs in the quarter (sum of above)	17			22			24			35	25	-10
GP registered population (total number per CCG)	356,701			356,701			356,701			356,701		
Rate of PHBs per 100,000 GP registered population	4.8			6.2			6.7			9.8		



Scheme to review PHB policy and implement long term change in service delivery. Additional resource from within Joint Commissioning Team at the CCG (SK) to augment existing PCU process and proactively identify patients in line with Bassetlaw model agreed at CCG Executive 21 June 2017. Expression of interest submitted to NHSE for CCG mentor support has resulted in being 'paired' with ER CCG. Initial intro call took place during September and a visit is being scheduled during October to meet with their brokerage team and CHC PHB lead to understand/adopt their approach. Concerns raised around continued spend with Salvere to manage PHBs and lack of financial governance arrangements - SK to explore. ACTIONS TO RESOLVE:

Action plan to meet trajectory to be developed in conjunction with PCU colleagues. SK to work with DN & PC to prepare draft CCG PHB Policy and payment mechanism by end of November

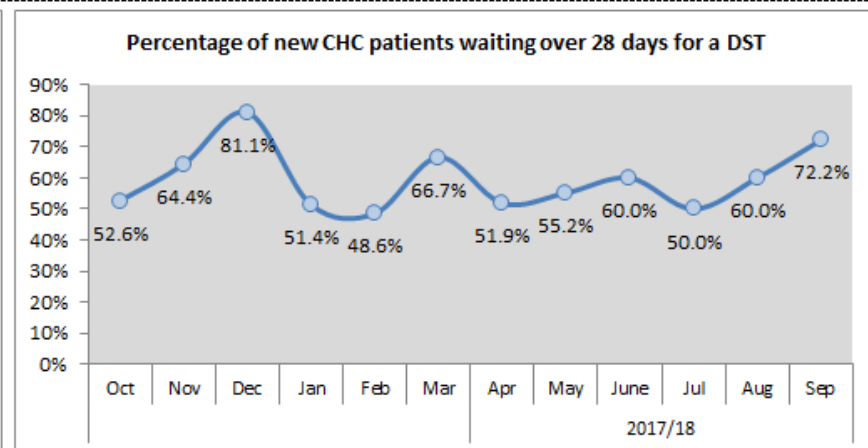
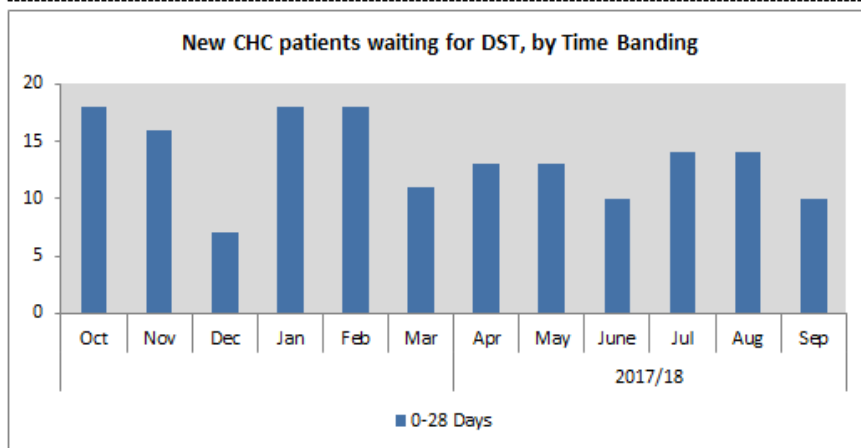
PERFORMANCE EXCEPTIONS: Mental Health

CHC: Patients waiting for Decision Support Tool

New patients waiting for a DST (Decision Support Tool), Which should be completed within 28 Days

Source: *SystemOne/QA/QAPlus*

Monthly	2016/17						2017/18					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep
0-28 Days	18	16	7	18	18	11	13	13	10	14	14	10
Waiting over 28 Days	20	29	30	19	17	22	14	16	15	14	21	26
Overall	38	45	37	37	35	33	27	29	25	28	35	36
Percentage Waiting over 28 Days	52.6%	64.4%	81.1%	51.4%	48.6%	66.7%	51.9%	55.2%	60.0%	50.0%	60.0%	72.2%



Definitions:

1. CHC refers to Continuing Healthcare. This is a package of continuing care provided and solely funded by the NHS, for eligible patients with on-going healthcare needs. The NHS, and not the local authority or individual, pays for the total cost of that care.
2. Awarding FNC is a subset of the National Framework for Continuing Healthcare and is nationally set amount which supports individuals assessed as eligible for Funded Nursing Care in care homes under the framework.

Further validation of DSTs in hospital undertaken during September and October suggest that performance is worse than the target of 15% for new CHC patients waiting for DST.

A detailed update will be given at Committee on 26/10/17.

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
<p>IAPT : Performance remains below target for both access and recovery. The three month rolling average for access has recently increased to 10.4%.</p> <p>Dementia : Performance has shown a slight increase on the previous month and is now at 59.6% although still below the national target.</p> <p>CAMHS : Performance remains below target. Current position is 85% having a second appointment in under 9 weeks. Eating disorder performance remains low against national standards. There is some initial un-validated data for autism waiting times as TEWV working through the DQIP to enable reporting from PARIS.</p> <p>Psychiatric Liaison : Performance is 5% below target but the reasons given for some of the breeches are clinically reasonable.</p> <p>CHC : No.</p>	<p>IAPT : Further intense work with TEWV and IST is on-going. Progress is being made on clearing the backlog/waiting list however we are likely to see variability in the data whilst implementing the interim pathway from July to address the backlog and establishing thereafter the new pathway for sustainability. The CCG will monitor progress against this action plan at the CMB.</p> <p>Dementia : Progress is being made against the action plan. IST report has been received and has been shared with the Executive Team. The CCG will formally respond to the findings and develop an action plan in collaboration other partners. Some targeted work is being developed to work with the practices with the lowest coding rates.</p> <p>CAMHS : Performance and progress on the action plan will be monitored by CMB.</p> <p>Psychiatric Liaison : The CCG will continue to monitor the small shortfall in performance at the monthly CMB.</p> <p>CHC: continuing to validate each case from the FNC reviews to assess how many require a full DST and how many an annual review, supported by NECs CSU as part of QIPP programme.</p> <p>PHB targets for increasing the numbers are not being met-review of opportunity and process underway. DSTs undertaken in hospital target is less than 15% which we appear to be meeting however further validation is required.</p>
Is there a trajectory and a date for recovery / improvement?	Is further escalation required?
<p>IAPT : Yes – Action plan in place to achieve 15% access and 50% recovery during Qtr4 2017/18. This is lower than the current national target of 16.8%.</p> <p>Dementia : Yes - Initial action plan has been produced to support delivery of the national target of 66.7% and this will be reviewed regularly.</p> <p>CAMHS : Work is on-going with TEWV to meet required performance targets. Interim feedback received from the thematic review of CAMHS by CQC for North Yorkshire.</p> <p>Psychiatric Liaison : Performance is being monitored monthly at CMB.</p> <p>CHC : Ongoing actions relating to close down of PCU and review of practices</p>	<p>IAPT : Update to F & P Committee on 26th October 2017 for further assurance of current actions</p> <p>Dementia : Update to F & P Committee 26th October2017 for further assurance of current actions.</p> <p>CAMHS : Update to F & P Committee 26th October2017 for further assurance of current actions and interim feedback from CQC.</p> <p>Psychiatric Liaison : No escalation required at this stage.</p> <p>CHC : Full update to Committee on 26/10/17</p>

Programme Overview - Primary care



August 2017

ALL SCHEMES		Current month	6	MONTHLY PROFILES																																									
Scheme Name	Ref	Planned start date	YTD		Forecast Outturn		Plan profile												Actual profile												Forecast profile														
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
PRIMARY CARE																																													
Dermatology Indicative Budgets	195	Apr-17	36	36	36	36	12	12	12	0	0	0	0	0	0	0	0	0	0	12	12	12									12	12	12	0	0	0	0	0	0	0	0	0	0	0	
GP IT - NYNET	003	May-17	83	83	183	183	0	17	17	17	17	17	17	17	17	17	17	17	0	17	17	17	17	17							0	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Roll out indicative budgets to other specialities	020	Jul-17	25	0	75	0	0	0	0	8	8	8	8	8	8	8	8	8												0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

See separate report for update on GP Forward View and primary care core workstreams: Shaun Macey



Annex 1: Supporting performance reports

Validated data to August (Month 05)

Annexes



Public
Performance Report

Public Performance Report

York Teaching Hospital overview of Performance.



Performance
Headlines

Performance Headlines

York Teaching Hospital detailed Performance report. This covers key metrics such as the Emergency Care Standard, Cancer, RTT and Diagnostics.



Dementia
Diagnostic review draft r

Dementia IST Draft Report

No formal response to this so for information only

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	NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity and 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

Item Number: 10	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 2 November 2017	
Report Title – Quality and Patient Experience Report	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report To provide the Governing Body with an update from the Quality and Patient Experience Committee	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Covalent Risk Reference and Covalent Description
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks (not yet on Covalent)	
Recommendations	
To receive the report	
Responsible Executive Director and Title	Report Author and Title
Michelle Carrington, Executive Director for Quality and Nursing	The Quality and Nursing Team

NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report – October 2017

Purpose of the Report	3
Infection Prevention & Control	3
Serious Incidents (SIs)	4
Maternity	6
Patient Experience Update	6
i) Vale of York CCG Complaints	6
ii) Other Organisation Complaints / Concerns	8
iii) Other Sources of Patient Feedback	9
Regulatory Inspection Assurance	10
i) Care Homes – Care Quality Commission Inspections and Concerns	10
ii) Quality in Care Homes	11
Mental Health	14
Children and Young People	14
Single Item QPEC – CAMHS	14
Safeguarding Children	15

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

Quality in Primary Care

The newly appointed Quality Lead for Primary Care, Sarah Goode is now in post. The position is a new supportive role to support the quality and safety agenda in primary care. This will involve offers of support for any quality issues, such as incident investigations, Significant Event Audits, complaints, professional issues, workforce and understanding the challenges primary care face and how the CCG can help.

Infection Prevention & Control

MRSA Blood Stream Infection (BSI)

In the period April 2017 to September 2017 there have been seven MRSA BSI cases attributed to Vale of York CCG. Three of these cases were identified as pre 48hrs cases and as such attributable to the community. The remaining four cases were identified as post 48hr cases and therefore attributable to secondary care.

All 7 cases were reported via the national reporting system. One patient with very complex needs has been found to be MRSI BSI positive on 3 occasions and on each occasion this has fallen outside of the 14 days so has accounted for another episode.

Line infections have been identified as a key component of the YTHFT attributable cases and in response the Trust is undertaking a review of the current practice regarding care of lines including the recording, checking and Visual Infusion Phlebitis score for lines.

Clostridium difficile (C diff)

The C diff objective for 2017/18 remains at 78 cases and YTHFT are performing well year to date with only 14 cases being reported up until August 2017 and no lapses of care being identified in Quarter 2.

In the period April 2017 to September 2017 34 cases of Clostridium difficile (C diff) were attributed to Vale of York CCG, which are 6 cases under the 2017/18 Quarter 2 objective.

Community C diff cases

A process of reviewing community cases of C diff has been established with involvement of the Medicines Management team, the Community Infection Prevention Control (IPC) team, CCG IPC expertise and Head of Quality Assurance. Cases are reviewed and any issues or concerns are investigated and fed back. Further work to involve primary care and share wider learning of themes and trends from these is required and will be supported by the Quality Lead for Primary Care.

Escherichia coli (E Coli) BSI

A significant amount of work has supported the completion of the E. coli action plan which has been developed and submitted to NHSE and shared with YHTFT. Work against the plan has commenced, including a review of the percentage of cases in the community and hospital and this will be fed into the locality IPC meeting.

Actions taken by the IPC team when IPC concerns are identified in Care Homes

The community IPC team were contacted by the CQC/Safeguarding Teams regarding concerns raised with the standard of cleanliness and IPC issues in 14 Care Homes. The Care Homes identified received an IPC audit and a report produced with recommendations. Support was provided to the homes with their action plan and where required a further IPC Audit was undertaken to assess improvement. A total of 24 visits were undertaken (see Table below).

4 Care Homes and 1 hospice requested a mock 'CQC style inspection' to highlight areas that required improvement in relation to the Health and Social care Act and CQC IPC requirements.

Care Homes identified with IPC issues March 16- April 17

CCG	Number of Care Homes	Number of visits
HaRD	3	3
HRW	0	0
SR	4	9
VoY	7	12
Total	14	24

Serious Incidents (SIs)

A significant reduction in the reporting of SIs by all providers is noted from previous years. This follows continued support by commissioners to encourage the providers to report SIs in line with national guidance and to concentrate resources into learning from SI's.

YHTFT are evidencing improvements in practice and adherence to guidance has been demonstrated by the reduction of reported Falls and evident from the pressure ulcers causing harm reported.

4 Never Events (NE) have been declared by YHTFT, all relating to wrong site surgery. Focused actions are being enacted by YHTFT as well as assurance visits to

the theatres at Bridlington Hospital to seek further assurance of compliance with National Safety Standards for Invasive Procedures (NatSSIPs) and World Health Organisations Safer Surgery guidance.

The latest NE in October 2017 and the early learning indicate human error. Wrong site surgery continues to be the highest category of Never Events in Yorkshire and Humber and this was discussed recently at an NHS England SI Learning Event to share focused information and learning from these largely preventable events.

Additionally, the quality of SI reports submitted continues to improve which has been acknowledged. Root Cause Analysis training events for Lead Investigators has been delivered to investigators and the CCG leads were invited to present to share the commissioner perspective and requirements of an SI report.

The CCG lead nurses routinely attend the provider Pressure Ulcer and Falls panels which has proved to be both successful and productive with continued assurances of improvements, and engagement at monthly SI meetings has further improved the commissioner's assurance process and support the closure of SIs as per national guidance.

Significantly, Duty of Candour (DoC) compliance is improving across the organisation and was included on the recent Investigation training session.

TEWV SI's

A positive meeting between commissioners and TEWV has been held to discuss outstanding cases and to agree a productive way forward to promote timely closure and allow focus on the learning from SI's as well as providing the assurance which commissioners require. Additional assurances were given that lessons learnt are shared to teams through SI investigation reports, circulated to Heads of Service for further discussion and dissemination to teams.

CCG SI

An investigation has been completed in response to a delay in treatment which met the SI framework. The incident involved Referral Support Service, primary care and the radiology department at YTHFT all of whom participated in the investigation process. The root cause was failure to follow guidance by the RSS team. Training has been undertaken and an audit of a percentage of their cases is planned.

Incidental findings related to processes within the GP surgery have been discussed when the investigation was shared with the practice and they were receptive to the recommendations. The GP will share the report with the patient. The CCG has instigated a governance process for signing off internal SIs which will be through QPEC and then to Executive Committee.

CCG Incidents Reporting

The CCG does not have a robust incident reporting system that is able to collect incidents and support the management of these. Covalent has been tested as a repository and supporting system to carry out this function but this has not been successful. The numbers of CCG incidents being reported is increasing and the Quality team have raised the absence of not having access to a robust reporting system as an organisational risk. In response an alternative system has been

purchased called 'Safeguard'. QPEC will receive details of CCG incidents in future reports.

Whilst any incidents are disappointing as they result in poor patient experience and risk patient harm these must be considered proportionate to the number of referrals managed by RSS, as well as acknowledging the prompt recognition, reporting and investigating when they occur.

Maternity

Work continues to establish the Local Maternity System in line with national requirements. The Head of Quality Assurance is involved as well as representatives from YTHFT to ensure that the CCG is represented within this important project across the STP. The Local Maternity System is on target to meet the mandate and have an action plan in place by October. The action plan will come to Governing Body in November.

Patient Experience Update

i) Vale of York CCG Complaints

The Quality team's Patient Experience Officer continues to monitor and respond to complaints. Of the 12 complaints received 7 referred to Continued Health Care (CHC), these included issues relating to CHC assessments, eligibility and funding decisions.

Positive feedback - The CHC team shared a letter from a relative thanking them for their sensitivity, support and sympathetic response following her husband's death. Also a colleague from YTHFT highly commended the hard work and professionalism of a CHC nurse carrying out her role during difficult circumstances.

88 concerns/enquiries were managed by the CCG and the table below shows CCG activity for all types of contact during the four month period (the primary issue headings are intended to help categorise and identify the main issue of the complaint or concern):

Service/area	Primary Issue	Contacts
BMI/smoking thresholds	Commissioning decision	8
	Communication/information	7
Website	Communication/information	2
CHC	Communication/information	10
	Personal Health Budget	3
	Funding decision	4
Podiatry	Commissioning decision	25
	Communication/information	5
CAMHS	Commissioning decision	1
Referral Support Service	Referral	4
Mental Health Pathway	Communication/information	1
Safeguarding	Communication/information	2
Prescribing	Medicine management	3
Community equipment	Appointment waiting time	2
	Contract provision	1
	Communication/Information	1
Gluten Free	Communication/Information	2
Persistent contacters	N/A	17
Individual Funding Requests	Funding decision	2

Examples of actions arising from complaints and concerns:

- **Podiatry Services**

Further to the contact described above relating to podiatry changes; NHS Scarborough & Ryedale CCG and NHS Vale of York CCG came together last year to procure a new community podiatry service and as part of designing the new service the CCGs were obliged to examine a number of aspects, including quality of care, equity of access, value for money and the clinical needs of the population.

The patients discharged from the service were given advice, guidance and information in order for them or their carers to better care for themselves. However, following feedback, it became clear that there was a cohort of patients for whom the options given on discharge were not feasible which caused them a significant amount of distress.

The risks of implementing contract changes without due consideration of the impact on all service users was escalated and raised at the CCGs Executive Committee.

Following discussions with commissioning and contracting colleagues in both CCGs to try and fill this gap in service, additional options for signposting were given to the patients who had contacted the CCG directly and will also be provided by the podiatry staff on discharge in future.

- **Referral Support Service (RSS)**

The RSS have reflected on feedback following miscommunication of an appointment booking. At the end of telephone conversations with patients they will confirm the discussion and clarify the outcome ensuring the patient's understanding of the appointment status. They are also reviewing the standard letters that are sent out with the aim of making the wording more generic to suit a wider range of circumstances and avoid further confusion.

- **Wheelchair provider**

The mother of a child contacted the CCG as she was concerned at the length of time they had waited for a new tray to be fitted to her daughter's wheelchair (ordered by the previous equipment provider), which was impacting on her involvement with activities at school.

The locality manager investigated and resolved the problem quickly. Since the change in wheelchair provider they have implemented a process whereby their administrators carry out a follow up call to all clients who have not had their equipment supplied through a clinic appointment, e.g. at home or at school. This is to check that the equipment is suitable and meeting requirements. Therefore a similar situation should not occur in the future.

- **The Armed Forces Covenant**

A patient contacted the CCG as he was unhappy that he had been told he could not have surgery due to his BMI being over 30. The patient said that orthopaedic surgery was required as a direct result of injuries sustained during military service. The CCG was able to advise that the protocol in these cases is for the patient's GP to apply for an Individual Funding Request (IFR) for their surgery to be considered by NHS England. This is in line with the Armed Forces Covenant which states that all military personnel injured and affected as a result of current or past service should receive timely and effective care from the NHS and these decisions are for consideration by NHS England not local CCGs.

ii) Other Organisation Complaints / Concerns

44 complaints/concerns were signposted to other organisations and these are detailed in the table below:

Provider/Service	Primary Issue	Contacts
GP		
GP	Clinical care	5
	Medical records	3
	Referral	2
	Staff attitude	2
	Access	1
Other CCG		
Community Equipment	Communication/Information	1
GP	Referral	1
	Clinical care	2
CHC	Communication/Information	3

Pain Clinic	Access to service	1
Leeds Teaching Hospitals		
Neurology	Clinical care	1
Orthopaedics	Waiting time	1
TEWV		
CAMHS	Appointment waiting time	2
	Clinical care	1
CMHT	Clinical care	1
	Referral	1
IAPT	Waiting time	1
YTHFT		
Endoscopy	Clinical care	1
ED/Gynaecology	Clinical care	1
Orthopaedics	Referral	1
	Clinical care	1
ENT	Appointment waiting time	1
General Medicine	Appointment waiting time	1
ED	Communication/Information	1
Physiotherapy	Appointment choice	1
General Surgery	Hospital/GP standard contract breach	1
Pain Clinic	Hospital/GP standard contract breach	1
Patient Access	Confidentiality	1
Community Equipment	Prescribing	1
Clifton Park Hospital Orthopaedics	Hospital/GP standard contract breach	1
City of York Council	Smoking cessation service	1
NHS England	Medical records	1

iii) Other Sources of Patient Feedback

These are reviewed regularly so that any themes, trends or potential issues can hopefully be identified early, escalated and resolved where possible. Any learning will be reported here.

Care Opinion (formerly Patient Opinion) website: 50 positive postings and 14 negative relating to services provided by York Teaching Hospital. 2 negative postings regarding mental health services provided by TEWV and 1 positive comment for Clifton Park.

Yor-Insight: This is a reporting mechanism on the CCG website for staff to raise issues, areas of concern or to share good practice and is monitored regularly. No issues to report.

NHS Choices: (the official website of the National Health Service in England) These are the current ratings available at the time of writing, based on feedback by users. Providers not listed have not yet been rated.

Hospital	Rating (out of a score of 5)	Number of ratings
York	4.5	202
Scarborough	4	85
Selby War Memorial	5	22
Malton	4	24

Healthwatch York

As referred to in a previous report, following concerns raised by residents about the online GP appointment system at Unity Health, Healthwatch published a report based on the 782 survey responses they received. Unity Health welcomed the report and, as a result of Healthwatch’s recommendations, they have already taken action to address some of the issues raised. Healthwatch will be working with Unity to repeat the survey during 2017 to find out how well these actions have mitigated the concerns of their patients.

Freedom to Speak Up Guardian

As a result of the Francis Review following the events at Mid Staffordshire Trust, NHS trusts were instructed in 2016 to put in place a Freedom to Speak Up Guardian, to receive and investigate internal complaints and whistle-blowing (sometimes called ‘raising concerns’) where such matters could not be resolved via existing channels. This duty is being extended to CCGs with effect from September 2017.

As a result, the CCG will need to (a) appoint a suitable person to be the named Guardian, and (b) establish appropriate processes to record all complaints made to the FTSU Guardian. There are a number of set data points that should be recorded for national reporting, to the National Guardian’s Office.

The Executive Director for Quality and Nursing is the appointed CCG Freedom to Speak Up Guardian and is establishing the necessary systems and processes to enact the guidance and support staff to raise concerns. The new process will be launched with staff in the next few weeks.

The CCG will also be seeking assurance as commissioners that primary care have Freedom to Speak up Guardians in place.

Regulatory Inspection Assurance

i) Care Homes – Care Quality Commission Inspections and Concerns

The CCG maintain a record of care homes within the Vale of York area.

- Outstanding: 1 (Christmas Lodge)
- Good: 61

- Requires improvement: 16
- Inadequate: 0
- Not inspected: 1 (Chocolate Works Care Village)

Whilst the CQC have not rated any home inadequate across the Vale of York, there are a number of significant quality concerns that have been raised relevant to 2 Care Homes in the Vale of York. The CQC have raised the quality concerns which include a number of safeguarding alerts as a result of poor care planning, poor documentation and risk management. A piece of work is also being undertaken to understand the response of those already involved in the care of residents in raising quality and safety concerns.

Private Mental Health Provider - The Retreat – Independent Specialist Mental Health Hospital

Following a CQC rating of inadequate all safeguarding enquiries are now complete and outcomes meetings have been held. An overarching report is being written which will bring together themes and recommendations. The recommendations identified from each separate case have been added to the overall action plan which the organisation has developed as part of their assurance for the Care Quality Commission. CQC have their review visit planned for the beginning of November 2017.

The CCG has undertaken positive assurance visits to discuss the CQC action plan and progress assurance with the senior management team. Subsequent visits have also taken place on the George Jepson unit where the original safeguarding concerns were raised following decant of patients to an unsafe environment. A further assurance visit is due to take place on October 6th 2017 to visit the other units. The organisation has been open about the ongoing challenges that are being faced and values the support provided by the CCG.

YTHFT Unannounced CQC Inspection

YTHFT received an unannounced CQC Inspection in September. The 'well led' domain inspection is planned for 17, 18 and 19 October 2017 and the CCG awaits the report. The CCG were not informed of the inspection and there are conversations taking place to understand why this did not happen. QPEC will receive the full report and rating when it is available.

The Chief Nurse continues to keep the Governing Body apprised of all the issues.

ii) Quality in Care Homes

The Quality Teams Senior Quality Lead has been in post since June and has been active in supporting Care Homes and initiating improvement work.

Care Home engagement:

The Head of Engagement and Senior Quality Lead are working together to plan a number of engagement events for care home staff and residents. It is hoped that by listening to the opinions of staff and residents/ relatives the CCG's emerging care home strategy will be representative of user's needs.

React to Red and Safety Huddles:

A Pressure Ulcer Quality Improvement programme is being led by the Senior Quality Lead. This uses the NHS England 'React to Red' initiative and centres around a set of interventions known as the SSKIN bundle to support care home staff in the prevention and management of pressure ulcers. Although this work focusses on pressure ulcers the education and interventions promotes cross cutting themes such as mobility, nutrition and hydration which will contribute to the reduction of other avoidable harms.

In order to facilitate the implementation of the 'React to Red' programme and to help embed and sustain change Safety Huddles will be introduced, supported by the Improvement Academy (IA). Four care homes have been recruited into the first cohort where the methodology for implementation of 'React to Red' via the huddle will be tested before wider scale spread. The IA aims to support the growth in capacity of staff with Quality Improvement skills and knowledge.

The Safety Huddles aim to motivate staff and promote a safer care environment through recognition of achievement and the sharing of learning from incidents and good practice. It is hoped the safety huddle will help in establishing a structure for further improvement work with care homes. Three care homes involved in Safety Huddle work have incorporated a focus on falls. This is important work as falls are known to account for the majority of reported patient incidents.

International Stop the Pressure November 16th 2017

Work has started to involve as many stakeholders as possible in raising awareness of pressure ulcer prevention. This links closely with the 'React to Red' work. Care Homes across the Vale of York have been invited to host their own events. There are plans for wider engagement with the acute trust, York College, University, Local Authority (LA), carer's organisations and local media.

Supporting Care Homes:

The Senior Quality Lead aims to play an active role in the initiatives to support care organisations in providing care in the resident's home, in particular around the prevention of non-elective admissions. Plans for a pilot are currently under negotiation which would see a specialist multi-disciplinary team led by a GP supporting selected homes initially, in the central locality to primarily enhance the care residents receive. It will aim to prevent non-elective admissions and facilitate smoother, timely discharge.

Other programmes of work currently under consideration include the Red Bag initiative, the 'Trusted Assessor' models and involvement with a Delirium Toolkit. These are longer term programmes of work which will feed into a care home strategy.

NHS Digital have 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 meeting to explore the opportunity has been arranged in October.

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 NHSE North region, aimed primarily at reducing delayed transfers of care. The tool has been procured by NHS England and is free. It aims to enable care homes to share 'real time' bed availability with NHS providers/ LA's. An NHS England colleague leading on the roll out has presented to stakeholders regarding potential for use in the Vale of York CCG and further conversation regarding the opportunity will be explored.

Winter Resilience

Two identified work streams relating to winter resilience have been identified

- A pathway to reduce the incidence of urosepsis amongst patients who have long term urinary catheters
- A process to support the use of subcutaneous fluids in nursing homes where appropriate to prevent admission into hospital.
-

The Partners in Care Forum (CCG led Care Home Meeting)

Positive and productive conversation was generated in the September meeting with opportunities for collaboration and improvement explored between all stakeholders. It is hoped that representation will expand at the forum to enable fruitful conversation with other professionals integral to the effective provision of quality care. The meeting is held bimonthly with the next due in November.

Quality Metrics:

Bradford and Bassetlaw CCG's have shared their excellent work regarding quality metrics and consideration will be taken to consider how similar good practice might be implemented in the Vale of York. Examples of joint working between the Local Authority (LA) and CCG colleagues have been recognised as strength when looking at these models.

The Senior Quality Lead is developing links with LA, safeguarding and CQC colleagues and will be working more closely to support care homes who might have an improvement plan in place or where concerns are raised. A joint working approach to support Care Homes will be developed to ensure appropriate interventions can be facilitated and the sharing of learning.

Verification of Expected Death (VOED) in Care Homes:

British Medical Association (BMA) guidance states that a GP is not required to attend a care home to verify an expected death. This can be performed by a 'competent adult'. The CCG is leading a response to issues raised at their Partners in Care meeting in relation to this. Feedback from care home and primary care staff has demonstrated a wide variation in practice and opinion on who and how VOED should be conducted. A meeting has been convened in October with stakeholders from provider organisations and local authority to progress this work aiming to provide clarity and supporting guidance for care home organisations.

Research Agenda:

Discussions have been held with the University of York to look at how the research agenda within the Nursing Department can collaborate with the Vale of York CCG

and care homes. Bids are in progress to secure research funding and formalise links between the University of York and the Vale of York CCG. This is an important development for the CCG, care staff and residents. There has also been expressions of interest from colleagues within the Research Team based at York Hospital to access the care home setting in York for a study called ENRICH. This is a study which aims to enable care homes to participate in research and is NIHR funded.

Update on Mattress Selection for Community Staff:

Guidance has been updated 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 has been updated following a review of the mattresses available for use in collaboration with Tissue Viability specialists and community nursing colleagues across the area. The process for selection has been streamlined to simplify and standardise best practice whilst also realising significant financial savings. In the first month spend reduced by approximately 44%. This is an encouraging initial saving. Further training and support will be offered to clinical teams to help support them in selecting appropriate surfaces for patients.

Mental Health

Dementia

The CCG worked with NHSE and NHSI intensive support team in July to analyse the local system and develop actions to address the local challenges in response to dementia diagnosis rates across GP Practices.

The CCG has received the recommendations and an action plan will come to a future QPEC meeting. The key recommendations describe opportunities for the CCG, Primary Care, the provider and the whole system. Monitoring of the action plans will be done by the appropriate committees (e.g. Primary Care Commissioning Committee for the primary care dementia action plan).

Specifically, there is an opportunity for Care Homes to support GP practices in identifying residents that have dementia but remain undiagnosed. The CCG's Senior Quality Lead is involved in the work and a discussion is planned with Care Homes at the next Partners in Care meeting.

Children and Young People

Single Item QPEC – CAMHS

A single item QPEC CAMHS was convened in August with the aim of a whole system discussion and response to the performance challenges. The minutes of this meeting were included in the September Governing Body papers. An action plan is being developed and TEWV will be held to account against these actions at the TEWV Contract Management Board.

TEWV Quality Visits

A number of quality visits are planned this year to provide additional assurance about patient and staff experience across a number of services. We will report on these findings at future QPECs.

Safeguarding Children

Private Residential Care Settings

There continues to be concerns regarding the private residential homes in Selby and the arrangements to safeguarding the young people who are residents. The homes are run by the Cambian group and are specifically for young girls where there are known risks of Child Sexual Exploitation. These young people come from a number of local authority areas across the country. Currently there are no children from North Yorkshire or York placed within these homes. In response to the concerns the Local Authority, police and health (Designated Safeguarding Professionals) have had number of meetings with the regional manager for Cambian and agreed a number of measures. An Out of Area Protocol has been developed in partnership with Cambian which sets out clear expectations around multi-agency working in North Yorkshire.

A new process has also been agreed for the management of young people in these settings who continue to be vulnerable to/victims of Child Sexual Abuse. This will be piloted in November 2017 with a clear plan for review. Information continues to be shared with Ofsted in relation to the settings and an inspection conducted on the basis of this information. The Harrogate District Foundation Trust Specialist Looked After Children Team have been proactive in trying to engage the settings to work with health staff to address the very particular health needs of these vulnerable young people. As the Designated Nurses now have the details of the young people where there are particular concerns they will also be contacting the Designated Nurse from the originating localities to highlight the issues.

Army Foundation College (AFC)

In early August, there was an article in the national media in relation to the alleged abuse of junior soldiers by seventeen instructors based at AFC in Harrogate. The abuse is alleged to have taken place three years ago during a training exercise in Scotland. Following the media attention, the North Yorkshire Local Safeguarding Children's Board (LSCB) formally contacted the AFC to express their concern that agreed multi-agency procedures regarding allegations against people who work with children were not followed. Two partnership meetings under the LSCB 'Non-recent organised and complex abuse procedures' have been convened and a number of actions agreed, including contact with the tri-service LSCB and a proposal that the case be subject to some form of learning review. The Designated Professionals team have agreed to deliver some targeted Level 3 training for health staff from the Medical Centre, which will include guidance on how to manage allegations against staff members.

To support improved engagement with safeguarding practice, the Matron of the Medical Centre has attended the Harrogate Practice Leads meeting and representatives from the College have been invited to take part in the locality Safeguarding and Strategic Group of the LSCB. The issues in relation to AFC have also been addressed with senior leads from Army Welfare Services in a further meeting with the LSCB. Whilst the issues around safeguarding practice remain a concern, it is hoped that the College will use this opportunity to work collaboratively with partners to effect change.

Midwifery notifications to Primary Care

It has come to the attention of the Designated Professionals team that GPs are no longer routinely informed by Midwifery services across North Yorkshire that a woman is pregnant and booked for midwifery led care. As not all midwives have access to the GP systems this situation poses a potential significant safeguarding and clinical risk as information held within Primary Care record may not be taken into consideration during any risk assessment. This issue has also been raised as part of a recent CQC CLAS Review in Middlesbrough and North Yorkshire. Agreement has therefore now been secured with all midwifery service providers across NY, including YTHFT, that at booking the GP will routinely be informed of a pregnancy and a request made for GPs to share significant safeguarding information.


This process should ensure that all known safeguarding issues are shared to inform risk assessments. The Local Medical Council have been consulted during the development of this process and it has been agreed that there will be a consultation pilot of the agreed information sharing pathway in HRW and HaRD CCG's for two months commencing September 2017 during which any required amendments can be made. The process will commence in SR and VOY CCG in November 2017.

Partnership Commissioning Unit re-alignment update

Phase 3 of the PCU re-alignment of functions back to CCGs is underway. A period of staff consultation for the Vulnerable People's Team, Business Intelligence, Finance and Contracting Teams end on the 11th October and arrangements taking place to respond to the consultation and TUPE transfer the relevant staff. A PCU Re-alignment Programme Board has been established and has met for the first time. A Programme Manager has been appointed on a short term contract basis to ensure the re-alignment is completed safely. The Programme Manager will provide assurance to the Governing Bodies of each CCG on the effective delivery of the change, financial impacts, organisational changes and the critical timelines, and raise any issues or concerns to the Governing Bodies.

Governing Bodies will also receive highlight and other reports from the programme manager and programme delivery group and hold them to account for delivery of the PCU Re-Alignment vision.

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Item Number: 11	
Name of Presenter: Dr Andrew Phillips	
Meeting of the Governing Body Date of meeting: 2 November 2017	 Vale of York Clinical Commissioning Group
Report Title – Update on Better Care Fund (BCF)	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report To provide an update on the Better Care Fund plans across the three health and well-being board footprints.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input checked="" type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description JC.01 Failure to reduce DToCs JC.26 Delivery of BCF targets dependent on other agencies JC.27 Jointly agreed plans may not be in place
Emerging Risks (not yet on Covalent)	
Recommendations Members of the Governing Body are asked to receive and note the information contained in this report.	

Responsible Executive Director and Title Dr Andrew Phillips, Joint Medical Director	Report Author and Title Paul Howatson, Head of Joint Programmes
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Better Care Fund

Purpose

This paper is to update the Governing Body on progress to date on moving the three Better Care Fund plans to approval.

Background

The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

The Department of Health (DH) and the Department for Communities and Local Government (DCLG) have published a detailed policy framework ([hyperlink below](#)) for the implementation of the Better Care Fund (BCF) in 2017-18 and 2018-19. This was developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England. The framework forms part of the NHS England Mandate for 2017-18. It requires NHS England to issue these further detailed requirements to local areas on developing BCF plans for 2017-18 and 2018-19.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the IBCF grant to local authorities (LAs) and will be included in local BCF pooled funding and plans.

The BCF planning requirements document ([hyperlink below](#)) supports the core NHS Operational Planning and Contracting Guidance for 2017-19. It is being published jointly with DH and DCLG in order to disseminate it directly to LAs.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

The legal framework for the Fund derives from the amended NHS Act 2006 (s. 223GA), which requires that in each area the CCG(s) transfer minimum allocations (as set out in the Mandate) into one or more pooled budgets, established under Section 75 of that Act, and that approval of plans for the use of that funding may be subject to conditions set by NHS England. NHS England will approve plans for

spend from the CCG minimum in consultation with DH and DCLG as part of overall plan approval.

The DFG and IBCF Grants are subject to grant conditions set out in grant determinations made under Section 31 of the Local Government Act 2003.

The NHS Act 2006 also gives NHS England powers to attach additional conditions to the payment of the CCG minimum contribution to the Better Care Fund to ensure that the policy framework is delivered through local plans. These powers do not apply to the DFG and IBCF.

Discussion

The Vale of York CCG is a stakeholder in the three Better Care Fund plans with our three local authority partners: City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council.

All BCF plans have to be locally agreed and then nationally approved

With direct or delegated approval from the respective Health and Well-being Boards, all three areas agreed BCF plans for 2017-19 were submitted on 11th September, 2017, to NHS England for approval.

The East Riding of Yorkshire Integration and Better Care Fund Plan was 'approved' nationally by the Better Care Support Team.

Unfortunately, both the City of York Council and North Yorkshire County Council plans were 'not approved'.

The reason for not approving the North Yorkshire plan was based on a technical data error submission of zero NHS attributed delayed transfers of care (DToCs) for both the Vale of York and Scarborough and Ryedale CCGs in an earlier return submitted by the A and E Delivery Board covering both areas.

The number which the DToCs were to change by was submitted rather than the number which the DToCs were to change to, despite there being a narrative to explain this submitted at the same time. As this resulted in a negative percentage change, which was not permitted, the number of NHS attributed DToCs was rounded up to zero by the central team. The national expectation of DToCs is that they account for no more than 3.5% of bed days' utilisation and this presents a significant challenge across the system despite having a number of plans to bring this to effect.

The reasons for not approving the York plan was based on the same technical data error submission as North Yorkshire and additionally not meeting National Condition 2 in relation to the minimum amount of spend for the protection of social care. The figure pre-populated in the Planning Return template was based on the figure agreed

in the 2016-17 BCF plan which had been increased per the requirements of the planning guidance for 2017-19.

Locally, it was recognised and agreed by both City of York Council and the CCG that the previous year's figure was higher than the required minimum due to the interpretation of the guidance at the time. Consequently, the BCF submission for 2017-19 was based on the lower figure (that technically last year should have been) and increased by the percentage increase for this year.

With the guidance for BCF 2017-19 being published in early July some eight months later than expected the closing date to revise the pre-populated figure set in the Planning Return Template was the end of July. At that time the York system had neither agreed the local plan nor the budget to sit alongside it and so a request had not been submitted to amend it at that time.

The CCG and CYC have now retrospectively applied to adjust this figure through the national Integration Programme Board and still await the outcome of their deliberations.

Organisations involved in the development and agreement of both the York and North Yorkshire plans rapidly responded to the initial better care support team's feedback in order to avoid attendance at escalation panels in London.

Despite the submission of evidence in respect of what could be argued as technical reasons the escalation panel required representatives to state their cases in person at Escalation Panels on Wednesday 18th October (North Yorkshire) and Thursday 19th October (York).

As this would have meant travel to London on two consecutive days, at significant expense to all organisations involved from Health and Well-being Board representatives across the NHS and local authorities, there was local agreement not to attend in person. This decision avoided further pressure on already stretched budgets by making appropriate use of teleconference facilities.

The teleconferences were challenging and the regional NHS England team was asked by the national team to support the compliance of both the York and North Yorkshire plans. The escalation panel for York also wanted further clarity and assurance on the use of the BCF and additional Integration & Better Care Fund (iBCF) allocations. Further discussions have taken place this week with Accountable Officers from the Vale of York and North Yorkshire CCGs to agree the respective positions in relation to DToCs and also with colleagues in City of York Council regarding the minimum amount of spend and how it is spent on adult social care.

A formal response is currently being written covering the relevant points for both the York and North Yorkshire plans to get them over the line to 'approval' and these responses have to be forwarded to the national team by 10am on Friday 27th October 2017.

It should be noted that both the regional team and local BCF manager from NHS England have been extremely supportive of the intensive amount of additional work within the local systems to move the York and North Yorkshire plans to approval.

Although there are consequences should either of both of the plans not be approved the escalation letters and further documentation was not explicitly clear as to what further sanctions would be incurred. Naturally, for a CCG under legal directions and special measures from NHS England, any sanctions taken will undermine all the good work to transform the local system which is already recognised as being under very challenging circumstances.

Next steps

- 1) Submission of formal responses to the national BCF team by 10am on Friday 27th October
- 2) Consideration of and decision by the national BCF team regarding both plans communicated to the York and North Yorkshire systems by CCGs on 31st October, or as soon as possible thereafter.
- 3) York and North Yorkshire systems to inform all relevant partners and respective boards of the outcomes of their BCF plans.

Recommendation


The Governing Body members are asked to note the issues contained in this report and to support the remedial actions being taken to address the issues.

Furthermore, the Governing Body is asked to continue its support of the CCG's officers and partner organisations at this time.

Paul Howatson

Head of Joint Programmes

25th October 2017

Item Number: 12	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 2 November 2017	
Report Title – City of York Safeguarding Children Board Annual Report 2016/17	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report	
This annual report provides details about the work completed and actions taken during the year of the City of York Safeguarding Children Board with contributions from each of its member organisations.	
Strategic Priority Links	
<input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Covalent Risk Reference and Covalent Description
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks (not yet on Covalent)	
Recommendations	
N/A	

Responsible Executive Director and Title	Report Author and Title
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Foreword by Simon Westwood, Independent Chair, with content contributions from Board members

The Executive Summary has been circulated electronically to members of the Governing Body and is available at:

<http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

The full report is available at:

<http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Annual Report

2016/2017

Executive Summary



**Working with children, families
and professionals to make our
children's lives safer**

Contents

Foreword by the chair	3
Formal Summary Statement ...	4
Some facts and figures.....	5
What children and young people have told us	6
How we are doing as a partnership?.....	8
Formal audits and reviews....	12
Learning and development...	15
Priorities and challenges for next year.....	16
Key messages for readers	18

'Safeguarding is everybody's business'

About this Document

This document is a short summary of the 2016-17 Annual Report for the City of York Safeguarding Children Board. The full report, with additional supporting information as appendices, is available on the Safeguarding Children Board website at: <http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>



Foreword by the chair

The key purpose of this report is to assess the impact of the work the City of York Safeguarding Children Board and its partners have undertaken in 2016/17 to improve safeguarding outcomes for children and young people in York. The work of the board continues to be driven by its vision:

“For all the children of York to grow up in safety and to always feel safe.”



I am delighted to tell you that during the year the Board was judged Outstanding by Ofsted, one of only three in England to achieve this. This is recognition for the incredible work of all the people in York who work day to day with children and young people to keep them safe.

I am particularly pleased that Ofsted recognised that a key to the success of the board is the explicit focus on understanding the perspectives of children and young people by asking for and listening to their views and, most importantly, acting on them. This reflects well the culture of partnership working in York.

As we move into 2017/18 the Board will consider making changes to the way the partnership works in response to the Children & Social Work Act 2017 and the new statutory guidance due out at the end of the year. Having had the current arrangements endorsed by the Ofsted judgement, the CYSCB will not be making changes simply for changes' sake but see this as an opportunity to enhance arrangements which are already working well.

In the meantime, and going forward, the following key strategic aims will be important and will each present a challenge:

- Maximising capacity and resources
- Managing partnership and engagement
- Ensuring a focus on vulnerable groups
- Embedding learning and improvement

The board demonstrates respectful, rigorous and tenacious challenge to partners and agencies and we are ambitious to continue to improve.

In 2017/18 we will complete a revision of the thresholds for access to services and monitor the impact of implementation of the Early Help Strategy in partnership with the YorOK Board; work in partnership with Safer York to ensure that the needs of children affected by domestic violence are recognised and responded to; develop further understanding of how to better safeguard disabled children; continue to monitor the implementation of the neglect strategy; monitor action plans arising from the inspections of safeguarding in partner agencies; and continue to seek further assurance about how access to mental health services for young people is being improved, building on the excellent work done in schools through the Schools Wellbeing Workers which was extended in 2016 to all schools in York.

Finally, if you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.

A handwritten signature in blue ink, appearing to read 'S Westwood', written over a horizontal line.

Simon Westwood, Independent Chair
City of York Safeguarding Children Board



Formal Summary Statement

The City of York Safeguarding Children Board (CYSCB) is one of the Local Safeguarding Children Boards (LSCB) across the country which was set up by the Children Act 2004 and Working Together (2015)¹. An LSCB monitors and supports safeguarding practice and provides an overview to the coordination of agencies working together. The CYSCB website provides information about the work of the Board and our current membership. Advice, guidance, along with links to websites where further information and guidance, can also be found on our website <http://www.saferchildrenyork.org.uk/>

This is an Executive Summary of our much longer Annual Report which gives details of our work and achievements during 2016/17. We believe that our Board partners have worked well together in carrying out their work to safeguard children. This has been endorsed by the Ofsted review in 2016 which judged our Board to be 'Outstanding'.



¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf



Some facts and figures

York has a population of 206,900² with the number of children aged 0-18 recorded as 44,300 in 2015³. York has become more culturally and religiously diverse in the last few years. Further detailed demographic information on York is available online on the York Health and Wellbeing website⁴ and in the City of York Council Plan 2015-2019⁵.

There are 69 schools in York: 51 primary schools; 9 secondary schools; 6 independent schools; 2 special schools and 1 pupil referral unit (Danesgate). Many of these schools are schools are converting into academies during 2017/18. York also has 422 early years' providers and over 100 voluntary organisations offering services for children and young people.

CYSCB monitors information and data provided by the partner organisations who are members of the Board. This ensures us about safeguarding work across York for children and young people. We know, for example that:

- The number of re-referrals within a 12 month period to Children's Social Care has more than halved since the beginning of the year.
- The percentage of referrals in which Child Sexual Exploitation is a concern at the point of referral remains low in comparison with other factors such as domestic abuse and neglect.

- In line with previous years, the majority of children subject to a child protection plan (54%) are listed under the category of neglect
- **100% of children missing from education were located**
- During the year the percentage of children aged 0-4 who live in the most deprived 10% of local areas were registered with a Children's Centre rose by 8% to 88%.
- The number of children in the care of the local authority in 2016/17 has remained consistent with last year (204 at year end). This is a rate of 55 per 10,000 children which is lower than the rate for the region and nationally (63;60)
- By the end of March 2017, 97.5% of year 12/13 children (aged 16 and 17) who have an EHCP or Statement of Special Needs were in employment, education or training which compares favourably with regional and national percentages (93.2% and 92.7%).
- 2016-2017 has seen a **reduction in first time entrants to the youth justice system**, 385.46 (per 100,000 of 10-17 year old population) compared to 477 the previous year.
- Child Sexual Exploitation is being recognised more as a possible concern for young people accessing sexual health services.

² <https://www.nomisweb.co.uk/reports/lmp/la/1946157112/report.aspx?town=york#tabrespop>

³ https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/area-search-results/E12000003?search_type=list-child-areas&place_name=Yorkshire and the Humber

⁴ <http://www.healthyyork.org/>

⁵ https://www.york.gov.uk/downloads/file/7880/council_plan_2015-2019



What children and young people have told us

It is a priority of our Board that children and young people in York should be heard and that their wishes and feeling should inform the delivery of services. We have found ways to understand how agencies are using the views of children and young people to influence the delivery of services and that all children and young people are treated respectfully. The joint **Voice and Involvement Strategy** had been agreed by the YorOK Board and the City of York Safeguarding Children Board for 2014-2017.

During 2016/17:

- A project called **'Aspire to More' ran for children and young people in care to meet care leavers that have faced challenges and gone on in their lives to become a success.** The aim of the project was to raise the group's aspirations, open their minds to the possibilities of promising and inspiring futures.
- The Children's Rights and Advocacy Service received a total of 66 referrals for advocacy; 47 in relation to children and young people in care; 16 in relation to children subject to child protection plans; and 3 to support a young person to make a complaint.

...record turnout of 5,570 votes with public transport as the main focus

- York Youth Council⁶ worked in schools across York to support the "Make Your Mark" vote to give young people an opportunity to have their say about issues they want the UK Youth Parliament to debate at the annual Youth Parliament House of Commons debate. There was a record turnout of 5,570 votes with public transport as the main focus.
- York Youth Council successfully piloted a bike library at Canon Lee Secondary School, are now working with Welcome to Yorkshire, Yorkshire Bank and a local cycling group to develop a wider community bike library.
- The "Minding Minds Award" campaign is now used by schools to support their students to better deal with stress, balance academic study with wellbeing and improve overall mental health.

In 2016/17 CYSCB requested that questions about child protection processes be included, along with questions about being in care, in the U Matter survey for children and young people in care:

- 44% of the young people felt their experience of being on a child protection plan was either good or very good
- A large proportion (65%) of young people stated that their experience of care was quite good or very good.

⁶ <https://yorkyouthcouncil.com/>



There is still further work to be done to ensure that children and young people have the opportunity to be heard and in 2017/18:

- A new Voice and Involvement Strategy will be drafted.
- The terms of reference of the CYSCB Voice and Involvement Group will be reviewed.
- A “Review of Voice”, with a focus on workforce development and ‘voice’ of disabled children will take place.
- Work will take place to improve ‘voice’ arrangements at an early help level.

44% of the young people felt their experience of being on a child protection plan was either good or very good



How we are doing as a partnership?

CYSCB set 5 priorities last year for the sub-groups to work on. The Annual Report has looked at progress against these thematic priorities and against other work to safeguard children.

During 2016/17 work has been ongoing on the re-modelling of **Early Help** services. And the Local Area Teams or 'LATs' were established in January 2017. Each of the three multi-agency teams covers one of three defined geographical areas of York to provide direct intervention or to broker packages of 'team around the family' support.

Audit of early help assessments during 2016/17 indicated that some early help practitioners struggle with robust analysis. Capturing the 'voice of the child' in early help assessments is improved but 'more ways of capturing the 'voice' of pre- and non- verbal children is being explored. This is being picked up by the CYSCB 'Voice & Involvement Sub-group'.

The **Neglect** Sub-group organised a Neglect Event which was held in July 2016 for practitioners from all organisations working with children. An early draft of the Neglect Strategy was shared at this event. CYSCB published the new multi-agency Neglect Strategy in December 2016.

CYSCB published the new multi-agency Neglect Strategy in December 2016

Social Workers and practitioners in the Healthy Child 0-19 Service (Health Visitors and School Nurses) were trained to use the Graded Care Profile, a form of assessment specifically designed for situations in which the main issue is neglect. CYSCB looks forward to an evaluation of how the assessment has changed the recognition of neglect.

...an evaluation from children and young people who had taken part in the 'It's Not Ok' campaign' was overwhelmingly positive.

In 2016 the It's Not Ok campaign – aimed to raise awareness amongst professional and public about **Child Sexual Abuse and Exploitation** - came to an end with a closing event on 5 July attended by Peter Wanless, Chief Executive Officer of the NSPCC. The campaign had a huge reach and an evaluation from children and young people who had taken part in the 'It's Not Ok' campaign' was overwhelmingly positive. Young people described their raised awareness of child sexual abuse and exploitation. A presentation on the campaign was extremely well received at the national NSPCC conference and the campaign has also been taken up by other local authority areas.

In 2017 the Sub-group will continue to consider Sexually Harmful Behaviour by children and young people with a task and finish group set up to progress this work.



Changes to communication methods with North Yorkshire Police have resulted in Children's Social Care being able to respond much more quickly to situations of **Children and Young People Missing from Home or Care**.

In September 2016, new Department for Education (DfE) Guidance was introduced for schools on **Children Missing from Education** (CME). This means that all schools must make a return to their local authority when about to remove any pupil from their register due to a non-standard transition. The focus on schools seeking destinations, and the inclusion of independent schools, has led to the increase in contacts from schools to the local authority about CME. 100% of children reported as missing from education during 2016/17 were located.

In March 2016 CYSCB set up a Domestic Abuse sub- group to consider **Children affected by Domestic Abuse** in response to an apparent significant increase in the numbers of children recorded by North Yorkshire Police as being present at Domestic Abuse incidents.

The sub group carried out a significant amount of work to identify the scale of the issue regarding children and young people and the services currently provided for children and young people experiencing (including perpetrating) domestic abuse. The group will report to CYSCB in July 2016 and the report will then go on to the Safer York Partnership (SYP).



The group found that the in the percentage of incidents at which children were present and an overall increase in the numbers of these children was likely related to better training of police officers attending and greater awareness of the impact of domestic abuse on children and young people. The same could be said of the high percentage of enquiries and referrals to Children's Social Care in which domestic abuse was a factor.

In October 2016, CYSCB worked with our North Yorkshire equivalents and the Adult Safeguarding Boards and Community Safety Partnerships to deliver **Safeguarding Week**. The focus was on domestic abuse. During the month before there was a poster campaign across the city promoting and signposting to the services plus a media campaign using the local press and social media. The feedback from National Safeguarding Week in York was very positive. It demonstrated excellent partnership working.

In 2015/16, CYSCB had added an additional priority of **Female Genital Mutilation** to understand the prevalence in York. New guidance on FGM is now in regular use and awareness-raising is embedded in training included multi-agency safeguarding training for practitioners and safeguarding training for all schools (including independent schools) and for midwifery services.

Significant work went into the creation of a **City of York Inter-Board Protocol** in 2016. In 2016 the Independent Chair of the CYSCB initiated work to develop the draft joint protocol between CYSCB, the Health and Wellbeing Board and with the Children's Trust (YorOk) Board to include the Safeguarding Adults Board and Safer York Partnership. The protocol was signed off in September 2016. The City of York Inter-Board Protocol ensures that strategic Boards work together to achieve the best outcomes and avoid duplication.

The City of York Inter-Board Protocol ensures that strategic Boards work together to achieve the best outcomes and avoid duplication.

The Board receives and discusses partners' work with children and young people:

- The number of re-referrals within a 12-month period to Children's Social Care has more than halved since the beginning of the year and is below national averages.

- 2016-2017 has seen a reduction in first time entrants to the youth justice system
- The Children's Referral and Assessment Team have recorded 4,446 enquiries to Children's Social Care in of 2015-16.
- At the end of March 2017, 171 there were children subject to a Child Protection Plan. Most were listed under the category of neglect.
- The number of children in the care of the local authority in 2016/17 has remained consistent with last year at 204 at year end which is lower than the rate for the region and nationally.
- By the end of March 2017, 97.5% of year 12/13 children (aged 16 and 17) who had special needs were in employment, education or training which compares favourably with regional and national percentages.

Individual Board partners have submitted regular assurance reports to Board on what their organisation has done to safeguard children. This, along with audit work, enables CYSCB to discuss, support and challenge action, performance and outcomes. Partners have also contributed with full reports on their safeguarding activities throughout 2016/17 and these are included in our full annual report. A wide range of developments and innovations have taken place all of which play a part in keeping children and young people in York safe.





Formal audits and reviews

CYSCB carries out audits and reviews to ascertain whether there are lessons to be learned. This in turn informs the kind of training that CYSCB needs to commission and feeds into each sub-group so that the sub-groups and the Board know where to focus attention.

- A '**Section 11 audit**' is an exercise defined by the Children Act 1989 to ask our partners a series of questions each year what arrangements they are making to safeguard children. This covers subjects like: safer recruitment; policies and procedures; roles and responsibilities; and training and development. There were no glaring concerns found in the responses of partners to the audit which was reassuring for both Boards. Because arrangements for Local Safeguarding Children Boards will be changing over the next two years in response to the Children & Social Work Act 2017, CYSCB and our colleagues in the North Yorkshire Board decided that the Section 11 Audit will not necessarily take place every year from now on. A small task group will work how the audit will be conducted going forward.
- Our Partnership, Practice, Scrutiny and Review Group brings together a multi-agency group of professionals to carry out **case audits in relation to agreed themes**. A comprehensive forward plan of audits is agreed in line with Board and in response to issues highlighted nationally.

During the year the themes for audit were:

- Multi-Agency Risk Assessment Conferences (MARAC) (Domestic Abuse Conferences)
- Recording of safeguarding enquiries between agencies
- Core Groups (Child Protection front line meetings)

Findings from these audits were shared via CYSCB's communication channels, shared with CYSCB partners, (who were asked to disseminate the findings throughout their organisations and give assurance that findings were noted and actions taken.) Findings also inform multi-agency training.

An outcome of these audits was that actions were taken that include:

- The tightening of recording processes for all partners including police and health colleagues.
- Assurance that actions from multi-agency meetings were shared with the relevant agencies and acted upon.
- Themes in regarding recording of safeguarding enquiries and actions have been used in multi-agency training workshops.

There have been no Serious Case Reviews (SCR) undertaken in 2016/17 although one case was considered for SCR by the Case Review Group. It was the decision of the CRG that this case did not meet the criteria for either a SCR or a Learning Lessons Review (LLR).



This decision was endorsed by CYSCB's Independent Chair and upheld by the National Panel of Independent Experts. A review of this case will be carried out by an alternative means although CYSCB will be involved.

One **Learning Lessons Review** was completed. The findings were shared with the neglect Sub-group and actions resulting from this included a programme of workshops for practitioners.

Among others, actions resulting from reviews from previous years include:

- guidance developed on the assessment of injuries to non-mobile children along with an information guide for parents and carers;
- York Teaching Hospital Foundation Trust's new policy requiring practitioners to record children as 'Was Not Brought' rather than as 'Did Not Attend' when they hadn't attended medical appointments. The policy reminds health professionals that children do not 'take themselves' to appointments.

The Case Review Group also reviews SCRs from other local authorities and uses some of the recommendations from these to check local practice and to inform multi-agency training.

CYSCB works with the North Yorkshire Safeguarding Children Board to review the **deaths of children** in York and North Yorkshire to learn any lessons that may help other children and families in the future. The Child Death Overview Panel (CDOP) reviewed the 14 child

deaths in 2016-17; 6 were 'expected' and 8 'unexpected'. (An unexpected death means that the child became ill very suddenly having previously been relatively, or completely, well, or has suffered a sudden traumatic experience (like a road traffic accident.)) Very few of these were found to have any potentially modifiable factors.

A full CDOP Annual Report for 2016/17 is available on our website⁷.

Investigations regarding **allegations about professionals** working with children or young people are coordinated by the Local Authority Designated Officer (LADO) For the majority of 2016/2017 the LADO function was managed on behalf of City of York Council by North Yorkshire County Council as a transition while a new LADO post was established in York following restructure. The permanent City of York LADO was appointed in February 2017 and the full service returned to York. There were:

- 89 contacts to the LADO service in 2016/17.
- 58 of these were referrals for further action.

Most of these enquiries were about allegations of physical or sexual abuse.

There were more LADO consultations and referrals than in previous years but this is in line with trends across the region and nationally. This is believed to be linked to greater awareness of the role of the LADO by employers, professionals and members of the public.

⁷ www.saferchildrenyork.org.uk/annual-reports.htm



Learning and development

During 2016/17, CYSCB introduced a new model and approach to **multi-agency training and learning** as a result of the restructure of the Board with a dedicated Workforce Development Advisor to undertake learning needs analysis work and then commission and evaluate multi-agency training on behalf of the board. In October 2016 the Board published a new Training, Learning and Development Strategy 2016-2019 ensuring that people who work with children and their families are appropriately knowledgeable, skilled and competent.

During 2016/17 a range of courses have been delivered on the following topics, which are linked to the Board's priorities:

- An Introduction to MARAC and MAPPA
- Domestic Abuse Managing Risk & Supporting Families
- Online Safety
- Safeguarding Disabled Children
- Voice of Fathers and Partners in Assessment
- Working Together to Safeguard Children
- Working Together for Education Designated Leads

A range of e-learning packages is also available via the CYSCB's website, In total, there were 627 attendances at 25 courses in the year.

At the end of each course, participants are asked to complete an evaluation form. The average evaluation scores on how well the courses met the learning objectives, the quality of learning resources, the presentation style and subject knowledge of the presenters are generally good to excellent.

Attendees are asked about how likely they are to change the way they do things as a result of the training. Average scores indicate that attendees are likely, or very likely, to change things as a result of training commissioned by the Board. Practitioners have also been asked how their practice has changed 3 to 6 months after the training and again the examples given were very positive.

The **School Safeguarding Advisor** delivered 26 training sessions during 2016-17; this included whole school training, both to maintained and to independent schools in the city. Updates were delivered to Education Designated Safeguarding Leads every 6 months. These were well attended and the feedback from the sessions was very positive. Safeguarding training was also provide for taxi drivers and for school governors and staff on safer recruitment.

...the quality of learning resources, the presentation style and subject knowledge of the presenters are generally good to excellent.



Priorities and challenges for next year

In 2016 CYSCB was judged to be 'Outstanding' by Ofsted. The Board's first challenge therefore is not to be complacent but to continue to learn and develop. There will be changes over the next two years to the way the partnership works in response to the **Children & Social Work Act 2017** and the new statutory guidance about what safeguarding arrangements should include. This is due out at the end of 2017.

CYSCB has a strong commitment from partners to the Board and to all its sub-groups and will want to maintain this, whatever changes are made to the structure of the partnership to maximise capacity and resources.

Managing partnership and engagement

CYSCB intends to manage partnership and engagement to maintain the commitment from a wide variety of partners to ensure that safeguarding children in York remains the business of all of those who are working with children, young people, their parents and carers, their wider families and also in the forefront of the thinking of the general public. This includes working with our colleagues in adult services and to have 'cross-Board' collaboration via the Inter-Board Protocol.

Whatever form the Board takes in the future, there is commitment to ensuring that the 'voice' of children and young people in York is fundamental to the work of the partnership.

The key priorities of the Board remain as important as ever in the focus of the Board on vulnerable children and young people.

Social media and its use and misuse has become increasingly evident during 2016/17. Young people's lives are now affected in different ways in terms not only of the potential of online grooming, but bullying online or simply having their lives opened up to the scrutiny of others. During 2016/17 the Board has begun to seek information about the safeguarding of disabled children as a discrete issue. CYSCB will continue to keep pace with emerging vulnerabilities such as human trafficking and modern slavery, and to agree with our partners and other strategic boards (including cross border arrangements with other local authorities), how CYSCB can support those taking the lead on these issues. The CYSCB will have a focus on the particular impact on children and young people.

Embedding learning and improvement

The training delivered in 2016/17 was planned and commissioned in response to full learning needs analysis carried out with Board partners including sub-group chairs and members. Training courses have been commissioned in order to embed learning and improvement in the everyday lives of practitioners.

Via the Case Review Group and PPSRG, CYSCB will continue to learn from local reviews – multi- and single- agency – and to review the recommendations from national SCRs.





Key messages for readers

For children and young people

- Your 'voice' – your wishes and feelings – are important to us. We are encouraging our partners to find new ways of listening to you.
- We ask our partners not just to listen to you but to include your 'voice' in developing and improving their services
- We want York to be a safe and happy place for you to grow up in.

For the community

- You may be best placed to know what is happening in your community.
- If you have a concern about a child or a young person, contact the Children's Front Door (contact details below) with as many details as you can.
- If your concern is about someone being at immediate risk of harm, contact the police.



For City of York Safeguarding Children Board partners and organisations

- Please ensure that the voices of children and young people are informing your service development and improvements.
- Be aware also of ways of listening to children who are pre- or non-verbal and have other ways of communicating.
- Be aware of the statutory functions of a Local Safeguarding Children Board and of the potential changes to arrangements in response to the Children & Social Work Act 2017.
- The Board welcomes your assurance through a variety of means – assurance reports, audits, updates to sub-groups – that your agency is aware of the importance of safeguarding children and young people.
- As a representative on CYSCB you are also representing the frontline practitioners in your organisation. The Board is keen to hear what they have to say.
- Ensure your workforce is able to attend training courses and learning events and to take opportunities to give views and feedback on training development (either single or multi-agency).
- As a representative of your organisation, make sure that you share the responsibility for delivery of the work of the Board.





For schools

- Be aware of guidance for schools on safeguarding children and alert to any changes or updates.
- Take advantage of the safeguarding training which is on offer to your designated leads and to others.
- Be aware of, and compliant, with safer recruitment processes.

For practitioners

- Be aware of what your LSCB can do for you: newsletters, website (news, guidance, policy, procedures), regular Twitter feed, training online and face-to face.)
- Your views are important to CYSCB. Find out who your organisation's representative is on the Board or give feedback via 'contact us' on the CYSCB website.
- Listen to the voices of children and young people in your assessments and be aware that some of the most vulnerable children – very young, disabled etc. – can be at higher risk of abuse than others but may find it more difficult to communicate.

- Understand that while some issues such as CSE, Modern Slavery, Human Trafficking and FGM seem more prevalent in other areas, they do happen in York.
- However, remember that the 'usual suspects' of domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening.
- Take advantage of the multi-agency safeguarding training which is offered by CYSCB here:
www.saferchildrenyork.org.uk/learning-and-development.htm

For everyone

Remember that:

'Safeguarding is everybody's business'

If you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.



CYSCB Chair: Simon Westwood
CYSCB Manager: Juliet Burton

CYSCB, City of York Council,
West Office, Station Rise, York, YO1 6GA

www.saferchildrenyork.org.uk/contact-us.htm


How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:
Phone for advice: **01904 551900**
or, using a referral form:
Email: **childrensfrontdoor@york.gov.uk**

Post: The Children's Front Door, West Offices, Station Rise, York, YO1 6GA

More information and a referral form are available at:
www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm



Item Number: 13	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 2 November 2017	 Vale of York Clinical Commissioning Group
Report Title – City of York Safeguarding Adults Board Annual Report 2016/17	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report This annual report provides details about the work completed and actions taken during the year of the City of York Safeguarding Adults Board with contributions from each of its member organisations.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Emerging Risks (not yet on Covalent)	
Recommendations N/A	

Responsible Executive Director and Title	Report Author and Title
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Introduction by Kevin McAleese CBE, Independent Chair, with content contributions from Board members

The full report has been circulated electronically to members of the Governing Body and is available at:

<http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

Safeguarding Adults Board (SAB) Annual Report 2016/17



Contents

Introduction	1
by the Chair of the Safeguarding Adults Board (SAB).....	1
The Board's work and	2
its vision	2
Work Undertaken in 2016/17	2
Performance and activity information	5
Peer review of Adults Safeguarding	6
Training	7
Safeguarding Adults reviews/lessons learned	9
New Strategic Plan for 2016 onwards	12

Contributions from individual member organisations	13
NHS England	13
NHS England responsibilities in relation to	14
Independent Care Group (ICG)	16
Tees, Esk and Wear Valleys NHS Trust	16
York Teaching Hospital.....	18
North Yorkshire Police	22
York House.....	24
Garrow House	26
Healthwatch and York CVS.....	27
NHS Vale of York Clinical Commissioning Group (CCG).....	28
Clifton House - Leeds and York Partnership	30
Stockton Hall - Priory Healthcare	32
The Retreat	36
Annex 1:	38
Members of City of York Safeguarding Adults Board, March 2017.....	38
ANNEX 2:	40
City of York Safeguarding Adults Board Membership and Attendance 2016/17	40
Independent Chair's comments on Board attendance	41
ANNEX 3:	42
April 2016 to March 2019 action plan - March 2017 update	42

Introduction

by the Chair of the Safeguarding Adults Board (SAB)

I am very pleased to introduce the SAB Annual Report for the year from April 2016 to March 2017. As you will know, the City of York SAB became a statutory body under the Care Act 2014 on 1 April 2015, and one of our legal responsibilities is to produce an annual summary of our actions and the work of both the City of York Council and all our other partners in keeping vulnerable people safe.

It is vitally important that local safeguarding adults services are as good as they can possibly be, because the City of York's population of 200,000 includes some very vulnerable adults needing support to help keep them safe from harm. They include:

- Almost 9,500 older people in York with a long-term health problem. By 2020 this number is expected to rise to 10,000
- Approximately 14,000 older people who are living alone. In the next 10 years this is expected to increase to some 16,000 people
- Around 4,000 people in the City with a learning disability, over 800 of whom are already over the age of 65
- Some 12,500 working age adults in York with a moderate or serious physical disability
- Around 9,500 working age adults who have a mental health condition



Kevin McAleese CBE
Independent Chair, City of York Safeguarding Adults Board

We need to be as confident as we can be that the right of every adult, including the most vulnerable, to live in safety, free from abuse and neglect, is promoted and protected as fully as possible. York is a great place to live and work, and our job as the SAB is to help ensure that organisations work together to both prevent and where possible stop the risks of abuse and neglect. At the same time we have to make sure that the wellbeing of vulnerable adults is protected, including having proper regard to their views, wishes, feelings and beliefs in deciding on any action to protect them from harm.

Unlike Children's Safeguarding Boards, Adult Boards are not held to account by OFSTED as a regulator. So this year for the first time the Council decided to invite a "Peer Review" of safeguarding adults services in York, conducted under national guidance by a team of senior staff drawn from a range of other Local Councils and services in the region. The results of the review are very pleasing overall, and there are full details in Section 5 of this Report.

As I said a year ago, whilst a City of 200,000 people can never eliminate risk entirely, we need to be satisfied as a Board that arrangements in place for safeguarding adults in York are as effective as they can be. I hope that this Annual Report will help to keep you both informed and reassured about that, and thank you for reading it. Please also feel free to visit our website at www.safeguardingadultsyork.org.uk to find out more about our work.

Kevin McAleese CBE

The Board's work and its vision

York Safeguarding Adults Board (SAB) oversees and leads adult safeguarding across the city, in order that all agencies contribute effectively to the prevention of abuse or neglect of vulnerable people. It has been in existence since November 2008 and has a strong focus on partnership working.

Our Vision, stated in our Strategic Plan (see Section 8 below) is that we seek to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:

- Establish that Safeguarding is Everybody's Business
- Develop a culture that does not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible
- Where abuse does unfortunately happen, support and safeguard the rights of people who are harmed to:
 - stop the abuse happening
 - access services they need, including advocacy and post-abuse support
 - have improved access to justice
 - have the outcome which is right for them and their circumstances.

Work Undertaken in 2016/17

Making Safeguarding Personal (MSP)

A key part of the Care Act is the establishment of a person-centred approach to safeguarding adults across all agencies. The SAB has been encouraging the development of an MSP approach across all agencies in the city, and the matter has been reviewed at Board Development Days too. There has undoubtedly been progress on the matter, and if you look at the individual returns from Board partners in Section 9 of this Report you will see evidence of that.

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need assistance to do so. Also, many safeguarding situations are complex, often involving the actions of friends or relatives, and the problems created are seldom easy to resolve. The two real MSP case studies below illustrate how this has worked:

Case Study 1

This case involved a lady in her eighties, who had previously been diagnosed with mental health issues but who had recently refused assistance from a Mental Health social worker, about whom a concern was raised by her friend. The lady was a regular attendee at church and also at a weekly social activity, where people had become aware that she was not attending to her

personal hygiene, to the extent that people were reluctant to sit next to her and she was at risk of becoming socially isolated.

The friend began to visit her twice weekly with meals and became aware then of the extent to which the lady was also unable to manage her house. It was apparent also that she was having some problems with her legs, but continued to decline offers of assistance. The degree of self-neglect was by now putting this lady at some risk.

The safeguarding process was commenced and an initial meeting held, which included the pastor from her church and her friend. Consideration was given to the degree to which the lady had the mental capacity to make decisions about her own health and welfare and whilst it was felt that she lacked capacity to some degree, it was felt that it was important to work with her in such a way that she could be empowered to make her own decisions.

A plan was outlined and over the coming months, with support from friends, family and social care working carefully and sensitively together, the lady's trust was gained and she eventually agreed to a social care assessment, a deep clean of her house and to move closer to her son and his wife into a care home. Regular meetings were held to ensure that outcomes were being achieved and although the lady herself did not attend, her views were represented by the people who knew her best in the community.

This case illustrates the way in which safeguarding processes under the Care Act are carried out around the needs and wishes of the person at the centre and, most importantly at their pace, instead of decisions being imposed upon them.

Case Study 2

This case involved a young woman under the care of Mental Health services, whose Care Co-ordinator raised a concern that she was being physically and emotionally abused by her mother. She does not live with her mother. The concern suggested that the young woman's mother had recently assaulted her with an implement, from the injuries she had received.

This was a complex case, the young woman was at first reluctant to admit what had been happening, but eventually admitted that her mother had been physically abusing her. She had not seen this as domestic violence however. After several conversations with a worker from the team, during which the young woman was assured that she would decide what happened next, and all the possible options open to her were explored, she eventually agreed to speak to the police. Support was also given by a friend of the woman, who eventually accompanied her to the police station to talk to them. At this stage, she was very clear, that she wished to maintain her relationship with her mother and did not want the police to take any action. Her Mental Health worker worked alongside this intervention and gave the young woman some coping strategies.

Further long discussions took place between the young woman and the Safeguarding Team worker to explore her options and to support her, working in a person-centred way, i.e. at the pace of the young woman and without trying to impose any interventions that she did not want.

Recently the young woman rang the team to say that she now felt stronger and able to manage her mother's behaviour, knew that she could contact the police and did not require the team to be involved currently. She knows that if necessary she can come back for further support.

Board sub-groups

A key part of this year's work was completion of a self-assessment framework for partners, to understand the progress their organisations are making in safeguarding adults. In addition, SAB partners contribute to Board sub-groups, of which there are now three:

Lessons Learned and Safeguarding Adults Reviews sub-group

This group is responsible for considering any lessons to be learned by partners from safeguarding cases and ensuring that cases are tracked and reported properly. The group is also responsible for recommending to the SAB Chair whether the death or serious injury of an adult as a result of abuse or neglect should become the subject of a Safeguarding Adults Review (SAR) under the Care Act 2014. SARs are full external investigations involving an independent reviewer. Under the Care Act only the SAB Chair has the statutory responsibility to make that decision.

Section 7 of the Report below gives information on Lessons Learned and any SARs in York during 2016/17.

Quality and Performance sub-group

This group is responsible for developing systems by which the SAB can assure itself of the performance of all Board partners, through the use of a Quality and Assurance Framework. The Framework was accepted by the SAB at its Mach 2017 meeting and there will be updates at every future meeting. The group has also developed a Risk Register which again will be updated at every SAB meeting.

Training and Development sub-group

This group is responsible for overseeing safeguarding training and development offered to partners within York, which is reported to the SAB on a quarterly basis. The group also oversees methods to judge the impact of training on individuals and their professional practice within their organisations, which is much harder to quantify than whether or not they attended a course. Some encouraging early work is already happening and showing some positive results.

Safeguarding policies and practices

Early in 2016 City of York decided to join the consortium of West and North Yorkshire Councils which share common safeguarding policies and practices, rather than continue to operate independently. This development was welcomed by partners like the NHS and North Yorkshire Police, which operate across a much larger geographical footprint than just York.

A major review is now under way of those policies and procedures in the light of the Care Act 2014, and senior staff from York are fully involved in developing them. It is anticipated that the work will be completed by September 2017, with a rollout to partners before the end of the year.

Safeguarding website

During 2016/17 the existing City of York Safeguarding Adults website was totally rewritten using best practice from other Councils like Hampshire. The address of www.safeguardingadultsyork.org.uk remains the same and users will find a range of new information and materials. There is also a feedback facility where users can give opinions or raise questions about safeguarding adults in general.

Performance and activity information

Adults collection
June 2017

Safeguarding concerns

1,215 concerns were received by the local authority - an increase of 104 from 2015



Ratio of concerns received

Female	Male
58%	42%
38% 18-64	46% 18-64
33% 65-84	37% 65-84
29% 85+	18% 85+

Number of completed pieces of work

2015/16	2016/17
1071	1178

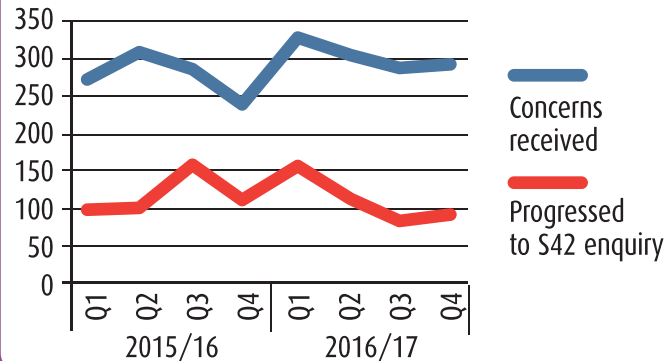
MSP New measure for Q4

Percentage of those who were asked and expressed an opinion was **69%**

Of those:

- 61%** - outcomes fully achieved
- 30%** - outcomes partially achieved
- 9%** outcomes not achieved

2 years data



Gender of completed S42 enquiries

Female 60%	18-64 36%	65-84 31%	85+ 32%
Male 40%	18-64 46%	65-84 36%	85+ 18%

Number of completed S42 enquiries

2015/16	2016/17
391	392

Progress to formal S42

2015/16	2016/17
468	454

Completed S42 enquiries

- Location of abuse**
- 38%** in own home
 - 9%** in Nursing home
 - 17%** in Residential home
 - 22%** in hospital
 - 7%** in community setting
 - 5%** in services in the community
 - 4%** other settings

Age range of completed S42 enquiries

40% 18 - 64
33% 65 - 84
27% 85+

Source of abuse

- 49%** Service provider
- 46%** known to individual
- 5%** unknown to individual

Types of abuse - completed S42 enquiries

6% sexual abuse	3% organisational
23% physical abuse	28% neglect
21% psychological/emotional	2% domestic abuse
15% financial	3% self neglect

Peer review of Adults Safeguarding

In January 2017 the Council invited a team from a number of local authorities to conduct a “peer review” under the guidance of the Local Government Association. Some nine officers and others came to the Council’s offices in the week of the 23rd and conducted interviews with a full range of staff and service users, and inspected a range of documents.

In requesting the challenge, the Council sought an external view on the robustness of safeguarding arrangements plus the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on how the future sustainability of the health and social care system

The report resulting from the challenge highlights many of the strengths in both the Council and across its partnerships. It also provides useful analysis as to where further work may be required to ensure that these strengths are built on and services continue to improve.

The Peer Challenge report reflected that Council has a stable and committed senior management who are driving transformation of services based on a clear vision that is recognised by the council and partners. The peer team heard from staff with a “can do” attitude, and a sense of collective optimism in delivering the vision. The peer team found good evidence of personalised approaches, commenting that “Making Safeguarding Personal” ran through York’s social care practice like a stick of rock. York’s front line staff were described as ‘amazing!’ and recognised as highly committed.

The peer team found The Safeguarding Board understand the importance of talking through a case, and this demonstrates a learning organisation from the bottom up and top down

The peer team found that Council had strong partnerships and was both ambitious and lean. This means they need to continue to ensure that the right resources are always in place to enable the effective delivery of their ambitions

The Peer Challenge recognises the excellent work being done to support adults with care and support needs and safeguard them from abuse.

A copy of the report is available from:

https://www.york.gov.uk/downloads/file/13207/safeguarding_peer_review – 59k

Training

Introduction

The Workforce Development Unit (WDU) is responsible for ensuring that Safeguarding and Mental Capacity Act training is available at all levels for the workforce.

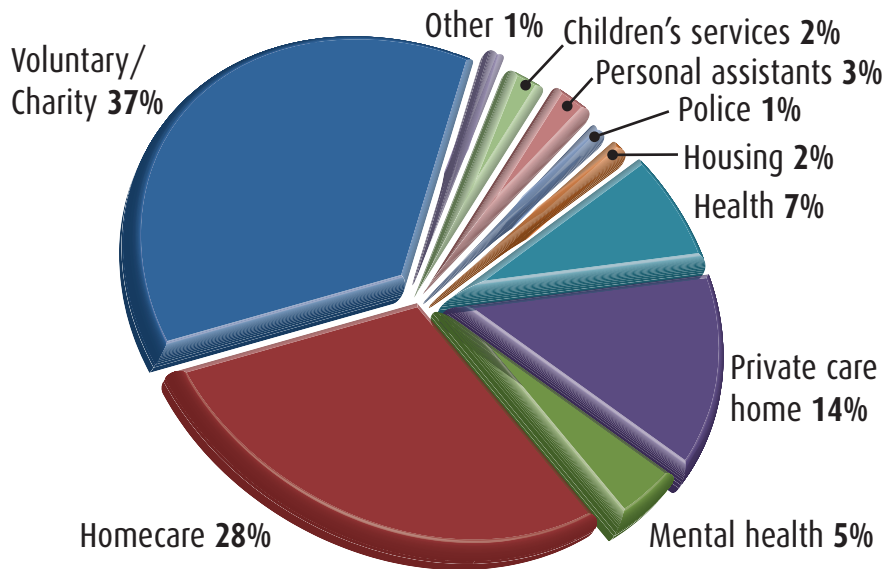
The Training Offer 2016/17

During 2016/17 our Safeguarding and Mental Capacity Act training was provided by Community Links.

Below shows a breakdown of courses that took place over 2016/17

Course	Number of Sessions	Total attendees	CYC attendees	PVI attendees	No Shows	% of internal CYC delegates	% of external PVI delegates
Safeguarding General Awareness	22	263	123	140	31	47%	53%
Working Together to safeguard Adults (Level 3)	8	82	25	57	12	30%	70%
Mental Capacity Act Awareness (or Level 1)	7	72	29	43	10	40%	60%
Mental Capacity Assessment & Best Interest Decision Making for Practitioners (Level 2)	6	61	30	31	12	49%	51%
Deprivation Of Liberty(Dols) responsibilities For Managing Authorities (Care Homes/ Hospitals (Level 3)	1	5	3	2	0	60%	40%
Mental Capacity Act Complex Decision Making for Practitioners and Managers (Level 4)	1	13	6	7	1	46%	54%
Safeguarding General Awareness Train the Trainer	3	13	1	12	1	8%	92%
Total	48	509	217	292	67	43%	57%

Breakdown of external delegates by area:



Charging Policy

In April 2015 the following pricing structure below was implemented, with the exception of Safeguarding Level 1 and Mental Capacity Act Level 1 which remain free of charge.

Full Day £40.00 Half Day £20.00

A non-attendance charge of £50.00 remained in place for all courses.

Developments

- This year the Workforce Development Unit have worked with the Safeguarding Board to revise both the Safeguarding and Mental Capacity Act training offers. We have hosted briefing events for both which have been very well attended and have resulted in feedback which has been used to shape the new offers. The Safeguarding training offer which was launched in September 2016 has been revised to embed the principles of making safeguarding personal. The new offer has received very positive feedback. The Mental Capacity Act offer will be launched in April 2017.
- The Workforce Development Unit has also developed a new course on encouraging a risk-enabling approach to underpin the approach across services to support people to take positive risks and to work in an outcome focused way, putting the individual and their wishes at the centre of decision making.
- An Impact Assessment tool for use by managers with staff attending training has been being piloted within the safeguarding courses this year. Feedback about the tool has been positive although more work needs to be done on raising awareness of the tool and how it can be used. This work is planned for 2017/18.
- The WDU have also undertaken some work with staff regarding risk enablement, which underpins an approach across the services to support people to manage risk.
- Thanks to support from the commissioning team, WDU are able to continue to offer a range of courses including safeguarding and mental capacity act, at no charge.
- The Board's Training and Development Subgroup is now meeting regularly and is providing helpful opportunities to ensure that learning and development opportunities are shared across agencies and any workforce development needs that arise through the SAR/Lessons Learned sub-group can be addressed on a multi-agency basis.

Safeguarding Adults reviews/lessons learned

It is a requirement of the Care Act 2014 that the details of any Safeguarding Adults Reviews (SARs) conducted during the year must be in the SAB Annual Report. As explained in Section 3.2 above it is the responsibility of the SAB Chair to decide whether or not a death or serious incident should be the subject of an SAR, which would involve commissioning an independent review and publishing a full report written by an author recruited for the purpose.

There were no Safeguarding Adults Reviews needing to be conducted during 2016/17, though a number of cases were considered to see if they met the threshold.

During 2016/17 the responsible Board sub-group received some briefing papers concerning serious safeguarding incidents where individuals had been in receipt of services from statutory bodies and other organisations. As Chair of the Board I decided, as I am required to do, that the facts of none of the cases warranted the establishment of an SAR. However, they contained issues which needed to be clarified so that the Board gained assurance both about what had been done to support the individuals concerned and also that the likelihood of any repetition had been minimised.



Two examples of lessons Learned cases considered during 2016/17 are given below:

Case 1 - Bernice had severe learning disabilities which manifested as non-verbal communication, variable moods, frequent involuntary movements and sleep disturbances. Bernice does not express pain. It was known that her involuntary movements could sometimes result in an accidental injury to herself.

Bernice has lived in supported housing with twenty four hour care for over twenty years, sharing with five other people. She attends day services in the city. In July 2015 Bernice was noted to have an injury to her arm and was taken to York hospital by care staff. An x-ray showed a fracture to a bone in her arm. Bernice was treated over a number of months and required an operation to fix the bone until it healed.

As the cause of the injury was unknown a safeguarding alert was made to the City of York Safeguarding Adult team. The subsequent investigation into the cause of the injury took six months to conclude with a consensus that 'on the balance of probabilities' temporary bed/bedrail entrapment had occurred which led to the injury.

Concerns were raised about the way agencies worked together during the safeguarding process and a decision was taken to undertake a learning lessons review.

The purpose of completing a learning lessons review is not to reinvestigate the case or to apportion blame. The purpose is to:

- Identify any lessons that can be learned about the way in which local professionals and agencies worked together to safeguard adults
- Inform and improve multi-agency practice
- Improve practice by acting on learning

A 'learning together' approach was used with representatives from each of the agencies involved in the care and treatment of Bernice coming together in a workshop to look at what the challenges were, how things could have been done differently and what needed to change. The main themes were frustrations in multi-agency working; confusion over roles and responsibilities and hearing Bernice's voice. The recommendations from the review will be reported to the Safeguarding Adults Board in June 2017 and a final summary of the review will appear in next year's Annual Report.

Case 2 - John

Concerns were raised to City of York Safeguarding Adult team about John's care at home following his death in hospital. As the City of York Council provided some of the services for John they asked the Designated Safeguarding Professional in the Partnership Commissioning Unit to look at the concerns and review his care.

Pen Picture and Summary of Concerns

John had a career in the Navy until his retirement following which he then worked in a local factory until he was seventy years old. He was married to Margaret for thirty-five years, a second marriage for both of them and between them they had four children. John was in his eighties and Margaret was in her nineties, both had long-term illnesses but supported each other and managed well at home with some family help.

Margaret was admitted to hospital following a short illness. The family felt that John would not manage at home alone. Although he was independent in many ways, he also had a deteriorating health condition and some short-term memory problems. An assessment of need completed by adult social care determined that John required three visits per day to help him with meals and reminding him to take his medications. However despite strenuous efforts by staff no home care agency could be found to supply the visits that John needed.

John became unwell with a chest infection and was given a course of antibiotics by his GP. Despite the efforts of several services and individuals stepping in to try to 'fill the gap', John unfortunately missed some evening doses of antibiotics. He was admitted to hospital in May 2015 and subsequently died three days later.

Following his death concern was raised by a family member to City of York Council in relation to care provided. John's family acknowledged that services tried to help him. They were concerned that despite recognising that he needed help that help was not always available in the community. Family members stated they did not want a big enquiry and weren't trying to find someone to blame but just didn't want this to happen to anyone else. In order to facilitate the review a chronology of events from the agencies involved was compiled. A visit to John's step-daughter and his sister was made to better understand the situation from their and John's point of view. John's family agreed that this summary could be shared as an example for those commissioning and providing services. The summary of the review is presented using the six principles of adult safeguarding.

Although John was an 'adult with care and support needs' (the definition used for safeguarding under the Care Act 2014) and therefore vulnerable – this case does not easily sit with safeguarding.

John was not abused by anyone. In the wider sense his situation and the lack of available services did mean that he was at risk of neglect. City of York Adult services recognised a potential conflict of interest in them reviewing their own services, so requested an independent review from partners that provided transparency and accountability.

It is recognised that services worked hard to try to provide care for John. It is also recognised that a more joined-up service between health and social care could have provided an improved service for John and less anxiety for his family in the place where he wanted to be – at home.

Key Points:

- Good practice in consistent application of Mental Capacity Act
- Good practice in not accepting care from non-approved provider
- Highlights the difficulty in obtaining domiciliary care in some parts of the City
- Highlights the lack of 'joined up' services – John fell through gaps in service provision

New Strategic Plan for 2016 onwards

The Strategic Plan for 2016/19 is in a very accessible format and is available of the website under “Board”. It follows the six guiding principles of the Care Act:

Empowerment People being supported and encouraged to make their own decisions and informed consent.

Prevention It is better to take action before harm occurs.

Proportionality The least intrusive response appropriate to the risk presented.

Protection Support and representation for those in greatest need.

Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability Accountability and transparency in delivering safeguarding

The new Strategic Plan for 2016/19 has an Action Plan for every year and the progress report for 2016/17 is at Annex 3.



Contributions from individual member organisations

NHS England



Training & Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document has been awaiting final publication following review by - The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding and the training guidance for healthcare professionals.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been circulation across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled for March 2017.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care

services is increasing, has been adopted across the north of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented. Prior to publication of any child serious case reviews, serious adult reviews or domestic homicide reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings and recommendations for primary care medical services.

NHS England responsibilities in relation to direct commissioned services

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North region.

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. NHS England North Regional Designated Nurses undertook the review which was intended to be supportive, they reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

- Reviewing the deaths of all people aged 4 years.
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identify variation in practice.
- Identify best practice.
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October

on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor.

A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region. In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received supported that there was an overall improvement in understanding the requirements of health organisations e.g: CCGs under the new statutory duty.

Pressure Ulcers – “React to Red”

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG's and robust evaluation by NHS England North.

Independent Care Group (ICG)



ICG is the representative body for independent care providers (care homes, homecare and supported living services) in York and North Yorkshire.

1. ICG keeps its members informed on all matters connected to Safeguarding including Safeguarding training and Mental Capacity Act training which is offered by CYC at no charge. It keeps members informed of DBS news.
2. ICG gives information on Safeguarding training and how to access it on its website.

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Trust

Training

The information on training below is for York and Selby. At present the Selby data is unable to be removed.

Safeguarding adult’s level 1 is mandatory for all staff in the organisation (fig 1). Safeguarding level 2 is mandatory for all clinical staff band 5 and above and contains prevent WRAP 3 (fig 2).

Fig 1

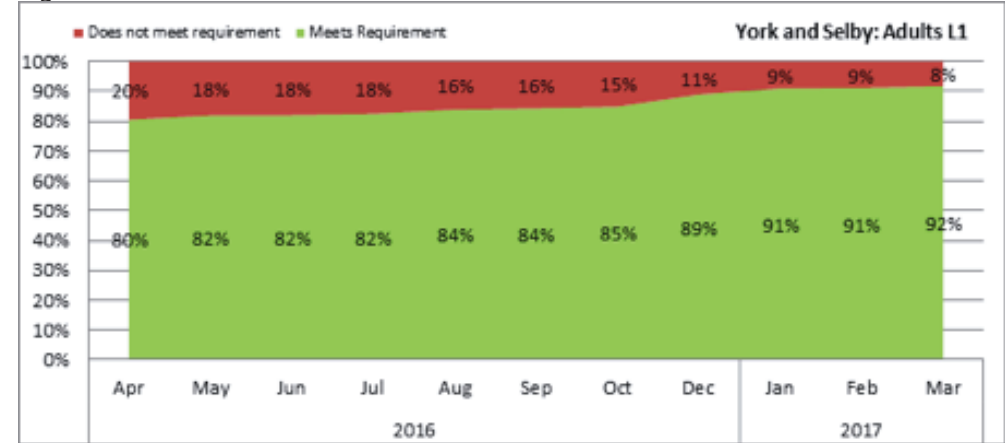
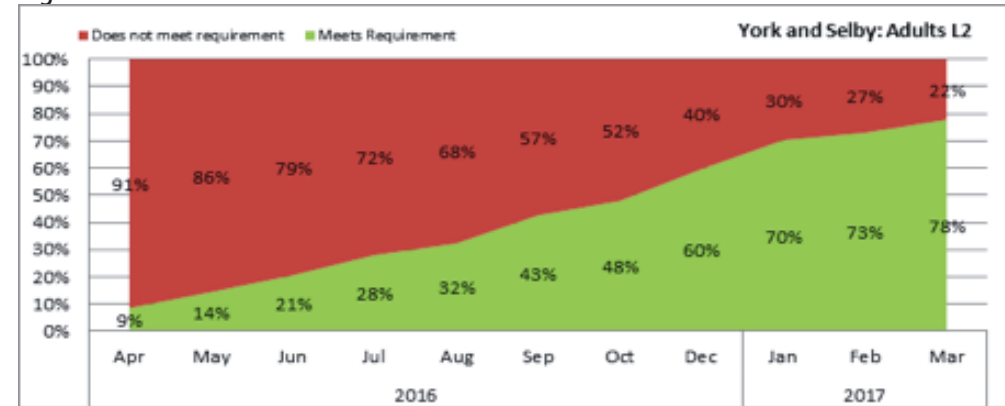
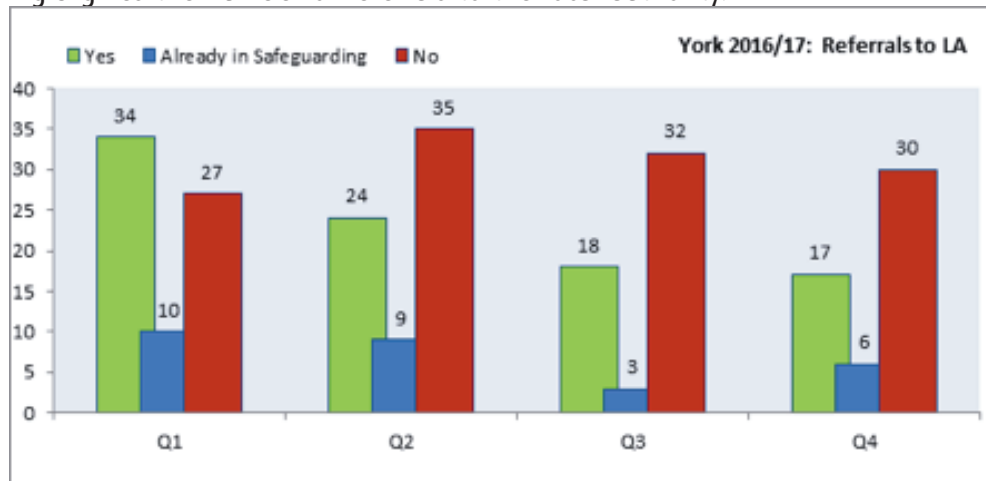


Fig 2



Referral/contact information

Fig 3 gives the number of referrals to the local authority.

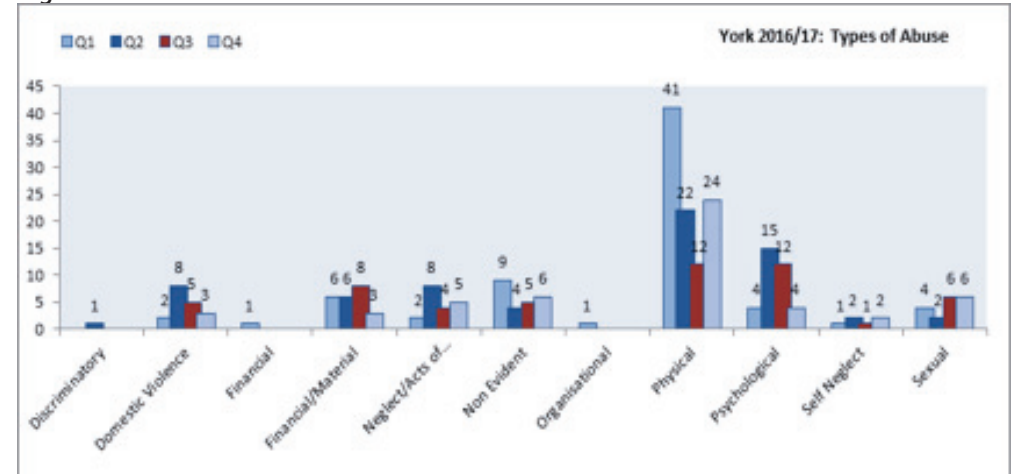


The numbers together give the total for the calls received by TEVV Trust safeguarding adults team. Identified in figure 3 is the number that progress to the local authority, those that were already in safeguarding and those that required no further action.

Types of abuse

Types of possible abuse that were discussed in the calls to the TEVV trust safeguarding adult's team (Fig 4). This is mostly physical abuse, with these being patient on patient. It is important to note that the Trust will review these to ensure that hot spots are identified. None were identified through this period.

Fig 4



TEVV completes an annual audit of compliance with the safeguarding protocol to ensure that staff are acting in a manner that is in line with the principles of making safeguarding personal, this looks at the empowerment and choice people were given prior to a concern was raised and the outcomes expected.

The Trust Safeguarding Adults team participates and engages in the SAB and SAB subgroups; the team actively participated in the safeguarding week in 2017 and is actively participating in preparation with the plans for the next safeguarding week.

The Trust Safeguarding Adults team has committed to attend the local safeguarding adults groups and work with other agencies to ensure the best outcomes for individuals who are at risk of abuse of neglect.

York Teaching Hospital

Training

Training is now fully embedded in Trust induction and statutory and mandatory training for York Sites – Level 1 and 2 which is a complete Safeguarding Adults, Mental Capacity Act and Deprivations of Liberty Safeguards package. This programme has been available for all sites since April 2013. Key individuals in high risk areas have received level 2 training (how to respond to a safeguarding concern) and the Trust has a training plan for the delivery of level 1 and further level 2 training on a 3 year rolling programme.

It is understood that NHS England will shortly publish “Safeguarding Adults Roles/Competences/ Intercollegiate” document and as a result the current training will be reviewed to ensure all aspects of the competences are addressed.

Safeguarding Adults Training Statistics for 2016

Training	Compliance 2016	Eligible staff
Awareness	90%	All Staff
Level 1	82%	All clinical staff B4 and below.

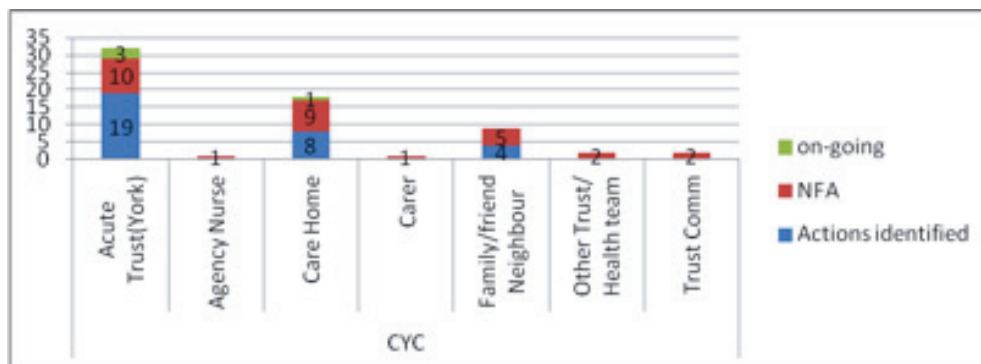
Level 2	83%	All clinical staff Band 5 and above, excluding doctors and consultants (who should complete Level 1) All doctors and consultants All managers of staff who complete L1 or Awareness
Learning Disabilities	87%	All patient contact staff
PREVENT	83%	All patient contact staff

Safeguarding Adults Activity 2016

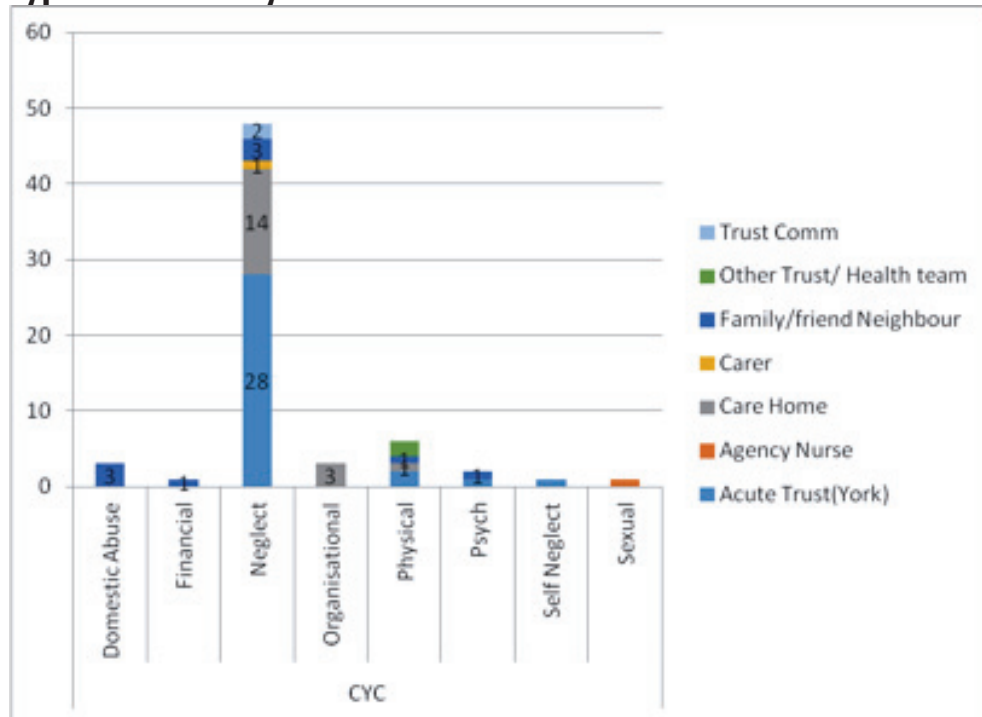
There were 118 Safeguarding Adults alerts received in 2016. This figure relates to all alerts referred through the Safeguarding Adults Team raised either against or by the Trust.

Of the 118 alerts 34 were raised against acute staff and 4 against community staff in the City of York Area.

Concerns raised and outcomes



Types of abuse by location.



Summary

The Safeguarding Adults Team continue to be a useful expert resource to staff for raising safeguarding concerns, management of enquiries, MCA/DoLS and Learning Disability Liaison Support.

Activity within the Safeguarding Adults team continues to become more complex.

The safeguarding Adults team is now fully resourced with the valuable addition of Admin support.

During 2016 Discharge remained the common theme emerging for which actions have been identified as a Trust-wide initiative and encouraging progress.

Making Safeguarding Personal

Making Safeguarding Personal is our largest challenge due to the nature of the care we deliver. However we are confident that by working with our multi-agency links, we can fulfil this aspect of the Care Act to provide on-going protection for vulnerable adults once they have left our care. However Making Safeguarding Personal underpins the following:

- Trust policy
- Trust training
- User leaflets for patients and their families involved in the safeguarding Process
- Multi-Agency Working and commitment
- Open visiting

Additionally the Trust Safeguarding Adult Strategy 2017 – 2017 focuses on the 6 key principles of the Care Act and as such the work plan from this strategy focuses on Making Safeguarding Personal.

Achievements

DoLS – Cheshire West Progress

In September 2016 Safeguarding Adults recruited administration support whose role was primarily to establish a robust data collection and ward/local authority system to manage applications made by the Trust for patients in our care.

Clear data collection is required externally by Local Authority Safeguarding Adult Boards, Clinical Commissioning Groups and CQC and internally through the Trust Safeguarding Adults Governance Group. This acts as assurance of both an embedded understanding and process for DoLS.

The DoLS process has been impeded by the backlog of referrals requiring assessment once they reach the Local Authority. Both NYCC and CYC DoLS team have recently reported delayed responses to applications and are implementing a priority system which does not include patients in an acute hospital setting.

This impacts of the Trust notifying the CQC of approvals/cancellations of applications as the patient is no longer in our care. The Trust CQC representative was informed of this challenge and has reported that is a well-recognised national issue and noted to be beyond the Trust's control.

In the meantime the Safeguarding Adults Team continues to support staff with this as follows:

- Monthly Ward visits to increase support awareness and identify potential Deprivations of Liberty
- Specialist Training to high risk areas
- High Risk Wards subsequently managing own applications with the Support of the Safeguarding Adults Team.
- Information Packs delivered to each ward
- Pocket guidance for Consultants/Medical staff
- Intranet Resource page with links to required paperwork and guidance
- Data analysis base developed to monitor applications and chase up outcomes.

It should be noted that there is now a substantial commitment from wards that now on the whole, make their own applications and follow process to good effect. However from recent data analysis there is a need to target wards where there would be an expectation of higher DoLS application and data suggests otherwise.

LeDer Programme

The LeDer Programme has been established as a result of one of the key recommendations of the Confidential Enquiry into the premature deaths of people with learning disabilities (CIPOLD). Commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England the LeDer Programme supports local reviews of deaths of people with learning disabilities aged 4 to 74 across England.

The Trust Named Nurse for safeguarding adults has been nominated as organisational contact and is now also trained as a reviewer
Trust policies and procedures include the following:

- Safeguarding Adults Policy and Procedures (based on Multi- Agency Policy and Procedures) This has been amended in light of the Care Act.
- Therapeutic Restrictions Guidance
- Mental Capacity Act Guidance
- Deprivation of Liberty Safeguards (DoLS) Guidance
- Learning Disability Specification
- Prevent Policy

Learning from Safeguarding Adults Investigations

Learning from Safeguarding Adults Investigations have led to the following Trust initiatives:

- Task and Finish group to develop policies, training and risk management tools to support staff care for patients with Mental ill-health.
- Assistant Director of Nursing and Matron involvement in delivering actions arising from Safeguarding Adults Investigations
- Discharge Improvement Working Group, revised discharge tools
- Improved body marking systems and observation charts
- Development of communication tools for carers/family
- Care Planning for patients who decline care



North Yorkshire Police



North Yorkshire Police Officers, The Special Constabulary and Staff are trained on Safeguarding in a number of ways.

Student Police Officers & Special Constables & Police Community Support Officers

2016/17 New Starters

- Student Officer Initial Course 48 delegates.
- PCSO Initial Course 38 delegates
- Initial Learning 4 Special Constables Foundation Course 32 delegates.

Safeguarding Adults Training is included in new starter initial training. The Student officers, Special Constabulary and PCSO's complete a Vulnerability Training Package . Within the Vulnerability Training package new staff will learn about adult vulnerability, the Vulnerable Risk Assessment (VRA) which explores actions and solutions in dealing with people affected by alcohol, drugs and mental health issues and how to make referrals.

Students and Special Constabulary receive module base Domestic abuse training including Honour Based Abuse (HBA) and Forced Marriage (FM) / Sexual offences including Female Genital Mutilation (FGM) followed by two further inputs from the training department (Safeguarding Portfolio Trainer) and the Domestic Abuse Coordinator which will focus on operational , case study , administrative responsibilities, dynamics and legislation both criminal and Civil law remedies.

North Yorkshire Police use an e-learning programme called NCALT provided by the College of Policing where safeguarding packages/ updates, refreshers, changes in law and new legislation can be found.

Packages which are covered by e-learning include the following:-

- Mental Health and vulnerability - explores Section 136 of the Mental Health Act
- Stalking and Harassment
- Human Trafficking and Modern Day Slavery
- Dealing with people with Autistic Spectrum Disorder.
- Coercive and Controlling behavior in Domestic Abuse
- Cyber Crime
- DASH – Domestic Abuse Stalking and Harassment

All officers, staff and supervision have received Safeguarding training on their allocated training days .Training days provide an opportunity to cascade important changes operationally and legally .This is delivered by an Inspector. Supervisors & Specialist officers also have the opportunity to attend external training, which include regional Police training, College of Police training, subject specific conferences to ensure best practice is shared in relation to Investigative standards.

North Yorkshire Police continue to invest in Safeguarding. Investment into the MAST (Multi Agency Screening teams) In North Yorkshire and City of York providing experienced officers and Police staff to be co-located with key partners.

North Yorkshire Police submit referrals of a safeguarding nature to the relevant authority. North Yorkshire Police will also complete Vulnerable Risk Assessments which the local Community Safety Hubs manage. It is not possible to differentiate Adult and Children referrals due to the way North Yorkshire Police store and record.

North Yorkshire Police can provide the following data:

In 2016/17 North Yorkshire Police responded to 2389 PSW Collapse/Injury/Illness/ Trapped within this category there are 30 subtypes.

In 2016/17 North Yorkshire Police Responded to 20,901 PSW concern for Safety type incidents within this category there are 49 subtypes.

These particular incidents were closed as a PSW Concern for Safety. This would prompt further action of varying types, some of which are highlighted below:

- A referral for Safeguarding (without consent)
- A referral for care and support needs assessment (with consent)
- Completion of a Herbert protocol
- Completion of a Vulnerable Risk Assessment
- Completion of a Domestic Incident form
- Strategy meeting
- Trigger plan
- Referral to MAPP
- Referral to MARAC
- MAPP

The list is not exhaustive.

North Yorkshire Police support the local authority-led initiative “Making Safeguarding Personal”

North Yorkshire Police take into account a victim’s views in relation to prosecutions and will respect the decision made by victims who decide not to support the criminal justice process. (This is done with a review of risk) We will only pursue a victimless prosecution if we feel the risk is high or the victim is being controlled or intimidated in some way. This still involves the victim being informed throughout.

For those victims supporting a criminal complaint North Yorkshire Police involve victims by taking Victim Personal Statements or Impact statements this records and communicates what impact the incident has had on their day to day life and can assist in providing victims with the correct ongoing support once the legal process has ended.

North Yorkshire Police often attend incidents where engagement and decision making with the victim or alleged offender is not always possible. North Yorkshire Police deal with those where engagement hasn’t been possible with dignity and respect and will share information with our partners to ensure the ongoing support is provided or addressed.

- 2016/17 Two new Safeguarding Managers were introduced following a peer review, the role is to provide the consistency and engagement with Partners.
- MAST (Multi Agency Screening Team) development for City of York
- Adult services and Police daily screening implemented.
- Domestic Abuse teams have Increased full time equivalent (FTE) to cope with recent new Law (Domestic Violence Protection Notices) , Domestic Violence Disclosure Scheme (DVDS also referred to as Claire’s Law) and an overall increase in demand.

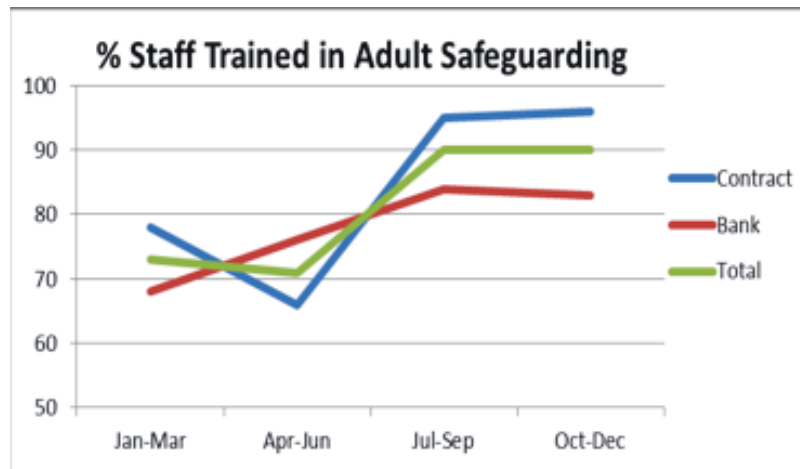
York House



Training

As you can see from the below graph there have been significant improvements in the amount of staff who are up to date with safeguarding training. This is delivered face-to-face in-house as part of the induction, with an e-learning package available for refreshing training. Following a review of the training procedures, the target for training was set at 85% which we are now achieving for contract staff and are on target to achieve by February 2017 for all staff (contract and bank).

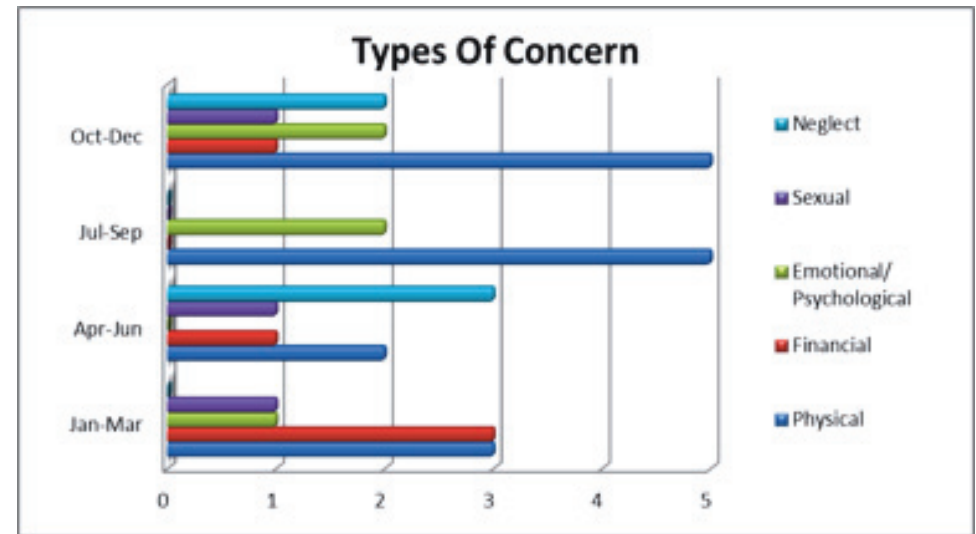
All members of the safeguarding team at York House have carried out the level 3 training provided by CYC and we aim to put senior clinicians and management through the training as it becomes available. We are also looking at sourcing this for the Trust, to be run by the learning and development department.



Types of Concerns

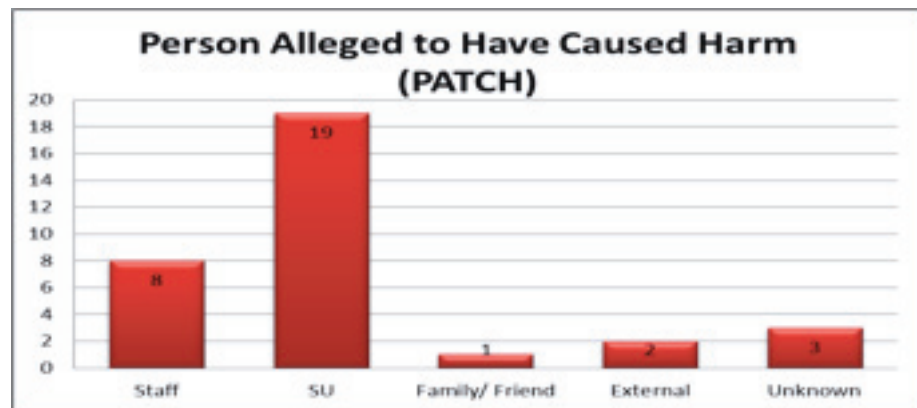
There were 33 concerns raised over the year at York House with 46% of these being physical abuse. From analysis we can see that they were all service user on service user altercations. This pattern was also evident in the previous year's annual report. We feel this is unlikely to change due to the nature of our service and the disinhibited behaviors displayed by those service users with an acquired brain injury.

Around the time this increased (June), we had a number of admissions in close succession and this disrupted the dynamics on the Dales unit. One individual service user is very verbally perseverative and this led to him being targeted by other service users through frustration.



PATCH

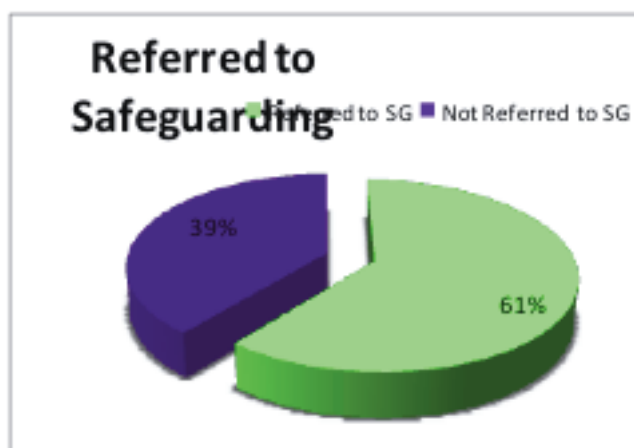
All incidents in relation to staff were fully investigated and disciplinary action taken where appropriate, however some of these were unfounded.



39% of incidents raised to the safeguarding team were either dealt with in-house and managed proportionately, or a verbal conversation was had with the City of York Council and not felt necessary to refer due to the actions already taken.

The number of alerts by unit accurately reflects the service user needs and the nature of the work carried out across the different units at York House. The staffing levels across the unit therefore reflect the need to manage the risk with a higher staff to service user ratio on The Dales unit.

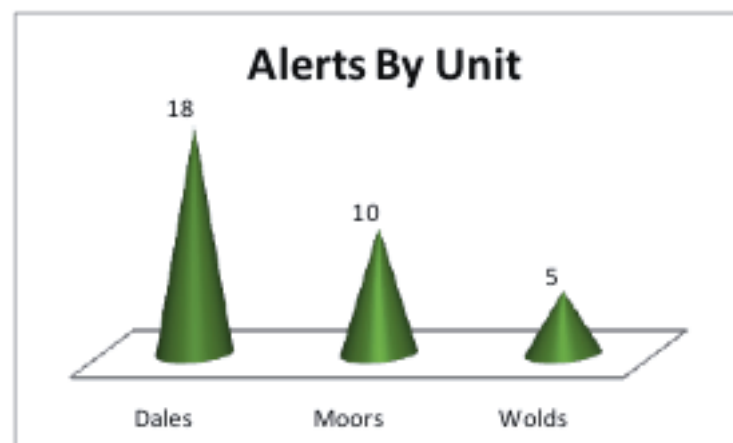
There have been two s42 investigations carried out in 2016 by York House as directed by CYC. Following the level 3 training attended by the social worker at York House the s42 enquiry which was submitted received good feedback on the standard of this report.



Making Safeguarding Personal

York House are currently involved in a task and finish group along with other members of the multi-agency sub-group looking at improving the way we report, record and evidence MSP in a meaningful way. This will run for a period of 6 months with monthly meetings scheduled. We currently ensure that service users are involved wherever possible in the safeguarding process with their views, wishes and where possible specific outcomes recorded. A Speech and language therapist is currently involved where appropriate in the safeguarding process to ensure that communication is accessible and appropriate to the individual's needs.

York House service users have good advocacy uptake which is often a crucial element where service users lack capacity in relation to safeguarding.



Garrow House



All clinical and non-clinical staff members employed within the service have received safeguarding awareness face to face training. Same for safeguarding awareness e-learning course.

We had seven concerns raised internally by frontline staff within the service this reporting year. Of these seven, three were subsequently after review passed onto the relevant local authority adult safeguarding team. Of these three, one resulted in a section 42 enquiry.

We have continued to seek and respect the wishes of patients involved in safeguarding concerns throughout the process where possible. The safeguarding adults policy within the unit states clearly how this should be done.

Nothing new this year.



This is a joint response from

Healthwatch York and York CVS



Siân Balsom has refreshed the level 1 safeguarding adults training (she has previously completed the Train the Trainer Course). This refresh is in advance of delivering Level 1 Safeguarding sessions in 2017. The first is for all our staff and volunteer team within Healthwatch York. However, to maximize the benefit Siân will also cascade this learning to York CVS reception team as a priority.

There were no completed enquiries in the year.

In the year, we have begun working on a coproduction strategy in partnership with City of York Council in preparation for the 'national coproduction week' taking place in July 2017.

We attended the 'making safeguarding personal' event in Bradford in the summer to explore how this approach can be more widely understood and embedded. Following this, we explored this with the sector through the forums we run, explaining this approach and inviting the sector to share their thoughts and views in relation to their own work. Safeguarding continued to be an active topic within the forums of which there were 21 during the year, with over 300 participants in total attending.

In addition, and following the event in Bradford, we reviewed our safeguarding adults policy with three aims; to ensure the approach of 'making safeguarding personal' was included and embedded, to make it more accessible and easy to use, and to be able to offer this to the third sector once completed. This work is in progress and will be completed later in the spring.

We continued to support the sub group structure and attend the board development days during the year. We were also engaged in the peer support process, and supported and attended National Safeguarding Week. We have begun work on supporting the National Safeguarding Week (due to take place in October 2017).

We continued to feature items in the Healthwatch magazine to raise awareness of issues of importance to the Safeguarding Adults Board. For example, there was a feature on suicide prevention in the Winter 2016/17 edition.

In summary, we continued to find ways to engage the third sector and the public in raising their awareness of 'making safeguarding personal' over the year.

NHS Vale of York Clinical Commissioning Group (CCG)



Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

The PCU hosts adult safeguarding on behalf of the four North Yorkshire CCGs. The Deputy Designated Nurse from the Vale of York CCG moved into an interim designated role with the PCU to lead the safeguarding team in April 2016 and became permanent in the role of Designated Professional in October 2016. As such the following is a summary from both of the above organisations and also includes the work of the Nurse Consultant Safeguarding for Primary Care.

In 2016/17 training delivered to CCG staff and GP and primary care practitioners has included WRAP (workshop raising awareness of prevent)/ prevent awareness; domestic abuse; human trafficking and modern slavery. Embedding of changes made through the Care Act has also continued. A total of 671 staff have received training.

The Named GPs North Yorkshire and York CCGs, Nurse Consultant Safeguarding Primary Care and Designated Professionals Children and Adult hosted the first Northern Region Safeguarding Named GP Conference on the 11th November 2016 in York. The aim of the conference was to deliver safeguarding level 4 training for Named GPs, showcase and share local innovations in practice and to develop peer support networks for Named GPs within the Northern Region. The event was extremely successful and will as such be expanded across the Northern region in 2017.

The PCU safeguarding officers have completed the new 'Working together to Safeguard Adults' training, evaluating it as excellent. Three team members attended the Making Safeguarding Personal (MSP) full-day workshop hosted by ADASS in Bradford in May 2016. The workshop examined the different elements of MSP and provided a theoretical example using a theatre performance group and a real example from practice hearing the experience of a service user.

The Designated Professional has attended regional conferences and training:

- Prevent - Making The Link - June 2016 - (1 day)
- ADASS - delivering an effective safeguarding adults review November 2016 (2 days)
- Mental Capacity Act - held regionally each quarter (1day)
- NHS England - Managing Risk and Leading Change in Safeguarding - December 2016 - (1 day)

Following the introduction of the Care Act and the changes in safeguarding enquiry work the safeguarding officers have taken a joint role with City of York Safeguarding team on a smaller number of enquiries than in previous years. These mainly involve Independent Provider services and are predominantly in the category of neglect or omission of care. We have continued to embed 'making safeguarding personal' into enquiry work recording service user wishes. The intention for 2016/17 is to audit this practice.

In addition to enquiry work the safeguarding officers have also undertaken joint quality assurance visits picking up areas of concern before they reach the threshold for safeguarding. The team has provided a safeguarding health advisory and support role for GP and primary care colleagues; Adult Social Care; CQC and NHS provider services.

Safeguarding GP practice leads meetings are held quarterly in the CCG area. During 2016/17 these meetings have particularly focused on raising awareness of adult safeguarding policy and processes. This has directly led to a three-fold increase in GP engagement calls made to specialist nurses to advise on the management of adult safeguarding concerns.

Recognition and management of domestic abuse has been a priority for 2016/17 – with the promotion and involvement of health agencies in safeguarding week and the embedding of MARAC (multi-agency risk assessment conferences) processes into GP practices. Learning from Domestic Homicide Reviews has been incorporated into training events. Following learning from a national serious case review the team has begun to develop pathways and processes for managing MAPPA (multi-agency public protection arrangements) cases across the health economy.

The CCG provides safeguarding assurance to NHS England and in July 2016 an assessment of the CCG assurance framework was completed. This was followed with an assurance visit over two days to examine evidence of compliance. The CCG developed an action plan to address a small number of gaps noted namely in a training needs analysis and in guidance for staff.

In 2017/18 the PCU function will be re-aligned into CCGs. The safeguarding function for NHS Vale of York CCG will be hosted by NHS Scarborough and Ryedale CCG. The team will also undergo some re-modelling of function in line with the changing environment of the health economy. This will serve to appropriately strengthen the resource within the team and provide a re-energised commitment to safeguarding adults.



Clifton House - Leeds and York Partnership

Safeguarding Adult Concerns raised with the LYPFT Safeguarding team from April 2016 to March 2017.

The following tables indicate safeguarding patterns of referrals (City of York alert/ referral form sent to the ASC safeguarding unit) and advice calls to the LYPFT team.

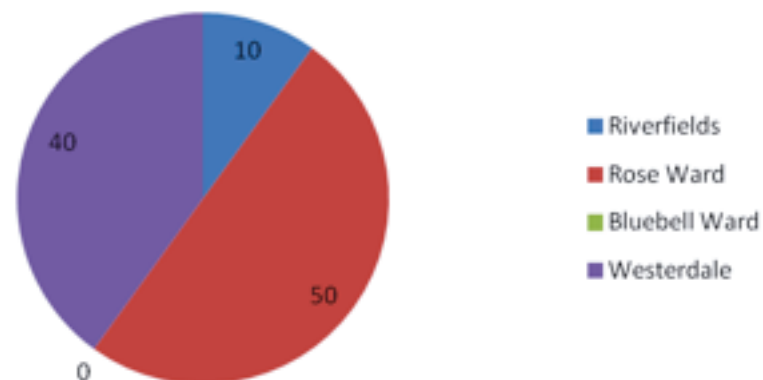
Westerdale Ward (temporarily closed from 2.12.16), Riverfield Ward, Bluebell Ward, Rose Ward.

For the purposes of this overview we have defined 'advice' as calls to the LYPFT team for advice which may not reach the threshold for safeguarding but involve advice being given regarding care plans and protection plans. Much of this work aims to be preventative and encourage staff to report incidents at an early stage.

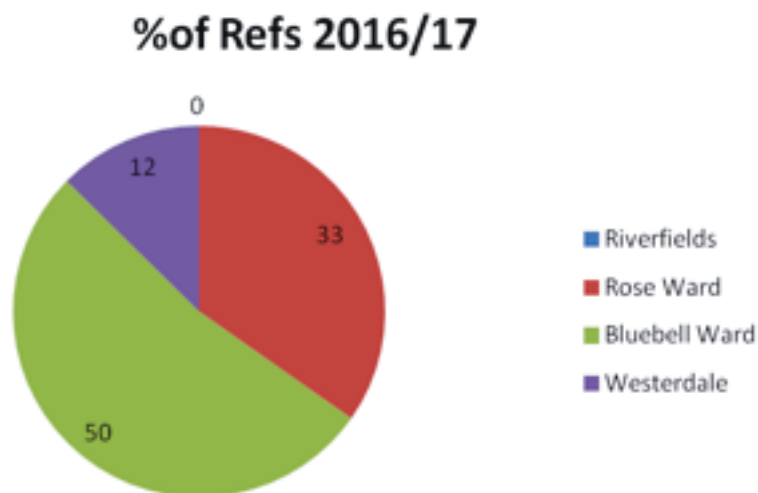
'Referrals' relate to incidents requiring further enquiry led by ASC and completion of the City of York alert/ referral form.

	No of advice calls 2015/16	No of advice calls 2016/17	%of advice calls 2016/17
Riverfields	2	1	10
Rose Ward	3	5	50
Bluebell Ward	1	0	0
Westerdale	0	4	40
Total	6	10	100

%of advice calls 2016/17



	No of refs 2015/16	No of refs 2016/17	%of refs 2016/17
Riverfields	1	0	0
Rose Ward	7	2	33
Bluebell Ward	3	3	50
Westerdale	0	1	12
Total	11	6	100



Due to the small numbers involved it is difficult to interpret the year to year data with confidence and with Westerdale being temporarily closed and overall bed reduction the data is skewed downwards. However, it appears that safeguarding concerns raised by the Clifton Ward practitioners remains fairly consistent with a downturn in referrals but an increase in advice.

The following chart shows advice/referral by type of abuse/ allegation for 2016/17

Type of abuse/allegation	Emotional	Financial	Physical	Psychological	Self-neglect	Sexual
	1	4	3	4	1	2

Training

Over 2016/2017 the LYPFT safeguarding team have delivered four Level 2 taught safeguarding training sessions at Clifton House in addition to the planned Trust-wide rolling programme of training. Drop-in safeguarding sessions are offered alongside safeguarding attendance at MDT meetings as required.

Current compliance for compulsory adult safeguarding training is at 94% for the specialist care group.

Level 3 taught safeguarding adult training has started to be implemented and 5 representatives from Clifton House have attended. This is aimed at senior clinical staff who have responsibility for supervising and leading staff. The long term aim is to have all clinical staff at NHS band 7 to be level three compliant the end of 2018.

Alongside e-learning, the LYPFT team have developed a Domestic Violence training pack and a rolling programme of taught sessions is being developed and offered across the Trust.

A new safeguarding supervision policy is also being disseminated with associated training and support. Staff will be required to access this 4 times a year.

Audit

The Trust has accepted the NICE guidelines for Domestic Abuse and the internal audit team is undertaking a series of benchmarking audits to inform the development of forthcoming work in the four guidance areas.

The Trust has participated in a LSAB review of service user records to determine if care act principles are being followed including Making Safeguarding Personal - this was completed in January 2017. We are still awaiting formal feedback and actions, but the interim feedback has been generally positive.

The Trust is also currently running a staff survey eliciting feedback in regards staff experiences of internal safeguarding processes and which areas of knowledge they believe they require extra support with from the safeguarding team.

Stockton Hall - Priory Healthcare

Information about Safeguarding training undertaken internally and externally during the year by relevant staff plus any evidence of impact



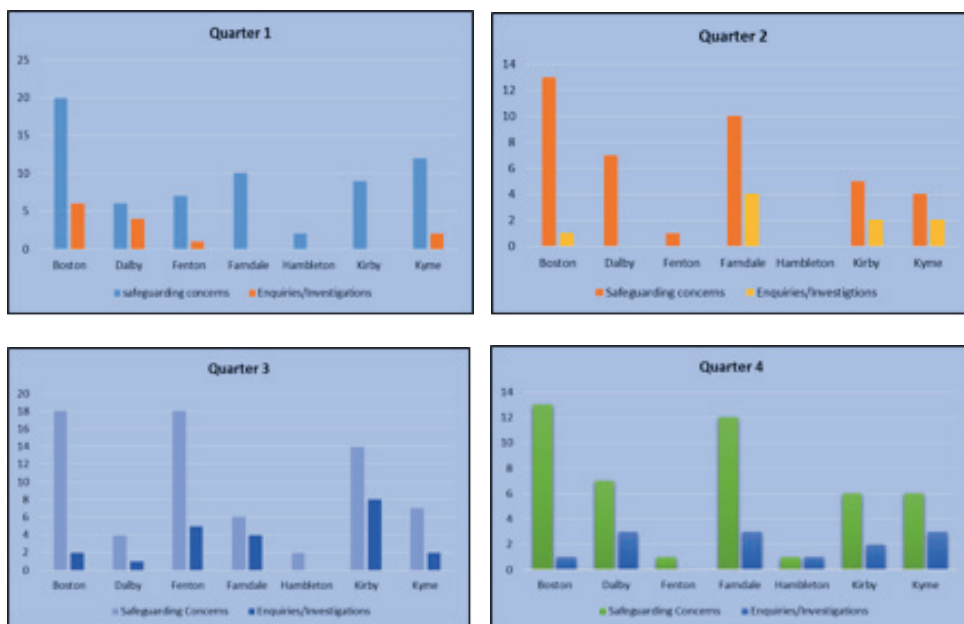
There has continued to be 100% compliance with safeguarding adults training for induction staff. This has involved attendance at a 1½ hour face to face training session. Safeguarding adults training for contracted clinical staff has also been facilitated on monthly basis, alongside induction training, with 83% compliance. There were 8 training sessions for non-clinical staff with attendance of 72, giving 94% compliance.

Three sessions of Safeguarding Enquiry and Investigation training were provided by an independent trainer in April and November 2016. A one day session was attended by 15 senior clinicians and managers at Stockton Hall Hospital, including doctors, charge nurses, and heads of departments. Two ½ day sessions were also facilitated by an independent trainer to 14 senior clinicians and 10 non-clinical managers from the hospital, regional Partnerships in Care units and the local independent hospitals. The feedback was very positive (70% excellent, 30% Good) and certificates were provided.

247 members of staff who have contact with adults and children attended the Workshop to Raise Awareness of Prevent training sessions during the year, which is a mandatory requirement in accordance with the NHS Contract. Feedback questionnaires are completed and forwarded to the Regional Prevent Lead, indicating that attendance at WRAP training significantly enhances knowledge and understanding of the Government's Counter Terrorism Strategy.

Information about any Safeguarding Concerns and Completed Enquiries during the year including analysis by location and type

Stockton Hall Hospital is a 112 bed medium secure psychiatric unit comprising seven wards, inclusive of women's services, mental illness, learning disabilities and personality disorders. The majority of patients have been admitted due to offending behavior, they are commissioned through NHS England and are all detained under the Mental Health Act 1983. Admissions are from across the country, with approximately 50% originating from the Yorkshire and Humber region.



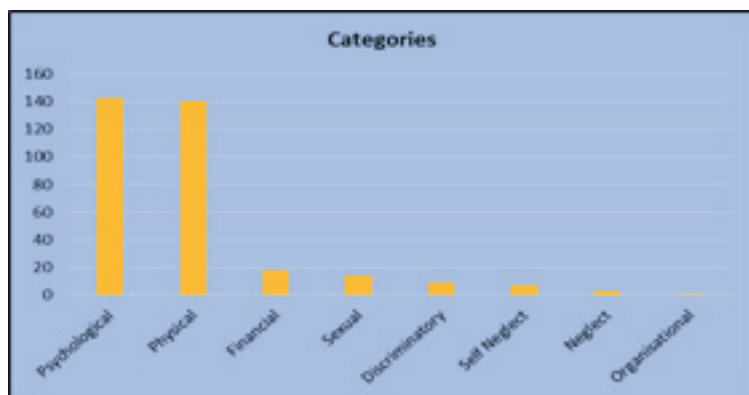
There were 221 safeguarding concerns during the year of which 57 were reported to City of York Council, requiring Section 42 Enquiries under the auspices of the Care Act 2014 or internal investigations completed by the hospital. This represented an increase of 77% compared with the number of safeguarding concerns the previous year and an increase of 14% of reported cases respectively. The increase in safeguarding concerns is likely to be due to the improvement in collating data from the wards following the introduction of the ward based safeguarding leads who provide monthly reports which are discussed at the Safeguarding Practice Meetings and form the basis of the monthly and quarterly safeguarding reports provided by the hospital's Safeguarding Lead to the Clinical Governance Meeting.

The numbers of persons alleged to have caused harm were as follows: Service Users 187 (85%), Staff 22 (10%), Relatives 4 (2%) and Not/Disclosed 8 (4%). This is broadly similar to previous years.

An analysis of safeguarding concerns on the wards indicates a variable level of activities. Boston, a 24 bed ward for men with a primary diagnosis of mental illness had 64 safeguarding concerns (29% of the total) of which 9 (14%) were reported to City of York Council, requiring further enquiry or investigation. Kirby, an equivalent sized ward with a similar client group had 33 safeguarding concerns (15% of the total) of which 12 (36%) were reported. Farndale, a 16 bed ward for females with a wide range of mental health problems, had 38 safeguarding concerns (17% of the total) of which 11 (29%) were reported.

Most of the wards demonstrated increased safeguarding concerns at different times of the year, reflecting a number of dynamics including the following. Adults at risk on Boston ward experienced specific difficulties during the period after the introduction of smoking cessation, with cigarettes reportedly being sold to patients on the ward leading to illicit smoking in

bedrooms and concerns about financial exploitation. This was ameliorated following an internal disciplinary investigation and staff changes. Kirby ward reported heightened anxiety among adults at risk due to the serious physical aggression presented by a patient on the ward towards staff and service users. Fenton, an 8 bed learning disability ward for patients presenting with symptoms associated with Autism Spectrum Disorders had relatively small numbers except for the third quarter when 18 safeguarding concerns were raised of which 5 were reported. A common factor on this ward, particularly with regard to cases reported to City of York Council was allegations of financial abuse. This was reported to the police and an internal investigation was requested, resulting in more effective methods of financial management at ward level. All the wards have reported an increase in trading between patients as a significant cause of safeguarding concerns being raised, including items of property and medication which may have been exacerbated due to the increase in disposable income.



Allegations of psychological and physical abuse continued to be predominant safeguarding categories. There were 7 recent safeguarding concerns under the category of self-neglect. Although this is a relatively small number it is a significant development. The primary cause of suspected self-neglect involved adults at risk failing to adhere to their physical health needs,

including managing chronic conditions such as diabetes. Mental capacity issues were identified in several cases requiring capacity assessments to be undertaken, occasionally necessitating best interest meetings.

Information relating to Making Safeguarding Personal or other safeguarding outcome measures implemented during the year

A Service User Involvement Safeguarding Group was established towards the end of 2016. The purpose of the group was to ascertain the views and feelings of adults at risk within the hospital's safeguarding procedures and ensure the application of the principles of Making Safeguarding Personal are adhered to. The agenda has included discussions about how to enhance the active participation of service users, with the support of the Independent Advocacy Service. The intention is for adults at risk to feel that they are at the Centre of their safeguarding needs and to promote empowerment at all stages of the process.

Service users identified the following requirements to improve their involvement in safeguarding; a) The link worker role for the adult at risk and the person alleged to have caused harm needs to be clarified in order to improve communication and empowerment, b) The adult at risk and the link worker should sign the Safeguarding Plan with an agreed review date, c) Advocacy involvement will be consistently promoted at all stages of the safeguarding process, d) An outcomes meeting will take place at the next scheduled ward round or individual care review in order for the adult at risk can evaluate the effectiveness of the Safeguarding Plan and other agreed actions.

An outcomes based questionnaire to review safeguarding actions will initially be piloted on one of the wards and feedback discussed at the hospital's Clinical Governance Meeting. Thereafter the plan is for safeguarding outcomes to be a regular agenda item at all clinical team meetings. This will

enable the views and feelings of adults at risk and persons alleged to have caused harm to be elicited and for this information to be integrated into care planning to identify themes and avoid further safeguarding concerns from arising. Auditing this data should create a method of accurately evaluating the effectiveness of Making Safeguarding Personal within the hospital. Furthermore, Service Users and Rethink Advocates have begun to attend the monthly Safeguarding Practice Meetings, along with the ward based safeguarding leads and the clinical heads of departments, providing them with a direct voice in discussing changes to practices and procedures.

Any other achievements/developments relating to Safeguarding during the year

Following two meetings between Stockton Hall Hospital North Yorkshire Police and York City Council Safeguarding Adults Team and further liaison between these agencies a Memorandum of Agreement was agreed, providing minimum quality standards for patients who have reported criminal offences. This document was quality assured at the December Safeguarding Adults Board. The Memorandum of Agreement was formatted with the logos of the three organisations and has been forwarded to partner agencies for circulation to their staff, as required. This document will be reviewed within two years.

Stockton Hall Hospital has been actively involved in changing the terms of reference for the Safeguarding Implementation Group that is attended by the local independent mental health hospitals. It is now called the Multi Agency Safeguarding Group and its membership is expanding to include Clifton House Low Secure Unit. The meetings are also attended by representatives of the Clinical Commissioning Group and the City of York Council Safeguarding Adults Team and incorporate a safeguarding story/scenario discussion in order to share good practice and learn lessons from colleagues' experiences.



The Retreat



Safeguarding training

Safeguarding Adults General Awareness Training compliance for the hospital was 98% (335 people out of 343 required to complete); a 4% improvement compared to the previous year.

The safeguarding training level 1 is delivered face to face to all new starters (109) and as an eLearning refresher module (47). The refresher frequency is 3 years.

Compliance for external training: Working Together to Safeguard Adults was 100%.

The Retreat has revised its Level 1 Safeguarding Training in line with City Of York Council's revised training package and in line with the Care Act 2014.



Safeguarding Concerns and Completed Enquiries

The number of reported safeguarding alerts (220) has been lower in comparison to the previous year: 236 in 2015/2016, a 7% reduction. The number of alerts which were later referred to the City of York Council Safeguarding Team and Care Quality Commission was higher in comparison with the previous years and for the 2016/2017 was 60 (previous year: 42).

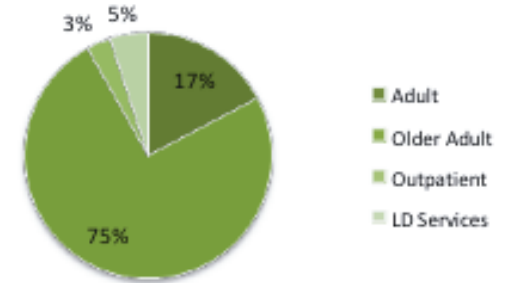
The new average for the quarter is 55 alerts, in comparison with 59 in the previous year. The average number of referred alerts per quarter is 15 (10 in the previous year).

The significant majority of alerts, 164 (75%), were submitted within older adult services in comparison with 38 (17%) reported on adult units, 11 reported within the Learning Disability (LD) services (5%) and 7 reported in outpatient services (3%). However when it comes to the referred alerts the figures present a different picture: 63% of cases were from older adult (38), 22% were from adult services (13), 8% from outpatient (5) and 7% from LD services (4).

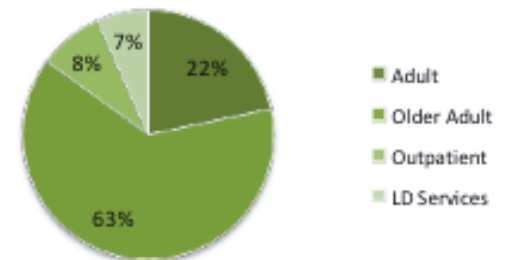
Person alleged to cause harm (PATCH) was a current patient of The Retreat in 128 cases (58%). In 56 cases (26%) allegations were made against staff, and in 36 cases (16%) the PATCH was identified as external which includes family members, friends, ex-patients, agency staff and other agencies.

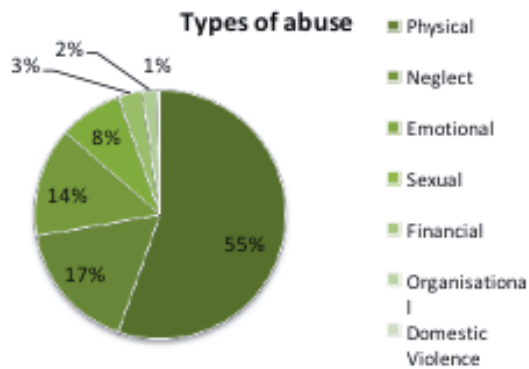
Cases of physical abuse account for the majority of all of the alerts: 122 (55%). Neglect was reported in 37 cases (17%), emotional abuse in 31 (14%), sexual in 18 (8%), financial in 7 (3%), organisational in 4 (2%) and domestic violence in 1 (1%).

Number of alerts by service



Number of referred alerts by service





In 92 cases the allegations were substantiated (42%), in 6 partially substantiated (3%), in 70 unsubstantiated (32%), in 27 cases the social workers were not able to determine the outcome (12%). The investigation is currently pending in 25 cases (11%).

Information relating to Making Safeguarding Personal or other safeguarding outcome measures implemented during the year

The Retreat has made significant progress with regards to Making Safeguarding Personal (MSP). Service users' views (or their carers/advocates where they lack capacity to engage in the safeguarding process) are sought on all occasions that a safeguarding concern is raised.

A sub group, of the Multi Agency Safeguarding Group which is attended, amongst others, by the Independent Hospitals in York has been set up to determine how we both measure and capture MSP in line with MSP guidance and in a way that is meaningful for our service users. The group is chaired by The Retreat's Involvement Lead.

The Retreat attend the Quality and Performance sub group of the Safeguarding Adults Board and will be providing data gathered re MPS as requested by this group.

Any other achievements/developments relating to Safeguarding during the year

The Retreat has one full time position (across two posts) that receive and process all safeguarding concerns raised. This has been further developed to allocate each of the safeguarding social workers to specific unit areas, thus allowing for a consistent approach with regards to proactive safety planning.

The Retreat is in the process of writing a safeguarding strategy; this will be done in conjunction with our service user and carers.

The Retreat continues to hold a strong relationship with City of York Council Safeguarding Team. We have an open and transparent approach to safeguarding, allowing us to act with advice in the best interest of our service users. A significant number of s.42 enquiries are entrusted to us by City of York Safeguarding Team.

The Retreat was fortunate to have been asked to be interviewed as part of City of York Councils Peer review to provide feedback on our experience of working with the local authority in relation to safeguarding. We consider this to be a positive reflection of our partnership working.

Annex 1:

Members of City of York Safeguarding Adults Board, March 2017

	Name	Title	Organisation	Address
1	Karen Agar	Associate Director of Nursing (Safeguarding)	Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust	Flatts Lane Centre, Flatts Lane, Normanby, Middlesbrough, TS6 0SZ
2	Sarah Armstrong	CEO	York CVS	Priory Street Centre 15, Priory Street, York YO1 6ET
3	Kyra Ayre	Head of Service Safeguarding, MCA & DoLs	City of York Council	West Offices, Station Rise, York YO1 6GA
4	Sian Balsom	Healthwatch Manager	Healthwatch York	Priory Street Centre 15, Priory Street, York YO1 6ET
5	Michelle Carrington	Chief Nurse	NHS Vale of York CCG	West Offices, Station Rise, YORK YO1 6GA
6	Martin Farran	Corporate Director of Health, Housing and Adult Social Care	CYC	West Offices, Station Rise, York YO1 6GA
7	Beverley Geary	Chief Nurse	York Teaching Hospital NHS Foundation Trust	Wigginton Road, York YO31 8HE
8	David Heywood	Social Work Manager	Stockton Hall	The Village, Stockton-on-the-Forest, York YO32 9UN
9	Kim Bevan	Director of Business Development	The Retreat	Heslington Road, York, YO10 5BN
10	Kevin McAleese CBE	Independent Chair	York Safeguarding Adults Board	c/o West Offices, Station Rise, YORK , YO1 6GA
11	Michael Melvin	Assistant Director	CYC	West Offices, Station Rise, York YO1 6GA
12	John Pattinson	Deputy Director of Nursing & Quality	NHS England	Unit 3, Alpha Court, Monks Cross Drive, York, YO32 9WN

13	Christine Pearson	Deputy Designated Nurse, Safeguarding Adults	NHS Vale of York CCG	West Offices, Station Rise, York YO1 6GA
14	Cllr Carol Runciman	Cabinet Lead	City of York Council (CYC)	West Offices, Station Rise, York YO1 6GA
15	Sharon Stoltz	Director of Public Health	CYC	West Offices, Station Rise, York YO1 6GA
16	Keren Wilson	Chief Executive	Independent Care Group	10 North Park Road, Harrogate, HG1 5PG
17	Lisa Winward	Assistant Chief Constable	North Yorkshire Police	Newby Wiske Hall, Newby Wiske, Northallerton DL7 9HA



ANNEX 2:

City of York Safeguarding Adults Board Membership and Attendance 2016/17

(Key: Y = present or substituted; A = Apologies sent; NA = Not yet a member/replaced as a member)

Organisation	Designation	June 2016	Sep 2016	Dec 2016	March 2017	Nominated representative or substitute
	Independent Chair	N	Y	Y	Y	75%
City of York Council	Director of Adult Social Care	Y	N	Y	Y	75%
	Assistant Director , Adult Assessment and Safeguarding	Y	Y	Y	Y	100%
	Safeguarding Service Manager	NA	NA	Y	Y	100%
	Director of Public Health	NA	NA	Y	Y	100%
	Cabinet Member for Health, Housing and Adult Social Services	Y	Y	Y	Y	100%
Healthwatch York	Manager	Y	Y	Y	N	75%
Independent Care Group	Chief Executive	Y	Y	Y	Y	100%
NHS England	Assistant Director	Y	N	N	Y	50%
North Yorkshire Police	Deputy Chief Constable	Y	Y	N	Y	75%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	N	Y	NA	66%
	Designated Professional for Adult Safeguarding	N	N	Y	Y	50%
The Retreat	Director of Operations	Y	Y	Y	Y	100%
Stockton Hall	Social Work Manager	Y	Y	Y	Y	100%
Tees, Esk & Wear Valley NHS FT	Associate Director of Nursing (Safeguarding)	Y	Y	Y	Y	100%
Vale of York CCG	Chief Nurse	Y	N	Y	Y	75%
	Designated Nurse, Safeguarding	N	Y	Y	Y	75%
York CVS	Representative	Y	N	Y	N	50%
York Teaching Hospital NHS Foundation Trust	Chief Nurse	Y	Y	Y	N	75%
Overall Board attendance		88%	69%	94%	82%	

Independent Chair's comments on Board attendance

As I commented last year, we have worked hard once again to ensure that all partner organisations on the Safeguarding Adults Board are represented by a post holder of sufficient seniority and expertise and that ideally the same person should attend each meeting.

However, there are inevitably operational pressures on individuals and organisations as well as annual leaves to be allowed for, given that the SAB only meets four times a year. There are also personal crises in the best managed of diaries, as well as reorganisations and role changes. In the ideal world the twelve partners would each have achieved 100% attendance records. During 2016/17, six of them managed to, one down from 2015/16 but the same as 2014/15. Well done to them for that!

Each SAB meeting ends with a meeting review in which all members comment on what went well during the two and three quarter hours and what would have been even better if it had happened. This feedback is included in the SAB minutes which are available on the SAB public website. Those reviews continue to confirm a broadly consistent picture, which is that SAB members find meeting together four times a year to be challenging, constructive and rewarding.

I am very grateful to the senior representatives of each organisation listed in Annex 1 who have given so much time, interest and commitment to the work of the Board during 2016/17.





ANNEX 3:

April 2016 to March 2019 action plan - March 2017 update

Priority Area 1 Empowerment: People know what abuse and neglect is and what they can do to keep safe and seek help				
Action	What we will achieve	How we will evidence this	Lead officer	Date
1a. The Safeguarding Adults Board will produce an information leaflet and develop a Board website about Adult Safeguarding. This will contain information about keeping safe, advice that explains types of abuse and neglect, and contact information to be used by anyone with a safeguarding concern.	People in the community will have increased knowledge about how to stay safe and what to do when they are concerned about their own safety; or the safety of another adult with care and support needs.	We will develop and roll out a communication/engagement strategy and launch it in the community	SAB Board Manager	31.03.17
		The website will include accessible information about abuse and neglect and a section for the wider public to access	SAB Board Manager	31.03.17
		We will agree a quality assurance framework that includes case files audits, single agency and multi agency audits.	SAB Quality & Performance Sub Group	31.03.17

Audit:

- Media and Comms strategy agreed by Board June 2016
- Keep safe guide to personal safety on website – further work required
- Audit tool has been to Quality & Performance group
- Audit tool designed and tested on 8 cases in CYC- partners to test
- Leaflet published
- New quality assurance framework almost complete

Priority area 2 Prevention We will need to demonstrate how we are working to prevent adults experiencing, or being at risk of experiencing avoidable abuse and neglect

Action	What we will achieve	How we will evidence this	Lead officer	Date
2a. All Safeguarding Adults Board partners will be required to assure the Board on a regular basis about the actions they are talking locally to prevent people experiencing abuse or neglect. SAR policy at September Board for ratification	People in the community will be able to see how partners work together to commission safe and high quality services and how organisations hold themselves to account when concerns are raised about the quality and safety of their services.	We will commission Healthwatch to undertake a consultation with the community on adult safeguarding	SAB Board Manager	31.03.17
		We will publish a preventative strategy on the website that helps explain how we ensure we commission services that are safe and high quality.	SAB Quality & Performance Sub Group	31.03.17
		We will ensure there is a transparent process in place that demonstrates how we learn lessons when things go wrong and the SAB can provide proportionate responses under S44 of the Care Act 2014	Lessons Learned Sub Group	31.03.17
2b. The Safeguarding Adults Board will update and maintain the public section of its website using the accessible information standards, with a section on staying safe.	People in the community will have more access to information which will increase their knowledge about how to stay safe and what to do when they are concerned about their own safety or the safety of another person.	We will include information about how to keep safe on the public section of the SAB website. This will include information about door step crime, general home safety etc.	SAB Board Manager	31.03.17

<p>Audit</p> <ul style="list-style-type: none"> • SAR policy has been ratified • Lessons Learned sub group is processing cases and has case 'tracker' to actively monitor • Referral form is on website plus video on reporting abuse
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Priority area 3: Proportionality: People are asked what they want to happen as a result of a safeguarding concern being raised and their views directly inform what action follows

Action	What we will achieve	How we will evidence this	Lead officer	Date
3. The Safeguarding Adults Board will ensure that when partners undertake an enquiry into safeguarding concerns, any actions taken are informed by the expressed wishes and feelings of the person at the centre of the concern, in accordance with The Care Act 2014 and Making Safeguarding Personal requirements.	People in the community will gain in confidence that any safeguarding adult plans are informed by people's wishes and feelings, balancing concerns for someone's personal safety with an understanding of how they see their own quality of life & wellbeing	We will have a clearly defined and transparent governance, performance management and quality assurance framework in place, which will comprise a series of single agency and multi-agency audits and quality assurance processes.	Quality & Performance Sub Group	31.03.17
		Healthwatch will lead on customer focused surveys to ensure people have the opportunity to feedback their experiences of adult safeguarding.	Healthwatch	31.03.17
		We will ensure that we use customer feedback to review and update our local adult safeguarding responses.	Quality & Performance Sub Group	31.03.17

Audit:

- Quality & Performance group developing the performance management framework
- Risk register has been developed and is monitored via Q and P group
- Healthwatch and CYC exploring possible options for ongoing feedback on people's experiences and consultation over regional review proposed changes to the Safeguarding Policy

Priority area 4: Protection: We will support people to manage the risks they experience as a result of abuse, or neglect and the help they receive makes their situation better

Action	What we will achieve	How we will evidence this	Lead officer	Date
4a. The Safeguarding Adults Board will require all partners to ensure that there is an up to date assessment of mental capacity and any best interest decision on file, and will ensure the person is supported where required by an advocate or a independent mental capacity advocate	People in the community will gain confidence that that all adults who are assessed as lacking the mental capacity to decide how a safeguarding concern should be progressed are offered the appropriate support which ensures all decision are made in their best interests.	We will monitor and report on the use of advocates & IMCA's for individuals who are assessed as lacking mental capacity.	Quality & Performance Sub Group	31.03.17
		We will undertake case file audits to ensure best practice is followed in MCA and Safeguarding.	Quality & Performance Sub Group	31.03.17
4b. The Safeguarding Adults Board partners will ensure that when abuse or neglect has occurred, safeguarding adults plans are developed in a way which shows a balance between quality of life and concerns about peoples' safety.	People in the community will be able to see more clearly that work is undertaken in response to current and ongoing risks, supporting the person to recover from the abuse or neglect and keeping them more safe.	We will develop local operational guidance to support front line staff and managers, which will be supported by a new safeguarding adults training offer.	SAB Board Manager	31.03.17
		We will agree governance and quality assurance arrangements for partners to feedback themes and trends identified through case file audits.	SAB Quality & Performance Sub Group	31.03.17

Audit:

- Use of advocacy is part of the performance reporting to the SAB
- Local Operational Guidance is on the website
- Audit tool is being piloted and Performance & assurance framework is almost complete

Priority area 5: Partnership: We will work together to ensure adults receive help and support from the people best placed to help them feel safer.

Action	What we will achieve	How we will evidence this	Lead officer	Date
5a. Each Safeguarding Adults Board partner will ensure their organisation upholds their collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.	People in the community will gain in confidence that Care Act 2014 requirements are well established across every partner organisation in the City of York.	Each Board partner will report to SAB on an annual basis about the work their organisation has undertaken as required by the memorandum of understanding.	Quality & Performance Sub Group	31.03.17
5b. The Safeguarding Adults Board will work with the Children's Safeguarding Board and other local partners to host an annual Safeguarding week across the City of York.	We will help to raise the profile of whole life safeguarding and enhance people's understanding of all the work undertaken locally to help keep people safe.	The Safeguarding Boards will work with other partners (including local media) to plan and host an annual event. The information and feedback from events will be held on the respective Board websites.	SAB Board Manager	31.03.17

Audit:

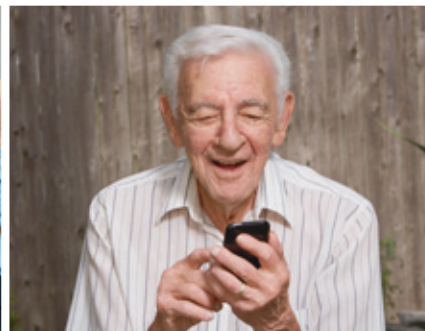
- 5a. Annual SAB report been to Health & Wellbeing Board and Health & Social Care Policy and Scrutiny Committee
- 5b. Safeguarding week to be held including children and adult safeguarding in October 2017

Priority area 6: Accountability: The roles and responsibilities of individuals and organisations who have a responsibility for safeguarding adults is clearly understood and people know what action they can take if individuals or organisations do not fulfil their responsibilities.				
Action	What we will achieve	How we will evidence this	Lead officer	Date
6a. The Safeguarding Adults Board will agree and maintain common safeguarding adults policies and procedures for all partners to use.	People in the community will be able to understand how local partners work together to tackle any abuse of vulnerable adults.	SAB will officially adopt the West Yorkshire / North Yorkshire multi agency policy and procedures	SAB Board Manager	31.03.17
		SAB will agree a series of good practice guides/working protocols that embed Statutory safeguarding duties.	Quality & Performance Sub Group	31.03.17
6b. The Safeguarding Adults Board will produce an Annual Report explaining what it has done and how its partners have helped keep people safe in the City of York.	People in the community will be able to read the report, see how safeguarding adults operates and be helped to hold local organisations to account if they fail to work in accordance with policies and procedures.	The Safeguarding Adults Board Independent Chairman will present the Board's Annual Report to Health and Scrutiny panel, the Council's Health & Well Being Board, to standing community forums organised by York CVS, to Healthwatch York and to any other community groups which request a presentation.	Independent chair / Director of Adult Social Care.	31.03.17
		The SAB will develop and maintain a risk register to ensure that all identified risks are effectively identified and addressed.	SAB Board Manager	31.03.17

Audit:

- Local Operational guidance is on the website
- CYSAB participating of review of WYNY procedures and in discussion with NYSAB
- Quality & Performance group have a risk register and monitor updates at each meeting
- Annual report complete with Easy Read summary on website





If you would like this information in an accessible format (for example in large print, in Braille, on CD or by email) please call **(01904) 551550**

This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.
Polish


Bu bilgi kendi dilinizde almanız mümkündür.
Turkish

此信息可以在您自己的语言。
Chinese (Simplified)

此資訊可以提供您自己的語言。
Chinese (Traditional)

 **01904 551550**



Item Number : 14	
Name of Presenter : Michelle Carrington	
Meeting of the Governing Body Date of meeting : 2 November 2017	 Vale of York Clinical Commissioning Group
Report Title – Committee Terms of Reference	
Purpose of Report <i>(Select from list)</i> For Approval	
Reason for Report <p>The Internal Audit Draft report on governance arrangements dated 08 May 2017 made a number of recommendations on committee Terms of Reference.</p> <p>Audit Committee : The Internal Audit Draft report on governance arrangements dated 08 May 2017 made a number of recommendations on committee Terms of Reference. In relation to the Terms of Reference for the Audit Committee, the following recommendations were made :</p> <p><i>Recommendation 4</i> : Incorporate a section in the Audit Committee Terms of Reference for the management of conflicts of interest.</p> <p>Whilst reviewing the Terms of Reference in relation to the above Internal Audit recommendations, the opportunity was taken to review the Terms of Reference in line with changes within the organisation.</p> <p>All proposed changes are highlighted in yellow.</p> <p>Quality and Patient Experience Committee : The Internal Audit Draft report on governance arrangements dated 08 May 2017 made a number of recommendations on committee Terms of Reference. In relation to the Terms of Reference for the Quality and Patient Experience Committee, the following recommendations were made :</p> <p><i>Recommendation 7</i> : Clarify the role and attendance of the Chair of the Audit Committee in the Terms of Reference for the Quality and Patient Experience Committee.</p> <p><i>Recommendation 21</i> : Review the terms of reference for choice and promotion of education and training to ensure these responsibilities are covered by the appropriate committees.</p> <p>Whilst reviewing the Terms of Reference in relation to the above Internal Audit recommendations, the opportunity was taken to review the Terms of Reference in line with changes within the organisation.</p> <p>All proposed changes are highlighted in yellow.</p>	

<p>Remuneration Committee : The Internal Audit Draft report on governance arrangements dated 08 May 2017 made a number of recommendations on committee Terms of Reference. In relation to the Terms of Reference for the Remuneration Committee, the following recommendations were made :</p> <p><i>Recommendation 5</i> : Review the Terms of Reference for the Remuneration Committee to clarify who is the Chair and Deputy Chair, the voting arrangements, and the reporting and accountability arrangements to the Governing Body.</p> <p><i>Recommendation 21</i> : Review the terms of reference for choice and promotion of education and training to ensure these responsibilities are covered by the appropriate committees.</p> <p>All proposed changes are highlighted in yellow.</p>									
<p>Strategic Priority Links</p> <table border="0"> <tr> <td><input type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input checked="" type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
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<p>Local Authority Area</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council				
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<p>Impacts/ Key Risks</p> <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<p>Covalent Risk Reference and Covalent Description</p> <p>G.17.01- There is a potential risk that the organisation's governance structures are not efficient and effective</p>								
<p>Emerging Risks (not yet on Covalent)</p>									
<p>Recommendations</p> <p>Governing Body is asked to approve the proposed amendments to the Terms of Reference which have already been received by the relevant committees.</p>									

<p>Responsible Executive Director and Title</p> <p>Michelle Carrington Executive Director of Quality and Nursing</p>	<p>Report Author and Title</p> <p>Rachael Simmons Corporate Services Manager</p>
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Annexes

Current Terms of Reference for :

- Audit Committee
- Quality and Patient Experience Committee
- Remuneration Committee

The Terms of Reference have been circulated electronically to members of the Governing Body and are available at:

<http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

AUDIT COMMITTEE

Terms of Reference

1 Introduction

The Audit Committee (the Committee) is established in accordance with NHS Vale of York Clinical Commissioning Group's constitution.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the constitution.

2 Membership

The Committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's constitution and may include individuals who are not on the Governing Body. It shall consist of not less than three members including the following:

- Lay Member with the lead role in governance
- Lay member acting as Deputy Chair
- Secondary care clinician

The Lay Member on the Governing Body with a lead role in overseeing key elements of governance will chair the Audit Committee.

The Chair of the Governing Body will not be a member of the Committee.

3 Attendance

In addition to the members of the Committee the Chief Finance Officer, Executive Director of Planning and Governance, Executive Director of Quality and Nursing and the respective appointed external and internal auditors will normally attend meetings.

At least once a year the Committee should meet privately with the external and internal auditors.

Representatives from NHS Protect will be invited to attend meetings and will normally attend at least one meeting each year.

Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit Committee.

The Accountable Officer will normally attend and will discuss, at least annually with the Committee, the process for assurance that supports the annual governance statement.

Any other directors (or similar) may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The Chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

4 Secretary

The secretary will be responsible for supporting the Chair in the management of the Committee's business.

The Committee will also be supported administratively by the secretary, whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

5 Quorum

A quorum shall be two members.

6 Frequency and Notice of Meetings

A minimum of five meetings will be held a year as set out in the Audit Committee Timetable. The Chair will agree dates and the secretary will give a minimum of 10 working days' notice of meetings.

The external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary

7 Remit and Responsibilities of the Committee

The Committee shall critically review the Clinical Commissioning Group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The duties of the Committee will be driven by the priorities identified by the Clinical Commissioning Group, and the associated risks. It will operate to a programme of business, agreed by the Clinical Commissioning Group that will be flexible to new and emerging priorities and risks.

As part of its integrated approach, the Committee will have effective relationships with other committees (for example, the Quality and Patient Experience Committee and Finance and Performance Committee) so that it understands processes and linkages. However, these other committees must not usurp the Committee's role.

The key duties of an Audit Committee will be broadly as follows:

Integrated Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control and the management of conflicts of interest across the whole of the Clinical Commissioning Group's activities that support the achievement of the Clinical Commissioning Group's objectives.

Its work will dovetail with that of the Quality and Patient Experience Committee, through which the Clinical Commissioning Group seeks assurance that robust clinical quality is in place.

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the Clinical Commissioning Group.
- The management of Information Governance within the Clinical Commissioning Group.
- The management of security issues within the Clinical Commissioning Group.
- The underlying assurance processes that indicate the degree of achievement of Clinical Commissioning Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Clinical Commissioning Group.
- An annual review of the effectiveness of internal audit.
- Drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

External Audit

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the performance and independence of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the Clinical Commissioning Group and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Clinical Commissioning Group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the Clinical Commissioning Group.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators / inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

In addition, the committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility. In particular, this will include clinical governance, risk management or quality committees that are established. In reviewing work on clinical governance and issues around clinical risk and management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit and quality assurance function.

Counter Fraud

The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management internal control and quality.

The Committee may also request specific reports from individual functions within the Clinical Commissioning Group as they may be appropriate to the overall arrangements.

Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the Clinical Commissioning Group's financial performance.

The Committee shall ensure that the systems for financial reporting to the Clinical Commissioning Group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Clinical Commissioning Group.

The Committee shall review the annual report and financial statements before submission to the Governing Body and the Clinical Commissioning Group, focusing particularly on :

- The wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

Auditor Panel Provisions

The Committee will act as the CCG's Auditor Panel. It will formally record when it is acting as Auditor Panel. To be quorate, both lay members must be present. In the event of a dispute, the Chair has the casting vote.

The role of the Auditor Panel is to advise the Governing Body on the selection and appointment of the external auditor. The main tasks are to:

- Agree and oversee a robust process for selecting the external auditors in line with the organisation's normal procurement rules at least once every five years.
- Make a recommendation to the Governing Body as to the appointment.
- Advise on the purchase of 'non-audit services' from the auditor. This includes the approval of any policy on the purchase of 'non-audit services'.
- Ensure that any conflicts of interest for members and attendees at the auditor panel or external auditor, are dealt with effectively. For example, if non-statutory audit services work is awarded to the external auditor, ensure that the auditor's independence is maintained.
- Advise the Governing Body on the maintenance of an independent relationship with the appointed external auditor and that communications are professional.
- Advise the Governing Body on any decision as to the removal or resignation of the external auditor.

8 Relationship with the Governing Body

The minutes of the Committee meetings shall be formally recorded by the secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.

The Committee will report to the Governing Body at least annually on its work in support of the annual governance statement, specifically commenting on the fitness for purpose of the assurance framework, risk management arrangements in the organisation, and financial and governance arrangements.

9 Policy and Best Practice

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of the group and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

10 Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about the possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

11 Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, including Nolan's seven principles of public life.

The Committee will review, at least annually, its own performance, membership and terms of reference. Any resulting changes to the terms of reference or membership will be approved by the Governing Body.

12 Review of Committee Effectiveness

The Committee shall undertake a review of its effectiveness at least annually. The Committee shall be subject to any review of Vale of York Clinical Commissioning Group committees as required.

Author	Rachael Simmons Corporate Services Manager
Committee Approval (including date)	
Approved by (including date)	
Version Number	3.2
Review Date :	October / November 2016

Update by	Helena Nowell, Strategy and Assurance Manager
Date	20 September 2016
Committee Approval (including date)	Audit Committee 28 September 2016
Approved by (including date)	Council of Representatives 20 October 2016
Approved by (including date)	Governing Body 01 December 2016
Version Number	3.1
Review Date :	01 December 2017

Update by	Lynette Smith, Head of Corporate Assurance and Strategy
Date	27 August 2015
Committee Approval (including date)	Audit Committee 08 September 2015
Approved by (including date)	Governing Body 01 October 2015
Version Number	3.0

Author	Lynette Smith, Head of Integrated Governance
Committee Approved (including date)	Audit Committee 10 December 2014
Approved by (including date)	Governing Body 05 February 2015

Issue Date	05 February 2015
Review Date	December 2016
Version Number	2.0 – December 2014

QUALITY AND PATIENT EXPERIENCE COMMITTEE

Terms of Reference

1 Constitution and Authority

NHS Vale of York Clinical Commissioning Group resolves to establish a Committee of the Governing Body to be known as the Quality and Patient Experience Committee (the Committee). The Committee has delegated decision making authority as set out in these Terms of Reference. The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference. It is authorised to seek and has full access to any information it requires, from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these Terms of Reference. The Committee may not delegate executive powers delegated with these Terms of Reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

2 Purpose of the Committee

The overall objective of the Committee will be to ensure that services commissioned are safe, effective, provide good patient experience and ensure continuous improvement in line with the NHS Constitution (2011) underpinned by the CCG Quality Assurance Strategy. In line with the NHS Constitution, this also includes:

- Actively seeking patient feedback on health services and engaging with all sections of the population with the intention of improving services.
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care, including patient experience.

3 Remit

3.1 The Committee will monitor, report and provide information including mitigation and actions on the following:

- Quality Assurance Strategy and progress against the Strategy and action plan.
- Patient outcomes.
- Patient 'insight' – primarily complaints, concerns, PALs and compliments on commissioned services and the CCG itself.
- Patient information.

- Patient safety – which includes Health Care Associated Infections (HCAI) and Serious Incidents (SI) / Never Events.
- Safeguarding Children and Adults.
- Quality concerns from commissioned services / affecting commissioned services including from sub-contract management boards with providers.
- Regulatory / national reports regarding quality (e.g., CQC, National Enquiries, NHS England reports and strategies).
- Information from and for NHS England Quality Surveillance Groups.

The Committee will receive and scrutinise:

- Independent investigation reports relating to patient safety issues and agree publication plans.
- Agree clear escalation processes, including appropriate trigger points, to enable appropriate engagement of external bodies on areas of concern.
- Agree escalation to the Executive Committee and Governing Body.
- Have a forward work plan.

3.2 The Committee shall review the establishment and maintenance of an effective system of quality assurance. This will mainly be through the Quality Assurance Strategy. Its work will dovetail with that of the Audit Committee.

3.3 The Committee shall pro-actively challenge and review the CCG's performance against the standards in the CCG Improvement and Assessment Framework (mainly the Better Care element), NHS Outcomes Framework (mainly domains 4 and 5 – 'ensuring people have a positive experience of care' and 'treating and caring for people in a safe environment and protecting them from avoidable harm') and against the strategic priorities of the CCG, agreeing any action plans or recommendations as appropriate.

3.4 In particular, the Committee will enquire, receive, assess and challenge quality and patient experience information associated with:

- Main provider contracts (including primary care).
- Voluntary sector contracts.
- Community Services.
- Jointly commissioned services between the CCG and Local Authority.
- Services which the CCG may not commission but which may impact on local people and services, i.e. care homes.
- Benchmarking information regarding quality.
- Patient experience information relating to concerns, complaints, PALs and compliments from commissioned services and into the CCG.
- Lessons learned and actions taken to improve patient experience.
- Evidence from key clinicians and managers from commissioned services.

- HCAI and SI information (including Never Events) relating to the CCG commissioned services.
 - The CCG's commissioning for Quality and Innovation schemes (CQUIN).
 - Reports and feedback on any clinical quality visits.
 - The CCG's strategic work-streams relating to quality.
 - The Quality Premium (QP).
 - Adult Safeguarding.
 - Children's Safeguarding.
 - Quality Impact Assessments (QIA) relating to commissioning plans and statements.
- 3.5 The Committee will ensure that quality is embedded in the CCG processes for development of Commissioning Statements (Value Based Commissioning) and Initial Viability Assessments (IVAs) and that Quality Impact Assessments (QIA) are carried out when appropriate.
- 3.6 The Committee will ensure the CCG is listening to patients to learn from their experiences and use the feedback to identify and inform areas for service improvement.
- 3.7 As part of its deliberations and recommendations, the Committee will take into account the CCG's statutory service responsibilities and service levels.
- 3.8 The Committee shall initiate reviews in its own right and undertake, as directed, reviews on behalf of the Governing Body. Work shall be progressed by co-option of other key individuals.
- 3.9 The Committee shall determine what reports they would wish to see on a regular basis.
- 3.10 The Committee will maintain appropriate liaison with regulatory bodies especially the Care Quality Commission, NHS Improvement and any relevant professional regulatory bodies in order to ensure appropriate information flows on matters within the committee's remit.
- 3.11 The Committee has delegated authority from the Governing Body to oversee the 'Choice' agenda and any quality implications for **staff patients**.

4 Risk Management

The Committee will review the risk register and update the Governing Body on key risks relating to Quality.

5 Frequency

The Quality and Patient Experience Committee will be held bi-monthly, on the second Thursday of alternate months.

6 Membership

- Lay Chair of the Governing Body (Chair).
- ~~Secondary Care Doctor – Deputy Chair~~
- Executive Director of Quality and Nursing (Director with responsibility for quality and patient experience) - ~~Deputy Chair~~.
- Head of Legal Services and Governance
- ~~Executive Director of Planning and Governance.~~
- Medical Directors.
- Head of Quality Assurance & Maternity.
- Deputy Chief ~~Nurse~~ Executive Director of Quality and Nursing
- ~~Secondary Care Doctor.~~

In attendance:

- ~~Director of Partnership Commissioning Unit (PCU) – leads for services will attend as necessary.~~
- ~~Senior Head of Engagement Manager~~
- Designated Professionals for Safeguarding – both adult and children.
- Co-opted member of Scarborough Ryedale CCG as required.
- Healthwatch representative.
- Patient Experience Officer.

The Chair of the Audit Committee may also be asked to attend as appropriate, where the roles of both committees are seeking assurance that robust clinical quality is in place.

~~Anyone else at the invitation of the Accountable Officer.~~

~~Clinical leads, the Interim Executive Director of Transformation and Delivery, the Interim Executive Director of Joint Commissioning and any other members of staff may be asked to attend as necessary.~~

7 Quoracy

A minimum of five members will constitute a quorum, so long as this includes: the Chair or Deputy Chair, the Medical Director (or delegated GP), a GP and a member from the ~~Quality & Nursing Team. Chief Nurse Team.~~

8 Decision Making

- 8.1 The Committee shall make decisions on any remedial action required as a result of quality issues.
- 8.2 The Committee shall make recommendations to the Executive Committee regarding the review of commissioned services and business cases for

changes to commissioning in line with the CCG detailed scheme of delegation (Chief Officer level).

- 8.3 The Committee has delegated authority from the Governing Body with regard to all quality issues in line with the scheme of financial delegation (Chief Officer level).
- 8.4 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.
- 8.5 When a vote is required, each core member of the Committee has a single vote. A simple majority is necessary to confirm a decision. In the event of an equality of votes, the Chair of the meeting shall have the second and casting vote.
- 8.6 Conflicts of Interest shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy.

9 Accountability

- 9.1 The Quality and Patient Experience Committee will be accountable to the NHS Vale of York Clinical Commissioning Group Governing Body who will receive the Quality and Patient Experience Committee minutes. The Committee has full delegated responsibility to manage delegated functions and exercise delegated powers in relation to quality in Primary Care Co-Commissioning.
- 9.2 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.

10 Committee's Effectiveness

The Committee shall undertake an annual review of its effectiveness.

11 Review of Terms of Reference

The Committee shall review its terms of reference at least annually.

Update	Rachael Simmons Corporate Services Manager
Committee Approved (including date)	Quality & Patient Experience Committee
Approval Date	12 October 2017
Issue Date	
Review Date	October 2018

Version Number	0.6
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Author	Rachael Simmons Corporate Services Manager
Committee Approved (including date)	Quality and Patient Experience Committee 08 February 2017
Approval Date	Governing Body - 02 March 2017
Issue Date	02 March 2017
Review Date	September 2017 - six month review
Version Number	0.5

REMUNERATION COMMITTEE

Terms of Reference

1 **Constitution and Authority**

NHS Vale of York Clinical Commissioning Group Governing Body resolves to establish a Remuneration Committee which has delegated decision making authority as set out in these Terms of Reference. The Remuneration Committee is authorised by the Governing Body to approve any activity within its Terms of Reference. The Remuneration Committee is authorised to create working groups as necessary to fulfil its responsibilities within these Terms of Reference.

2 **Purpose of the Committee**

The Remuneration Committee is responsible for determining the terms and conditions, remuneration and travelling or other allowances for staff.

3 **Remit**

The Committee shall approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.

The Committee shall make recommendations to the Governing Body on:

- The terms and conditions of employment for all employees of the Clinical Commissioning Group (the Group).
- Pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.
- Retention Premia.
- Annual salary awards [where applicable].
- Allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
- The severance payments of NHS Vale of York Clinical Commissioning Group employees and contractors, seeking HM approval as appropriate in accordance with the guidance 'Managing Public Money'.
- Policies and instructions relating to remuneration.

The Remuneration Committee has delegated authority from the Governing Body to promote education and training of health service staff and oversee said training on behalf of the Governing Body. The Committee will receive a report on education and training annually.

4 **Frequency**

Meetings shall be held as and when required upon receipt of a request to the Chair or Vice Chair. The Committee will meet a minimum of twice per financial

year. Seven calendar days' notice will be provided of the meeting and any documents to be considered / discussed at the meeting will be circulated to the Committee at least two calendar days prior to the meeting.

5 Membership

The Committee shall be appointed by the NHS Vale of York Clinical Commissioning Group from amongst its Governing Body members. The membership of the Committee shall comprise the following:

- Lay Chair of Governing Body (Chair of the Remuneration Committee)
- Lay Member and Chair of Audit Committee (Deputy Chair of the Remuneration Committee)
- Lay Member and Chair of Finance and Performance Committee

Other directors and external advisers such as Human Resources representatives may be invited to attend for all or part of any meeting as and when appropriate. The role of other individuals who attend and external advisors will be to draw the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

Full time employees or individuals who claim a significant proportion of their income from the NHS Vale of York Clinical Commissioning Group are not permitted to be voting members of the Committee.

No individual should be in attendance for discussion about their own remuneration and terms of service.

~~A Chair and Vice Chair must be appointed.~~

Voting : Each member of the committee will have a vote. The Chair shall have the casting the deciding vote.

6 Quoracy

The quorum shall be the Chair plus one other member.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Chair of the Audit Committee on the action to be taken. This may include:

- requiring another of the Group's committees or sub-committees, the Group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
- inviting on a temporary basis one or more Governing Body members to make up the quorum so that the group can progress the item of business.

7 **Accountability**

The minutes of the Committee meetings will be submitted by the Committee Chair within seven calendar days of the meeting.

The Remuneration Committee is accountable to the Governing Body by way of a report in the Clinical Commissioning Group's Annual Report.

8 **Decision Making**

All Members of the Remuneration Committee will have voting rights.

9 **Administrative Support**

A Secretary will be identified by the NHS Vale of York Clinical Commissioning Group. The Secretary will be responsible for supporting the Chair in the management of remuneration business. This will include arranging, formally minuting and archiving of all reports and documentation associated with the business of the Committee.

10 **Committee Effectiveness**

The Committee shall review its effectiveness annually.

11 **Review of Terms of Reference**

The Committee shall review its terms of reference at least annually.

Update	Rachael Simmons Corporate Services Manager
Committee Approved (including date)	Remuneration Committee
Approval Date	17 October 2017
Issue Date	
Review Date	September 2018
Version Number	2

Author	Emma Collins HR Business Partner eMBED
Committee Approved (including date)	Remuneration Committee 26 January 2017
Approval Date	Governing Body – 02 March 2017
Issue Date	02 March 2017
Review Date	March 2018
Version Number	1

Chair's Report: Audit Committee

Date of Meeting	30 August 2017
Chair	Sheenagh Powell

Areas of note from the Committee Discussion

- The Committee noted the feedback on actions from the Prescribing and Medicines Management advisory review with particular reference to waste.
- The Committee welcomed areas of improvement in continuing healthcare but had continuing concerns relating to children's continuing healthcare, the Vulnerable People's Team and the Partnership Commissioning Unit transition.
- The Committee noted concerns about the number of risks that had been on the risk register for more than 12 months and supported review of the effectiveness of the system.

Areas of escalation

- The Committee expressed concern about the CCG's constitution and emphasised the need for an early resolution.
- The Committee endorsed the key message in the Finance and Performance Committee minutes: 'The Committee expressed concern about the CCG's financial position, exacerbated by the capped expenditure programme, and authorised the Accountable Officer to discuss with the regulators invocation of the Heads of Terms escalation clause with York Teaching Hospital NHS Foundation Trust.'

Urgent Decisions Required/ Changes to the Forward Plan

N/A

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON
30 AUGUST 2017 AT WEST OFFICES, YORK**

Present

Sheenagh Powell (SP)
David Booker (DB)

Dr Arasu Kuppuswamy (AK)

Chair
Lay Member and Chair of Finance and
Performance Committee
Consultant Psychiatrist, South West
Yorkshire
Partnership NHS Foundation Trust -
Secondary
Care Doctor Member

In attendance

Michael Ash-McMahon (MA-M)
– for items 21 and 23

Abigail Combes (AC) – for items 16 to 26

Pennie Furneaux (PF)
– for items 16 to 26

Helen Kemp-Taylor

Mark Kirkham (MK)

Steven Moss (SM) – for items 1 to 9

Tracey Preece (TP)

Michèle Saidman (MS)

Elaine Wyllie (EW) – for item 15

Deputy Chief Finance Officer

Head of Legal Services and Governance
Corporate Services and Assurance Manager

Head of Internal Audit Audit Yorkshire
Partner, Mazars

Local Counter Fraud Specialist

Chief Finance Officer

Executive Assistant

Strategic Programme Director

Apologies

Cath Andrews (CA)

Anne Ellis (AE)

Rachel Potts (RP)

Senior Manager, Mazars

Audit Manager, Audit Yorkshire

Executive Director of Planning and
Governance

The agenda was considered in the following order.

STANDING ITEMS

1. Apologies

As noted above.

2. Declarations of Interest

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

Unconfirmed Minutes

3. Minutes of the meetings held on 5 July 2017

The minutes of the meeting held on 5 July were agreed.

The Committee:

Approved the minutes of the meetings held on 5 July 2017.

4. Matters Arising

Annual Review of Effectiveness of Internal Audit – Action plan for proactive sharing of learning: HK-T reported that client briefings were circulated to the Audit Committee Chair and Chief Finance Officer for onward sharing with the CCG. A “user friendly” version, currently being developed, would be discussed with TP and consideration would be given as to the most effective approach for circulation. HK-T confirmed that Information on control weaknesses and sharing of benchmarking and best practice across Audit Yorkshire’s clients would be included. She also noted that discussion was taking place with the North Yorkshire Chief Finance Officers regarding establishing a common assurance approach for shared learning; this included achieving economies of scale through alignment of plans.

2016/17 Periodic Report and Internal Audit Reports – Implications for social care resulting from the audit of management of commissioning of aftercare under Section 117 of the Mental Health Act: Following clarification that this related to sharing of information with local authorities, HK-T noted that Audit Yorkshire did not audit social care. Members agreed that progress would be reported through the mental health work programme.

Annual Review of Internal Audit Charter and Working Together Protocol: HK-T reported that leaflets were being developed for circulation to staff.

Vale of York Clinical Network Report: TP explained that the agreed amendments had been incorporated in the report but the final management response had been delayed due to annual leave. She noted that the recommendation relating to control mechanisms for the business case process was linked to the response which, once finalised, would be shared with the Chair of the Council of Representatives.

Review effectiveness of External Audit: SP referred to the Committee’s agreement by email correspondence that, in view of the recent external audit procurement process which had tested the market for External Audit, the scheduled annual review would not be completed at the present time. MK concurred with this approach.

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

The Committee:

Noted the updates.

Unconfirmed Minutes

5. Audit Committee Work Plan

TP highlighted that the Audit Committee Annual Report had been deferred to the November meeting of the Committee in agreement with SP. She also noted that the annual review of the Committee's effectiveness and that of Internal Audit were scheduled for the November meeting. Discussion ensued on potential approaches for these reviews. HK-T agreed to progress the Internal Audit approach with TP in preparation for facilitating discussion based on the Audit Committee Handbook.

The Committee effectiveness review would be incorporated in the Audit Committee Annual Report given the revised timing.

Members agreed MK's request that the item for agreement of external audit plan fees be removed from the work plan in view of the new contract arrangements. He assured members that any changes to fees would be presented to the Committee.

The Committee:

1. Agreed the approach for the annual review of the Committee's effectiveness and that of Internal Audit.
2. Agreed removal from the work plan of the item on agreement of external audit plan fees.

INTERNAL AUDIT

6. Periodic Report and Internal Audit Reports

HK-T presented the report which comprised an executive summary, an overview of assurance levels by audit area, analysis of audit days, and progress with the 2017/18 audit programme. The summary report of the final 2016/17 audit relating to Prescribing and Medicines Management, which had been an advisory review therefore did not have a level of assurance assessment, was also included. HK-T additionally noted that consideration was required as to whether the 7.5 days utilised for the Vale of York Clinical Network Report would be accounted for within the planned days or as additional. TP proposed that this be reviewed and considered later in the year.

HK-T explained that five Practices had taken part in the repeat prescription advisory review which had been undertaken in the context of concerns about wastage in prescribing across the CCG. The review had focused on repeat prescriptions and wastage. HK-T highlighted the key areas for improvement, had been agreed with the CCG's Lead Pharmacist and NICE Medicines and Prescribing Associate. These related to guidance to all Practices on repeat prescribing and including monitoring of compliance by the CCG. Members requested an update on implementation of the agreed actions.

Discussion ensued on the role of community pharmacists, the potential for the CCG to utilise their skills and the recent award of funding from the Practice Based

Pharmacist Scheme. DB agreed to discuss the role of pharmacists with Dr Shaun O'Connell, Joint Medical Director and GP Lead for Planned Care and Prescribing. TP additionally noted opportunities for Practices arising from the Prescribing Incentive Scheme.

The Committee:

1. Received the Internal Audit Periodic Report.
2. Requested an update on implementation of the agreed actions following the advisory review of repeat prescribing.
3. Noted that DB would discuss the role of pharmacists with the Joint Medical Director.

7. Audit Recommendations Status Report

In presenting the report which outlined progress with the implementation of Internal Audit Recommendations HK-T noted that a further 12 recommendations, relating to both the CCG and the Partnership Commissioning Unit, had been completed since the July Committee and no new recommendations had been added.

There were currently 65 open recommendations, of which:

- 45 were not yet due based on the original target date; these included 20 Partnership Commissioning Unit recommendations
- 15 had a revised target date which was reported to the July Audit Committee
- Five had a revised target date with reason for change included in the report as requested at the July meeting

HK-T highlighted that recommendations relating to the Partnership Commissioning Unit functions had been separated out in this report to provide transparency and assurance to the Audit Committee that the actions would be taken forward in the new arrangements following realignment of the functions. She noted that discussion was taking place with the Chief Finance Officers of the North Yorkshire CCGs on 6 September regarding principles for assurance in respect of the Partnership Commissioning Support recommendations.

Members confirmed the report provided the assurance sought but requested that the Partnership Commission Unit recommendations be presented in the same format as those relating to the CCG, namely High, Medium and Low

The Committee:

1. Received the Recommendations Status Report.
2. Requested that the Partnership Commissioning Unit recommendations be presented in the format High, Medium and Low.

8. Internal Audit Charter

HK-T explained that the Internal Audit Charter set out the authority of Internal Audit to operate and provide internal audit services to the CCG noting that it was a requirement of the Public Sector Internal Audit Standards and was subject to annual review. The Charter presented had been amended following publication of revised Public Sector Internal Audit Standards

Members sought and received clarification that the Internal Audit Charter fulfilled the function of terms of reference and that, with regard to risk management, the role of Internal Audit was one of assurance, not operational involvement.

The Committee:

Approved the revised Internal Audit Charter.

COUNTER FRAUD AND SECURITY

9. Anti-Crime Progress Report – August 2017

SM presented the report which included an update on progress against the counter fraud and security management work plans, details of fraud awareness work, the outcome from reviewing the National Fraud Initiative data matches, an update on security management work and an update from NHS Protect. In respect of the section on compliance with the NHS Standard Contract SM noted receipt since writing the report of the outstanding response from one provider relating to anti crime arrangements.

EW joined the meeting

The Committee:

Received the Anti-Crime Progress Report.

SM left the meeting

QUALITY

15. Continuing Healthcare Update

EW presented the report provided in response to the ongoing concerns expressed by the Committee resulting from outstanding Internal Audit continuing healthcare recommendations and the finance and contracting arrangements. EW noted additional concerns relating to children's continuing healthcare and the Vulnerable People's Team, which comprised two part time staff and included Section 117 aftercare support, as these remained a joint North Yorkshire and York service. The report did not relate to Section 117 or Transforming Care clients.

EW explained in respect of case management that the aim was to bring all case management activity together as one service directly managed within the CCG.

To date the continuing healthcare nursing team had transferred to the CCG but case management arrangements for other elements currently remained within the North Yorkshire team. EW also explained the intention of direct team leadership within NHS Vale of York CCG following completion of the second and third consultation phases with the Finance and Contracting Team currently hosted by NHS Scarborough and Ryedale CCG on behalf of the North Yorkshire CCGs.

EW confirmed that assessment and case management for Funded Nursing Care had transferred to the CCG. Staff were being directly managed by Denise Nightingale (DN), Executive Director of Transformation and Delivery; therefore clinical executive decisions about high cost packages were a lower risk. Case management arrangements for ongoing care relating to Section 117 aftercare remained an area of concern.

The Finance and Contracting Team, of which NHS Vale of York CCG's resource was 45%, continued to be shared across the four North Yorkshire CCGs; the staff consultation was due to be completed by October. Detailed discussion ensued regarding the concerns associated with the transition with TP assuring members that the CCG had been clear from the start about the intention to bring the former Partnership Commissioning Unit finance and contracting functions, including continuing healthcare, in house. She described the complexities of the transition and noted that discussion was taking place between the North Yorkshire Chief Finance Officers.

Members discussed the fact that the other North Yorkshire CCGs intended to continue the shared resource arrangements. The Committee emphasised the need for an in house approach for NHS Vale of York CCG due to risks associated with shared arrangements and strongly supported appointment of additional resources if required, noting the potential to go "at risk" in this event.

With regard to case management EW explained that DN reviewed all decisions above £700 per week noting that a number of cases had been identified as having had inappropriate assessment with associated costs being different to those initially anticipated. EW advised that although the QIPP may not be achieved these reviews provided opportunities for savings. She explained that individual case management systems and processes had been improved through use of the Decision Support Tool and framework advising that DN was now working to have a validated list of cases and packages of care.

EW highlighted that case review through the Decision Support Tool had been prioritised and that training, including clinical, on systems and processes was taking place. EW noted that there were currently several systems in use across the different case management teams and finance and contracting team which were not connected. She emphasised the importance of validation.

EW noted that continuing healthcare had been identified as an area for additional support being provided to the CCG by NHS England through North of England Commissioning Support; this would take the form of nurse assessors. DN had instigated additional time to support the validation work.

In terms of future work EW advised that a national target had been set for a reduced number of continuing healthcare assessments undertaken in hospital. This would provide opportunities to work with partners out of hospital and be linked to winter arrangements, the Better Care Fund and integrated working. EW cited as an example that waiting times for assessments, placements and decisions should reduce and therefore impact positively on delayed transfers of care.

In summary EW noted that the outstanding actions from audit reports remained and referred to the continuing concerns in respect of data, systems and processes, capacity to take decisions in line with the framework and decision and governance processes. She advised that the Partnership Commissioning Unit transition should be considered as separate from continuing healthcare and case management due to the legacy issues of the latter.

Members requested an additional column on the Audit Recommendations Status Report for updates from DN. They also agreed that the Partnership Commissioning Unit transition and continuing healthcare should be a standing agenda item until further notice.

In response to SP asking about impact on patients, EW advised that progress was being made with more timely assessments. The main concerns were the legacy issues which would take time to resolve due to resource requirements and ensuring robust systems and processes were in place going forward. With regard to associated cost EW noted that two additional band five posts had been established but the North of England Commissioning Support offer was being provided through NHS England at no cost to the CCG.

The Committee:

1. Received the continuing healthcare update.
2. Supported the use of additional resources if required to resolve outstanding capacity issues.
3. Agreed that the Partnership Commissioning Unit transition and continuing healthcare would be a standing agenda item until further notice.
4. Requested an additional column on the Audit Recommendations Status Report for updates from DN.

EW left the meeting

FINANCE GOVERNANCE

10. Review of Losses and Special Payments

TP advised there were no losses or special payments to report.

The Committee:

Noted there had been no losses or special payments.

11. Update and assurance on key financial policies

TP referred to the report that confirmed the Detailed Financial Policies, reviewed in December 2016, were still in place and described proposed amendments in line with organisational changes which were awaiting finalisation of the revised CCG Constitution. TP explained that the CCG was operating within the current Constitution which incorporated the Detailed Financial Policies and was published on the website. She noted that any further clarification required would be incorporate in the full review of the Constitution.

The Committee:

Noted the update on the Detailed Financial Policies.

12. Review progress against financial recovery plan

TP referred to reporting at the Finance and Performance Committee on 24 August and discussions with NHS England and NHS Improvement regarding cost reduction plans noting that the Chief Executive of York Teaching Hospital NHS Foundation Trust had been asked to lead this work. She also noted that York Teaching Hospital NHS Foundation Trust was reporting the need to enter the Foundation Trust Distressed Cash Regime but emphasised this was a system problem where cost reductions were concerned. TP advised that reconciliation work was taking place between the CCG and York Teaching Hospital NHS Foundation Trust.

SP emphasised that the Committee's role was in terms of systems and processes and requested a brief report providing assurance for this standing agenda item at future meetings

In response to MK referring to the fact that York Teaching Hospital NHS Foundation Trust had been charged with leading on cost reduction and enquiring about the CCG's action, TP explained the requirement to provide assurance to the Governing Body, NHS England and NHS Improvement that all possible commissioning measures were being implemented to manage within allocation. She noted the need for cost reductions from provider services.

The Committee:

Noted the update.

13. Principles for Effective Partnerships – System-wide Working

TP presented the principles adapted by HK-T and MK from the Independent Commission for Good Governance in Public Service, Healthcare Financial Management Association *Emerging Approaches: Developing sustainability and transformation plan governance arrangements* in response to a request from NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust. She noted that the paper had been well received at the Executive Programme Board on 7 August where representatives from the

executive teams of all three organisations had been present and advised that it had supported two other papers on the same agenda relating to a shared Programme Management Office function and a proposal for an Aligned Incentives way of contracting.

The Executive Programme Board had agreed to formally note receipt and discussion of the paper and to include the principles and the language around them in the development of the shared Programme Management Office arrangements and development of the next steps for the Aligned Incentives approach that were also supported at the same meeting.

Members discussed the need for assurance of adherence to the principles recognising that this would need consideration as the work progressed.

The Committee:

Received the Principles for Effective Partnerships – System-wide Working.

14. Tender of External Audit Service – Summary Update

TP referred to the report presented to provide assurance to the Committee on the competitive tender for external audit services. The outcome of the collective procurement exercise, led by NHS East Riding CCG, had been the appointment of Mazars LLP for a three year period from 2017/18 with an option for a further two years.

The Committee:

Received the summary update on the tender of the external audit service.

AC and PF joined the meeting

CORPORATE GOVERNANCE

16. Update and assurance – review other reports as appropriate

PF briefed the Committee on sign off and return of the mandatory information security controls assurance statement required by NHS Digital/NHS England to support the dissemination of data for commissioning. The statement was signed off by the CCG's Executive Director of Planning and Governance and returned to NHS Digital within deadlines.

CCGs as data recipients and/ or data controllers of anonymised data are responsible for ensuring that data is only used for the intended purpose as defined and stipulated in the relevant Data Sharing Agreement. The CCG had requested and obtained assurance from eMBED as the CCG's data processor.

It was noted that other assurance areas would be covered in the following agenda items.

The Committee:

Noted the update.

17. Note business of other committees, review relationships

Members noted that this item was a recommendation in the Audit Committee Handbook and agreed that it should comprise exception reporting in view of receipt of minutes as a standing item later on the agenda.

The Committee:

Agreed that the item to note business of other committees and review relationships would in future be by exception reporting.

18. Review assurance from other committees and Partnership Commissioning Unit and commissioning support (3rd party assurance)

In respect of Partnership Commissioning Unit assurance members noted the discussion at item 15 above. TP additionally referred to Service Auditor Reports and third party assurance reports at the end of the financial year.

With regard to eMBED TP reported that they had provided a self assessment of significant assurance for data sharing arrangements which had been submitted to NHS England. PF clarified that NHS England required the CCG to obtain a written statement of self certification from eMBED that the required systems, policies and processes were in place; this included assurance against standards. Members requested that TP arrange for senior representation from eMBED to attend a future meeting of the Committee to provide additional assurance.

The Committee:

1. Noted the update.
2. Requested that TP arrange attendance by senior representation from eMBED at a future meeting.

19. Review Assurance Framework

In presenting the Risk and Assurance Report PF noted that the NHS England 2017/18 Improvement and Assurance Framework had not yet been published. The report reflected the 2016/17 year end position against the 60 indicators included in the framework. Twenty one of the indicators were identified as deteriorating although 16 of these remained within the acceptable range. Four indicators – quality of life of carers, early intervention psychosis two week referral, children and young people's mental health, and working relationship effectiveness – fell within the lowest performing quartile nationally. All risk areas identified in the Improvement and Assurance Framework were kept under review and included in the corporate risk register.

PF reported on management of security issues, policy management and four ongoing events. The latter, which were ongoing, related to ongoing failure to achieve the dementia coding target, the Care Quality Commission 'Inadequate' report for The Retreat, ongoing failure to achieve improving access to psychological therapies targets, and failure to achieve the 18 week referral to treatment target.

DB noted that consideration was being given to incorporating improved reporting of primary care information in risk reporting. This had been discussed at a meeting earlier in the day which had also included a proposal by AC of an alternative risk assessment framework as used by the Police. AC explained that risk would be categorised as Gold, Silver or Bronze and the leads would be the appropriate Executive Director for Gold and Senior Management Team for Silver and Bronze. She proposed that only 'Gold' risks be presented to the Governing Body, risks should have an agreed timeframe and would be escalated or reduced following review. AC additionally highlighted the potential for differentiation between a risk and ongoing work noting that the latter was in effect an action plan and would not require inclusion on the risk register.

PF noted that 'amber' corporate risks were not included in the Audit Committee report; however, CCG 'red' risks were assigned to named Executive Directors and reported to the Governing Body and its committees on a regular basis.

Current headline 'amber' risks related to the Local Digital Roadmap, capacity and resources, vacancy levels, GP strategy and vision, stakeholder engagement and support for CCG plans; and co-ordination of demand management between primary and secondary care. SP informed the Committee that the scoring of the Local Digital Roadmap risk had been reviewed at Finance and Performance Committee and should be considered a 'red' risk.

Discussion ensued on the number of long standing 'red' risks and whether the current system was adequate for risks that had been categorised as 'red' for 12 months or more. Members agreed that this should be included in the review of the risk management system and consideration of a new approach to risk management. It was also recognised that the top four risks were reported directly to the Governing Body, however this did not include the Local Digital Roadmap.

The Committee:

1. Received the Assurance Framework Update report, noting concern at the number of risks categorised as 'red' for more than 12 months.
2. Noted that the risk management system was currently being reviewed.

20. Primary Care Commissioning Assurance

TP noted that there was one outstanding action relating to primary care quality reporting; this was being progressed. The Primary Care Commissioning Committee was meeting regularly and its minutes were included on Governing Body meeting agendas.

The Committee:

Noted the update.

22. NHS Vale of York CCG Constitution Update

AC reported on discussion with Moira Dumma (MD), Director of Commissioning Operations, NHS England North – Yorkshire and the Humber. She highlighted that the arrangement for the CCG to have a lay Chair and management Accountable Officer for a temporary period following the imposition of legal Directions was acceptable but that the CCG needed to move towards reflecting the NHS England guidance in their constitutional arrangements. AC confirmed that this was underway but that a discussion was required with PM (Phil Mettam), RP (Rachel Potts), KR (Keith Ramsey (Chair)) and MD.

MA-M joined the meeting

Discussion ensued in respect of the interim arrangements and the requirement for the Constitution to be approved by the Governing Body and Council of Representatives.

The Committee:

1. Expressed concern regarding the status of the CCG's Constitution and requested that a resolution be prioritised and expedited.
2. Requested review of the Constitution's risk score on the risk register.

21. Report on Commissioning Support Contract Management

TP referred to the report which provided an update on contract management of commissioning support services following the Internal Audit report in 2016/17 and the recommended management actions. The report confirmed TP as the lead Director responsible for these services, additional contract management assurances now in place for the eMBED contract and current eMBED contract performance. It also included proposals to extend this assurance to all commissioning support contracts through reports to the Committee's November meeting on services provided by North of England Commissioning Support and to the March meeting on CCG hosted and shared services.

MA-M explained that the audit recommendations had included the need for contract management arrangements – specifications, key performance indicators and contract management – to be in place for all commissioned services. The report detailed the actions being progressed for management of the eMBED contract highlighting key achievements, risks and opportunities, issues and priorities. MA-M advised that he was working with AE on co-ordinating contract management for services provided across the North Yorkshire CCGs.

Members sought and received clarification on a number of aspects of the report, notably in respect of Business Intelligence. In this regard TP advised that NHS Vale of York CCG had a level of in house capacity therefore commissioned a different level of service to the other CCGs.

The Committee:

Noted the current position regarding management of the eMBED contract and the proposed approach to providing a similar level of assurance for all commissioning support services.

23. Outcome of Wheelchair and Community Equipment Procurements

In presenting the report that provided an update on the outcome of the wheelchair and equipment service procurements and management of the contracts, MA-M confirmed that lessons learnt had been incorporated for future procurement processes.

In respect of wheelchair services, now provided by NRS Healthcare, MA-M confirmed that detailed performance information was now being received noting that assessments, delivery and repairs were close to 100% achievement. He explained that this was a block contract for the first year with an option for consideration of moving to an activity contract thereafter. MA-M noted that the CCG had agreed potential expenditure of £175k in 2016/17 to address the initial waiting list backlog at the start of the contract.

With regard to community equipment, now provided by Medequip, MA-M advised that detailed information was being provided and 100% delivery was being achieved.

From a customer perspective MA-M highlighted that no formal complaints had been received and overall service satisfaction was rated as excellent. Additionally both providers had reported a smooth transition.

MA-M explained that there was a potential risk to delivery of the community equipment QIPP due primarily to the volume of ordering. Work was taking place to address this including changes to the catalogue, a toolkit to assess need for particular types of equipment and raising prescribers' awareness as to whether requirements were for health or social care equipment, the latter not being the responsibility of the CCG. MA-M noted that meetings were taking place to discuss a number of concerns relating to the provider pricing model. He also explained that Medequip was operating in line with the specification and contract as tendered although the contract with not signed. The CCG's share of the contract was 26%.

In response to clarification sought by members including emphasis on active contract management, MA-M confirmed that systems and processes were being embedded as a result of the lessons learnt from the community equipment and wheelchair services procurements. He also noted that prospective providers had a responsibility to undertake due diligence. TP highlighted improved service provision for patients and noted that contract arrangements were now in place where there had previously been none. She also reported that NHS England was beginning to implement a competitive tendering approach.

The Committee:

Received the update on the outcome of the wheelchair and community equipment services procurements and lessons learnt on the associated procurement process.

MA-M left the meeting

24. Business Conduct Policy

The Business Conduct Policy had been refreshed in line with the CCG's organisational changes and incorporated revised Conflicts of Interest Guidance from NHS England, issued June 2017. The Policy would be presented for ratification by the Governing Body on approval by the Committee.

The Committee:

Approved the Business Conduct Policy.

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

The Committee:

Received the quarterly conflicts of interest assessment which had been submitted to NHS England on 10 July 2017 in compliance with the timescale of submission by 14 July.

INFORMATION GOVERNANCE

26. Information Governance Update Report

PF referred to the report which comprised an update on Information Governance Incidents, Information Governance responsibilities arising from the reassignment of Partnership Commissioning Unit services, and Information Governance mandatory training. The Information Governance Work Plan was also included in the amended format as requested at the previous meeting of the Committee.

The Committee:

Received the Information Governance update report.

AC and PF left the meeting

EXTERNAL AUDIT

27. Progress Reports and Briefing

MK referred to the report which provided an update on progress with the 2017/18 audit and information on national publications and other updates. He noted that the audit plan would be presented at the next meeting of the Committee.

DB welcomed the strategic overview provided through inclusion of information on national publications and other updates.

The Committee:

Received the progress report and briefing.

28. Review Audit Committee Terms of Reference

The Committee terms of reference were presented in accordance with the work plan. It was agreed that the third paragraph of Remit and Responsibilities of the Committee be amended to read:

'As part of its integrated approach, the Committee will have effective relationships with other committees (for example the Quality and Patient Experience Committee and Finance and Performance Committee) ...'

The Committee:

Agreed the terms of reference subject to the above amendment.

MINUTES FROM OTHER MEETINGS

29. Finance and Performance Committee Minutes

The Committee:

Received the minutes of the Finance and Performance Committee meeting held on 22 June 2017.

30. Quality and Patient Experience Committee Minutes

The Committee:

Received the minutes of the Quality and Patient Experience Committee meeting held on 8 June 2017.

31. Executive Committee Minutes

The Committee:

Received the minutes of the Executive Committee meetings held on 17 May and 21 June 2017.

32. Information Governance Steering Group Minutes

The Committee:

Received the minutes of the Information Governance Steering Group meeting held on 12 July 2017.

33. Audit Yorkshire Minutes

The minutes of the meeting of 31 July 2017 were not available. The verbal update was not provided due to time constraints.

Additional Item

SP reported that she and Keith Ramsay, CCG Chair, had written a joint letter to the Director of Commissioning Operations, NHS England North – Yorkshire and the Humber, expressing the Governing Body's concerns about the CCG's financial position. SP agreed that the letter and response would be circulated to the Committee. *Post meeting note: The letters were circulated on 4 September.*

The Committee:

Noted the update.

34. Key Messages to the Governing Body

- The Committee noted the feedback on actions from the Prescribing and Medicines Management advisory review with particular reference to waste.
- The Committee welcomed areas of improvement in continuing healthcare but had continuing concerns relating to children's continuing healthcare, the Vulnerable People's Team and the Partnership Commissioning Unit transition.
- The Committee noted concerns about the number of risks that had been on the risk register for more than 12 months and supported review of the effectiveness of the system.
- The Committee expressed concern about the CCG's constitution and emphasised the need for an early resolution.
- The Committee endorsed the key message in the Finance and Performance Committee minutes: 'The Committee expressed concern about the CCG's financial position, exacerbated by the capped expenditure programme, and authorised the Accountable Officer to discuss with the regulators invocation of the Heads of Terms escalation clause with York Teaching Hospital NHS Foundation Trust.'

The Committee:

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

35. Next meeting

29 November 2017 at 1pm.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 30 AUGUST 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
1 March 2017 30 August 2017	Annual Review of Effectiveness of Internal Audit	<ul style="list-style-type: none"> Action plan for proactive sharing of learning “User friendly” version being developed 	HK-T HK-T	Ongoing Ongoing
26 April 2017 24 May 2017 5 July 2017 30 August 2017	Constitution, Scheme of Delegation and Detailed Financial Policies	<ul style="list-style-type: none"> Summary to be provided for meeting chairs Report detailing risks and mitigations relating to the Constitution 	RP RP	30 August 2017 29 November 2017
24 May 2017	Annual Review of Internal Audit Charter and Working Together Protocol	<ul style="list-style-type: none"> A “user friendly” version to be developed for circulation to CCG staff. 	HK-T	Ongoing

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
5 July 2017	Vale of York Clinical Network Report	<ul style="list-style-type: none"> • Report on control mechanisms for the business case process • Next steps for the report, if any, to be discussed with the Accountable Officer and the Chair of the Council of Representatives 	MA-M AE SP	30 August 2017 Deferred to 29 November 2017
30 August 2017	Periodic Report and Internal Audit Reports	<ul style="list-style-type: none"> • Update to be requested on implementation of agreed actions from the review of prescribing and medicines management • DB agreed to discuss the role of pharmacists with the Joint Medical Director 	TP DB	29 November 2017
30 August 2017	Audit Recommendations Status Report	<ul style="list-style-type: none"> • Partnership Commissioning Unit recommendations to be presented as High, Medium and Low as per the CCG recommendations 	HK-T/AE	29 November 2017 and ongoing

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
30 August 2017	Report on Commissioning Support Contract Management	<ul style="list-style-type: none"> • Report on services provided by North of England Commissioning Support • Report on CCG hosted and shared services 	<p>TP</p> <p>TP</p>	<p>29 November 2017</p> <p>7 March 2018</p>

Chair's Report: Executive Committee

Date of Meeting	19 July, 16 August and 20 September 2017
Chair	Phil Mettam

Areas of note from the Committee Discussion

1. Financial plan and out – turn position discussed with key actions noted.
2. Operational issues related to general practice telephony discussed at length and prioritised.
3. Primary Care estates and digital strategies identified as areas needing direction and clinical focus

Areas of escalation

Telephony and clinical system connectivity already escalated to Governing Body.

Urgent Decisions Required/ Changes to the Forward Plan

None required

Minutes of the Executive Committee, meeting held on

19 July 2017 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Dr Andrew Phillips (AP)	Medical Director
Dr Shaun O'Connell (SO)	Medical Director
Tracey Preece (TP)	Chief Finance Officer
Rachel Potts (RP)	Executive Director of Planning and Governance
Michelle Carrington (MC)	Executive Director of Quality and Nursing

In Attendance

Elaine Wyllie (EW)	Strategic Programmes Consultant
Jim Hayburn (JH)	Strategic Programmes Consultant
Paul Howatson (PH)	Head of Joint Programmes (In attendance for Item
Michael Ash McMahon (MAM)	Deputy Chief Finance Officer (<i>In attendance for Item 5</i>)

The agenda was discussed in the following order:

1. Apologies

As noted above.

2. Declaration of Interests

SO reported that his wife had been made a Clinical Director at York Hospital Foundation Trust.

3. Minutes from the previous meeting

17 May – The Committee noted various amendments to be made to Item 9.3. These amendments were to be circulated via email for approval by the Committee.

SO updated the Committee referencing concerns around Item 10. It was noted that the CCG lead for this scheme of work had departed from the organisation therefore resource would need to be reallocated to help progress with the consultation. It was agreed that RP and SO look at resourcing for this and email round to Executive Committee a proposal.

It was also noted that once the Gluten free consultation had begun the number of complaints would increase and given there is current pressure with resourcing capacity in this area it was flagged as a risk. It was noted that the Committee had agreed resource for a band 3 admin support to help with Patient relations.

In relation to Item 10.2 SO confirmed that this had not yet been fully signed off at an STP level, which would result in a delay of implementation for the CCG. The Ophthalmology/Cataracts policy would need further clarity.

21 June - EW noted amendments to Item 8. The Committee were assured that the correct changes would be made.

Matters Arising

CHC – The Committee agreed that CHC would be a continued priority for the CCG. DN confirmed that the backlog of patients had already been reduced through a cleaning process and reallocation to staff. At present all of the fastrack reviews had been allocated and it was advised that no extra resource would need to be implemented just yet.

The Committee agreed that going forwards a monthly stocktake on CHC would need to take place and the correct Committee to do this with would be the CCGs Finance and Performance Committee.

Staff Structure – The Committee reported the staff structure progress as on-going following recent Executive time out meetings. The Committee referenced the three System posts and that these had been made aware to NHS England in recent correspondence dated Tuesday 18th July 2017.

RP reported concerns that had been raised with regards to capacity pressure around Band 7 posts in particular. The committee agreed to come back to capacity required for Unplanned care when the PIDs were completed. Jim agreed to follow up funding from Scarborough CCG to support the PMO post. It was also noted that the band 6 post in the Communications Team had been appointed to start at the beginning of September.

The Committee noted the current position of appraisals for staff. The Committee were assured that the majority of objective setting/appraisals had taken place bar a small number of staff due to individual circumstances such as new posts and clarity of roles.

It was confirmed that RP would keep hold of this and help DN understand the process and structuring around this.

RP reported on discussions she had recently had with Alex Bush in regards to the retention of staff. A talent management approach had been looked at in terms of moving the appraisal process forward with a talent management type approach. It was agreed that RP would bring a proposition back to the Executive Committee around this beginning with the Operational Plan, stating clear thematic priorities which would have cascaded down from objectives and would allow a development of some form of retention and talent management with key partners in the system.

Office Accommodation update – RP reported this as completed and there were no reported concerns around this.

Medicines Management – SO reported that the Memorandum of Understanding was about to be signed with CAVA practices, and there would be conversations that still need to take place with SHEILD and NIMBUS practices.

SO reported that Stuart Calder would be running an ethical analysis on the current scheme and also reported that the recruitment process has started for backfilling the current Band 8 in the Medicine Management Team.

The Committee agreed for a stocktake to take place in September on this, particularly in regards to the seven pharmacists that have been deployed out to work in practices.

Patient Transport Services (PTS) – TP reported that the procurement with all four CCG's was in progress and on track to go live from 1st July 18. Formal notice had been given by Harrogate and Rural District CCG as the nominated lead and Becky Case would be the Vale of York CCG's lead. TP reported that a letter had been received from Yorkshire Ambulance Service indicating concerns around stranded fixed costs for the 999 service. The Committee noted this as a potential financial risk and confirmed that TP would advise at a later date.

Primary Care estates – The Executive Committee discussed issues relating to Primary Care estate and the shared resource to support the CCG with estates. It was clear there was no nominated GP lead for the GP forward view and this would be taken forward in the reviewed executive team roles and responsibilities.

MC agreed to follow up concerns expressed regarding the shared estates resource, recognising the valuable skills contributing this could provide to the CCG.

PM agreed to follow up with conversations he was having with individuals in regards to a CCG lead for the GP Forward view.

Review of Local Enhanced Services (LES) – TP reported that there was a paper going to the Finance and Performance Committee next week which would include options with regard to Amber drugs.

4. Finance and Contracts

TP reported the current Month 3 net position to be in line with the financial plan. It was reported that QIPP activity was delivering savings however with a caveat that this was based on only 2 months' data.

The Trusts position from soft intelligence at Q1 is around £3M behind their plan and not anticipating they will get their STF funding. Primary drivers for this are slippage on CIP delivery and pay bill, primarily agency. Cost containment for them is a problem.

An improvement on Continuing Health Care (CHC) for Month 3 was reported with increased assurance as the data was based on actual activity, not forecasts. Mental Health QIPP reported as delivering in line with the plan and also Nuffield and Ramsey. An underspend was reported for prescribing against the CEP lower budgets.

The Committee noted the recent individual high cost case that would present a pressure to the CCG should it be identified.

Concern was expressed at the continued delay in identifying and transferring Finance and contracting PCU resource to the CCG to support CHC. The Committee agreed that an internal resource should be identified to shadow the PCU contact and transfer information and knowledge to the CCG. DN and TP to have conversation tomorrow and resolve this week how to proceed.

EW updated the committee on the mental health out of contract position which looked at individual funding cases. The biggest cluster of cost was £5,000 and all costs were related to individual patient needs. This would also be reported at the Finance and Performance Committee.

Capped Expenditure Programme

It was noted that the Governing Body proposed that the CCG wrote to NHS England. NHS England had acknowledged receipt of the letter and the CCG now awaited a response.

The Committee discussed the risk of the Trusts financial position on the CEP and QIPP delivery. The Committee were in agreement for PM to send a letter to the Trust suggesting how the CCG could support them with any financial pressures that they may be experiencing.

5. GP IT and Telephony

MAM briefed the Committee on the GP telephony contracts which had been on-going for about 2 years. It was reviewed 2 years ago and the CCG were notified that the service would be reduced and put into baseline propositions. Over the course of the 2 years General Practice ran a procurement which resulted in them choosing BT as the preferred network and provider for telephony. Many problems have arisen since joining with the BT provider and it has been apparent that GP practices would now prefer to move back to the Hospital's network.

MAM confirmed that whichever telephony the CCG would choose to go with would have the ability to sit across any of the networks. There are both strategic and operational benefits to this.

The Committee agreed to communicate back to practices that the CCG is addressing the issue. EW and TP agreed to work with MAM to move this forward and offer approval and assurance for a new way forward. The Committee were in agreement that by the end of the following week a suggested set of next steps and actions would be provided.

6. Performance and Delivery

6.1 16/17 Assessment

The Committee noted that the CCG 16/17 Performance assessment would be published on Friday 21st July.

PM requested that at Executive Committee consider the detail of what sits behind the inadequate rating. It was also agreed that the F&P committee would require a recovery plan for each of the areas to be led by a manager and clinician.

6.2 Delayed Transfers of Care Trajectory's (DTC)

EW reported that the Better Care Fund (BCF) DTC would be due on Friday 21st July. We received something on Monday? That needs to be tracked back. The A&E Delivery Board would need to confirm that this could happen.

6.2 Right Care wave 2

SO reported that there are merging opportunities between unplanned and planned care programmes. Updates will be shared when there is more information around this.

6.3 NHS England elective care programme (MSK/Clinical advice and guidance)

The Committee recognised that this was in place and being progressed with. In regards to the MSK triage there would be a clinical review as part of the demand management programme.

6.4 NHS England national QIPP support programme and clinical analytics work

The Committee reported that this item would be deferred to the CCG's Finance and Performance Committee.

7. Service, Quality and Safety

MC reported to the Committee for information that there would be a Single item Quality and Patient Experience Committee in the next month on CAHMS. It was noted that a pathway review was currently being undertaken to see where the gaps in the system were and the overall question at the Committee would be 'Are we doing enough?'

7.1 Bootham Park action plan

MC reported that the last remaining action following the closure of Bootham Park hospital had been completed. The overview paper provided an update on this.

7.2 End of Life care review

PH and MC outlined the options paper in regards to the End of Life care review. This work had been undertaken following on-going problems with fast track patients, procurement had taken place locally however this was unsuccessful and therefore the CCG should now consider the options for improvements to end of life care.

The Committee were in support of the proposal for improvements in end of life care. It was agreed that PH would prepare a business case, setting out timescales and consequences for approval by the Committee.

7.3 Resource to support Practice Nursing

The Committee agreed that £15,000 would be allocated for this. This would be a contribution of £6,000 from the Quality Team's budget for extra resource within the team and the rest would come out of the central training budget.

7.4 NICE Guidance risks

This item was deferred to the August Executive Committee

8. Corporate

Committee's terms of reference – The Committee approved the amendments that had been made to the policy following audit recommendations.

Substance Misuse Policy - The Committee approved the policy.

Working time Directive Policy – The Committee approved the policy.

Retirement Policy – The Committee approved the policy.

9. People Support and Development

The Joint health and wellbeing strategy 2017-2022 had been published and the Committee noted this for information.

Any other Business

RP explained that David Booker's term as a lay member expires in October. Following discussion with Phil and Keith it was proposed that this be renewed on an annual rolling basis for a maximum of three years and to be ratified by the Governing Body in September.

Minutes of the Executive Committee, meeting held on

16 August 2017 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Dr Andrew Phillips (AP)	Medical Director
Dr Shaun O'Connell (SO)	Medical Director
Michelle Carrington (MC)	Executive Director of Quality and Nursing

In Attendance

Elaine Wyllie (EW)	Strategic Programmes Consultant
Jim Hayburn (JH)	Strategic Programmes Consultant
Michael Ash- McMahan (MAM)	Deputy Head of Finance

Apologies

Tracey Preece (TP)	Chief Finance Officer
Rachel Potts (RP)	Executive Director of Planning and Governance

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 and Matters arising

The Committee agreed for this item to be deferred to the next meeting.

Matters arising

Structure – PM reported that the realignment of roles in context of wider system working was on-going and an update would be provided at a later date.

It was noted that Lay members had agreed and supported the Committee around the recommended way to develop a clinical delivery model.

PM agreed to provide a brief update to staff on this in the Friday note.

4. Finance, QIPP and Contracts

MAM reported that the finance report was based on a brought forward deficit of £23.75M and an in-year deficit of £6.35M in 2017-18, resulting in a cumulative deficit of £30.10M at the end of the financial year. Forecast QIPP slippage had been identified off-set by £3.65M on the unallocated budget line. The plan at

Month 4 was for a deficit of £2.12M; however the actual deficit was £1.85M, which was £280k better than planned.

The Committee agreed key points for discussion and consideration at the next Finance and Performance Committee:

- QIPP delivery year to date was £2.89m, £671k away from plan, although this included £2.0m estimation for those schemes where it had not yet been possible to quantify the savings. The majority of the CEP savings were profiled with effect from August 2017. Against the full year QIPP target the CCG has delivered £2.57m of savings, which was £830k more than was achieved in 2016-17. Additionally, a further review of forecast outturn had been undertaken this month.
- The CCG had also received notification from NHSE that it has not been successful in its arbitration with Warrington CCG regarding a responsible commissioner, although the estimated cost of around £250k would be risk shared with the other North Yorkshire CCGs.
- Further work would need to be completed to understand the impact of the Transforming Care Programme.
- Finally, negotiations were on-going with YTHFT with regards to agreeing the 2016/17 year-end position. The gap was currently c£900k and an initial offer made by the provider of c£500k. It was felt that this matter needed external arbitary.

5. Performance and Delivery

Proposed approach for 'Deep dives' into the clinical indicators assessed as 'requiring further improvement' from the IAF 16/17 assessment

CA reported to the Committee that there are several recovery plans being worked up which would all be aligned to the QIPP delivery, commissioning intentions and delivery programmes. A single item Quality and Patient committee meeting had taken place on CAHMS and it was agreed that the Finance and Performance committee would receive feedback from this at the next meeting.

6. Service, Quality and Safety

6.1 Alne Hall

MC informed the Committee on a significant issue in the Leonard Cheshire home which would likely be rated as inadequate by CQC. It was reported that all patients were safe and receiving the support that they needed and there had not been any enforcement action taken to date by the CQC.

6.2 Staff temperature check

The Staff Engagement Group (SEG) had put together a staff temperature survey and requested that this be implemented from September. The Committee supported the proposal in principle on the basis that the questions were approved before the survey was released to staff.

7. Strategy

7.1 Diversionary pathways across our STP footprint

The Committee agreed for JH and AP to follow this agenda item up outside of Executive Committee.

7.2 Anti - coag service moving out of the hospital

SO reported that it was the CCG's intention to decommission the hospital service in order to provide a service within the community. The Committee supported this proposal.

8. Co-commissioning Primary Care

PM reported that there may be a request from Primary Care Home (PCH) for involvement and support from the CCG.

9. Corporate

9.1 Management of Attendance Policy

The Committee approved this policy.

9.2 Policy on Policies

The Committee approved the policy noting the proposed changes made.

9.3 IVF Policy

SO updated the Committee on the recommendation from the Clinical Research Effectiveness Committee (CREC) which proposed to increase the level of provision that the CCG currently commission. It was indicated that the cost would be minimal and by doing so it would bring the CCG more in line with the STP. The Committee supported the principle on the basis that costs should be reviewed by the CFO/Deputy.

10. Any other Business

10.1 Medicines Commissioning Committee Recommendations

A recommendation came from the CCG's Clinical Executive (CE) on where should the responsibility should lie with trying to establish a more cost effective way to commission the drug, Zoledronic acid. It was agreed that the responsibility should lie within Community IV and SO would speak to the CCG's lead.

Minutes of the Executive Committee, meeting held on
20 September 2017 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Dr Andrew Phillips (AP)	Medical Director
Dr Shaun O'Connell (SO)	Medical Director
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Tracey Preece (TP)	Chief Finance Officer
Rachel Potts (RP)	Executive Director of Planning and Governance

In Attendance

Elaine Wyllie (EW)	Strategic Programmes Consultant
Jim Hayburn (JH)	Strategic Programmes Consultant
Caroline Alexander (CA)	Assistant Director of Delivery and Performance

Apologies

There were no apologies

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 19 July and 16 August were approved

4. Finance, QIPP and Contracts

4.1 Month 5 Financial position

TP reported the month 5 financial position to be a year-to-date deficit of £3.90m which is £1.25m worse than plan (£2.64m) so a deterioration of £1.5M. The main two areas were the York FT trading position (£1.5m) and Mental Health out of contract spend (£173k).

The MH out of contract pressure relates to 4 main areas – the transforming care agenda, (reported separately by the PCU finance team for the first time this month), s117, responsible commissioner arbitration outcomes and high cost placements. DN noted there is more work to do on this section 117.

The Committee agreed to defer the remaining financial items to later in the agenda.

5 Strategy

5.1 Estates Strategy

MC updated the committee on the joint and integrated commissioning meeting that took place between City of York Council (CYC) and the CCG. CYC informed CCG colleagues that they had a policy statement firmed up around all estates belonging to them. It was felt that it was a good opportunity to work together.

The Committee discussed the need for a strategy lead to link into General Practice and suggested that the leaders of the localities could draft a version of their own strategy.

5.2 Local Digital Roadmaps

A discussion took place around identifying a clinical lead for this project following a recommendation from the CCG's Governing Body. The Committee agreed that it should be a system lead project and PM would follow up with Dr Paula Evans, Dr Emma Broughton and Dr Louise Barker around identifying the right GP's for this.

DN joined the meeting at this point

5.3 ASD/ADHE Contract

The ASD/ADHE contract was due to expire therefore a decision was required on how the contract would be managed going forwards. The Committee discussed the proposed options and agreed to continue with the current provider and extend the contract for another year. This would give the opportunity to seek out further options around working jointly with CYC and a third sector provider.

6 Co-commissioning Primary Care

6.1 Gluten Free Foods (GFF)

This paper had been approved in May by the Executive Committee to means test access to GFF; prescribing of GFF would no longer be routinely commissioned and would be replaced with a means tested top up card scheme available to patients on certain benefits. Implementation had been delayed due to the General Election and changes within the CCG. SO reported that the CCG had been made aware of an impending statement from NHS England regarding GFF.

The Committee agreed in principle to continue with the proposal that was previously agreed in May subject to the NHS England statement being released.

The Committee broke for 10 minutes

6.2 MyRightCare

A review report on palliative and end of life care discussed at an earlier Executive Committee referred to MyRightCare. At the time the Committee requested that a business case for MyRightCare was brought back to a future meeting.

SO outlined the previously circulated business case and the Committee supported the recommendations in principle, conditional of agreement with the Trust. TP and SO would take this forward.

Finance

7 Capped Expenditure Programme

Following advice from NHS England the CCG is proposing to reset the financial plan back to the 31st March submitted plan (£16.0m in-year deficit, £40.1m cumulative deficit) and review financial governance arrangements in relation to the extent to the Governing Body decision-making process has supported the CEP plan in light of the CEP process and NHS guidance.

The Governing Body may need to approve a new financial plan but next steps would be to report options to the next Finance and Performance Committee and have a robust discussion. The Committee agreed that JH and EW would tell the contextual story with TP leading on the numbers. The Committee requested that the first hour of F&P to be an informal briefing to ensure lay members are up to speed on recent NHS meetings and financial plan context.

QIPP

TP reported that Month 5 delivery year to date was £3.6M. Approximately £2.4M cannot be directly evidenced at a detailed level as it is based on thresholds and at patient level but the trading position supports the level of delivery reported. The forecasting against the £14.4M QIPP is £10.7M.

The main gaps were Outpatients, Unplanned care out of hospital savings and CHC. The expected savings for Outpatients year to date was £1M and the forecast with proposed actions was £0.5M. For Unplanned care target was £824,000 with no savings against month 5 but forecasting £275,000 later in the year. The forecasting position for CHC was reported to be £450,000. The total complex care QIPP target is £2.1M of which continence supplies existing programmes in trade from last year are £230,000 and forecasting to deliver.

DN highlighted a number of risks regarding QIPP delivery for CHC. In addition to system and process concerns previously identified, new issues regarding section 117 and personal health budgets had also become apparent. Discussion evolved about case management processes and on-going arrangements. DN to liaise

with other executive directors on how these issues affect quality/and or patient safety.

DN flagged the methodology for identifying the QIPP target may have been based on incomplete information specifically regarding how funded nurse care had been awarded and benchmarking data on fully funded continuing health care. The focus of the North East Commissioning Unit work would be on assessing those in funded nurse care for whom no decision support tool had been undertaken in order to limit further liability regarding retrospective appeals.

In respect of Planned Care QIPP specifically, the Committee agreed to the following actions:

The Committee noted that a Right Care meeting would be taking place to develop a proposal to directly respond to the Regulators' challenge on bringing forward RightCare opportunities.

The Committee also agreed to hold an extraordinary Executive meeting with Simon Cox to undertake a stocktake on the system Planned Care Programme.

The Committee reviewed Unplanned care QIPP and discussed the proposal made by JH for funding of 8 GP sessions in each locality to develop and deliver business cases .It was agreed that this would be followed up at a future Executive Committee.

TP left the meeting

AOB

PM agreed to email Executive Directors a note regarding A&E Winter planning.

PM reported that Clifton Park Hospital had requested a meeting with him.

Chair's Report: Finance and Performance Committee

Date of Meeting	24 August and 28 September 2017
Chair	David Booker

Areas of note from the Committee Discussion

24 August

- The Committee requested that the Governing Body review the work undertaken by the CCG to understand the continuing failure to meet the four hour target. Consideration was needed to agree a way forward on a health system basis. Involvement of lay members and non executive directors from other organisations was commended.
- The Committee recommended that the financial statements reflect the actual position as the year progresses

28 September

- The Committee expressed concern at the continuing cost escalation of the CCG's contract with York Teaching Hospital NHS Foundation Trust and, in view of the aspirations of the Heads of Terms not being achieved, requested that the escalation process be activated.
- The Committee recommended to the Governing Body that the Financial Plan be reset to the position of the March 2017 plan.
- The Committee recommended that consideration be given to seeking further support from NHS England.

Areas of escalation

As above

Urgent Decisions Required/ Changes to the Forward Plan

N/A

**Minutes of the Finance and Performance Committee Meeting held on
24 August 2017 at West Offices, York**

Present

David Booker (DB) – Chair	Lay Member
Caroline Alexander (CA)	Assistant Director of Delivery and Performance
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance

In attendance

Dr Louise Barker (LB) – for items 10 to 13	Clinical Director
Becky Case (BC) – for item 14	Head of Transformation and Delivery
Jim Hayburn (JH)	Strategic Programme Consultant
Paul Howatson (PH) – for items 10 to 13	Head of Joint Programmes
Denise Nightingale (DN) - part	Executive Director of Transformation and Delivery
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Keith Ramsay (KR)	CCG Chairman
Michele Saidman (MS)	Executive Assistant
Elaine Wyllie (EW)	Strategic Programme Consultant

Apologies

Fiona Bell (FB)	Assistant Director of Transformation and Delivery
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Rachel Cooke (RC)	Head of Finance
Phil Mettam (PM)	Accountable Officer
Dr Shaun O'Connell (SOC)	Joint Medical Director
Tracey Preece (TP)	Chief Finance Officer
Zena Robertson (ZR)	Deputy Director of Nursing, NHS England (Yorkshire and the Humber)
Liza Smithson (LS)	Head of Contracting
Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)

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 27 July 2017

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 27 July 2017.

4. Matters Arising

F&P29 Contract Report: JH referred to the aim of establishing alternative contract arrangements to payment by results with York Teaching Hospital NHS Foundation Trust and advised that, following a presentation by TP to their Executive Team, a proposal was being developed for urgent consideration by the Executive Programme Board. He emphasised that an agreement was required by the end of September and noted that the next meeting of the Executive Programme Board was on 4 September.

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

The Committee:

Noted the update.

“Good News”

EW reported that the contract for a Safe Haven had been awarded following a collaborative process between people with lived experience and statutory bodies. The Department of Health had provided £176k capital which was being supplemented by City of York Council. This would be a drop-in facility for low level crisis support for adults with mental health needs; access to crisis services would be arranged if appropriate.

KR reported on his visit to Tees, Esk and Wear Valleys NHS Foundation Trust and commended both the environment and staff culture at the new hospital in Darlington. He noted in particular the focus on the patient and their discharge back to the community and the PIPPA (Purposeful and Productive In Patient Admission) methodology and daily report out process.

AP explained the CCG's constitutional duty to ensure all patients were registered with a GP, referred to discussion at the Quality and Patient Experience Committee and advised that the particular issue had been resolved. He noted that consequently a review of, and consultation on, the current Violent Patient Policy was taking place, including a name change, potentially to the Alternative Medical Service Policy.

Prior to proceeding with the agenda items DB highlighted a number of the CCG's current challenges, including the proposed collaborative working with NHS East Riding and NHS Scarborough and Ryedale CCGs, strengthening the three localities, increasing engagement with the Council of Representatives and clinical leadership. He proposed that in light of the resource capacity required for this work consideration be given to providing assurance but with the potential for reports to be shorter and with information produced to be maximised.

Discussion ensued on the requirements of the performance system, the capacity and capability review, concerns about ensuring governance, the role of the Committee to provide assurance to the Governing Body, and the tension between providing robust assurance and focusing capacity on implementing change. RP and CA respectively advised that work was currently taking place to eliminate duplication of reports and that discussion was taking place with NHS England about providing assurance through utilising the Integrated Performance Report at agenda item 10. Members acknowledged that adopting a “leaner” approach would take time. KR added that a system wide understanding of the challenges was required.

DB additionally noted that the CCG’s QIPP target was the most ambitious in the country. He requested that the Committee receive exception reporting and headlines, as per the approach in the Integrated Performance Report, with appropriate levels of detail.

5. Finance and Performance Risk Update Report

In presenting the report which comprised finance and performance corporate events, the finance and portfolio of risk on the corporate risk register and an update of programme risks, RP referred to the previous discussion regarding ongoing work to eliminate duplication. She highlighted that the corporate events – failure to achieve the 67% dementia coding target in primary care, failure to achieve sustainable access and recovery targets within acceptable waiting time for Improving Access to Psychological Therapies, and failure to meet the 18 week referral to treatment Constitution target for planned care – were agenda items or scheduled for the September Committee meeting, as were the extreme/high finance and performance risks - failure to meet the cancer two week wait target, current performance issues in relation to Child and Adolescent Mental Health Services, and the A and E four hour performance target. SP noted the view that the current approach to reporting risk and performance provided triangulation rather than duplication.

DB and SP, who had attended the recent single item Quality and Patient Experience Committee on Child and Adolescent Mental Health Services, commended this approach which enabled detailed challenge and discussion.

Discussion ensued on the continuing failure by York Teaching Hospital NHS Foundation Trust to meet the four hour A and E performance target. In addition to internal issues of workforce and patient flow, there was the associated impact from not meeting the trajectory for the Sustainability and Transformation Fund. Members emphasised the requirement for the CCG to hold providers to account and discussed a number of potential options to raise the concerns expressed agreeing that this would be finalised outwith the meeting. KR emphasised the lay members’ support for the CCG management team.

In response to SP seeking an update on the Local Digital Roadmap RP advised that an Executive Director lead had now been identified for this work. She noted there was a potential platform to support this work, including in respect of out of hospital transformation. JH reported on discussion with the localities highlighting the need for an overarching system that enabled GPs to see patient records from other than their own Practice. AP referred to Myrightcare, a web based system used for palliative care, that

allowed sharing of clinical information. Although this was a separate system it provided an opportunity for a particular cohort of patients.

The Committee:

1. Received the finance and performance risk update report.
2. Noted that discussion would take place regarding expressing concerns about the continued failure to meet the A and E four hour performance target.

6. Financial Performance Report Month 4 and QIPP Progress

MA-M highlighted the format of the report which, in response to members' feedback, included a summary of key financial statutory duties and summary of key financial measures. He noted the planned in-year deficit had moved from £16.05m to £6.35m as a result of the Capped Expenditure (CEP) plans and that QIPP delivery for the year to date of £2.98m, £671k away from plan, included £2m estimated for schemes that it was not yet possible to quantify savings. MA-M highlighted that against the full year target the CCG had to date delivered savings of £2.57m, £830k more than was achieved in 2016/17.

MA-M explained that acute contract spend was broadly in line with plans to remove activity, but that triangulation was being sought regarding the assessment of the actual impact of BMI and smoking thresholds. He noted a significant undertrade with Ramsay Hospital confirming that the CCG had a direct contract with them in addition to York Teaching Hospital NHS Foundation Trust's sub contract.

With regard to the increase in the referral to treatment backlog at York Teaching Hospital NHS Foundation Trust and concerns that capacity was being re-used, MA-M reported that consideration was being given to a sample audit of clinical case notes regarding BMI.

MA-M advised that the forecast outturn position remained delivery of the £6.35m in-year deficit. The variances to budget were as a result of a detailed review of QIPP which had led to revised QIPP forecasts on each budget line, offset by an unidentified QIPP figure of £3.65m which was then picked up in the risk reporting. MA-M also noted additional assurance about the overall trading position following a further review of forecast outturn to highlight the emerging expenditure trends if the forecasting methodology was applied to the year to date spend and therefore excluding the impact of QIPP schemes that had not yet started but were due to be implemented. MA-M sought members' views as to whether or not to include these in the reported outturn and when and noted that in overall terms the proposed forecast was showing £6.16m worse, which largely related to the way QIPP was forecast and reported as risk. If QIPP and CEP schemes still to come into effect later in the year were built into the forecast the overall position was broadly in line with the planned deficit.

MA-M explained the main variances against the forecast outturn planned profile. Key schemes that would deliver later in the year included £750k musculo-skeletal and £1m relating to outpatients. He emphasised that this was against a full payment by results contract and noted the potential to maintain the forecast £6.35m forecast deficit whilst amending the trading positions as presented.

MA-M explained the £15.36m risk to delivery of the plan. This comprised £5.53m plan alignment risk with York Teaching Hospital NHS Foundation Trust, £7.12m non delivery of the two main demand management CEP schemes and £2.71m QIPP under delivery. MA-M sought confirmation from members about reporting of underspends and overspends.

Discussion ensued on the complexity of current reporting in terms of the true forecast outturn, including the national context and pressures within the NHS, and with emphasis that the CCG must demonstrate implementation of all reasonable measures to achieve the forecast position. MA-M noted that the financial plan to be presented to the Governing Body on 7 September would show the original £16.05m forecast deficit and how this was impacted by the CEP plans as per the 12 June submission.

In response to DB seeking clarification about the two reported positions – with and without the CEP plans – MA-M referred to the emerging risks and noted the requirement to show the true trading position and as far as possible the position against the £6.35m but highlighted the risks associated with the two demand management CEP schemes.

MA-M advised that since the report had been written the CCG had received notification that the arbitration with NHS Warrington CCG about a particular patient had been lost. The associated costs would be subject to responsible commissioner consideration.

CA explained that the supplementary QIPP report, included for additional assurance on progress against QIPP delivery, provided detail of the current QIPP, governance arrangements, documentation and the Programme Management Office function, progress on 2017/18 QIPP programmes, performance management, and conclusions and next steps. CA also noted this in the context of legal Directions, the associated CCG Improvement Plan and increased understanding of risk and forecasting from learning from QIPP delivery in 2016/17. She additionally emphasised the resource requirements to deliver the QIPP programmes and noted that work to align a number of programmes and workstreams with those of NHS Scarborough and Ryedale CCG was commencing.

Members noted that there were a number of aspects of concern in respect of QIPP delivery, different approaches and ongoing work within the three localities, progress with partnership working but with emphasis of the need for containment within financial envelopes, and progress being made with continuing healthcare.

MA-M sought and received confirmation that reports should, as far as possible, reflect true variance against plan.

The Committee:

1. Received the Financial Performance Report.
2. Received the QIPP progress report.
3. Agreed that reporting should as far as possible, reflect true variance against plan.

7. Capped Expenditure Process

MA-M referred to the discussion at the previous agenda item. He additionally reported on a teleconference with NHS England and NHS Improvement on 21 August when the regulators had expressed concern that the CCG and York Teaching Hospital NHS Foundation Trust plans were not aligned. MA-M explained that the CCG, with NHS Scarborough and Ryedale CCG, was taking a proactive, one commissioner approach towards reaching a resolution to the divergence of plans, agree the gap and associated required actions.

In response to DB requesting an update on HealthNavigator MA-M reported that the roll out was continuing and patients numbers were increasing. A number of adjustments were being made to aid the increase in patient numbers, including patients who had previously declined the offer to take part being re-invited after a year if appropriate. AP additionally referred to discussion at the Council of Representatives and JH noted that the Central Locality was considering Care Navigators for people not in nursing homes.

CA and JH left the meeting, as recorded below, for a teleconference on capped expenditure. On their return they provided feedback noting that a joint letter would be sent from NHS Vale of York and NHS Scarborough and Ryedale CCGs to York Teaching Hospital NHS Foundation Trust about the bed closures, as reported at item 10 below, and advising that bed planning would be included on the agenda for the Executive Programme Board on 4 September. *Post meeting note: The letter was sent on 1 September.*

The Committee:

1. Commended the proactive approach to achieve alignment of the capped expenditure plans.
2. Noted the update on HealthNavigator

8. Better Care Fund

EW provided an update on the three Better Care Funds. East Riding of Yorkshire Council had requested confirmation of the money and was on schedule. The money for North Yorkshire County Council Better Care Fund had been agreed and a first draft of the narrative had been received; the investments linked to the improved Better Care Fund were being finalised. A £15.3m balanced plan had been agreed with City of York Council but further work was required on the detail of the new schemes, including some of the previous System Resilience Group schemes. EW noted that a draft narrative would be presented to the City of York Council Health and Wellbeing Board on 6 September but this would be further developed prior to submission on 11 September.

Members discussed the metrics for the City of York Council Better Care Fund plan and highlighted the system approach, including localities, for the £15m investment. JH explained that a “bottom up” approach was being adopted towards achieving savings noting that the localities were being asked to identify schemes and any actions required to ensure delivery.

EW referred to the Care Quality Commission Local System Review of Health and Social Care in York noting that a report would be presented to the September meeting of the Governing Body. EW explained that the thematic review, which would include a stakeholder audit, would not be rated but would make recommendations for change and would conclude with a system wide summit in December 2017.

The Committee:

1. Noted the Better Care Fund update.
2. Noted the update on the Care Quality Commission Local System Review of Health and Social Care in York.

9. Contract Trading Report Month 3

In presenting this item MA-M referred to the earlier discussion at item 6 above noting that the information reported was against contract values, not budget. The current position was a cumulative undertrade of £1.3m which comprised a number of aspects of planned and unplanned care but mainly related to an underspend of £1.1m against the York Teaching Hospital NHS Foundation Trust contract. MA-M explained that the contract position did reconcile to the reported financial position.

MA-M highlighted that there were a number of outstanding contract queries with York Teaching Hospital NHS Foundation Trust and reported that the outturn position between them and the CCG for 2016/17 was a difference of c£900k. TP had made a proposal for a year end position, which was initially rejected by York Teaching Hospital NHS Foundation Trust; further discussions were taking place in this regard at both the contract management board and with NHS England. MA-M emphasised that any year end agreement would not set a precedent for issues unresolved at the year end, noting that such a decision would be taken by the Executive team and NHS England, and confirmed that there would be an associated impact in 2017/18.

Discussion ensued in terms of assurance sought about governance of signing of contracts and identification of potential overspends in response to clarification sought by DB and SP. JH highlighted the differences between payment by results and fixed terms contracts.

The Committee:

Received the contract trading report and noted the issues.

LB and PH joined the meeting

10. Integrated Performance Report Month 4

CA presented the report which comprised performance headlines, performance summary against all constitutional targets, and programme overviews relating to planned care, unplanned care, mental health, learning disability and complex care, primary care, and enabling and quality. She also referred to the reports at agenda items 11 to 13 noting the intention of presenting similar detailed reports at the September meeting in respect of A and E four hour performance, 18 week referral to treatment and cancer 62 day target performance.

In respect of referral to treatment CA advised that a 52 week breach in July had been reported since publication of the meeting papers. This would be considered as part of the single item referral to treatment report to the next meeting which would include assessment of performance and recovery plans in dermatology, colorectal, head and neck and rheumatology. CA noted the impact on both cancer two week urgent referrals and cancer 62 day performance in some of these services and advised that the recovery plan was being driven by the Cancer Alliance and the Sustainability and Plan. She highlighted the need for additional diagnostic capacity regionally and explained that support would be provided from the Cancer Transformation Funding bids, but currently this would not be released in time to improve the CCG's September trajectory.

CA reported improvement in two week waits in May and June but advised that the dermatology outpatient service at Selby Hospital was proposed to be ceased and all outpatient services be centralised at York due to Consultant capacity issues. The scheduled deepdive for dermatology in early September would consider the implications and opportunities for transforming the dermatology pathway across Vale of York and Scarborough and Ryedale. CA noted that NHS Scarborough and Ryedale CCG would be responding to confirm the centralisation of the Scarborough dermatology service in Malton.

CA noted an improvement in diagnostic six week performance advising that York Teaching Hospital NHS Foundation Trust's recovery plan was being refreshed as part of the overarching Trust 'Return to Operational Standards' improvement plan due in October 2017.

In respect of four hour A and E performance CA reported that there had been a significant deterioration since the improvements of May and June. She explained that 20 beds had been closed across three medical/elderly wards in a planned approach starting on 18 August 2017 due to nursing staff capacity. CA noted that NHS England had not asked the CCG for a contingency plan for the forthcoming Bank Holiday weekend but that additional GPs would be working.

CA apologised that improved performance in child and adolescent mental health services and Improving Access to Psychological Therapies were in error reported under deteriorating performance when, in fact, performance had improved since the previous month, though remained below constitutional target. Specific reports were to be presented later at the meeting in these areas to focus on.

In terms of deterioration CA referred to the first cancelled operation since March 2017 and a 12 hour trolley wait for which information was being sought.

CA noted that the winter planning submission on behalf of the system was required on 8 September and referred to the earlier discussion and concern about the August position.

SP sought clarification about the fact that York Teaching Hospital NHS Foundation Trust was one of 12 outliers for delayed transfers of care and the six month timescale for development of a case for change. CA agreed to incorporate an update on the bed review and trajectory in the next integrated performance report.

In response to DB welcoming the format of the report CA explained the proposal to utilise the same report for assurance meetings with NHS England.

The Committee:

1. Received the month 4 Integrated Performance Report.
2. Noted that detailed reports in respect of A and E four hour performance, 18 week referral to treatment and cancer 62 day target performance would be presented at the next meeting.

11. Child and Adolescent Mental Health Services

EW reported on the single item Quality and Patient Experience Committee in respect of child and adolescent mental health services. DB and SP had attended the meeting, as had the Committee's Healthwatch representative. Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust had given a detailed presentation which had not provided assurance in terms of the number of children waiting, which services they were waiting for and the length of waits. A number of next steps had been identified.

EW reported that a capacity and demand meeting had taken place on 16 August for which Tees, Esk and Wear Valleys NHS Foundation Trust had provided detailed information on the backlog and service delivery for constitutional targets. Following clarification of the CCG's concerns, Tees, Esk and Wear Valleys NHS Foundation Trust confirmed their commitment to address the issues. EW noted ongoing problems with IT systems, capacity issues and the need for culture change to implement new pathways.

EW clarified in respect of capacity and demand that consideration was taking place in the context of the mental health services tender, commissioned services and delivery against the contract. She also noted that a trajectory had been requested for service lines meeting timescales and assurance of improvement.

KR referred to continuing concerns about the City of York Council Healthy Child Service. LB emphasised that child and adolescent mental health services should be a multi agency integrated service and EW noted that Tees, Esk and Wear Valleys NHS Foundation Trust wished to increase partnership working. PH added that discussions were taking place with City of York Council regarding potential integration and information sharing and including potential joint commissioning intentions for children and young people.

In response to AP seeking assurance PH advised that staff sickness rates in child and adolescent mental health services were low and anecdotal evidence was of a reduction in ward admissions.

DB requested a brief report to the September Committee meeting.

The Committee:

1. Noted the update.
2. Requested a report on child and adolescent mental health services to the September meeting.

CA and JH left the meeting

12. Improving Access to Psychological Therapies Performance and Action Plan

EW presented the report which included two annexes: Tees, Esk and Wear Valleys NHS Foundation Trust's Improving Access to Psychological Therapies action plan and the NHS Improvement Intensive Support Team's recommendation report. She noted attendance at a meeting on 8 September with representatives of the Intensive Support Team.

The key findings from the Intensive Support Team review were: insufficient staff trained at the right levels to deliver the rates of access required, a backlog of over 1000 people awaiting access to the service for over 12 months, and improvements required to the pathway to ensure timely and appropriate access to services. EW advised that currently all first appointments were recorded as 'assessment and treatment' noting the Intensive Support Team recommended a review of what constituted a 'first treatment' for purposes of data recording. She also explained that, as they had not been able to recruit workforce locally, Tees, Esk and Wear Valleys NHS Foundation Trust was sub contracting to Mental Health Matters from September 2017 to address the backlog but emphasised that improving access to psychological therapies was a national pressure.

EW referred to the 16.8% access target for 2017/18 noting that the Intensive Support Team did not view this as achievable but had indicated the potential for 15% to be achieved if capacity was increased. She advised that Tees, Esk and Wear Valleys NHS Foundation Trust would continue to deliver the action plan presented and any further actions agreed with NHS Improvement during September.

Discussion included the effect on demand of increased awareness of mental health issues, confirmation that telephone triage was part of the 15% access, the impact of the inherited model and need for culture change in the workforce. KR highlighted that the improvement in performance from 2.3% under the previous provider to 14% but with recognition of the Intensive Support Team recommendations and that fact that the national requirements were not being achieved.

In recognition of the complexity of the underlying issues it was agreed that the Committee would receive an update each month until further notice.

The Committee:

1. Received the improving access to psychological therapies performance and action plan.
2. Requested a monthly update on progress until further notice.

DN left the meeting

13. Dementia Coding – Performance and Action Plan

EW referred to the report which included dementia prevalence figures by GP Practice, the CCG's project plan to increase dementia coding in primary care, and letters sent to care homes and GPs. She explained that the CCG was currently achieving 58.4% against the national 66.7% primary care dementia coding standard. Draft

recommendations from a national Intensive Support Team review of the complete dementia pathway across primary and specialist care services in July 2017 were expected at the end of August 2017.

Work to improve diagnosis rates included establishment of a formal project with a dedicated project manager, identification of a lead GP for dementia in each GP Practice, sharing of diagnosis performance rates between Practices, and using the Dementia Toolkit which including support for review of prescribing which was high in the CCG for dementia drugs. EW also noted that waiting times for the Memory Clinic were 23 weeks from referral to diagnosis against the target Gold Standard of six weeks from referral to care plan being in place. She also explained the aim of establishing GPs with a special interest in dementia for primary care but advised that currently they were not accessing the training.

Discussion ensued on availability of services for people with dementia and the underlying culture of reservation about “labeling”. LB emphasised that diagnosis enabled people to benefit from services and support. It was agreed that the Clinical Executive be asked to consider any further clinical support that Practices may need in respect of dementia coding. EW noted that she had proposed that dementia be incorporated in the Mental Health Strategy.

CA and JH returned to the meeting during this item

The Committee:

1. Received the dementia coding performance report and action plan.
2. Agreed that the Clinical Executive be asked to consider any further clinical support Practices may need in respect of dementia coding.

LB and PH left the meeting; BC joined the meeting

14. Medical Non-Emergency Transport Procurement Update

BC presented the report which included the Medical Non-Emergency Transport Service specifications, the Invitation to Tender questions and ratings, a description of the financial model to be applied, the active risk register, stakeholder list and initial project plan and the current project plan. She explained the background to the procurement and advised of changes since circulation of the meeting papers in that NHS Harrogate and Rural District and NHS Hambleton, Richmondshire and Whitby CCGs had requested a three month delay to allow consideration of an alternative to the joint procurement. This would mean a “go live” date of 1 July instead of 1 April 2018. BC then also noted that since the papers had been submitted to the Committee, NHS Harrogate and Rural District and NHS Hambleton, Richmondshire and Whitby CCGs had noted an alternative to their involvement in the procurement and it was likely that they would pursue this alternative. This would result in the original bid process with just NHS Vale of York and NHS Scarborough and Ryedale CCGs working together being progressed as was the initial plan. This did not have as wide a reach across the North Yorkshire area but meant that focus on the financial model and performance indicators could be tighter.

BC reported that the pre-qualification questionnaire process had resulted in 17 expressions of interest and 12 bids, six of which met the criteria to progress to Invitation to Tender. She noted the aim of procuring a locally focused service that both fulfilled the needs of patients and was also “future proof”.

BC advised that, as York Teaching Hospital NHS Foundation Trust had not bid for the service, discussions had commenced with them regarding participation in the evaluation process and also about discharge processes.

Members sought and received assurance that lessons had been learnt from the recent wheelchair procurement with particular reference to the financial model. BC explained that draft performance indicators had been developed for 2018/19, the bid process would be assessed on 60% quality, 40% cost, there would be a five month mobilisation and the contract would be outcome based. She noted that the delay to the start date may have a financial impact and confirmed that there would be clear eligibility information for patients and their families with alternatives provided in the event of ineligibility.

Members expressed confidence that the processes had been followed as required and noted the potential financial impact.

The Committee:

Ratified the Medical Non-Emergency Transport Procurement.

15. Key Messages to the Governing Body

- The Committee requested that the Governing Body review the work undertaken by the CCG to understand the continuing failure to meet the four hour target. Consideration was needed to agree a way forward on a health system basis. Involvement of lay members and non executive directors from other organisations was commended.
- The Committee recommended that the financial statements reflect the actual position as the year progresses

The Committee:

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

16. Next Meeting and Forward Plan

The next meeting would be 9am to 1pm 28 September 2017.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 24 AUGUST 2017 AND CARRIED FORWARD FROM THE PREVIOUS MEETING

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P27	22 June 2017	Capped Expenditure Process	<ul style="list-style-type: none"> PM to seek advice from the Chair of the Council of Representatives about engaging with GPs as commissioners outside of the Council of Representatives 	PM	Ongoing
F&P28	22 June 2017	Better Care Fund Update	<ul style="list-style-type: none"> Report to November or January Governing Body on Better Care Fund outcomes, achievements and impact 	EW	2 November 2017 or 4 January 2018
F&P29	22 June 2017	Contract Report	<ul style="list-style-type: none"> JH and TP seek alternatives to contract management board 	JH/TP	Ongoing
F&P30	27 July 2017	Risk Update Report	<ul style="list-style-type: none"> Recovery plans for 18 week referral to treatment, cancer 62 day target 	CA	24 August or 28 September 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P31	27 July 2017	Financial Performance Report Month 3	<ul style="list-style-type: none"> Approval of the revised Financial Plan, including Capped Expenditure Process plans, to be sought at the September Governing Body meeting 	TP	7 September 2017 – Governing Body meeting
F&P32	27 July 2017 24 August 2017	Integrated Performance Report Month 3	<ul style="list-style-type: none"> Meeting to be arranged to consider Improving Access to Psychological Therapies, dementia coding and the 62 day cancer target 62 day cancer target report to next meeting 	CA CA	Before 24 August Committee meeting 28 September 2017
F&P 33	24 August 2017	Child and Adolescent Mental Health Services	<ul style="list-style-type: none"> Report to be presented at next meeting 	DN	28 September 2017
F&P34	24 August 2017	Improving Access to Psychological Therapies Performance and Action Plan	<ul style="list-style-type: none"> Monthly update requested 	DN	28 September 2017 and ongoing
F&P35	24 August 2017	Dementia Coding – Performance and Action Plan	<ul style="list-style-type: none"> Clinical Executive to consider any further clinical support Practices may need in respect of dementia coding. 	AP	

Confirmed Minutes

**Minutes of the Finance and Performance Committee Meeting held on
28 September 2017 at West Offices, York**

Present

David Booker (DB) – Chair	Lay Member
Caroline Alexander (CA)	Assistant Director of Delivery and Performance
Michael Ash-McMahon (MA-M) - part	Deputy Chief Finance Officer
Fiona Bell (FB)	Assistant Director of Transformation and Delivery
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Phil Mettam (PM)	Accountable Officer
Dr Shaun O'Connell (SOC)	Joint Medical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Tracey Preece (TP)	Chief Finance Officer

In attendance

Abigail Combes (AC)	Head of Legal Services and Governance
Rachel Cooke (RC)	Head of Finance
Jim Hayburn (JH)	Strategic Programme Consultant
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Keith Ramsay (KR)	CCG Chairman
Michele Saidman (MS)	Executive Assistant
Liza Smithson (LS)	Head of Contracting
Jon Swift (JS) - part	Director of Finance, NHS England North (Yorkshire and the Humber)

1. Apologies

There were no apologies.

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.

DB noted that the Committee would understand if JS felt compromised during any of the discussion and decided to leave the meeting.

3. Minutes of the meeting held on 24 August 2017

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 24 August 2017.

4. Matters Arising

F&P29 Contract Report: TP advised that developing alternatives to the Contract Management Board was being incorporated in the development of a system approach to acute commissioning. This action could therefore be regarded as complete.

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

The Committee:

Noted the update.

“Good News”

TP reported that Dr Mike Holmes had been advised by the National Association of Primary Care that the Primary Care Home in the Vale of York was one of two in the North to receive further resources.

AP noted that, whilst the report was awaited from the Care Quality Commission’s review of Yorkshire Doctors Urgent Care, informal feedback was indicative of a potential ‘Good’ or ‘Outstanding’ assessment.

5. Finance and Performance Risk Update Report

CA referred to the two papers which comprised this agenda item this month noting that there were no significant changes in the main Finance and Performance Risk Report from the previous month. The second paper provided an update from the risk working group, which had identified that the majority of risks included in the current risk report were reported through regular assurance mechanisms and proposed these were not included on the risk register. The risk working group had also fed back that there was a need to ensure ‘real’ risk was reported more effectively than currently.

CA acknowledged that most of the currently reported risks were organisational rather than patient focused, though the majority of them lead to an impact on patient care or experience. She also noted that programme delivery risks were mitigated as part of routine programme monitoring and that escalation to the Committee could be part of this process if required.

5.1 Risk Update Report

CA referred to the five ongoing corporate events highlighting that one was a system risk relating to delivery of Better Care Fund targets, three were constitutional risks – failure to achieve the 67% dementia coding target in primary care, failure to achieve sustainable access and recovery targets within acceptable waiting time for Improving Access to Psychological Therapies, and failure to meet the 18 week referral to treatment target for planned care – and the fifth related to risk of managing local mental health demand within local capacity, and the Inadequate Care Quality Commission report on The Retreat. CA noted that the scores had not changed since the previous report but the descriptions were more precise.

With regard to the Better Care Fund, JH noted that the current plans did not fully comply with the published guidance.

PM referred to the complexity of risk reporting and highlighted however that for him the top five areas of focus for risk should be the financial position, mental health services, A and E performance, cancer performance and vulnerable people requiring complex care. He advised that the Executive Directors were establishing a team structure involving 'Heads of' to manage escalation and Senior Management Team was being revised to be a decision-making forum for addressing areas of non-compliance.

5.2 Update on Risk Review from Risk working group

SP, as chair of the Audit Committee, commented on the Risk Review Report and detailed her concerns at the fact that it referred to deleting risks. She highlighted that this was inappropriate and emphasised that calibration of the risk required review to determine whether there was a requirement for a risk to be escalated for action. SP was also concerned that reviewing the risk register in isolation did not meet all the requirements of CCG assurance and links with the Board Assurance Framework. MC responded that the Executive Team had identified the need to ensure that the current risk report became a more "live" document.

AC highlighted that, following her review of governance arrangements relating to risk, her view was that risks were being treated as "business as usual" within programmes of work rather than being actively managed. AC's report, which provided a critical review of the Risk Register, sought the Committee's support to develop a proposal for future recording, managing and reporting of risk. AC also noted that one of the areas identified by the risk working group was a need for risk training across the organisation.

In response to SP referring to her earlier comments and concerns, AC explained that part of the proposed work would be to ensure alignment with the Board Assurance Framework. SP agreed to liaise with AC regarding participating in this risk development work. A change of emphasis to patient focus was also needed.

The review of risk reporting was identified as a priority.

The Committee:

1. Received the Risk Update Report.
2. Agreed continuation of the review of risk reporting and Risk Assurance Framework as a priority.

6. Finance and Performance Committee Terms of Reference

The proposed changes to the Finance and Performance Committee's Terms of Reference were agreed. An additional change under 'In attendance was agreed: 'Anyone else at the invitation of the Accountable Officer'.

PM noted that further changes would be required due to the system developments.

The Committee:

Approved the proposed changes and the additional change under 'In attendance' to the Committee's Terms of Reference.

7. Financial Performance Report Month 5 and QIPP Progress

In introducing this item TP noted a correction required to Appendix 4 'Updated forecast outturn' under Primary Care Co-Commissioning as the sub-total was not pulling through. This did not change the individual budget or total variances. *Post meeting note: The amended report was circulated on 2 October.*

TP reported that the planned deficit for month 5 was £2.64m but the actual position was £3.90m deficit, a deterioration of £1.53m from month 4, against the financial plan submitted to NHS England on 12 June 2017. This was due to deterioration in the trading position with York Teaching Hospital NHS Foundation Trust against the month 4 forecast, QIPP delivery being £915k away from plan, including the first month of the capped expenditure proposed plans, and mental health out of contract placements.

TP noted that the CCG had not met its financial duty relating to the month end cash balance in month 5 due to the resetting of the remaining payment to York Teaching Hospital NHS Foundation Trust in twelfths, instead of the tenths that had been agreed in the contract payment schedule. This had been done in a planned way and in agreement with the NHS England Cash Management Team. TP reported that the rationale behind this was related to the profile of QIPP plans later in the year and that cash profile changes for service changes were permitted within the contract. PM reported that advice on this issue had indicated that the widespread custom and practice of paying in tenths could be considered ultra vires. The remainder of the two year contract would be paid in twelfths.

In respect of year to date financial variance TP noted the overtrade with York Teaching Hospital NHS Foundation Trust was partly offset by a corresponding undertrade with Ramsay and Nuffield Hospitals. She also referred to the financial pressure from mental health out of contract placements and specialist rehabilitation brain injury advising of further emerging risks, including in relation to Section 117 placements, Responsible Commissioner and the Transforming Care Programme complex care. The latter was due to the cost and intensity of packages of care being higher than indicated by the original available information.

TP advised that the risks and mitigations and key delivery challenges were as reported to NHS England. She noted that the actual forecast positions for all expenditure lines would continue to be included to ensure transparency of the position of underlying individual expenditure lines.

With regard to QIPP TP referred to the £3.651m slippage against the £14.4m requirement. She advised that work to address this was taking place in planned care and in opportunities to accelerate RightCare. In response to KR seeking clarification about the QIPP for anticoagulation being moved to the community, JH explained that work was taking place with General Practice with the aim of the anticoagulation service being provided in the community by the end of the financial year and the expectation that the number of patients receiving the hospital based service being between 300 and 400 patients. Discussion ensued on assurance, management of risk and concerns about patient safety during the transfer of the service to primary care. JH advised that this was being managed through a joint plan with York Teaching Hospital NHS Foundation Trust and that the project was clinically led with issues being reported to the Quality Team.

KR sought clarification about the expected c£300k savings from the community equipment and wheelchair services procurement against the plan for £635k. TP confirmed that the wheelchair service was delivering wholly in line with planned savings, but that community equipment was managing some risks, however this was a realistic forecast based on the information established to date. She referred to the lessons learnt report presented at the August meeting of the Audit Committee, which would be circulated to members for information. *Post meeting note: The report was circulated on 2 October.*

JH detailed concerns about York Teaching Hospital NHS Foundation Trust's support for delivery of QIPP savings with particular reference to the musculo skeletal service and orthopaedics, noting escalation to the Executive Programme Board. SOC also highlighted concern about risk to aspects of demand management as clinicians at York Teaching Hospital NHS Foundation Trust supported the work but implementation was not being progressed.

In response to SP's concern about the deterioration from the month 4 position, MA-M explained that the variation the variation this month was in the main due to the capped expenditure plans proposed to come into effect from month 5. The deterioration in the month 4 position against forecast was not typical and was not a significant percentage, c0.5%, in the context of the York Teaching Hospital NHS Foundation Trust contract value. MA-M also noted that the forecasting methodology used was that which had been reviewed by both NHS England colleagues and Audit Committee. LS added that this was due to an issue of variance against the plan and confirmed that for July the cost of activity had reduced in real terms compared to the previous two months, but just not by as much as forecast, in part due to the higher than usual proportion of U-codes which led to a greater level of estimation

CA highlighted the fact that delivery of QIPP for 2017/18 was dependent on complex and challenging programmes of change which needed to be jointly endorsed, driven and delivered with partners, including for example, the demand management workstream which required clinical engagement across all primary and secondary care clinicians and system delivery through the Planned Care Steering Group. DB referred to previous discussions at the Committee regarding concerns about York Teaching Hospital NHS Foundation Trust's support and the Committee's authorisation at the June meeting for discussion with the regulators about invoking the Heads of Terms escalation clause. JH and MA-M confirmed that this had not happened thus far because the capped expenditure plans, should they have been successful, would have delivered the required improvement and this exercise, which had regulatory oversight, effectively achieved this. This could be picked up again in light of the fact these plans were no longer being mobilized. Members agreed the need for the CCG's attempts to deliver the expectations of the capped expenditure plans to be explicit.

PM, whilst agreeing that the ambition of the capped expenditure submission for NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust to reach common ground had not been realised, emphasised the need to continue to work as a system where this was directly for the benefit of patients, for example in respect of winter. However, in terms of the CCG's financial position an assertive contracting approach was now required. PM referred to the proposed establishment of three system posts which would support a change in contracting for 2018/19.

SP sought clarification about the £2.70m variance in the CCG's contract with York Teaching Hospital NHS Foundation Trust highlighting that this was a financial pressure to both organisations. MA-M advised that this would be explained in the discussion at item 9.

JS referred to inclusion of the 0.5% CQUIN adjustment in the CCG's assumptions relating to the position with York Teaching Hospital NHS Foundation Trust. He emphasised the requirement for this to be both uncommitted and a separate budget. MA-M confirmed the CCG were not paying over the 0.5% CQUIN to any provider as appropriate and that the treatment for month 5 reporting was in line with the NHS England guidance given at the time of producing the reports. The 0.5% CQUIN for York Teaching Hospital NHS Foundation Trust was part of the capped expenditure proposals and so was removed from budgets as part of the June financial plan submission. The reporting for month 5 was in line with NHS England advice and guidance in terms of identifying the reserve and inclusion in risks at gross value to ensure transparency of the risk, but adjusting down to stay within the previous month's risk value. It was agreed that this matter would be taken outside of the meeting to provide full assurance of this for month 6 reporting.

The Committee:

Received the month 5 financial performance report expressing concern at the associated challenges.

8. Capped Expenditure Process

PM reported on recent discussion between NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust with the regulators on progress with the original capped expenditure plans. The regulators had sought information on what measures were being taken as a system in the current year to reduce cost and from a commissioning perspective what was NHS Vale of York CCG doing to bring forward the RightCare programme. In respect of the former a response of equal participation by the three organisations had not been possible but work was taking place regarding the latter. A response was now awaited from the regulators.

PM advised that a meeting with representatives from the Council of Representatives had taken place the previous evening to consider the feasibility of an action plan to bring forward £4m of the RightCare programme. The action plan would now be considered by the Executive Committee.

PM explained that the issues raised had led to consideration about the regulators' requests in the context of the CCG's financial challenge. Legal advice had been sought which informed the presentation at the following agenda item.

PM referred to the CCG's constitutional requirement to actively engage with the Council of Representatives and advised that they wished to continue to be updated and engaged in any proposed changes in plans or ways of reporting.

The Committee:

Noted the update.

9. Financial Plan 2017/18

TP tabled a presentation based on the 31 March and 12 June submissions and which proposed options to consider resetting the financial plan. PM reported on discussions, including with SP, to inform this plan and requested the Committee's consideration with a view to making a recommendation to the Governing Body at the Part II meeting on 5 October.

In presenting the plan TP referred to the discussion at item 7 above relating to the 0.5% CQUIN noting that this was included in the presentation as uncommitted against the relevant provider, but would now be moved to a separate reserve. However, this did not change the overall position. She noted that the proposed plan was based on the same key assumptions of the previous iterations but had been updated to reflect the adjustments and corresponding impact on the CCG should the system capped expenditure plans not go ahead.

TP initially referred to the proposed reset of the savings requirement which took account of the fact that the capped expenditure plans totaling £9.7m, and which included planned savings to benefit NHS Scarborough and Ryedale CCG, were no longer viable; the aim was that the CCG should meet only its own control total shortfall of £6.9m, a £2.8m deterioration. This would result in moving from a £6.3m deficit to £9.2m in year deficit and £33.0m cumulative deficit in 2017/18. In doing so the CCG would still meet its statutory responsibility and be within the Sustainability and Transformation Plan permitted level of deficit through this approach. The Committee supported this proposal.

TP continued and presented the high-level expenditure and savings plans based on the assumption of the CCG's aim of meeting only its own control total as above and premised on the trading positions forecast at month 5. This plan currently had £4.1m unidentified savings requirement which would now increase to £5m due to the adjustment for the 0.5% CQUIN. TP explained that confidence in ability to deliver the remaining £10.3m gap and thereby a deficit of £19.4m, the CCG was dependent on a joint assessment of the outcomes of a number of issues. Members sought and received clarification on these areas to inform a recommendation to the Governing Body.

There was a detailed discussion between members of the CCG. JS made no contribution to this discussion and did not bring any influence on the decision.

The detailed discussion included:

- The context of the 31 March £16m deficit financial plan with a potential further gap of £5m having been agreed as achievable but challenging.
- Recognition of the need to reset the capped expenditure iteration of the plan.
- Focus was required on QIPP, strong commissioning, engagement with primary care and system development regardless of the final plan.
- The need for realism about the level of risk to achieve the 31 March plan and emphasis that this must be the minimum for the reset.
- Concern about a plan that proposed a £9.2m deficit and recognition that this would require a corresponding adjustment for NHS Scarborough and Ryedale CCG.

- Concern about known and emerging risks, including in relation to QIPP delivery and continuing healthcare.
- Recognition that delivering a £16m deficit plan would have service impact and require “handbrake” actions.
- Discussion with NHS England about the performance monitoring target as this currently included the capped expenditure plans.
- The CCG’s role in leading system transformation.

TP proposed, and the Committee agreed, that as a minimum we should reset to a £9.2m deficit as agreed earlier and that a case be made to the Governing Body for a return to the 31 March 2017 £16m deficit plan with recognition of the concerns about confidence of delivery. PM supported this view and sought confirmation of this approach from other Executive members of the CCG. Although there were a number of concerns expressed that every effort was being made to deliver this it was becoming increasingly challenging. It was also agreed that from a plan perspective the CCG could not move away from a plan that had already been agreed and approved by the Governing Body. However, it was recognised that the CCG could not deliver this plan alone and should identify further specialist support requirements for discussion with NHS England.

The Committee:

1. Recommended that the CCG’s current financial plan should be reset with the aim of meeting only the CCG control total shortfall, planned in year and cumulative deficits being respectively £9.2m and £33.0m.
2. Requested that a proposal be presented to the Governing Body for a reset of the financial plan to the 31 March submitted version, approved by the Governing Body on 6 April 2017, and that further specialist support be identified for discussion with NHS England.

JS left the meeting

10. Better Care Fund Update

AP presented the report which outlined the process to date and initial feedback from the September submission of Better Care Fund plans for the CCG’s three Health and Wellbeing Boards. He detailed issues relating to the requirement for a target/trajectory to be set for a reduction in delayed transfers of care for which additional funding, the improved Better Care Fund, was being provided. This was in the form of a local authority grant subject to three conditions and with the potential for monies to be removed if the conditions were not met.

AP explained that the templates required for the Better Care Fund plans had been pre-populated from A and E Delivery Board figures. This had resulted in a zero forecast of delayed transfers of care for the City of York and North Yorkshire County Council plans. As this trajectory was considered to be neither realistic nor deliverable, discussions were now taking place about the potential for its amendment. However, AP noted that indications were that this may not be possible.

The Committee:

Received the Better Care Fund update.

11. Contract Trading Report Month 4

In presenting this item LS advised that the month 4 position was against contract value noting the current forecast of £191m with York Teaching Hospital NHS Foundation Trust should nothing in the system change and planned QIPPs not deliver.

LS explained that the CCG had issued a Contract Query Notice to York Teaching Hospital NHS Foundation Trust for Assessment Unit activity. The CCG was also working with NHS Scarborough and Ryedale and NHS East Riding of Yorkshire CCGs to resolve the ongoing unbundled rehabilitation bed day challenge. LS detailed the work taking place to analyse the position. She noted that the outcome report from the community bed audit had not provided the evidence or information needed to justify the recording and charging of rehabilitation bed days in the community based sites in line with the national technical guidance as expected. The worst case scenario was 50% of what in 2016/17 had been estimated to be a £4m impact from coding changes.

Discussion ensued in the context of system working, issues identified at earlier agenda items, and delays to information requested relating to other specialties. TP assured members that the CCG followed the formal contracting approach, noting the potential for further Contract Query Notices but also emphasising the impact on the Contracting Team's workload in this regard.

PM commended LS's tenacity in terms of the current commissioning approach but requested that she work with the Executive Team and MA-M to consider alternatives to improve the net position for inclusion in the financial reset to be considered by the Governing Body on 5 October. LS noted that she would include an action plan in future reports.

The Committee:

1. Received the contract trading report and noted the associated issues.
2. Requested that consideration be given to alternative commissioning approaches for inclusion in the financial reset to be considered by the Governing Body on 5 October.

12. Integrated Performance Report Month 5

CA noted that the verbal update on the Primary Care Programme, scheduled for inclusion in this agenda item, was being deferred to the next meeting.

CA presented the report which comprised performance headlines, performance summary against all constitutional targets, and programme overviews relating to planned care, unplanned care, mental health, learning disability and complex care, primary care, and enabling and quality. She also noted the detailed reports at later agenda items which were being deferred to the next meeting, including referral to treatment recovery and cancer 62 days, due to the time constraints on the current meeting because of extended finance reports presented on the agenda.

Areas of improvement in performance from June to July 2017 related to continuing healthcare waiting list, diagnostics six week waits, child and adolescent mental health services assessments and dementia diagnosis rates. CA highlighted the improvement from 2.83% to 2.18% in respect of diagnostic six week waits, noting that acceleration of RightCare delivery was dependent in some areas on having access to adequate diagnostics, most significantly CT (scanner equipment as well as radiologist reading capacity) She also noted ongoing issues with CT scan capacity locally, and advised that the Cancer Alliance was considering this in the context of the cancer transformation fund support and recent bids for this funding. CA additionally reported that York Teaching Hospital NHS Foundation Trust's diagnostic improvement plan was still awaited as part of the on-going refresh of their 'Return to Operational Standards' performance improvement framework.

Members discussed ongoing concerns about the impact on performance and financial deterioration from delays by York Teaching Hospital NHS Foundation Trust and requested that the need for culture change be escalated to the Executive Programme Board.

Areas of deterioration in performance from June to July 2017 were cancer 62 days and two week waits, A and E four hour, 18 week referral to treatment, Improving Access to Psychological Therapies and ambulance 30 minute handover. In respect of cancer performance CA noted that dermatology capacity was now centralised on the York site in order to support the return to the two week urgent cancer referrals performance target.

CA noted significant increases in ambulance waiting times due to flow issues at hospital. Performance in ambulance handovers over 30 minutes had deteriorated to 28% on the York site and 54% in Scarborough.

CA noted that the 2016/17 Quality Premium final assessment had been shared noting that none of the local indicators had been achieved and advising that she would report this formally to the Committee in October.

DN expressed concern about safety in light of the issues relating to York Teaching Hospital NHS Foundation Trust. Discussion ensued on prioritising focus on areas within the CCG's control. PM proposed that the Executives work with CA to review decision making for areas that would have the most impact for the CCG in driving performance improvement.

The Committee:

1. Received the month 5 Integrated Performance Report.
2. Noted that the Executives would work with CA to review decision making for areas that would have the most impact for the CCG.

MA-M left the meeting

13. Child and Adolescent Mental Health Services

This item was deferred to the next meeting.

14. Improving Access to Psychological Therapies Performance

This item was deferred to the next meeting.

15. Performance Review: A and E Four Hour Standard and Winter Planning 2017/18 - York

PM reported that he and KR had attended a national meeting on A and E winter preparations for Chief Executives, Accountable Officers and Chairs of challenged systems. PM emphasised that winter was a system issue and noted the potential for a level of resources to be required which may result in the CCG being at risk from a financial perspective. He also reported the requirement to submit revised winter plans with a system focus.

AP referred to the report which comprised a summary for existing schemes and impact, current performance, key actions for winter 2017/18 and a winter action plan with timescales and priorities. He also referred to a number of the recommendations of the North West Utilisation Management Unit Non-Elective Pressures and Performance Review Report on York Teaching Hospital NHS Foundation Trust and associated discussions noting that none of the actions identified were new to partners. AP highlighted the recommendations for seven day working and the need for patient discharges before mid-day to increase from the current 15% to at least 33%.

With regard to the winter plan work was taking place to prioritise available resources to maximise impact on the four hour target. Specific actions for October to December 2017 related to: commissioning additional capacity to deliver support for step down facility for patients with restricted weight bearing; commissioning additional capacity to deliver support for discharge to assess for continuing healthcare assessment process; delivering home intravenous therapy; providing overnight support for vulnerable patients; review of primary care actions; and project work to support development of diversionary pathways for respiratory conditions with Yorkshire Ambulance Service across the Unplanned and Emergency Care Network. AP noted dependence on partnership working.

DB requested that the Executive Team consider additional staff resource for the work required to address winter pressures and that monthly progress reports be provided to the Committee.

The Committee:

1. Noted the update.
2. Requested monthly progress reports on winter.

16. Referral to Treatment Recovery

This item was deferred to the next meeting.

17. Performance Review: Cancer 62 Day Performance Delivery

This item was deferred to the next meeting.

18. Key Messages to the Governing Body

- The Committee expressed concern at the continuing cost escalation of the CCG's contract with York Teaching Hospital NHS Foundation Trust and, in view of the aspirations of the Heads of Terms not being achieved, requested that the escalation process be activated.
- The Committee recommended to the Governing Body that the Financial Plan be reset to the position of the March 2017 plan.
- The Committee recommended that consideration be given to seeking further support from NHS England.

The Committee:

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

16. Next Meeting and Forward Plan

The next meeting would be 9am to 1pm 26 October 2017.

As this was JH's last day with the CCG, DB expressed appreciation for his work noting his considerable contribution to the Committee.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 28 SEPTEMBER 2017 AND CARRIED FORWARD FROM THE PREVIOUS MEETING

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P28	22 June 2017	Better Care Fund Update	<ul style="list-style-type: none"> Report to November or January Governing Body on Better Care Fund outcomes, achievements and impact 	EW	2 November 2017 or 4 January 2018
F&P30	27 July 2017	Risk Update Report	<ul style="list-style-type: none"> Recovery plans for 18 week referral to treatment, cancer 62 day target 	CA	24 August or 28 September 2017 Deferred to 26 October meeting
F&P32	27 July 2017 24 August 2017	Integrated Performance Report Month 3	<ul style="list-style-type: none"> Meeting to be arranged to consider Improving Access to Psychological Therapies, dementia coding and the 62 day cancer target 62 day cancer target report to next meeting 	CA CA	Before 24 August Committee meeting 28 September 2017 Deferred to 26 October meeting
F&P 33	24 August 2017	Child and Adolescent Mental Health Services	<ul style="list-style-type: none"> Report to be presented at next meeting 	DN	28 September 2017 Deferred to 26 October meeting

Confirmed Minutes

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P34	24 August 2017	Improving Access to Psychological Therapies Performance and Action Plan	<ul style="list-style-type: none"> Monthly update requested 	DN	28 September 2017 and ongoing
F&P35	24 August 2017	Dementia Coding – Performance and Action Plan	<ul style="list-style-type: none"> Clinical Executive to consider any further clinical support Practices may need in respect of dementia coding. 	AP	
F&P37	28 September 2017	Financial Plan 2017/18 and Contract Trading Report	<ul style="list-style-type: none"> Proposal to be developed for presentation to the Governing Body recommending a reset of the financial plan to that of 31 March 2017, identifying further specialist support and proposing alternative commissioning approaches 	TP/Executive Directors	5 October 2017
F&P38	28 September 2017	Performance Review: A and E Four Hour Standard and Winter Planning 2017/18 - York	<ul style="list-style-type: none"> Monthly progress reports 	AP	26 October 2017 and ongoing

Confirmed Minutes

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Chair's Report: Primary Care Commissioning Committee

Date of Meeting	19 September 2017
Chair	Keith Ramsay

Areas of note from the Committee Discussion

- The ongoing development of the primary care dashboard.
- The Nuffield Trust Primary Care Home report.
- The financial lever to improve patient access to primary care as discussed under the Financial Performance Report.

Areas of escalation

- The ongoing development of the primary care dashboard is now becoming much needed as it links into the financial lever to improve patient access to primary care. Work with primary care providers needs to be escalated

Urgent Decisions Required/ Changes to the Forward Plan

N/A

**Minutes of the Primary Care Co-Commissioning Committee held on
19 September 2017 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
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)
Phil Mettam (PM)	Accountable Officer
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Kathleen Briers (KB)	Healthwatch York Representative
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Dr Lorraine Boyd (LB)	GP, Council of Representatives Member
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Andrew Phillips (AP)	Joint Medical Director
Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Paula Evans (PE)	Chair, Council of Representatives
Dr Shaun O'Connell (SOC)	Joint Medical Director
Sharon Stolz (SS)	Director of Public Health, City of York Council.

Unless stated otherwise the above are from NHS Vale of York CCG

There was one member of the public in attendance.

Question from Member of the Public

Bill McPate

Given the reported prospects of increased illness due to 'flu, what steps are being taken to mitigate its effect.

Response

MC explained that the 'flu plan would be presented to the Committee but was still being finalised. She noted that, where possible, the plan would be developed jointly with councils and that the emergency outbreak plan was in addition to the annual

Winter Plan. MC also noted that information about vaccine uptake by Practices was starting to be shared and added that through contracts the CCG held all providers to account for vaccination of staff.

AP highlighted that Practices had an annual 'flu campaign and were incentivised in this regard. KR added that the responsibilities of both commissioners and providers regarding vaccination had been emphasised at a national meeting the previous day.

AGENDA

1. Welcome and Introductions

KR welcomed everyone to the meeting. He particularly welcomed AB to his first meeting since appointment as Local Medical Committee Liaison Officer.

2. Apologies

As noted above.

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

There were no declarations in relation to the business of the meeting. All declarations were as per the Register of Interests. KR reminded the Committee of the need to ensure declarations were updated if required.

4. Minutes of the meeting held on 25 July 2017

The minutes of the meeting held on 25 July were agreed.

The Committee

Approved the minutes of the meeting held on 25 July 2017.

5. Matters Arising

PCCC6 Primary Care Commissioning Committee Terms of Reference – Role of the Committee in the context of the Accountable Care Partnership Board: KR advised that these discussions were still ongoing.

SP joined the meeting

PCC23 Primary Care Dashboard Development: MC reported on a number of discussions, including with PE and Dr Emma Broughton, to develop operational indicators. She also noted that opportunities to learn from other areas were being sought and that work would take place across the Sustainability and Transformation Plan footprint but emphasised that this would not delay the CCG's dashboard. A prototype dashboard would be discussed at a meeting, to be attended by DB, on 27 September prior to presentation at the next Committee meeting. In response to AB enquiring about Local Medical Committee involvement in the discussions, MC agreed to include him in the next phase of development of the prototype.

Unconfirmed Minutes

In response to SP expressing concern that Primary Care as a provider was being treated differently to other providers in terms of consideration of quality information, MC explained the context of sharing available information in a public forum before it had been discussed with Practices. She also noted capacity concerns within the CCG and highlighted the need for clarity as to the purpose of the information, for example the CCG's position in the national average informing focus for work. KR proposed that initial discussion could take place at a Part II meeting immediately following the November Committee meeting prior to discussion at a future meeting in public.

Further discussion included the need for information sharing about activity and skill mix to progress collaborative working and also for clarity of the context of sharing information with recognition of the good quality General Practice in the CCG but emphasis on support for quality improvement.

PM requested a report to the November meeting of the Committee with a decision to be taken regarding whether this was initially in a Part II meeting.

Proposal for sponsorship of John Lethem annual essay competition: PM reported that in a joint letter of appreciation from himself, PE and KR to John Lethem they had proposed establishment of an annual essay competition for a medical school year group asking them to share their experiences of General Practice and how it might have influenced their development as doctors. PM advised that a response to this proposal had not yet been received.

The remaining matters were noted as agenda items or would be included in discussion of items.

The Committee:

1. Noted the updates.
2. Requested a report on development of the primary care dashboard at the next meeting.

6. Primary Care Commissioning Financial Report

TP presented the report which provided information on financial performance of primary care commissioning as at month 4 noting that the forecast outturn figure of £41,797k remained in line with the 2017/18 CCG financial plan for the capped expenditure process submitted on 12 June 2017. The £74k year to date slippage for CCG premium reinvestment, reported under primary care in the main CCG dashboard reported to the Governing Body, was being utilised to support locality structures as agreed at previous meetings of the Committee.

In respect of the £46k overspend on Other GP services, relating in the main to increased costs within administration for new retainers and ongoing sickness claims, TP advised that the latter had now been concluded. There was currently no foreseen recurrent expenditure pressures on this budget line.

In respect of the Quality and Outcomes Framework £47k accrual year to date adverse variance, TP noted that this would change as more information became available during the year.

TP explained that the two emerging legacy issues from 2016/17, £121k relating to Quality and Outcomes Framework accrual and £11k over accrual for Dispensing Doctors costs, would be reflected in the ledger when coding information had been received from NHS England.

Discussion ensued on the Quality and Outcomes Framework accrual process and potential for this to inform opportunities to consider Practice variation. Members noted that assessment of Quality and Outcomes Framework achievements was done annually but that the timing did not align with the CCG's planning processes; the annual review was part of contract negotiation with points varying from year to year due to areas being incorporated in core spend. Summary information of 2016/17 achievements was expected in October.

KB noted that Healthwatch was undertaking work on aspects of quality in General Practice and she would update the Committee accordingly.

PM referred to the recent establishment of capitated prescribing budgets and requested a report for the next meeting of the Committee on the associated principles, followed by a report to the January meeting of the data in view of the two month delay on availability of prescribing information.

In relation to national funding for extended access to General Practice, SM explained that the funding available was £3.34 per head on the basis of 50% population access in 2017/18 and £6 per head on condition of 100% population access in 2018/19, noting that if these figures were not achieved the money would not be available. SM reported that work was ongoing regarding operational implementation highlighting the NHS England expectation for this to be in the form of GP led services but detailed concerns about current levels of engagement, the need for establishment of a hub type approach and the complexity of accessing clinical records due to the fact that a number of systems were used locally. There were also liability and indemnity issues.

PM requested a report to the November Committee on proposals to address the issues above and noted that Dr Kevin Smith, Deputy Director Healthcare, Public Health England, Yorkshire and the Humber, was working with the CCG to progress engagement with GPs.

HM proposed including an update on the elements of the General Practice Forward View in the NHS England report standing agenda item.

SM described the work taking place in the three localities noting the expectation for the GP led services to be on a locality footprint. He also explained that discussion was taking place regarding the NHS England expectation for the CCG to undertake a procurement process for these services.

Further discussion included recognition of the ongoing work within localities, noting of the hub approach being established by York Medical Group, the intention that both extended access and urgent treatment centres would evolve from existing areas, and the need to ensure value for money and maximise resources.

Whilst recognising the CCG's challenging financial position PM requested development of a proposal for pilot initiatives for consideration at the November Committee with a view to requesting the Executive Committee agree release of resource and the required financial and governance arrangements to enable testing to be undertaken during the coming winter months. AP additionally referred to urgent and emergency care plans in 2018/19 for NHS 111 to have access to direct booking of Practice appointments.

With regard to estates members noted that the financial performance report reflected the current status and that notional rent reviews were presented to the Committee for approval. Strategic intent for out of hospital services and workforce was still being developed but should be on the basis of collective development of primary care resources as a whole.

The Committee:

1. Received the report on the financial position of the Primary Care Commissioning budgets as at month 4.
2. Requested a report on establishment of capitated prescribing budgets and the associated principles to the November meeting and a report to the January meeting on the data.
3. Requested a report on proposals for fulfilling the GP led extended access requirements for the next meeting.
4. Requested a proposal to the next meeting for pilot initiatives for testing GP led services in localities during the coming winter months.

7. General Practice Visits and Engagement: Briefing Summary

AP presented the report which included the aims, types of engagement and agendas for engagement with Practices, proposed a format and plan for Practice visits, identified potential risks, and described proposed actions to support this approach.

Members welcomed the comprehensive report. Discussion encompassed the need for clarity about the purpose of each visit from both the perspective of the CCG and Practices as providers to ensure appropriate attendance; recognition that Practice needs would vary; concern about the CCG's capacity to fulfil this approach; establishment of a baseline position to identify appropriate frequency of visits to each Practice, potentially through a framework with 'Red, Amber, Green' rating; engagement through Practice Patient Participation Groups; and the context of development of localities.

PM proposed that the specific actions relating to Practice visits and engagement be put on hold and that further consideration be given to the CCG supporting Practices as providers to develop innovation and collaborative working of a clinical delivery model for the best value for patients as quickly as possible. PM noted that Kevin

Unconfirmed Minutes

Smith had met with representatives from the CAVA Practices in this regard. He also referred to discussion with the Council of Representatives and agreed to bring a proposal to the next meeting.

The Committee:

1. Received and commended the briefing summary describing Practice visits and engagement.
2. Noted that PM would bring a proposal to the next meeting for CCG support to Practices for development of a clinical delivery model.

8. Nuffield Trust Primary Care Home Report

PM introduced this item which described a potential operating model to support General Practice as providers.

SM gave a presentation on aspects of the Nuffield Trust report *Primary Care Home: Evaluating a New Model of Primary Care*, noting availability of further detail: the full report at <https://www.nuffieldtrust.org.uk/research/primary-care-home-evaluating-a-new-model-of-primary-care>; case studies at <http://www.napc.co.uk/primary-care-home>; and NHS England <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/primary-care/>

SM highlighted the four principles of the Primary Care Home programme: improving the patient experience of care (including quality and satisfaction); improving the health of populations; reducing the per capita cost of health care; and improving the experience of providing care. SM also noted the core characteristics of the Primary Care Home model and how rapid test sites began building and evaluating their Primary Care Home model.

'Enablers' to developing a Primary Care Home were identified as leadership, engagement, workforce training and culture, alignment of financial and clinical aims, organisational form, and monitoring and evaluation. Lessons for rapid test sites and future Primary Care Home sites were detailed in terms of implementing and evaluating the model.

Discussion ensued in the context of recognised high quality General Practice and transforming delivery so that General Practice was at the forefront but with recognition of the need to take account of sustainability of partner organisations. Relationships between Practices and the CCG, a shared vision and principles to reduce waste - including learning from other areas - were identified as key. A focus on improving the patient experience would ultimately achieve savings.

The Committee:

Received the presentation Nuffield Trust Primary Care Home Report *Primary Care Home: Evaluating a New Model of Primary Care*.

Unconfirmed Minutes

9. NHS England Primary Care Update

HM presented the report which provided updates in respect of Resilience Funding, Practice Based Pharmacist Scheme and the 2017/18 Directed Enhanced Service (Extended Access Element), noting with regard to the latter that Terrington Surgery had now confirmed their intention to continue closure of the Practice for half a day a week and would therefore not be eligible to access the funding. HM additionally referred to the earlier discussion and her intention to include updates on the General Practice Forward View in future reports.

Following discussion of the Practice Based Pharmacy Scheme HM agreed to include in her next report information about which Practices were included. Members also noted that this scheme was intend to enhance the skill mix in Practices and the expectation that NHS England would request information on expected outcomes to understand the impact of the scheme on Practices.

In response to KB enquiring about 'flu vaccination, HM explained that NHS England commissioned these from both General Practice and Pharmacists to enable patient choice.

The Committee:

Noted the updates.

10. Key Messages to the Governing Body

- The Committee discussed the ongoing development of the primary care dashboard.
- The Committee noted the Nuffield Trust Primary Care Home report.
- The Committee highlighted the financial lever to improve patient access to primary care as discussed under the Financial Performance Report.

The Committee:

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

11. Next meeting

9.30am on 22 November 2017 at West Offices.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 19 SEPTEMBER 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC6	28 February 2017	Primary Care Commissioning Committee Terms of Reference	<ul style="list-style-type: none"> Discussion to take place of the role of the Committee in the context of the Accountable Care Partnership Board with the Executive Director of Planning and Governance 	SM	Ongoing
	28 March 2017			<ul style="list-style-type: none"> KR to discuss with PM 	
PCCC25	19 September 2017	Matters arising from previous minutes	<ul style="list-style-type: none"> Report on development of the Primary Care Dashboard 	MC	22 November 2017
PCCC26	19 September 2017	Primary Care Commissioning Financial Report	<ul style="list-style-type: none"> Report on establishment of capitated prescribing budgets and the associated principles to the November meeting and a report to the January meeting on the data. Proposals for fulfilling the GP led extended access requirements Proposal for pilot initiatives for testing GP led services in localities during the coming winter months 	SOC	22 November 2017/ 24 January 2018
				SM	22 November 2017
				AP/SM	22 November 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC26	19 September 2017	General Practice Visits and Engagement: Briefing Summary	<ul style="list-style-type: none"> <li data-bbox="1039 384 1592 491">• Proposal for CCG support to Practices for development of a clinical delivery model 	PM	22 November 2017

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	12 October 2017
Chair	Michelle Carrington

Areas of note from the Committee Discussion

Following the single item meeting regarding Child and Adolescent Mental Health Services, the detailed table of actions was being developed into an action plan which would be monitored through the Tees, Esk and Wear Valleys NHS Foundation Trust Contract Management Board.

Updated terms of reference for Quality and Patient Experience Committee.

Positive reduction in serious incidents at York Teaching Hospital NHS Foundation Trust and improvements to duty of candour.

Update on quality in care homes, including the work of the Senior Quality Lead in both supporting and initiating improvement.

Very positive annual report of the designated safeguarding team to go to December Governing Body

Areas of escalation

Significant safeguarding and clinical risk had been identified relating to midwifery sharing of information with GPs no longer being routinely informed by midwifery services across North Yorkshire about pregnancy and booking of care.

Concerns relating to the investigation into the allegations of abuse at the Army Foundation College in Harrogate which had been the subject of national media coverage.

Urgent Decisions Required/ Changes to the Forward Plan

Additions to the forward plan, updated version to next Committee.

**Minutes of the Quality and Patient Experience Committee Meeting held on
12 October 2017 at West Offices, York**

Present

Michelle Carrington (MC) - Chair	Executive Director of Quality and Nursing/Chief Nurse
Jenny Carter (JC)	Deputy Chief Nurse
Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Andrew Phillips (AP)	Joint Medical Director

In attendance

Barry Dane (BD)	Healthwatch, York
Ursula Farrington (UF)	Serious Incident Team
Sarah Goode (SG)	Quality Lead for Primary Care
Karen Hedgley (KH) - part	Designated Nurse Safeguarding Children
Victoria Hirst (VH)	Head of Engagement
Gill Rogers (GR)	Patient Experience Officer
Michèle Saidman (MS)	Executive Assistant

Apologies

Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Dr Shaun O'Connell (SOC)	Joint Medical Director
Keith Ramsay (KR)	CCG Lay Chair
Debbie Winder (DW)	Head of Quality Assurance and Maternity

The agenda was discussed 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 relation to the business of the meeting. All declarations were as per the Register of Interests.

6. 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 Lessons Reviews; safeguarding children in respect of the Designated Professionals Strategic Plan and key issues; children in care in respect of timeliness of health assessments; primary care; the Care Quality Commission Children Looked After and Safeguarding Review; and the independent inquiry into child sexual abuse; The *Safeguarding Children Designated Professionals/Nurse Consultant Primary Care Annual Report* was included as an appendix.

KH referred to concerns previously reported to the Committee about young people placed in private residential care in North Yorkshire from out of area. She advised that the partner agencies had worked together to develop a draft 'Out of Area Looked After Children Protocol' which detailed the expectations for authorities placing children within the North Yorkshire boundary.

KH described concerns relating to the investigation into the allegations of abuse at the Army Foundation College in Harrogate which had been the subject of national media coverage. She advised that the North Yorkshire Safeguarding Children Board had responded as a partnership and support was being provided through the Local Safeguarding Children Board and the Army Safeguarding Board; safeguarding children training would also be provided for health staff employed at the College Medical Centre. JB noted that she would raise these concerns at the Quality Surveillance Group.

KH advised that the September meeting of City of York Council Safeguarding Children Board had focused on a presentation of the highlights from the outcome of the York Care Quality Commission Children Looked After and Safeguarding Review.

In relation to the Designated Professionals Strategic Plan KH noted that all outstanding actions from the 2016-17 strategic plan had been carried forward in to the 2017-18 plan.

KH explained that timeliness of health assessments for children in care was a system wide issue but noted significant improvement during August regarding York Teaching Hospital NHS Foundation Trust's timeliness of assessments. However, ongoing concerns about timeliness of notifications to health from City of York Council were being addressed through the Children in Care Strategic Partnership. KH also advised that an interim arrangement to December 2017 had been agreed whereby Harrogate and District NHS Foundation Trust would undertake Review Health Assessments for City of York Council for the 5 to 19 year age group, paid for by the Local Authority.

KH highlighted that a significant safeguarding and clinical risk had been identified relating to midwifery sharing of information with GPs no longer being routinely informed by midwifery services across North Yorkshire about pregnancy and booking of care. Agreement had been reached with all midwifery providers that at booking the GP would be routinely informed of a pregnancy and any significant information shared at that time. KH noted that the Nurse Consultant for Safeguarding (Adults and Children) in Primary Care was working with GPs following concerns raised about additional workload relating to information sharing. KH additionally noted that requirements for consent to share information were being considered, the concerns were being raised with NHS England.

KH referred to the CCG action plan following the City of York Children and Looked After Safeguarding Review in December 2016 noting that an updated action plan had been submitted to the Care Quality Commission on 27 September. MC added, in relation to the City of York Council Healthy Child Service, that a service offer had been described at a recent meeting of the Clinical Executive. She had requested that delivery of this service be Red, Amber, Green rated to inform consideration of any potential additional support.

Unconfirmed Minutes

KH highlighted the work required by each of the four North Yorkshire CCGs to provide the information requested by the independent inquiry into child sexual abuse. MC noted that the Executive Committee would be considering a request for additional interim support in this regard.

MC commended the comprehensive *Safeguarding Children Designated Professionals/Nurse Consultant Primary Care Annual Report*, which would be presented to the Governing Body.

The Committee:

1. Noted the CCG action plan arising from the City of York Care Quality Commission Children Looked After and Safeguarding Review and agreed to accept updates against the plan at the next meeting.
2. Noted the update regarding timeliness of Review Health Assessment and Initial Health Assessments and agreed next steps to address the concerns.
3. Noted the final report from North Yorkshire Children Looked After and Safeguarding Review and agreed to accept highlights of the progress against the action plan at future meetings.
4. Noted the fifth Safeguarding Children Designated Professionals Annual Report and agreed to receive Quarter 1 updates against the 2017-18 Strategic Plan at the next meeting.
5. Noted that the *Safeguarding Children Designated Professionals/Nurse Consultant Primary Care Annual Report* would be presented to the Governing Body.

KH left the meeting

3. Minutes of the meetings held on 8 June and 14 August 2017

The minutes of the previous meetings were agreed. MC noted that attendance at the Single Item meeting on 14 August had differed from the regular Committee membership as there had been specific invitees.

The Committee:

Approved the minutes of the meeting held on 8 June and noted the minutes of the meeting held on 14 August 2017.

4. Matters arising from the minutes

8 June

Q&PE10: Quality and Patient Experience Report - Proposal to A and E Delivery Board for combined report on patient A and E experiences: AP reported that this work was still ongoing noting that winter planning was currently the A and E Delivery Board's priority. He explained the intention that the report would reflect specific experiences relating to the Emergency Department Front Door. JB highlighted other opportunities

Unconfirmed Minutes

where feedback in this regard was obtained, including ward accreditation visits to which the Quality Team was invited and sub contract management board meetings. AP agreed to work with JB and VH to triangulate information for a report after the winter period. Healthwatch engagement would also be sought.

14 August

MC explained the rationale for the single item meeting advising that the detailed table of actions was being developed into an action plan which would be monitored through the Tees, Esk and Wear Valleys NHS Foundation Trust Contract Management Board. Progress would be reported to the Quality and Patient Experience Committee as a standing agenda item with any cost implications being considered by the Finance and Performance Committee. MC also noted that a meeting with Tees, Esk and Wear Valleys NHS Foundation Trust, scheduled before arrangement of the single item Quality and Patient Experience Committee, had been positive in terms of assurance about provision of activity and data information.

In response to MC seeking an update on publication of the Healthwatch report following the *York Inspirational Kids* survey, BD advised that this was scheduled for presentation at the November meeting of the York health and Wellbeing Board but the draft report had been shared with both the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust. A communication plan in preparation for its publication was discussed.

Committee Workplan

The proposed work plan was agreed and would be added to as required.

A number of other matters were noted as agenda items or completed.

The Committee:

1. Noted the updates.
2. Agreed the work plan.

5. Quality and Patient Experience Committee Terms of Reference

MC referred to the proposed amendments to the Committee's terms of reference and sought members' views on further governance related changes. In this regard it was agreed that AK should replace MC as Deputy Chair, the Head of Legal Services and Governance should become a full member of the Committee, and 'In attendance' should include 'Anyone else at the invitation of the Accountable Officer' as already agreed for a number of other Governing Body Committees.

MC referred to the ongoing work to develop risk reporting and the potential for this to be reported at the Quality and Patient Experience Committee. MC also advised that she and JB were working with the Executive Director of Transformation and Delivery in respect of her portfolio and appropriate contribution to the Committee, particularly in terms of mental health and continuing healthcare issues.

Unconfirmed Minutes

The Committee:

Approved the proposed, and a number of additional amendments, to the Terms of Reference.

7. Quality and Patient Experience Report

In introducing this report JB explained SG's role regarding quality in primary care. She noted all Practices within the CCG were rated as 'Good' by the Care Quality Commission but that local intelligence provided by the Care Quality Commission inspector would inform prioritisation of SG's work. JB also highlighted sharing of learning across primary care.

SG reported on her visits and contacts with Practices to date emphasising that patient safety and experience were priority. Discussion of Practice visits included the report presented by AP at the Primary Care Commissioning Committee and noting that work was taking place to further develop the proposals.

JB referred to the District Nursing Workforce Transformation Plan noting that this discussion included working with the Hospice at Home. She noted that work was also taking place to understand opportunities and potential for District Nurses to work more efficiently and responsively with primary care as well as care homes. Further discussion was taking place at the November meeting of the Council of Representatives.

In respect of the review of York Teaching Hospital NHS Foundation Trust's Community Children's Nursing Services, including Special School Nursing, Children's Community Team and Children's Therapy Services, JB advised that the CCG was leading a review which aimed to ensure a responsive service for children and their families particularly during school holidays.

JB reported on bed closures at York Teaching Hospital NHS Foundation Trust due to ongoing workforce challenges among both medical and nursing staff. She also noted the need for effective communications in this regard in light of the system winter planning; assurance was being sought via the sub contract management board.

MC referred to the Infection Prevention and Control information highlighting the complexity of managing MRSA bloodstream infection. She commended the fact that York Teaching Hospital NHS Foundation Trust was under trajectory for clostridium difficile and noted that there had been no lapses in care in quarter two for cases that had been reviewed. Progress was also being made with regard to reviewing community cases of clostridium difficile.

MC advised that an action plan for the reduction of E coli had been submitted to NHS England and noted the significant workload in this regard, particularly for providers.

In respect of care homes MC reported that seven of the 82 within the CCG had required support for infection prevention and control. She also noted the potential for this to increase during winter.

Unconfirmed Minutes

MC referred to the TB pathway noting its complexity and identification of a number of risks. NHS Harrogate and Rural District CCG, as lead commissioner, was seeking clarification of funding arrangements.

UF reported on Serious Incidents noting the reduction compared with the same period in 2016-17. She advised that work was ongoing with all providers regarding assurance and embedding of learning and highlighted the improvements, in particular at York Teaching Hospital NHS Foundation Trust, in terms of appropriate reporting. UF also noted that York Teaching Hospital NHS Foundation Trust now invited commissioners to discuss Serious Incident information and there had been a reduction in the number of pressure ulcers reported. UF described ongoing work to ensure reporting was in line with the NHS England Serious Incident Framework and also noted progress in relation to Duty of Candour. However they had declared four Never Events relating to wrong site surgery and assurance against the National Safety Standards for Invasive Procedures was being reviewed as part of seeking assurance about improvements

UF reported on positive discussion with Tees, Esk and Wear Valleys NHS Foundation Trust regarding promoting timely closure of Serious Incidents and focus both on learning and providing appropriate assurance for commissioners.

With regard to the CCG Serious Incident for which the root cause had been identified as failure by the Referral Support Service team to follow guidance, MC advised that the investigation had been completed. MC noted her proposal that the Executive Committee should sign off internal Serious Incidents. She would both report back on this and ensure the decision was incorporated in policies. MC also referred to the two further Serious Incidents relating to the Referral Support Service noting that the learning would be reported to the Executive Committee and advising that closure would be by NHS England, however the action plan would be monitored internally.

Members noted that discussions were ongoing with NHS England regarding sharing of lessons learned from Serious Incidents. JB additionally advised that an alternative system for CCG staff to report incidents was being developed.

In respect of maternity MC reported that establishment of a Local Maternity System across the Sustainability and Transformation Plan had been delayed but would be presented for sign off by the Governing Body at its 2 November meeting. MC also referred to the continuing reduction and improved outcomes in relation to stillbirths but advised that capacity for scans remained an issue. With regard to smoking rates at time of delivery MC highlighted continued concern in a particular ward in York noting that Public Health was working to address this.

MC referred to the NHS England funding for perinatal mental health advising that if successful the CCG would be expected to match the funding. This would be considered by the Executive Committee in the context of the current financial challenges.

MC reported on work to increase screening and immunisation noting the City of York Council and CCG Screening Improvement Plan was progressing with five key priorities: increase uptake of Meningitis ACWY catch up cohort; increase immunisation uptake in pregnancy for pertussis and influenza; improve uptake of cancer screening

Unconfirmed Minutes

programmes for people with learning disabilities; flu vaccination for patients in at risk groups; and prevent inequity of access and uptake to screening and immunisation programmes in the Vale of York. MC advised that these indicators would be incorporated in the Primary Care Dashboard and monitored via the Primary Care Commissioning Committee.

In referring to the patient experience update GR highlighted the complexity of complaints relating to continuing healthcare noting that she was working with the Continuing Healthcare Team. MC emphasised the volume, and therefore capacity, in this regard.

JB referred to the assurance on regulatory inspection highlighting that, although there were no care homes within the CCG rated as 'Inadequate' by the Care Quality Commission, a number of quality concerns were being addressed. The Quality Team was providing support to the care homes in question. MC added that she was updating the private session of the Governing Body as required.

Members also noted the update on quality in care homes, including the work of the Senior Quality Lead in both supporting and initiating improvement. MC highlighted the update on mattress selection for community staff noting that the clinical input of the Senior Quality Lead had achieved significant savings to date across the North Yorkshire CCGs.

JB referred to the update on CQUIN performance by providers for the first quarter of 2017-18 and highlighted with regard to cancer performance that there was a specific issue at York Teaching Hospital NHS Foundation Trust relating to dermatology two week waits due to consultant capacity. Work was taking place with both the Trust and primary care to understand the impact.

With regard to end of life care JB advised that a business case had been approved for MyRightCare, a cloud based system that would enable improved communication for providers; roll out was now being considered by a small working group. JB also noted that regular review meetings were now taking place with St Leonard's Hospice in York.

Members discussed MyRightCare further in the context of an interface enabling providers in the community to share information. AP also noted that York Integrated Team was considering this system to support enhanced care records.

JB referred to the update on mental health noting the ongoing work to address the local challenge of dementia diagnosis. A proactive approach, including providing support for care homes in terms of diagnosis, was being adopted pending receipt of an action plan. JB also advised that a number of quality visits were planned to seek assurance about Child and Adolescent Mental Health Services and dementia diagnosis.

The Committee:

Received the Quality and Patient Experience Report

Unconfirmed Minutes

8. Safeguarding Adults

MC referred to the report which comprised of an update on the Safeguarding Adults team, the North Yorkshire and City of York Safeguarding Adults Boards, York Learning Lessons Review, Prevent, Channel Panel, Learning Disability Mortality Review in North Yorkshire and York, serious and organised crime, and care home 'verifying expected death'. The Annual Report 2016-17 and City of York Safeguarding Adults quarter one information were also included.

MC highlighted capacity issues due to the volume of work relating to the Learning Disability Mortality Review noting that 160 of the 300 national notifications were for Yorkshire and the Humber. Discussion was taking place with NHS England's Director of Nursing regarding a proposal to identify cases to potentially remove from the system that were not subject to another statutory review and where no contact with family had been made. MC noted additionally that the portal for submission of information was being ceased.

MC explained that work was in progress regarding processes for recording of deaths in the community of individuals with learning disabilities. She noted that compliance with this would be reported in the primary care dashboard.

MC advised that the Annual Report would be presented at the Governing Body meeting on 2 November.

The Committee:

1. Received the Safeguarding Adults report.
2. Noted that the Annual Report would be presented to the Governing Body.

9. Patient Stories at Committee Meetings

VH reported that since her report to the June meeting of the Committee work had been ongoing at Sustainability and Transformation Plan level to develop a framework and guidance for patient stories. She noted that patients were involved in this work.

VH explained that she and JB had met with a parent carer who they would be interviewing for a patient story film on 24 October. She offered members the opportunity to contribute to questions for this. VH assured members that appropriate consent would be sought to share the carer's information and also requested that members inform her of any potential patient stories. MC noted that United Response had offered to undertake a piece of work in relation to learning disabilities in this regard.

The Committee:

Noted the update.

10. Engagement Update

VH presented the report which provided an update on recent patient and public involvement events and the Patient and Public Engagement Impact Assessment Framework indicators for 2016-17. She noted that feedback from the former would be provided in themes by locality for reporting to the Locality Boards.

Unconfirmed Minutes

VH explained that the Patient and Public Engagement Impact Assessment Framework set out 10 key actions and linked to annual reporting on the legal duty to involve patients and the public in commissioning. The actions comprised: involve the public in governance; explain public involvement in commissioning/business plans; demonstrate public involvement in annual reports; promote and publicise public involvement; assess, plan and take action to involve; feedback and evaluate; implement assurance and improvement systems; advance equality and reduce health inequalities; provide support to enable effective involvement; and hold providers to account on patient and public involvement.

Discussion ensued on a number of the indicators, including emphasis that holding providers to account on patient and public involvement was a statutory duty, and the role of the Staff Engagement Group. In response to aspects of clarification sought, VH noted that she would discuss staff wellbeing and engagement with members of the Staff Engagement Group.

The Committee:

1. Noted the update.
2. Requested an update on the action plan for the indicators of the Public Engagement Impact Assessment Framework at the February 2018 meeting.
3. Requested the draft Engagement Annual Report at the June 2018 meeting prior to presentation to the Governing Body.

Additional Item: Care Quality Commission Local System Review – City of York

MC reported that the Care Quality Commission was currently undertaking a whole system review noting that City of York was one of 12 areas initially identified for such a review. The key lines of enquiry mainly related to the over 65s and delayed transfers of care for which evidence would be submitted on 20 October by Pippa Corner, Head of Joint Commissioning Programme, City of York Council and NHS Vale of York CCG. This was a review, not an inspection, and the reviewers were meeting with system leaders, including representatives from primary care. Six patient case studies, selected by the partner organisations, were required and a relational audit had been shared widely across the system. Verbal feedback would be provided at a Local Summit, provisional date 18 December, followed by a report in the New Year.

The Committee:

Noted the update.

11. Key Messages to the Governing Body

The Committee noted that the Quality and Patient Experience Report would be adapted for presentation to the November meeting of the Governing Body.

The Committee:

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

Unconfirmed Minutes

12. Next meeting


9am, 14 December 2017.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 12 OCTOBER 2017 AND CARRIED FORWARD

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE10	13 April 2017	Quality and Patient Experience Report	<ul style="list-style-type: none"> Proposal to A and E Delivery Board for combined report on patient A and E experiences Report deferred to after winter 	AP	Ongoing
	12 October 2017			AP/JB/VH	April 2018
Q&PE12	8 June 2017	Patient Stories at Committee Meetings	<ul style="list-style-type: none"> Proposal for a patient and carer story framework to be presented at the next meeting. Patient story to be presented at the October meeting. 	VH	3 August 2017 12 October 2017 Deferred to 14 December 2017
Q&PE13	12 October 2017	Safeguarding Children and Children in Care	<ul style="list-style-type: none"> <i>Safeguarding Children Designated Professionals/Nurse Consultant Primary Care Annual Report</i> to be presented to Governing Body 	MC	4 January 2018
Q&PE14	12 October 2017	Safeguarding Adults	<ul style="list-style-type: none"> Annual Report to be presented to the Governing Body 	MC	2 November 2017
Q&PE15	12 October 2017	Engagement Update	<ul style="list-style-type: none"> Update on the action plan for the indicators of the Public Engagement Impact Assessment Framework Draft Engagement Annual Report 	VH	8 February 2018
				VH	June 2018

Unconfirmed Minutes

Item Number: 20	
Name of Presenter: Dr Shaun O'Connell	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 2 November 2017	
Report Title – Medicines Commissioning Committee Recommendations August and September 2017	
Purpose of Report For Information	
Reason for Report	
These are the latest recommendations from the Medicines Commissioning Committee (August and September 2017)	
Strategic Priority Links	
<input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Covalent Risk Reference and Covalent Description
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks (not yet on Covalent)	
Recommendations	
For information only	

Clinical Executive Committee have approved these recommendations

Responsible Executive Director and Title	Report Author and Title
Dr Shaun O'Connell Joint Medical Director GP Lead for Planned Care and Prescribing	Laura Angus Lead Pharmacist

Annexes (please list)

Recommendations from York and Scarborough Medicines Commissioning Committee August 2017

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
1	TA455 : Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people		Adalimumab (for children aged ≥4 years), etanercept (≥6 years) & ustekinumab (≥12 years) are recommended for plaque psoriasis in children and young people under specified conditions as detailed in the TA.	All drugs already listed as Red	No cost impact to CCGs as NHS England commissioned.
2	TA456 : Ustekinumab for moderately to severely active Crohn's disease after previous treatment Costs saved per patient		<p>Ustekinumab is recommended, within its marketing authorisation, as an option for treating moderately to severely active Crohn's disease, that is, for adults who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF-alpha inhibitor or have medical contraindications to such therapies.</p> <p>Trust specialists intend to continue using adalimumab or infliximab first line but patients would now receive ustekinumab instead of vedolizumab. Ustekinumab has the advantages of being cheaper than vedolizumab, and it can be administered subcutaneously whereas vedolizumab is given via IV infusion currently via the Medical Elective Suite.</p>	Red	<p>Approximate comparative annual costs of vedolizumab and ustekinumab per patient:</p> <p>Vedolizumab – drug acquisition cost + cost of administration via MES (approx. £400 per visit): Year 1 = £19,600 Year 2 onwards = £14,700 to £17,150</p> <p>Ustekinumab (based on 70kg adult) – drug acquisition cost Year 1 = £15,029 Year 2 onwards = £8,588 to £10,735</p> <p>15 patients (14 from York, 1 from Scarborough) have been changed to vedolizumab since April this year to date, whom it is predicted will be switched to ustekinumab.</p> <p>Potential savings for these 15 patients if switched would be approx. £68,565 in year 1 and £91,680 to £96,225 from year 2 onwards.</p> <p>(NB: A PAS is in place for vedolizumab and a confidential pricing arrangement has been agreed for ustekinumab. The above costs do not take these into consideration)</p>
3	TA457 : Carfilzomib for previously treated multiple myeloma		Carfilzomib in combination with dexamethasone is recommended as an option for treating multiple myeloma in adults under specified criteria.	Red	No cost impact to CCGs as NHS England commissioned.

4	TA458 : Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for treating human epidermal growth factor receptor 2 (HER2) –positive, unresectable, locally advanced or metastatic breast cancer in adults who previously received trastuzumab and a taxane, separately or in combination. Conditions are detailed in the TA.	Red	No cost impact to CCGs as NHS England commissioned.
5	TA459 : Collagenase clostridium histolyticum (CCH) for treating Dupuytren's contracture	<p>For people not taking part in the ongoing HTA-15/102/04 clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:</p> <ul style="list-style-type: none"> • There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints. • Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon. • The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available. • One injection is given per treatment session by a hand surgeon in an outpatient setting 	Red	<p>Information on estimated number of eligible patients is awaited from YFT. However, NICE state that this guidance is not expected to have a significant impact on resources i.e. it will be less than £9,100 per 100,000 population per year – this equates to less than £26,322 for VoY, and £8,208 for ScR based on the adult population.</p> <p>CCH is marginally less expensive than its comparator options, limited fasciectomy and percutaneous needle fasciotomy. Expert opinion suggests the change in practice is likely to impact a small population because treatment with CCH is only recommended after other options are not considered appropriate.</p> <p>The acquisition cost is £572.00 per injection. Clinical study experience is currently limited to up to 3 injections per cord and up to 8 injections (£4,576) in total.</p>
6	TA460 : Adalimumab and dexamethasone for treating non-infectious uveitis	<p>Adalimumab is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids, only if the criteria specified in the TA are met.</p> <p>Dexamethasone intravitreal implant is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults, only if there is:</p> <ul style="list-style-type: none"> • active disease (that is, current inflammation in the 	Red	<p>NICE state that a significant resource impact is not expected because the eligible population size in England is small (~450 per year for adalimumab and ~380 per year for dexamethasone) in England. This equates to approx. 3 patients per year in VoY and 1 patient per year in ScR.</p> <p>Adalimumab is commissioned by NHS</p>

		<p>eye) and</p> <ul style="list-style-type: none"> worsening vision with a risk of blindness. 		<p>England therefore there will be no cost impact to CCGs.</p> <p>The acquisition cost of dexamethasone intravitreal implant is £870.00 per implant. The recommended dose is 1 implant into the affected eye. Repeat doses should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity and in the physician's opinion may benefit from retreatment without being exposed to significant risk. There is currently no experience of repeat administrations in posterior segment non-infectious uveitis.</p>
7	<p>TA461: Roflumilast for treating chronic obstructive pulmonary disease</p>	<p>Roflumilast, as an add-on to bronchodilator therapy, is recommended as an option for treating severe chronic obstructive pulmonary disease in adults with chronic bronchitis, only if:</p> <ul style="list-style-type: none"> the disease is severe, defined as a forced expiratory volume in 1 second (FEV1) after a bronchodilator of less than 50% of predicted normal, and the person has had 2 or more exacerbations in the previous 12 months despite triple inhaled therapy with a long-acting muscarinic antagonist, a long-acting beta-2 agonist and an inhaled corticosteroid. <p>Treatment with roflumilast should only be started by a specialist in respiratory medicine</p> <p>YFT specialists have indicated that the target group would be the “frequent exacerbator” phenotype patients who are relatively unusual and identifiable through frequent rises in CRP and WCC. High dose ICS and low dose macrolide prophylaxis would usually be tried first. Expected benefits of roflumilast would include reduction in bronchitic symptoms and some improvement in QoL scores and lung function. However, the main benefit is significant reduction in moderate to severe exacerbations with an expected average reduction of 45% (1.0 to 1.1 exacerbations</p>	<p>Amber specialist Initiation</p>	<p>YFT are currently working on estimated patient numbers but expect this to be low given the restriction of specialist initiation only.</p> <p>NICE do not expect the guidance to have a significant impact on resources (less than £9,100 per 100,000 population per year) – expected uptake is small because the therapy should only be started by specialists in secondary care and the unit cost for the intervention is small.</p> <p>Drug acquisition cost per patient per year = £457.55</p>

		per patient per year). Therefore the drug could be discontinued in patients who have clearly increasing exacerbation rates despite being on the drug. The most common side effects are weight loss and GI disturbance; the drug should be stopped in patients experiencing these to a significant degree.		
8	TEWV shared care guidelines: <ul style="list-style-type: none"> • Atomoxetine for ADHD • Methylphenidate for ADHD • Lithium 	The group approved the use of the updated shared care guidelines on atomoxetine, methylphenidate and lithium which had been approved by the TEWV D&T committee.	Amber shared care	None expected – guidelines updated.
9	Hepatitis A and B combined vaccine for travel	The group were asked to review the current commissioning position of the combined Hep A/Hep B vaccine for travel in light of the current global shortages of the separate vaccines. The VoY travel vaccine guidance currently states that the combined vaccine should not be prescribed on the NHS for travel purposes. Whilst the Hep A vaccine can be given as part of NHS provision, the Hep B vaccine is not remunerated by the NHS when used for travel purposes. The group noted that Public Health England had issued guidance to help mitigate the shortages and the combined vaccine is recommended in certain circumstances. It was agreed that whilst there remains a shortage, the combined vaccine can be used for those patients requiring Hep A for travel in line with PHE guidance. As the Hep B vaccine cannot be given on the NHS, patients requiring it for travel are required to obtain the vaccine privately and this remains applicable when the combined vaccine is used. The travel vaccine guidance will be updated to reflect this temporary position.	N/A	The combined Hep A/Hep B vaccine is more expensive than the single Hep A vaccine - £20.79/£33.31 vs £14.74/£18.10 for the paediatric/adult preparations respectively. Also, the standard primary course of using the combined vaccine consists of three doses while that using the single vaccine consists of just one dose. However, NaTHNac recently updated its Hep A immunisation recommendations and vaccination is no longer recommended for most travellers visiting a number of countries
10	Dicycloverine for gastrointestinal spasm	The group agreed to assign a black status to dicycloverine on the basis that it is not a cost-effective use of NHS resources. The price of dicycloverine has increased considerably over recent months and it now costs significantly more than other antispasmodic drugs. A 28 day supply of dicycloverine 10 mg to 20 mg TDS currently costs around £155 to £197 compared to £4.44 for mebeverine 135 mg TDS. In addition, use of dicycloverine is not advocated by CKS	Black	Cost saving. VoY spent around £271k while ScR spent £38k on dicycloverine between April 16 and March 17.

		or the British Society for Gastroenterology as it is associated with adverse effects, and CKS found little difference in efficacy between different antispasmodics.		
11	Glaucoma pathway and formulary section review	<p>The group approved the glaucoma pathway and the proposed formulary amendments to ensure use of the most cost-effective agents, and to ensure that there is a preservative free (PF) option for each drug group:</p> <p>Carbonic anhydrase inhibitors – order of choices First line = dorzolamide Second line = brinzolamide</p> <p>Items to be removed from formulary: Carteolol 2% Timolol 0.5% Levobunolol PF</p> <p>Items to be added to formulary (All Amber specialist recommendation) Bimatoprost PF Dorzolamide PF Dorzolamide + timolol PF</p>	Amber specialist recommendation for items to be added to formulary	Minimal cost impact anticipated as pathway reflects current clinical practice.
12	Guideline for the administration of subcutaneous furosemide in the community setting	The group approved the guideline subject to the removal of the reference to a minor change.	N/A	No cost impact expected as guideline reflects current clinical practice.
13	Atorvastatin as first line statin on Y&S formulary	The group approved a change in the order of choice of statin on the formulary so that atorvastatin would move from 2 nd line to 1 st line in line with NICE guidance and simvastatin would move from 1 st to 2 nd line.	Green	Minimal cost impact anticipated.

Recommendations from York and Scarborough Medicines Commissioning Committee September 2017

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
1	TA463 : Cabozantinib for previously treated advanced renal cell carcinoma		Recommended as an option for treating advanced renal cell carcinoma in adults after VEGF-targeted therapy, only if company provides it with discount agreed in the PAS.	Red	No cost impact to CCGs as NHS England commissioned.
2	TA464 : Bisphosphonates for treating osteoporosis		<p>Oral bisphosphonates (alendronic acid, ibandronic acid and risedronate sodium) are recommended as options for treating osteoporosis in adults only if:</p> <ul style="list-style-type: none"> the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis and the 10-year probability of osteoporotic fragility fracture is at least 1%. <p>Intravenous bisphosphonates (ibandronic acid and zoledronic acid) are recommended as options for treating osteoporosis in adults only if:</p> <ul style="list-style-type: none"> the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis and the 10-year probability of osteoporotic fragility fracture is at least 10% or the 10-year probability of osteoporotic fragility fracture is at least 1% and the person has difficulty taking oral bisphosphonates (alendronic acid, ibandronic acid or risedronate sodium) or these drugs are contraindicated or not tolerated. 	All drugs listed in the guidance are already on formulary as green (oral) or red (IV) for osteoporosis	Low/no cost impact expected. It is not expected that practice will change substantially as a result of this guidance.
3	TA465 : Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma		Olaratumab, in combination with doxorubicin, is recommended for use within the Cancer Drugs Fund as an option for advanced soft tissue sarcoma in adults only if criteria specified in the TA are met.	Red	No cost impact to CCGs as NHS England commissioned.
4	TA466 : Baricitinib for moderate to severe rheumatoid arthritis		Baricitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if:	Red	Annual drug acquisition costs per patient = £10,472.28 A PAS scheme is in place details of which are commercial in confidence. The Trust estimates that around 20 to

		<ul style="list-style-type: none"> disease is severe (a disease activity score [DAS28] of more than 5.1) and the company provides baricitinib with the discount agreed in the patient access scheme. <p>Baricitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if:</p> <ul style="list-style-type: none"> disease is severe (a DAS28 of more than 5.1) and they cannot have rituximab and the company provides baricitinib with the discount agreed in the patient access scheme. <p>Baricitinib can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria above are met.</p>		25 patients per year will be treated with baricitinib across York and Scarborough. Baricitinib will be placed as second line (i.e. instead of biologics) and this is expected to lead to cost savings.
5	TA467 : Holoclar for treating limbal stem cell deficiency after eye burns	Holoclar (ex vivo expanded autologous human corneal epithelial cells containing stem cells) is recommended as an option in people with moderate to severe limbal stem cell deficiency after eye burns, only if criteria specified in the TA are met.	Red	No cost impact to CCGs as NHS England commissioned.
6	TA472 : Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab	Obinutuzumab in combination with bendamustine followed by obinutuzumab maintenance is recommended for use within the Cancer Drugs Fund as an option for treating adults with follicular lymphoma that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen, only if the conditions in the managed access agreement for obinutuzumab are followed	Red	No cost impact to CCGs as NHS England commissioned.
7	TA473 : Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck	Cetuximab in combination with platinum-based chemotherapy is recommended as an option for treating recurrent or metastatic squamous cell cancer of the head and neck in adults only: <ul style="list-style-type: none"> if the cancer started in the oral cavity and when the company provides the drug in line with the commercial access agreement with NHS England. 	Red	No cost impact to CCGs as NHS England commissioned.

8	<p>Resource ThickenUp Clear® powder for dysphagia</p>	<p>The group agreed to the addition of Resource ThickenUp Clear® to the formulary as the first line thickening agent. Resource ThickenUp Clear® is a gum based thickener whereas currently used thickeners are starch based. Gum based thickeners have a number of advantages over starch based thickeners:</p> <ul style="list-style-type: none"> • Unlike starch based thickeners, gum based thickeners do not continue to thicken over time. • Starch based thickeners become thinner if mixed with saliva as they are broken down by amylase whereas gum based thickeners are unaffected by amylase. • Gum thickeners have a smoother texture, are less grainy and tend to be preferred by patients as they are more palatable which improves adherence. <p>The price of Resource ThickenUp Clear is comparable to that of starch based thickeners for liquids thickened to stage 1 (syrup) consistency.</p>	Green	<p>Comparative costs for stage 1 thickened liquids (syrup consistency), based on 1500mL fluid intake per day:</p> <table border="1" data-bbox="1579 304 2045 762"> <thead> <tr> <th>Product</th> <th>No of tins required per month and cost</th> </tr> </thead> <tbody> <tr> <td colspan="2">Gum based</td> </tr> <tr> <td>Resource ThickenUp Clear®</td> <td>4 = £33.84</td> </tr> <tr> <td>Nutilis Clear®</td> <td>4 = £33.84</td> </tr> <tr> <td>Thick & Easy Clear®</td> <td>5 = £44</td> </tr> <tr> <td colspan="2">Starch based</td> </tr> <tr> <td>Thick and Easy®</td> <td>9 = £46.89</td> </tr> <tr> <td>Thicken Aid®</td> <td>9 = £33.39</td> </tr> </tbody> </table> <p>Use likely to be similar to current prescribing levels of starch based thickener.</p> <p>Current estimate of patients known to the SALT team on thickener, within VoY CCG, is 223.</p> <p>Estimate of recent patients discharged by SALT on long term thickener use is 200.</p>	Product	No of tins required per month and cost	Gum based		Resource ThickenUp Clear®	4 = £33.84	Nutilis Clear®	4 = £33.84	Thick & Easy Clear®	5 = £44	Starch based		Thick and Easy®	9 = £46.89	Thicken Aid®	9 = £33.39
Product	No of tins required per month and cost																			
Gum based																				
Resource ThickenUp Clear®	4 = £33.84																			
Nutilis Clear®	4 = £33.84																			
Thick & Easy Clear®	5 = £44																			
Starch based																				
Thick and Easy®	9 = £46.89																			
Thicken Aid®	9 = £33.39																			
9	<p>Ondansetron and granisetron for additional indications:</p> <ul style="list-style-type: none"> • PO ondansetron: for chronic nausea and vomiting when other antiemetics are contraindicated or unsuitable • SC ondansetron: for short term use in palliative care when other antiemetics are contraindicated or unsuitable. This would include patients with refractory nausea and vomiting, Parkinson's disease, and 	<p>The group approved the use of ondansetron and granisetron for the proposed indications. It was acknowledged that for patients with chronic nausea and vomiting, there are limited options as restrictions are in place by the MHRA for antiemetics such as domperidone and metoclopramide limiting their duration of use to 5 or 7 days due to safety concerns. Whilst ondansetron and granisetron have both been associated with QT prolongation, they have no restrictions on treatment duration. Clinical trials of long-term use (4-12 weeks) of serotonin antagonists in other indications did not suggest any serious adverse effects. It was also noted that the Palliative Care Formulary supports the use of these agents in certain</p>	Green	<p>Low cost impact expected as use of these agents for these indications is already taking place in practice.</p>																

	<p>occasionally, bowel obstruction.</p> <ul style="list-style-type: none"> SC granisetron: second line to SC ondansetron for use in palliative care when use of a syringe driver is not suitable as granisetron can be given as a bolus SC injection. 	<p>circumstances.</p> <p>The formulary will be clearly annotated to specify when they can be used, and that the indications are unlicensed.</p>		
10	<p>Ferric maltol for treatment of mild to moderate iron deficiency anaemia (Hb >9.5g/dL) in patients with inflammatory bowel disease (IBD).</p>	<p>The group approved the use of ferric maltol for treating mild to moderate iron deficiency anaemia (Hb >9.5g/dL) in adults with IBD following recommendation by a gastroenterology specialist, and following adequate trial of at least 2 other oral ferrous salts on the formulary.</p> <p>The intended place in therapy is following failure of current formulary choices of oral iron salts prior to moving on to IV iron, potentially avoiding IV iron in some patients and the associated costs of administration.</p> <p>The available data suggest that ferric maltol may be well tolerated in many patients with previous intolerance to oral ferrous salts. Whilst ferric maltol is substantially more expensive than other oral ferrous salts, it is significantly cheaper than IV iron due to the associated administration costs (£404 per attendance at the Medical Elective Suite).</p>	<p>Amber specialist recommendation</p>	<p>Comparative costs between ferric maltol and IV iron:</p> <p>Drug acquisition cost for 6 months' treatment with ferric maltol = £286</p> <p>Drug and outpatient administration cost (via MES) of IV iron (based on a 70kg adult with Hb ≥10 g/dL):</p> <p>Ferric carboxymaltose (Ferinject®) 1500 mg over 2 infusions (max permitted single dose = 15mg/kg or 1000 mg) = £1064</p> <p>Iron isomaltoside (Monofer®) 1500 mg over 2 infusions (max permitted single dose = 20mg/kg) = £1048</p> <p>YFT specialists estimate that around 100 patients per year will be eligible for treatment with ferric maltol.</p>
11	<p>Glucodrate for the management of high output stoma/short bowel syndrome.</p>	<p>The group approved the addition of Glucodrate to the formulary as an amber specialist initiation drug only for those patients who would be prescribed St Mark's solution and clearly unable to make their own.</p> <p>Glucodrate is an ACBS approved oral rehydration solution with comparable composition to St Mark's solution. Patients who require St Mark's solution can be provided with a recipe to make their own but those who are unable to make their own are prescribed St Mark's powder which is an unlicensed product.</p> <p>Glucodrate is substantially cheaper than St Mark's powder and will be used instead for these patients.</p>	<p>Amber specialist initiation</p>	<p>Cost saving compared with St Mark's</p> <p>Comparative monthly costs per patient:</p> <p>St Mark's = £342.72</p> <p>Glucodrate = £73.08</p> <p>Cost saving of around £270 per patient per month.</p> <p>Expected patient numbers are very small as only 4 patients have been prescribed St Mark's across York and Scarborough in the last 12 months.</p>

12	RAG status of Spiriva Respimat for asthma	<p>The group was asked to confirm the RAG status of Spiriva Respimat for asthma. Following its inclusion in the asthma pathway, it was added to the formulary as a green drug but the original application proposed a RAG status of amber specialist recommendation.</p> <p>The group agreed that a green status was appropriate as the use of tiotropium in primary care is well established (for COPD). Other areas have also assigned a green status for asthma e.g. Leeds and GMMMG.</p>	Green	Confirmation of RAG status.
13	RAG status of sevelamer and lanthanum (phosphate binding agents)	It was identified that these agents did not have a RAG status assigned on the formulary but it was confirmed that they were meant to be red. Both drugs are commissioned by NHS England.	Red	Confirmation of RAG status.
14	Outpatient prescribing guidelines for York Hospitals (update)	The only amendment made in the updated document was to change the name of the new outpatient pharmacy contractor to Lloyds Pharmacy. The document was approved. Some suggestions were made about the Treatment Advice Note – to include information on whether or not a generic could be prescribed, and details of who to contact if any details cannot be understood. These will be considered when the document is due for printing.	N/A	N/A