

GOVERNING BODY MEETING

13 July 2017, 9.30am to 12.30pm

Bedingfield Suite, The Bar Convent, 17 Blossom Street, York YO24 1AQ

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

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 5-17	Minutes of the meeting held on 4 May 2017	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Pages 19-29	Accountable Officer's Report	To Receive	Phil Mettam
6.	Pages 31- 44	Risk Update Report	To Receive	Rachel Potts
STRATEGIC – 10.30am				
7.	Present-ation	Developing a New Mental Health Hospital for the Vale of York	To Receive	Phil Mettam

FINANCE AND PERFORMANCE – 11.00am				
8.	Pages 45-56	Financial Performance Report Month 2	To Receive	Tracey Preece
9.	Pages 57-100	Integrated Performance Report Month 2	To Receive	Rachel Potts
ASSURANCE – 11.50am				
10.	Pages 101-276	2016/17 Annual Report and Annual Accounts	To Ratify	Rachel Potts / Tracey Preece
11.	Pages 277-302	Quality and Patient Experience Report	To Receive	Michelle Carrington
12.	Pages 303-353	Care Quality Commission Report: Review of Health services for Children Looked After and Safeguarding in York	To Receive	Michelle Carrington
13.	Pages 355-416	Conflict of Interests Policy	To Ratify	Rachel Potts
14.	Pages 417-470	Procurement Policy	To Ratify	Tracey Preece
15.	Pages 471-505	Policy for the Engagement of External Auditors for Non-Audit Work	To Ratify	Tracey Preece
RECEIVED ITEMS – 12.15pm				
16.	Pages 489-530	Audit Committee Minutes: 1 March, 26 April and 24 May 2017		
17.	Pages 531-535	Executive Committee Minutes: 19 April 2017		
18.	Pages 537-558	Finance and Performance Committee Minutes: 27 April and 25 May 2017		
19.	Pages 559-576	Quality and Patient Experience Committee Minutes: 13 April and 8 June 2017		

20.	Pages 577-599	Primary Care Commissioning Committee Minutes: 28 March and 30 May 2017		
21.	Pages 601-610	Medicines Commissioning Committee Recommendations: 12 April, 10 May and 14 June 2017		
NEXT MEETING				
22.	Verbal	9.30am on 7 September 2017 at Pocklington Arts Centre, 22-24 Market Place, Pocklington, York YO42 2AR	To Note	All
CLOSE – 12:30pm				
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 4 May 2017 at Riley Smith Hall, 28 Westgate, Tadcaster LS24
9AB**

Present

Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	Clinical Director
David Booker (DB)	Lay Member
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
Dr Tim Maycock (TM)	Clinical Director
Phil Mettam (PM)	Accountable Officer
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)

Jim Hayburn (JH)	Strategic Programme Consultant
Victoria Hirst (VH) – for item 8	Head of Engagement
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Michèle Saidman (MS)	Executive Assistant
Elaine Wyllie (EW)	Strategic Programme Consultant

Apologies

Dr Emma Broughton (EB)	Clinical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Four members of the public were in attendance.

KR welcomed everyone to the meeting.

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

1. Anne Leonard – Defend Our NHS (York)

In the light of several recent events, Defend our NHS York would like to ask the CCG for reassurance that the system of being able to submit questions at the beginning of their

monthly meetings is one they are happy to continue. There have been suggestions that our queries might better come via individual officers, and that some of our queries have disconcerted hard working staff. We have publicly given reassurance that none of our criticisms and concerns are about staff. We fully recognise and appreciate the pressure they work under. Our concerns are about the system they have to operate under and the enormous changes they are obliged to implement, with so little opportunity for public scrutiny of an institution that belongs to the public.

At the point where formal public consultation is being implemented, we would like reassurance that the existing continuous opportunity for public participation at CCG meetings will continue.

Response

PM confirmed that the opportunity to submit questions at Governing Body meetings would continue. He also reiterated invitations issued previously for informal discussion and referred to the communication and engagement plan at agenda item 7 emphasising the CCG's commitment to public engagement events which would resume after the pre-General Election restrictions.

2. Janet Conde, Defend Our NHS

During the recent City of York Health Scrutiny committee meeting it became evident that, following the closure of Archways, some primary care financial resources had not been relocated to commission increased community intermediate care. This was to the tune of £300,000, and was stated during a report given to the committee by York Teaching Hospital NHS Foundation Trust. Could the CCG please clarify this issue?

Response

TP confirmed that the net saving of £350k created from the closure of Archways remained in the CCG's total Community Services budget line in the draft Financial Plan. This amount was not in the York Teaching Hospital NHS Foundation Trust community contract however as there was no specific service contracted for yet. The 2016/17 contract between the CCG and the Trust articulated that these savings be ring-fenced to support further agreed out of hospital services, that may or may not be solely with the Trust, provided savings could be made elsewhere in the acute contract specifically where they evidenced acute admission avoidance. The CCG was currently discussing with the Trust and other community partners potential schemes for the reinvestment of the remaining Archways savings that fulfilled the requirement to avoid unplanned hospital admissions.

Post meeting note: The response was forwarded to Janet Conde on 4 May

AGENDA 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 6 April 2017

The minutes of 6 April were agreed.

The Governing Body:

Approved the minutes of the meetings held on 6 April 2017.

4. Matters Arising from the Minutes

Safeguarding Children Annual Report 2015-16: MC reported that, following discussion of additional capacity at the Executive Committee, further consideration was required in terms of resources and realignment of programmes of work for the children's agenda.

Accountable Officer Report – Review of CCG's community bone protection service: SOC reported that the National Osteoporosis Society data was being reviewed at a GP meeting week commencing 8 May. He noted that TM was leading this work.

Quality and Patient Experience Report – Lessons learnt from real time suicide surveillance: MC confirmed that this process was in place.

Public Health Services Report: SOC reported that the letter to the Leader of City of York Council expressing concerns about public health services was being finalised and would be sent week commencing 8 May.

Accountable Officer's Report – Primary care input in joint programmes of work with York Teaching Hospital NHS Foundation Trust: JH advised that arrangements were being finalised in respect of the joint work and link with the Council of Representatives.

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 2016-17 financial position; the Operational Plan 2017-19 assurance and delivery; Council of Representatives meeting; Better Care Fund; emergency preparedness, resilience and response; and national plans and strategic issues.

In respect of turnaround, legal Directions and the CCG's 2016-17 financial position, PM highlighted the CCG's delivery of the £28.1m forecast deficit position and the fact that this demonstrated stabilisation of financial risk across the system during the last quarter of the year. He commended CCG staff and partner organisations on this achievement.

PM referred to the recent Utilisation Management Unit review undertaken at York Teaching Hospital NHS Foundation Trust. He advised that a comprehensive report was currently being completed which included extensive recommendations for both planned and unplanned care confirming that members would be informed of the key findings. PM also offered support to members of the public in gaining an understanding of the lengthy, clinical report.

PM advised that the CCG's Operational and Financial Plans for 2017-19 were not yet approved by NHS England and explained that NHS Scarborough and Ryedale CCG was in a similar position, noting that York Teaching Hospital NHS Foundation Trust was the main provider for both CCGs. NHS England and NHS Improvement had requested that the three organisations work together to one financial envelope to manage the financial risk both across the system and for the organisations. A joint plan was now being developed for services commissioned from York Teaching Hospital NHS Foundation Trust by the two CCGs.

PM reported on a productive second meeting of the Accountable Care System Board where leaders of commissioner, provider and voluntary sector organisations had signed up to a common vision and principles of putting patients first. At the next meeting in June the Board would consider outcomes to be delivered which would inform development of services in the three locality groups of the CCG's footprint, namely North, Central and South. PM welcomed the progress on joint responsibility as a health and social care system and confirmed that engagement sessions in the localities, suspended due to the pre-General Election restrictions, would take place.

PM referred to the CCG's Quarter 4 Integrated Assurance Framework and 2016-17 Annual Review meeting with NHS England which, in the context of the financial challenge, had been broadly positive. He highlighted that this reflected on the work of the CCG as a whole and in particular expressed appreciation to GP Practices and partner organisations for their support. The formal letter from NHS England would be circulated and published on receipt.

PM noted the action plan being developed in response to recommendations from the national Intensive Support Team review of access to psychological therapy services. Progress would be reported through the regular agenda items.

In respect of the Council of Representatives meeting SC referred to agreement by Practices for the £3 per head to focus on services for the frail elderly across the three localities noting concern that this could not be progressed due to the CCG being subject to a system financial envelope. PM emphasised commitment to this work and agreed to provide an update at the next meeting.

EW reported on discussion with partner organisations in relation to Better Care Fund investment. She noted the social care grant monies were circa £2.8m for City of York Health and Wellbeing Board and circa £9.8m, shared across the four North Yorkshire

CCGs, for North Yorkshire Health and Wellbeing Board. EW explained that this funding was the local share of £2bn nationally announced in the Spring budget for health and social care. Agreement had been reached in principle with both Local Authorities that investment in the Better Care Fund would be maintained as far as possible provided that the services demonstrated an impact in line with organisational priorities. The additional funding was subject to a number of conditions, namely: meeting social care needs, relieving pressure on the NHS including a focus on delayed transfers of care, and ensuring the care market was supported. EW noted that technical guidance was still awaited, including information on minimum contribution and the final timetable for submitting 2017-19 plans.

The Governing Body:

1. Received the Accountable Officer's Report.
2. Noted that PM would provide an update on the £3 per head for Practices at the next meeting.

6. Governing Body Assurance Framework and Risk Report

RP noted that there were no major changes to report. There had been nine events which related to impact on the CCG of the Partnership Commissioning Unit reorganisation; managing Partnership Commissioning Unit areas of spend; failing to achieve an assured position for the 2016-17 plan, breach of NHS England legal Directions; failing to achieve 67% dementia coding target in General Practice; insufficient resources allocated to Estates and Technology Transformation Fund Strategy to enable the CCG to access funding streams; and ongoing breach of the A and E four hour constitutional target. Significant corporate risks continued to be reported for the financial position, performance on urgent care, delivery of the QIPP plan, and Partnership Commissioning Unit spend and continuing healthcare delivery.

RP highlighted the ongoing work to realign risk management and risk reporting to the priorities of the Operating Plan and the Internal Audit Plan.

Discussion ensued about the realignment of the Partnership Commissioning Unit staff and potential impact on the CCG from costs of continuing healthcare packages. Members noted positive feedback from former Partnership Commissioning Unit staff who were now based in West Offices and change of base consultation taking place with continuing healthcare staff who were currently still at Sovereign House. SP highlighted discussion of concerns relating to the Partnership Commissioning Unit transition at the Audit Committee noting that assurance had been sought in respect of patients and governance. MC, who was managing this area pending appointment of the Executive Director of Transformation and Delivery, advised that improvements were being made in aspects of work that were now within the CCG. She noted potential unintended consequences, such as through reassessment of nursing home placements, and also explained that consideration was being given to alternative management of continuing healthcare, including across a bigger footprint.

The Governing Body:

1. Received the Risk Register report.

2. Noted the strategic and corporate risk portfolio and the burden of risk in specific areas.

7. Developing a New Mental Health Hospital for the Vale of York

EW referred to the report which provided an update on development of a new mental health hospital for the Vale of York noting that, due to the restrictions following the announcement of a General Election, Tees, Esk and Wear Valleys NHS Foundation Trust had not yet considered the Outline Business Case. They were holding an extraordinary meeting in mid-June to progress this and the overall planning timescale was not expected to be affected. The Governing Body should receive the decision at its July meeting.

EW noted that issues relating to engagement with service users were being progressed and that assurance about the bed numbers and configuration would be reflected in the Outline Business Case. She confirmed that engagement sessions, separate from those scheduled within the Communication and Engagement Plan, would take place with patients and carers as part of Tees, Esk and Wear Valleys NHS Foundation Trust's Exchange events.

The Governing Body:

Received and noted the report.

VH attended for this item

8. Communication and Engagement Plan

In introducing this item RP referred to the Engagement Strategy previously considered by the Governing Body which had outlined the vision and direction of engagement within the CCG. She highlighted that the Communication and Engagement Plan now presented had been developed through work with partner organisations and explained that dates arranged as part of this work were being rescheduled due to the pre-General Election restrictions. RP emphasised that communication and engagement was the responsibility of everyone in the CCG noting that members would receive requests to support events.

VH explained that the action plan, which had been discussed at the Quality and Patient Experience Committee, outlined work for the current financial year. It comprised a number of key areas: Events and public engagement, Patient experience and feedback, Working with and building relationships with key stakeholders, patients and networks, Statutory duties, Communication and conversations, and Internal staff engagement.

VH detailed progress in building networks and having conversations since taking up post in December 2016. She highlighted areas of priority in respect of 'big conversations' with patients, the public and stakeholders to involve the local population in working together to address the challenge and ensure a sustainable health and social care system. VH emphasised the intention of rebooking a number of events in July.

The planned events included 'big conversation' workshops, participating in existing events and forums, taking the conversation into the community and working in

partnership. An integrated communications and engagement approach, both internal to the CCG and external, would be utilised with feedback and follow up to increase consistency, visibility and trust, including a 'You Said, We Did' approach. VH also noted the intention of presenting a proposal to the Quality and Patient Experience Committee about patient stories at Committee meetings.

Detailed discussion included confirmation of joint working and joint messaging with York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust; the need for engagement sessions to set the financial context and not raise expectations; opportunities through social and local media ensuring reputation management; providing key messages, such as self care, for primary care; and avoiding duplication.

PM additionally noted opportunities of engagement with major local employers. He referred to potential learning from other areas for example where there was focus on work place mental health to the mutual benefit.

Members commended the comprehensive plan and expressed appreciation to colleagues who had been part of its development. They requested a report to the September or October Governing Body meeting.

The Governing Body:

1. Received and noted the Communication and Engagement Plan.
2. Requested a report to the September or October 2017 meeting.

VH left the meeting

9. Financial Performance Report Month 12

TP presented the report which confirmed the CCG had delivered the forecast outturn deficit of £28.1m against which performance had been monitored. She noted that the final figure reported for 2016-17 was £23.76m deficit due to release of the national 1% risk reserve.

TP advised that year end agreements had been reached with a number of providers, although to date not with York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust or Ramsay and Nuffield independent sector providers. However there was no material risk to the CCG as the assumptions were in line with the agreed forecast methodology. TP also noted that in the last quarter of 2016-17 the position had stabilised in a number of areas, notably continuing healthcare and activity at York Teaching Hospital NHS Foundation Trust. There had also been improvement in delivery of QIPP in the prescribing position for which the full year effect would be in 2017-18.

In respect of figures in the CCG's annual accounts TP reported a difference of £500k to £700k with York Teaching Hospital NHS Foundation Trust.

In response to SOC reporting that the underspend in primary care commissioning had been raised at the Council of Representatives meeting, discussion ensued on this £1.4m non recurrent figure, particularly in the context of the current pressures in primary care.

TP advised that a report to the next Primary Care Commissioning Committee would include clarification of the questions raised and noted potential scope outside the General Medical Services contract. PM referred to the role of the Primary Care Commissioning Committee and the need to ensure access to and deployment of investment. JL additionally offered support from the Local Medical Committee perspective both at the Council of Representatives and the Primary Care Commissioning Committee.

Members noted that the draft annual report and annual accounts would be considered at the Part II Governing Body meeting later in the day. The Audit Committee meeting on 24 May would, in accordance with the delegated authority, consider the documents for approval and submission to NHS England by 31 May. They would then be presented for ratification at the Governing Body meeting on 1 June.

The Governing Body:

Noted the financial performance of the CCG and the achievement of key financial duties for 2016-17.

10. Performance Report Month 11

JH noted that, although the Operational Plan had not yet been approved by NHS England as reported above, the performance report was in line with the structure of the plan and the key issues remained unchanged. He highlighted improvement in A and E four hour performance in February noting the workstreams, A and E Delivery Board and Utilisation Management Unit report discussed at item 5 above.

JH referred to the cancer 62 day performance target, 75.7% against the 85% Sustainability and Transformation Plan control target for 2017-18. Performance was being managed at Sustainability and Transformation Plan level with local action plans.

In respect of the 18 week referral to treatment backlog JH advised that a number of QIPP schemes aimed to reduce this but noted complex capacity and planning processes. York Teaching Hospital NHS Foundation Trust had committed to reduce the backlog through the work of the Referral to Treatment Delivery Board.

JH noted the considerable amount of work undertaken in respect of improving access to psychological therapies as referred to at item 5 above.

JH highlighted the new format of the report and the four key questions at the end of each section which were now part of the reporting process:

- Are targets being met and are you assured this is sustainable?
- Is there a trajectory and a date for recovery/improvement?
- What mitigating actions are underway?
- Is further escalation required?

Members welcomed the new reporting format, as had the Finance and Performance Committee, and expressed appreciation to all involved in its development.

The Governing Body:

Received the performance report.

11. Executive Committee Minutes

PM agreed to provide an update by email on the HealthNavigator project.

The Governing Body:

1. Received the minutes of the Executive Committee held on 15 March 2017.
2. Noted that an update by email would be provided on the potential extension of HealthNavigator.

12. Finance and Performance Committee Minutes

The Governing Body:

Received the minutes of the Finance and Performance Committee held on 23 March 2017.

13. Quality and Patient Experience Committee

KR highlighted the ongoing concern about City of York Council's Healthy Child Service noting potential impact on primary care, acute services and the CCG's financial bottom line. On SS's return from annual leave KR would discuss with her presentation of a report to the Quality and Patient Experience Committee or the Governing Body. MC reported that consultation was continuing on the new model for this service. She also noted that a collaborative working approach was now being adopted to address a number of the areas of concern expressed at the Quality and Patient Experience Committee.

KR expressed appreciation to LB, EB and AP for their attendance at the Committee and emphasised the importance of clinical input at the Committee.

PM requested that the Governing Body clinicians give consideration prior to the next Governing Body meeting to framing discussion in a way that provided increased clinical and patient focus.

The Governing Body:

Received the minutes of the Quality and Patient Experience Committee held on 8 February and 20 March 2017.

14. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 1 June 2017 at West Offices, Station Rise, York YO1 6GA.

15. Close of Meeting and 16. 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.

17. Follow Up Actions

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

A glossary of commonly used terms is available at:

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP


ACTION FROM THE GOVERNING BODY MEETING ON 4 MAY 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 	MC	
2 March 2017		<ul style="list-style-type: none"> Options were being developed for additional capacity 	MC	Ongoing
2 March 2017	Accountable Officer Report	<ul style="list-style-type: none"> CCG's community bone protection service to be reviewed in light of the National Osteoporosis Society data. 	PE/SOC	
6 April 2017		<ul style="list-style-type: none"> Update on receipt of report from National Osteoporosis Society 	SOC	
4 May 2017		<ul style="list-style-type: none"> Meeting taking place week commencing 8 May to review data 	TM	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 March 2017 6 April 2017 4 May 2017	Public Health Services Report	<ul style="list-style-type: none"> Letter to be drafted to the Leader of City of York Council, copied to the Chief Executive and the Executive Member for Adult Social Care and Health expressing the CCG's concerns about public health services Letter to be finalised Letter to be sent week commencing 8 May 	PM and Clinical Executive AP/SS SOC	End of April 2017 w/c 8 May 2017
6 April 2017 4 May 2017	Accountable Officer's Report	<ul style="list-style-type: none"> Report on primary care input in joint programmes of work with York Teaching Hospital NHS Foundation Trust Arrangements were being finalised for this work 	PM JH	4 May 2017 Ongoing
4 May 2017	Accountable Officer Report	<ul style="list-style-type: none"> Update on the £3 per head for Practices at the next meeting 	PM	1 June 2017

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 May 2017	Communication and Engagement Plan	<ul style="list-style-type: none"> Report to September or October Governing Body 	RP	7 September or 5 October 2017
4 May 2017	Executive Committee Minutes	<ul style="list-style-type: none"> Update on potential extension of HealthNavigator 	RP	By email

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Item Number: 5	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
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 type="checkbox"/> System transformations <input 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 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

Annexes:

Letter from NHS England: CCG 2016-17 Annual Review Meeting

GOVERNING BODY MEETING: 13 JULY 2017

Accountable Officer's Report

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

- 1.1 In line with Legal Directions the CCG's Governing Body continues to work on implementing the Improvement Plan with regards to capability, capacity, financial leadership, governance, mobilising change and financial recovery.
- 1.2 The CCG's financial plan for 2017-18 is not yet approved by NHS England. The CCG is currently working and reporting to the last submission of the draft financial plan on 30th March 2017. This was based on a brought forward deficit of £23.75m, following the release of the 1% national risk reserve, and a planned for in-year deficit of £16.05m in 2017-18, resulting in a cumulative deficit of £39.80m at the end of 2017-18.
- 1.3 On the 7th April 2017 the CCG together with Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust received a joint letter from NHS England and NHS Improvement that stated the organisations have been placed into a Capped Expenditure Process. The aim of this is to enable the health economy to achieve the best possible clinical outcomes for the public we serve whilst limiting the expenditure to spend within the funding available to the NHS in the area. The three organisations have and continue to progress plans and supporting detail at pace and an updated financial plan was submitted on 12th June 2017. This plan included the potential impact of proposals to close the system's control total shortfall of £13.7m and the potential impact has been built into the Month 2 forecast outturn to ensure consistency of reporting nationally.
- 1.4 Further work has then been undertaken on the activity impact of these plans and to close the remaining system gap from plan alignment issues and QIPP delivery risk, which were submitted on the 16th June 2017. All proposals remain subject to NHS England and NHS Improvement approval.

2. Operational Plan 2017-19, Assurance and Delivery

- 2.1 The CCG continues to mobilise all its programmes of work to deliver the priorities and objectives captured in the two-year Operational Plan and the Medium Term Financial Strategy. These encompass unplanned (out of hospital) care, planned care, mental health and learning disabilities, complex care and children's and primary care.
- 2.2 A significant number of the key workstreams in each of the CCG's programmes are being jointly delivered with partners as part of the Heads of Terms in our contract with York Teaching Hospitals NHS Foundation Trust

(YTHFT) and Scarborough and Ryedale CCG (SRYCCG) or with all system partners (including local authorities and voluntary services)

- 2.3 The Accountable Care System (ACS) Partnership Board approved the Project Initiation Document for the unplanned care system programme to mobilise in June and this programme of work is now being developed by the Unplanned Care Steering Group with representation from our local authorities, acute and mental health providers and primary care in the Vale of York. The focus is on delivering same day urgent access, proactive and reactive integrated care.
- 2.4 All CCG programmes are being developed within the context of the system financial envelope for the Vale of York and work with YTHFT, SRYCCG and East Riding of Yorkshire CCG is being undertaken to understand the collective ask of each of our commissioner and provider organisations in delivering improved population health within that financial envelope. This challenging and complex work will be supported by a shared Programme Management Office and will look at how our services can be transformed and how demand on those services can be better managed in order to use our scarce resources most effectively.
- 2.5 All partners are working with the CCG through the ACS to agree the governance and accountability arrangements required to deliver and implement these transformations over the next two years. This will include the role of both commissioner and provider Regulatory bodies in health and local government to ensure there is the alignment of our system plans across all organisations, service pathways and the focus remains on the ACS and population health in all our localities.
- 2.6 The three localities (North, South and Central) within the Vale of York ACS are being further developed to support them agreeing Locality Delivery Plans which support the key service transformations around unplanned care and planned care. Locality information packs and Locality Deliver Teams will be developed over the summer and a draft Outcomes Framework for each locality is currently being considered. The role and engagement of General Practice in these locality plans and service transformations is critical and the CCG is therefore clarifying our primary care programme and priorities, with the support of seconded primary care commissioning leads from NHS England.
- 2.7 The CCG has now undertaken a full refresh of all programme level and corporate risks to inform the 2017-18 Risk Register. The highest risks for the CCG remain around delivery of our QIPP target and the capacity and engagement support required with partners and local population to jointly deliver our programmes of work and achieve a plan to return to financially sustainability.
- 2.8 The CCG received feedback from NHS England following its year end Integrated Assurance Framework assessment in Quarter 4 on the 21 April

2017, and the formal letter has been included with this report. The letter confirmed the significant progress made by the CCG against the CCG's Improvement Plan and on achievement of the forecast financial position for the 2016/17 year-end.

3. Council of Representatives meeting

3.1 Among the agenda items at its latest meeting on 15 June 2017, members received an update on the Proactive Health Coaching project, the randomised control trial that is currently being delivered in the Vale of York by the CCG in partnership with York Teaching Hospital and Health Navigator. Members also received a summary of the latest CCG Clinical Executive meeting and an update on the financial position of the local healthcare system.

4. Engaging and involving our local patients and stakeholders

4.1 The CCG has refreshed and launched its engagement plan with partners and tailored to the scale and complexity of the service transformations being considered across our system. Fundamental to this will be the conversations we now have with local people about the impact of delivering services within the system finance envelope.

4.2 The engagement events planned to date are provided in the table below.

Date	Venue	Time
Tuesday 11 July 2017	Community House, Portholme Street, Selby	5.30 to 7.30pm
Monday 24 July 2017	George Hudson Room, West Offices, York	6.30 to 8.30pm
Wednesday 26 July 2017	Folk Hall, New Earswick, York	1.30 to 3.30pm
Thursday 3 August 2017	The Main Hall, Priory Street Centre, York	2pm to 4pm
Monday 7 August 2017	Selby Market, Selby (drop in)	10am to 2pm
Thursday 10 August	The Galtres Centre, Easingwold	6.30 to 8.30pm
Thursday 17 August	Helmsley (venue tbc)	6.30 to 8.30pm
Tuesday 22 August 2017	Pocklington Market, Pocklington (drop in)	10am to 2pm

5. Emergency Preparedness, Resilience and Response

5.1 At approximately 2.20 pm on Friday afternoon the CCG was advised that York Teaching Hospitals NHS Foundation Trust (YTHFT) had been infected by a Ransomware Virus and this had impacted on various systems including Radiology, Pathology and CPD. YTHFT informed us that they were

systematically logging off systems across the Scarborough and York sites. In total there were 2000 out of 6000 PCs infected and email and internet connections were closed down to prevent further damage.

- 5.1.2 On receiving the news, the CCG Director on-Call contacted IT Services at Embed to ascertain the current position with the CCG's IT systems. Embed confirmed that it was a 'national' Ransomware problem and instructed the CCG to contact all GP surgeries and ask them to switch off all PCs, to leave the servers running but to take out the back-up tapes. Accordingly, all GP practices in the Vale of York were contacted and instructed to switch off their PCs that afternoon.
- 5.1.3 NHS England declared a major incident over the weekend of Saturday 13 May and Sunday 14 May 2017 and there were regular system-wide calls with both NHS England and partners. Embed's IT engineers worked around the clock to identify and fix the affected GP systems.
- 5.1.4 GP practices in York and Scarborough had limited access to clinical systems and lab test results on Monday 15 May 2017 and all GP practices opened as normal. York and Scarborough Hospitals remained open to the public throughout this period of disruption and implemented business continuity plans to ensure patient services were available.
- 5.1.5 Embed IT Services and York Hospital are both undertaking 'lessons learnt' exercise following the Cyber Attack which will be shared with the CCG.
- 5.2 Following the terrorist attack in Manchester on the evening of Sunday 21 May 2017 the Government made the decision to increase the security threat level from severe up to critical on Wednesday 24 May 2017. A communication was issued to all staff to advise them of the increase in the threat level and to signpost to their team's business continuity plans.
 - 5.2.1 Extra training has been arranged for colleagues. This includes PREVENT training for senior managers in July 2017 and a member of the Planning and Governance Team will attend the Loggist Instructor Training on 28 and 29 June 2017.

6. National plans and strategic issues

- 6.1 New assessment of patient and public participation for CCGs: NHS England has published revised statutory guidance for CCGs and NHS England commissioners on patient and public participation in commissioning health and care. It sets out 10 key actions and links to the guide to annual reporting on the legal duty to involve patients and the public in commissioning. Alongside this, NHS England has developed a new indicator as part of its statutory annual assessment of CCG performance. NHS England will assess participation based on information in CCG annual reports (2016-17) and other publicly available information. CCGs will be given a red, amber, green rating

in summer 2017 which it is expected will be published by NHS England. The indicator will be refined based on learning and feedback.

- 6.2 The latest Personalised Health and Care Framework is the 'go-to' guide for CCGs and local authorities on how they can use Integrated Personalised Commissioning and personal health budgets as key ways for providing people with a more personalised approach to their health and social care. Building on the previous emerging framework, it is a comprehensive model for delivering personalised health care to thousands of people and their families, many of whom have long been asking for greater choice and control over their support and health needs. NHS England has made a commitment to ensure that 300,000 people benefit from personalised health and care through Integrated Personal Commissioning by 2018-19, which includes 40,000 people with a personal health budget.
- 6.3 NHS RightCare and the Patient Centred Care team have published updated versions of 28 Patient Decision Aids (PDAs) which have been developed for CCGs to share with clinicians. These PDAs are designed to support patients and clinicians to have informed conversations about treatment for their condition.
- 6.4 The results of the annual Adult Inpatient Survey have been published by the Care Quality Commission. The survey was completed by almost 78,000 patients who spent at least one night in hospital in July 2016. It covers issues including dignity, staff communication, hospital cleanliness and food. The findings, which are available by trust, show that experience of hospital stays remains generally good for most patients, with confidence in nurses remaining high (80%). However, data from the survey contributes to NHS England's Overall Patient Experience Score, which now stands at 76.7 out of a possible score of 100 (down from 77.3) due to poorer feedback on questions about "access and waiting" and "better information, more choice".
- 6.5 Publication of a new NHS RightCare scenario: Getting the dementia pathway right: Designed to support commissioners and providers, this scenario, featuring fictional patient Tom and his wife and carer Barbara, examines a dementia care pathway, comparing a sub-optimal scenario against an ideal pathway. This is the latest in the long term conditions series which is part of the NHS RightCare Intelligence programme. This scenario aims to help commissioners and providers understand the implications, both in terms of quality of life and costs, of shifting the care pathway for those living with dementia from a reactive approach (primarily based on an acute response) to a proactive approach, for example, providing an integrated primary care and community-based response, with support from the voluntary sector.

- 6.6 NHS England has published updated CCG statutory guidance on managing conflicts of interest and associated supporting documents. This is to ensure the CCG guidance is fully aligned with the recently published cross system conflicts of interest guidance - Managing conflicts of interest in the NHS: Guidance for staff and organisations.
- 6.7 The roll-out of NHS Wi-Fi to primary care has now moved into its second phase which will see free Wi-Fi available to both patients and staff in all GP surgeries by 31 December 2017. CCGs have received a letter outlining funding allocation, payment details, timeframes and service standards to be achieved. Free Wi-Fi for patients will allow them access to health and social care resources, online tools and services; empowering self-care and helping them to make informed decisions about their health care.
- 6.8 A new report has been published to help local authorities and health professionals meet the public health needs of the armed forces community. Published by the Local Government Association, together with Public Health England, Defence Medical Services, the Ministry of Defence and local authority representatives from Wiltshire Council, the report seeks to clarify the responsibilities for serving personnel and their families, and to clarify access to public health services for those on military bases. It also refers to the requirement for service personnel and their families residing on bases to be included in local commissioning decisions.
- 6.9 A new website providing resources to support older people and their relatives find information about social care in later life has been launched. The website contains a leaflet and short film and covers basic information about social care including what information different organisations can and cannot provide. The resources are based on research carried out by the Social Policy Research Unit at the University of York and funded by the National Institute for Health Research School for Social Care Research (NIHR SSCR).

7. Recommendation

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

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Ref: SJ/JW



Phil Mettam, Chief Officer
Keith Ramsey, Governing Body Lay Chair
Vale of York CCG

North – Yorkshire and the Humber
Unit 3
Alpha Court
Monks Cross North
York
YO32 9WN

May 2017

Dear Phil and Keith,

RE: CCG 2016/17 Annual Review Meeting

Thank you for meeting with us on 21st April for your Annual Review Meeting. The purpose of this letter is to provide informal feedback on the key issues we discussed, and to confirm the next steps for the publication of the 2016/17 Annual Performance Assessment.

As you will be aware, NHS England has a statutory duty to conduct an annual performance assessment of each CCG. The Government's Mandate to NHS England specifies the four 'Ofsted-style' headline categories to be used to provide an overall rating for each CCG: Outstanding; Good; Requires Improvement and Inadequate.

In addition to this overall rating, each CCG will also receive a rating for each one of the six clinical priority areas (cancer, diabetes, dementia, learning disabilities, maternity and mental health). The precise details of these ratings are still to be confirmed, and we will update you in due course.

Reflections and Key achievements for 16/17

We commenced the meeting with a recognition of the multiple challenges that the CCG's leadership team have been dealing with during the past 12 months and praised the approach taken to a number of difficult areas. There has been a noticeable improvement in the collective leadership of the CCG which is starting to reap some positive outcomes in a number of areas, including wider system relationships and primary care engagement, despite the complex geography and financial challenges.

Within the above context we reflected on the key achievements and challenges highlighted within your PowerPoint presentation, as well as looking ahead to the immediate and longer term challenges during the next 12 months. Notable achievements included your improved governance arrangements, the nurturing of

your 'one team' approach and associated restructure of the CCG, and your positive response to your 'Directions' status from NHS England.-

One of the significant challenges that Vale of York CCG faces during 2017/18 is delivering on the many priorities set out in its Operational Plan whilst taking costs out of the system, further compounded by the Capped expenditure programme, involving York, Scarborough and York Teaching Hospitals.

We discussed the Mental Health consultation which was taken to the Governing Body on 2nd February with recommendations to enable a stronger case to support community service transformation. We advised you on the next appropriate steps mindful of previous and potential sensitivities. We acknowledged the ongoing work with the Improvement Support Team (IST) for Dementia and Improved Access to Psychological Therapies (IAPT) recognising the CCG were not on the National High Risk but need to ensure how the services are being offered and delivered to continue ongoing improvement.

We discussed the challenges around your Mental Health provider, Tees, Esk & Wear Valleys (TEWV) and the workforce capacity issues. A capacity demand analysis had been requested by the CCG with a full review to address all services. We recognised further support was required for Child & Adolescent Mental Health Service (CAMHS) and Out of Area Placements. We also discussed further focus on Learning Disabilities and managing complex individuals with support from our Nursing and Quality team.

Operational and financial plans for 2017-19

The CCG's Operational and Financial plans have been submitted and approved for 2017-19. We acknowledged the planned £13.3 million deficit with directions for 2017/18, following the year end position of £28.1 million for 2016/17 as predicted, in the year and an improvement plan had been developed following directions, all of which will need some review in the light of the evolving work on the Capped Expenditure Programme.

We recognised your Quality, Innovation, Productivity, Prevention (QIPP) programme is highlighted as the most challenged within the country, However it has been assessed as being within the upper quartile with good standing following independent external assessment. We noted that Risk plans have been identified alongside a plan of how savings are going to be mitigated.

We discussed the relationship and engagement between both Vale of York CCG and Scarborough & Ryedale CCG and emphasised its critical importance in taking forward the capped expenditure programme with particular focus on the resource and capacity available. Any support required from NHS England and NHS Improvement can be provided where necessary.

CCG “place strategy”

We discussed the System & Place for your CCG and the different elements, with a particular emphasis on nurturing closer working with Scarborough CCG and York Teaching Hospital, building on the Capped Expenditure Programme work. Key improvement areas were acknowledged as being the delivery of the A and E four hour target, improving the collective leadership capacity and capability of the A and E Delivery Board, as well as improving the delivery of the Cancer and RTT standards.

Wider STP Implementation

We discussed the Wider STP Implementation and in particular the different elements you are pursuing on a STP footprint. This included Cancer Alliances – Delivery Plan, workforce transformation and Mental Health which included next steps, joint commissioning and Transforming Care: LD commissioning beds. We mentioned the complexity around this given the wider footprint and different providers with the main focus to improve the service.

Overall, I commended you on what has been an incredibly challenged year for Vale of York CCG during 2016/17 with recognition that the year ahead now requires a focus on how to improve and sustain the health economy for the CCGs population. We acknowledged the hard work that has gone into the past year and reflected on the green shoots of recovery that are starting to come through.

I will write to you again in June/July with your finalised Annual Assessment results. In the meantime, please do not hesitate to contact Julie Warren or Shaun Jones should you require any further information.


Yours sincerely



Moira Dumma

Director of Commissioning Operations

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Item Number: 6									
Name of Presenter: Rachel Potts									
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group								
Date of Meeting: 13 July 2017									
Risk Update Report									
Purpose of Report <i>(Select from list)</i> To Receive									
Reason for Report <p>The CCG risk report is presented to Governing Body for review, discussion and to instigate any additional mitigating actions the Governing Body considers appropriate. It should be noted that all risks have been refreshed as part of the CCG's transition to 2017/18 programmes of work.</p> <p>The CCG has undertaken a refresh of the approach to both programme management and performance management to support the delivery of the 2017/18 – 18/19 Operational Plan and this has resulted in all Executive Leads and programmes leads reviewing all risks and updating risk registers. All risks have been aligned to the CCG's Joint "Local Place" programmes and priorities. Going forward the risk portfolio will be fully mapped to the planned Audit Programme for 2017/18.</p> <p>An updated position for the CCG's performance against Integrated Assurance Framework (IAF) indicators is included in this report.</p>									
Strategic Priority Links <table border="0" style="width: 100%;"> <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 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 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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<input type="checkbox"/> Sustainable acute hospital/ single acute contract									
Local Authority Area <table border="0" style="width: 100%;"> <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				
<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 <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) Maternity service provision has been identified through the CCG's Integrated Assurance Framework performance as requiring improvement.									

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

Rachel Potts, Executive Director Planning and Governance

Report Author and Title

Pennie Furneaux, Risk and Assurance Manager

Annexes

Annex A: List of Events

Annex B: List of Corporate Red Risks

13 July 2017

Governing Body Corporate Risk Update Report

1. Improvement and Assurance Framework Performance

- 1.1. The national Improvement and Assurance Framework (IAF) Indicators are published by NHS England, (NHSE) on a quarterly/annual basis.
(<https://www.england.nhs.uk/commissioning/ccg-assess/iaf/>)
- 1.2. There are currently 60 indicators included in the framework, (data has been published for 59 of these indicators).
- 1.3. NHSE circulated a provisional dashboard on 28th June 2017, pending publication of final year-end dashboards in July 2017
- 1.4. Twenty-one of the NHS Vale of York CCG IAF indicators that are identified as deteriorating are as follows:

Better Health		Period	CCG		Peers	England
101a	Maternal smoking at delivery	16-17 Q3	10.3%	↑	5/11	95/209
103b	Attendance of structured education course	2014	1.7%	↓	9/11	156/209
105a	Utilisation of the NHS e-referral	2017 03	67.4%	↓	2/11	
105d	Long Term Conditions feeling supported	2016 03	65.1%	↓	7/11	89/209
108a	Quality of life of carers	2016 03	0.77	↓	9/11	179/209
Better Care						
122a	Cancers diagnosed at early stage	2015	53.8%	↓	4/11	67/209
122b	Cancer 62 days of referral to treatment	16-17 Q4	79.2%	↑	5/11	133/209
123a	Improving Access to Psychological Therapies recovery rate, (IAPT)	2017 01	48.2%	↑	9/11	129/209
123b	EIP (Early Intervention Psychosis) 2 week referral	2017 03	56.7%	↓	11/11	195/209
123c	Mental Health – Children and Young People	16-17 Q4	25%	↓	10/11	193/209
124a	Learning Disabilities - reliance on specialist IP care	16-17 Q4	60	↑	6/11	117/209
126a	Dementia diagnosis rate	2017 03	55.4%	↑	11/11	209/209
126b	Dementia post diagnostic support	2015-16	78.5%	↓	6/11	113/209
127c	A&E admission, transfer, discharge within 4 hours	2017 03	89.4%	↑	5/11	108/209
127e	Delayed transfers of care per 100,000 population	2017 03	15.9	↑	8/11	145/209
128b	Patient experience of GP services	2016 03	88.2%	↓	6/11	47/209
128d	Primary care workforce	2016 09	1.11	↓	5/11	43/209
129a	18 week Referral To Treatment (RTT)	2017 03	90.6%	↑	5/11	130/209
Sustainability						
142b	Improvement area: Expenditure	16-17 Q3	83.3%	↑	10/11	151/209
Well Led						
163a	Staff engagement index	2016	3.76	↓	6/11	138/209
164a	Working relationship effectiveness	16-17	51.08	↓	11/11	206/209

Key

	Worst quartile in England
	Interquartile range

1.5. It should be noted that 16 out of the 21 indicators noted as deteriorating remain within the interquartile (acceptable) range.

- 1.6. Four indicators fall into the lowest performing quartile nationally as follows:
- Quality of life of carers. The CCG is engaging with carers as part of the CCG's Engagement Action Plan;
 - Early Intervention Psychosis 2-week referral. The growing demands have been recognised by the CCG. Discussions are on-going between the CCG and TEWV regarding this service and future options;
 - Mental Health - Children and Young People. The CCG is working with TEWV to understand the actual demand and resources deployed to meet them;
 - Working relationship effectiveness. The results of the 360⁰ Survey undertaken 2017 with stakeholders have been analysed.

1.7. A summary comparison of CCG performance against other CCGs in the STP is provided below:

	Better Health			Better Care			Sustainability			Leadership		
	B	M	W	B	M	W	Fin Plan	Fin. Perf	Digital Interactions	Probity & Corp Gov	Working relationship Effectiveness	Staff Engagement
NHS East Riding of Yorkshire CCG	4	9	1	10	14	6	Red	Red	61.7	Full Compl	61.32	3.72
NHS Hull CCG	2	5	7	6	12	12	Green	Green	64.2	Full Compl	71.49	3.73
NHS North East Lincolnshire CCG	5	6	3	7	16	7	Amber	Green	62.5	Full Compl	74.1	3.67
NHS North Lincolnshire CCG	2	8	4	9	16	5	Amber	Red	52.6	Full Compl	68.52	3.69
NHS Scarborough & Ryedale CCG	3	6	5	8	17	5	Red	Red	67.2	Full Compl	65.28	3.77
NHS Vale of York CCG	3	9	2	6	19	5	Red	Red	68.6	Full Compl	51.08	3.76
Total No. of Indicators in Category	14			31			7			6		

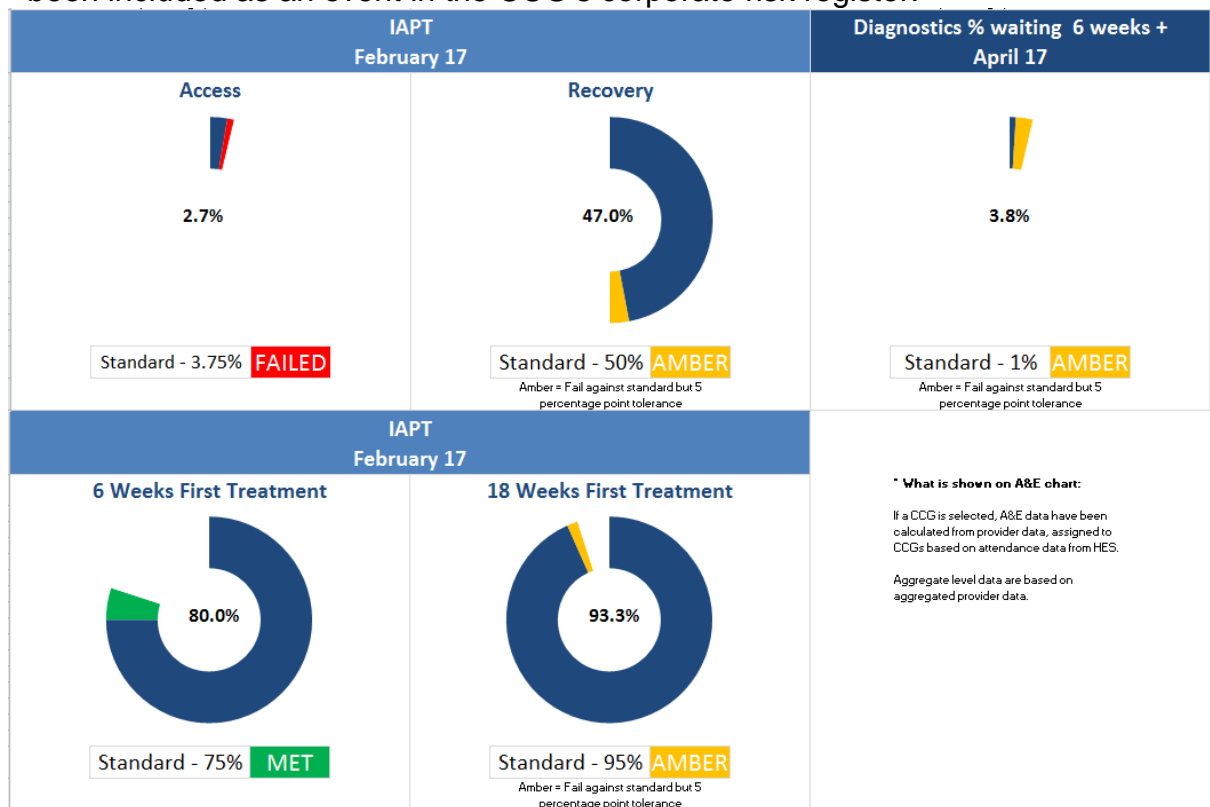
Name of CCG:	NHS East Riding CCG	NHS Hull CCG	NHS North East Lincolnshire CCG	NHS North Lincolnshire CCG	NHS Scarborough and Ryedale CCG	NHS Vale of York CCG
No. of Indicators in Worst Quartile (Eng.)	7	19	9	9	11	7

1.9. Risk areas are included in the corporate risk register, with the exception of maternal smoking, (indicator 101a). The risk is being evaluated and mitigating action is in hand. Action is monitored through the Quality and Patient Experience Committee. An audit of maternity services is planned within the next few months and Public Health under City of York Council is preparing some information for the CCG to promote and advertise smoking cessation services for pregnant women and to ensure health professionals are aware.

2. Risks arising from NHS England Integrated Operational Report (June 2017)

2.1. NHSE published the latest copy of the Integrated Operational Report. Key performance risk areas highlighted in the report are reflected in the CCG's corporate risk register.

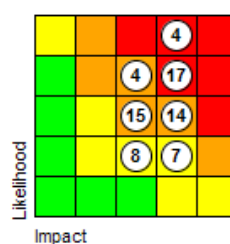
2.2. Improving Access to Psychological Therapies remains a high risk area and has been included as an event in the CCG's corporate risk register.



NHS ENGLAND - Yorkshire and the Humber COMMISSIONER PERFORMANCE OVERVIEW - JUNE 2017							
Thresholds for RAG ratings per indicator in Performance Overview.							
Red	87%	6%	90%	80%	45%	62%	
Amber	87% to 92%	1% to 6%	90% to 95%	80% to 85%	45% to 50%	62% to 67%	
Green	92%	1%	95%	85%	50%	67%	
The overall organisation RAG rating is based on an aggregate score across all of the indicators. Red = a total score greater than or equal to 8 Amber = a total score greater than or equal to 2 Green = a total score less than 2				A score is assigned to each of the indicators depending on their rating - Red = a score of 3 Amber = a score of 1 Green = a score of 0			
* A&E data have been calculated from provider data, assigned to CCGs based on attendance data from HES. Aggregate level data are based on aggregated provider data.							
Overall	RTT Incompletes	Diagnostics	A&E - All Type	Cancer - 62 day standard	IAPT - Recovery	Dementia	
	89.7%	3.8%	92.9%	83.6%	47.0%	58.3%	

3. Risk Management

3.1. A full refresh of risk registers has been undertaken for 2017/18 and risk reporting pathways re-assessed following the re-structure of the CCG during 2016/17. A heat map of all corporate risks is provided below.



- 3.2. There are 23 red risks this month, five of which are flagged as events, i.e. the risk has materialised and the CCG is being impacted.






Events this Period (Annex A)

- 3.3. There are five events detailed within risk registers this month, all with an impact rating of 4, details as follows:
- CHC systems and processes are non-framework compliant, leading to potential gaps in service;
 - Dementia - Failure to achieve 67% coding target in general practice, potentially leading to delays in treatment;
 - Inadequate CQC report on The Retreat, leading to potential gaps in patient services;
 - Failure to meet 18 week Referral To Treatment target, leading to delays in patients receiving treatment;
- 3.4. Details of latest action in relation to these events is provided at Annex A.

Red Risks This Period (Annex B)

- 3.5. There are currently 21 risks rated as red. Due to the transitional nature of the CCG's savings programme that requires whole system working, the CCG is at risk of not delivering its financial duties this financial year.
- 3.6. Risks may be seen as interdependent, in that failure to appropriately resource and deliver transformation programs may impact the ability of the CCG to meet financial challenges.
- 3.7. A detailed report of all red corporate risks is provided at Annex B along with mitigating action in hand to manage the risk.
- 3.8. The Governing Body is requested to consider risk appetite and mitigations in hand in key red rated risk areas and if the risk management approach is adequate to reduce risk to acceptable levels. This is particularly important to ensure that the CCG remains within its financial resources during 2017/18.

REPORT OF CORPORATE EVENTS

Code & Title	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
JC.11 There is a risk that CHC systems and processes are non-framework compliant	Jenny Carter	Executive Director Quality and Nursing	The recommendations from an independent external review have been accepted and form the basis for taking actions forward. CHC nursing team have migrated etc. CHC admin team expected to migrate 1st August.	05 Jul 2017	4	
JC-PROG.01 Dementia - Failure to achieve 67% coding target in general practice.	Paul Howatson	Clinical Directors	NHSE IST will review the local pathway for diagnosis, assessment and support when they visit on 6th and 7th July. Robust monitoring systems in place. Controls include: Programme meeting and TEWW CMB.	05 Jul 2017	4	
JC.24 Risk of increased demand on local system following the Inadequate CQC report on The Retreat	Executive Director Quality and Nursing	Executive Director Quality and Nursing	The CCG is working with colleagues to ensure the safety of all patients currently in The Retreat. The CCG is currently awaiting the remedial action plan which the CQC want The Retreat to complete asap. If there is a reduction in the bed base this will have implications on the wider system.	05 Jul 2017	4	
JC-PROG.02 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	Sheila Fletcher; Paul Howatson; Beverley Hunter	Clinical Directors	Engagement with NHSE IST Action plan to be agreed and signed off before the next CMB which will then generate the removal of the Performance Improvement Notice. Controls include: Programme meeting and TEWW CMB	05 Jul 2017	4	
PLC.05 Constitution target – Planned Care - failure to meet 18 week RTT target	Fliiss Wood	Clinical Directors	Cancellation of theatre lists due to staffing issues and bed capacity continues to be a significant factor in the resultant increasing backlog of those patients awaiting elective procedures. In May 2017 there were 154 Cancelled Operations and 163 Clinics cancelled. Admitted Backlog 1348 as at 25 June 2017. Non-Admitted Backlog 1826. RTT performance was 90.18% against 92% target. CapEx Plans will determine future activity levels for RTT.	05 Jul 2017	4	

Annex B

EXTRACT OF CORPORATE RISK REGISTER 2017/18 (FINANCE AND PERFORMANCE) RED/AMBER RATED RISKS

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
JC.10 There is a potential risk that the CCG does not receive timely updates to the Partnership Commissioning Unit risk register and may not be fully briefed regarding risk exposure.	The CCG has commissioned the Partnership Commissioning Unit to manage a number of specialist commissioning areas on their behalf. If the PCU fails to provide timely updates to risks then the CCG may not be fully aware of its risk exposure in specialised commissioning areas managed by the PCU as follows; Continuing Health Care; Children, young people and maternity; Vulnerable Adults (Learning Disabilities and Mental Health); Adult Safeguarding.	Meetings with PCU management, review of processes in place.	The PCU risk register has been discussed at North Yorkshire Partnership Commissioning Unit Exec Nurse meeting and a proposal for taking this forward is being developed to come to the next meeting at the end of July	Jenny Carter; Debbie Winder	Executive Director Quality and Nursing	20	8		05-Jul-2017
JC.11 There is a risk that Continuing Healthcare systems and processes are non-framework compliant	Potential to impact delivery and quality of patient services	Requested detailed external review identified significant areas that required improvement. A current restructure is underway to identify and appropriate team to ensure systems and processes to become framework compliant.	The recommendation from the independent external review has been accepted and forms the basis for taking actions forward. Continuing Healthcare, (CHC), nursing team have migrated etc. CHC admin team expected to migrate 1st August'	Jenny Carter	Executive Director Quality and Nursing	20	20		15-Jun-2017
JC.22 Risk of not achieving the increased target for Personal Health Budgets, (PHB)	Personal Health Budgets is an area for development and the CCG is identifying the resources required and risks associated with implementation.	Project to work on increasing the uptake of Personal Health Budgets across the North Yorkshire CCGs. Reporting has commenced on uptake and this will be monitored at Partnership Commissioning Unit Management Board. Quarterly audits. Controls include: Programme meeting and TEWV Contract Management Board	Executive Committee discussed the paper and agreed Option 2, identifying a Commissioning Manager resource to lead the work.	Paul Howatson	Executive Director Joint Commissioning	20	4		05-Jul-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 TEWV Contract Management Board	NHSE IST will review the local pathway for diagnosis, assessment and support when they visit on 6th and 7th July. Robust monitoring systems in place. Controls include: Programme meeting and Tees Esk and Weir Valley Contract Management Board.	Paul Howatson	Clinical Directors	20	9		05-Jul-2017




Annex B

<p>ES.01 There is a potential risk that identified QIPP schemes and transformational programmes of work may fail to deliver quantified savings</p>	<p>The CCG QIPP plan and targets for 17/18 are complex and challenging and require whole systems solutions to meet the CCG's financial challenge. Due to the nature of the programme requiring full partnership engagement and the need for a strong PMO function there is a risk that the CCG will not deliver its financial duties this financial year.</p> <p>Unplanned care programmes particularly have a large and complex QIPP target over the next three years requiring significant partnership and transformational change.</p>	<p>There is a new programme management arrangement and performance management framework in place within the CCG which bring together all work streams and actions to drive QIPP and system transformation based around five programmes (unplanned care, planned care, primary care, MHL & complex care and enabling & quality).</p> <p>The NHSE national QIPP support programme report outlined recommendations to reduce risk associated with QIPP delivery including:</p> <ul style="list-style-type: none"> (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. <p>Additionally, the CCG undertook an internal review of QIPP delivery to date exercise, and identified a series of lessons learnt which should inform future processes for QIPP delivery.</p>	<p>Capacity - mitigations:</p> <p>The CCG has successfully incorporated additional capacity from NHSE primary care team to support the primary care programme and the programme for primary care will be refreshed based on their review.</p> <p>There has also been a 0.4wte NHSE demand management resource commenced in May 2017.</p> <p>Band 7 capacity is currently being recruited to resource delivery of unplanned care programmes.</p> <p>The CCG has also responded to a formal request from NHSE via the national QIPP support programme for Phase 2 for capacity requirements needed to mobilise and drive delivery of the CCG QIPP programme at pace during 17/18 – 18/19. These were focused on BI, PMO and programme manager capacity.</p> <p>The CCG has also undertaken a recruitment drive to fill a number of the outstanding vacant posts in the new structure (PMO, admin and programme managers) and many of those posts will take up posts during July and August.</p> <p>The new Executive Director for Transformation has now been successfully appointed and will lead on CHC review during the summer.</p> <p>There are still two Executive Director roles vacant and the Medicines Commissioning Pharmacist B8b and Senior Pharmacist B8a roles vacant which impact directly on the prescribing QIPP programme delivery capacity. The BI team is currently below budgeted establishment and the finance team and contracting team will be under capacity due to maternity leave from June onwards.</p> <p>The CCG will also work in June and July with all system partners to explore how a shared PMO could be established to support joint programmes of transformation which support the CCG QIPP delivery.</p> <p>Engagement – mitigations:</p> <p>Many of the CCG QIPP schemes are</p>	<p>Caroline Alexander</p>	<p>Clinical Directors</p>	<p>16</p>	<p>8</p>		<p>05-Jul-2017</p>
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			<p>now being delivered through joint programmes of work with partners across the system. This has required significant levels of engagement and added complexity in terms of governance and accountability to make decisions and progress at pace.</p> <p>All engagement plans will be refreshed in the WC 19th June. Governance and accountability frameworks for joint programmes will be refreshed in relation to the joint PMO in WC 19th June.</p>					
ES.13 There is a risk that the main acute provider and the CCG do not have fully aligned financial plans which materially impacts the CCG's financial position	Different assumptions regarding contract values in the plans could lead to the financial value for the CCG not being delivered in year	Heads of Terms including Joint QIPP programme Joint Programme Board	Heads of Terms agreed and signed off and Joint Programme Board established. This Board meets regularly.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	4	05-Jul-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	Heads of Terms agreed and signed off and Joint Programme Board established. This Board meets regularly.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	5	05-Jul-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	Heads of Terms agreed and signed off and Joint Programme Board established. This Board meets regularly.	Michael Ash-McMahon	Executive Director Chief Finance Officer	16	5	05-Jul-2017

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<p>ES.18 There is a potential risk of inability to agree provider contracts</p>	<p>MSK Contract There is no contract in place for the MSK service. The Trust is requesting a significant increase in contract funding over the CCG's assumed contract value to maintain service levels and include the Shared Decision Making (SDM) clinical model. The forecast QIPP savings for planned orthopaedic activity is dependent on the SDM model. In order for the CCG to invest in the SDM model, the Orthopaedic consultants need to commit to delivering 15% savings in planned Orthopaedic activity, currently they are only confident that 5% savings can be achieved. Local prices have not been agreed.</p> <p>TEWV Contract Psychiatric Liaison Service at York FT. The CCG has successfully bid for additional non-recurrent funding for the extension of the Psychiatric Liaison Service, however this will require recruitment of additional staff. In order to progress the initiative implementation of a risk share agreement is required</p> <p>York Contract There are a number of challenges that may potentially result in an unplanned increase in Contract cost: . Unbundled Rehab Bed Day Coding: 50% transitional funding arrangement following changes to Rehab bed day coding and counting, additional cost not built into the contract baseline or the CCG's financial plan. . Non-Elective increased activity for suspected Assessment Unit activity. . The current Contract plan exceeds the affordable value for the CCG.</p>	<p>Heads of Terms including Joint QIPP programme Joint Programme Board</p>	<p>Heads of Terms agreed and signed off and Joint Programme Board established. This Board meets regularly..</p>	<p>Liza Smithson</p>	<p>Executive Director Chief Finance Officer</p>	<p>16</p>	<p>5</p>		<p>05-Jul-2017</p>
<p>ES.20 There is a potential risk of failure to maintain expenditure within allocation</p>	<p>The scale of the financial challenge for the organisation is such that the CCG may not maintain expenditure within the in-year allocation.</p>	<p>Heads of Terms including Joint QIPP programme Joint Programme Board</p>	<p>Heads of Terms agreed and signed off and Joint Programme Board established. This Board meets regularly.</p>	<p>Michael Ash-McMahon</p>	<p>Executive Director Chief Finance Officer</p>	<p>16</p>	<p>5</p>		<p>05-Jul-2017</p>
<p>JC.06 Potential non-compliance with CHC national framework</p>	<p>CHC processes and procedures may be non-compliant with the national framework leading to financial, reputational, patient experience and quality and safety risks</p>	<p>CHC transformation programme of work</p>	<p>The new Executive Director of Transformation starts in post on 10th July 2017. Directing the future of CHC is to be the priority piece of work.</p>	<p>Paul Howatson</p>	<p>Executive Director Quality and Nursing</p>	<p>16</p>	<p>6</p>		<p>05-Jul-2017</p>


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JC.07 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 transition for commissioning and CHC staff took effect from 1/4/2017. Phase 2 staff will TUPE 1st August but the finance and contracting element is likely to form part of a phase 3 approach October 2017 time.	Jenny Carter; Debbie Winder	Executive Director Quality and Nursing	16	20		05-Jul-2017
JC.09 CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions.	There is 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.	Mitigating action plan agreed. CHC team migrated to Vale of York and a review of their future operations and ways of working is underway.	Michelle Carrington	Executive Director Quality and Nursing	16	16		05-Jul-2017
JC.12 There is a risk that the CCG fails to function effectively due to re-alignment of PCU services to CCGs	The risk of realigning PCU 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	Local Action Plan under development	Agreement reached regarding redeployment of specified PCU staff into NHS Vale of York CCG structure and risk areas caused by gaps identified.	Michelle Carrington	Executive Director Quality and Nursing	16	16		05-Jul-2017
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	The BCF planning requirements document has now been published. There is a single stage assurance process with a submission date of 11th of September requiring HWB approval at that point. Any plans rated as approved but with conditions are to resubmitted by 31st of October. The planning return template and final list of KLOEs will be published later this week. Colleagues are working with local authority partners to agree the finances and the narrative for the full submission.	Paul Howatson; Beverley Hunter	Executive Director Joint Commissioning	16	9		05-Jul-2017
JC.17 There is a risk that the provider market does not have capacity or capability to meet the needs of emerging and increasingly complex needs of service users.	There is a need to work jointly with local authority colleagues and locality teams to ensure that the market develops appropriately to meet the needs of the local population.	Executive team to work with STP and local authority colleagues to better understand the local needs and stimulate the market accordingly.	Lack of specific areas of care provision within the local market, leading to delay in transfers of care, have initiated early conversations to progress market stimulation and development and this work now continues. It forms part of a bigger conversation regarding the 'transformed system'.	Paul Howatson; Beverley Hunter	Executive Director Joint Commissioning	16	9		05-Jul-2017

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JC.24 Risk of increased demand on local system following the Inadequate CQC report on The Retreat	Following an inspection prompted by safeguarding alerts raised at The Retreat a number of directly and indirectly funded NHS placements are cared for there and the CCG is establishing how these individuals are affected and are actively seeking assurance that the action plan will deliver the improvements required.	Working with PCU and TEVV to identify number and type of placements. Seeking assurance from The Retreat that the action plan will deliver the required improvements within the timescales.	The CCG is working with colleagues to ensure the safety of all patients currently in The Retreat. The CCG is currently awaiting the remedial action plan which the CQC want The Retreat to complete asap. If there is a reduction in the bed base this will have implications on the wider system.	Executive Director Quality and Nursing	Executive Director Quality and Nursing	16	6		05-Jul-2017
JC.25 Risk of Judicial Review relating to the new mental health hospital			There is a risk that the recent announcement of the location of the new mental health facility will generate a public reaction that could impact on the work to deliver the new build.	Paul Howatson	Executive Director Joint Commissioning	16	4		05-Jul-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 from the CCG on a monthly basis. Controls include: Programme meeting and TEVV CMB	Engagement with NHSE IST Action plan to be agreed and signed off before the next CMB which will then generate the removal of the Performance Improvement Notice. Controls include: Programme meeting and TEVV CMB	Sheila Fletcher; Paul Howatson; Beverley Hunter	Clinical Directors	16	9		05-Jul-2017
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.	Cancellation of theatre lists due to staffing issues and bed capacity continues to be a significant factor in the resultant increasing backlog of those patients awaiting elective procedures. In May 2017 there were 154 Cancelled Operations in May and 163 Clinics cancelled. Admitted Backlog 1348 as at 25 June 2017. Non-Admitted Backlog 1826. RTT performance was 90.18% against 92% target.	Fliiss Wood	Clinical Directors	16	12		05-Jul-2017

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<p>PrC.PROGRAM ME.05 Estates and Technology Transformation Fund Strategy</p>		<p>Identify Executive leads for Workforce, Premises and Technology strategies to drive this programme forward</p>	<p>Estates, Workforce and Technology are key enablers in shifting activity into out of hospital services - and system business intelligence and data are vital to enable strategic planning. There is a lack of system wide vision to agree a Local Estates and IT Strategy at this stage. The CCG needs to allocate dedicated resource to these work streams, with senior level sponsorship across Provider organisations.</p> <p>At this stage there is little confirmed capital confirmed from NHS England through the ETTF programme - the CCG therefore needs to review its position in terms of strategies for these enabling programmes, and the financial options/constraints for delivering these.</p>	<p>Shaun Macey</p>	<p>Executive Director Planning and Governance</p>	<p>16</p>	<p>6</p>		<p>05-Jul-2017</p>
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Item Number: 8	
Name of Presenter: Tracey Preece	
Meeting of the Governing Body Date of meeting: 13 July 2017	 Vale of York Clinical Commissioning Group
Report Title – Financial Performance Report Month 2	
Purpose of Report For Information	
Reason for Report To brief members on the financial performance of the CCG and achievement of key financial duties as at Month 2 2016/17. To provide details and assurance around the actions being taken.	
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)	

Recommendations

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

Responsible Executive Director and Title

Tracey Preece, Chief Finance Officer

Report Author and Title

Michael Ash-McMahon, Deputy Chief
Finance Officer
Caroline Goldsmith, Deputy Head of
Finance

Appendix 1 – Finance Dashboard

Appendix 2 – Running costs dashboard

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: June 2017

Financial Period: April 2017 to May 2017

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Achieve planned in-year financial position	(2,675)	(2,813)	(138)	R	(16,054)	(6,324)	9,730	G
Achieve planned cumulative financial position	(6,635)	(6,772)	(138)	R	(39,808)	(30,078)	9,730	G
In-year programme expenditure does not exceed programme allocation	72,858	75,710	(2,852)	R	442,419	448,843	(6,424)	R
In-year running costs expenditure does not exceed running costs allocation	1,209	1,170	39	G	7,256	7,156	100	G
Risk adjusted in-year deficit					(6,324)	(12,304)	5,980	R
QIPP delivery	1,691	1,427	(264)	R	14,396	14,396	0	G
Better Payment Practice Code (Value)	95.00%	99.92%	4.92%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.98%	3.98%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	565	226	339	G				
CCG cash drawdown does not exceed maximum cash drawdown					455,999	455,999	0	G

The full finance dashboard is presented in Appendix 1

Key Messages

- **The CCG is operating under legal Directions issued by the NHS Commissioning Board (NHS England) effective from 1st September 2016.**
- On the 7th April the CCG together with Scarborough and Ryedale CCG (SRCCG) and York Teaching Hospital NHS Foundation Trust (YTHFT) received a joint letter from NHS England and NHS Improvement that stated the organisations have been placed into a Capped Expenditure Process. The aim of this is to enable the health economy to achieve the best possible clinical outcomes for the public we serve whilst limiting the expenditure to spend within the funding available to the NHS in the area. The three organisations have and continue to progress plans and supporting detail at pace and an updated financial plan was submitted on 12th June. This plan included the potential impact of proposals to close the system's control total shortfall of £13.7m. Further work was then undertaken on the activity impact of these plans and to close the remaining system gap for submission on the 16th June. All proposals remain subject to NHS England and NHS Improvement approval.
- The CCG's financial plan for 2017-18 is not yet approved by NHS England. The CCG is currently working and reporting to the last submission of the draft financial plan on 30th March 2017. This was based on a brought forward deficit of £23.75m and a planned for an in-year deficit of £16.05m in 2017-18, resulting in a cumulative deficit of £39.80m at the end of the financial year.
- Although not yet approved or implemented the forecast outturn has been updated at the request of NHS England to take account of the CCG's share of cost reductions identified as

part of the Capped Expenditure Process which equates to £9.73m and impacts a number of programme expenditure areas.

- Year to date programme expenditure is £2.85m overspent, with the under spend on running costs expenditure of £0.04m off-setting this to deliver the overall deficit position. This position is close to £138k (0.18%) worse than plan.
- The current financial plan includes a QIPP requirement of £14.40m. The identified QIPP schemes have been allocated across the four programme delivery work streams (Planned Care, Unplanned Care, Primary Care and Complex Care). The planned care and unplanned care delivery groups are working jointly with YTHFT to ensure that schemes are developed collaboratively as outlined in the YTHFT contract Heads of Terms. QIPP delivery year to date is £1.43m, £0.26m away from plan.
- The CCG has delivered all of its key balance sheet and other financial consideration targets to date.

1. Red / Amber financial measures

- *'Achieve planned in-year financial position'* – year to date expenditure is £0.14m higher than allocation. Forecast outturn is £9.73m less than originally planned due to the inclusion of the potential capped expenditure measures.
- *'Achieve planned cumulative financial position'* – the cumulative position is £0.14m higher than allocation.
- *'In-year programme expenditure does not exceed programme allocation'* – year to date programme expenditure is £2.85m higher than allocation. This is offset by an under spend on running costs of £0.04m.
- *'Risk adjusted deficit'* – £5.98m of net unmitigated risk has been identified however this should be off-set by the continued Capped Expenditure work.
- *'QIPP delivery'* – year to date QIPP delivery is 84.4% of plan which equates to £0.26m under delivery.

2. Key Actions

- As part of the Capped Expenditure Process the CCG, S&R CCG and YTHFT have made a further submission on the 16th June 2017 to fully close the system gap. Subject to confirmation from NHS England and NHS Improvement about the next stages in the process and whether these further proposals will be approved in full or in part, it is likely that the CCG will have to work through and submit a further and full financial and operational plan. Although the proposed savings to close the control total are included within the Capped Expenditure Process the financial plan does not currently include these and will require updating to reflect this and any further schemes as required.

3. Reported year to date financial position

Description	Value	Commentary / Actions
Continuing Health Care and Funded Nursing Care	(£0.40m)	Year to date expenditure on Continuing Health Care is overspent by £0.50m based upon estimates provided by the PCU. This is offset by an underspend of £0.10m on Funded Nursing Care.
Contingency	£0.38m	0.5% contingency provided for in plan.
York Teaching Hospital	£0.31m	We are currently showing an under spend on the

NHS Vale of York Clinical Commissioning Group Financial Performance Report

NHS Foundation Trust		YTHFT acute contract however this is only based upon one month's worth of data and so may change significantly. It is also worth noting that this may have been impacted by the recent cyber-attack, which impacted the Trust's ability to code in the same way as usual at this point in the year. This will be picked up in the contracting report, but has been assessed as minimal risk and therefore no adjustment has been made.
Ramsay and Nuffield Health	(£0.20m)	Overtrading in Trauma and Orthopaedics.
Prior Year Balances	(£0.20m)	Payments relating to 2016/17 but where estimates were made at year end.
Primary Care Prescribing	£0.18m	Underspend on Primary Care Prescribing offset by overspend on Other Prescribing for increased costs on ONPOS. Increase in rebate income for 2016/17 not previously accrued.
Other Community	(£0.12m)	This overspend relates in the main part to the community and equipment wheelchair services which have been experiencing higher demand than the procurement and therefore contract was based on. This is being explored with the provider and proposals to bring this back in line are being developed.
Mental Health Out of Contract placements and SRBI	(£0.09m)	The closure of Peppermill Court continues to impact on out of contract mental health placements.
Running costs	£0.04m	Small improvement in year to date position explained further in the running costs dashboard in Appendix 2.
Other variances	(£0.04m)	
Total impact on forecast position	(£0.14m)	

4. Reported forecast outturn

The variance on the forecast outturn is due to adjustments made in line with the proposed Capped Expenditure Programme plans. The improvement identified relates to the £9.73m impact of the CCG's share of the proposed system schemes to close the overall control total gap of £13.7m, of which £6.8m relates to the Vale of York. Without the indicative assessment of this impact the CCG would be forecasting in line with the original plan submitted on the 31st March.

5. Risks and mitigations

The following risks and mitigations to delivery of the CCG's financial plan are identified as at May month end. This includes the additional risks identified as part of the Capped Expenditure process including the system alignment risk, where the CCG's anticipated expenditure with YTHFT does not reflect the Trust's anticipated income, and the potential impact of QIPP slippage, based on the recent confirm and challenge session, net of any stranded fixed cost adjustment.

At the time of the Month 2 Non-ISFE submission to NHS England the CCG was reporting a net unmitigated risk as this was prior to the additional work that has since been undertaken to identify potential additional Capped Expenditure proposals to manage the overall system ask. These proposals, if approved, cover off the system alignment risk and QIPP slippage described below.

Risks

Description	Expected Value	Commentary
Acute SLAs	£5.53m	Plan alignment risk with YTHFT including rehab bed days and reinvestment of stranded fixed costs
QIPP under-delivery	£2.71m	Risk against delivery of £14.4m QIPP, less reduced reinvestment of stranded fixed costs
Move to market rent	£2.30m	NHS Property Services impact of move to market rent
Total	£10.53m	

Mitigations and contingencies

Description	Expected Value	Commentary
Contingency	£2.25m	0.5% contingency provided for in plan
Additional Allocation	£2.30m	Expected to cover the impact of move to market rent
Total	£4.55m	

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 – Prescribing information runs two months behind. Whilst the forecasting methodology takes this in to account and has seen month on month improvement recently there remains an inherent risk.

6. Underlying Position

The underlying position reported at month 2 is detailed below.

Description	Value
Deficit at month 2	(£6.32m)
Adjust for non-recurrent items in plan -	
IR rules and HRG4+ allocation	£2.16m
IR rules and HRG4+ expenditure	(£2.02m)
Repayment of system support	£0.33m
Familial Hypercholesterolaemia business case	£0.03m
Contingency	£2.25m
1% headroom	£2.01m
Non recurrent QIPP (BMI & Smoking)	(£3.00m)
Non recurrent capped expenditure schemes	(£0.90m)
Underlying financial position	(£5.47m)

7. Balance sheet / other financial considerations

There are no material concerns with the CCG’s balance sheet as at 31st May 2017 and all key metrics (see page 1) are green.

8. QIPP programme

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	31	(2)	259	108	
Thresholds - Cataract Surgery	161	Apr-17	50	0	300	150	
Faecal Calprotectin	PC4	Oct-16	18	18	53	53	
Biosimilar high cost drugs gain share	016	Apr-17	73	34	318	201	
Remove SpR block from contract	168	Apr-17	159	159	952	952	In contract, delivery on track
Commissioning for Value (PNRC)	006	Apr-17	25	0	150	75	
Thresholds - BMI & smoking	064	Mar-17	500	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	
Commission differently for outpatients (Incl. Consultant Connect, Advice and Guidance or Virtual Clinics)	014	Oct-17	0	0	1,000	500	
URGENT CARE							
RightCare - Trauma & Injuries	017	Apr-18	0	0	0	0	In plan from 2018/19
INTEGRATION AND COMMUNITY							
Community Podiatry	IC4	May-17	36	36	393	393	New contract in place from 1st May 2017. YTD saving based on forecast profile until validated activity information available
Review of community inpatient services - Phase I (Archways)	019a	Apr-17	70	59	421	352	In contract and delivering but at lower level than in financial plan
Wheelchairs service re-procurement	207	Apr-17	54	26	217	105	New contract in place but costs higher than expected. YTD saving based on forecast until expenditure data available
Community Equipment service re-procurement	187	Apr-17	104	54	418	214	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	
Out of Hospital Programme - System Opportunity Cost including the following: - Frail Elderly - Long Term Conditions - Telehealth - Social Prescribing - Health Navigator	149	Jul-17	0	0	824	275	
Integrated Care Team Roll-out	152	Apr-17	126	126	756	756	
Review of community inpatient services - Phase II	019b	Oct-17	0	0	200	200	
Patient Transport project - re-procurement	190b	Apr-18	0	0	0	0	In plan from 2018/19

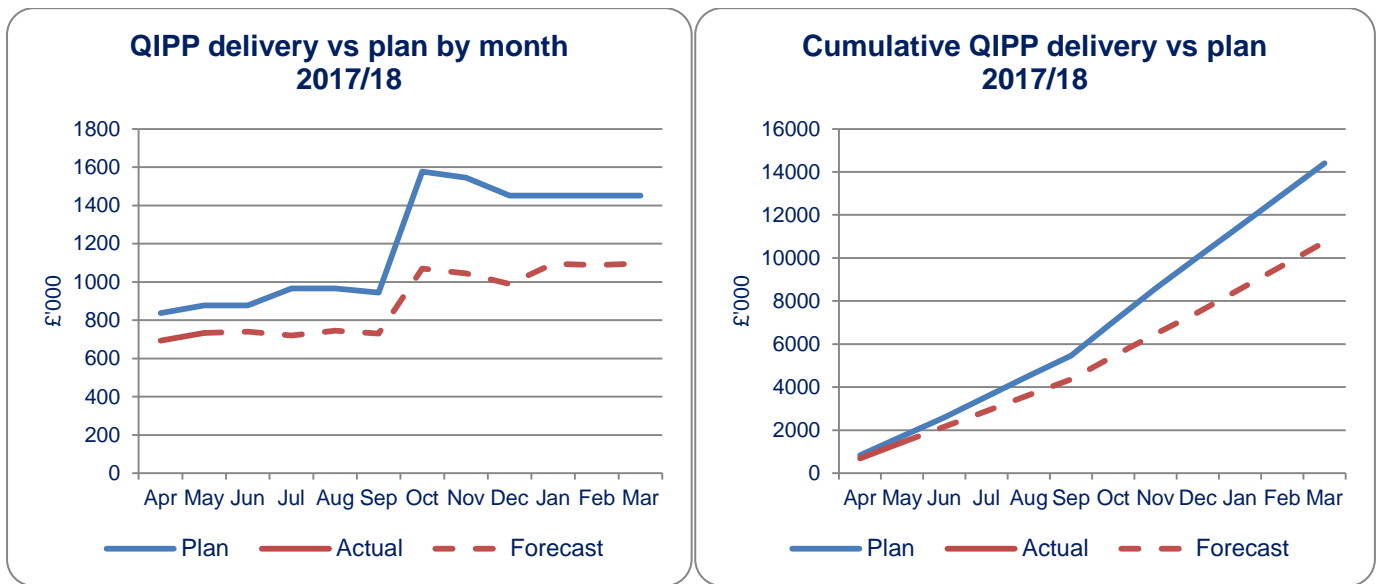
NHS Vale of York Clinical Commissioning Group Financial Performance Report

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	24	24	36	36	
GP IT – NYNET	003	May-17	17	17	183	183	
Roll out indicative budgets to other specialities	020	Jul-17	0	0	75	0	
PRESCRIBING							
Other schemes (branded generics)	196	Apr-17	46	46	277	277	
Therapeutic switches	197	Apr-17	21	21	128	128	
Gluco Rx - Diabetic Prescribing	198	Apr-17	18	18	106	106	
Minor Ailments Prescribing	176	Oct-17	0	0	75	75	
Dressings	201	Apr-17	12	12	75	75	
Prescribing schemes	022	Apr-17	150	150	900	900	
Continence & Stoma Care	199	Oct-17	0	0	53	53	
COMPLEX CARE							
Continence Supplies	C1	Apr-17	9	9	23	23	
CHC review 1 to 1 care packages	024a	Apr-17	28	28	98	98	
CHC review: Short Breaks	024b	Apr-17	15	15	51	51	
CHC review panel decisions (jointly funded packages of care)	024c	Apr-17	0	24	83	83	
Complex Care - CHC and FNC benchmarking	024d	Oct-17	0	0	1,550	0	
Recommissioning MH out of contract expenditure	025	Apr-17	50	0	300	200	
BACK OFFICE							
Commissioning support (eMBED) contract savings	004	Apr-17	35	35	207	207	In contract
Vacancy control	027	Apr-17	9	9	54	54	
Total identified QIPP			1,691	1,427	14,396	10,745	
Unidentified QIPP			0	0	0	3,651	
Total QIPP requirement			1,691	1,427	14,396	14,396	

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



NHS Vale of York Clinical Commissioning Group Financial Performance Report

Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services						
Acute Services						
York Teaching Hospital NHS FT	30,930	30,616	314	185,250	183,232	2,019
Yorkshire Ambulance Service NHS Trust	2,128	2,128	0	12,768	12,768	0
Leeds Teaching Hospitals NHS Trust	1,374	1,331	43	8,245	8,233	12
Hull and East Yorkshire Hospitals NHS Trust	482	579	(98)	2,994	2,994	0
Harrogate and District NHS FT	309	291	17	1,851	1,851	0
Mid Yorkshire Hospitals NHS Trust	345	357	(12)	2,096	2,096	0
South Tees NHS FT	211	177	34	1,265	1,265	0
North Lincolnshire & Goole Hospitals NHS Trust	95	62	32	567	567	0
Sheffield Teaching Hospitals NHS FT	36	36	0	215	215	0
Non-Contracted Activity	626	626	(0)	3,755	3,912	(157)
Other Acute Commissioning	156	154	2	935	935	0
Ramsay	1,040	1,155	(115)	6,720	4,451	2,269
Nuffield Health	453	542	(89)	2,926	1,940	986
Other Private Providers	173	183	(10)	1,041	1,040	1
Sub Total	38,356	38,236	120	230,629	225,500	5,129
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	6,505	6,505	(1)	39,027	38,702	326
Out of Contract Placements and SRBI	867	953	(86)	5,202	5,117	85
Non-Contracted Activity - MH	68	82	(14)	406	421	(16)
Other Mental Health	39	39	0	233	233	0
Sub Total	7,478	7,578	(100)	44,868	44,473	395
Community Services						
York Teaching Hospital NHS FT - Community	3,314	3,316	(1)	19,686	19,811	(125)
York Teaching Hospital NHS FT - MSK	379	314	65	2,777	2,767	9
Harrogate and District NHS FT - Community	489	488	1	2,823	2,686	138
Humber NHS FT - Community	173	163	10	1,036	1,038	(2)
Hospices	208	208	0	1,247	1,247	0
Longer Term Conditions	80	75	6	481	458	23
Other Community	245	362	(117)	2,003	2,320	(317)
Sub total	4,889	4,924	(36)	30,055	30,328	(273)
Other Services						
Continuing Care	4,682	5,177	(495)	26,839	27,498	(659)
Funded Nursing Care	833	735	98	4,998	5,005	(7)
Patient Transport - Yorkshire Ambulance Service NHS Trust	341	314	27	2,002	2,007	(5)
Voluntary Sector / Section 256	88	101	(13)	619	554	65
Non-NHS Treatment	109	97	11	586	580	6
NHS 111	136	139	(3)	813	813	0
Better Care Fund	1,851	1,828	23	11,105	11,114	(9)
Other Services	28	51	(23)	269	280	(11)
Sub total	8,067	8,442	(375)	47,232	47,851	(619)

NHS Vale of York Clinical Commissioning Group Financial Performance Report


	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Primary Care Prescribing	8,328	8,149	179	50,909	50,306	603
Other Prescribing	92	157	(65)	550	398	152
Local Enhanced Services	249	283	(34)	1,796	2,211	(415)
Oxygen	45	46	(2)	269	263	6
Primary Care IT	158	195	(37)	867	867	0
Out of Hours	538	569	(31)	3,231	3,167	64
Other Primary Care	31	31	0	805	357	448
Sub Total	9,442	9,431	11	58,426	57,569	857
Primary Care Co-Commissioning	6,927	6,896	32	41,758	41,797	(40)
Running Costs	1,209	1,170	39	7,256	7,156	100
Trading Position	76,367	76,677	(310)	460,223	454,674	5,549
Prior Year Balances	0	204	(204)	0	0	0
Reserves	1	0	1	3,257	2,727	530
Contingency	375	0	375	2,248	2,248	0
Unallocated QIPP	0	0	0	0	(3,651)	3,651
Reserves	376	204	173	5,505	1,324	4,181
Financial Position	76,743	76,881	(138)	465,729	455,999	9,730
In Year Surplus / (Deficit)	(2,676)	0	(2,676)	(16,054)	0	(16,054)
In Year Financial Position	74,067	76,881	(2,813)	449,675	455,999	(6,324)
Brought Forward (Deficit)	(3,959)	0	(3,959)	(23,754)	0	(23,754)
Cumulative Financial Position	70,108	76,881	(6,772)	425,921	455,999	(30,078)

Note: the Finance Dashboard will include month-on-month movement analysis from Month 3 reporting.

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

Appendix 2 – Running costs dashboard

Directorate	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Governing Body/ COO/Execs	147	150	(3)	73	69	4	73	81	(7)	880	946	(66)	880	944	(64)	0	2	(2)
System Resource & Performance	293	259	35	147	100	46	147	158	(12)	1,760	1,546	213	1,760	1,534	226	0	13	(13)
Planning & Governance	196	193	3	99	87	13	97	106	(9)	1,175	1,071	104	1,190	1,089	101	(15)	(18)	3
Joint Commissioning	56	42	14	28	21	8	28	22	6	336	314	23	336	302	35	0	12	(12)
Transformation & Delivery	58	45	13	29	25	4	29	20	9	347	328	19	347	330	17	0	(2)	2
Medical Directorate	157	155	3	77	75	2	80	80	0	945	970	(25)	930	941	(11)	15	29	(14)
Finance	156	173	(17)	78	64	14	78	109	(31)	936	954	(18)	936	950	(14)	0	4	(4)
Quality & Nursing	115	81	33	57	51	6	57	31	27	688	630	57	688	633	55	0	(3)	3
Recharges & PCU	75	72	3	38	38	0	38	35	3	451	451	0	451	451	0	0	(0)	0
Reserves	0	0	0	0	0	0	0	0	0	0	207	(207)	0	0	0	0	207	(207)
QIPP	(44)	0	(44)	(22)	0	(44)	(22)	0	0	(261)	(261)	0	(261)	(261)	0	0	0	0
Overall Position	1,209	1,170	39	604	529	54	605	641	(14)	7,256	7,156	100	7,256	6,912	344	0	244	(244)

Item Number: 9	
Name of Presenter: Rachel Potts	
Meeting of the Governing Body Date of meeting: 13 July 2017	 Vale of York Clinical Commissioning Group
Integrated Performance Report Month 2 2017/18	
Purpose of Report For Information	
Reason for Report This document provides a triangulated overview of CCG performance across all NHS Constitutional targets for 2016/17 and then by each of the 2017/18 programmes incorporating QIPP, contracting and performance information. The report captures validated data for Month 2.	
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 type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description Programme risks are included on Covalent
Emerging Risks (not yet on Covalent) n/a	

Recommendations

N/A

Responsible Executive Director and Title	Report Author and Title
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Rachel Potts Executive Director of Planning and Governance	Caroline Alexander Assistant Director of Delivery and Performance
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Integrated Performance Report



Validated data to April 2017
2017/18 - Month 01

Acronyms

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
CYC	City of York Council
DNA	Did not attend
DTOC	Delayed Transfer of Care
ED	Emergency Department
EDFD	Emergency Department Front Door
EMI	Elderly Mentally Infirm
FNC	Funded Nursing Care
GPFV	GP Forward View
HR&W	NHS Hambleton, Richmondshire and Whitby CCG
HaRD	NHS Harrogate and Rural District CCG
IAPT	Improving Access to Psychological Therapies
IST	Intensive Support Team
LA	Local Authority
LD	Learning Disabilities
LDR	Local Digital Roadmap

Acronyms continued

MCP	Mutli Care Practitioner
MDT	Multi Disciplinary Team
MH	Mental health
MNET	Medical Non Emergency Transport
MSK	Musculo-skeletal Service
NHSE	NHS England
NHSI	NHS Improvement
NYCC	North Yorkshire County Council
OOH	Out of hours
PCH	Primary Care Home
PCU	Partnership Commissioning Unit
PID	Project Initiation Document
POD	Point of Delivery
PMO	Programme Management Office
QIPP	Quality, Innovation, Productivity and Prevention
RTT	Referral to treatment
S&R	NHS Scarborough and Ryedale CCG
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
T&I	Trauma and Injury
ToR	Terms of Reference
UCC	Urgent Care Centre
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
YTH/YTFT/York FT	York Teaching Hospital NHS Foundation Trust

Performance Headlines

Performance Summary : All Constitutional Targets

Programme Overviews

Planned Care

- Contracting (Month 1)
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – RTT, Cancer, Diagnostics
- Key Questions – QIPP, Contracting and Performance
- **Prescribing** – programme currently being refreshed to capture implementation of Prescribing Indicative Budgets / further update in July 2017

Unplanned Care

- Contracting (Month 1)
- 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 (Month 1)
- Quality, Innovation, Productivity and Prevention (QIPP)
- Performance – Improving Access to Psychological Therapies (IAPT), Dementia, CAMHS, Psychiatric Liaison Service
- Key Questions – QIPP, Contracting and Performance

Primary Care

- There is no QIPP target for Primary Care Programme
- Summary of workstreams
- Performance – primary care dashboard in development (draft for review in July 2017)

Enabling and Quality

- Summary of workstreams

Performance Headlines

IMPROVEMENTS IN PERFORMANCE : APRIL – MAY 2017

A&E 4 hour

Performance continues to improve since January (78.3%) reaching a monthly high of 92.9%

A&E 12 hour trolley waits

No 12 hour trolley waits on either hospital site for the first time since September 2016

Dementia

Diagnosis rates have increased from March 2017 from 55.4% to 58.4%

Mental health performance data

The CCG is currently working with PCU to validate all MH, LD and CHC data so there is no refresh of performance data for April included in this performance report with the exception of dementia diagnosis

DETERIORATION IN PERFORMANCE : APRIL – MAY 2017

RTT 18 week backlog and admitted

RTT 18 week performance has not delivered at target since June 2016. Now at lowest performance to date at 89.7%. There have been 52 week breaches for the past 2 months.

Mitigations: the planned care system performance group continues to address short-term actions to manage demand on those specialties most affected by increasing referrals. The Planned Care Steering Group (YTH & CCGs) is refreshing the transformational programme of work during June to consider wider demand management. YTH continues to implement its operational performance improvement programme targeting outpatient and theatre utilisation.

Cancer 62 day

83.6% against 85% and has now not delivered at target since August 2016

Local Cancer Alliance 62 day recovery plan now been submitted by YTH to Cancer Alliance (see Annex) in order to support drive for performance improvement.

Cancer 14 day and Cancer 31 days

Performance is now 90.5% after two months of delivering at or above target. Performance for 14 days breast symptoms is also 91.9% against 93% target.

There are on-going capacity issues in dermatology which affect this performance. The 31 day performance reduction this month (the first since May 2016) will be explored through the planned care performance group.

Diagnostics

This has hit an all time low of 3.76% (target is 1%) after deteriorating since September 2016.

Main issues have been dexta scan technical issues (exacerbated by cyberattack). Sleep studies capacity is also challenged. The Planned Care System Performance Group will continue to monitor diagnostics performance recovery with YTH and align with the Cancer Alliance wider diagnostics review.

SUGGESTED ISSUES FOR DISCUSSION:

1. RTT and elective care demand management – options for managing Page 63 of 610 financial envelope

2. A&E Delivery Board – feedback from last meeting

Performance Summary: All Constitutional Targets 2017/18

Validated data to April 2017 (Month 01)

01 - Referral To Treatment waiting times for non-urgent consultant-led treatment

Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
Referral to Treatment pathways: incomplete	CCG	Actual	92.9%	92.4%	91.8%	91.5%	91.6%	91.5%	90.8%	90.6%	90.3%	90.5%	90.6%	89.7%	92.4%	90.6%	89.7%	89.7%		↓
		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	0	0	0	1	1	0	0	0	2	2	2	5	2	2		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

02 - Diagnostic test waiting times

Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
Diagnostic test waiting times	CCG	Actual	0.80%	1.00%	1.29%	1.37%	0.93%	1.27%	1.21%	1.70%	1.76%	2.00%	2.12%	3.76%	0.9%	2.1%	3.8%	3.76%		↑
		Target	0.9%	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%		

03 - A&E waits

Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
A&E waiting time -% of patients seen and discharged within 4 hours, SitRep data	% of YFHT activity (CCG weighted)	Actual	87.9%	87.2%	92.7%	90.6%	91.0%	85.5%	81.9%	81.2%	78.3%	81.5%	89.4%	92.9%	88.0%	86.4%	92.9%	92.9%		↑
		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%		
12 hour trolley waits in A&E - SaR CCG	CCG	Actual	0	0	0	0	0	1	1	9	6	2	0	0	15	19	0	0		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5		
12 hour trolley waits in A&E - York FT	YFT (Trust wide)	Actual	0	0	0	0	0	4	3	11	45	6	9	0	51	85	0	0		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5		
A&E Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	5,101	4,883	4,816	4,623	4,594	4,717	4,418	4,607	4,302	3,991	4,551	4,485	62,882	55,185	4,485	4,485		↑
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	80.1%	79.3%	87.4%	82.7%	84.2%	74.9%	69.4%	68.7%	63.3%	68.7%	81.7%	87.5%	80.9%	76.6%	87.5%	87.5%		↑
		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%		
A&E Attendances - Type 3, SitRep data	% of YFHT activity (CCG weighted)	Actual	1,698	1,586	2,022	2,036	1,799	1,767	1,522	1,555	1,483	1,397	1,652	1,785	18,016	20,011	1,785	1,785		↑
A&E Attendances - Total, SitRep data	% of YFHT activity (CCG weighted)	Actual	8,525	8,080	8,889	8,724	8,219	8,278	7,485	7,741	7,291	6,807	7,881	8,083	99,191	95,514	8,083	8,083		↑
A&E Attendances - S&R CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	7,759	7,358	7,579	7,295	7,279	7,681	7,104	7,268	6,914	6,256	7,436	7,022	86,007	86,721	7,022	7,022		↑
A&E waiting time -% of patients seen and discharged within 4 hours -CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	81.58%	83.03%	92.99%	91.42%	90.80%	83.54%	77.82%	74.81%	73.33%	79.49%	89.87%	90.36%	85.85%	83.55%	90.36%	90.36%		↑
		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%		

04 - Cancer waits - 2 week wait

Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
All Cancer 2 week w waits	CCG	Actual	94.1%	94.9%	94.7%	91.1%	94.5%	88.1%	92.1%	98.1%	90.2%	97.0%	93.3%	90.5%	94.1%	93.6%	90.5%	90.5%		↓
		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 w waits	CCG	Actual	100.0%	95.0%	94.1%	93.9%	96.2%	96.7%	98.2%	95.5%	95.7%	95.7%	98.3%	91.9%	94.6%	96.3%	91.9%	91.9%		↓
		Target	93.0%	93.0%	93.0%	93.0%	94.0%	93.0%	93.0%	93.0%	95.0%	94.0%	94.0%	93.0%	93.0%	93.0%	94.0%	93.0%		

05 - Cancer waits - 31 days																					
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend	
Cancer 31 day waits: first definitive treatment	CCG	Actual	99.3%	100.0%	99.5%	98.3%	96.2%	98.0%	96.2%	98.5%	96.3%	98.2%	96.6%	95.0%	97.8%	98.0%	95.0%	95.0%		↓	
		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	90.9%	98.0%	97.2%	100.0%	92.1%	97.5%	86.7%	84.8%	97.1%	92.1%	100.0%	95.2%	97.6%	95.0%	95.2%	95.2%			↑
		Target	94.0%	94.0%	94.0%	96.0%	94.0%	96.0%	96.0%	94.0%	96.0%	96.0%	96.0%	94.0%	94.0%	94.0%	96.0%	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%	96.0%	98.0%	98.0%	96.0%	98.0%	98.0%	100.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%			-
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	99.8%	99.6%	100.0%	100.0%			-
		Target	94.0%	94.0%	94.0%	96.0%	95.0%	95.0%	96.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	94.0%	95.0%	94.0%			-

06 - Cancer waits - 62 days																					
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend	
% 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	89.6%	86.0%	84.9%	91.3%	71.8%	75.0%	77.3%	81.7%	82.4%	74.0%	78.7%	83.6%	84.9%	81.8%	83.6%	83.6%		↑	
		Target	85.9%	85.1%	85.3%	85.7%	85.7%	85.4%	85.7%	85.2%	85.2%	85.7%	85.6%	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	100.0%	88.9%	90.0%	100.0%	83.3%	96.0%	84.6%	94.1%	94.7%	93.3%	85.7%	83.3%	94.4%	91.9%	83.3%	83.3%			↓
		Target	90.0%	90.0%	90.0%	90.0%	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%
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	66.7%	100.0%	Nil Return	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	86.7%	88.5%	100.0%	100.0%			-
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	100.0%	100.0%	90.0%	90.0%	90.0%	90.0%	90.0%			90.0%

07a - Ambulance performance - YAS																					
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend	
Category 1 - Response within 8 Minutes	YAS (region)	Actual							68.3%	62.9%	62.4%	69.8%	75.4%	75.4%		67.8%	75.4%	75.4%		↑	
		Target							75.0%	75.0%	75.0%	75.0%	75.0%	75.0%		75.0%	75.0%	75.0%		↑	
Achieved 8min	YAS (region)	Actual							196	242	252	216	265	269		1171	269	269			↑
Total Calls (C1)	YAS (region)	Actual							287	384	404	309	352	357		1736	357	357			↑
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%		83.0%	85.0%	85.0%			↓
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%		69.5%	80.0%	80.0%			↑
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%		84.8%	91.4%	91.4%		↑	
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%		80.3%	90.2%	90.2%		↑	
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%		91.3%	91.8%	91.8%		↓	
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%		96.4%	100.0%	100.0%		↑	

07b - Ambulance Handover Time																				
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
Ambulance handover time - Delays of +30 minutes (Scarborough General Hospital)	Trust Site	Actual	18.40%	30.40%	24.90%	35.20%	24.90%	31.30%	32.00%	27.00%	39.00%	44.20%	21.80%	7.40%	15.60%	29.40%	7.40%	7.40%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	258	439	377	512	343	399	403	369	510	533	294	117	2620	4771	117	117		
		Den	1403	1442	1514	1456	1375	1274	1258	1367	1307	1207	1346	1572	16842	16224	1572	1572		
Ambulance handover time - Delays of +60 minutes (Scarborough General Hospital)	Trust Site	Actual	6.30%	14.20%	10.00%	16.60%	10.60%	13.30%	15.00%	11.80%	17.10%	23.10%	6.00%	2.60%	6.80%	12.90%	2.60%	2.60%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	89	205	151	242	146	170	189	161	224	279	81	41	1147	2088	41	41		
		Den	1403	1442	1514	1456	1375	1274	1258	1367	1307	1207	1346	1572	16842	16224	1572	1572		
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	Actual	18.70%	16.40%	8.50%	6.50%	8.50%	16.40%	22.20%	26.30%	30.10%	20.00%	7.00%	4.10%	9.60%	16.20%	4.10%	4.10%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	384	315	175	128	167	339	447	530	596	352	131	78	2241	3813	78	78		
		Den	2056	1921	2069	1981	1972	2063	2009	2017	1978	1760	1869	1906	23442	23476	1906	1906		
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	Actual	9.60%	7.50%	2.60%	1.80%	2.50%	7.20%	8.30%	13.10%	16.70%	7.80%	0.90%	0.90%	4.40%	7.00%	0.90%	0.90%		↓
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
		Num	197	145	54	35	50	149	167	264	330	137	16	17	1036	1655	17	17		
		Den	2056	1921	2069	1981	1972	2063	2009	2017	1978	1760	1869	1906	23442	23476	1906	1906		

08 - Mixed Sex Accommodation breaches																				
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0	0.1	0	0	0	0	0	0	0.1	0	0	0	1.8	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	1	0	0	0	0	0	0	1	0	0	0	221	2	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

09 - Cancelled operations																				
Indicator	Level of Reporting		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
% of Cancelled Operations (on day of admission) not treated within 28 days - York	YFT (Trust wide)	Actual		11.7%			1.4%			1.0%			7.8%		3.1%	5.1%	0.0%	0.0%		-
		Target		6.0%				0.0%		3.8%			2.0%		3.0%	3.1%	0.0%	0.0%		
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		

10 - Mental Health

Indicator	Level of Reporting	Target	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	1.4%	1.0%	1.0%	1.2%	1.1%	1.2%	1.1%	0.9%	1.1%	0.7%			8.3%	12.7%				↓
		Target	0.75%	0.75%	1.00%	1.00%	1.00%	1.25%	1.25%	1.25%	1.25%	1.25%			7.99%	7.90%				
% of people who are moving to recovery	CCG	Actual	45.45%	41.67%	50.00%	46.43%	44.44%	40.91%	53.85%	44.83%	46.43%	50.00%			50.00%	50.00%				↑
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%			50.00%	50.00%				
Number of people who receive psychological therapies	CCG	Actual	425	315	310	375	340	375	350	280	345	220			2595	3970				↓
		Target	208	208	208	208	208	208	208	208	391	208			2496	2471				
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	57.14%	78.57%	54.55%	64.71%	93.33%	84.00%	89.29%	100.00%	93.55%	93.33%			88.20%	82.62%				↓
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%			75.00%	95.00%				
The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	74.12%	90.48%	70.97%	80.00%	98.53%	100.00%	100.00%	98.21%	98.55%	100.00%			91.33%	86.52%				↑
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%			90%	90%				
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	35.71%	50.00%	27.27%	47.06%	70.00%	68.00%	71.43%	91.18%	80.65%	80.00%			57.23%	64.54%				↓
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%			50%	75%				
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	58.82%	84.13%	64.52%	74.67%	95.59%	97.33%	95.71%	94.64%	94.20%	95.45%			66.67%	77.33%				↑
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%			50%	50%				
Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period.	CCG	Actual	92.86%	60.71%	72.73%	73.53%	83.33%	68.00%	71.43%	52.94%	51.61%	46.67%			35.40%	68.79%				↓
		Target	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%			10%	40%				
% of those patients on Care Programme approach (CPA) discharged from inpatient care who are followed up within 7 days.	CCG	Actual		95.8%			93.5%			96.9%			99.2%		95.5%	96.9%				↑
		Target		95.0%			95.0%			95.0%			95.0%		95.0%	95.0%				
Estimated Diagnosis rate for people with dementia	CCG	Actual	52.9%	53.1%	54.2%	54.9%	54.7%	55.3%	55.7%	55.1%	55.2%	55.1%	55.4%	58.4%	54.5%	55.4%	58.4%	58.4%		↑
		Target	55.8%	56.6%	57.0%	58.0%	59.0%	60.9%	62.8%	62.8%	62.8%	62.8%	62.8%	66.7%	66.7%	53.0%	66.7%	66.7%		66.7%

11 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator	Level of Reporting	Target	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend	
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	1	0	1	0	3	0	0	1	1	1	1	1	9	2	2			-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG ATTRIBUTED	Actual	2	4	5	5	5	7	5	9	7	4	5	4	89	61	6	6			↑
		Target	6	8	4	7	6	7	5	9	7	6	6	7	76	78	13	13			
Incidence of healthcare associated infection (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	0	1	0	3	0	3	1	1	0	0	0	0	8	10	1	1			-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFT TRUST APPORTIONED	Actual	1	3	3	2	1	3	2	8	10	5	5	0	65	46	1	1			↓
		Target	4	4	4	4	2	3	3	6	3	5	3	3	48	45	4	4			
Number of new serious incidents	CCG ATTRIBUTED	Actual	13	14	15	10	12	2	8	12	7	7	5	7	120	117	18	18		↓	
Number of Never Events	CCG ATTRIBUTED	Actual	0	1	1	0	0	0	0	0	0	0	0	0	2	3	0	0		-	

12 - Smoking at Delivery indicators

Indicator	Level of Reporting	Target	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2015/16	2016/17	Q1 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
% of women known to have been smoking at time of delivery (SaR CCG)	CCG	Actual		12.0%			9.7%			10.3%			12.3%		12.1%	11.0%				↑
		Target		12.1%			12.1%			12.1%			12.1%		10.8%	12.1%				

Programme Overview

- Planned Care -

Validated data to April 2017

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 Lead: Executive Director of System Resources

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

Clinical Lead: Shaun O'Connell, Joint Medical Director, CCG



CONTRACTING: Month 01

Point of Delivery	Year to Date							
	Activity				Expenditure			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%
Inpatient	2,955	3,252	(297)	(10.0%)	3,157	3,527	(370)	(11.7%)
Outpatient	21,177	20,662	1,115	5.1%	2,495	2,326	169	6.8%
Other	175,862	166,217	9,645	5.5%	3,271	2,917	353	10.8%
CQUIN					190	161	28	15.02%
Total	200,594	190,131	10,463	5.2%	9,112	8,932	180	1.98%

The above summary provides a brief overview of all of the acute hospital contracts* held by the CCG. A more detailed breakdown at Point of Delivery (POD) level is also available.

There are significant caveats to be noted with regards to the Month 1 contract position, including the impact of under-recording due to the cyber attack and all the issues associated with a new financial year. Despite these caveats, early indications suggest a significant overtrade in planned admissions across all hospitals, with £242k of the £370k overtrade at York Teaching Hospitals NHS Foundation Trust (YTHFT)

Overall, planned care appears to be under-trading by £180k. A significant caveat however is the YFTHT contract plan is currently set at £194m, £9m more than the CCG's affordable contract value. QIPP schemes and risk share arrangements still need to be agreed to reduce the contract value and activity flowing through the system.

Confidence in the quality of the data will improve in Month 2 to enable improved reporting of the financial contract trading position.

(*Excluding the low value contract associated with Northern Lincolnshire & Goole as no breakdown is available at this time)

QIPP: PLANNED CARE Month 01

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	31	(2)	259	108	
Thresholds - Cataract Surgery	161	Apr-17	50	0	300	150	
Faecal Calprotectin	PC4	Oct-16	18	18	53	53	
Biosimilar high cost drugs gain share	016	Apr-17	73	34	318	201	
Remove SpR block from contract	168	Apr-17	159	159	952	952	In contract, delivery on track
Commissioning for Value (PNRC)	006	Apr-17	25	0	150	75	
Thresholds - BMI & smoking	064	Mar-17	500	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	
Commission differently for outpatients (Incl. Consultant Connect, Advice and Guidance or Virtual Clinics)	014	Oct-17	0	0	1,000	500	
Dermatology Indicative Budgets	195	Apr-17	24	24	36	36	

KEY QUESTIONS: PLANNED CARE QIPP

Are QIPP targets being met and are you assured this is sustainable?	What mitigating actions are underway?	Is further escalation required?
<ul style="list-style-type: none"> There is a risk to the QIPP targets for general BMI/Smoking Thresholds and RightCare Orthopaedics/MSK (in part, any spare capacity resulting from QIPP schemes is being utilised to deliver RTT) 	<ul style="list-style-type: none"> If supported nationally, working with partners to deliver CEP will deliver financial savings identified in QIPP Expanding Orthopaedic work programme to include scoping development of virtual clinics (following evaluation of virtual fracture clinic) and one-stop clinics. Also instigating Shared Decision Making pilot from July 1st. Scoping expansion of current demand management process, utilising additional expertise from NHSE – supporting implementation of CEP 	<ul style="list-style-type: none"> Requires agreement to finalise activity plan to deliver CEP Support from all partners for delivering a joint approach to demand management Support from NHSE/NHSI for CEP

QIPP: PRESCRIBING Month 01

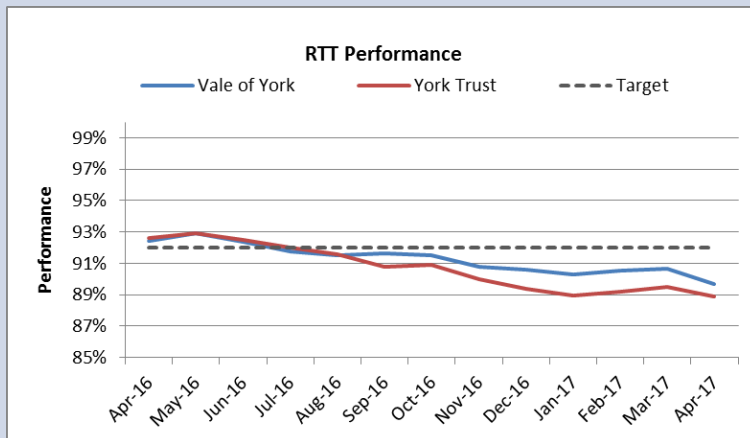
Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	
PRESCRIBING							
Other schemes (branded generics)	196	Apr-17	46	46	277	277	
Therapeutic switches	197	Apr-17	21	21	128	128	
Gluc0 Rx - Diabetic Prescribing	198	Apr-17	18	18	106	106	
Minor Ailments Prescribing	176	Oct-17	0	0	75	75	
Dressings	201	Apr-17	12	12	75	75	
Prescribing schemes	022	Apr-17	150	150	900	900	
Continence & Stoma Care	199	Oct-17	0	0	53	53	

KEY QUESTIONS: PLANNED CARE QIPP

Are QIPP targets being met and are you assured this is sustainable?	What mitigating actions are underway?	Is further escalation required?
<ul style="list-style-type: none"> The QIPP targets are currently being refreshed and risks against delivery of forecast targets assessed 	<ul style="list-style-type: none"> Roll out of practice indicative budgets is on-going and will fundamentally change the approach to delivery of the prescribing QIPP – detailed progress update to be shared in July Committee. 	<ul style="list-style-type: none"> No

Referral to Treatment Time – April 2017

Vale of York CCG			York Teaching Hospital			YTH - Admitted Backlog		
Mar	Apr	DoT	Mar	Apr	DoT	Mar	Apr	May
90.6%	89.7%	↓	89.5%	88.9%	↓	1314	1438	1354



York Teaching Hospitals RTT performance reduced from 90.6% in March to 88.9% in April 2017, which was slightly below the planned trajectory of 89.9%. At the end of May 2017 the admitted backlog was 1354 and the un-admitted backlog was 1561. April performance was affected by the Easter Break (14-17 April) and school holidays, which resulted in increased annual leave and reduced clinic and theatre lists.

Un-validated RTT data for May shows an improvement - the Trust achieved 89.4%. There were no 52 week breaches reported in April or May but there are some long waiters with 70 patients currently waiting over 40 weeks. The highest volumes are in Max Fax (29%), General surgery (21%) and Urology (19%). Urology is being affected by diagnostic waits and consultant shortages consequently some of this work is being outsourced to Leeds. Max Fax has additional outsourcing support in place through to July. General Surgery was impacted by the bed pressures in February and March and YHFT are using waiting list initiatives and outsourcing to reduce the backlog.

Following the Cyber Attack on Friday, 12 May 2017, the decision was made to cancel 31 electives scheduled for Saturday, 16 May 2017 but outpatient clinics and endoscopy went ahead as planned and YHFT were operating as normal by Monday, 15 May 2017.

Specialty	Performance	Breaches	Main Provider
Urology	78.07%	195 of 935	YTH
Plastic Surgery	81.82%	24 of 133	LTH (10), HEY (7)
Thoracic Medicine	82.17%	92 of 534	YTH
Cardiothoracic Surgery	85.71%	1 of 6	OTHER
Trauma & Orthopaedics	86.61%	212 of 1636	YTH
General Surgery	87.49%	259 of 2111	YTH
Ophthalmology	87.71%	303 of 2396	YTH
Gynaecology	89.30%	93 of 866	YTH
Neurosurgery	90.48%	4 of 37	STH (1)
Gastroenterology	91.10%	80 of 1001	YTH
All	89.70%	1608 of 15,615	YTH

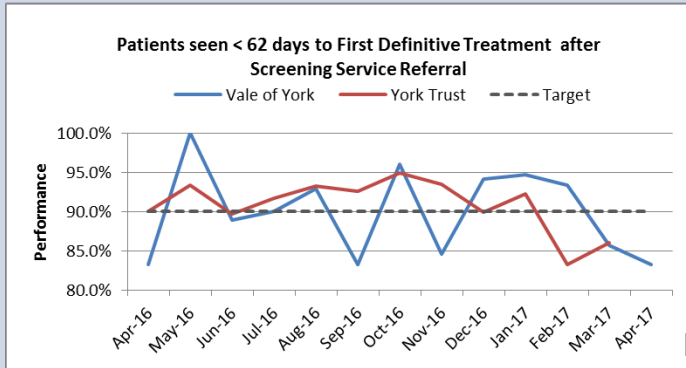
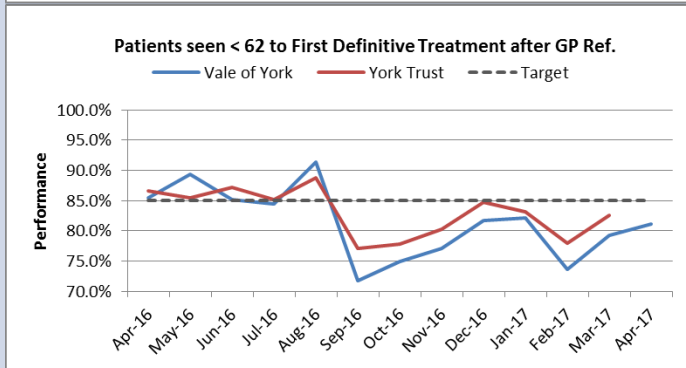
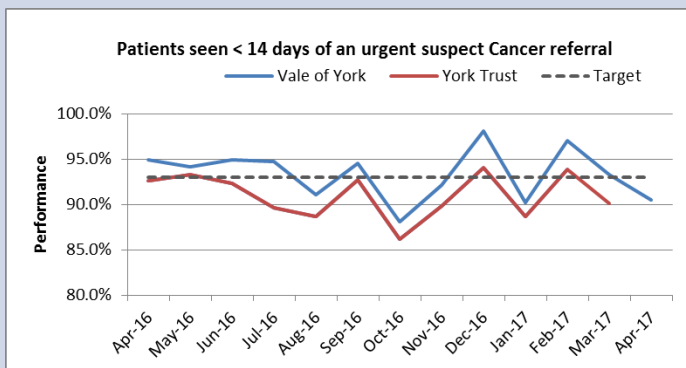
The table opposite provides a breakdown by speciality of the most challenged areas. Operational improvements as part of the Trust's 'Return to Operational Standards' has focused on improving/optimising outpatient and theatre utilisation, and exploring short term options to increase capacity.

The Outpatient Transformation Programme has commenced and is looking at clinical utilisation, allocation by speciality, DNAs and First to Follow-Ups.

The Trust STF trajectory was refreshed to project recovery to 92% by June 2017.

Cancer – March 2017

14 Day Fast Track			62 Day 1 st Treatment (GP)			62 Days 1 st Treatment (SS)		
CCG	DoT	Target	CCG	DoT	Target	CCG	DoT	Target
90.5%	↓	93%	81.1%	↑	85%	83.3%	↓	90%



YHFT met 4 out of the 7 cancer targets for March 2017 but failed the following:-

14 Day Fast Track (90.9% - 124 breaches, of which 76% were diagnosed with no cancer). The majority of the 2 week wait breaches relate to Skin (89 of 124 in March 2017) and YHFT is reinstating clinic sessions at Scarborough following the appointment of a Dermatologist.

62 days 1st Treatment from GP referral (82.5% - 27 breaches, of which 10 were due to capacity issues)

62 days 1st Treatment for Screening (86% - 2.5 breaches)

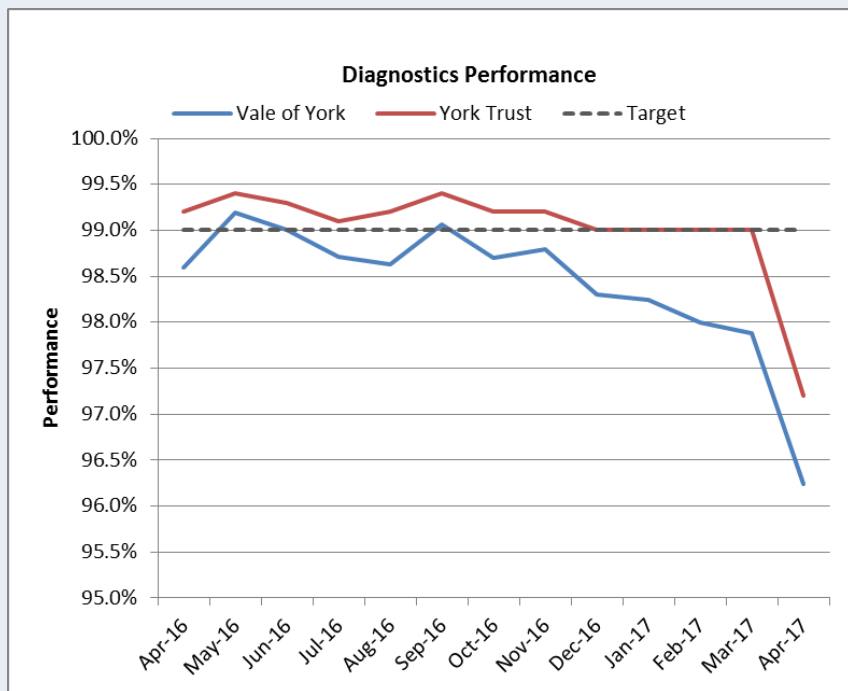
The STF target for Q4 has not been met for 62 days 1st Treatment and this is a key focus for recovery work. YHFT is prioritising pathways with under-performance on the 62 day pathway through the Cancer Operational Board and Cancer Alliance. Work will focus on Lung, Upper GI and Haematology pathways; these are often more complex pathways and 50% of the patient breaches in March were due to clinical complexity. There have been significant diagnostic capacity issues in tertiary centres for elective cardiology CT scanning and robotic surgery.

NHSE issued the 62 day Cancer Standards operating model and support for recovery and requested YHFT to conduct an audit against the 10 High Impact Actions. The Trust rag rated 'RED' against the timed pathways and are currently mapping the internal pathway from entry point in referral to MDT to move towards the 28 day to diagnosis national standard for 2020. They are also undertaking route cause analysis on 62 day breaches and near misses.

The Trust has submitted a bid for funding to the Cancer Alliance to increase both MRI and CT scanning capacity for prostate and colorectal cancer in York.

Diagnostics – March 2017

Test	Performance	Activity	Provider
CT Scanning	5.64%	32 of 567	BTH (12), HEY (19)
Gastroscopy	7.09%	20 of 282	YTH (19)
Cystoscopy	27.94%	19 of 68	YTH (19)
Sleep Studies	25.58%	11 of 43	YTH (9)
Tests - All	3.76%	125 of 3,324	



Vale of York CCG failed to meet the target of 99% of patients waiting less than 6 weeks for a Diagnostic Test in April 2017. There were a total of 125 breaches which equates to 3.76% against the 1% target.

CT breaches - 12 breaches were reported at Bradford Teaching Hospitals due to capacity issues and the Trust are outsourcing to external providers to meet demand. Hull and East Yorkshire Hospital reported 19 breaches and have been struggling with Cardiac CT capacity. Demand is increasing and the actual scan is fairly complex and requires a Consultant, Nurse and Radiographer.

York Teaching Hospitals achieved 97.25% against the 99% diagnostic target. The primary cause of the position was due to the breakdown of the dexa scanner at Scarborough Hospital at the end of April and the biggest impact was on Scarborough and East Riding patients. Issues with the dexa scanner have continued in May and the scanner had to be removed from the Trust and was fixed and back on-line on 23 May 2017.

There were 7 MRI breaches at York due to the large number of paediatric patients who required MRI on a general anaesthetic list. The Trust was running 2 lists in May to accommodate these patients.

There were 39 Gastroscopy breaches in April (92.4%) . Clinician leave over the Easter period resulted in loss of capacity and an increase in fast track referrals in March/April affected the performance position.

Cystoscopy capacity has been an on-going issue at York. The One Stop Urology service was opened at Malton in February and will complete diagnostics on the day for flexi-cystoscopy. The facility is currently open 3 days per week and will provide an additional 180 slots. Rigid cystoscopy and inpatients will remain on the York and Scarborough sites.

Sleep Studies – 11 breaches in April 2017. Planned capacity is 60 per month and current demand is c75 per month. Staff sickness has contributed to reduced capacity but a new Consultant started in May and will review capacity within the next 3 months.



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

What mitigating actions are underway?

RTT – No.

The incomplete target is not met for 92% target – April 88.9% and May 89.4% (unvalidated) and YHFT are reporting an increase in both the admitted and non-admitted backlog in May 2017.

Cancer – No.

YHFT failed 2 week wait Fast track and 62 days 1st Treatment and Screening targets in March 2017.

Diagnostics – No.

Vale of York CCG achieved 96.24% against Diagnostic target of 99%. 125 breaches = 3.76%.

Long-waiters management on a weekly basis, YHFT review every patient who has waited over 40 weeks and put a plan in place. 70 patients are currently waiting over 40 weeks. The highest volumes are in Max Fax (29%), General surgery (21%) and Urology (19%). Urology is being affected by diagnostic waits and Consultant shortages and some of this work is being outsourced to Leeds. Max Fax has additional outsourcing support in place through to July. General Surgery was impacted by the bed pressures are using waiting list initiatives and outsourcing to reduce the backlog.

The Outpatient Transformation Programme has commenced and will focus on clinical utilisation, allocation by speciality, DNAs and First to Follow-Ups.

Cancer - YHFT are reinstating clinics at Scarborough to see 2 week wait Skin patient referrals following the appointment of a Dermatologist.

YHFT have conducted an audit against the 10 High Impact Actions. The Trust rag rated 'RED' against the timed pathways and are currently mapping the internal pathway from entry point in referral to MDT to move towards the 28 day to diagnosis national standard for 2020. They are also undertaking route cause analysis on 62 day breaches and near misses. The Trust has submitted a bid for funding to the Cancer Alliance to increase both MRI and CT scanning capacity for cancer patients in York.

Diagnostics – Bradford and Hull Hospitals are outsourcing CT scans to increase capacity.

YHFT One-Stop Diagnostic Service opened in February 2017 and operates at Malton 3 days per week. This will increase cystoscopy capacity. YHFT are also looking to increase utilisation at the One-Stop Centre and in the future will operate both Dermatology and Vascular services out of Malton.

Dexa scanner at Scarborough fixed 23 May 2017.

New Consultant starts in Sleep Studies May 2017 which will improve capacity issues.

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

Is further escalation required?

York Teaching Hospitals Return to Operational Standards performance improvement plan incorporates the recovery plan for RTT, Cancer and Diagnostics.

No

Programme Overview

- Unplanned Care -

Validated data to April 2017

UNPLANNED CARE: Contract Month 1

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

Executive Lead: Executive Director of System Resources

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

Clinical Lead: Andrew Phillips, Joint Medical Director, CCG



CONTRACTING: Month 01

Point of Delivery	Current Month							
	Activity				Expenditure			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%
Accident and Emergency	5,557	5,617	(60)	(1.1%)	737	769	(32)	(4.4%)
Inpatient	3,044	3,039	5	0.2%	5,675	5,424	251	4.4%
Other	2,820	1,783	1,037	36.8%	1,405	1,257	148	10.5%
CQUIN					195	151	44	22.6%
Total	11,422	10,439	589	4.9%	8,012	7,601	410	5.12%

The above summary provides a brief overview of all of the acute hospital contracts* held by the CCG. A more detailed breakdown at Hospital and Point of Delivery (POD) level is also available.

There are significant caveats to be noted with regards to the Month 1 Contract data as referred to above on 'Planned Care including Prescribing'. Despite these caveats, early indications suggest unplanned care activity is under-trading against the contract plans overall. A significant caveat however is the York Teaching Hospital contract plan is currently set at £194m, £9m more than the CCG's affordable contract value. QIPP schemes and risk share arrangements still need to be agreed to reduce the contract value and activity flowing through the system.

Confidence in the quality of the data will improve in Month 2 to enable improved reporting of the financial contract trading position.

(*excluding the low value acute contract associated with Northern Lincolnshire and Goole where no breakdown is available at this time)

QIPP: Unplanned Care Month 01

Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	
URGENT CARE							
RightCare - Trauma & Injuries	017	Apr-18	0	0	0	0	In plan from 2018/19
INTEGRATION AND COMMUNITY							
Community Podiatry	IC4	May-17	36	36	393	393	New contract in place from 1st May 2017. YTD s forecast profile until validated activity information
Review of community inpatient services - Phase I (Archways)	019a	Apr-17	70	59	421	352	In contract and delivering but at lower level than
Wheelchairs service re-procurement	207	Apr-17	54	26	217	105	New contract in place but costs higher than expected saving based on forecast until expenditure data :
Community Equipment service re-procurement	187	Apr-17	104	54	418	214	New contract in place but costs higher than expected saving based on forecast until expenditure data :
Patient Transport - contracting review	190a	Apr-17	11	11	11	11	
Out of Hospital Programme - System Opportunity Cost including the following: - Frail Elderly - Long Term Conditions - Telehealth - Social Prescribing - Health Navigator	149	Jul-17	0	0	824	275	
Integrated Care Team Roll-out	152	Apr-17	126	126	756	756	
Review of community inpatient services - Phase II	019b	Oct-17	0	0	200	200	
Patient Transport project - re-procurement	190b	Apr-18	0	0	0	0	In plan from 2018/19

KEY QUESTIONS: UNPLANNED CARE QIPP

Are QIPP targets being met and are you assured this is sustainable?	What mitigating actions are underway?	Is further escalation required?
<ul style="list-style-type: none"> T&I: not yet commenced, Band 7 resource being recruited to, clinicians to support and PMO yet to design delivery process Community Podiatry underway, contracting now managing provision Community inpatients Phase 1 in delivery Wheelchairs service underway Patient transport (MNET) contracting review in delivery, new procurement underway OOH Programme: PID described, ToR done Community inpatients Phase 2 underway 	<ul style="list-style-type: none"> Initial scoping meeting held, next clinical scoping meeting 20/06 with YTHFT. Identification of other related Right Care programmes at this point (eg. Neurology) With contracting team for monitoring Completed, all teams co-located at Archways With contracting team for monitoring Ongoing work; delayed by 3 months due to partners (HR&W, HaRD) joining process Workplans yet to be drawn up by the localities Bed review complete, awaiting report 	<ul style="list-style-type: none"> No No No No Not at present, but progress to be monitored, no further slippage possible Not at present, but requires locality focus Not at present, but requires AEDB focus

PERFORMANCE: ECS & ORGANISATION

Accident and Emergency

Ambulance Service

Attendances

% seen within 4 hrs

Conversion Rate

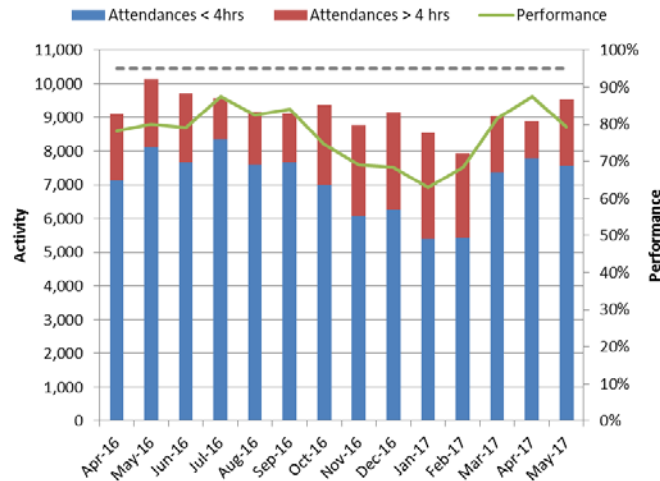
Cat. 1 Response

Attendances

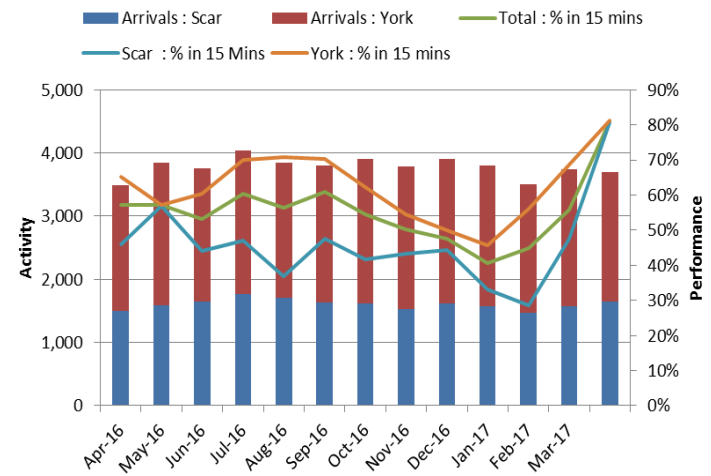
15 Min Handover

Attendances			% seen within 4 hrs			Conversion Rate			Cat. 1 Response			Attendances			15 Min Handover		
Mar	Apr	DoT	Mar	Apr	DoT	Mar	Apr	DoT	Feb	Mar	DoT	Feb	Mar	DoT	Feb	Mar	DoT
9,036	8,903	↑	89.3%	92.85%	↑	39.21%	38.40%	↑	69.8%	75.4%	↑	3,499	3,742	↓	44.9%	55.9%	↑

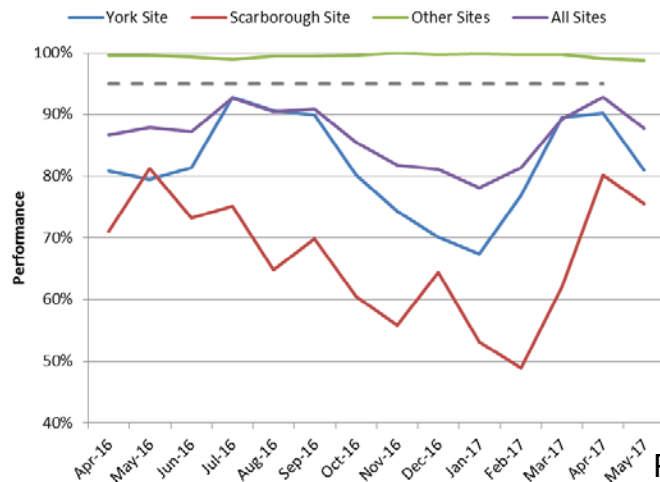
York Trust (All Sites) - Type 1 Attendances and 4 hr Performance



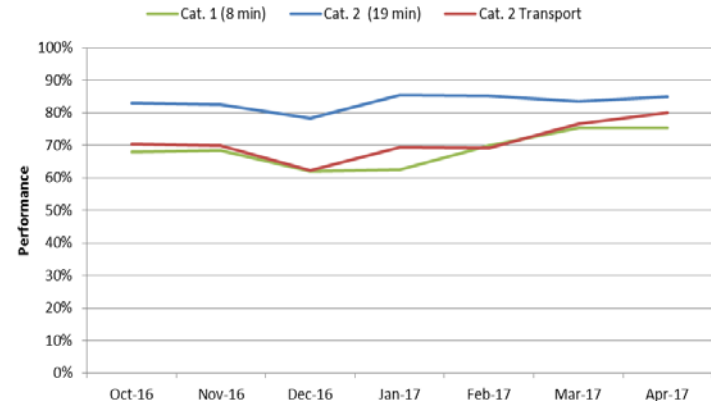
YAS - 15 mins Handover



York Trust - AE 4 Hr Performance by Site

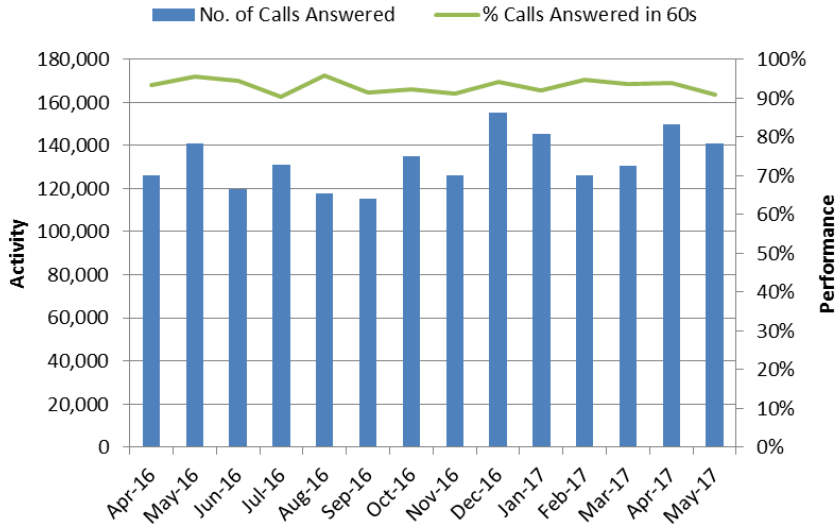


Vale of York CCG - Response Times

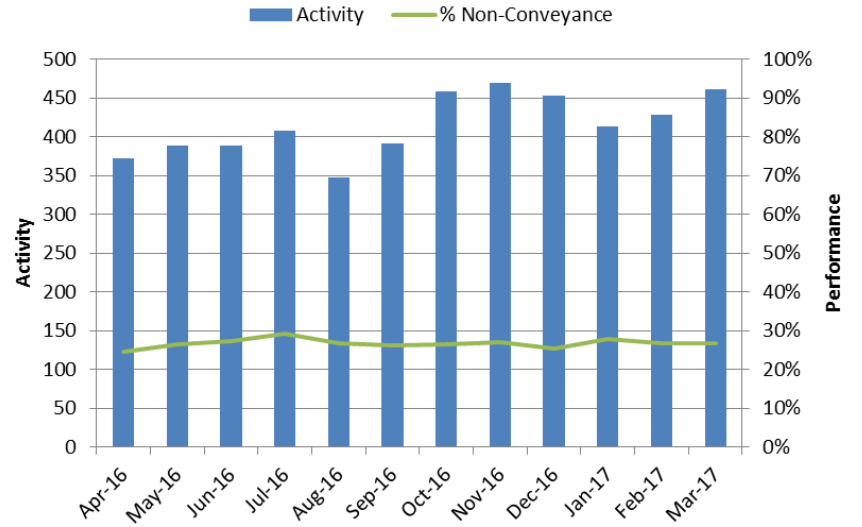


URGENT CARE SYSTEM SERVICES : PERFORMANCE

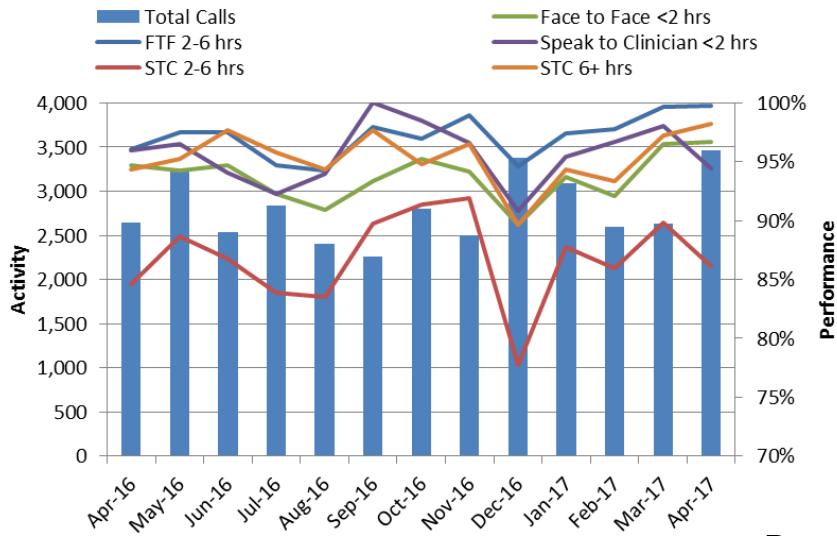
NHS 111 (Y&H)



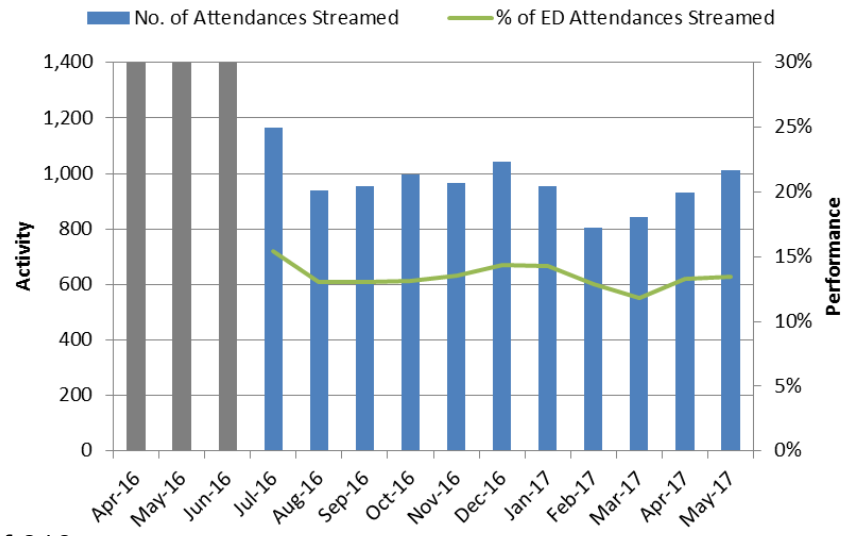
Urgent Care Practitioners (YAS)



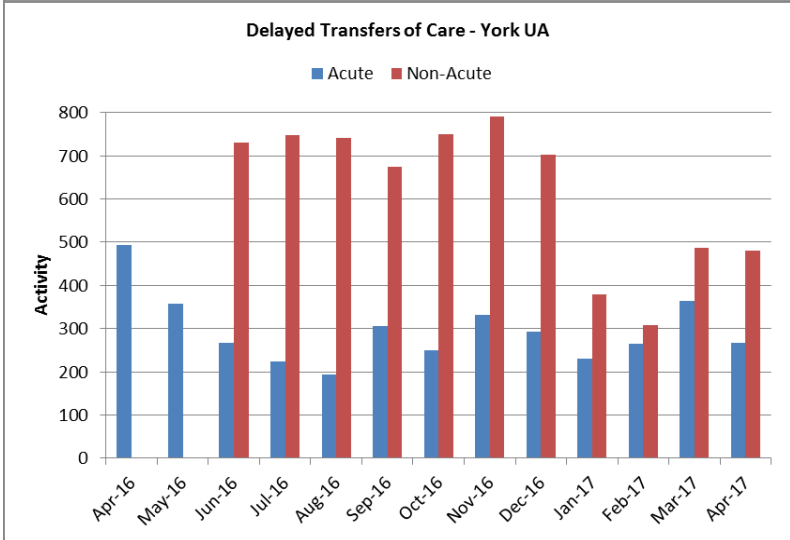
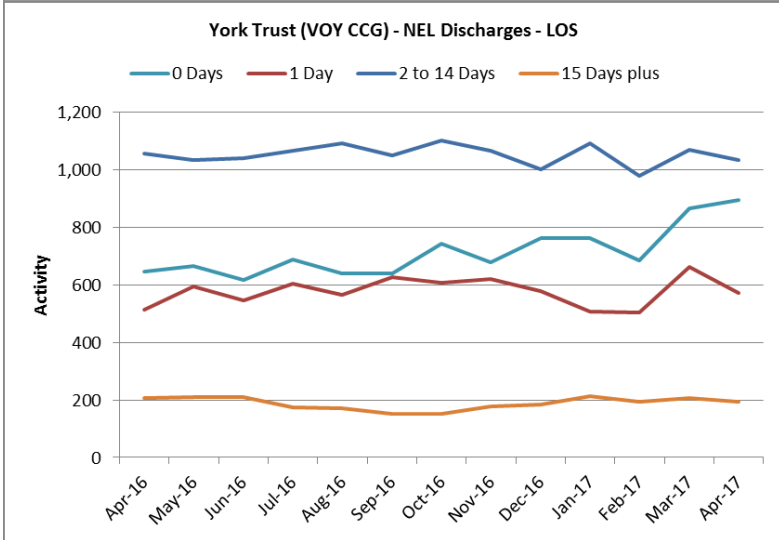
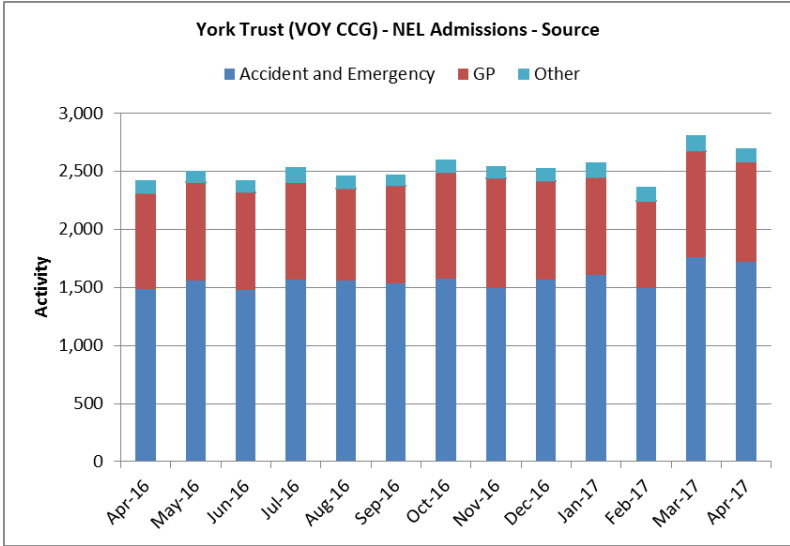
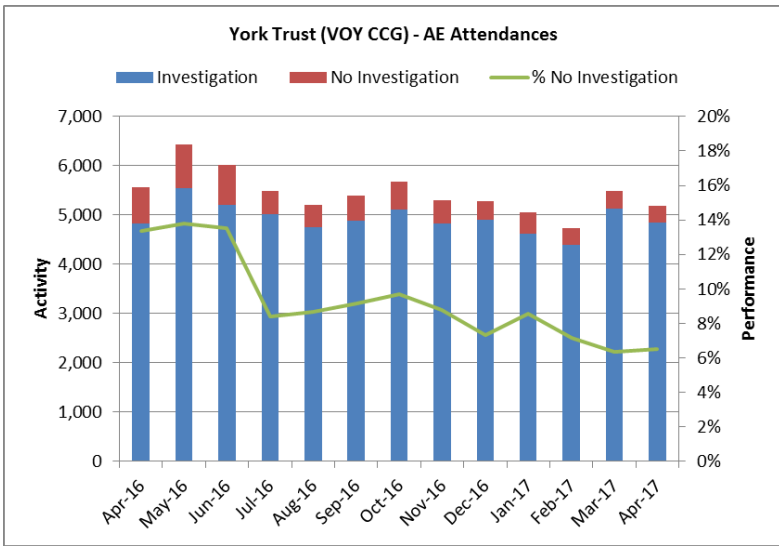
GP OOH



ED Front Door Performance



URGENT CARE: OTHER PERFORMANCE MEASURES



DTOCs The number of acute DTOCs reduced in April – this is probably impacted by Easter as the number of patient discharges reduce over the Bank Holidays. There is a shortage of Dementia/EMI Nursing beds across the City of York and North Yorkshire and its difficult to place CHC patients with challenging behaviour which results in delays. A number of acute delays also relate to ‘Patient Choice’ – patients wait in acute beds for their preferred Care Home placement. CYC Step Down Beds have been fully utilised during April and the LA have spot purchased beds in private care homes for patients awaiting home care packages. Most of the non-acute delays relate to patients waiting for home care packages. Staffing shortages following NYCC restructure is improving - have offers for vacancies and are going through clearances and have some agency support in place.

The Cyber Attack on Friday, 12 May 2017 affected York Hospital IT systems and the Discharge Liaison Team were unable to email Notification of Discharge Forms to the LAs. However, both LAs worked closely with the Hospital and Community Teams to facilitate patient discharges over this challenging week.



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

What mitigating actions are underway?

- **4-hour standard:** during April performance against this standard continued to improve with an overall standard of 92.2%. This was maintained over the Easter holiday period.
- **Ambulance Handovers:** Handovers continue to be good in relation to the past performance and in comparison with the rest of the region.
- **YAS response times:** as anticipated last month the response times have started to improve as flow through the system generally has improved. YAS have noted the improvement.
- **OOH GP:** The services continues to manage consistently well against the Local and National Quality Requirements. Cover over Easter and the May Bank Holidays was robust.
- **EDFD:** the number of patients being reviewed through the Primary Care stream is gradually increasing. A bid has been placed for capital funding to improve the environment in York ED.
- **NHS111:** performance continues to be on target.
- **NB:** A review meeting with the Emergency Care Improvement Programme (ECIP) was held on the 7th June 2017, it is anticipated that the system will be removed from their monitoring.

- **4-hour standard:** there are ongoing regular and frequent meetings of the ED Streaming task and finish group. The onward focus for this group is now Ambulatory Care pathways (including Scarborough and Frailty/CGA).
- **Ambulance Handovers:** No mitigating actions required at present; monitoring continues.
- **YAS response times:** No mitigating actions required at present; monitoring continues.
- **OOH GP:** No mitigating actions required at present; monitoring continues. The failure of achievement against the 2-hour target will continue to be monitored but until the advanced clinical advisory service is in place and/or national pathways changed this will continue to be an issue. YDUC continue to provide additional clinical triage and comfort calls at regular intervals for this cohort of patients.
- **EDFD:** ongoing monthly training is taking place.
- **NHS111:** No mitigating actions required at present; monitoring continues.

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.
- Ambulance Handovers: current performance meets the target; 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.
- EDFD: internal finance discussions will take place on 19th June, and wider contractual conversations will then take place.
- NHS111: not applicable at present.

- 4-hour standard: No
- Ambulance Handovers: No
- YAS response times: No
- OOH GP: No
- EDFD: Not at present
- NHS111: No
- Next steps work for the local unplanned system includes monitoring of the above, as well as new workstreams focus on CHC Delayed Transfers of Care, complex discharge and front-door frailty assessment.



Programme Overview

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

Validated data to April 2017

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 Joint Commissioning

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

Clinical Lead: Louise Barker, GP



Description	Year to Date-Month 2 (£k)			2017-18 Forecast (£k)			Comments
	Budget	Actual	Variance	Budget	Actual	Variance	
Tees Esk and Wear Valleys NHS Foundation Trust	6,505	6,505	-0.518	39,027	38,702	326	
Out of Contract Placements and SRBI	867	953	-86	5,202	5,117	85	This is an area to focus on during 2017/18 and includes spend on Section 117 aftercare. Plans for 2017/18 include reviewing and analysing the data available and discussing “in-year” options with the lead provider and local authority colleagues to control spending. 2017-18 plan includes - £300k QIPP relating to reducing ‘out of contract’ expenditure.
Non-Contracted Activity - MH	68	82	-14	406	421	-16	
Other Mental Health	39	39	0	233	233	0	
Total	7,478	7,578	-100	44,868	44,473	395	

Scheme Name	Ref	Planned start date	Year to Date		Forecast Outturn		Comments
			Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	
COMPLEX CARE							
Continence Supplies	C1	Apr-17	9	9	23	23	
CHC review 1 to 1 care packages	024a	Apr-17	28	28	98	98	
CHC review: Short Breaks	024b	Apr-17	15	15	51	51	
CHC review panel decisions (jointly funded packages of care)	024c	Apr-17	0	24	83	83	
Complex Care - CHC and FNC benchmarking	024d	Oct-17	0	0	1,550	0	
Recommissioning MH out of contract expenditure	025	Apr-17	50	0	300	200	

KEY QUESTIONS: MH LD CC & Children’s QIPP

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

What mitigating actions are underway?

Is further escalation required?

The biggest scheme relating to a review of CHC and FNC is yet to commence and this remains a concern as does the lack of resource to undertake the review from the clinical staff and vestigial resources of the PCU.

The Executive Director of Transformation and Delivery will commence on 10th July and this will see a new focus and strategic direction for this piece of work.

Progress is being closely monitored and this will be updated as soon as further detail is available on plans and next steps.

Work is in progress to address the MH out of contract expenditure but this requires a very detailed review on a case by case, cohort by cohort basis.

Direct discussions have taken place with the Head of PCU, Head of CHC and Head of Finance at the PCU to ensure that CCG colleagues have access to detailed case by case information.

Executive Directors are on-board to escalate issues to, as and when required.

Most of the complex care QIPP schemes are now in delivery and performance is on track.

PERFORMANCE EXCEPTIONS: Mental Health

Improving Access to Psychological Therapies (IAPT) : Prevalence

The proportion of people that enter treatment against the level of need in the general population. **Target – 16.8% from April-17**

Trend



Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar17	Apr 17	RAG
12.7%	14.1%	13.1%	10.1%	12.7%	7.6%	7.1%	7.3%	

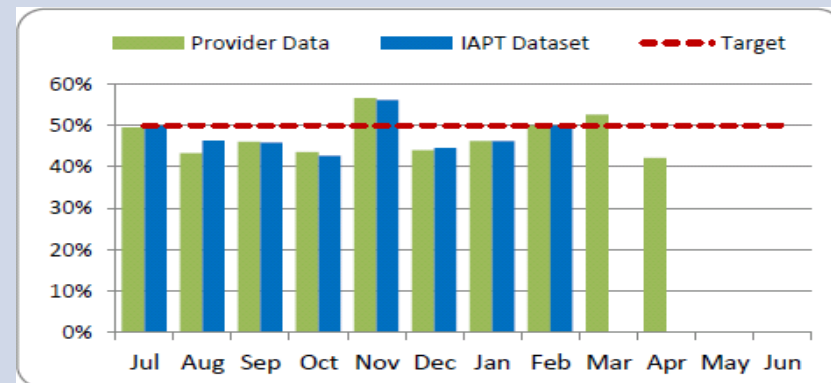
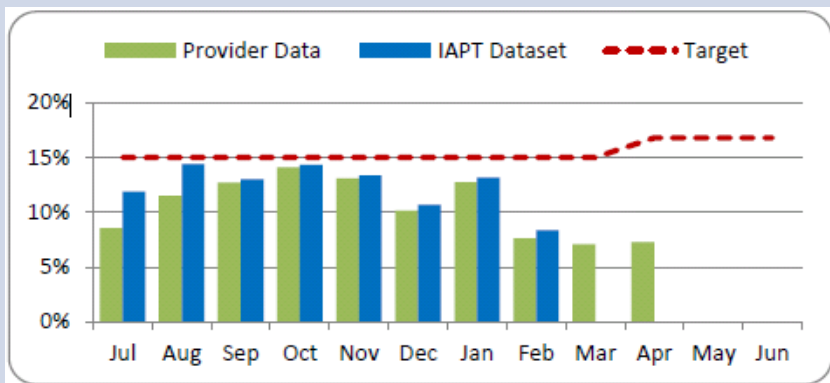
Improving Access to Psychological Therapies (IAPT) : Recovery

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%**

Trend



Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar17	Apr 17	RAG
46.1%	43.6%	56.6%	44.0%	46.3%	50.0%	52.7%	42.2%	

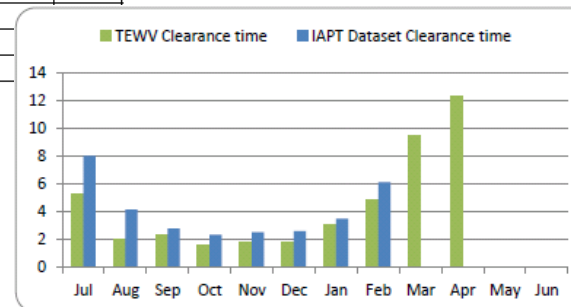


Clearance waiting times

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.

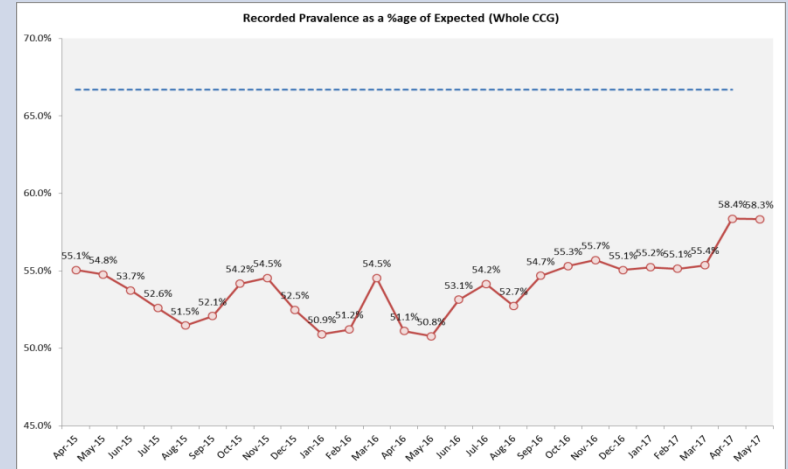
Source: NHS Digital/TEWV

Monthly	2016-17									2017-18		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Digital Clearance Times in weeks	8.0	4.2	2.8	2.3	2.5	2.6	3.5	6.1				
Waiting for treatment at month end (TEWV)	331	122	155	125	144	137	223	297	522	543		
Difference to nationally reported	-314	-198	-65	-70	-61	-63	-37	-98				
TEWV Clearance Times in weeks	5.2	2.0	2.4	1.6	1.8	1.8	3.1	4.9	9.5	12.3		



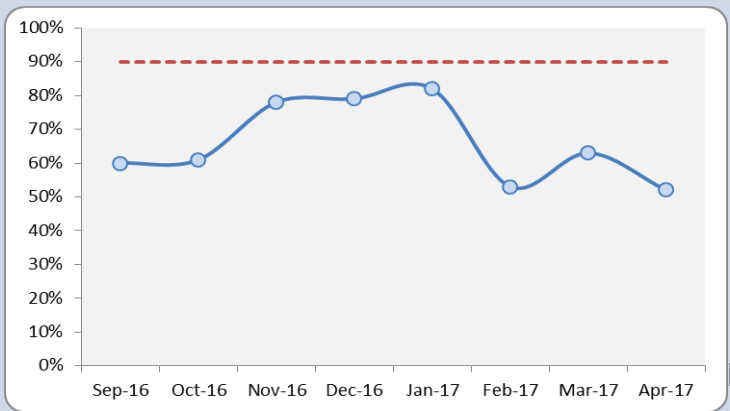
Estimated Dementia Diagnosis Rate (QoF)

The proportion of people that enter treatment against the level of need in the general population. Target – 66.7%								Trend
								↓
Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar17	Apr17	May17	RAG
55.3%	55.7%	55.1%	55.2%	55.1%	55.4%	58.4%	58.3%	



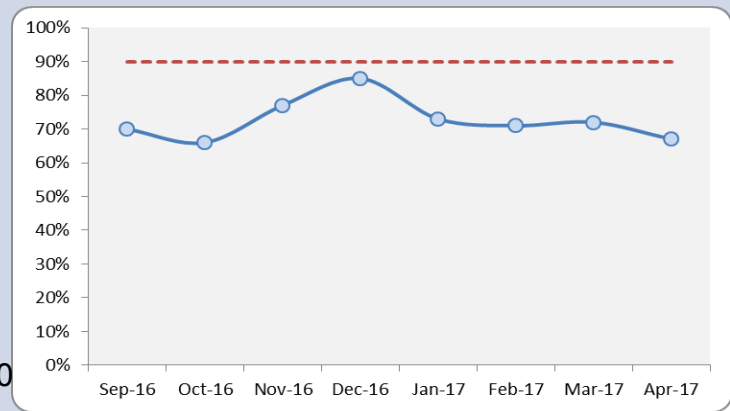
Child & Adolescent Mental Health Service (CAMHS) : % Assessments <9 weeks

The percentage of external CMAHS referrals assessed within 9 weeks. Target – 90%								Trend
								↓
Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	RAG
60%	61%	78%	79%	82%	53%	63%	52%	



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
								↓
Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr-17	RAG
70%	66%	77%	85%	73%	71%	72%	67%	

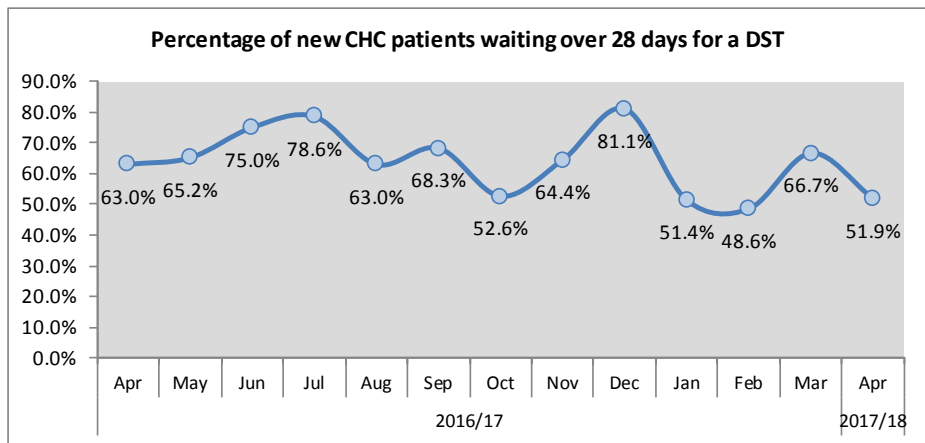
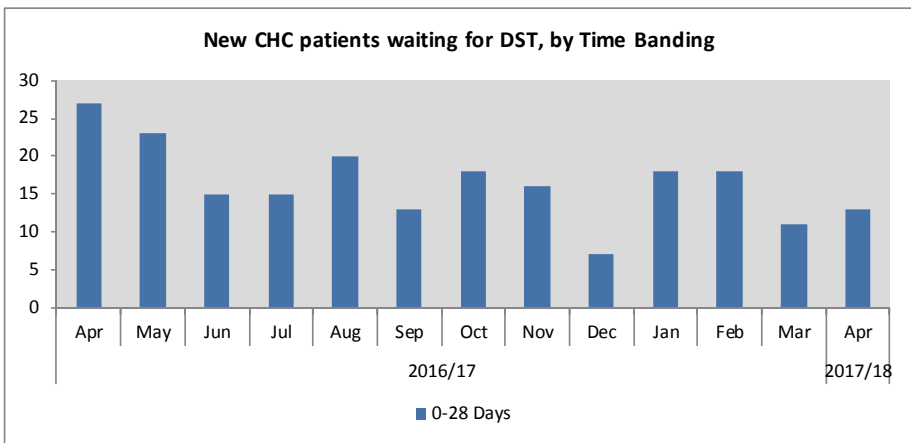


CHC: Patients waiting for Decision Support Tool

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

Source: *SystmOne/QA/QAPlus*

Monthly	2016/17												2017/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
0-28 Days	27	23	15	15	20	13	18	16	7	18	18	11	13
Waiting over 28 Days	46	43	45	55	34	28	20	29	30	19	17	22	14
Overall	73	66	60	70	54	41	38	45	37	37	35	33	27
Percentage Waiting over 28 Days	63.0%	65.2%	75.0%	78.6%	63.0%	68.3%	52.6%	64.4%	81.1%	51.4%	48.6%	66.7%	51.9%



Patients with Overdue Reviews:

There are currently 215 Continuing Healthcare patients, and 577 Funded Nursing care patients who have overdue reviews. Work is ongoing to produce a trend report for these figures.

DST conversion to funding:

Based on 2016/17 data, on average, 39% of completed DSTs led to funding for CHC/FNC

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 ongoing healthcare needs. The NHS, and not the local authority or individual, pays the total cost of that care.
2. FNC refers to Funded Nursing Care. This is free nursing care available for people of any age who need it.



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

IAPT

Performance remains significantly below target for both access and recovery and has shown a worsening picture since February. Intensive Support Team (IST) flagged issues on reporting first treatment which has impacted on performance.

Dementia

Performance has shown incremental improvement over the year although remains below the national target. Revisions to the estimated prevalence of dementia rates have also had a positive impact from April.

CAMHS

Performance remains below targets. Capacity and demand analysis to be used to inform plans for recovery across range of services covered within CAMHS targets: Autism, ADHD, support in schools and Early Intervention Prevention.

Psychiatric Liaison

Performance against the current investment is below target and deteriorating. Additional national monies will support additional workforce in A & E to improve on the service delivery. Discussions are on-going with TEWV regarding recurrent investment beyond the Transformation funding for 2017/18.

What mitigating actions are underway?

IAPT

The formal report from NHS England's IST has been received and action plan is under development. The CCG is formally approaching TEWV for progress on this in the context of the performance notice issued in May 2017.

Dementia

Actions include: article in GP Bulletin and email to targeted GP practices who are below target (15 May); GP clinical education event held led by Dr Louise Barker (5 June); agenda and work programme agreed to support a system-wide service review which is scheduled for 6 and 7 July. The review will result in a report and action plan to address recommendations.

CAMHS

Capacity and demand analysis submitted to TEWV Contract Management Board (22 May) which requires further discussion with TEWV. Workforce development plan in progress in collaboration with local authorities due for completion by the end of Q2. Single Point of Access and enhanced crisis team due to be in place in full by Q2.

Psychiatric Liaison

Further actions required by TEWV for improvement based on the current level of investment. A contract variation has been completed to support recruitment of additional staff to deliver the 24/7 service in line with successful bid and agreement with NHS England to release funds. The service is likely to expand over Qtr2 and this will need to be extensively validated to evidence the future funding and service viability.

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

IAPT

The Intensive Support Team suggests that the local system aims to achieve 15% access and 50% recovery during Qtr4 2017/18.

Dementia

An action plan will be produced to support improvement following the IST visit in July.

CAMHS

Trajectory to be set pending capacity and demand discussion.

Psychiatric Liaison

Once the service is fully staffed the recovery/improvement trajectory will be amended to reflect an expected improvement in performance.

Is further escalation required?

IAPT

Already escalated to and with NHS England. Specific monthly reporting in place.

Dementia

Already escalated to and with NHS England. Specific monthly reporting in place.

CAMHS

Meeting to be held with NHS England Assurance and Delivery and Clinical Strategy teams to discuss options for escalation.

Psychiatric Liaison

No escalation required at this stage.



Programme Overview - Primary care

April 2017

Primary Care programme QIPP and workstreams: Month 01

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							
GP IT – NYNET	003	May-17	17	17	183	183	
Roll out indicative budgets to other specialities	020	Jul-17	0	0	75	0	

Reporting Period: May 2017 - M1					Key											
Primary Care Programme 2017 /18					Complete											
					In progress											
					Outstanding											
					Not applicable											
Ref	Project title	Exec Sponsor	Clinical Lead	Prgmm Lead	Comments	Initial estimate of value (£000)					Scoping					
						2017/18	2018/19	2019/20	2020/21	2021/22	Plan on a page	Project Brief	Sign off			
											Executive Committee					
PROGRAMME	Vision & Strategy	GAP		Shaun Macey	PROACTIVE, REACTIVE CARE & SAME DAY ACCESS - linking with GPFV and localities, to include engagement plans & developed in conjunction with primary care/ CoR - EXECUTIVE SPONSOR & CLINICAL LEAD RESOURCE GAP								RESOURCE GAP			
	Engagement	GAP	GAP	GAP	Develop programme of work on Practice engagement: Quality and improvement (and contractual where needed). Engagement with alliance groups - Primary Care Home, York Care Collaborative, CAVA, Nimbus, SHIELD, non-aligned.								RESOURCE GAP			
	Delegated Commissioning	GAP	GAP	Dawn Farrar	Opportunities to transfer and embed work in the CCG - priorities and resource to be identified. (possibly Band 7 contracting post and Dawn Farrar from NHSE)											
	Standardise & reduce variation	GAP	GAP	Shaun Macey	Linked to capacity and demand management , aims to reduce referral activity. Work streams include benchmarking, practice data packs, Ederbridge roll out, clinical coding. Schemes to be scoped and links to RSS, Embed data quality, and planned care to be incorporated - PROJECT MANAGER & BI RESOURCE GAP											
	Contracting - LES Reviews	GAP	GAP	Dave Hey / Shaun Macey	PROACTIVE CARE: LES reviews to be undertaken as committed to LMC to include national requirement for frailty (links to unplanned care frailty) PCCC agreed to undertake a review of all GP Local Enhanced Services - starting with Amber Drugs - using circa £100k of non-recurrent PMS funding- CONTRACTING RESOURCE GAP											
	£3 per head	GAP	GAP	Shaun Macey	Currently on hold as capped expenditure is worked through. Linked to Market Development of Long Term Placements									ON HOLD DUE TO CAPPED EXPENDITURE		
	£6 per head / extending access	GAP	GAP	Shaun Macey	SAME DAY ACCESS Extending access to primary care/ to include routine appointments) - links to same day access, A&E board and localities - PROJECT MANAGER RESOURCE GAP											
	Frailty				Contractual requirement to identify appropriate patients and populate SCR with additional information. Links with localities and unplanned care programme; system level risk stratification											
	Workload review			Shaun Macey	PROACTIVE CARE: GPFV 10 high impact actions - PROJECT MANAGER RESOURCE GAP											
	Retirement review			Shaun Macey	Links to workforce enabling - review and map VoY GP retirement age/year/practice. PROJECT MANAGER RESOURCE GAP											

The Primary Care Programme is currently being refreshed following NHSE staff supporting the CCG with additional capacity and undertaking a full review of all primary care commissioning activities and the progress with GPFV. Additionally this programme will be shaped based around interdependencies with the unplanned care programme, the emerging locality delivery plans and the planned care programme and transformation of elective care delivery across the VoY system.

Project title	Exec Sponsor	Clinical Lead	Prgmm Lead	Comments
Practice visits				
Fully delegated commissioning (PCCC)				
LMC meetings				
GP Education & Engagement				
Anticoagulation Enhanced Service		Tim Maycock		Move anticoagulation work out of the current Acute service into General Practice - using near patient testing and INRstar for dosing. Work originally led through VCN - CCG now picking up delivery, with a finance plan to reduce Acute activity to zero from October 2017.
Primary Care Commissioning Committee				This Committee needs to be be able to support the General Practice sustainability and development agendas - with links into the overarching system strategy. Committee should have ownership of General Practice strategy, budget, development, quality, GPFV delivery, and risk agendas.



Programme Overview - Enabling & Quality

April 2017

Ref Project title	Exec Sponsor	Clinical Lead	Prgmm Lead	Project Manager	Comments	Scoping				GATEWAY 1	
						Plan on a page	Project Brief	Sign off			
								Executive Committee	Joint Programme Board		ACS Programme Board
Communication and Engagement	Rachel Potts	GAP	GAP	GAP	Comms and engagement plan reporting on financial position, STP, and public involvement in service design and engagement with public. Signed off at Senior Management Team, Executive Committee and Governing Body.			May-17			May 17
Local Digital Roadmaps	GAP	N/a	Shaun Macey	GAP	National requirement, delivery across VoY and S&R localities and also at STP	Next meeting taking place on 27 June - Plans to be formalised - RESOURCE GAP					
Accountable Care System (ACS)	Rachel Potts	Andrew Phillips / Shaun O'Connell	GAP	GAP	Accountable Care System (ACS) and development of of three locality strategies/ priorities: <ul style="list-style-type: none"> • BI & data analysis: spend/ activity/ variation • New models of care and contracts: MCP/ PCH • System IT Strategy – sharing clinical info/ LDR • Workforce – flexible out of hospital/ primary care workforce/ teams and core care skill-mix • Estates and shared assets • Quality framework and incentives Includes addressing: Pocklington Boundary Issues; contractual & referrals issues from practices	Principles have been developed and distributed. No other plans shared					
North Locality	GAP	GAP	Becky Case	GAP	Reporting to the Accountable Care System Board via the Unplanned Care Steering Group (unplanned care programme - system level). Work is still being scoped. Attempting to collect local service and workforce data and put this into a locality data pack	Data pack to be updated for next meeting on 29 June					
Central Locality	GAP	Shaun O'Connell	Fiona Bell	GAP	Reporting to the Accountable Care System Board via the Unplanned Care Steering Group (unplanned care programme - system level). Work is still being scoped. Attempting to collect local service and workforce data and put this into a locality data pack	Data pack to be updated for next meeting on 27 June					
South Locality	GAP	Andrew Phillips	Shaun Macey	GAP	Reporting to the Accountable Care System Board via the Unplanned Care Steering Group (unplanned care programme - system level). Work is still being scoped. Attempting to collect local service and workforce data and put this into a locality data pack	Align system services and workforce into 3 areas by next meeting on 14 June					

Enabling & Quality Workstreams: Month 01

Reporting Period: May 2017 - M1		Key		Uncomplete					In progress					Complete					Not applicable				
Ref	Project title	Exec Sponsor	Clinical Lead	Prgrmm Lead	Project Manager	Comments	Initial estimate of value [Out of Hospital NHSE Confirm & Challenge] (£000)					Plan on a page	Project Brief	Scoping			GATEWAY 1	Mobilisation					
							2017/18	2018/19	2019/20	2020/21	2021/22			Executive Committee	Joint Programme Board	ACS Programme Board		Executive Committee	ACS Programme Board				
	Prevention and Self Help	Rachel Potts	Fiona Phillips (MDs)	GAP	GAP	Initial priority areas to focus on: smoking, alcohol, pre-diabetes, obesity, CVD. Prevention strategies typically fall into primary, secondary or tertiary categories. It is envisaged that work will be undertaken across all of these areas between Public Health, the Local authority and the emerging Multi-speciality Community Providers (MCP), to build upon existing areas of good practice. Notably, work needs to continue to promote smoking cessation and substance abuse (including Medicines and Alcohol) across all areas where the public interact with health and social care services. As referenced above, consistent weight management programmes will also play a significant part in this. Social Prescribing is an area that many CCG's are actively engaged with. The progress made by NEL CCG should be adopted and scaled across the STP. Acute services should be aware of these intentions to emphasise the self-care and prevent agenda and to also adequately signpost people to the various services available. Close links to unplanned care programme proactive integrated care							Links to unplanned care proactive integrated care										
	System Workforce Development Strategy	Michelle Carrington	Andrew Phillips / Shaun O'Connell	GAP	GAP	Close links to primary care and out of hospital care workforce / New models of care, linked to localities							RESOURCE GAP										
	Rationalisation of back office function across STP footprint	Rachel Potts	N/A	M Ash Mahajan	GAP	Rationalisation of back office function across STP footprint																	
	Vacancy control	Rachel Potts	N/A		GAP	GAP	Commissioning support (eMBED) contract savings (was TBC10)		54				NHSE Confirm & Challenge - Dec 2016	Signed off by NHSE									
	Commissioning support (eMBD) contract savings	Rachel Potts	N/A		GAP	GAP		207	223	72			NHSE Confirm & Challenge - Dec 2016	Signed off by NHSE									
	Office redesign	Rachel Potts	N/A	Mary Hughes	GAP	16 additional desks will be made available on the 2nd/3rd July. Exclusive use of Rowntree meeting room from 19th June. One off cost of £30k. Ongoing cost of £10k pa																	
	GP IT (NYNET)	Tracey Preece	N/A		GAP	GAP	Telephony transfer to GP practices to start realising savings from April 2017. Linked to Local digital roadmaps		183	113													
	N3 Migration	T&D director	N/A	Pennie Furneaux	GAP	Linked to LDR																	
	STP collaborative programme	Rachel Potts	GAP	GAP	GAP	Support STP programme																	
	PCU transition support	Michelle Carrington	GAP	GAP	GAP	Working with complex care. Evaluation to be complete																	
	Review and quality improvement for Care Homes	Michelle Carrington	Jenny Carter	GAP	Sarah Fioni	including consideration of Vanguard Models, NHSE Framework, CCG efficiency ideas and React to Red (pressure ulcer reduction). Links to unplanned care programme workstreams/ models of integrated care in localities																	
	Prison health	Michelle Carrington	GAP	Jenny Carter	GAP																		
	Practice Nurses and Care Homes education & workforce	Michelle Carrington	GAP	Jenny Carter	Sarah Goode	Links to ACS, links to UCPS project, links to unplanned care homes project																	
	Imms/ vacs / screening programmes	Shaun O'Connell	Shaun O'Connell	GAP	GAP	Linked to prevention and self care; linked to unplanned care programme, proactive integrated care																	

Annexes: supporting performance reports

Month 1 April 2017

Unplanned Care Programme Dashboard – For reference only

Reporting Period: May 2017 - M1
Unplanned Care Programme 2017/18

Key
Uncomplete
In progress
Complete
Not applicable

System includes all partners, which includes all providers, primary care and local authorities
Joint Trust and CCG work which aligns with the CEP
Internal CCG only

Ref	Project title	Exec Sponsor	Clinical Lead	Prgrmm Lead	Comments	Initial estimate of value [Out of Hospital NHSE Confirm & Challenge] (£000)					Scoping			GATEWAY 1	Mobilisation			GATEWAY 2	Implementation	GATEWAY 3				
						2017/18	2018/19	2019/20	2020/21	2021/22	Plan on a page	Project Brief	Sign off		Executive Committee	Joint Programme Board	ACS Programme Board				Executive Committee	Joint Programme Board	ACS Programme Board	Highlights and Exceptions
PROGRAMME	Faally: HOT programme		Andrew Phillips	Fiona Ball	PROACTIVE & REACTIVE CARE - Work streams within may include Frailty Index Integration, OI Foster, A&E delivery board and summary care records. Additional schemes to be scoped in conjunction with ICTs. Initial estimates of £202,000 savings; with £321,000 in 17/18 and £200,000 in 18/19 - PROJECT MANAGER RESOURCE GAP	621	200																	
	Long term conditions: HOT programme		Andrew Phillips	Becky Case	PROACTIVE & REACTIVE CARE - links to community respiratory and community IV. Additional schemes to be worked up - PROJECT MANAGER RESOURCE GAP (was Julie Ryan)						NHSE Confirm & Challenge Out of Hospital - Dec 2016	Signed off by NHSE												
	Multiple attenders and admissions avoidance: HOT programme		Andrew Phillips	Fiona Ball	REACTIVE CARE & SAME DAY ACCESS - Contracting mechanism required to ensure V&S share frequent attender data. Work has been completed to acquire this data without a contracting mech. ICTs are currently managing frequent attender demand otherwise. Initial estimates of £11,861 savings; with £384 in 17/18; £3,878 in 18/19; £4,316 in 19/20 and £2,343 in 20/21. Links to H&W COLIN - CONTRACTING RESOURCE GAP	824	3,878	4,316	2,543															
PROJECTS	Formalise Integrated Care Teams		GAP	Becky Case	REACTIVE CARE - The York Central ICT is now established and the model used here has shown an impact and has been rolled out to 7 of central GP practices. The evidence for this model is also backed up on a national level. In order to ensure the continued implementation of these MOTs, processes to formalise this way of working need to be scoped and worked up in partnership with contracting - PROJECT MANAGER / CONTRACTING RESOURCE GAP						Needs to be developed and aligned with locality work - RESOURCE GAP TO COMPLETE THIS													
	Care Home Review and Dedicated Care Home Service		Andrew Phillips	Becky Case	PROACTIVE CARE - Work streams within this include: GP reviews of care home arrivals; crisis response (GPs to be in with UCPs); links to trusted assessors and also links with quality. A team to pull this work together is required. New Quality Lead in post - PROJECT MANAGER RESOURCE GAP						Past and current work needs to be pulled together and aligned with locality work - RESOURCE GAP TO COMPLETE THIS													
	Community respiratory		Andrew Phillips	Becky Case	REACTIVE CARE - linked with Right Care Respiratory Work in planned care - Phase 2). The community team and pathways to be redesigned in conjunction with YHFT. Investment will be required from the Trust - linked to Community Bed Base Phase 2 & aligned with care (RightCare) - PROJECT MANAGER RESOURCE GAP						Arranging meeting with trust													
	Review of community bed base Phase II		Gap	Gap	REACTIVE CARE - Work was being carried out by YHFT but no updates since 2016. Archways solution may be the most appropriate to enable investment in community respite teams and other community resources. Community respiratory for example - PROJECT MANAGER RESOURCE GAP (previously Lindsay Springhall)							NHSE Confirm & Challenge - Dec 2016	Signed off by NHSE											
	Community IV		Andrew Phillips	Becky Case	REACTIVE CARE - Moving IV into the community - scoping currently taking place - PROJECT MANAGER RESOURCE GAP						Meeting with CAVA - 25 May - UPDATE - meeting is being rearranged													
	Community services review		Andrew Phillips	Becky Case	PROACTIVE, REACTIVE & SAME DAY ACCESS - Reviewing current services and using data to inform other workstreams - PROJECT MANAGER RESOURCE GAP (previously Lindsay Springhall)						Links to review of community bed base Phase II; PAPERWORK & CCG ALIGNMENT REQUIRED													
	Selby MJU		Andrew Phillips	Shaun Macay	SAME DAY ACCESS - A review of the current contract and provider and the services offered needs to be undertaken and a sense check of procurement implications. Links to South Locality						Being developed and aligning with locality work													
	Reablement and Intermediate care		Andrew Phillips	Becky Case	REACTIVE CARE - links with ICT, links with community bed base, links with DIOC. Schemes to address step up and step down in the community and pull together information from partners including social care, secondary care and primary care need to be worked up - PROJECT MANAGER RESOURCE GAP						Needs to be developed and aligned with locality work - RESOURCE GAP TO COMPLETE THIS													
	UCPs in the morning		Andrew Phillips	Becky Case	REACTIVE CARE & SAME DAY ACCESS - Pilot with York Medical Group for LCP practitioners to pick up primary care home visits in the AM. Commencing 1/10/16. A rise in LOS from 2016 needs to be investigated as a coding or pathway change has interfered with data analysis and activity monitoring - PROJECT MANAGER RESOURCE REQUIRED (previously Helen Williams)																			
	Zero length of stay (under 24h) Paediatric Length of Stay		Andrew Phillips	Becky Case	Using money allocated to the CCG in partnership with NYCC (£600k) pilot scheme around patient transport has been scoped. This is with NYCC and a decision from them is awaited.																			
Patient Transport - Total Transport Pilot		Andrew Phillips	Becky Case																					
Rightcare - Trauma & Injuries		Andrew Phillips	Becky Case	To be scoped. Initial estimate of £794.00 savings from 2018 to 2021 - PROJECT MANAGER RESOURCE REQUIRED		373	187	144			NHSE Confirm & Challenge - Dec 2016	Signed off by NHSE												
MINET (was patient transport procurement)		Andrew Phillips	Becky Case	Re-procurement process is on track and moving forwards. Savings of £16,000 predicted: £1,000 in 17/18 and £150,000 in 18/19 - PROJECT MANAGER RESOURCE REQUIRED (previously Paul Henry)	11	150																		
Community Podiatry		GAP	Fiona Ball	Performance monitoring ongoing. Full evaluation date to be set / once complete & signed off move to BAU	393	26																		
Integrated Care Team Roll Out					Performance monitoring ongoing. Full evaluation date to be set / once complete & signed off move to BAU	756																		


Planned Care Programme Dashboard – For reference only

Reporting Period: May 2017 - M1	Key	Incomplete
Planned Care Programme 2017/18		In progress
		Complete
		Not applicable

Ref	Project title	Exec Sponsor	Clinical Lead	Program Lead	Comments	Initial estimate of value (£000)						Scoping			Mobilisation		Implementation		
						2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Plan on a page	Project Brief	Sign off	GATEWAY 1	Programme & Project Path (no user responsibilities & governance secured)	Sign Off	GATEWAY 2	Highlights and Exceptions
194	Anti-Coagulation Service (HCP PHASE ONE)	Jan Hayburn	Tim Maycock	Shaun Moore	UPDATE: On-going monitoring in place of the anticoagulation project using the INRStar system for monitoring patients registered and their treatment. GP Practice visits have been arranged for those GP Practices that are progressing slowly. This will be done in the practice visits to provide any support, record issues and support to other practices for their support. Initial meeting held with Quality team colleagues to review any incidents / near misses. An incident log will be produced and shared with all GP Practices to provide review. A patient leaflet is being drafted – once completed this will be shared with GP Practices and added to the RSE. Meetings to be held with Community services leads and GPs to review the anticoagulation pathway and ensure that there access to the INR Star system (draft of FAQ document) - this is being developed with primary care clinicians. Update the service specifications – most successful and successful check and outline role and responsibilities for primary care. All staff responsible and community partners. Project plan and issues and risk log has been completed and updated. Anticoagulation services being led by Primary Medical Clinician – once finalised these will be shared with the GP Practices and added to the RSE website. A clinical event for anticoagulation has been arranged for 02 July. Drafting and agreeing anticoagulation planned activity and costs reduction.	104	155	124					NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.				
014	Demand Management and Discharge Transformation (HCP PHASE ONE)	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: VHTF and SBCCO to develop a different approach to managing demand. Initial consultation would be on the provision of 'Expert Consulting' advice and guidance for long term conditions and frail and elderly care. This providing unnecessary urgent referrals and taking a proactive approach to prevent later hospital admission.			1,000	1,000			NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
011	MSK/Osteoporosis (HCP PHASE ONE)	Jan Hayburn	Tim Maycock	Andrew Buckle	UPDATE: Working with VHTF clinicians and managers to develop work to measure the impact of moving activity away from day clinics to outpatients with a procedure in particular foot and ankle injections. Review the process for Provision of Limited Clinical Value, taking into account the impact of new thresholds and commissioning statements recently implemented with the RCP/CCG work on RSE, specific work in the implementation of Shared Decision Making and CCG to identify the potential impact it will have on providers. VHTF have responded to an initial bid to prove the concept. Pilot would consist of 100 fracture patients going through the SMI process - awaiting CCG decision on whether to proceed with pilot. Following an audit of direct referrals going to Orthopaedics, which identified 20% that could have been managed better with the MSK services. The full audit of referrals will be identified and arrangements to partners will be made. The impact of the virtual fracture clinic (implemented start date September 2017) on patient referrals will be measured over a three month period. Significantly developing a similar model, based on evaluation of virtual fracture clinic, for hip and knee orthopaedics - to be ready for potential implementation by early 2018.			750	2,250			NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
161	Orthopaedics (HCP PHASE ONE) under thresholds Clinical Surgery	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: We have agreed this project should follow the lead by the STP project for this area, for which is currently preparing the three footprint projects (Foot, Hand & N/AG) by the end of July, to provide a joint proposal for developing a community based service.			300				STP Proposal due July 2017		Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
163	RCT (HCP PHASE ONE)	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: Proposals have been developed for: Community based reproducible service - now in position to propose implementation for a 3 month pilot service in the community. CCG to make a decision on whether to fund this 3 month pilot. Further proposals from the CCG to expand the scope of this proposed service are being discussed with the VHTF SMT members. Existing potential of thresholds for the hearing aid & Antipsychotic pathways.							Staging documentation received from VHTF		Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
009	Reconstructing (HCP PHASE ONE)	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: Collaborating as joint project with VHTF and Scarborough and Ryedale CCG. Commissioning joint approach to VHTF's Outpatient Transformation projects: Coeliac Disease and endoscopy follow-up (PDA). RSD pathways, BSG pathways. Meeting held with VHTF and SAC CCG colleagues to review the NHS RightCare service and CCG data. Follow up meeting arranged 20 June with the CCG clinical lead to review the SUS data in detail - to anticipate next steps of the consultation on regarding NICE, safety and any service improvement suggestions will be from identifying preventative measures.			100	100			NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
008	RightCare Consultation (HCP PHASE ONE)	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: Programme is not on track to deliver financial savings within 2017/18 QIP plan. Investment is required to improve primary care call function to reduce CCG events and prevent avoidable activity. There have also been delays agreeing joint programmes with cardiology specialty. Completed project brief for cardiology - joint programmes work to be shared with joint Programme Board by June 2017. Proposed 'Cholesterol status estimation' proposal which includes more robust members of a RCP up to the Executive Committee in July. Outreach Visit at York's Healthy Teams website content. Meeting with Cardiology scheduled for 10th Aug to agree KPIs for remanufacturing programme. Latest update submitted to CCG for approval on 13th July. Further update from CCG clinical leads to review cardiology joint programme of work. Commissioned clinical services 'tackling hypertension' workshop planning with clinical lead.			100	350	525		NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
	Diabetes Transformation Programme	Jan Hayburn	Andrew Buckle	Stacey Marshall	UPDATE: Prevalence of Diabetes UK event 07 June. Reminder email sent to GP Practices to participate in the National Diabetes Audit - members will be monitored and GP Practices will be chased individually if data hasn't been submitted. Planning a national diabetes digital pilot event 29 June. Visit to Diabetes Care for change for commissioning within the Planned Care work programme. To be presented to Executive Committee. Arrange an education event and ask to see if any GPs have a special interest in Diabetes and develop a clinical forum. Arrange a workshop to consider implementation of NICE guidelines/best practice - to be held end of July. Visit to Hill Diabetes meetings to discuss the Diabetes Transformation Funding and delivery. CCG interested.							NHSE Confirm & Challenge Dec 2016	Signed off by NHSE	Currently being worked up by joint partners at Programme level. VOYCCO project brief completed.					
	Procedures Not Routinely Commissioned (PNRC) (revisiting commissioning statements)	Jan Hayburn	Shaun O'Connell	Michelle Carrigan	UPDATE: We have developed an activity analysis programme to use for piloting the approved programmes. In the meantime there are 11 outstanding statements - 2 low priority, 2 to go to Clinical Lead for sign off 22/06/17, 7 will under development.			150											
	Implementation of Policies & Joint Clinical Thresholds across STP	Jan Hayburn	Shaun O'Connell	Andrew Buckle	UPDATE: Final CCG - now leading the STP Aligning PNRC Commissioning Policies Project across the STP partners. The aim of the project team is to develop the alignment of the majority of all PNRC Commissioning policies and thresholds across all 6 CCGs with an emphasis for the work to be achieved by April 2018. A series of PNRC procedures have been split into 3 phases. A number of policies in phase 1 have already been developed and approved by the working group however these will require clinical sign off before being approved by Joint Commissioning Committee. It is unsure whether formal public consultation / engagement will be required.														
	Tier 3 Weight Management Service	Jan Hayburn	Emma Stoughton	Cliff Dickinson	UPDATE: Tier 4 (diabetic services) commissioning responsibility transferred to the CCG from 1st July. Currently, patients can access Tier 3 weight management service from Mid-York and East Yorks but there is no available across across Vale of York. Business case for the Tier 3 service was supported in principle by Executive Committee on 19th Feb 2017. Further work completed with Exec Director and Clinical Lead to understand the real impact of the Tier 3 and Tier 4 (diabetic) services, with input from finance. Meeting decision from Exec to commission a Tier 3 service across Vale of York.														
	Specialist Transfers - Contracting across CCGs	Jan Hayburn	N/A	Michael Adam	Delivered			552											
94	Optimising Health Outcomes	Jan Hayburn	Shaun O'Connell	Andrew Buckle	Delivering impact of elective surgery thresholds (BIM and Operating Cost) - DCLG calculating impact to prepare QY			1,000								In progress			

MH LD CC Children's Programme Dashboard – For reference only

Reporting Period: April 2017 - M1					Version: 1.0	Key	Incomplete	Complete	Not applicable	Initial estimate of value (£000)						Implementation			
Ref	Project title	Exec Sponsor	Clinical Lead	Prgrm Lead	Comments	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	GATEWAY 1	GATEWAY 2	Highlights and Exceptions	GATEWAY 3	GATEWAY 4			
25	Recommissioning MH out of contract expenditure	Elaine Wylie	Louise Barker	Beverley Hunter	<p>UPDATE: The scheme is in mobilisation phase with a gain and risk share with TEWV. Project team is in the process of understanding the scale and level of spend against the existing contracts but require more up to date data (1) Out of the TEWV contract (2) External Mental Health Placements. Requires £20k investment to facilitate review of the TEWV contracts. Contract coming to an end in December. Suggestion to review a temporary 6-12 month contract subject to VFM. EVL has asked AW to look at options, constraints with the current contract. LB has also queried service options with TEWV as no VFM currently. Need to change the contract service spec to include medication, ongoing monitoring and annual review. EVW suggested a notice to discontinue to invite other opportunities with an option for piloting a new service pathway. Project manager not appointed yet due to work allocation dependent on negotiations with TEWV.</p> <p>RISKS: Transition / alignment of service will impact on patient waiting lists (currently one year). Current options for the contract include a potential temp 6-12 month contract, notice to discontinue, pilot of a new service pathway.</p> <p>ACTIONS TO RESOLVE: Finance to chase data from the PCU to provide an up to date position on the out of contract and external mental health patients activity and finances. CGAWLS to identify costs outside of the contract and reviewing core items into the contract service model to bring spend down to CFS (known to have a high value outside contract).</p>		300 [210 CE+P]	500					(shown)	(shown)		(shown)	(shown)		
46	External MH placements	Elaine Wylie	Louise Barker	Beverley Hunter	<p>UPDATE: Scheme in mobilisation phase and is on track. Legal review and redrafting of the s117 policy has been completed and Abigail Combes has agreed a proposal with TEWV. Sheila Pascher has been identified as case lead that requires access to case notes from Beth Horsman, Victoria Pilkington has been made aware. Project manager to be appointed following review/alignment of policy.</p> <p>RISKS: PCU transition may hold the access issues which could slow this down. Need to confirm funding arrangements with TEWV. There is a financial, reputational and system wide risk due to the lack of agreement with the three local authorities around what the s117 policy is.</p> <p>ACTIONS TO RESOLVE: SF pushing access issues with TEWV and MC escalated to Victoria Pilkington to confirm Beth Horsman as the contact to resolve. SF to escalate again to EWM/C if not resolved. EWL/LB meeting with Abigail Combes (sayer) to review options before meeting with TEWV.</p>								(shown)	(shown)		(shown)	(shown)		
24	CHC Transformation & Optimisation	Michelle Carrington	Beth Horsman	Beth Horsman	<p>UPDATE: Scheme in SCOPING phase. NHSE commissioned NECS to complete review of CHC. The internal audit recommendations will form the programme of work and identify/articulate the risks. The 1718 £1,550 figure does not match the final QIPP report.</p> <p>RISKS: Risk of loss of progression due to PCU transition/reassignment.</p> <p>ACTIONS TO RESOLVE: BH has completed the action plan to clarify programme of work in line with recommendations. CHC Nurses in operation, phase 2 admin support by July. Finance/contracting involvement from October.</p> <p>UPDATE: Contracting to review equipment policy to understand whether VOY is currently over providing.</p>	232	1,550	2,500	2,500	2,750			(shown)	(shown)		(shown)	(shown)		
117	Move to Pipelina, Complex Dements Beds	Elaine Wylie	TBC	Pippa Corner	<p>UPDATE: Scheme in scoping phase for 1718, linked to clinical network - Wider system opportunity STP level.</p> <p>RISKS: Lack of capacity and capability. Potential opportunity linked to community bed review.</p> <p>ACTIONS TO RESOLVE: Project team to be aware of potential financial pressures.</p> <p>UPDATE: Scheme in mobilisation phase. Scheme to review PHBs policy and implement long term change in service delivery. Options paper to be presented at Executive Committee 21 June 2017. (1) Continue at current level of resource which has a high risk of falling to national target. (2) Invest more money with current contract providers with no guarantee of achievement of national target. (3) Review resourcing with the risk that we invest money with no guarantee of achieving the national target.</p> <p>RISKS: High risk of failure to achieve national target if we continue operating at current level of resource.</p> <p>ACTIONS TO RESOLVE: Risk of potential cost burden in options (2) & (3) without guarantee of achieving national target.</p> <p>UPDATE: Decision to be made by the Executive Committee on 21 June 2017.</p>							(shown)	(shown)		(shown)	(shown)			
41	Personal Health Budgets & Personalisation	Elaine Wylie	Louise Barker	Sarah Kocinski	<p>UPDATE: Scheme in mobilisation phase. Scheme to review PHBs policy and implement long term change in service delivery. Options paper to be presented at Executive Committee 21 June 2017. (1) Continue at current level of resource which has a high risk of falling to national target. (2) Invest more money with current contract providers with no guarantee of achievement of national target. (3) Review resourcing with the risk that we invest money with no guarantee of achieving the national target.</p> <p>RISKS: High risk of failure to achieve national target if we continue operating at current level of resource.</p> <p>ACTIONS TO RESOLVE: Risk of potential cost burden in options (2) & (3) without guarantee of achieving national target.</p> <p>UPDATE: Decision to be made by the Executive Committee on 21 June 2017.</p>							(shown)	(shown)		(shown)	(shown)			
120	New MH Hospital	Elaine Wylie	Louise Barker	Paul Howatson	<p>UPDATE: Scheme in mobilisation phase. An outline of the Business Case was presented at the TEWV board - Hasty site confirmed for the new hospital and in public domain 16th June 2017. TEWV to make announcement at July Governing Body. Comms agreed - CCG can have views and after July Governing Body. EVW will present to GB and LB to provide clinical input.</p> <p>RISKS: Possible J6/Public opposition.</p> <p>ACTIONS TO RESOLVE: Risk of financial implications of Bootham void cost.</p> <p>UPDATE: Decision to be made by the Executive Committee on 21 June 2017.</p>							(shown)	(shown)		(shown)	(shown)			
122	End of Life Review	Elaine Wylie	Louise Barker	Paul Howatson	<p>UPDATE: The Hospice at Home scheme is now considered business as usual. End of life review could provide further expansion of the scheme, this is currently in scoping. Paper to be considered at the Joint Commissioning Directorate in July. A decision paper to progress will be presented at the Executive Committee in July. Project Manager to be allocated following decision from Executive Committee.</p> <p>RISKS: Risk that patient experience is compromised due to service redesign.</p> <p>ACTIONS TO RESOLVE: Decision to be made by Executive Committee in July.</p> <p>UPDATE: PH to check if scheme is captured in the unplanned care programme to avoid duplication. PH meeting Scarborough Hospice Chief Exec on 26th July. Paper to exec committee in July, with update, progress, next steps, risks and links to other schemes.</p>								(shown)	(shown)		(shown)	(shown)		
123	Voluntary Sector Joint Commissioning	Elaine Wylie	N/A	Charlotte Sheridan-Hunter	<p>UPDATE: Scheme is in implementation. Project team reviewed options to review and reduce spending across the CVS process. Paper to be delivered at Executive Committee 17 May 2017.</p> <p>RISKS: 10 or more providers may be affected by reductions (DF).</p> <p>ACTIONS TO RESOLVE: Decision from Executive Committee required on how to progress. Awaiting reduction figures from CVS. Paper to exec committee then F&P.</p> <p>UPDATE: Ongoing conversations with CVS Re reductions.</p>							(shown)	(shown)		(shown)	(shown)			
125	Move to pipelina Student Health Needs Assessment Review	Elaine Wylie	Louise Barker	Paul Howatson	<p>UPDATE: Scheme is in scoping. CYC Public Health to lead scheme with CCG support. With LOY involvement to improve MH provision for students.</p> <p>RISKS: Risk of system wide reputational issues due to lack of attendance of key stakeholders at meetings.</p> <p>ACTIONS TO RESOLVE: PH to review what TEWV have done to adapt to the needs of the VOY population and primary care services.</p> <p>UPDATE: Meeting with York University arranged for June 2017 to agree next steps.</p>							(shown)	(shown)		(shown)	(shown)			
130	LD Commissioning	Elaine Wylie	Louise Barker	Beverley Hunter	<p>UPDATE: Scheme is in scoping. Full review of transforming care and focus on priority initiatives and schemes to be undertaken.</p> <p>RISKS: Lack of capacity and capability to deliver.</p> <p>ACTIONS TO RESOLVE: BH & MC & Denise Nigrahasingh & Louise Barker to arrange joint partners workshop to develop programme of work. EVW & MC to review current capacity and workforce. (BH/MC/LB/DB)</p>							(shown)	(shown)		(shown)	(shown)			
202	Children's Commissioning	Elaine Wylie	Louise Barker	New band 7	<p>UPDATE: Scheme is in scoping. Three work streams (1) Review of school nursing and community paediatrics. (2) Addressing 0-19 year gap in CV-C offer (3) 0-19 Children's services integrated pathway (EHOH, Evessus and special needs). (4) Unplanned care agenda for children.</p> <p>RISKS: Risk to children's outcomes.</p> <p>ACTIONS TO RESOLVE: System wide reputational risk.</p> <p>UPDATE: Risk of new pathways impacting on primary care workload.</p> <p>RISKS: Lack of capacity to lead workstream.</p> <p>ACTIONS TO RESOLVE: EVW & MC to arrange joint partners workshop to develop programme of work.</p> <p>UPDATE: EVW & MC to review recruitment process.</p>							(shown)	(shown)		(shown)	(shown)			
187	Community Equipment	Elaine Wylie	TBC	Sarah Kocinski	<p>UPDATE: Scheme is in implementation. Equipment amnesty arrangements on hold due to purchase. Equipment review group 6 June 2017 discussed current overaged on equipment (4 high speed items identified).</p> <p>RISKS: Confirmed improved utilisation of ordering mechanisms, high speed mattresses flagged to reduce costs.</p> <p>ACTIONS TO RESOLVE: AW to review equipment policy in provider contracts.</p> <p>UPDATE: Equipment review.</p> <p>ACTIONS TO RESOLVE: Steering group to lead in phase decision tool to promote correct mattress orders.</p>	635							(shown)	(shown)		(shown)	(shown)		
207	Wheelchair Service	Elaine Wylie	TBC	Sarah Kocinski	<p>UPDATE: Referral forms being refreshed and restructured. Investment to clear backlog of patient approval at May Executive Committee. Training for prescribers organised for 22 May 2017 to remind them of what should and should not be prescribed in line with the contract.</p> <p>ACTIONS TO RESOLVE: AW to monitor compliance to reduce backlog of patients. AW to confirm we are on track to reduce backlog.</p>							(shown)	(shown)		(shown)	(shown)			

Item Number: 10	
Name of Presenter: Rachel Potts and Tracey Preece	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
Report Title – Annual Report and Accounts 2016/17	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report	
The Annual Report and Accounts (attached) have been approved by the Audit Committee on 25 May 2017. The CCG's external auditors' Annual Audit Letter is also attached.	
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 checked="" 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 checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks (not yet on Covalent)	
Recommendations	
Governing Body is asked to ratify the Annual Report and Accounts.	

Responsible Executive Director and Title	Report Author and Title
Rachel Potts, Executive Director of Planning and Governance Tracey Preece, Chief Finance Officer	Rachel Potts, Executive Director of Planning and Governance Tracey Preece, Chief Finance Officer

The documents referred to above have been circulated electronically to members of the Governing Body and are available at <http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>



Annual Report and Accounts 2016-17

Annual Report and Accounts 2016-17

Issue date: 12-06-17

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Group Governing Body

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Annual Report and Accounts 2016-17

NHS organisations are required to publish an annual report and financial accounts at the end of each financial year. This report provides an overview of the CCG's work between 1 April 2016 and 31 March 2017.

The report is made up of three parts. The first section contains details of the organisation's performance for 2016-17, with the second section covering details of governance and risk. The third is the financial accounts for the year 2016-17.

As a publicly accountable body, the CCG is committed to being open and transparent with its stakeholders.

In 2016-17 the Governing Body met eight times and the CCG hosted a number of engagement events that involved local patients and other stakeholders. Details of these meetings and events are published on the CCG's website at www.valeofyorkccg.nhs.uk.

An electronic copy of this report is also available on the CCG's website. Information contained in this report can also be requested in other languages. If you need this or if you would like additional copies of this report, please contact the CCG.



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NHS Vale of York CCG
West Offices
Station Rise
York YO1 6GA

Part 1: Annual Report

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Part 2: Annual Accounts

The Annual Accounts and financial statements are provided in Part 2 of this report.

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Section 1

Performance



1.1 Report of the CCG's Lay Chair and Accountable Officer



Phil Mettam, Accountable Officer



Keith Ramsay, Lay Chair

Along with our NHS partners, we have a statutory duty to deliver services that are in line with the NHS Mandate and NHS Constitutional targets. Financial and workforce pressures in our local system have meant that these targets were not consistently delivered in 2016-17.

The financial situation worsened in 2016-17 and the Vale of York moves into 2017-18 with a deficit of £23.8m; money that needs to be recovered. The financial gap has provided the basis to begin work that uses our precious resources in a completely new way, so they drive improvement and help to achieve better value for money. We need to ensure our patients get the most benefit from healthcare services and that we help the community to take responsibility for their own health and to do this, the way that local people access healthcare services needs to change.

Looking ahead, we are moving to a new phase of delivering health and care services and collaboration, transparency and engagement are our watchwords throughout 2017-19. Our plan is to work with our partners as a system so we can ensure we recover the delivery of targets and that we do this in a sustainably and by managing the demand on services and putting prevention at the forefront of much of our work.

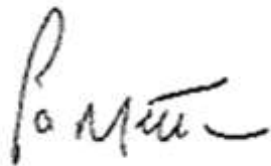
Transforming services as part of the wider Humber, Coast and Vale Sustainability Transformation Plan; and more importantly, driving transformation based on population need, it is critical to reposition the local system and remove the complexities within it.

To do this and align planning with all of our partners will be challenging but a focus on population and 'place' will allow us to plan together and challenge where things do not work as well as they could for patients.

This is why we are planning a system based on the needs of our population in each locality within the Vale of York through the development of a local Accountable Care System. This will help to ensure that:

- population and place needs are always put first;
- respectful alliances with a common purpose can be built;
- we can work with patients, the public, our workforce, carers and elected members as equal partners;
- there is shared accountability and rapid, effective joint decision-making;
- we can do things once – analyse, plan, make decisions, develop contracts and deliver; and
- we can share our scarce resources.

We are looking forward to working in a new way with our partners in 2017-18 to drive a cost reduction programme to reduce inefficiencies, duplication and unnecessary variation and deliver the services that patients need the most, within the allocation we receive.



Phil Mettam
Accountable Officer



Keith Ramsay
Lay Chair

1.2 Report of the Chair of the Council of Representatives



Dr Paula Evans
Chair of the Council of Representatives

2016-17 has been a challenging year. An enormous financial hole appeared; something that has happened to other CCGs across the country too.

In spite of the distraction and pressure this has caused, a lot of planning and hard work has carried on in the background. These plans have been embedded and we are now in action mode. We are engaging more widely than ever with our system partners to ensure they are heavily involved in this work.

The role of Primary Care has been given prominence in the CCG's operational plan for 2017-19 and I'm glad to report that working closely with our system partners has formed a very creative and lively environment, allowing councils, the voluntary sector and our secondary care partners to share and innovate with us.

The development of the Humber, Coast and Vale Sustainable Transformation Plan and our work to explore what an Accountable Care System might look like means that the relationships with our partners will move even closer.

The financial deficit position in the Vale of York has clearly been the most significant challenge for our CCG and it was the main factor for the issue of Legal Directions by NHS England in September 2016. Distasteful as it might feel, as a nation we need to discuss how our health and social care system can work more effectively so it provides the best value from the precious resources available.

To do this, and get it right, is the most challenging but ultimately the most satisfying work for us to do in the coming year. The CCG has prioritised its engagement strategy, and is now putting it into action. We are all very conscious of how we engage meaningfully and communicate effectively with

the public. Please do get involved in the discussion and make it a two way conversation.

Annual evaluation of Membership Body effectiveness

The Membership Body is pleased to report that the CCG has continued with its robust evaluation and governance measures throughout 2016-17.

In addition to the on-going evaluation of effectiveness from external sources, internal governance functions drive the delivery of the CCG's Five Year Integrated Operational Plan 2017-19, the monitoring of its delivery, the reporting on progress and providing of assurance.

The CCG's internal governance and assurance measures include:

Accountable Officer - accountable for achieving organisational objectives within an appropriate business framework;

Chief Finance Officer - the Chief Finance Officer is the Responsible Officer for organisational finances and is accountable for the delivery of financial balance and compliance with standing financial instructions;

NHS England Area Team - NHS England's Yorkshire and Humber Area Team reviews the CCG on a quarterly basis. The 2016-17 quality and assurance reviews have been very positive and have strengthened the commissioning relationship with NHS England.



Dr Paula Evans

Chair of the Council of Representatives

1.3 About the CCG

The CCG is an NHS organisation. It is led by local GPs and other clinicians that treat patients every day and understand the needs of the community and the impact that local services have on patients' health.

The CCG is responsible for commissioning the following healthcare services in the Vale of York:

- planned hospital care;
- urgent and emergency care;
- community health services;
- mental health and learning disability services;
- services that tackle inequality, including children's health and wellbeing.



1.3.1 CCG footprint

The CCG serves towns and cities including York, Selby, Easingwold, Tadcaster and Pocklington and has a population of around 350,000 people.

Its vision is to achieve 'the best in health and wellbeing for everyone in our community' and it works closely with a range of partners to achieve this goal.

In 2016-17, the CCG had 26 member GP practices in its operating area and an annual commissioning budget of £441.1m. The budget is set by central government and is based upon a complex funding formula that reflects the overall health and wellbeing of the Vale of York community.

Fig 1 The NHS Vale of York CCG footprint

The CCG's footprint, the area that it commissions services for, includes urban, semi-urban and rural areas. It shares administrative boundaries with three local authorities, City of York Council, parts of North Yorkshire County Council and a part of the East Riding of Yorkshire Council boundary.

1.3.2 Accountability

The CCG is accountable to its Governing Body, its member practices, local patients and the Vale of York community. It is overseen by NHS England, a public body that is part of the Department of Health.

The CCG's Governing Body plays a central role in the organisation. It has responsibility for ensuring that the CCG operates effectively, efficiently and that it applies the principles of good governance.

1.3.3 Location of the CCG

The CCG is co-located with City of York Council at their headquarters at West Offices, Station Rise, York YO1 6GA.

1.3.4 The CCG's vision

Ensuring that there is clinical input in its commissioning work and its plans that involve stakeholders and strategic partners, the CCG's vision is:

**To achieve the best health and wellbeing
for everyone in our community**

1.3.5 The CCG's mission

Commission excellent healthcare on behalf of, and, in partnership with our community.
Involve the wider clinical community in the development and implementation of services.
Enable individuals to make the best decisions about their own health and wellbeing.
Build and maintain excellent partnerships between health and care agencies.
Lead the local system in adopting best practice from around the world.
Ensure that all this is achieved within the available resources.

Table 1 – The CCG's mission

1.3.6 The CCG's values

Communication	Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
Courage	We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
Empathy	We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
Equality	We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
Innovation	We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
Integrity	We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
Measurement	Successful measurement is a cornerstone of successful improvement.
Prioritisation	We will use an open and transparent process to arrive at value driven choices.
Quality	We strive to be the best that we can be and to deliver excellence in everything we do.
Respect	We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations

Table 2 – The CCG's values

1.4 Performance in 2016-17

1.4.1 NHS Constitution Targets

The NHS Constitution for England sets out the core values, principles and commitments of the NHS. It states what patients, the public, partners and staff can expect from the NHS and details a number of rights, responsibilities and key pledges.

The key measures that the CCG work to uphold are detailed in the tables and descriptions below, along with a view of the CCG's performance against each target.

Throughout this document, green, amber and red ratings are applied based on the following standard unless otherwise indicated.

Green		At or above target
Amber		Up to 5% away from meeting target
Red		More than 5% away from meeting target

Table 3 – Performance ratings green, amber and red

1.4.2 A challenged system

We have ended the year with a rapid recovery after the winter period in our Emergency and Urgent Care system.

Like many systems nationally, the Vale of York local health system has been severely challenged in 2016-17 and performance in delivering national Constitutional targets for patients has not been met consistently throughout the year.

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
4 hour performance	< 95%	86.8%	87.9%	87.2%	92.7%	90.6%	91.0%
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		85.5%	81.9%	81.2%	78.3%	81.5%	89.4%

Table 4 – 4 hour performance ratings

Demand for elective care has outstripped local and regional capacity in some specialties and the unprecedented demands on the Emergency and Urgent Care System over the winter period have impacted further on the capacity to deliver elective care. This has created a reduction in the associated performance targets for Referral to Treatment within 18 weeks.

This is despite the fact that there has been a drive through the CCG to further extend the support we provide to manage referrals through the Referral Support Service and extend the clinical thresholds for elective surgery. The CCG also developed one-stop Urology and Breast clinics and further

expanded skin referrals from Primary Care by utilising dermatoscopes that were provided by the CCG's partners at York Against Cancer. Referrals have subsequently reduced by 3.5% on average per month for the last five months of 2016-17 and this has reduced the pressure on some of the non-admitted pathways for elective care to our providers.

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Incomplete pathways seen < 18 weeks from referral	< 92%	92.4%	92.9%	92.4%	91.8%	91.5%	91.6%
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		91.5%	90.8%	90.6%	90.3%	90.5%	90.6%

Table 5 – Performance rating: Incomplete pathways seen < 18 weeks from referral

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Patients waiting less than 6 weeks for Diagnostic attendances	> 99%	98.6%	99.2%	99.0%	98.7%	98.6%	99.1%
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		98.7%	98.8%	98.3%	98.2%	98.0%	97.9%

Table 6 – Performance rating: Patients waiting less than 6 weeks for Diagnostic attendances

Likewise, the intensive system work undertaken via the A&E Delivery Board to establish Emergency Department Front Door initiatives that deliver early triage and streaming of patients by GPs, has resulted in a reduction in A&E attendances compared to 2015-16. This has meant locally we have already implemented national best practice as requested by NHS England and NHS Improvement.

Delays in Transfers of Care are at their lowest level for many years following improvements in the processes and access to community beds and care, and the CCG is now working with partners to improve the access to community beds for our elderly patients with mental illness, for example, dementia.

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Delayed transfers of care (York Unitary Authority Only)	-	*	*	998	972	935	982
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		1,000	1,121	996	610	572	850

*data excluded as incomplete

Table 7 – Performance rating: Delayed transfers of care (York Unitary Authority Only)

Despite these improvements in demand on the hospital, fluctuations in performance delivery, often on a daily basis, have reinforced we are a system which has limited resilience to deliver performance targets across all our pathways and specialities in a sustainable way.

At the centre of our system is a local hospital which has delivered urgent and planned care services throughout 2016-17 with an average bed occupancy of 92%, increasing to 95% over the winter period. There have been a high number of stranded patients (patients in hospital beds over seven days) and

elderly patients being cared for in hospital beds when they could be cared for at home or in the community if out of hospital services were delivered in a different way.

Small changes in workforce capacity through illness and the inability to fill vacancies, as well as theatre, outpatient and bed closures have a significant impact on both unplanned care and planned care performance. This is the baseline from which we must transform our out of hospital and in-hospital services as a system from 2017-18 and forms the basis of our improvement plans with our partner organisations.

1.4.3 A system response

The demand and capacity pressures outlined above have resulted in a strong collaborative response from all local organisations that are referring or delivering services to our patients to address performance improvement by working as a system during 2016-17. This has been supported by NHS England and NHS Improvement; the assurance bodies for NHS Clinical Commissioners and NHS Providers respectively. Additional local investment has also been made available to manage a backlog of patients that have waited more than 18 weeks for their elective care.

Our main acute provider, York Teaching Hospital NHS Foundation Trust has worked hard to implement an internal rapid recovery programme to support a return to normal operational standards after the winter period.

Similarly the local system's A&E Delivery Board has implemented all recommendations to stream patients to the most appropriate care at the front door of their Emergency Department and this has resulted in a reduction in non-admitted A&E four hour breaches. Additionally work that focused on ambulance handovers has seen performance improve since February 2017.

1.4.4 A sustainable recovery

As we transition into 2017-18 and work to deliver the national performance targets included in the new NHS Mandate, the ongoing performance challenges remain and there is a joint commitment from all partners to drive recovery that will ensure our patients receive high quality care in a timely manner.

The CCG enters 2017-18 with a strong platform for system working with all partners to drive performance improvement, both locally as part of our refreshed A&E Delivery Board and Planned Care System Recovery Group but also through our focus on local need through an Accountable Care System, our work as part of the local Sustainable Transformation Plan and with the support of Cancer Alliances via our Yorkshire and Humber region networks.

1.4.5 Understanding, managing and delivering for local demand

Whilst it works with providers to manage demand on the system, the CCG wants to continue its work to enable and support providers to have the capacity that is required across all specialties and for these to deliver services that meet the needs of the local population.

Together we will work as a system to refresh and remodel services to marry demand and capacity that will allow the system to deliver its key performance targets. The CCG is now working with York Teaching Hospital NHS Foundation Trust to systematically review all planned care pathways including managing demand on services through further improvements in referral support, clinical advice and guidance and transforming outpatient care. This will support pressures on elective care Referral to Treatment performance, cancer pathways and performance, make space available for delivering outpatient clinics and ensure the capacity planned for theatres and in-hospital beds are used effectively.

1.4.6 Bringing additional resource to support service delivery

Through the Humber, Coast and Vale Sustainable Transformation Plan, the system is successfully progressing bids for additional capacity to help manage demand on the Emergency Department through the expansion of a 24 hour psychiatric liaison, capacity for diabetes care in the community and cancer resources to support improved risk identification and early diagnosis.

1.4.7 Transforming out of hospital care and alleviating pressure on our acute hospital beds

The local system has commissioned and received recommendations from the Northwest Academic and Health Science Network's review of our local acute hospitals. This review has identified a number of areas where the system can focus on improving bed occupancy, flow and transforming the out of hospital care model to reduce the local dependency on acute beds. The NHS Mandate clearly articulates the need for our system to prioritise access to urgent and emergency care. This work will be aligned with the priorities identified by our three Accountable Care System localities so local populations can access the most appropriate out of hospital care to meet their needs.

1.4.8 Maintaining elective care performance delivery

While the 2017-18 NHS Mandate no longer requires the delivery of national performance for Referral to Treatment at the 2016-17 target, the local system will continue to work as part of the Planned Care Recovery Group to address the underlying issues locally and at Humber, Coast and Vale Sustainable Transformation Plan level in relation to elective care, diagnostics and cancer across all pathways.

The Planned Care Recovery Group will agree a refreshed trajectory through 2017-18 for Referral to Treatment performance and will continue to manage the existing backlog of admitted patients who have waited longer than 18 weeks for their surgery. Currently the backlog consists of approximately 950 patients with two of these patients having waited longer than 52 weeks for their surgery.

The aim is to continue to manage growth in demand for elective care alongside a reduction in the admitted backlog and work on each pathway to address the key drivers affecting under-performance. The pathways experiencing the greatest pressures currently include rheumatology, respiratory medicine and gastroenterology. Work has started to review these pathways as part of the CCG's and York Teaching Hospital NHS Foundation Trust's collaborative planned care programme. It also forms part of work to explore pathways identified by the national Right Care programme that offer opportunities to deliver improved clinical outcomes and value for money.

1.4.9 Delivering improvements in Cancer 62 day performance across all tumour sites and across our STP

Whilst the CCG was identified as one of the top seven performing CCGs in relation to commissioned cancer services, performance dipped below the national performance target level in all three measures during 2016-17. There has however been a rapid recovery around the 14 day urgent and 31 day cancer targets since February 2017.

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Patients seen < 62 days to first definitive treatment following urgent referral for suspected Cancer (including 31 day rare cancers)	85%	85.6%	89.6%	86.0%	84.9%	91.3%	71.8%
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		75.0%	77.3%	81.7%	82.4%	74.0%	78.7%

Table 8 – Performance rating: Patients seen < 62 days to first definitive treatment following urgent referral for suspected Cancer (including 31 day rare cancers)

In order to consistently deliver the 62 day target across all tumour sites, with all providers, there are some challenging and complex issues to be addressed. The CCG recognises that continued local work alone to address local breaches on specific pathways cannot deliver sustained performance delivery.

The CCG is therefore working with two Cancer Alliances to drive improvements at a Humber, Coast and Vale Sustainable Transformation Plan level and regionally as required, to augment improvement at a Humber, Coast and Vale and CCG footprint level through local primary care demand management initiatives, and by addressing diagnostic testing capacity, workforce pressures and technology challenges.

Radiology and pathology diagnostics remain a critical enabler to the delivery of elective care and most significantly cancer performance targets. This is particularly important for patients with vague symptoms who may currently experience delays as they undergo multiple testing and a transfer of care between different providers. Transfers of care are typically based on the provision of specific diagnostic testing, access to equipment and the need for investment.

There are capacity issues in magnetic resonance imaging (MRI) and computerised tomography (CT) at York Hospital and Hull Hospital. This is resulting in longer waiting times of above six weeks for some patients and delays in some cancer pathways.

Areas of focus for 2017-18, where referrals for suspected cancer are increasing, include colorectal, lung and gynaecology specialties. Locally, there are long-established capacity issues in relation to the local dermatology workforce, and at a regional level, NHS England's specialised commissioned maxillo-facial specialty is also experiencing capacity issues.

During 2017-18, work will continue with the oncology and chemotherapy teams at York District Hospital to fund a mobile chemotherapy service for the Vale of York. This service is expected to go live during Summer 2017.

Macmillan Cancer Support has funded the development of a pilot cancer care co-ordination service for the residents of Easingwold for a period of two years. The pilot will be based at Millfield Surgery in Easingwold Village.

Macmillan Cancer Support has also funded a joint project for three years that focuses on the recovery and survivorship of people with cancer.

1.4.10 Palliative and end of life care

The CCG and its partners are managing issues relating to the provision of fast track continuing health care that has significantly reduced due to the extra demand created by several providers in the system.

This will continue to be monitored through 2017-18 as the place based localities develop. CCGs in the Vale of York and Scarborough and Ryedale decided to focus on the two localities and this led to the re-establishment of the Palliative and End of Life Care Programme Board in February 2017. Work that focuses on the two localities will continue on a quarterly basis through 2017-18.

St Leonard's Hospice and Marie Curie have continued to deliver specialist care to people across the Vale of York and this has contributed to a high proportion of people being able to be at home or in the place of their choice at the end stage of their life.

1.4.11 Mental health and learning disabilities

The first full year of the contract with Tees, Esk and Wear Valleys NHS Foundation Trust has seen a number of changes to improve the estates and facilities to deliver care for our population.

The CCG led an extensive consultation exercise for a new mental health hospital for the Vale of York and the report from the consultation was endorsed by the Governing Body in February 2017. Over the coming year the CCG expects that Tees, Esk and Wear Valleys NHS Foundation Trust will continue to develop its plans for a new hospital and share these with the Governing Body. Tees, Esk and Wear Valleys NHS Foundation Trust was asked to evidence how it is building on the recommendations from the consultation report. The new facility is planned to open during 2019.

1.4.12 Dementia

With support from the local clinical network, the CCG was working to increase levels of dementia coding in primary care. In 2016-17 there have been minor fluctuations in what have been static levels of coding. The level of coding remains lower than the national expectation of 67% and the CCG requested further assistance from NHS England's Intensive Support Team.

To ensure specialist care is available and improve the quality of life for some of the most vulnerable people in society the CCG made plans to work with the provider to make pathway changes for assessment, timely diagnosis and support by improving access to local memory clinics, improving community personal support services, working with care homes and local hospitals.

The CCG work in 2016-17 with Dementia Forward is to continue to ensure earlier diagnoses and help people to maintain independence for as long as possible.

Measure	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Estimated diagnosis for people with Dementia	66.70%	51.1%	50.8%	53.1%	54.2%	52.7%	54.7%
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		55.3%	55.7%	55.1%	55.2%	55.1%	To follow

Table 9 – Performance rating: Estimated diagnosis for people with Dementia

1.4.13 Children's and young people's mental health

In 2016-17, the Future in Mind fund supported mental health projects in the Vale of York. This included a Community Eating Disorder Service and a Schools Wellbeing Workers Service schools in the city of York.

After a successful procurement in 2016-17, the Schools Wellbeing Workers Service was commissioned for North Yorkshire. The service starts in May 2017.

Tees, Esk and Wear Valleys NHS Foundation Trust's Single Point of Access service became operational in January 2017 and early indications proved this work to be successful in the improvement of clinical capacity.

In partnership with City of York Council, the CCG continued to fund the work of the Family Intervention Rapid Service Team that has helped families with complex needs.

The CCG worked closely with Tees, Esk and Wear Valleys NHS Foundation Trust to tackle the number of assessments and the length of time to access Children and Young Adults Mental Health Service and the Autism Assessment Service in the Vale of York.

The Children and Young Adults Mental Health Service Local Transformation Plan was refreshed in 2016-17 and this set the direction for partnership working and funding priorities with multiple stakeholders.

1.4.14 Community and voluntary sector partners

The community and voluntary sector has supported the CCG's work to ensure that the most vulnerable members of the population have timely and personal support. Dementia Forward and the School Wellbeing Service Project in York have each been rolled out across the city of York and there has been some very positive feedback. During 2017-18 the CCG expects to see the development of more responsive community services across the adults and children's teams in TEWV.

The CCG would like to sincerely thank all of its voluntary sector partners for assisting in the ongoing transformation and development of services to better meet the needs of the Vale of York population. With the development of an Accountable Care System and three place-based localities the CCG expects that voluntary sector partners will take a very significant role as all transformation and improvement projects and initiatives are developed and mobilised collaboratively.

1.5 Financial performance - Our year-end financial position

1.5.1 Preparation of the Annual Accounts

The accounts have been prepared under a Direction issued by the NHS Commissioning Board under the National Health Service Act 2006 (as amended). The NHS Commissioning Board is now known as NHS England.

1.5.2 Accounting policies

The CCG prepares the accounts under International Financial Reporting Standards (IFRS) and in line with the HM Treasury Financial Reporting Manual and approved accounting policies.

Additional detail in relation to provisions, critical judgements and sources of estimation of uncertainty has been added. These occur when management has made specific decisions in applying the CCG's accounting policies and where these have had the most significant effect on the amounts recognised in the financial statements.

The Accounting Policies are set out in full in Note 1 to the Financial Statements.

1.5.3 Financing transactions

There have been no major financing transactions undertaken by the CCG.

1.5.4 Cash

The CCG delivered against all of its cash targets in 2016-17 and plans to do so again in 2017-18.

1.5.5 Summary of expenditure

The CCG has two funding streams. These are Programme costs and Running costs.

1.5.5.1 Programme costs

A funding allocation based on a weighted capitation formula that takes into account population and demographics, deprivation levels and health needs and profile. This covers direct payments for the provision of healthcare or healthcare-related services.

1.5.5.2 Running costs

Payment allocated to CCGs based on £22.07 per head of ONS population to pay for non-clinical management and administrative support, including commissioning support services.

1.5.5.3 Analysis of the Programme costs expenditure

Allocation (£'000s) £433,581

Spend (£'000s) £457,688

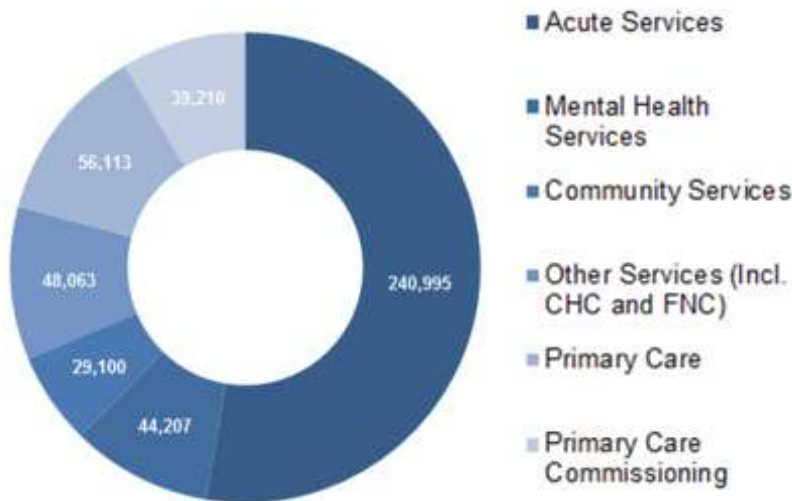


Fig 2 - Analysis of the CCG's programme costs 2016-17

1.5.5.4 Analysis of the Running Costs expenditure

Allocation (£'000s) £7,556

Spend (£'000s) £7,208

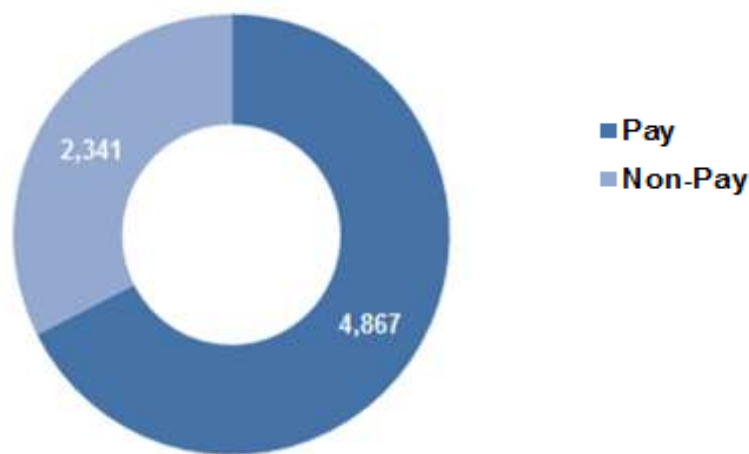


Fig 3 - Analysis of the CCG's running costs 2016-17

1.5.6 Underlying recurrent position

Excluding the effect of all non-recurrent elements in in the 2016-17 position, the CCG has an underlying recurrent deficit of £21.2m as it moves into 2017-18.

1.5.7 Quality, Innovation, Performance and Productivity

The CCG has been unable to deliver against all of its planned Quality, Innovation, Performance and Productivity (QIPP) schemes identified at the start of 2016-17.

This has been recognised by the CCG and in a number of external reviews as part of the CCG's financial recovery plan and having been placed under Legal Directions. In response the CCG has now addressed the underlying causes of financial deficit and identifies a path to sustainability.

It is this plan that has informed the 2017-18 QIPP programme that has been subject to confirmation and challenge with members of the CCG's Executive Team and members of the senior finance team at NHS England Yorkshire and Humber. Although the CCG has progressed QIPP schemes further than in previous years, delivery still remains key. The QIPP included in plan is £14.4m.

1.5.8 Longer term expenditure trend analysis

As part of the development of its Medium Term Financial Strategy the CCG has undertaken a longer term expenditure trend analysis to understand the direction of travel of the baseline spend prior to any intervention and to clearly identify the scale of the challenge faced by the organisation.

The detailed analysis has been carried out on a line by line basis using the best available information to identify future growth, inflationary and other pressures that may arise. Wherever possible published information has been used, in particular for 2017-18 and 2018-19, with a greater degree of informed estimation used for the years beyond that up until 2020-21. The graphs below summarise the CCG's in-year and cumulative financial position showing the impact of any proposed savings on the baseline spend with no interventions.

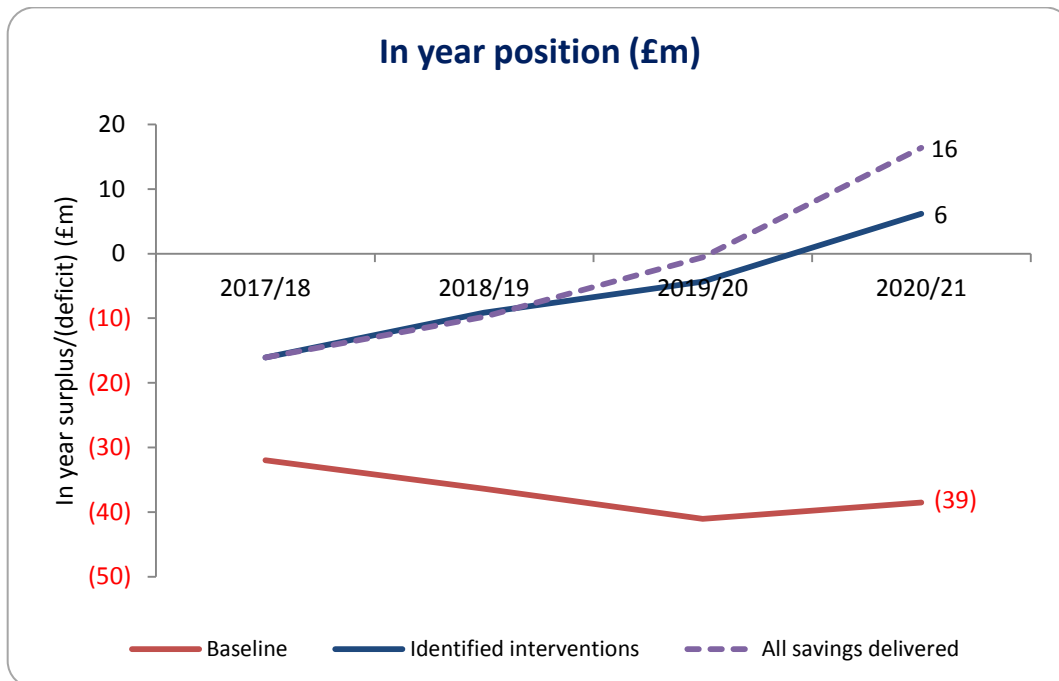


Fig 4 – In year position (£m)

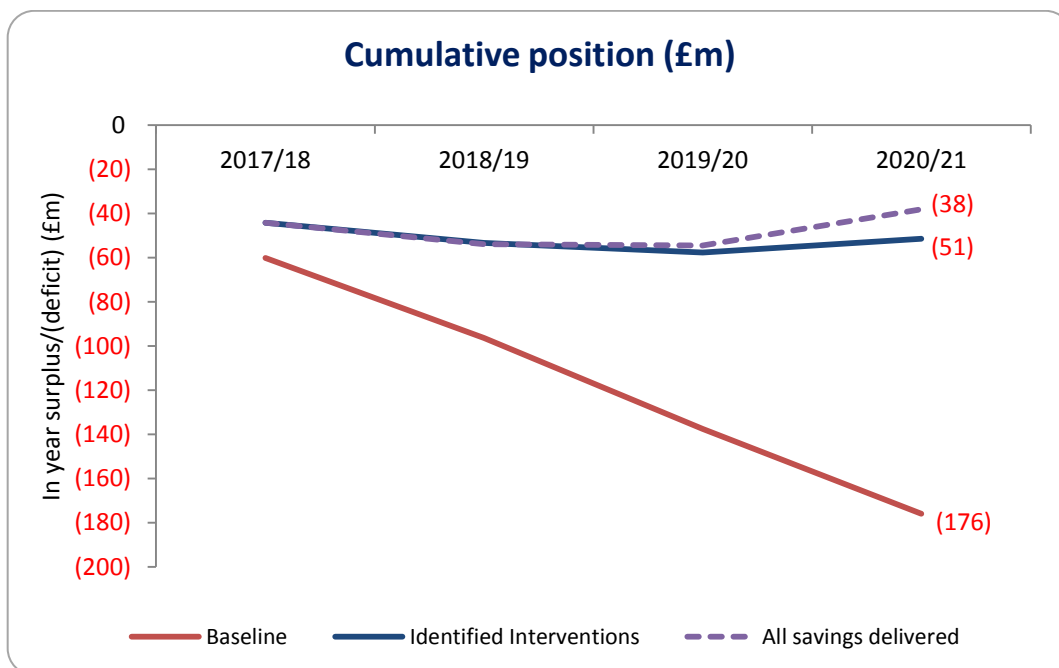


Fig 5 – Cumulative position (£m)

Without making any QIPP savings, the in-year deficit would be £39m by 2020-21, with a cumulative deficit of £176m (The “do-nothing” scenario).

If the specific interventions and schemes identified through the Medium Term Financial Strategy were achieved in full, the CCG would reach in-year surplus by 2019-20 but would still have a cumulative deficit of £51m at 2020-21.

The CCG is developing a further pipeline of schemes and opportunities which do not yet have savings quantified. These pipeline savings schemes are reflected in the plan as unidentified savings in 2019-20 and 2020-21. If these unidentified savings were developed into specific interventions and schemes and were delivered in full then the CCG would reach in-year financial balance by 2019-20 but would still have a cumulative deficit of £38m at 2020-21.

1.5.9 Statement of Going Concern

The CCG's accounts have been prepared on a Going Concern basis, The CCG's external auditors, Mazars, have written a report to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014 for the breach of financial duties in respect of the CCG's requirement to not have expenditure exceeding income. This is noted in 'Note 1.1 Going Concern' of the CCG's Accounting Policies, but does not affect the CCG preparing the accounts on a Going Concern basis.

Public sector bodies are assumed to have a Going Concern status where the continued and future provision of services is anticipated, as evidenced by inclusion of financial provision for that service in published comments. An NHS body will only have concerns about its Going Concern status if there is the prospect of services ceasing altogether in the future, either by itself or by another public sector entity.

1.5.9 Data quality

The CCG received a business intelligence service the commissioning support team at eMBED Health Consortium. This team checked and validated data internally. The Governing Body and the CCG's committees were reviewed during 2016-17 and no concerns were raised regarding the quality of data supplied by eMBED Health Consortium. The format of reporting at the Finance and Performance Committee was altered to increase the amount of data presented to the committee to provide added detail of system pressures.

1.5.10 Better Payments Practice Code

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. Details of compliance with the code are given in the notes to the financial statements and are summarised below for 2016-17.

Table 10 - Non-NHS invoices in 2016-17

Non-NHS						
Month	Total Paid	Invoices Paid on Time	% Paid Within Target	£ Total Paid	£ Value Paid on Time	% Paid Within Target
Apr-16	369	355	96.21%	8,097,055	8,003,581	98.85%
May-16	396	391	98.74%	12,556,193	12,543,695	99.90%
Jun-16	381	371	97.38%	7,003,219	6,995,463	99.89%
Jul-16	397	389	97.98%	6,489,799	6,445,640	99.32%
Aug-16	392	384	97.96%	5,893,332	5,878,690	99.75%
Sep-16	373	363	97.32%	6,496,327	6,482,830	99.79%
Oct-16	336	331	98.51%	5,281,634	5,248,002	99.36%
Nov-16	375	369	98.40%	6,104,788	6,097,625	99.88%
Dec-16	383	380	99.22%	7,335,026	7,330,192	99.93%
Jan-17	345	334	96.81%	5,820,513	5,793,929	99.54%
Feb-17	387	382	98.71%	7,707,499	7,691,038	99.79%
Mar-17	402	398	99.00%	6,402,629	6,397,996	99.93%
Totals	4,536	4,447	98.04%	85,188,013	84,908,683	99.67%

Table 11 - NHS invoices in 2016-17

NHS						
Month	Total Paid	Invoices Paid on Time	% Paid Within Target	£ Total Paid	£ Value Paid on Time	% Paid Within Target
Apr-16	321	315	98.13%	33,445,968	33,431,515	99.96%
May-16	301	298	99.00%	26,704,102	26,694,587	99.96%
Jun-16	297	297	100.00%	26,283,052	26,283,052	100.00%
Jul-16	254	254	100.00%	29,721,749	29,721,749	100.00%
Aug-16	357	356	99.72%	36,271,384	36,270,390	100.00%
Sep-16	271	268	98.89%	30,004,126	29,990,457	99.95%
Oct-16	265	264	99.62%	30,132,317	30,131,553	100.00%
Nov-16	288	286	99.31%	30,235,929	29,941,623	99.03%
Dec-16	272	271	99.63%	32,713,246	32,710,045	99.99%
Jan-17	268	268	100.00%	31,117,108	31,117,108	100.00%
Feb-17	314	312	99.36%	10,088,884	10,068,533	99.80%
Mar-17	345	345	100.00%	20,007,753	20,007,753	100.00%
Totals	3,553	3,534	99.47%	336,725,619	336,368,365	99.89%

1.6 Patient engagement

1.6.1 The CCG's commitment to involve its stakeholders

The CCG is committed to ensuring that patients' needs are at the heart of everything it does. In order to ensure that it reflects the needs of the local population it aims to have effective patient, carer and public involvement embedded in its work and planning processes.

The CCG's engagement strategy 'Involving Local Communities 2016-19' sets out its intention to involve stakeholders. Engagement is a vital to help achieve the organisation's strategic initiatives and deliver the best health and wellbeing within the resources available.

People in the Vale of York are living longer and more of the population have complex and long-term conditions. In order to meet these needs, within a context of financial constraint, collaboration with the community and other stakeholders is essential. By offering opportunities to help shape local healthcare in a transparent and open way, the CCG believes it can achieve the best health and well-being outcomes for localities in the Vale of York.

1.6.2 The CCG's duty to engage

Under the Health and Social Care Act 2012 (section 14Z2) the CCG has a legal duty to involve the public in the commissioning of services for NHS patients, and in the decisions about services that will be provided to them.

1.6.3 Partnerships, networks and events

The CCG operates in partnership with a wide range of stakeholders to share plans and involve them in our work. Examples include:

- member practices;
- local authority partners
- public health teams;
- local practice based Patient Participation Groups;
- the community and voluntary sector, including Healthwatch teams;
- local providers;
- local Health and Wellbeing Boards;
- local clinical networks.

1.6.4 How the CCG engages and involves its stakeholders

The CCG engages and involves its stakeholders in a variety of ways.

- Focus groups
- Informal discussions
- Formal consultations
- Public meetings
- Newsletters
- Social media
- Surveys
- Meetings with voluntary groups

1.6.5 Communication and engagement activity 2016-17

Throughout 2016-17 the CCG continued with its work to embed engagement throughout the organisation to capture patient, carer and public involvement conversations at all levels of its work. The CCG publishes the feedback it receives from patients and the public on its website. Some examples of engagement activities in 2016-17 include:

- consultation for a new mental health hospital in the Vale of York;
- improving patient choice and prescribing methods for gluten free foods;
- procuring new community equipment and wheelchair services;
- Vale of York Clinical Summit

More details about this work are available at www.valeofyorkccg.nhs.uk/getinvolved

In December 2016 the CCG recruited to a new role to work across the Vale of York to deliver effective and appropriate consultation and engagement.

1.7 Quality and patient experience

1.7.1 Quality and Patient Experience Committee

Quality is a key enabler and it is the foundation for the CCG's plans and programmes of work. The CCG has a dedicated Quality and Patient Experience Team which is led by the Executive Director of Quality and Nursing.

The Quality and Patient Experience Committee meets bi-monthly, its first meeting being in December 2016 when the committee's Terms of Reference were agreed. The committee's role is to ensure that commissioned services are safe, effective, provide good patient experience and ensure continuous improvement that is in line with the NHS Constitution (2011) and is underpinned by the CCG Quality Assurance Strategy.

1.7.2 12 hour trolley waits

12 hour trolley waits in the Emergency Departments York and Scarborough Hospitals have continued to be a serious concern, particularly during periods of extreme pressure over winter. These are due to a range of complex internal and external factors. There were a total of 63 trolley wait cases across both sites between 31 December 2016 and 20 February 2017. Eight of these cases were related to Vale of York patients.

Whilst no Vale of York patients came to any direct harm as a result of the wait, it is accepted by York Teaching Hospital NHS Foundation Trust, and by the CCG, that this can adversely affect patient experience and the CCG continues to work closely with York Teaching Hospital NHS Foundation Trust as part of a number of initiatives to improve patient flow both inside and outside the hospital.

Seeking assurance relating to potential patient harm, resulting in a serious incident being reported, requires an investigation to be completed within 48 hours. Given the timeframe, the existing investigation process requests information relating to harm and quality at a level of detail, which can be difficult for York Teaching Hospital NHS Foundation Trust to provide. Productive discussions took place in 2016-17 to gain separate information about quality assurance and the determination of harm, whilst appreciating there is a very close link between the subjects. An options appraisal for an alternative means of seeking assurance is a key work stream for 2017-18.

1.7.3 Healthcare associated infections

Healthcare associated infections remain a major cause of avoidable patient harm. The CCG is committed to a reduction of these infections and a robust, collaborative approach exists to review cases and establish pathways for learning.

As commissioners of local healthcare services, the CCG has the responsibility for working across organisational boundaries and taking a whole health economy view to ensure that the delivery of infection prevention and control is prioritised. The CCG ensures that provider organisations have appropriately trained and competent staff in place and that the principles of infection prevention and control are fully embedded. The CCG also ensured that patient education and awareness information was available and that individual patient needs were considered when it worked to reduce the risk healthcare associated infections.

On the 18 November 2016 the Secretary of State announced a requirement for a reduction in the number of E.coli Bacteraemia across the whole healthcare economy. Going forward, it is expected that this will entail a fifty percent reduction in the number of E.coli blood stream infections over three years based on 2015-16 figure.

The CCG's Head of Quality Assurance continued to attend provider post infection reviews of MRSA and C- Difficile cases to gain valuable insight into organisational progress in infection prevention and control practices and the issues that influenced or impacted on this.

York Teaching Hospital NHS Foundation Trust faced some significant challenges in relation to healthcare acquired infections over the last 12 months but it continues to make quality improvements. The figures below show the number of In terms of healthcare associated infections in 2016-17. Please note the numbers relate to Vale of York patients as a whole, not by commissioned service.

Healthcare acquired infection	2016-17 period
MRSA	9 cases
C-Difficile	56 cases

Table 12: Healthcare acquired infections in 2016-17

The CCG was involved in Post Infection Reviews of all cases of MRSA bacteraemia where the care was comprehensively reviewed using medical records and patient journey information which was mapped against the recommended processes. Themes from reviews were identified and incorporated into action plans.

C-Difficile infection continued to be a challenge however the picture improved on 2015-16 data with numbers being within trajectory. The CCG supported lapses in care process in line with national guidance, attended meetings with York Teaching Hospital NHS Foundation Trust clinicians on a regular basis. To support the embedding of good infection prevention processes, the CCG identified learning opportunities whether or not there were lapses in care.

York Teaching Hospital NHS Foundation Trust experienced Norovirus outbreaks during November and December 2016 at its Scarborough and Bridlington sites. The outbreaks resulted in a significant number of bed closures. The resultant negative impact for patients on patient flow throughout York Teaching Hospital NHS Foundation Trust, the impact on the hospital's emergency department and ambulance turnaround times was substantial.

In 2016, partners at NHS Scarborough and Ryedale CCG led a look back exercise that included round-table multi-agency discussions. This led to the development of an action plan and a multi-agency pathway for viral gastroenteritis that detailed a number of triggers to alert in and out of hospital services in the local system to viral gastroenteritis. The pathway can trigger the community and hospital Infection Prevention and Control teams to attend weekly 'Partner Calls' so any emerging issues in the hospital or in the community can be communicated. This aided effective communication between the public and partners with good practice being widely shared. Representatives from York Teaching Hospital NHS Foundation Trust, primary care and two nursing homes are collaborating to provide a pathway to provide a robust care package that can support and enable residents with uncomplicated diarrhoea and vomiting to remain in their usual place of residence.

The CCG obtained further healthcare associated infection assurance on its commissioned services via:

- Antimicrobial formulary adherence is reported through provider quality assurance/contract board meetings.
- attendance at North Yorkshire Antimicrobial Subgroup meeting;
- the monitoring and audit of primary care compliance with antimicrobial prescribing and formulary adherence via the CCG's lead for medicine management;
- review of provider's annual healthcare associated infections reduction plan and infection control strategies;
- the CCG undertook provider visits as required;
- proactive work with care homes and primary care on strategies to reduce incidents of norovirus.

1.7.4 Influenza

Influenza has been intermittently present in community and secondary care settings throughout the winter in 2016-17. Collaboration between the CCG and its local authority partners promoted the need for vaccination and this was supported by a robust communication strategy. Data collection on the numbers of patients immunised remains unreliable as not all practices made records of their vaccination rates.

1.7.5 Serious Incidents and Never Events

The CCG is committed to provide the best possible service to its patients, service users, staff and other stakeholders. It recognises that on occasions, serious incidents or near misses will occur and that these require a robust, unbiased and systematic review to identify any causes or contributing factors. The promotion of patient safety by proactively reducing the risk of error and learning from patient safety incidents is a key priority for the CCG.

Throughout 2016-17 the CCG worked closely with its providers to reduce patient harm. Strategic action plans to reduce falls and pressure ulcers were shared with the CCG by York Teaching Hospital NHS Foundation Trust to demonstrate its progress and examples of the improvements it had made.

The CCG attended falls and pressure ulcer panels where Serious Incidents were robustly reviewed. A continued area for improvement remained to ensure the CCG's commissioned services were compliant with Duty of Candour particularly around providing evidence of written apologies to patients and their families and, where appropriate, the involvement of them in incident investigations. It was apparent from a recently shared internal audit report that York Teaching Hospital NHS Foundation Trust was aware of issues and had plans in place to provide increased training and awareness raising. This will remain a key focus in 2017-18.

Tees, Esk and Wear Valleys NHS Foundation Trust invited the CCG to contribute to their Serious Incident panel where cases are robustly discussed by a multidisciplinary team to reduce the risk of recurrence and to comply with Duty of Candour. The actions are either incorporated into an action plan if they are agreed to be root causes or contributory findings or disseminated to all staff via a lessons learnt if they are incidental findings.

The CCG has a responsibility to report and investigate incidents that occur within its own organisation. It also needs to ensure the Governing Body is aware of Serious Incidents that occur and action plans are monitored by the Quality and Patient Experience Team. The CCG had no serious incidents in 2016-17.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers should be implemented by all healthcare providers. There have been three Never Events in 2016-17 each relating to wrong site surgery performed by York Teaching Hospital NHS Foundation Trust.

1.7.6 Maternity Services

York Teaching Hospital NHS Foundation Trust's maternity services continue to benchmark favourably with regional data.

1.7.6.1 Smoking status at time of delivery

An improved position continued throughout 2016-17 with overall less women smoking at time of delivery than in Q2, but slightly more than Q1 with an increase in the total numbers of women smoking.

1.7.6.2 Better births - National Maternity Review

York Teaching Hospital NHS Foundation Trust developed an action plan to outline the priorities and actions in the implementation of recommendations from the National Maternity Review. Many positive actions occurred whilst awaiting more detailed national guidance. Quarterly meetings continued to be held between commissioners and providers to the action plan.

Work to progress local maternity systems through the Humber, Coast and Vale Sustainability and Transformation Plan work progressed well in 2016-17 and will continue throughout 2017-18.

1.7.6.3 Maternity Services Liaison Committee

Significant progress was made in 2016-17 against the Maternity Services Liaison Committee's key priorities of home birth, reduction of still birth, breast feeding and perinatal mental health along. The CCG's Head of Engagement is supporting the committee with its plans to engage service users. An annual plan with related actions was devised and an annual report against actions and achievements will be produced at the end of Q4 2018.

1.7.7 Patient experience

The CCG is committed to working in partnership with patients, the public and other key stakeholders for the improvement of health and patient experience across the local community. This includes providing all stakeholders with the opportunity to seek advice, raise concerns or make a complaint, about any commissioned services, or policies and procedures the CCG has developed and implemented.

Patient experience data was collated from our commissioned providers and this gave the CCG important insights that supported its quality and assurance processes in its work to providing stakeholders with the opportunities to have their say.

We also used information from other sources to provide additional patient experience examples for example via Healthwatch, Patient Opinion, and NHS Choices. This feedback ensured that patient experience was heard, that lessons were learned and that the information was used to influence commissioning decisions that promoted the delivery of high quality services.

Some examples of how patient experience and feedback has been utilised in commissioning decisions:

1.7.7.1 Community equipment and wheelchair services

Concerns had been raised, substantiated by those received via the CCG, about delays in providing equipment to wheelchair users. The four North Yorkshire CCGs who commission the wheelchair service worked very closely with the previous service provider to address these. A new provider took over the service on 1 December 2016.

The CCG worked closely with Healthwatch teams in York and North Yorkshire to encourage the involvement of people using community equipment and wheelchair services.

1.7.7.2 Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder Service

The CCG received numerous complaints and concerns from patients who had been diagnosed in adulthood with ADHD and ASD and needed a medication review and / or on-going support. Whilst the commissioned pathway was clear for people with these conditions this valuable feedback highlighted a gap in service provision. In response, the CCG reviewed its commissioned services provided by Tees, Esk and Wear Valleys NHS Foundation Trust. This resulted in discussions with the provider to undertake medication reviews under a set of criteria agreed under a contract variation.

Additionally, mental health expertise has supported the Independent Funding Review Panel so that cases are reviewed in a way that has mitigated delays for service users.

1.7.8 Safeguarding Adults and Children

NHS Vale of York CCGs is statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and vulnerable adults. The CCG has appropriate systems in place for discharging its responsibilities in respect of safeguarding which are included below:

- A programme of staff training in recognising and reporting safeguarding issues is in place with refreshed and approved policies for the CCG and for Primary Care colleagues in year.
- A clear line of accountability for safeguarding which is reflected in the CCG governance arrangements with bi-monthly safeguarding reports as part of those arrangements.
- Appropriate arrangements are in place to co-operate with local authorities and other partner agencies in the operation of Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs), membership on both Boards by the Executive Director of Quality and Nursing and Designated Professionals for Safeguarding.

- Has secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood.
- The CCG has a Named GP for safeguarding children and adults and, as part of collaborative arrangements with the 3 remaining North Yorkshire CCGs, has secured the expertise of a Nurse Consultant for Primary Care (safeguarding adults and children).
- Expertise in safeguarding adults and a lead for the Mental Capacity Act and Prevent, supported by the relevant policies and training shared across North Yorkshire CCGs with a Deputy Role within the CCG.
- Through contractual arrangements the CCG ensures that it commissions safe services and continues to be an active partner working with agencies to keep adults and children safe from abuse, neglect and harm.

In 2016-17 NHS England undertook a Safeguarding Assurance Audit. The final report identified the CCG has robust arrangements in place, with only three areas of non/partial compliance. An action plan to address the outstanding areas was agreed by the CCG's Executive Director of Quality and Nursing. Progress against the plan was monitored via the Quality and Patient Experience Committee.

In December 2016 the CCG received notification of a City of York Council's Children Looked After and Safeguarding Review by the Care Quality Commission. A further review was undertaken across North Yorkshire in February 2017. The final reports are expected in early Spring 2017. Verbal feedback from the Lead Inspectors acknowledged that the CCG is aware of the areas of strength, as well as the areas of challenge. Once in receipt of the final reports the Safeguarding Team's Designated Nurses will co-ordinate the development of an action plan.

The outcome of the City of York Council Ofsted inspection of services for children in need of help and protection, children looked after and care leavers in November 2016 rated the Local Safeguarding Children Board as Outstanding, only one or two in England to receive this judgement.

The CCG completed the Section 11 Audit for North Yorkshire and City of York Local Safeguarding Children's Boards and attended the Section 11 challenge event in March 2017.

1.7.9 Quality in Primary Care

The CCG had full delegated responsibility for primary care commissioning in 2016-17 and as such has worked in partnership with primary care colleagues on the development of assurance processes for the quality and safety of services. This work will be further progressed in the forthcoming year. The Care Quality Commission has rated all GP practices in the Vale of York as 'good'.

1.8 Sustainability Report

1.8.1 Commissioning for Sustainable Development

Sustainability can be defined as meeting the needs of today without compromising the needs of tomorrow.

Commissioning for Sustainable Development is the process that commissioners follow to improve the sustainability of an organisation and the way it provides services. It is also a process used to develop how the organisation interacts with the community. Commissioning for Sustainable Development is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.

The CCG is committed to shaping and commissioning services that:

- meet the health needs of the local community;
- provide value for money;
- are environmentally sound.

To support these ambitions, the CCG has developed and implemented a Sustainability Development Management Plan. This is published on the CCG's website at <http://www.valeofyorkccg.nhs.uk/about-us/delivering-sustainability/>.

1.8.2 Travel

Throughout 2016-17 the CCG actively encouraged the use of remote communication to replace face to face meetings. It provided access to a range of remote working and teleconferencing facilities. The CCG supported opportunities for telephone, web and videoconferencing to reduce the need for travel. The CCG's office based has very good public transport links and cycle facilities and the promotion of initiatives to reduce car usage were also implemented.

In the 2016-17 staff travel survey, 76% of staff travelled via public transport, on foot or cycle to work.

1.8.3 Sustainability in the clinical environment

The CCG introduced a major marketing campaign in September 2016 to raise awareness and call on the public to help reduce waste prescription medicines. The campaign 'Our NHS – let's take care of it' and 'It's in your hands' asked patients to review their medication with their GP and to stop prescriptions for items that are not needed. In addition, the campaign drew attention to the

prescribing of common items such as paracetamol which can be obtained without recourse to a GP.

The CCG used lean methodology to improve results in reducing waste in clinical setting and co-ordinated improvement work with its providers.

1.8.4 Adaptation to climate change

The CCG worked with its partners to put in place resilience and emergency planning measures. These were regularly updated and checked. The city of York is situated on a floodplain and the area has made headlines for flooding.

One aspect of climate change is the potential for a shift to wetter weather, and flood planning at a city-wide level is increasingly important.

1.8.5 Sustainable Workforce

The CCG promoted good physical and mental health to its own employees. To uphold staff supported in the workplace, the CCG also provided development opportunities to all staff.

1.9 Equalities

1.9.1 Tackling health Inequalities

Health inequalities are the differences in the health of different parts of the population. For example, people in more deprived areas have a shorter life expectancy than those who live in less deprived areas. Unhealthy behaviours such as smoking, physical inactivity, poor diet, alcohol and stress increase the risk of long-term illness and poor health. Inequalities also exist between groups according to other factors, such as gender, ethnic background, certain sorts of disability and sexual orientation.

Tackling health inequalities is a long-term process, but with the strength of partnership working, joint plans can be created to promote self-care and prevention work that will help people improve their health and wellbeing.

That is why, in addition to offering tailored and individual support services, the CCG has worked with its Health and Wellbeing Board partners in the City of York, North Yorkshire and the East Riding of Yorkshire to create an environment that made healthier choices easier. The CCG took a holistic approach to reducing health inequalities by:

- considering the impact on health inequalities in every decision and policy delivered;
- allocating resources based on most need;
- integrated working to meet the needs of individuals and communities with poorer health outcomes;
- working with individuals and communities to develop community based solutions to improve the health and wellbeing of the population.

As a member of three Health and Wellbeing Boards, the CCG used the joint strategic needs assessments (JSNAs) to help identify the health and wellbeing needs of the local population and to inform the development of services to reduce health inequalities.

There is a dedicated website for York's JSNA to help to make sure the information in the JSNA is more widely accessible. To view the website go to www.healthyyork.org.

North Yorkshire County Council published a Vale of York summary as part of the Joint Strategic Needs Assessment Annual Update in 2016. This is available at www.datanorthyorkshire.org/JSNA/articles/north-yorkshire-jsna-annual-update-2016-ccgs/

The East Riding of Yorkshire Joint Strategic Needs Assessment focused on improving the mental and emotional health of children and young people,

supporting independent living for older people, reducing health inequalities. More details are available at <http://dataobs.eastriding.gov.uk/jsna/jsnashome>

1.9.2 Health inequality in the Vale of York

People in the Vale of York have good health overall, with life expectancy at birth which is above the national average. However there are a number of health inequalities and areas where the Vale of York is doing less well than the national or regional average.



Fig 6: Vale of York health indicators

1.9.3 Equality and Diversity

The CCG is committed to reducing health inequalities and it advocated equality and diversity as an integral part of its work throughout 2016-17.

Further information on the CCG's approach to equality and diversity and the legal requirement can be found in the Equality, Diversity and Human Rights Strategy and Implementation Plan 2013-17 which is available on the CCG's website at

www.valeofyorkccg.nhs.uk/about-us/equality-and-diversity/.

To reduce inequalities and health inequity, the plan supports the CCG's commitment to give everyone in the community the opportunity to be heard and give their opinions about local healthcare services.

In May 2016 the CCG's Governing Body took part in training to further develop their understanding of their roles and responsibilities in this area.

As part of its commitment to reducing health inequalities the CCG used Equality Impact Analysis to measure the impact of its decisions and how these affect the local population, particularly protected groups. This helped to identify any action needed to reduce or remove negative impact. As part of this process the CCG considered and analysed a range of information and data including engagement activities and this informed its decision making both as a commissioner and as an employer. This included the review of new mental health hospital provision for Vale of York, which included extensive engagement activity.

To further support the comprehensive use of Equality Impact Analysis in 2017-18, the CCG will be delivering updated training for staff that will focus on the links between engagement, equality and health inequalities and the use of Equality Impact Analysis.

Policies and Equality Impact Analysis information are available on the CCG's website at www.valeofyorkccg.nhs.uk/publications/policies/.

1.9.4 Our commitment to patients and carers

The CCG is committed to making sure that equality and diversity is a priority when it plans and commissions local healthcare. The CCG worked closely with local communities to understand their needs and how best to commission the most appropriate services to meet those needs. The CCG used the national Equality Delivery System 2 (EDS2), designed to support the commissioning role and providers of services to deliver better outcomes for the local population and provide working environments for staff that are

personal, fair and diverse. More information is available at www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf.

In February 2016, the CCG engaged with fellow CCGs in North Yorkshire and its providers to review and agree the following EDS2 shared priorities:

- 1.9.4.1 Directory of Services – to provide better information on how to access services.
- 1.9.4.2 Information sharing – to generate and share information and knowledge across a wider area. Provider and local CCGs agreed to work together and share information to provide a better understanding of the needs of our communities across acute and mental health and learning disability services.
- 1.9.4.3 Develop options for improved representation – to gather the experiences of local people, to share the purpose of EDS2 and develop ways to help people to be more widely involved. It was identified that CCGs will attend and / or receive minutes from various stakeholder meetings that take place across the areas the organisations serve. It was also agreed to work collaboratively, share and action feedback as appropriate. CCG's committed to raise awareness of the EDS2 process at relevant meetings.
- 1.9.4.4 Communication about the EDS2 process - addressed in line with action 3. In January 2017 the CCG published its Public Sector Equality Duty Report that highlighted inequalities experienced by protected groups and described its work to implement equality objectives and meet its obligations. The report is available on the CCG's website at www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/5-january-2017/item-11-annex-a-psed-report-2016-17.pdf.

1.9.5 Commitment to our staff

To ensure staff did not experience discrimination, harassment and victimisation the CCG had in place policies to support staff. Policy topics included flexible working, bullying and harassment, the employment of disabled people, home working and retirement. The CCG's policies are available on the website at www.valeofyorkccg.nhs.uk/publications/policies/.

The implementation of these policies, along with occupational health support, ensured the continuation of employment and provision of appropriate training. They ensured access for employees, including disabled staff members, to training, career development and promotion opportunities.

Equality Impact Assessments were completed for all policies, where relevant. To remove the barriers experienced by disabled people, the CCG recognised the need to make reasonable adjustments on an individual staff basis and it involved occupational health services as appropriate. In December 2016 the CCG signed up to the Disability Confident Employer scheme.

The CCG welcomed the national focus on the NHS Workforce Race Equality Standard and the progress that its local NHS providers had made to improve workforce race equality. Further information on the standard can be found at www.england.nhs.uk/about/gov/equality-hub/equality-standard/.

There was a small number of staff in the CCG in 2016-17 and the risk of breaching confidentiality was therefore minimal meaning that the CCG was not required to publish statistical data for the Workforce Race Equality Standard. However, the CCG collected and analysed this data to inform the ongoing development of its action plans. In addition, any issues identified were taken to the CCG's Staff Engagement Group.

In 2017-18 the CCG will be preparing for mandatory Workforce Disability Equality Standard work. Information about this is available at www.england.nhs.uk/about/gov/equality-hub/wdes/

1.9.6 Monitoring NHS Provider Organisations:

As a commissioner of health care, the CCG had a duty to ensure that all of its local healthcare service providers met their statutory public sector equality duties under the Equality Act 2010. As well as regular monitoring of performance, patient experience and service access the CCG worked with providers to consider their progress on their equality objectives, EDS2, the Workforce Race Equality Standard and the implementation of the Accessible Information Standard, which became law in July 2016.

Each provider organisation was subject to the specific duties and published its own data. As commissioners of primary care the CCG also worked with its practices to ensure they met their equality duties. This work with providers was seen as crucial in supporting the CCG as party of a whole system approach to address health inequalities.

1.9.7 Conclusion

The CCG continued to make progress against its own equalities goals, and adapted to the latest developments in equalities and diversity legislation and practice. The work at a whole-system level across the STP footprint has begun to shape the work to tackle health inequalities at scale. Within the Vale of York area, the CCG worked with partners to reduce the effects of inequality at a local level.

1.10 Health prevention activities

A number of areas of work were established to focus on the reduction of key causes of ill-health and to assist individuals in making healthy lifestyle choices. These activities are listed below.

1.10.1 Health coaching

The CCG was the first in the country to trial the Health Navigator project, a telephone based care coaching service that is widely used in Sweden and Denmark. In partnership with Health Navigator and York Teaching Hospital NHS Foundation Trust, the CCG delivered an effective preventative strategy that simultaneously provided better care for patients and reduced stress on A&E departments.

A dedicated care coach supported patients with consistent, planned telephone contact. Phone calls focused on strengthening a patients' ability to self-manage and navigate the healthcare system and helped them to better understand their chronic conditions and better manage their care.

1.10.2 Alcohol

The tender and procurement of a new Alcohol and Illicit Drugs Service took place in 2016-17. The provider will be announced in 2017-18. The specification concentrated on the joint, ongoing work about alcohol and illicit drugs with the CCG's partners and the need to provide a robust abstinence based treatment for service users.

The Clinical Steering Group continued to meet with all local partners and work has focused on managing service users within the community, where possible. It is anticipated that to ensure more integrated care, a reduction in pressure from frequent users coupled with preventative work is required, to better manage people before they need specialist services.

1.10.3 Surgical outcomes optimisation

The CCG introduced new criteria to ask patients with a BMI of 30 or above to lose weight before elective surgery. It also introduced criteria to request smoker status patients to quit smoking for at least two months before any elective surgery.

Eating healthily, taking exercise and stopping smoking has real difference to health optimisation outcomes and the result of surgery. A variety of support services to signpost patients to were provided.

1.11 Contribution to Health and Wellbeing Strategies

1.11.1 Health and Wellbeing Boards

The CCG sat on three Health and Wellbeing Boards.

- The York Health and Wellbeing Board - established as a statutory committee of City of York Council
- The North Yorkshire Health and Wellbeing Board - a statutory committee of North Yorkshire County Council
- The East Riding of Yorkshire Health and Wellbeing Board - a statutory committee of East Riding of Yorkshire Council.

The CCG supported the Joint Strategic Needs Assessments using a range of information and local and national statistics to identify the health and wellbeing needs of its communities and highlight the health inequalities that could lead to some people dying prematurely.

The findings from the respective Joint Strategic Needs Assessments were used in the development of three Health and Wellbeing Board Strategies and a brief summary of the priorities is provided in the table below.

York Health and Wellbeing Board	East Riding of Yorkshire Health and Wellbeing Board	North Yorkshire Health and Wellbeing Board
<p>Joint Health and wellbeing Strategy</p> <p>Making York a great place for older people to live.</p> <p>Reducing health inequalities.</p> <p>Improving mental health and intervening early.</p> <p>Enabling all children and young people to have the best start in life.</p> <p>Creating a financially sustainable system.</p> <p>Plus cross-cutting themes including safeguarding, joint</p>	<p>East Riding residents achieve healthy, independent ageing.</p> <p>Health and wellbeing inequalities in the East Riding are reduced.</p> <p>Children and young people enjoy good health and wellbeing.</p> <p>Life Course approach to priorities:</p> <p>Stage 1 – Start Well.</p> <p>Stage 2 – Develop Well.</p> <p>Stage3 – Live and Work Well.</p>	<p>Start Well Children and young people, including CAMHS services.</p> <p>Live Well Fewer hospital admissions and lower premature death rates from heart disease, stroke and cancer, with the biggest improvements in the most deprived areas of the county.</p> <p>Age Well More health and social care staff working together across local GP surgeries and primary health care centres to support older people in</p>

<p>working, carers, housing, data.</p>	<p>Stage 4 – Aging Well and End of Life.</p>	<p>the local community.</p> <p>Dying Well A greater range of support options for people in their last years of life.</p> <p>Connected Communities A stronger link between work programmes across health and social care that make it clearer for people to see how things are connected.</p> <p>Also more support for military families, more dementia-friendly communities.</p>
<p>Council Plan – health related priorities</p> <p>Every child has the opportunity to get the best possible start in life.</p> <p>Residents are encouraged and supported to live healthily.</p> <p>Residents controlling their own care, and enjoying integrated care from the council and NHS.</p> <p>Vulnerable people are safe and feel safe.</p>	<p>East Riding Council Plan / Community Plan</p> <p>Children and young people are happy, healthy, confident, safe and reach their full potential.</p> <p>Older people enjoy a healthy independent lifestyle.</p> <p>Communities are healthy, thriving, prosperous and safe.</p> <p>Regeneration transforms deprived areas and reduces health and other inequalities.</p> <p>We value and care for the diverse character of the area.</p>	<p>Council Plan – health related priorities</p> <p>Joining up health and social care.</p> <p>Improving care for people with dementia.</p> <p>Public Health (including alcohol and substance abuse) to develop Distinctive Public Health programme.</p>

Table 13: Health and Wellbeing Boards' priorities

The CCG consulted regularly on a formal and informal basis with the local Health and Wellbeing Boards. In preparation for the submission of plans for 2017-18 the CCG gave partners early sight of the proposals and priorities. Listed below are some examples of the progress made to date.

- The CCG worked closely with Tees, Esk and Wear Valleys NHS Foundation Trust on the development of collaborative commissioning for Tier 3 and Tier 4 Child and Adolescent Mental Health Services plans. Tees, Esk and Wear Valleys NHS Foundation Trust subsequently became part of the pilot for Tier 4 services.
- The CCG worked with public health teams to prepare for the commissioning of specialist obesity services.
- In line with Better Care Fund plans, work took place with local authority partners to integrate community based health and care services to reduce avoidable admissions and delayed transfers of care. This included promoting wellness, independence and self-care, providing access to community based long term condition support and complex case management.
- The re-procurement of community equipment and wheelchairs.

Tackling health inequalities was an area of concern for all health and wellbeing boards in 2016-17. Due to the current economic climate, local authorities were required to make savings from the public health budget. This led to a re-examination of services provided by the CCG's local authority partners. The CCG will continue to work with local authority partners throughout 2017-18 to understand the longer term impact.

Concerns had been raised that children's and young people's emotional and mental health services in the city of York were fragmented. The York Health and Wellbeing Board worked with the CCG to develop a set of recommendations that supported a revision to the delivery of these services.

1.11.2 Scrutiny committees (Adult Social Care, Public Health and Health)

There are three committees that review and scrutinise the performance of health, adult social care and public health service. To provide assurance that the CCG meets its duties to consult as outlined in the NHS Act (2006), the CCG continued to keep committees informed of key decisions and plans throughout 2016-17.

Signature of Accountable Officer



Phil Mettam
Accountable Officer
NHS Vale of York CCG

Dated: 25 May 2017

Section 2

Accountability



2.1 Members' Report

For the Director's Report please see section 1.2.

2.1.1 The CCG's membership

The CCG represents 26 practices in the Vale of York area. Its membership is known as the CCG's Council of Representatives. Its members are listed in the table below.

Practice	Website
Beech Tree Surgery	www.beechtreesurgery.co.uk
Dalton Terrace Surgery	www.daltonterracesurgery.nhs.uk
East Parade Surgery	www.eastparademedical.co.uk
Elvington Medical Practice	www.elvingtonmedicalpractice.co.uk
Escrick Surgery	www.escricksurgeryyork.co.uk
Front Street Surgery	www.frontstreetsurgery.nhs.uk
Haxby Group Practice	www.haxbygroup.co.uk/york/
Helmsley Surgery	www.helmsleymedicalcentre.co.uk
Jorvik Gillygate Practice	www.jorvikmedicalpractice.co.uk
Kirkbymoorside Surgery	www.thekirkbymoorsidesurgery.co.uk
Millfield Surgery	www.millfieldsurgery.co.uk
MyHealth	www.myhealthgroup.co.uk
Old School Medical Practice	www.oldschoolmedical.gpsurgery.net
Pickering Medical Practice	www.pickeringmedicalpractice.co.uk
Pocklington Group Practice	www.pocklingtongps.nhs.uk
Posterngate Surgery	www.posterngatesurgery.nhs.uk
Priory Medical Group	www.priorymedical.com
Scott Road Medical Centre	www.scottroad.org.uk
Sherburn Group Practice	www.sherburnsurgery.nhs.uk
South Milford Surgery	www.southmilfordsurgery.co.uk
Stillington Surgery	www.stillingtonsurgery.co.uk
Tadcaster Medical Centre	www.tadcastermedicalcentre.co.uk
Terrington Surgery	www.terringtonsurgery.nhs.uk
Tollerton Surgery	www.tollertonsurgery.co.uk
Unity Health	www.unityhealth.info
York Medical Group	www.yorkmedicalgroup.nhs.uk

Table 14: The CCG's membership

2.1.2

Council of Representatives meeting attendances in 2016-17

Practice	2016								2017		
	21 April	19 May	23 June	21 July	22 Sept	20 Oct	17 Nov	15 Dec	19 Jan	16 Feb	16 Mar
Beech Grove Medical Practice	Y(f)	Y(f)	A	A	A	Merged with Front Street Surgery from 1 October 2016					
Beech Tree Surgery	Y(m)	Y(m)	Y(m)	A	Y(m)	Y(f)	PM (m)	Y(m)	Y(m)	Y(m)	Y(m)
Clifton Medical Practice	Y(f)	A	Y(f)	Merged with York Medical Group 1 July 2016							
Dalton Terrace Surgery	PM (m)	PM (m)	PM (m)	Y(m)	PM (m)	Y(m)	A	PM (m)	Y(m)	Y(m)	A
East Parade Medical Practice	A	A	N	N	N	N	A	N	A	A	A
Elvington Medical Practice	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)
Escrick Surgery	Y(f)	Y(f)	PM (f)	Y(f)	Y(f)	Y(f)	PM (f)	Y(f)	Y(f)	Y(f)	Y(f)
Front Street Surgery	A	Y(m)	Y(m)	Y(m)	A	Y(m)	A	Y(m)	A	Y(m)	Y(m)
Haxby Group Practice	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	PM (m)	Y(m)
Helmsley and Terrington Surgeries	Y(m)	A	Y(m)	N	Y(m)	A	Y(m)	Y(m)	Y(m)	Y(m)	Y(m) + PM(m)
Jorvik Gillygate Practice	Y(m)	Y(m)	Y(m)	A	Y(m)	Y(m)	Y(m)	Y(m)	A	Y(m) + PM(f)	PM(f)
Kirkbymoorside Surgery	N	Y(m)	A	A	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	A	A
Millfield Surgery	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(m)	Y(f)	Y(f)
MyHealth	Y(m) + PM (f)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	N	N	Y(m)
Old School Medical Practice	Y(m)	N	Y(m)	Y(m)	Y(m)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)
Petergate Surgery	Y(f)	A	Y(f)	Merged with York Medical Group 1 July 2016							
Pickering Medical Practice	Y(m)	A	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)
Pocklington Group Practice	Y(m)	Y(m)	Y(m)	A	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)
Posterngate Surgery	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)
Priory Medical Group	Y(f) + PM (m)	Y(f)	Y(f) + PM (m)	Y(f) + PM (m)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)
Scott Road Medical Centre	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)	Y(f)
Sherburn Practice	Y(m)	Y(f)	Y(f)	Y(m)	Y(m)	Y(m)	Y(m) + PM(f)	Y(m)	Y(m)	Y(m)	Y(m)
South Milford Surgery	A	PM (f)	PM (f)	A	A	N	N	N	PM(f)	PM(f)	A
Stillington Surgery	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)	Y(m)
Tadcaster Medical Centre	Y(m)	Y(m)	A	Y(m)	Y(m)	Y(m)	Y(f)	Y(m)	Y(m)	Y(m)	Y(m)
Tollerton Surgery	Y(f)	Y(f)	Y(f)	A	A	Y(f)	N	Y(f)	A	Y(f)	A
Unity Health	Y(f) + PM(f)	PM(f)	PM(f)	PM(f)	PM(f)	A	Y(m)	Y(m) + PM(f)	Y(m)	Y(m) + PM(f)	Y(m)
York Medical Group	Y(f) + Y(m)	Y(f)	Y(f) + PM (m)	Y(f)	Y(f)	Y(f)	Y(f) + Y(m)	Y(f)	Y(f)	Y(f)	Y(f)
Dr Stuart Calder, Training Programme Director – Deputy Chair	A	Y	A	Y	A	Y	Y	Y	Y	Y	Y

Table 15: Council of Representatives meeting attendances in 2016-17

Key to table contents

m = male

f = female

Y = Attended

A = Apologies

N = Neither attended nor sent apologies

PM = Practice Manager represented practice / attended with member

2.1.3 Composition of the Governing Body

The work of the CCG is led by the Governing Body, and the members of the Governing Body throughout 2016-17 were as follows:

Governing Body members



Keith Ramsay

Governing Body Lay Chair

Keith is the Governing Body Lay Member and Chair of the Primary Care Commissioning Committee. Keith has held a range of senior roles and the success of several organisations is attributable to his expertise where he set the strategic direction for health, welfare and community projects and the performance management of billions of pounds of public funding.



Phil Mettam

Accountable Officer

From 3 October 2016

Phil joined the team in October 2016 following his role as Chief Officer at Bassetlaw CCG, an organisation rated as “Outstanding” by NHS England. Phil has held senior roles across Primary Care Trusts (PCT) in Nottingham and at Trent Strategic Health Authority. He has also held a number of leadership roles across the Yorkshire and Humber region including Deputy Chief Executive at Bassetlaw PCT and a senior role in industry with British Coal. Phil is a chartered secretary by profession.



Helen Hirst

Interim Accountable Officer

25 April 2016 to 2 October 2016

Helen was Interim Accountable Officer of the CCG. Helen is also Accountable Officer of Bradford City and Bradford Districts CCGs. Prior to this she was programme director for primary care with the Department of Health/NHS Commissioning Board Authority.

Previously, Helen also worked in a part-time capacity for NHS England as director of CCG development. From 2006 to 2010 Helen was Deputy Chief Executive and Director of Primary Care at NHS Bradford and Airedale and has worked in the NHS in Bradford since 1992.



Dr Mark Hayes

Chief Clinical Officer

To 31 January 2017

Dr Hayes was the Chief Clinical Officer of the CCG since its launch in April 2013. Under his leadership the CCG achieved national recognition for the integration of health and social care services.



Dr Andrew Phillips

Joint Medical Director

Andrew qualified as a GP following a career in the Royal Navy. Since his appointment to the Governing Body in 2011 he has continued his passion for service transformation. Andrew combines his role as a GP with his responsibilities as Clinical Lead for Unplanned Care and an active membership of the Yorkshire and Humber Clinical Senate with his priorities to promote compassionate care in future service redesign whilst he supports primary care functions throughout innovations in healthcare.



Rachel Potts

Executive Director of Planning and Governance

Rachel has over 30 years' experience of working in the NHS and has held senior management posts across a wide range of NHS commissioner and provider organisations. Her roles have covered areas such as strategic planning, contracting, performance, governance and assurance. She had a lead role in the establishment of the CCG and has led work in system redesign and working across health and social care. Rachel has a Master's degree in health and social care.



Tracey Preece

Chief Finance Officer

Tracey joined the CCG as Chief Finance Officer in November 2013. She has almost 18 years of NHS finance experience after graduating from the NHS Financial Management Training Scheme in 2002 and has held a number of senior finance positions across Yorkshire and the North East. Tracey is a graduate of York University and an Associate Member of the Chartered Institute of Management Accountants.



Michelle Carrington

Executive Director of Quality and Nursing

Michelle is a registered nurse with over 26 years of experience, mainly in acute care. She has held a number of senior roles including Practice Development and Service Improvement, Assistant Chief Nurse and Head of Patient Safety at York Trust. Michelle joined the CCG in September 2014.



Dr Tim Maycock

Clinical Director

Tim graduated from Leeds University in 1994, completed the York GP training scheme in 1998 and took up a partnership in Pocklington where he is currently a full-time GP. He has special interests in medical education, information technology and risk stratification. Tim's current roles include representing the CCG on the East Yorkshire Health and Wellbeing Board and acting as clinical lead for the Primary Care Programme.



Dr Shaun O'Connell

Joint Medical Director

Shaun is the GP Lead for Prescribing and Planned Care. He has been a GP trainer, GP appraiser and was a member of the Council of the Royal College of General Practitioners for eight years and of the Local Medical Committee for many years. He has experience from working as a GP partner, a salaried GP and GP locum and continues to practise as a salaried GP at South Milford Surgery.



Dr Louise Barker

Clinical Director

Louise is a GP at the Haxby Group Practice and is the CCG's GP Lead for Mental Health. Louise graduated from Liverpool Medical School and completed her GP training in Yorkshire. In her work at the Haxby Practice she is involved in offering women's health services, minor surgery procedures and teaching medical students at Hull York Medical School.



Dr Emma Broughton

Clinical Director

Emma graduated in 1999 from Edinburgh Medical School. She trained as a specialist in obstetrics and gynaecology in both Edinburgh and Yorkshire prior to moving into General Practice in 2011. Emma is a partner at Priory Medical Group, in addition works at Lifeline, as a GP Specialist in Substance Misuse. Emma also continues to practice minor surgery and offer women's health services in the community.

David Booker



Lay Member

David trained as a social worker and worked in a number of roles in local government and third sector organisations. His latest role was as UK Director for Volunteering at Barnardo's. In his role as Lay Member of the CCG's Governing Body and Chair of the Quality and Finance Committee, David helps to ensure the CCG is efficient and responsive and listens to the views of local stakeholders.

Dr Paula Evans



Chair of CCG Council of Representatives

Paula started her NHS career in 1989 after graduating from the University of Nottingham. After working in paediatrics and undertaking GP training in London's East End, she moved in 1997 to take up a partnership in what is now York Medical Group practice. She also maintained an interest in haematology by working as a clinical assistant at York Hospital, until becoming a GP trainer in 2002. Her medical education portfolio includes HYMS and Foundation Year supervision.

Dr Arasu Kuppaswamy

Secondary Care Doctor Member

Dr Kuppaswamy works as a Consultant Psychiatrist. He has Clinical Lead responsibilities for his trust that have included both the Acute and Community Pathways. He is keen on providing person centred quality care. He is keen on not only providing quality services for the patients under his care but also for the local population. This has encouraged him to involve himself in Transformation projects for the Trust. He is now keen to apply his knowledge and enthusiasm at a CCG level.



Sheenagh Powell

Lay member and Chair of Audit Committee

Sheenagh has many years' experience of working in the NHS including roles as a board member, Finance Director and Chief Executive. Sheenagh's career crosses NHS organisations including Primary Care Trusts, an NHS Foundation Trust and NHS England. She has two grown up children and being semi-retired enjoys her life in Blubberhouses, near Harrogate.



Elaine Wyllie

Strategic Programme Consultant

1 January 2017 – 5 April 2017

Elaine brings a wealth of knowledge based on over 30 years' experience working in roles across the NHS and local authorities. As well as operating at a senior level in commissioner, provider and assurance roles, Elaine is well used to working with partners to develop services across health and social care and has been involved in national redesign work on healthcare procurement services. Her experience is underpinned by a Masters in Business Administration.



Jim Hayburn

Strategic Programme Consultant

31 October 2016 to 31 March 2017

Jim brings considerable NHS experience to the CCG. He has worked in NHS Trusts, CCG's and within NHS England managing a wide portfolio of programmes.

Members in attendance



Dr John Lethem

Local Medical Committee Liaison Officer

John has been a local GP since 1989. He was a founder board member of York Health (Practice Based Commissioning) Group and was Chairman from 2007 to 2010. He has been a member of the LMC for 15 years.

Dr Stuart Calder

Vice Chair of the Council of Representatives

From 21 April 2016



Stuart Calder has been a Programme Director for the York GP Training Scheme since 1997, working as a GP trainer prior to that. He enjoyed 36 years as a GP in York, before ceasing clinical practice in 2013 to focus on GP education and training. He also pursues a keen interest in Medical Ethics as a lecturer for the Yorkshire and Humber School of Primary Care. He has been a GP appraiser since 2003.

Sharon Stoltz

Director of Public Health, CYC

Sharon is the Director of Public Health for the City of York. She is an experienced public health professional having worked across the NHS and in local authorities. Before working in York Sharon was the Director of Public Health at Barnsley Metropolitan Borough Council and Head of Commissioning at Bassetlaw Primary Care Trust. Sharon is a qualified nurse, midwife and health visitor and has joint registration with the UK Public Health Register and Nursing and Midwifery Council.





Louise Johnston

Practice Manager representative

To 15 December 2016

Louise is Managing Partner at Unity Health in York. She is an experienced and innovative leader who has previously worked in the education sector. Louise was voted into her CCG Governing Body role by GP Practice Managers in the Vale of York, acting as their representative and giving them a voice. Her role is to engage with Practice Managers and support their professional development whilst increasing recognition of the importance of the Practice Manager role.



Siân Balsom,

Lay Member Healthwatch York

To 19 January 2017

Siân is the Director of Healthwatch York. She is a law graduate and after leaving university she held management, business support and marketing roles in retail and manufacturing organisations. After a period in the private sector, Siân moved into various roles in the third sector working at Coalfields Regeneration Trust, the Big Lottery Fund, Middlesbrough Voluntary Development Agency and York CVS (Centre for Voluntary Service). Siân is a Trustee of Scarborough and Ryedale Carers Resource and is Chair of the Trustee Board.

2.1.4 Governing Body members' declarations of interest

The table below provides the Governing Body members' declarations of interest. These are also published on the CCGs website at www.valeofyorkccg.nhs.uk/about-us/our-registers-of-interest/.

Name	Interest declared	Date completed / last reviewed
<p>Keith Ramsay Governing Body Chair</p>	<p>Director of Thackary Medical Museum (Self) since 2013 Director of Association of Business Executives (ABE UK LTD) (Self) since 2014 Director of Jigsaw Consultancy Ltd (Self & Spouse) since 2008 Director of In Communities Commercial (Self) since 2013</p>	<p>11 January 2017</p>
<p>Dr Louise Barker Clinical Director</p>	<p>GP partner of Haxby Group, which has pharmacies and are a limited company, Haxby is a part of Nimbus federation that is looking to develop or be part of an accountable care system (Self) Since October 2016. Spouse is a psychiatrist working for TEWV the CCGs mental health provider (Spouse) In addition works with LK Aesthetics a small non-cosmetic facial aesthetic treatment not seeking business with the CCG (Self) since April 2014.</p>	<p>19 January 2017</p>
<p>David Booker Lay Member, Chair of Finance and Performance Committee</p>	<p>Trustee of Nidderdale Plus, Company director of Nidderdale Ltd, Pateley Bridge, Local voluntary community organisation. (Self) since 12/2016</p>	<p>17 January 2017</p>

Name	Interest declared	Date completed / last reviewed
Dr Emma Broughton Clinical Director	GP Partner at Priory Medical Group, a member of the Nimbus alliance of practices, additional responsibilities within member practices including acting Safeguarding lead at Heworth Green Surgery. Priory Medical Group are part of the regional research network since (Self) since 01.02.11. Additional work with Yorkshire Skin Clinic undertaking one surgery per month (Self) since 01.02.11.	11 April 2016
Dr Stuart Calder Council of Representatives Member	Director of York Medical Society since 2015.	17 May 2017
Michelle Carrington Executive Director of Quality and Nursing	No Interests to declare	11 January 2017
Dr Paula Evans Council of Representatives Member	Profit sharing GP Partner of York Medical Group, which participates in research through NIHR, including commercial studies. York Medical Group is also a part of the City and Vale Alliance (CAVA) of practices (Self) Director and shareholder of Acomb Medical Ltd pharmacy (self) Acomb Medical Limited is part of the CAVA federation of GP practices Previously inspector for CQC (self) 2014-2016 Spouse employed by Capita at FERA. (Spouse) Bank out of hours GP, hourly rate, up to 30 hours per annum. (Self) since 2012 YHHEE GP training seven days per annum (Self) since 2003.	11 January 2017

Name	Interest declared	Date completed / last reviewed
Dr Mark Hayes Chief Clinical Officer (to 21 July 2016)	No Interests to declare	23 March 2016
Helen Hirst Interim Accountable Officer	Director of Bradford & Airedale Lift Co (Self) Chief Accountable Officer with Bradford City CCG and Bradford Districts CCG (Self) since 01.04.13	4 May 2016
Dr Arasu Kuppuswamy Secondary Care Doctor Member	Developing module on schizophrenia sponsored by a pharmaceutical company. Chair of meeting sponsored by a pharmaceutical company.	6 April 2017
Dr Tim Maycock Clinical Director	Director of Becksides Developments. Partner at Pocklington Group Practice (Pecuniary)	10 January 2017
Phil Mettam Accountable Officer	Substantive employee of NHS Bassetlaw CCG.	18 May 2017
Dr Shaun O'Connell Joint Medical Director	Employee of South Milford Surgery with interest in South Milford Pharmacy. Working one day per week as clinical GP surgeries, home visits and associated admin (Self) Spouse is an employee of YTHFT (Spouse) Holds shares in GlaxoSmithKline (Self)	10 January 2017
Dr Andrew Phillips Joint Medical Director	Employed with Yorkshire Doctors Urgent Care (YDUC) Out of Hours service in contract with SRCCG, Lead clinician for YDUC Out of Hours Contract for the CCG. (Self) 12 hours per week. Private Medical contractor to Helmsley Medical Practice (self) from 01/08/16. Director of Focus Medical Ltd through which I provide locum GP services on an ad hoc basis.	10 January 2017

Name	Interest declared	Date completed / last reviewed
Rachel Potts Executive Director of Planning and Governance	No Interests to declare	18 May 2017
Sheenagh Powell Lay Member and Chair of Audit Committee	Independent member of Harrogate and Rural District CCG Audit Committee (Self) since 11.2014.	28 January 2017
Tracey Preece Chief Finance Officer	Spouse senior manager with Ernst & Young LLP since June 2014. (Spouse)	11 January 2017
Sian Balsom Director, Healthwatch York	Director of Healthwatch York (Self) since 02.03.13. Chair of Scarborough and Ryedale carers resource (Self) since 13.01.2010. Shareholder Golden Ball Co-Operative Public House (Self and Spouse) since October 2013	13 January 2017
Jim Hayburn Interim Executive Director of System Resources and Performance	Director of own consultancy company, JHL Associates	19 May 2017
Louise Johnston Practice Manager Representative	<p>Managing partner at Unity Health, Director of Unity Health Trading Limited, Director of Nimbuscare Limited, Shareholder of Unity Health Trading Limited, Shareholder of Nimbuscare Limited. Practice manager representative Governing Body (non-voting member), Partner at Unity Health, Member of group of practices in receipt of cluster funding from the research network.</p> <p>Involved in establishing the Vale of York Clinical Network which is possibly seeking to enter into contracts with the CCG. Self</p>	18 March 2016

Name	Interest declared	Date completed / last reviewed
Dr John Lethem Local Medical Committee Liaison Officer, Selby and York	GP Principal Partner of Unity Health York, a member of the NIMBUS alliance. Spouse Peggy Lethem is a pharmaceutical Sales representative working for Zambon ProPharma. Local Medical Committee Officer (Medico-Political) Practice has received subsidised trial of WebGP online GP consultation facility	18 May 2017
Sharon Stoltz Director of Public Health, City of York Council	No interests to declare.	18 May 2017
Elaine Wyllie Strategic Programme Consultant	Company Director at Wybeck Associates Limited	20 April 2017

Table 16: Governing Body members' declarations of interest

2.1.5 Personal data-related incidents

The CCG has not reported any serious incidents to the Information Commissioners Office in 2016-17.

2.1.6 Statement of disclosure to auditors

Each individual who is a member of the CCG at the time the Members' Report is approved has confirmed that:

- so far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of the audit report;
- the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

2.1.7 Modern Slavery Act

The CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. The CCG does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

2.2 Statement of Accounting Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each CCG shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of the CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for the points below.

- The propriety and regularity of the public finances for which the Accountable Officer is answerable.
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction).
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money.
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)).
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).
- Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net

expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter, except in relation to the following:

- The Clinical Commissioning Group has not met the statutory requirement '223H(1) Expenditure not to exceed income' as the actual 2016-17 expenditure performance is £23.759m over the income received. It has therefore breached its duty under the NHS Act 2006, as amended by paragraphs 223I (2) and (3) of Section 27 of the Health and Social Care Act 2012, which sets statutory duties for CCGs to ensure that their capital and revenue resource use in a financial year does not exceed the amount specified by the NHS Commissioning Board (the Revenue Resource Limit and Capital resource Limit). A formal notification of this position was made in March 2017 by the Clinical Commissioning Group's external auditors, Mazars LLP, to the NHS Commissioning Board (NHS England) and also the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of

any relevant audit information and to establish that the CCG's auditors are aware of that information;

- the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Signature of Accountable Officer



Phil Mettam
Accountable Officer
NHS Vale of York CCG

Dated: 25 May 2017

2.3 Annual Governance Statement

2.3.1 Introduction and context

The CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

With effect from 1 September 2016 the CCG was subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006. Details of the Legal Directions are available at www.england.nhs.uk/commissioning/ccg-assess/directions/

2.3.2 The main provisions of the Legal Directions

The main provisions of the Legal Directions referred to above are:

- “(4) The Board directs that:
- (a) Vale of York CCG shall within four (4) weeks of the date of these Directions produce a revised Improvement Plan that sets out how it shall ensure that the capacity, capability and governance of the CCG is made fit for purpose including agreeing with the Board how it will strengthen its financial leadership.
 - (b) The content of the Vale of York CCG Improvement Plan shall meet any requirements as set out by the Board and shall provide for the implementation of the recommendations of the Capability and Capacity Review date 28 January 2016.
 - (c) Vale of York CCG shall promptly implement the Improvement Plan in accordance with the Board's instructions.
 - (d) The Board may direct Vale of York CCG in any other matters relating to the Improvement Plan and any variation to it.
- (5) The Board further directs that:-
- (a) Vale of York CCG shall as part of the revised Improvement Plan include a Financial Recovery Plan that:

- (i) sets out how Vale of York CCG shall ensure that in the financial year 2016/17 it achieves an in-year deficit of no more than £7m and how it will operate within its annual budget for the financial year 2017/18 and thereafter;
 - (ii) confirms that all facts, figures and projections within the Financial Recovery plan have been subjected to independent scrutiny by an organisation approved by the Board;
 - (iii) provides a complete analysis of the causes of the current underlying financial position;
 - (iv) includes a clear demonstration of clear links to internal budgets, reporting, activity plans, cash plans and contracting;
 - (v) includes a clear risk assessment of the Financial Recovery Plan; and
 - (vi) includes any other requirements stipulated by the Board.
- (b) The Financial Recovery Plan, shall be subject to the Board's approval.
 - (c) Vale of York CCG shall implement the Financial Recovery Plan.
 - (d) Vale of York CCG will co-operate with the Board including but not limited to the prompt provision of information requested by the Board and making senior officers available to meet with the Board and to discuss the Financial Recovery Plan, the implementation and the progress of the same.
 - (e) It may direct Vale of York CCG in any other matters relating to the Financial Recovery Plan.

2.3.2.1 Executive Team and Senior Appointments

- (6) The Board directs that:
 - (a) Vale of York CCG shall nominate an Interim Accountable Officer to the Board.
 - (b) The Board will determine the process to be followed to make such nomination.
 - (c) Vale of York CCG will look to nominate an Interim Accountable Officer for a term of no less than 12 months from the date of the departure of the current interim Accountable Officer.
 - (d) The nomination of the Interim Accountable Officer will be subject to prior approval by the Board.
 - (e) Vale of York CCG will co-operate with the Board regarding the appointment of the Interim Accountable Officer, including but not limited to the prompt provision of information, documents and records

requested by the Board and making senior officers available to meet with the Board.

- (7) The Board further directs that:
- (a) Vale of York CCG will notify the Board of the need to make any appointments to its Executive Team or its next tier of management.
 - (b) Where it considers it necessary to do so, the Board will determine the process to be followed by Vale of York CCG in making appointments as referred to in paragraph 7(a).
 - (c) The appointment of any person to a position referred to in paragraph 7(a) and the terms of such appointment will be subject to prior approval by the Board.
 - (d) Vale of York CCG will co-operate with the Board regarding the appointment of any person in accordance with this paragraph 7, including but not limited to the prompt provision of information, documents and records requested by the Board and making senior officers available to meet with the Board.”

In response to these directions, the CCG developed an Improvement Plan, and it continues to work closely with NHS England to deliver against the agreed actions.

2.3.3 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group’s policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

2.4 Governance arrangements and effectiveness

2.4.1 The Clinical Commissioning Group Governance Framework

The Governing Body works to the CCG Constitution to discharge its functions and apply the principles of good governance. The Constitution sets out the roles and responsibilities between the Governing Body and Council of Representatives (the membership body of the CCG).

2.4.2 The CCG's Constitution

The CCG has set its vision of 'achieving the best health and wellbeing for everyone in our community'. To deliver this vision it is committed to developing a strong, transparent and effective organisation to deliver excellent local commissioning. The CCG's constitution provides the framework for the organisation. It is signed up to by all member practices and is embedded across the organisation. The Constitution was revised in October 2015, to take account of changes to Committees, the Scheme of Delegation in light of delegated commissioning responsibilities and to provide additional detail on the roles and responsibilities of each Governing Body Member.

The Constitution covers:

- the CCG's geographic area;
- membership;
- vision, mission and values;
- functions and general duties;
- the governing structure (decision-making);
- roles and responsibilities;
- standards of business conduct and managing conflicts of interest;
- the CCG as an employer;
- transparency, ways of working and standing orders.

Supporting appendices include the financial policies, standing orders, NHS constitution, Nolan principles and Terms of Reference for Committees and the Council of Representatives.

The Constitution sets the framework for decision making through the scheme of delegation, which sets out the split of responsibilities and decision making between the membership body (Council of Representatives), the Governing Body and the committees of the CCG. This was in place for authorisation and was implemented throughout 2016-17.

Following the legal directions, a number of changes have been made to the organisation's governance arrangements and committee structures, as

discussed below, and the Constitution is currently in the process of revision to reflect the changes agreed at recent meetings of the Governing Body and Council of Representatives.

The CCG's Constitution is available on its website at:
www.valeofyorkccg.nhs.uk/data/uploads/about-us/governance/voyccg-constitution-version-4-final-october-15.pdf

2.4.3 Governing body and committee structure

The main function of the Governing Body is to ensure that the CCG has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complied with such generally accepted principles of good governance as are relevant to it.

Following the receipt of its Capability and Capacity Review report from PricewaterhouseCoopers in January 2016, the CCG made an initial series of changes in early 2016. During the summer of 2016 the CCG held a workshop with Governing Body to discuss outstanding concerns. An interim Accountable Officer was appointed in May 2016 during the period of transition to new structures.

In September 2016 the CCG became the subject of legal directions from NHS England. See section 2.3.2 for more details.

In October 2016 a new Accountable Officer was appointed, and a further review of structures was undertaken. Governance actions were set out in the draft Improvement Plan. As a result, the Council of Representatives agreed at their December meeting that the following committees would support the Governing Body:

- Audit Committee
- Executive Committee
- Finance and Performance Committee
- Primary Care Commissioning Committee
- Quality and Patient Experience Committee
- Remuneration Committee
- Clinical Executive Committee

The Council of Representatives also:

- agreed the Terms of Reference for the Primary Care Commissioning Committee and the Clinical Executive;
- delegated approval of the Terms of Reference to the relevant Committee and ratification by the Governing Body;

- noted the feedback from members and agreed the composition of the Governing Body.

Throughout September 2016 to March 2017 the organisation has seen a level of change and restructuring to meet the CCG's current responsibilities. Terms of Reference for each committee were reviewed and then approved by the Governing Body, as appropriate.

2.4.4 CCG's committee structure

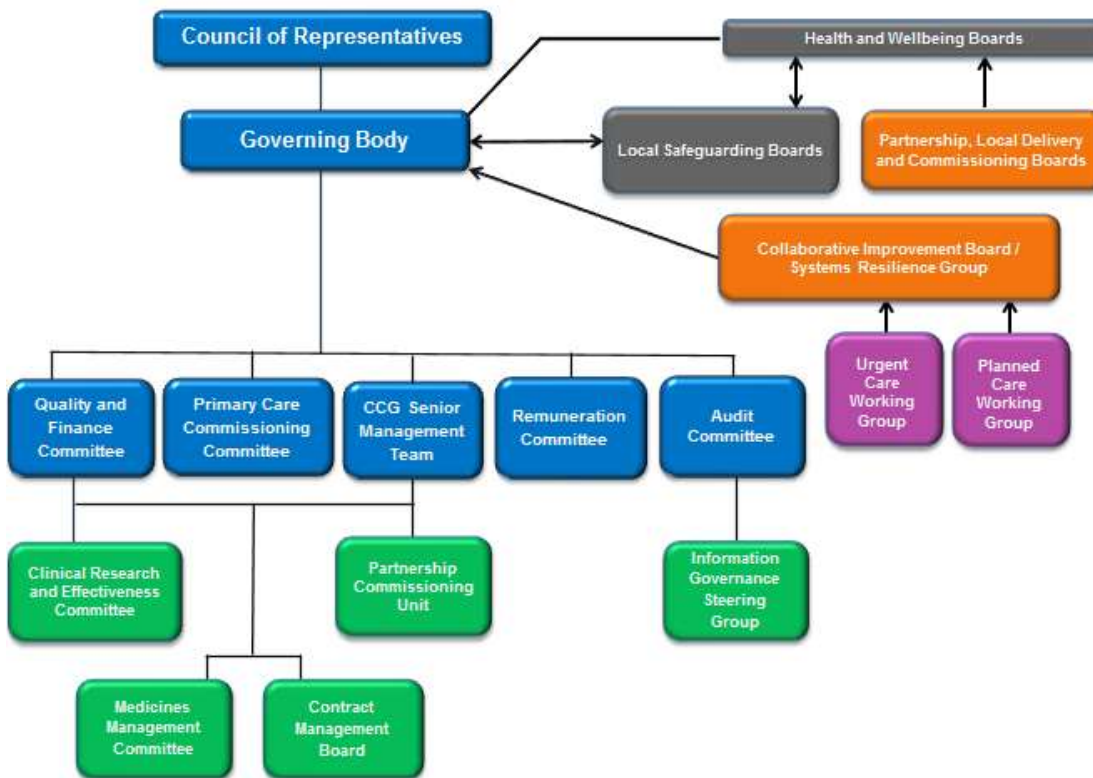


Fig 7 - The CCG's committee structure at 1 April 2016

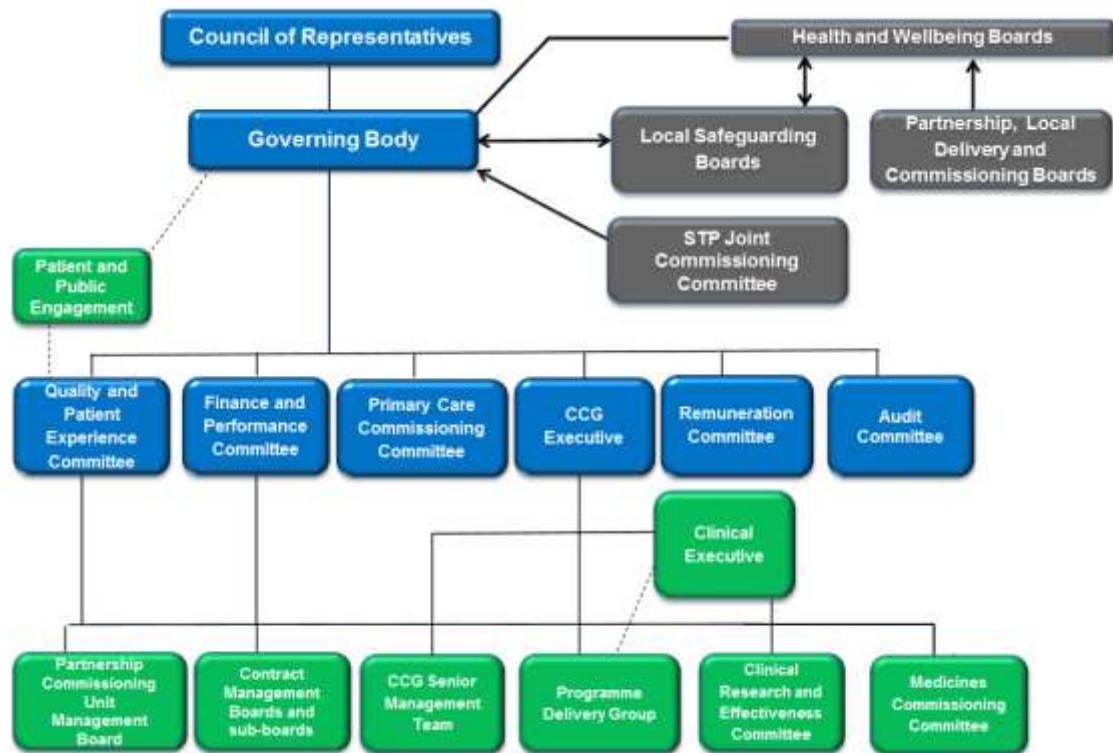


Fig 8 - The CCG's committee structure at 31 March 2017

2.4.5 Governing Body meetings

The Governing Body met eight times in public and was quorate on each occasion. There was an extraordinary meeting in October and six workshop sessions when discussion included Governing Body self-assessment, finance updates, equality and diversity, the development of an Accountable Care System, the revised governance structure and organisational development issues.

2.4.6 Governing Body meeting attendances

Governing Body member	Governing Body role	Attendance (public meetings)
Keith Ramsay	CCG Governing Body Chair	7/9
Dr Louise Barker	GP Member	5/9
David Booker	Lay Member and Chair of Finance and Performance Committee	8/9
Dr Emma Broughton	GP Member	7/9
Dr Stuart Calder from 21 April 2016	GP, Council of Representatives Member	4/8
Michelle Carrington	Executive Director of Quality and Nursing	9/9
Dr Paula Evans	GP, Council of Representatives Member	8/9
Dr Mark Hayes to 21 July 2016	Chief Clinical Officer	0/2
Helen Hirst from 25 April to 2 October 2016	Interim Accountable Officer	2/2
Dr Arasu Kuppaswamy	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust - Secondary Care Doctor Member	9/9
Dr Tim Maycock	GP Member	9/9
Phil Mettam from 3 October 2016	Accountable Officer	5/6
Dr Shaun O'Connell	GP Member and Joint Medical Director	6/9
Dr Andrew Phillips	GP Member and Joint Medical Director	7/9
Rachel Potts	Executive Director of Planning and Governance	9/9
Sheenagh Powell	Lay Member and Audit Committee Chair	8/9
Tracey Preece	Chief Finance Officer	7/9
Attendees – Non voting		
Siân Balsom to 19 January 2017	Director, Healthwatch York	6/7
Jim Hayburn from 31 October 2016	Interim Executive Director of System Resources and Performance	4/5
Louise Johnston to 15 December 2016	Practice Manager Representative	2/5
Dr John Lethem	Local Medical Committee Liaison Officer, Selby and York	8/9
Sharon Stoltz	Director of Public Health, City of York Council	4/9
Elaine Wyllie from 1 January 2017	Strategic Programme Consultant	3/3

Table 17: Governing Body meeting attendances

2.4.7 CCG committees, their role and highlights

The table below details the role of each formal committee. Attendance records in the form of apologies to meetings are maintained for each committee to ensure quoracy and clinical representation.

Committee	Role and performance highlights
<p style="text-align: center;">Audit Committee</p>	<p>Chaired by the Lay Member with the lead role in governance and conflict of interest, the Audit Committee provides the Governing Body with independent assurance on systems and processes through challenge and scrutiny of internal audit, external audit and other bodies. It has delegated responsibility from the Governing Body for oversight of integrated governance, risk management and internal control, internal audit, external audit, reviewing the findings of other significant assurance functions, counter fraud and security management, financial reporting, and Auditor Panel function.</p> <p>The Committee met eight times in 2016/17, two occasions of which were as the Auditor Panel, and was quorate on each occasion. There is a schedule of preceding private meetings of members with internal and/or external audit.</p> <p>Members Sheenagh Powell (Committee Chair), Lay Member with the lead role in governance David Booker, Lay Member and Chair of Finance and Performance Committee Dr Arasu Kuppuswamy, Secondary Care Clinician</p> <p>Performance and highlights Review of Terms of Reference and work plan Establishment of Auditor Panel Regular updates on Detailed Financial Policies and Procedures, Scheme of Delegation and progress against Financial Recovery Plan Review of draft Annual Report and Annual Accounts Receiving regular assurance from internal and external audit on reports issued to management Approving internal audit and external audit plans linked to the assurance framework Monitoring the implementation of audit recommendations Review of Assurance Framework and Risk Register processes Review of Information Governance Assurance Regular updates on Counter Fraud and Security</p>

Committee	Role and performance highlights
	<p>Review of Commissioning Support assurance</p> <p>Review of Partnership Commissioning Unit assurance, including attendance at two meetings by the Head of the Partnership Commissioning Unit</p> <p>Review of Primary Care Commissioning assurance</p> <p>Processes for review of Committee effectiveness, Internal Audit and Counter Fraud effectiveness, and External Audit effectiveness</p> <p>Development of a Quality Outcomes Framework</p>
<p>Remuneration Committee</p>	<p>Chaired by the CCG Governing Body Chair, the Remuneration Committee makes recommendations to the Governing Body on:</p> <p>terms and conditions of employment for employees of NHS Vale of York CCG including the use of Recruitment and Retention Premia, annual salary awards where applicable, allowances under any pension scheme it might establish as an alternative to the NHS pension scheme, severance payments of employees and contractors - seeking HM approval as appropriate in accordance with the guidance 'Managing Public Money', and policies and instructions relating to remuneration.</p> <p>The Committee convened seven times in 2016/17, twice via email and once via teleconference, and was quorate on each occasion.</p> <p>Members</p> <p>Keith Ramsay, CCG Governing Body Chair and Remuneration Committee Chair</p> <p>David Booker, Lay Member and Chair of Finance and Performance Committee</p> <p>Sheenagh Powell, Lay Member with the lead role in governance and Audit Committee Chair</p> <p>Performance and highlights</p> <p>Ratification of the appointment of Dr Arasu Kuppuswamy as Secondary Care Clinician on the Governing Body</p> <p>Arrangements for posts of Chair and Deputy Chair of the Council of Representatives</p> <p>Review of GP Governing Body members' remuneration</p> <p>Review of Senior Management Team remuneration</p> <p>Development of GP remuneration framework</p> <p>Appointment of Interim Accountable Officer</p> <p>Appointment of Accountable Officer</p>

Committee	Role and performance highlights
	<p>Establishment of new Executive Director and Medical Director posts</p> <p>Review of Practice staff remuneration</p> <p>Review of Committee Terms of Reference</p>
<p>Quality and Finance Committee</p>	<p>Chaired by a Lay Member of the Governing Body the Quality and Finance Committee met eight times and was quorate on each occasion. From November 2016 the quality and finance functions were split with establishment of the Finance and Performance Committee and the Quality and Patient Experience Committee.</p> <p>The overall objectives of the Quality and Finance Committee were to ensure that the CCG had strong contractual and quality performance, clinically appropriate and safe services, and to ensure that this was delivered within the financial plan. Where the Committee deemed necessary, matters of concern were escalated to the Governing Body.</p> <p>Members</p> <p>David Booker, Lay Member - Committee Chair</p> <p>Michael Ash-McMahon Deputy Chief Finance Officer</p> <p>Fiona Bell, Assistant Director of Transformation and Delivery</p> <p>Michelle Carrington, Executive Director of Quality and Nursing</p> <p>Dr Mark Hayes, Chief Clinical Officer to 21 July 2016</p> <p>Helen Hirst, Interim Accountable Officer, from 25 April to 2 October 2016</p> <p>Dr Arasu Kuppaswamy, Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Governing Body Member</p> <p>Dr Tim Maycock, Governing Body GP, Primary Care Lead</p> <p>Phil Mettam, Accountable Officer, from 3 October 2016</p> <p>Dr Shaun O’Connell, GP Member and Joint Medical Director</p> <p>Dr Andrew Phillips, GP Member and Joint Medical Director</p> <p>Rachel Potts, Executive Director of Planning and Governance</p> <p>Tracey Preece, Chief Finance Officer</p> <p>Paul Howatson, Senior Innovation and Improvement</p>

Committee	Role and performance highlights
	<p>Manager, attended each meeting and a representative of NHS England Assurance and Delivery Team was invited. The CCG Governing Body Chair and Audit Committee Chair were invited to attend when procurement was an agenda item.</p> <p>Performance and highlights</p> <p>Monthly reports on the CCG's turnaround plan Monthly detailed consideration of the Quality and Performance Intelligence Report and Financial Performance Report Safeguarding report Monthly Corporate Risk Register update Partnership Commissioning Unit reports Procurement reports Prescribing Policies System Resilience schemes reports</p> <p>The last meeting of the Committee focused on a detailed review of performance of Quality, Improvement, Productivity and Performance schemes.</p>
<p>Finance and Performance Committee</p>	<p>Established in November 2016 and chaired by a Lay Member of the Governing Body the Finance and Performance Committee met five times and was quorate on each occasion. The paramount role of the Committee, which met five times and was quorate on each occasion, is to oversee the financial recovery of the CCG operating under legal Directions, which became effective from 1 September 2016, through scrutiny of all financial recovery plans on behalf of the Governing Body.</p> <p>Membership was confirmed at the February meeting and agreed in the context of the CCG being under legal Directions as:</p> <p>David Booker, Lay Member - Committee Chair Michael Ash-McMahon, Deputy Chief Finance Officer Fiona Bell, Assistant Director of Transformation and Delivery Michelle Carrington, Executive Director of Quality and Nursing Jim Hayburn, Interim Executive Director of System Resources and Performance</p>

Committee	Role and performance highlights
	<p>Phil Mettam, Accountable Officer Dr Shaun O’Connell, GP Member and Joint Medical Director Dr Andrew Phillips, GP Member and Joint Medical Director Rachel Potts, Executive Director of Planning and Governance Tracey Preece, Chief Finance Officer Elaine Wyllie, Strategic Programme Consultant Assistant Director of Delivery and Performance (to be appointed)</p> <p>In attendance (non-voting): Natalie Fletcher, Head of Finance Keith Ramsay, Lay Chair of the Governing Body Sheenagh Powell, Lay Chair of the Audit Committee Liza Smithson, Head of Contracting Jon Swift, Director of Finance, NHS England North (or deputy)</p> <p>Performance and highlights Establishment of Terms of Reference to support legal Directions Draft Medium Term Financial Strategy Draft Financial Plan 2017-18 Monthly Financial Performance Report, QIPP Dashboards, Performance Report and Contract Report Establishment of finance and performance year-end positions RightCare progress report</p>
<p>Quality and Patient Experience Committee</p>	<p>Established in December 2016 and chaired by the CCG Governing Body Chair, the Quality and Patient Experience Committee, which meets bi-monthly, met twice and was quorate on each occasion. There was also an additional single item meeting. The overall objective of the Committee is 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.</p> <p>Members Keith Ramsay, CCG Governing Body and Committee Chair</p>

Committee	Role and performance highlights
	<p>Michelle Carrington, Executive Director of Quality and Nursing</p> <p>Jenny Carter, Assistant Director of Quality and Nursing</p> <p>Dr Arasu Kuppaswamy, Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Governing Body Member</p> <p>Dr Shaun O’Connell, GP Member and Joint Medical Director</p> <p>Dr Andrew Phillips, GP Member and Joint Medical Director</p> <p>Rachel Potts, Executive Director of Planning and Governance</p> <p>Elaine Wyllie, Strategic Programme Consultant</p> <p>Debbie Winder, Head of Quality Assurance and Maternity Interim Executive Director of Transformation and Delivery – to be appointed</p> <p>In attendance (non-voting):</p> <p>Karen Hedgley, Designated Nurse Safeguarding Children</p> <p>Victoria Hirst, Head of Engagement</p> <p>Christine Pearson, Designated Nurse Safeguarding Adults</p> <p>Victoria Pilkington, Director of the Partnership Commissioning Unit as required</p> <p>Gill Rogers, Patient Experience Officer</p> <p>Siân Balsom, Director of York Healthwatch (Local Healthwatch representative)</p> <p>Co-opted member of Scarborough Ryedale CCG as required</p> <p>Performance and highlights</p> <p>Establishment of Terms of Reference</p> <p>Quality and Patient Experience Report</p> <p>Safeguarding Adults and Children updates</p> <p>Update on development of a new City of York Healthy Child Service 0-19</p>

**Primary Care
Commissioning
Committee**

Chaired by the CCG Governing Body Chair, the Primary Care Commissioning Committee met four times in public and was quorate on each occasion.

Members (to December 2016)

Keith Ramsay, CCG Governing Body and Committee Chair

Michael Ash-McMahon, Deputy Chief Finance Officer
Fiona Bell, Assistant Director of Transformation and Delivery

Dr Louise Barker, Governing Body GP, Clinical Lead for Mental Health

Dr Lorraine Boyd, GP, Council of Representatives Member

Dr Emma Broughton, Governing Body GP, Lead for Women and Children and Joint Primary Care Lead

Michelle Carrington, Executive Director of Quality and Nursing

Dr Mark Hayes, Chief Clinical Officer to 21 July 2016

Helen Hirst, Interim Accountable Officer 25 April to 2 October 2016

Dr Arasu Kuppaswamy, Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Governing Body Member

Dr Tim Maycock, Governing Body GP, Primary Care Lead

Phil Mettam, Accountable Officer from 3 October 2016

Dr Shaun O'Connell, Governing Body GP member

Dr Andrew Phillips, Governing Body GP member

Constance Pillar, Assistant Head of Primary Care, NHS England – North (Yorkshire and Humber)

Rachel Potts, Executive Director of Planning and Governance

Tracey Preece, Chief Finance Officer

In attendance (non-voting)

Nigel Ayre, Healthwatch North Yorkshire representative

Kathleen Briers, Healthwatch York representative

Dr John Lethem, Local Medical Committee Liaison Officer, Selby and York

Shaun Macey, Senior Innovation and Improvement Manager

Sharon Stoltz, Director of Public Health, City of York Council

Following review at the December meeting of the Council

of Representatives, membership of the Committee at its December meeting became:

Keith Ramsay, CCG Governing Body and Committee Chair

David Booker, Lay Member and Chair of Finance and Performance Committee

Michelle Carrington, Executive Director of Quality and Nursing

Dr Arasu Kuppaswamy, Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Governing Body Member

Phil Mettam, Accountable Officer

Helen Phillips, Primary Care Contracts Manager, NHS England – North (Yorkshire and the Humber)

Tracey Preece, Chief Finance Officer

Sheenagh Powell, Lay Member and Audit Committee Chair

In attendance (non-voting)

Dr Lorraine Boyd, GP, Council of Representatives Member

Dr Andrew Phillips, Clinical Executive Chair

Kathleen Briers, Healthwatch York representative

Nigel Ayre, Healthwatch North Yorkshire representative

Dr John Lethem, Local Medical Committee Liaison Officer, Selby and York

Shaun Macey, Senior Innovation and Improvement Manager

Sharon Stoltz, Director of Public Health, City of York Council

Membership of the Committee from the February meeting was:

Keith Ramsay, CCG Governing Body and Committee Chair

David Booker, Lay Member and Chair of Finance and Performance Committee

Michelle Carrington, Executive Director of Quality and Nursing

Dr Arasu Kuppaswamy, Consultant Psychiatrist, South West

Yorkshire Partnership NHS Foundation Trust – Secondary Care

Doctor Governing Body Member

	<p>Phil Mettam, Accountable Officer Helen Phillips, Primary Care Contracts Manager, NHS England – North (Yorkshire and the Humber) Tracey Preece, Chief Finance Officer Sheenagh Powell, Lay Member and Audit Committee Chair</p> <p>In attendance (non-voting): Dr Lorraine Boyd, GP, Council of Representatives Member Kathleen Briers, Healthwatch York representative Nigel Ayre, Healthwatch North Yorkshire representative Dr John Lethem, Local Medical Committee Liaison Officer, Selby and York Shaun Macey, Head of Transformation and Delivery Dr Andrew Phillips, Joint Medical Director Sharon Stoltz, Director of Public Health, City of York Council</p> <p>Performance and highlights Prioritisation and progress of 2016-17 bids to the Estates and Technology Transformation Fund Development of a Primary Care Dashboard Review of Terms of Reference Development of Primary Care Commissioning Financial Report General Practice Forward View update Primary Care Update from NHS England North</p>
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Table 18 - CCG committees, their role and highlights

2.4.8 Remuneration Committee

Name	Role	Membership from	Attendance
Keith Ramsay	CCG Governing Body and Remuneration Committee Chair	April 2016	6/6
David Booker	Lay Member and Chair of Finance and Performance Committee	April 2016	4/6 *
Sheenagh Powell	Lay Member with a lead role in governance and Audit Committee Chair	April 2016	6/6

Table 19 - Remuneration Committee membership and attendances

One meeting was via teleconference and there were two 'virtual' meetings.

* Contributed by email exchange when unable to attend.

2.4.8.1 Non Remuneration Committee member attendances

There were three people who provided advice to the Committee that materially assisted in their consideration of remuneration matters.

Janet Thacker, Head of Human Resources and Learning and Developments for eMBED Health Consortium, attended three meetings and the teleconference in the capacity of external adviser.

Kerry Ryan, HR Business Partner for eMBED Health Consortium, attended one meeting in addition to Janet Thacker and Emma Collins (née Peasgood), in the capacity of external adviser.

Emma Collins, HR Business Partner for eMBED Health Consortium, attended four meetings, in addition to Janet Thacker on three occasions, in the capacity of external adviser; both were also on the teleconference.

Janet Thacker, Emma Collins and Kerry Ryan also provided a range of general HR advice to the CCG during 2016-17. They were employed by eMBED Health Consortium that were contracted to provide an HR service to the CCG. The Committee is satisfied that the advice received was objective and independent. There was no additional fee paid other than the contracted commitment to eMBED Health Consortium through the Service Level Agreement.

Helen Hirst attended two meetings and Phil Mettam attended the teleconference and one meeting.

2.4.9 Performance of the Governing Body, including their own assessment of their effectiveness.

The Governing Body undertook a review of its composition and supporting structures during 2016-17. The following actions were agreed with NHS England as part of the CCG's improvement work.

2.4.9.1 Actions to date

- Revised Terms of Reference for Primary Care Commissioning Committee.
- Instigated new templates for reporting.
- Governing Body self-evaluation and governance workshop to review decision-making structures.
- Commenced constitutional review and proposed structures.
- Additional capacity on internal control, full implementation of corporate assurance.

- System and review of risk management with supporting organisational training.
- Creation of an Executive Committee to manage the business decision-making on behalf of the Governing Body.
- Creation of the Clinical Executive to support clinical leadership, challenge and member engagement.
- Undertake a full constitutional review to refocus the organisation on system change delivery.
- Securing confidence and mandate from the Council of Representatives through early engagement and appropriate escalation of issues.
- Improving accountability for delivery and decision-making by reorganising teams to support the Executive Directors who will lead the delivery of agreed priorities.
- Improve personal accountability of all Governing Body members by introducing clear objectives linked to agreed priorities including QIPP delivery.

2.4.9.2 Planned action

- Improving responsiveness and ownership of CCG statutory duties and system risk by implementing organisational development plans.

2.4.10 UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Corporate Governance Code.

2.4.11 Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

2.5 Risk management arrangements and effectiveness

2.5.1 The CCG's Risk Management Framework

The CCG's Risk Management Framework sets out the definition of risk, the roles and responsibilities in relation to risk management across the organisation and the principles of risk management.

The CCG recognises that it is not possible to eliminate all risks. It believes that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources.

The CCG regularly evaluates risks, identifies the level of control required to effectively manage those risks and seeks to eliminate or reduce all identifiable risk to the lowest practicable level that has the potential:

- to harm its staff, patients, visitors and other stakeholders;
- to result in significant incidents;
- to result in loss of public confidence in the CCG and/or its partner agencies;
- for severe financial consequences which would prevent the CCG from carrying out its functions on behalf of its residents.

In June 2016 the CCG's Risk Registers and the CCG Assurance Framework were aligned to the NHS England's revised CCG Improvement and Assessment Framework as outlined in the diagram below.

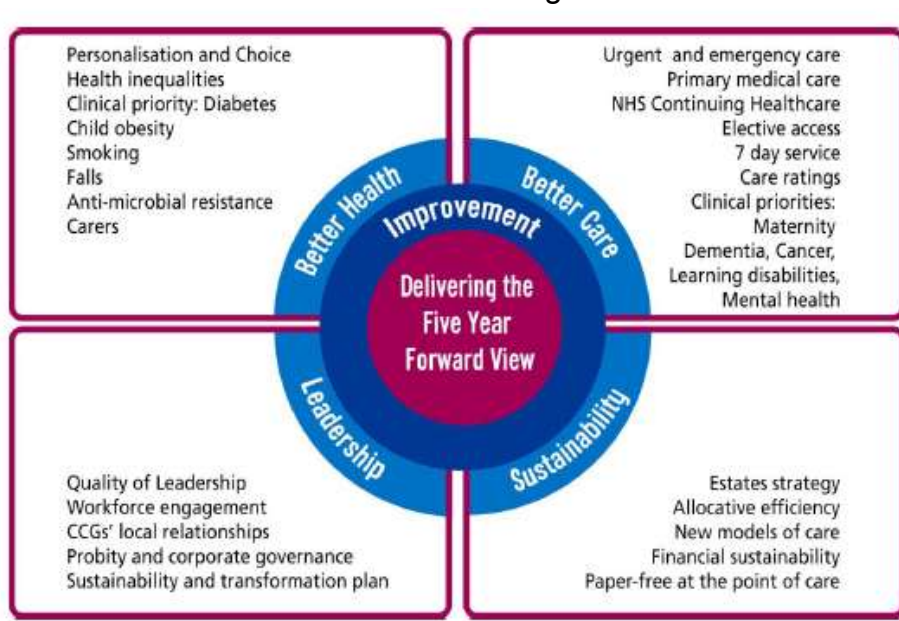


Fig 9 - NHS England's revised CCG Improvement and Assessment Framework

The revised framework was presented to the CCG's Audit Committee and Governing Body in July 2016 and regular updates against the framework are provided to both the Audit Committee and Governing Body.

Reports of all corporate significant risks were reported to each meeting of the Governing Body and risk portfolios were reported to committees at each session. A new addition to the 2016-17 CCG Improvement and Assurance Framework was the inclusion of performance against national assurance framework indicators. The Governing Body monitored management of significant risks and performance against national indicators throughout the year.

A copy of Risk Management Strategy is available on the CCG's website at www.valeofyorkccg.nhs.uk/data/uploads/publications/policies/march-2017/cor03-risk-management-strategy-and-policy-3.0-dec-2015-formatted-01032017.pdf.

A review of the strategy is planned to take place in 2017.

2.5.2 Risk assessment

Risks that impact delivery of strategic objectives; compliance with the CCG licence; CCG statutory duties and the CCG's Operational Plan were classified as Corporate Risks. All corporate risks were assessed using a risk matrix methodology. The CCG adopted a risk assessment tool, based upon a 5 x 5 matrix. Risks were measured according to the following formula:

$$\text{Probability (Likelihood) x Severity (Consequences) = Risk}$$

All risks were rated on two scales, probability and severity, the highest probability being 5, and the highest Impact/Severity being 5. The assessment of risk to stakeholders and the organisation were made as follows:

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

Corporate risks were assigned a risk lead at a Director level and a risk owner to monitor risk levels and trends.

The CCG maintained project, programme and team risk registers. Programme Managers were responsible for engaging project stakeholders in the identification of project risks. These risks were managed and mitigated within teams; however, there was a defined escalation path for team risks. A team risk could be escalated to the Corporate Register if the impact of the risk had

potential to the impact delivery of strategic/corporate objectives and could not be managed within team.

Corporate risks that materialised were classified as events and reported to the CCG's management. Risk briefings were presented to senior managers and risk reports were presented monthly to the Quality and Finance Committee, bi-monthly to the Audit Committee, and on a quarterly basis to the Governing Body.

In addition to the on-going review of risks, the CCG implemented a horizon scanning process across to identify emerging risks and opportunities. This was reviewed fortnightly by senior managers and action was taken as appropriate.

The Accountable Officer report to the Governing Body provided a forum for future risks to be reported to the Governing Body.

2.5.3 Risk reduction

New policies, projects and service improvement work in 2016-17 included the completion of an Equalities Impact Assessment, a Sustainability Impact Assessment, a Privacy Impact Assessment and a Bribery Impact Assessment.

The processes were designed to reduce risks to service users, NHS finances and organisational reputation by ensuring the appropriate safeguards were considered at the beginning of all projects.

To encourage transparency and encourage reporting of incidents the CCG approved policies based on the theme of risk reduction including conflicts of interest and business standards and whistleblowing. The CCG worked with NHS Protect and Internal Audit services to reduce the risks of fraud.

The CCG had eight counter fraud days in its plan for 2016-17 that were allocated in accordance with NHS Protect standards for commissioners. Key pieces of work included:

- Strategic governance – to set out requirements in relation to the strategic governance arrangements of the organisation to ensure that anti-crime measures were embedded at all levels across the organisation.
- Inform and involve – to set out the requirements to raise awareness of crime risks against the NHS, and working with NHS staff and the public to publicise the risks and effects of crime against the NHS.

- Prevent and deter – to set out requirements in relation to discouraging individuals who may be tempted to commit crime against the NHS and ensure that opportunities for crime to occur are minimised.
- Hold to account – to set out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes, and seeking redress.

The Local Counter Fraud Specialist provided updates to the Audit Committee on NHS counter fraud work, including on current and concluded fraud investigations and proactive counter fraud work undertaken by the NHS.

The Audit Committee approved the draft Counter Fraud Plan for 2017-18 which has been aligned to the Standards for Commissioners – fraud, bribery and corruption.

2.5.4 Stakeholder engagement

The CCG had a robust approach to public and stakeholder engagement in both strategic and operational planning, and this included engagement as a critical factor within the Assurance Framework. The CCG also used stakeholder engagement to identify emerging risks, for example issues identified through patient experience feedback or changes to partner organisations or finances.

The engagement and involvement of patients, partners and other stakeholders was intrinsic to the commissioning and procurement of services. This work was led Executive Director of Planning and Governance with the responsibility for engagement, and the Lay Chair, the Governing Body lead for this work. The CCG embedded a culture of stakeholder involvement and engagement in all roles, with every staff member being part of the process.

The CCG was transparent about the risks it faced and published these in the Governing Body meeting papers as part of the Finance and Performance Committee minutes.

2.5.5 Capacity to handle risk

The CCG's approach to risk management was outlined in its Constitution and documented in the CCG Risk Management Policy and Strategy. See section 2.5.1 for information about the strategy.

The CCG undertook a significant amount of work during the year to review and develop its risk management framework in line with the new CCG Improvement and Assessment Framework. A further review of risk reporting and escalation process will take place in 2017-18.

The CCG's Risk Management system was operated through the CCG's Integrated Governance System, Covalent. This provided the structure and mechanisms for capturing, managing and monitoring risks. Risks registers were recorded, reported and escalated from this system and structured as follows:

- Project / programme risks
- Team risks
- Corporate risks

The CCG implemented clear roles and responsibilities in relation to risk management as detailed in the CCG's Risk Management Policy and Strategy. Risks were escalated through this structure with red risks being escalated to the Governing Body via the Corporate Risk Register Report.

The CCG ensured a robust approach to reviewing and challenging project risk, including procurements. A member of the Executive Team was assigned as lead for each project or procurement. Risk logs were maintained and regularly reviewed by a senior programme lead. Significant risks were escalated to the Governing Body and were included in corporate risk registers, where appropriate.

Risk was a standing item on the Finance and Performance Committee agenda with a significant risk report being received at each meeting.

The CCG's auditors reviewed risk management arrangements as a part of an audit of Governance arrangements and provided a 'Significant Assurance' opinion.

The CCG implemented the Covalent system to support the consistent assessment, monitoring and management of risk. All teams had a designated Covalent risk lead.

Under the direction of the Executive Director for Planning and Governance, the CCG's Corporate Services and Assurance Manager provided a lead on the overall implementation and use of Covalent across the CCG. The format for presenting risk information was reviewed to provide clear and consistent risk reporting to committees and the Governing Body.

2.5.6 Risk assessment - current significant risks and mitigations

During 2016-17, a number of the identified financial risks materialised. This occurred because the financial position deteriorated and the CCG failed to deliver the planned deficit position. In addition, service improvement projects did not achieve the level of saving that was originally targeted.

Although the risks were clearly identified and recorded, it was clear that the approach to mitigating and managing these was not sufficiently robust.

For 2017-18, the CCG's Medium Term Financial Strategy articulates a new approach to system governance and risk sharing across the system. In particular, this includes contractual agreement with the CCG's main provider, York Teaching Hospital NHS Foundation Trust that commits both organisations to sharing the risk associated with the joint programme of work to deliver the required efficiencies on a scheme by scheme basis. This work will also help to ensure that collaborative remedial action is taken to ensure that the overall financial position is realised.

The risks of greatest financial significance reported to the March 2017 meeting of the Governing Body were:

- failure to achieve an assured position for the CCG's 2016-17 plan;
- Quality, Innovation, Productivity and Performance Plan failures to deliver anticipated savings;
- healthcare provider over-trades - acute, ambulance, mental health and continuing healthcare;
- delivery of plans in certain areas were affected by organisational change in the Partnership Commissioning Unit;
- the Better Care Fund – the impact of weaker delivery of schemes on the risk share set out in the Section 75 Agreement;
- the mobilisation of estates, workforce and technology - key enablers to facilitate service re-design and provision of supporting system business intelligence.

The CCG also had significant and realised risks in relation to performance against NHS Constitution targets. The CCG proactively managed these risks and comprehensive mitigating action plans were put in place. More information about these are available in the Performance Report.

The CCG's significant risks can be found in the Governing Body meeting papers that are published on the CCG's website at www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/.

2.5.7 Internal Control Framework

A system of internal control is the set of processes and procedures the CCG uses to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

During 2016-17 the system of internal control allowed risk to be managed to a reasonable level rather than eliminating all risk. It provided a reasonable but not an absolute assurance of effectiveness. The system of internal control was based upon a process designed to:

- identify and prioritise the risks to the achievement of the CCG's policies, aims and objectives;
- evaluate the likelihood of those risks being realised;
- the impact should they be realised;
- manage them efficiently, effectively and economically.

The CCG used this system for internal control and arrangements for internal audit, external audit and counter fraud support. Underpinning the Prime Financial Policies, the CCG had detailed financial policies and a supporting Detailed Scheme of Delegation. This aligned to the CCG's financial systems to ensure the appropriate levels of approval.

The CCG implemented an annual review of the Prime Financial Policies and Detailed Scheme of Delegation. The financial system the CCG operated was kept up to date in line with these documents and was subject to internal audit for which, as part of its financial governance review, the CCG received a high level of assurance.

However, due to the failure to meet financial requirements, the risk and control mechanisms did not prevent the CCG being imposed with Legal Directions by NHS England. The CCG worked with NHS England to comply with the Legal Directions as follows:

- the CCG produced and implemented a revised Improvement Plan that set out how the CCG work will ensure that the capacity, capability and governance of the CCG is made fit for purpose, including how it will agree with NHS England as to how the CCG will strengthen its financial leadership;
- agreed a Financial Recovery Plan with NHS England that set out how the CCG will cap the financial deficit within the financial year 2016-17 and manage operating budgets for the financial year 2017-18 and thereafter;
- to undertake a risk assessment of the Financial Recovery Plan.

2.5.8 Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCG has carried out their annual internal audit of conflicts of interest and received an audit opinion that the arrangements offer significant assurance.

2.5.9 Data quality

The CCG received a business intelligence service the commissioning support team at eMBED Health Consortium. This team checked and validated data internally. The Governing Body and the CCG's committees were reviewed during 2016-17 and no concerns were raised regarding the quality of data supplied by eMBED Health Consortium. The format of reporting at the Finance and Performance Committee was altered to increase the amount of data presented to the committee to provide added detail of system pressures.

2.5.10 Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG placed high importance on ensuring there were robust information governance systems and processes in place to help protect patient and corporate information. The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework was supported by the CCG's Information Governance Toolkit and the annual submission process provided assurances to the CCG and other organisations that the CCG adequately discharged its duties.

The CCG's Information Governance Steering Group oversaw the compliance and delivery of the CCG's Information Governance Toolkit and it was accountable to the Audit Committee for discharging this duty. The Audit Committee was responsible for providing the Governing Body with assurance regarding Information Governance systems, including the management of information risk.

The CCG published a Privacy or Fair Processing Notice on its website - www.valeofyorkccg.nhs.uk/privacy. This provided information of the types of personal information the CCG held and processed; the legal basis for doing so and the purposes. This notice was reviewed in 2016-17 to ensure its accuracy.

All staff working for the CCG were required to undertake Information Governance training annually. Reminders and updates on information governance good practice and principles were also circulated throughout the year.

Risks to data security were managed by the CCG with advice, support and guidance from externally procured Information Governance and IT specialists provided by eMBED Health Consortium. Data maps documenting flows of personal data and security arrangements for information assets were formally reviewed in year. The risks were evaluated and where a need to mitigate and / or manage risk was identified, clear plans were included in Information Governance action plans.

The CCG achieved compliance at level 2 with the NHS Information Governance toolkit. This achievement was independently audited and validated. The CCG's Internal Auditor's opinion provided 'Significant Assurance' regarding the adequacy and quality of evidence supporting Information Governance toolkit compliance.

2.5.11 Business critical models

The CCG reviewed the MacPherson report on Government Analytical Models and concluded at the time that it did not create analytical models that sat with the criteria of the report.

The CCG received modelling advice and support from eMBED Health Consortium that included multi-disciplinary expertise for activity, business intelligence, workforce and service re-design services. The CCG used national modelling tools, including IHAM modelling, ONS information, national activity profiling and benchmarking, such as RightCare and Commissioning for Value information, and NHS England local benchmarking.

Quality assurance was delivered internally to the CCG through peer reviews and eMBED Health Consortium's internal audit programme.

The CCG gained assurance through the involvement of its own staff in the specification and testing of models, often against real life scenarios e.g. through the involvement of clinicians and hospital managers, and through its own internal audit mechanisms.

2.5.12 Third party assurances

Assurances were received from the CCG's commissioning support provider eMBED Health Consortium in a letter format. The process for third party assurances will require further development in 2017-18.

2.5.13 Control issues

Significant control issues included the provisions of the legal directions, which were addressed via the Improvement Plan. The financial implications are discussed in the Review of Economy, Efficiency and Effectiveness of the Use of Resources in section 2.6.

2.6 The review of economy, efficiency and effectiveness of the use of resources

2.6.1 Financial performance in 2016-17

During 2016-17 the CCG's overall financial performance, including the key measures in the table below, was monitored and managed on a regular basis by the Quality and Finance Committee (now known as the Finance and Performance Committee). The Governing Body also received a finance report at each of its meetings. Monthly briefings and additional reports were provided to the NHS England regional team.

Duty	Duty Achieved?	Target	Actual
Expenditure not to exceed income (£'000s)	No	441,137	464,896
Revenue administration resource use does not exceed the amount specified in Directions (£'000s)	Yes	7,556	7,208
Revenue - 1% planned surplus is achieved	No	4,341	(23,759)
Cash - Must be less than maximum cash drawdown (£'000s)	Yes	468,990	467,523
Cash - 95% of NHS invoices by value are paid within 30 days	Yes	95.00%	99.89%
Cash - 95% of NHS invoices by number are paid within 30 days	Yes	95.00%	99.47%
Cash - 95% of Non NHS invoices by value are paid within 30 days	Yes	95.00%	99.67%
Cash - 95% of Non NHS invoices by number are paid within 30 days	Yes	95.00%	98.04%
Cash - period end cash balances are within 0.125% of drawdown	Yes	335	163

Table 20 - Financial performance and key measures in 2016-17

The CCG began the year planning for an in-year deficit of £7.1m and a cumulative deficit at the end of the year of £13.3m. However, the CCG, as with the NHS as a whole, experienced a range of financial and operational challenges. This impacted on the organisation's ability to deliver its financial position and in combination with growth in health services over and above that which was planned for and non-delivery of QIPP plans.

As a result of this deterioration throughout the year and as a result of its financial position, the CCG was formally placed under Legal Directions on 1 September 2016. It is likely, under Section 30 of the Local Audit and Accountability Act 2014, that the CCG's auditors, Mazars, will write a letter about the anticipated or actual breach of financial duties to the Secretary of State for Health. It is important to note this has not affected the CCG preparing the accounts on a Going Concern basis.

The CCG responded with the development of a Financial Recovery Plan, submitted to NHS England on 6 October 2016, and this included a plan to achieve an in-year deficit of no more than £7.1m (£13.3m cumulative). However, the pressures continued to grow and the Financial Recovery Plan

did not have the desired financial impact, although a number of the other areas of improvement it targeted have now been implemented.

The CCG is now reporting a cumulative deficit position of £23.8m after the release of the 1% risk reserve (£4.3m) at the end of 2016-17. This represents a significant deterioration of £10.4m from the planned deficit position.

The CCG recognised the need to undertake a different approach to its recovery and articulate a strategic plan to address the underlying causes of financial deficit and identify a path to sustainability. Following on from the initial capability and capacity review from December 2015 and its work supporting the Humber, Coast and Vale Sustainability and Transformation Plan, the CCG engaged PricewaterhouseCoopers to support the development of a Medium Term Financial Strategy and this informed the development of the 2017-19 financial plans.

As per the business rules, the CCG did not overspend its administrative costs (running costs). These were underspent by £348k against the administrative cost allocation.

2.6.2 Medium Term Financial Strategy

The current plan shows a cumulative deficit of £44.1m for 2017-18 and £53.9m for 2018-19. The scale of the financial recovery required is such that the CCG has therefore had to consider and plan for a much longer phased recovery and has developed a Medium Term Financial Strategy to articulate a plan which addresses the underlying causes of financial deficit and identifies a path to sustainability by 2020-21, whilst delivering the required business rules. The CCG has undertaken a fundamentally different approach to the development of its strategy based on a detailed understanding of its population needs which has allowed it to pinpoint a number of areas to focus on.

The Medium Term Financial Strategy was shared with CCG's Council of Representatives and NHS England prior to approval at Governing Body on the 2 March 2017.

The document is currently being shared with key stakeholders as part of a formal engagement plan. Early feedback is that there is strong support for the approach the CCG is taking and the principles being applied as the Medium Term Financial Strategy seeks to:

- outline a plan for how the CCG can reach a balanced and sustainable financial position;
- align with existing system plans, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan;

- meet key statutory financial targets and business rules;
- be consistent with the CCG's vision and support the delivery of the CCG objectives;
- recognise and meet the scale of the challenge in the Five Year Forward View;
- deliver operational and constitutional targets.

Moving forward, the CCG recognises it needs to play its part in redesigning and delivering a new health and social care system which is better able to care for patients, whilst also delivering financial sustainability. The MTFS for doing this is embedded in the work of the STP and includes a vision for new models of accountable care in the Vale of York, strategic commissioning across the system and new approaches to system governance and risk sharing.

Moving forward, the CCG recognises the need to progress its financial strategy forwards, whilst also delivering on shorter-term goals.

Development of the financial strategy will require close collaboration with providers and other STP partners, as well as a strong and realistic understanding of the capabilities required to deliver the new vision articulated.

2.6.3 Savings performance 2016-17

The Quality, Innovation, Productivity and Performance target in the 2016-17 Financial Plan was £12.2m, of which £4m was the value of the gap between contracted and financial plan values and £580k was unidentified at the start of the year. The CCG delivered £1.7m of QIPP savings against the identified plans of £7.6m.

Moving forward and as part of the Medium Term Financial Strategy the CCG identified six areas of financial opportunity to focus on: Elective Orthopaedics, Out of Hospital, Outpatients, Continuing Healthcare, Prescribing and High-cost Drugs. Combined, these six opportunities have the potential to release savings to the CCG in the order of £50m by 2020-21.

Following a Confirm and Challenge process led by NHS England the CCG identified specific interventions and schemes (including the six opportunity areas and others) with a total value of £47.7m. This would allow the CCG to reach in-year surplus by 2020-21 although a cumulative financial deficit of approximately £51m would still remain, or at best, £38m with further QIPP not yet identified.

2.6.4 Delegation of Functions

The CCG worked under shared arrangements with local CCGs on joint services including:

- Medicines Management
- Quality and clinical services
- Research
- Legal
- Specialist Commissioning Networks

The CCG procured the following services to support its commissioning from 1 April 2016:

- Procurement (non-Lead Provider Framework)
- Information Technology and Information Governance (eMBED Health Consortium)
- Business Intelligence (eMBED Health Consortium)
- HR and Workforce support (eMBED Health Consortium)
- Individual Funding Requests (North East Commissioning Support)

2.6.5 Partnership Commissioning Unit realignment

Phase 1 of the Partnership Commissioning Unit re-alignment has concluded, resulting in the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) of some staff to the four CCGs in North Yorkshire. For NHS Vale of York CCG the significant difference has been taking back in-house responsibility for mental health and learning disability commissioning, the management of these contracts and the clinical Continuing Healthcare Team. The CCG has become responsible for the commissioning of services for children and young people and maternity services in the City of York local authority area. It has also become responsible for hosting the Acquired Brain Injury Service on behalf of the other North Yorkshire CCGs. Services for Transforming Care, Personal Health Budgets, legal services and estates management are hosted by other CCGs.

Phase 2 of TUPE will include a consultation on the change of base for affected staff and the dividing of the finance and contracting teams.

The CCG will ensure that services are transferred safely and any gaps in services will be aligned to discussions regarding vacancies and affordability. To ensure continuity, recommendations from Internal Audit reports relating to the Partnership Commissioning Unit will be addressed within the CCG.

2.6.6 Better Care Fund

The Better Care Fund is a formal arrangement between health and social care partners. Plans have been established with the three local authorities that cross over the CCG boundaries as set out in the table below.

Health and Wellbeing Board	Host	Pooled budget £m	CCG contribution £m
City of York	NHS Vale of York CCG	12.2	11.2
North Yorkshire	North Yorkshire County Council	40.2	7.2
East Riding of Yorkshire	East Riding of Yorkshire County Council	22.5	1.3
Total		74.9	19.7

Table 21 – Better Care Fund contributions in 2016-17

These arrangements were formalised within Section 75 agreements between the relevant partners. The pooled budgets have been planned for again over the next two years, in line with the indicative growth figures provided by NHS England (1.79% in 2017-18 and 1.90% in 2018-19).

2.6.7 CCG assessment ratings

Further information on the CCG's performance assessment, including the Quality of Leadership indicator, can be seen at the MyNHS website: <https://www.nhs.uk/service-search/Performance/Search> . The rating is published annually and may not reflect recent changes.

2.7 Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

FINAL HEAD OF INTERNAL AUDIT OPINION
ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT
NHS VALE OF YORK CLINICAL COMMISSIONING GROUP
FOR THE YEAR ENDED 31 MARCH 2017

Roles and responsibilities

On behalf of the Clinical Commissioning Group the Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Governance Statement is an annual statement by the Accountable Officer, on behalf of the Clinical Commissioning Group and the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process;
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit

Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. As such, it is one component that the Clinical Commissioning Group and Governing Body take into account in making its Governance Statement.

The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer, the Commissioning Clinical Group and Governing Body which underpins the assessment of the effectiveness of the organisation's system of internal control. This opinion will in turn assist the organisation in the completion of its Governance Statement.

In response to the 'not assured' rating for CCG leadership in Spring 2016, an in-depth review of the governance arrangements commenced in the Summer under the direction of the Interim Accountable Officer. This included a review of all decision making meetings within the CCG. The review has been further developed in response to Legal Directions in September 2016, with a response included in the Improvement Plan submission in October 2016.

The Legal Directions focus on five key areas:

1. the production of a revised Improvement Plan;
2. the strengthening of the financial leadership of the CCG;
3. a financial recovery plan that ensures that the CCG achieves an in-year deficit of no greater than £7m in the financial year 2016/2017;
4. that NHS England will determine the process for making the new interim Accountable Officer appointment;
5. that NHS England will be involved in the process to make any new appointments to the Executive Team and the next tier of management.

My **overall opinion** is that

- **Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.**

The **basis** for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and

2. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within the internal audit risk-based plan, that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses. During 2016/2017 the CCG has reviewed and updated its governance arrangements and its processes to manage and deliver the financial recovery plan, including the QIPP. As a result audit work around these areas was limited to the design of the arrangements. Audit of the operation of the arrangements has been included in the 2017/2018 plan.

The following table summarises the work completed to date in 2016/2017 in relation to each strategic objective.

Strategic Objective	Audit	Overall Opinion
Well led organisation with the skills and capacity to deliver statutory functions.	Conflicts of Interest	Significant
	Commissioning Support Contract Management	Limited
Effective clinical and quality assurance improving the quality and safety of commissioned services.	Prescribing and Medicines Management	Advisory review
Transforming local healthcare services	Primary Care Commissioning (Quality)	Limited
	Joint Commissioning	Significant
Financial sustainability supported by effective financial management.	QIPP	Significant
	Referral Management	Significant
	PCU QIPP	Limited
	Contract Management	Significant
	Budgetary Control and Reporting and Key Financial Controls	Significant
	Financial Forecasting (PCU* Expenditure)	Significant
	Mental Health Act s117 Continuing Healthcare	Limited
Audit Areas Relating to Other Corporate Functions	Governance	Significant
	Information Governance Toolkit	Significant
	PCU* Information Governance Toolkit	Significant

* Note: The Partnership Commissioning Unit (PCU) is a hosted organisation established by the CCGs in North Yorkshire to undertake commissioning activities on behalf of all four organisations. This includes Continuing Health Care, Children Services Commissioning, Mental Health Commissioning and Adult Safeguarding. As part of each internal audit plan a number of audit days are allocated to the audit of systems and controls at the PCU in order to provide assurance to all four CCGS.

Unless explicitly detailed third party assurances have not been relied upon.

The Current Position

The Accountable Officer reported to the Governing Body at its meeting on 2 February 2017 that the CCG continues to work on implementing the Improvement Plan with regards to capability, capacity, financial leadership, governance, mobilising change and financial recovery.

An assurance review of the design of the revised governance arrangements has been completed, and provided Significant Assurance on the design of the arrangements.

The design and operation of the Assurance Framework and associated processes

During 2016/2017 the Clinical Commissioning Group's (CCG) arrangements for managing risk and providing assurance to the Governing Body have focussed on the mandated areas of NHS England's Improvement and Assurance Framework. The Governing Body and the Audit Committee have reviewed the Improvement and Assurance Framework and associated risk registers for the mandated areas at each of their meetings:

- Better Health
- Better Care
- Sustainability
- Leadership

The Audit Committee in September 2016 discussed whether the Improvement and Assurance Framework fulfilled the function of providing assurance that key corporate and strategic risks were being managed and mitigated. A revised risk management framework based on the CCGs strategic priorities has been developed to provide assurance on management of risks to the priorities.

The consideration of risk is a standing agenda item on committee agendas with risk registers regularly being reviewed. The CCG continues to embed the Covalent system for recording and reporting of risk. An escalation process in Covalent has been agreed to escalate risk to the Corporate Risk Register. The Corporate Risk Register is reviewed by the Governing Body at each meeting. The Governing Body is well sighted on the risks facing the organisation, including the financial risks identified and which materialised during the year, through the Corporate Risk Register and via the Quality and Finance Committee.

Risk training sessions have been provided to the CCG to both raise awareness and improve identification and assessment of risk.

Internal Audit has undertaken two reviews of the CCGs governance arrangements during 2016/2017. The first is a review of Management of Conflicts of Interest and the second is a review of the revised governance arrangements in response to the legal directions. These reviews provided Significant Assurance.

The range of individual opinions arising from risk-based audit assignments, contained within risk-based plans that have been reported throughout the year.

The 2016/17 Internal Audit Operational Plan was initially approved by the Audit Committee on 3 March 2016. The audit plan was structured around the following key responsibilities of the CCG:

- Governance
- Quality and Safety
- Commissioning and Contract Management
- Stakeholder Engagement and Partnerships
- Financial Governance
- Information Governance.

The plan was aligned to the strategic objectives and risks of the CCG. The plan was further reviewed and reprioritised by the Audit Committee in the Autumn to ensure it met the CCG's revised needs. Specifically an audit of the revised governance arrangements was included in the plan to provide assurance about compliance with the legal directions.

Following the completion of an audit an audit report is issued and an assurance level awarded. The following assurance levels are used:

HIGH	High assurance can be given that there is a strong system of internal control which is designed and operating effectively to meet the organisation's objectives.
SIGNIFICANT	Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to meet the organisation's objectives and that this is operating in the majority of core areas
LIMITED	Limited assurance can be given as whilst some elements of the system of internal control are operating, improvements are required in it's design and/or operation in core areas to effectively meet the organisation's objectives
LOW	Low assurance can be given as there is a weak system of internal control and significant improvement is required in its design and/or operation to effectively meet the organisation's objectives.

An action plan is agreed with management. In order to ensure significant progress is being made in the implementation of agreed actions an Audit Recommendations Status Report is presented to every Audit Committee.

Internal Audit also supports the organisation when undergoing process design/redesign through the completion of advisory audit work. These audits are designed to provide advice as opposed to an assurance level during the development phase.

The outcome of the assurance audit reports from the 2016/2017 audit plan are summarised above.

Taking into account the internal audit work completed, all of my findings and the CCG's actions to date in response to my recommendations to date, I believe the following areas of significant risk remains:

- The outstanding risk issues flagged in the Head of Audit Opinion in 2015/2016 related to the arrangements in place for complying with the National Framework for Continuing Healthcare, arrangements for forecasting Continuing Health Care expenditure, and the commissioning of Section 117 aftercare agreements. These areas are managed on behalf of the CCG by the PCU. Further audits have been completed as part of the 2016/2017 audit plan to assess progress against the actions agreed following the previous audits. Significant progress has been made in respect of the arrangements for forecasting Continuing Health Care expenditure, and the commissioning of Section 117 aftercare agreements. There remains an outstanding risk in relation to compliance with the National Framework for Continuing Healthcare. In addition, the PCU is currently being disbanded and the

management arrangements for the PCU functions, including Continuing Health Care, will be realigned to the CCGs. The CCG faces a risk in relation to the transition of arrangements; this risk has been included on the CCG risk register.

- The CCG is operating under legal directions issued by the NHS Commissioning Board (NHS England) effective from 1 September 2016. The CCG has developed a Medium Term Financial Strategy which was approved by the Governing Body at its meeting in March and has been circulated widely to partners and stakeholders. It also underpins and informs the 2017-2019 Financial Plan. The CCG, alongside the NHS England Area Team, has undertaken a full review of the forecast financial position, including risks and mitigations. The CCG has delivered a £23.76m deficit (underlying £28.10m deficit) following confirmation of the national release of the 1% non-recurrent risk reserve.

The financial position has been impacted by increasing levels of demand in acute and ambulance services, and continuing health care. The financial position and the associated risks have been fully reported to the Governing Body during the year.

Helen Kemp Taylor
Managing Director and Head of Internal Audit
May 2017

2.8 Review of Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principal objectives have been reviewed, with improvements identified and being achieved.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee, the Quality and Patient Experience Committee, and the Finance and Performance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

2.9 Conclusion

During 2016-17 opinions of Limited Assurance were given in four areas (in respect of Primary Care Commissioning (Quality), Commissioning Support Contract Management, Continuing Healthcare and QIPP (Partnership Commissioning Schemes), and the CCG remains under Legal Directions.

However, significant assurance has been given that there is a generally sound system of internal control that is designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Signature of Accountable Officer



Phil Mettam
Accountable Officer
NHS Vale of York CCG

Dated: 25 May 2017

Section 3

Remuneration and staff



3.1 Remuneration Report

3.1.1 Remuneration Committee

The membership and work of the Remuneration Committee are covered in the Governance Statement on p77.

3.1.2 Policy on the remuneration of senior managers

Benchmarking data is collected locally and nationally from CCGs and other NHS bodies as required to inform the Remuneration Committee's decisions. Other senior managers are paid in accordance with Agenda for Change Terms and Conditions of service and fall outside of the remit of the Remuneration Committee.

3.1.3 Remuneration of Very Senior Managers

Very senior managers pay rates are set taking into account guidance on the Pay Framework for Very Senior Managers in CCGs received from NHS England.

Independent HR advice is provided to the Remuneration Committee from an HR Director contracted from eMBED, the Commissioning Support Unit.

The Committee is fully constituted in accordance with relevant codes of practice for Remuneration Committees with robust terms of reference using the template for CCG Governing Body recommendations for Remuneration Committee Terms of Reference. Regular benchmarking reporting and pay intelligence background is presented to the committee including written recommendations for consideration.

The CCG will continue to follow appropriate guidance on setting remuneration levels for Very Senior Managers and account taken of the prevailing financial position of the wider NHS and the need for pay restraint taking account of the ability to recruit and retain the right calibre of staff.

Performance of Very Senior Managers will be monitored in line with the organisation's objective setting and appraisals processes. The Committee will continue to receive regular performance objective reports on all of the CCG's senior team.

3.2 Senior manager remuneration (including salary and pension entitlements) 2016-17

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£	£000	£000	£000	£000
Keith Ramsay - Chair	15-20	0			0	15-20
Dr Mark Hayes - Chief Clinical Officer (to 31 January 2017)	60-65	0			0	60-65
Helen Hirst - Interim Accountable Officer (from 25 April 2016 to 2 October 2016)	25-30	0			10-12.5	35-40
Phil Mettam - Accountable Officer (from 3 October 2016)	75-80	0			22.5-25	100-105
Rachel Potts - Executive Director of Planning and Governance (Chief Operating Officer to 31 January 2017)	90-95	0			12.5-15	105-110
Tracey Preece - Chief Finance Officer	95-100	0			22.5-25	120-125
Michelle Carrington - Executive Director of Quality and Nursing (Chief Nurse to 31 January 2017)	75-80	200			42.5-45	120-125
Jim Hayburn - Interim Executive Director of System Resources (from 31 October 2016 to 31 March 2017) - see (a)	85-90	0			0	85-90
Elaine Wyllie - Strategic Programme Consultant (from 1 January 2017) - see (a)	35-40	0			0	35-40
Dr S O'Connell - Joint Medical Director (GP Governing Body Member to 31 January 2017)	130-135	0			32.5-35	165-170
Dr A Phillips - Joint Medical Director (GP Governing Body Member to 31 January 2017)	130-135	0			17.5-20	150-155
Dr T Maycock - Clinical Director (GP Governing Body Member to 31 January 2017)	65-70	0			17.5-20	85-90
Dr E Broughton - Clinical Director (GP Governing Body Member to 31 January 2017)	60-65	0			7.5-10	65-70
Dr L Barker - Clinical Director (GP Governing Body Member to 31 January 2017)	65-70	0			15-17.5	80-85
Sheenagh Powell - Lay Member and Audit Committee Chair	10-15	400			0	10-15
David Booker - Lay Member	10-15	100			0	10-15
Dr P Evans - Council of Representatives Member	10-15	0			2.5-5	15-20
Dr A Calder - Council of Representatives Member (from 21 April 2016)	10-15	0			0	10-15
Dr A Kuppawamy - Secondary Care Doctor	5-10	0			2.5-5	10-15
Louise Johnston - Practice Manager Representative (to 15 December 2016)	5-10	0			0	5-10
Sian Balsom - Director, Healthwatch York (Co-opted) (to 19 January 2017) - see (b)	0	0			0	0
Dr J Lethem - Local Medical Committee Liaison Officer, Selby and York (Co-opted) - see (b)	0	0			0	0
Sharon Stoltz - Director of Public Health, City of York Council (Co-opted) - see (b)	0	0			0	0

NB all senior managers are continuing except where stated.

(a) Mr J Hayburn and Mrs E Wyllie were engaged through an off payroll arrangement with their remuneration paid through a contract with a corporate body. Remuneration shown above reflects the gross payments to that body and includes unrecoverable VAT.

(b) Co-opted members of the governing body do not receive remuneration direct from the CCG for their role.

(c) Dr M Hayes claimed pension benefits from 2015 and employment after this date was non pensionable. There are no pension figures to disclose for 2016-17.

Table 22 – Senior manager remuneration (including salary and pension entitlements 2016-17

3.3

Senior manager remuneration (including salary and pension entitlements) 2015-16

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£	£000	£000	£000	£000
Keith Ramsay - Chair	15-20				0	15-20
Rachel Potts – Chief Operating Officer	95-100				2.5-5	95-100
Dr M Hayes - Chief Clinical Officer	90-95				42.5-45	135-140
Tracey Preece - Chief Finance Officer - see (a)	95-100				17.5-20	115-120
Michael Ash-McMahon - Interim Chief Finance Officer - see (a)	5-10				0-2.5	5-10
Michelle Carrington – Chief Nurse	70-75				205-207.5	275-280
Dr S O'Connell - GP Governing Body Member	130-135				20-22.5	150-155
Dr T Maycock - GP Governing Body Member	65-70				12.5-15	80-85
Dr E Broughton - GP Governing Body Member	55-60				0	55-60
Dr A Phillips – GP Governing Body Member	130-135				15-17.5	150-155
Dr L Barker - GP Governing Body Member	65-70				10-12.5	75-80
Sheenagh Powell - Lay Member and Audit Committee Chair (from 1st June 2015) - see (b)	5-10				0	5-10
David Booker - Lay Member	10-15				0	10-15
Dr P Evans - Council of Representatives Member	5-10				5-7.5	15-20
Dr G Porter - Secondary Care Doctor (to 30th September 2015) - see (c)	5-10				0	5-10
Louise Johnston - Practice Manager Representative	5-10				0	5-10
Sian Balsom - Manager, Healthwatch York (Co-opted)	0				0	0
Dr J Lethem - Local Medical Committee Liaison Officer, Selby and York (Co-opted)	0				0	0
Kersten England - Chief Executive, City of York Council (Co-opted) (to 30th April)	0				0	0
Dr G van Dichele - Interim Director of Adult Services, City of York Council (Co-opted) (from 1st May to 6th August 2015)	0				0	0
Sharon Stoltz - Interim Director of Public Health, City of York Council (Co-opted) (from 1st September 2015)	0				0	0
Richard Webb - Corporate Director of Health and Adult Services, North Yorkshire County Council (Co-opted) (to 31st August 2015)	0				0	0

NB all senior managers are continuing except where stated.

(a) Mrs T Preece returned from maternity leave on 20th April, and the Chief Finance Officer role was covered by Mr M Ash-McMahon until this date.

(b) The post of Audit Committee Chair was vacant until S Powell was appointed with effect from 1st June 2014.

(c) The post of Secondary Care Doctor was vacant from 1st October 2015. Dr G Porter was employed by Airedale NHS Foundation Trust and the CCG was invoiced directly by them for his time.

(d) Co-opted members of the governing body do not receive remuneration direct from the CCG for their role.

Table 23 – Senior manager remuneration (including salary and pension entitlements 2015-16

3.4 Pension benefits as at 31 March 2017

Name and Title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age at 31 March 2017	Lump sum at pension age related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 1 April 2016	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employers contribution to stakeholder pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
Helen Hirst - Interim Accountable Officer (from 25 April 2016 to 2 October 2016)	0-2.5	0-2.5	50-55	145-150	867	29	932	0
Phil Mettam - Accountable Officer (from 3 October 2016)	0-2.5	2.5-5	30-35	100-105	601	37	676	0
Rachel Potts - Executive Director of Planning and Governance (Chief Operating Officer to 31 January 2017)	0-2.5	2.5-5	40-45	125-130	754	44	799	0
Tracey Preece - Chief Finance Officer	0-2.5	0	20-25	55-60	279	24	303	0
Michelle Carrington - Executive Director of Quality and Nursing (Chief Nurse to 31 January 2017)	0-2.5	5-7.5	25-30	80-85	406	50	456	0
Dr S O'Connell - Joint Medical Director (GP Governing Body Member to 31 January 2017)	2.5-5	0-2.5	15-20	40-45	259	50	309	0
Dr A Phillips - Joint Medical Director (GP Governing Body Member to 31 January 2017)	0-2.5	5-7.5	10-15	35-40	220	47	267	0
Dr T Maycock - Clinical Director (GP Governing Body Member to 31 January 2017)	0-2.5	0-2.5	10-15	25-30	156	16	172	0
Dr E Broughton - Clinical Director (GP Governing Body Member to 31 January 2017)	0-2.5	(2.5-0)	15-20	45-50	205	23	228	0
Dr L Barker - Clinical Director (GP Governing Body Member to 31 January 2017)	0-2.5	0-2.5	5-10	20-25	97	19	116	0
Dr P Evans - Council of Representatives Member	0-2.5	0-2.5	10-15	35-40	216	18	234	0
Dr A Kuppaswamy - Secondary Care Doctor	0-2.5	0-2.5	15-20	40-45	214	22	236	0

- (a) Jim Hayburn and Elaine Wyllie were engaged through an off payroll arrangement and are not current members of the NHS Pension scheme.
- (b) Dr M Hayes claimed pension benefits from 2015 and employment after this date was non pensionable. There are no pension figures to disclose for 2016-17.
- (c) H Hirst and A Kuppaswamy were employed by the CCG via secondment arrangements from other NHS organisations. These secondments were both on a part time basis, however the pension benefits shown in the table above relate to the total employment contract with the host employer.

3.5 Pension benefits as at 31 March 2016

Name and Title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age at 31 March 2016	Lump sum at pension age related to accrued pension at 31 March 2016	Cash Equivalent Transfer Value at 1 April 2015	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016	Employers Contribution to stakeholder pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	To nearest £100
Keith Ramsay - Chair	0	0	0	0	0	0	0	0
Rachel Potts – Chief Operating Officer	0-2.5	0-2.5	40-45	120-125	724	21	754	0
Dr M Hayes - Chief Clinical Officer	0-2.5	5-7.5	20-25	65-70	324	-328	0	0
Tracey Preece - Chief Finance Officer	0-2.5	(2.5-0)	20-25	55-60	263	14	279	0
Michael Ash-McMahon - Interim Chief Finance Officer (to 20th April)	0-2.5	(2.5-0)	10-15	35-40	155	0	159	0
Michelle Carrington – Chief Nurse	7.5-10	27.5-30	25-30	75-80	249	154	406	0
Dr S O'Connell – GP Governing Body Member	0-2.5	(2.5-0)	15-20	40-45	233	23	259	0
Dr T Maycock – GP Governing Body Member	0-2.5	0-2.5	10-15	25-30	142	12	156	0
Dr E Broughton – GP Governing Body Member	0-2.5	(2.5-0)	15-20	45-50	202	1	205	0
Dr A Phillips – GP Governing Body Member	0-2.5	2.5-5	10-15	30-35	185	32	220	0
Dr L Barker – GP Governing Body Member	0-2.5	(2.5-0)	5-10	20-25	90	7	97	0

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Table 25 – Pension benefits as at 31 March 2016

3.6 Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

3.6.1 Real increase in Cash equivalent transfer values

This reflects the increase in Cash equivalent transfer values (CETV) effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

3.6.2 Compensation on early retirement or for loss of office

There has been no compensation paid on early retirement or for loss of office.

3.6.3 Payments to past members

There have been no payments to past members in 2016-17.

3.6.4 Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid member in their organisation and the median remuneration of the organisation's workforce.

The banded full time equivalent remuneration of the highest paid member of the Governing Body of the Clinical Commissioning Group in the financial year 2016-17 was £175k - £180k (2015-16, £175k-£180k). This was 5.16 times (2015-16, 5.02) the median remuneration of the workforce, which was £34,393 (2015-16 £35,384).

The movement in median salary 2016-17 was due to further recruitment to the Referral Support Service administration team, following the transfer of the service from Yorkshire and

Humber Commissioning Support Unit to the Clinical Commissioning Group from 1st March 2016.

In 2016-17, no employees received remuneration in excess of the highest paid member of the Governing Body. Remuneration ranged from £5k - £10k to £130k - £135k (bands of £5,000). In 2015-16 remuneration ranged from £0k - £5k to £130k - £135k (bands of £5,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

3.7 Staff Report

3.7.1 Number of senior managers

The total number of senior managers on the CCG payroll is 12. These are members of the CCG's Governing Body and the number includes Very Senior Manager (VSM) positions. This number does not include the seconded roles of the Accountable Officer and the Governing Body's Secondary Care Doctor Representative role nor does it include the off-payroll engagements of the Interim Executive Director of System Resources and Interim Executive Director of Joint Commissioning.

3.7.2 Staff numbers and costs

	Staff numbers	Staff costs £000
Permanently employed	107	5751
Other	4	340
Total	111	6091

Table 26 – Staff numbers and costs

3.7.3 Staff composition

Gender	Total (Female)	Total (Male)
Governing Body*	7	5
Band 8a	4	0
Band 8b	5	3
Band 8c	2	0
Band 8d	1	1
Band 9	0	0
VSM	0	0
Any other Spot Salary (e.g. GP Lead roles)	1	3
All other employees	40	15

*Includes VSM; does not include Accountable Officer or Secondary Care Doctor (secondments) or the Interim Executive Director of System Resources and Interim Executive Director of Joint Commissioning (off-payroll)

Table 27 – Staff composition

3.7.4 Sickiness absence data

Absence	Total
Average sickness %	2.4%
Total number of full time equivalent days lost	471.7

Table 28 – Sickiness absence data

3.7.5 Staff policies

As an employer the CCG recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices. We actively work to remove any discriminatory practices, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices.

Policies and processes in place to support this include:

- Managing Performance
- Disciplinary / Conduct
- Grievance
- Staff Induction
- Bullying and Harassment
- Flexible working
- Job descriptions (including statements regarding equality and diversity expectations)
- Annual appraisals with staff

Policies are available at: <http://www.valeofyorkccg.nhs.uk/>

We actively encourage people with disabilities to apply for positions in our organisation. We have a commitment to interviewing job applicants with disabilities where they meet the minimum criteria for the job (formerly the 'two ticks' commitment, now part of the Disability Confident standard), as well as making reasonable adjustments to avoid any disabled employee being put at a disadvantage compared to non-disabled people in the workplace. Staff who have disabilities have the opportunity to discuss their development through our Personal Development and Review process. An equality impact analysis is undertaken on all newly proposed Human Resources policies to determine whether it has a disproportionate impact on people with a disability and, where identified, action is considered to mitigate this.

3.7.6 Expenditure on consultancy

The total spend on consultancy in 2016-17 is £384k as per Note 5 Operating Expenses in the accounts.

3.7.7 Off-payroll engagements

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	2
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	22

Table 29 – Off-payroll engagements

Existing off-payroll engagements have been subject to a risk based assessment as to whether assurance is required as to taxation.

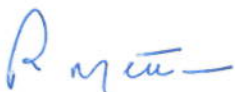
3.7.8 Exit packages, including special (non-contractual) payments

There has been one exit payment following an employment tribunal totalling £32k as per Note 4.4 Exit Packages Agreed in the Financial Year in the accounts.

3.7.9 Parliamentary Accountability and Audit Report

The CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements in Part 2 of this report. An audit certificate and report is also included in this Annual Report in Part 2 of this report.

Signature of Accountable Officer



Phil Mettam
Accountable Officer
NHS Vale of York CCG

Dated: 25 May 2017

3.8 Independent Auditor's Report to the Governing Body of NHS Vale of York CCG

INDEPENDENT AUDITOR'S REPORT TO THE GOVERNING BODY OF NHS VALE OF YORK CCG

We have audited the financial statements of NHS Vale of York CCG for the year ended 31 March 2017 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union, and as interpreted and adapted by the 2016-17 Government Financial Reporting Manual as contained in the Department of Health Group Accounting Manual 2016-17 and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to the National Health Service in England ("the Accounts Direction").

We have also audited the information in the Remuneration and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes;
- the table of pension benefits of senior managers and related narrative notes;
- the exit packages narrative note;
- the analysis of staff numbers and related narrative notes; and
- the pay multiples narrative note.

This report is made solely to the members of the Governing Body of NHS Vale of York CCG, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Governing Body of the CCG, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the Accountable Officer and auditor

As explained more fully in the Statement of Accountable Officer's Responsibilities, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and is also responsible for ensuring the regularity of expenditure and income. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014.

As explained in the Annual Governance Statement the Accountable officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the CCG's resources. We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes assessing:

- whether the accounting policies are appropriate to the CCG's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Accountable Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

In addition, we are required to obtain evidence sufficient to give reasonable assurance that the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2016, as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the CCG had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Vale of York CCG as at 31 March 2017 and of its net expenditure and income for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care Act 2012 and the Accounts Directions issued thereunder.

Opinion on regularity

As disclosed in note 19 of its financial statements, the CCG failed to meet its statutory duties under:

- section 223H(1) of the NHS Act 2006 (as amended) to ensure expenditure did not exceed income in 2016/17; and
- section 223I(3) of the NHS Act 2006 (as amended) to ensure revenue resource use does not exceed the amount specified in the Direction.

Except for the incurrence of expenditure in excess of the specified targets, in our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied

to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Opinion on other matters

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Annual Report Directions made under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012); and
- the other information published together with the audited financial statements in the annual report and accounts is consistent with the financial statements.

Matters on which we report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued by the NHS England; or
- we issue a report in the public interest under section 24, schedule 7 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24, schedule 7 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Exception reports

Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

Auditor's responsibilities

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State if we have a reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 15 March 2017, we issued a report to the Secretary of State for Health under section 30 of the Local Audit and Accountability Act 2014, for the breach of financial duties under:

- section 223H(1) of the NHS Act 2006 (as amended) to ensure expenditure did not exceed income in 2015/16; and
- section 223I(3) of the NHS Act 2006 (as amended) to ensure revenue resource use does not exceed the amount specified in the Direction.

Conclusion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources

We report to you if we are not satisfied that the CCG has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Basis for adverse conclusion

The CCG reported a deficit of £23.759 million in its financial statements for the year ending 31 March 2017, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraphs 223I (2) and (3) of Section 27 of the Health and Social Care Act 2012, to break even on its commissioning budget.

The CCG has not yet succeeded in addressing the underlying deficit in its budget and is forecasting further cumulative deficits of £44.1 million for 2017-18 and £53.9 million for 2018-19.

The CCG has not succeeded in agreeing a plan that addresses the brought forward deficit in its budget and has been entered, by NHS England, in to the special measures regime.

These issues are evidence of weaknesses in proper arrangements for understanding and using appropriate and reliable financial and performance information (including, where relevant, information from regulatory/monitoring bodies) to support informed decision making and performance management, managing risks effectively and maintaining a sound system of internal control, planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions and working with third parties effectively to deliver strategic priorities.

Adverse conclusion

On the basis of our work, having regard to the guidance issued by the C&AG in November 2016, we are not satisfied that, in all significant respects, NHS Vale of York put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

Certificate

We certify that we have completed the audit of the accounts of NHS Vale of York CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Mark Kirkham
For and on behalf of Mazars LLP

Salvus House
Aykley Heads
Durham
DH1 5TS

25 May 2017

Part 2

Annual Accounts and Financial Statements



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Statement of Comprehensive Net Expenditure for the year ended 31 March 2017

	Note	2016-17 £'000	2015-16 £'000
Income from sale of goods and services	2	(1,137)	(2,919)
Other operating income	2	(498)	(272)
Total operating income		(1,635)	(3,191)
Staff costs	4	6,109	4,821
Purchase of goods and services	5	459,120	441,360
Depreciation and impairment charges	5	75	76
Provision expense	5	73	(410)
Other operating expenditure	5	1,154	1,785
Total operating expenditure		466,531	447,632
Net operating expenditure		464,896	444,441
Total net expenditure for the year ended 31 March 2017		464,896	444,441
Of which:			
Administration income and expenditure			
Employee benefits	4.1.1	4,823	3,747
Operating expenses	5	2,587	3,355
Other operating revenue	2	(204)	(347)
Net administration expenditure before interest		7,206	6,755
Programme income and expenditure			
Employee benefits	4.1.1	1,286	1,074
Operating expenses	5	457,835	439,456
Other operating revenue	2	(1,431)	(2,844)
Net programme expenditure before interest		457,690	437,686
Comprehensive expenditure for the year ended 31 March 2017		464,896	444,441


The notes on pages 5 to 35 form part of this statement.

**Statement of Financial Position as at
31 March 2017**

		2016-17	2015-16
	Note	£'000	£'000
Non-current assets			
Property, plant and equipment	8	454	529
Total non-current assets		<u>454</u>	<u>529</u>
Current assets			
Trade and other receivables	9	2,918	3,431
Cash and cash equivalents	10	163	48
Total current assets		<u>3,081</u>	<u>3,479</u>
Total assets		<u>3,535</u>	<u>4,008</u>
Current liabilities			
Trade and other payables	11	(18,429)	(21,485)
Provisions	12	(73)	(117)
Total current liabilities		<u>(18,502)</u>	<u>(21,602)</u>
Assets less liabilities		<u>(14,967)</u>	<u>(17,594)</u>
Financed by taxpayers' equity			
General fund		(14,967)	(17,594)
Total taxpayers' equity		<u>(14,967)</u>	<u>(17,594)</u>

The notes on pages 5 to 35 form part of this statement.

The financial statements on pages 1 to 35 were approved by the Audit Committee on behalf of the Governing Body on 24 May 2017 and signed on its behalf by:



Philip Mettam
Accountable Officer

**Statement of Changes In Taxpayers' Equity for the year ended
31 March 2017**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2016-17		
Balance at 1 April 2016	(17,594)	(17,594)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2016-17		
Net operating expenditure for the financial year	(464,896)	(464,896)
Net funding	467,523	467,523
Balance at 31 March 2017	<u>(14,967)</u>	<u>(14,967)</u>
	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2015-16		
Balance at 1 April 2015	(15,246)	(15,246)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2015-16		
Net operating expenditure for the financial year	(444,441)	(444,441)
Net funding	442,093	442,093
Balance at 31 March 2016	<u>(17,594)</u>	<u>(17,594)</u>

The notes on pages 5 to 35 form part of this statement.

**Statement of Cash Flows for the year ended
31 March 2017**

	Note	2016-17 £'000	2015-16 £'000
Cash flows from operating activities			
Net operating expenditure for the financial year		(464,896)	(444,441)
Depreciation and amortisation	5	75	76
(Increase)/decrease in trade and other receivables	9	513	(1,094)
Increase/(decrease) in trade and other payables	11	(3,056)	4,087
Provisions utilised	12	(117)	(408)
Increase/(decrease) in provisions	12	73	(410)
Net cash outflow from operating activities		(467,408)	(442,190)
Net cash outflow before financing		(467,408)	(442,190)
Cash flows from financing activities			
Grant in aid funding received		467,523	442,093
Net cash inflow from financing activities		467,523	442,093
Net increase/(decrease) in cash and cash equivalents	10	115	(97)
Cash and cash equivalents at the beginning of the financial year		48	145
Cash and cash equivalents (including bank overdrafts) at the end of the financial year		163	48

The notes on pages 5 to 35 form part of this statement.

Notes to the financial statements

1. Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2016-17 issued by the Department of Health. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Clinical Commissioning Groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group (CCG) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Clinical Commissioning Group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts. The legacy provision from North Yorkshire and York Primary Care Trust relating to retrospective Continuing Healthcare claims is the responsibility of NHS England and is reported within their accounts. The Clinical Commissioning Group undertakes the administration of these claims on behalf of NHS England.

1.1 Going Concern

These accounts have been prepared on a going concern basis despite the issue of a report to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014 for the anticipated or actual breach of financial duties.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by the inclusion of financial provision for that service in published documents.

Where a Clinical Commissioning Group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on a going concern basis.

Although Note 19 shows that in 2016/17 the CCG breached its financial duty to break even under Section 30 of the Local Audit and Accountability Act 2014 the going concern status is not called into doubt because it has not been informed of an intention for dissolution without transfer of services to another body. Accordingly, whilst the financial performance and review of economy, efficiency and effectiveness of the use of resources sections of the annual report highlight significant risks to delivering the scale of savings required to break even in 2017/18 there is no material uncertainty regarding the CCG's continuing operational stability for the year ahead.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets and financial liabilities.

1.3 Pooled Budgets

Where the Clinical Commissioning Group has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006, the Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

If the Clinical Commissioning Group is in a "jointly controlled operation", the Clinical Commissioning Group recognises:

- The assets the Clinical Commissioning Group controls;
- The liabilities the Clinical Commissioning Group incurs;
- The expenses the Clinical Commissioning Group incurs; and,
- The Clinical Commissioning Group's share of the income from the pooled budget activities.

Notes to the financial statements

If the Clinical Commissioning Group is involved in a “jointly controlled assets” arrangement, in addition to the above, the Clinical Commissioning Group recognises:

- The Clinical Commissioning Group’s share of the jointly controlled assets (classified according to the nature of the assets);
- The Clinical Commissioning Group’s share of any liabilities incurred jointly; and,
- The Clinical Commissioning Group’s share of the expenses jointly incurred.

Each year the Clinical Commissioning Group enters into pooled budgets with North Yorkshire County Council, City of York Council, East Riding of Yorkshire Council and the following Clinical Commissioning Groups for the Better Care Fund (note 16):

NHS Airedale, Wharfedale and Craven CCG

NHS East Riding of Yorkshire CCG

NHS Hambleton, Richmondshire and Whitby CCG

NHS Harrogate and Rural District CCG

NHS Scarborough and Ryedale CCG

Consideration has been given as to whether 'IFRS 10 - Consolidated Financial Statements' applies to this pooled budget arrangement, but has been deemed irrelevant as no individual organisation has sole control over the fund.

Consideration has been given as to whether 'IFRS 11 - Joint Arrangements' applies to this pooled budget arrangement, and as a consequence it has been deemed a 'jointly controlled operation'. These accounts have therefore been produced in accordance with this as set out above. This is a change from the Clinical Commissioning Group's accounting policy in 2015-16 where the Better Care Fund was not deemed to be a pooled budget, however this does not change the disclosure requirements.

Consideration has been given as to whether 'IFRS 12 - Disclosure of Involvement with Other Entities' applies to this pooled budget arrangement. The majority of this standard is deemed irrelevant on the basis that no individual organisation has sole control over the fund, and no individual organisation has full or joint control over another entity, or significant influence over another entity. However, as IFRS 11 applies, we have considered disclosure requirements for joint arrangements and these have been met through this policy note and note 16 of the accounts.

1.4 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Clinical Commissioning Group’s accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.4.1 Critical Judgements in Applying Accounting Policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Clinical Commissioning Group’s accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- Secondary Care Activity

Counting and coding of secondary care is not finalised until after the completion of the audited annual accounts process in June. Assumptions have been made around the liabilities of this for the Clinical Commissioning Group with a range of secondary care providers based on a number of factors including historical activity performance and known changes in activity, as well as block contract arrangements. Although the counting and coding of secondary care is not finalised, this only potentially affects the following organisations where there is no year-end agreement in place: York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospital NHS Trust, North Lincolnshire and Goole Hospitals NHS Foundation Trust, Ramsay Health Care UK and Nuffield Health.

Notes to the financial statements

Gross/Net Accounting Arrangements for Hosted Services

Throughout 2016-17, NHS Scarborough and Ryedale Clinical Commissioning Group has hosted the Partnership Commissioning Unit for the provision of Continuing Healthcare services and the commissioning of Mental Health, Adult Safeguarding and Childrens services, on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG and NHS Vale of York CCG. All payments relating to these services have been transacted through the NHS Scarborough and Ryedale CCG ledger.

With effect from 1 April 2017 the Partnership Commissioning Unit will cease to exist and the Mental Health and Childrens' commissioning functions have transferred to other Clinical Commissioning Groups. The new host organisation will be responsible for the recharge arrangements for these services. NHS Scarborough and Ryedale CCG will continue to host:

- Childrens and Adult Safeguarding on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG and NHS Vale of York CCG.
- Legal Services on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG, NHS Vale of York CCG and NHS East Riding of Yorkshire CCG.
- Continuing Healthcare on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG and NHS Hambleton, Richmondshire and Whitby CCG.

Financial arrangements pertaining to all former Partnership Commissioning Unit services for all Clinical Commissioning Groups remain unchanged for the foreseeable future.

The costs of Partnership Commissioning Unit hosted services between the Clinical Commissioning Groups are as follows:

Continuing Healthcare/Funded Nursing Care*

NHS Hambleton, Richmondshire and Whitby CCG actual basis 19.48% £14,173,431 (2015-16 actual basis 19.20% £11,538,616)

NHS Harrogate and Rural District CCG actual basis 20.97% £15,256,986 (2015-16 actual basis 19.40% £11,656,160)

NHS Vale of York CCG actual basis 40.21% £29,254,842 (2015-16 actual basis 40.66% £24,430,543)

NHS Scarborough and Ryedale CCG actual basis 19.34% £14,073,874 (2015-16 actual basis 20.74% £12,458,754)

Other Mental Health** (previously referred to as Mental Health Out of Contract Placements)*

NHS Hambleton, Richmondshire and Whitby CCG actual basis 26.61% £3,022,354 (2015-16 actual basis 21.10% £2,379,198)

NHS Harrogate and Rural District CCG actual basis 23.38% £2,655,602 (2015-16 actual basis 16.49% £1,859,429)

NHS Vale of York CCG actual basis 35.48% £4,029,380 (2015-16 actual basis 44.20% £4,983,732)

NHS Scarborough and Ryedale CCG actual basis 14.53% £1,650,409 (2015-16 actual basis 18.21% £2,053,213)

Notes to the financial statements

Specialist Neurological Rehab*

In 2016-17 the Clinical Commissioning Groups have an arrangement to charge NHS Hambleton, Richmondshire and Whitby CCG their actual costs incurred whilst all remaining costs are risk shared between NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, and NHS Vale of York CCG based on the following apportionment:

NHS Hambleton, Richmondshire and Whitby CCG actual basis £268,695 (2015-16 actual basis £157,202)

NHS Harrogate and Rural District CCG risk share 25.60% £567,399 (2015-16 risk share 25.60% £456,670)

NHS Vale of York CCG risk share 53.50% £1,185,775 (2015-16 risk share 53.50% £954,369)

NHS Scarborough and Ryedale CCG risk share 20.90% £463,228 (2015-16 risk share 20.90% £372,828)

The Partnership Commissioning Unit staff are employed by NHS Scarborough and Ryedale CCG. The costs of these staff are apportioned between the Clinical Commissioning Groups on a weighted capitation basis, as follows:

NHS Hambleton, Richmondshire and Whitby CCG 19.32% £763,050 (2015-16 19.03% £664,476)

NHS Harrogate and Rural District CCG 19.73% £779,171 (2015-16 19.87% £693,842)

NHS Vale of York CCG 46.26% £1,827,022 (2015-16 46.30% £1,617,152)

NHS Scarborough and Ryedale CCG 14.70% £580,561 (2015-16 14.80% £516,983)

NHS Scarborough and Ryedale CCG also hosts the following:

- i) Childrens Safeguarding services on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG and NHS Vale of York CCG
- ii) Primary Care Safeguarding services on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG and NHS Vale of York CCG (from 1 April 2016)
- iii) Strategic Clinical Networks on behalf of NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural District CCG, NHS Hambleton, Richmondshire and Whitby CCG, NHS Vale of York CCG, NHS East Riding of Yorkshire CCG and NHS North Lincolnshire CCG (which transferred from the Yorkshire and Humber Commissioning Support Unit from 1 April 2016)

The cost of these hosted services are apportioned as follows:

i) Children's Safeguarding

NHS Hambleton, Richmondshire and Whitby CCG 20.10% £63,693 (2015-16 19.57% £61,644)

NHS Harrogate and Rural District CCG 23.93% £75,810 (2015-16 23.30% £73,395)

NHS Vale of York CCG 37.38% £118,454 (2015-16 38.15% £120,188)

NHS Scarborough and Ryedale CCG 18.59% £58,901 (2015-16 18.98% £59,787)

ii) Primary Care Safeguarding

NHS Hambleton, Richmondshire and Whitby CCG 18.97% £14,029

NHS Harrogate and Rural District CCG 20.39% £15,079

NHS Vale of York CCG 45.45% £33,613

NHS Scarborough and Ryedale CCG 15.19% £11,234

iii) Strategic Clinical Networks

NHS Hambleton, Richmondshire and Whitby CCG 11.46% £23,459

NHS Harrogate and Rural District CCG 12.94% £26,493

NHS Vale of York CCG 28.24% £57,844

NHS Scarborough and Ryedale CCG 9.49% £19,430

NHS East Riding of Yorkshire CCG 24.13% £49,417

NHS North Lincolnshire CCG 13.74% £28,142

Notes to the financial statements

Medicines Management

NHS Vale of York CCG also receives recharges for Medicines Management which is hosted by NHS Harrogate and Rural District CCG. This arrangement commenced from the 1 April 2016 when services transferred from the Yorkshire and Humber Commissioning Support Unit.

The costs of these hosted services are apportioned between the Clinical Commissioning Groups as follows:

NHS Hambleton, Richmondshire and Whitby CCG	14.48%	£123,752
NHS Harrogate and Rural District CCG	18.23%	£155,797
NHS Vale of York CCG	21.09%	£180,144
NHS Scarborough and Ryedale CCG	17.97%	£153,560
NHS Airedale, Wharfedale and Craven CCG	28.23%	£241,194

Referral Support Service

In 2016-17 the Referral Support Service was taken in-house by the NHS Vale of York CCG who provide the service on behalf of NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and District CCG and NHS Scarborough and Ryedale CCG. Prior to this the Referral Support Service was provided via an SLA with the Commissioning Support Unit. The cost of this service is apportioned between the Clinical Commissioning Groups as follows:

NHS Hambleton, Richmondshire and Whitby CCG	actual basis	6.94%	£38,563
NHS Harrogate and Rural District CCG	actual basis	28.01%	£155,680
NHS Vale of York CCG	actual basis	37.00%	£205,673
NHS Scarborough and Ryedale CCG	actual basis	28.05%	£155,913

IAS 18 determines that the nature of these hosted arrangements constitutes an agency relationship and therefore "net" accounting principles are applicable. Therefore only the NHS Vale of York CCG's share of costs and staff numbers are represented in these accounts.

* 2016-17 costs relate to 2016-17 expenditure only and exclude costs relating to prior years. Where prior year costs have been incurred in 2016-17 these have been recharged on the risk share basis.

** This budget now includes expenditure for several small value contracts.

1.4.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the Clinical Commissioning Group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

· Accruals

There are a number of estimated figures within the accounts. The main areas where estimates are included are:

- Prescribing - the full year figure is estimated on the spend for the first 10 months of the year based upon historic prescribing patterns.
- Purchase of Healthcare - the full year figure is estimated on the month 11 actual information as agreed between the provider and commissioner, based on Clinical Commissioning Group predicted forecast outturns.
- General Medical Services (GMS) and Personal Medical Services (PMS) - the full year figure for the Quality and Outcomes Framework (QOF) is estimated based on GP practice achievement in 2015-16. Payment for 2016-17 will be reconciled and paid to GP practices in June 2017.

The Clinical Commissioning Group has achieved the following level of accuracy in estimation during 2016-17:

Prescribing > 95%

Purchase of Healthcare >98% (based on our main provider)

Notes to the financial statements

· Provisions

A number of key assumptions have been included within the accounts concerning the future:

- Continuing Healthcare Provision - the Clinical Commissioning Group has reflected the Partnership Commissioning Unit's estimation of the Continuing Healthcare provision wholly. The Clinical Commissioning Group has made a provision for the backlog of cases that has arisen during the financial year in respect of Continuing Healthcare. Data is available regarding the number of patients currently awaiting a full Continuing Healthcare assessment. Assumptions around the number of patients ultimately requiring a package and the anticipated price of such packages are derived from current information in the patient database, or from information provided by the clinical team where data is not available. Significant progress has been made and it is expected that the backlog will be cleared within the next financial year.

1.5 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period has been calculated and deemed immaterial and has therefore not been recognised in the financial statements.

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Clinical Commissioning Group of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Clinical Commissioning Group commits itself to the retirement, regardless of the method of payment.

1.7 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

Expenses and liabilities in respect of grants are recognised when the Clinical Commissioning Group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.8 Property, Plant and Equipment

1.8.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,

Notes to the financial statements

- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.8.2 Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.8.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9 Depreciation and Impairments

Depreciation is charged to write off the costs or valuation of property, plant and equipment, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Clinical Commissioning Group expects to obtain economic benefits or service potential from the asset. This is specific to the Clinical Commissioning Group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

At each reporting period end, the Clinical Commissioning Group checks whether there is any indication that any of its tangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements

1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Clinical Commissioning Group's surplus or deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Clinical Commissioning Group's cash management.

1.12 Provisions

Provisions are recognised when the Clinical Commissioning Group has a present legal or constructive obligation as a result of a past event, it is probable that the Clinical Commissioning Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

- Timing of cash flows (0 to 5 years inclusive): Minus 2.70% (previously: minus 1.55%)
- Timing of cash flows (6 to 10 years inclusive): Minus 1.95% (previously: minus 1.00%)
- Timing of cash flows (over 10 years): Minus 0.80% (previously: minus 0.80%)

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Clinical Commissioning Group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

Notes to the financial statements

1.13 Clinical Negligence Costs

The NHS Litigation Authority operates a risk pooling scheme under which the Clinical Commissioning Group pays an annual contribution to the NHS Litigation Authority which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHS Litigation Authority is administratively responsible for all clinical negligence cases the legal liability remains with the Clinical Commissioning Group.

1.14 Non-clinical Risk Pooling

The Clinical Commissioning Group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Clinical Commissioning Group pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Continuing Healthcare Risk Pooling

In 2014-15 a risk pool scheme was been introduced by NHS England for Continuing Healthcare claims, for claim periods prior to 31 March 2013. Under the scheme Clinical Commissioning Group contribute annually to a pooled fund, which is used to settle the claims. 2016-17 is the final year of the risk pool scheme.

1.16 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Clinical Commissioning Group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Clinical Commissioning Group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.17 Financial Assets

Financial assets are recognised when the Clinical Commissioning Group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at fair value through profit and loss;
- Held to maturity investments;
- Available for sale financial assets; and,
- Loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.17.1 Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

Notes to the financial statements

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the Clinical Commissioning Group assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.18 Financial Liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Clinical Commissioning Group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.18.1 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.19 Value Added Tax

Most of the activities of the Clinical Commissioning Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Foreign Currencies

The Clinical Commissioning Group's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Clinical Commissioning Group's surplus or deficit in the period in which they arise.

1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Notes to the financial statements

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Clinical Commissioning Group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Government Financial Reporting Manual does not require the following Standards and Interpretations to be applied in 2016-17, all of which are subject to consultation:

- IFRS 9: Financial Instruments (application from 1 January 2018)
- IFRS 14: Regulatory Deferral Accounts (not applicable to DH groups bodies)
- IFRS 15: Revenue for Contract with Customers (application from 1 January 2018)
- IFRS 16: Leases (application from 1 January 2019)

The application of the Standards as revised would not have a material impact on the accounts for 2016-17, were they applied in that year.

2. Other Operating Revenue

	2016-17 Total £'000	2016-17 Admin £'000	2016-17 Programme £'000	2015-16 Total £'000
Recoveries in respect of employee benefits	18	18	0	44
Prescription fees and charges	14	0	14	228
Education, training and research	1	1	0	0
Charitable and other contributions to revenue expenditure: non-NHS	15	15	0	0
Non-patient care services to other bodies	1,137	162	975	2,919
Other revenue	450	8	442	0
Total other operating revenue	1,635	204	1,431	3,191

Other operating income is revenue received that is not directly attributable to the provision of healthcare or healthcare services.

3. Revenue

Revenue is from the supply of services. The Clinical Commissioning Group receives no revenue from the sale of goods.

4. Employee Benefits and Staff Numbers

4.1.1 Employee Benefits

	2016-17	Total	
	Total £'000	Permanent employees £'000	Other £'000
Salaries and wages	5,146	4,814	332
Social security costs	434	430	4
Employer contributions to NHS Pension scheme	529	525	4
Gross employee benefits expenditure	6,109	5,769	340
Less recoveries in respect of employee benefits (note 4.1.2)	(18)	(18)	0
Total - net admin employee benefits including capitalised costs	6,091	5,751	340
Less employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	6,091	5,751	340

Full details of Governing Body members' remuneration is included in the Clinical Commissioning Group's Annual Report.

	2015-16	Total	
	Total £'000	Permanent employees £'000	Other £'000
Salaries and wages	4,061	3,889	172
Social security costs	303	303	0
Employer contributions to NHS Pension scheme	457	457	0
Gross employee benefits expenditure	4,821	4,649	172
Less recoveries in respect of employee benefits (note 4.1.2)	(44)	(44)	0
Total - net admin employee benefits including capitalised costs	4,777	4,605	172
Less employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	4,777	4,605	172

4.1.2 Recoveries in respect of Employee Benefits	2016-17			2015-16
	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits - revenue				
Salaries and wages	(14)	(14)	0	(36)
Social security costs	(2)	(2)	0	(4)
Employer contributions to the NHS Pension Scheme	(2)	(2)	0	(4)
Total recoveries in respect of employee benefits	(18)	(18)	0	(44)

4.2 Average Number of People Employed

	2016-17			2015-16
	Total Number	Permanently employed Number	Other Number	Total Number
Total	111	107	4	86
Of the above:				
Number of whole time equivalent people engaged on capital projects	0	0	0	0

4.3 Staff Sickness Absence and Ill Health Retirements

	2016-17 Number	2015-16 Number
Total days lost	1,393	895
Total staff years	111	86
Average working days lost	13	10

	2016-17 Number	2015-16 Number
Number of persons retired early on ill health grounds	0	0
Total additional Pensions liabilities accrued in the year	£'000 0	£'000 0

Ill health retirement costs are met by the NHS Pension Scheme.

4.4 Exit Packages Agreed in the Financial Year

	2016-17 Compulsory redundancies		2016-17 Other agreed departures		2016-17 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	1	32,379	1	32,379
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	0	0	1	32,379	1	32,379

	2015-16 Compulsory redundancies		2015-16 Other agreed departures		2015-16 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	0	0	0	0	0	0

	2016-17 Departures where special payments have been made		2015-16 Departures where special payments have been made	
	Number	£	Number	£
Less than £10,000	0	0	0	0
£10,001 to £25,000	0	0	0	0
£25,001 to £50,000	0	0	0	0
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
Over £200,001	0	0	0	0
Total	0	0	0	0

Analysis of other agreed departures

	2016-17 Other agreed departures		2015-16 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually Agreed Resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	1	32,379	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	1	32,379	0	0

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period. Redundancy and other departure costs have been paid in accordance with the provisions of section 16 of the NHS Terms and Conditions of Service Handbook (Agenda for Change) for compulsory redundancies. Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure. Where the Clinical Commissioning Group has agreed early retirements, the additional costs are met by the Clinical Commissioning Group and not by the NHS Pension Scheme.

4.5 Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

The Scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the Clinical Commissioning Group of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

The Scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows.

4.5.1 Full Actuarial (Funding) Valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the Scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2012 and covered the period from 1 April 2008 to that date. Details can be found on the pension scheme website at www.nhsbsa.nhs.uk/pensions.

For 2016-17, employers' contributions of £374,011 were payable to the NHS Pensions Scheme (2015-16: £319,151) at the rate of 14.3% of pensionable pay. In 2016-17, a further £137,771 employers contributions were payable to the NHS Pensions Scheme by the PCU on behalf of NHS Vale of York CCG (2015-16: £137,768). The Scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2012 and was published on the Government website on 9 June 2012.

5. Operating Expenses

	2016-17 Total £'000	2016-17 Admin £'000	2016-17 Programme £'000	2015-16 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members	4,706	3,420	1,286	3,665
Executive governing body members	1,403	1,403	0	1,156
Total gross employee benefits	6,109	4,823	1,286	4,821
Other costs				
Services from other Clinical Commissioning Groups and NHS England	517	271	246	3,622
Services from foundation trusts	265,600	15	265,585	251,823
Services from other NHS trusts	32,213	0	32,213	29,938
Purchase of healthcare from non-NHS bodies	47,594	0	47,594	46,596
*Chair and Non-Executive Members	44	44	0	42
Supplies and services – clinical	381	0	381	676
Supplies and services – general	19,577	839	18,738	14,247
Consultancy services	384	381	3	185
Establishment	520	267	253	375
Transport	12	10	2	23
Premises	1,439	398	1,041	510
Depreciation	75	75	0	76
Audit fees	72	72	0	72
Other non-statutory audit expenditure				
· Internal audit services	37	37	0	37
Prescribing costs	49,055	0	49,055	50,849
General ophthalmic services	122	0	122	132
GMS, PMS and APMS	41,139	0	41,139	41,509
Other professional fees excluding audit	145	105	40	54
Grants to other bodies	1,068	0	1,068	1,740
Education and training	59	57	2	77
Provisions	73	0	73	(410)
CHC risk pool contributions	254	0	254	635
Other expenditure	42	16	26	3
Total other costs	460,422	2,587	457,835	442,811
Total operating expenses	466,531	7,410	459,121	447,632

*Chair and Non Executive Members costs were included in Employee benefits excluding governing body members in 2015-16. The 2015-16 comparatives have been adjusted to reflect the separation of these costs in the 2016-17 accounts.

6. Better Payment Practice Code

6.1 Measure of compliance	2016-17 Number	2016-17 £'000	2015-16 Number	2015-16 £'000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	4,536	85,188	4,050	41,375
Total non-NHS trade invoices paid within target	4,447	84,909	3,922	41,080
Percentage of non-NHS trade invoices paid within target	98.04%	99.67%	96.84%	99.29%
NHS payables				
Total NHS trade invoices paid in the year	3,553	336,726	3,273	318,523
Total NHS trade invoices paid within target	3,534	336,368	3,200	317,594
Percentage of NHS trade invoices paid within target	99.47%	99.89%	97.77%	99.71%

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2016-17 £'000	2015-16 £'000
Amounts included in finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

7. Operating Leases

In 2016-17, the Clinical Commissioning Group leased its corporate offices (West Offices) initially from NHS Property Services and more recently directly from the City of York Council.

Until 31 October 16, the Clinical Commissioning Group was recharged for space within West Offices by NHS Property Services. From 1 November 16, the Clinical Commissioning Group leased the space in West Offices directly from the City of York Council. The tenancy agreement for this space is being finalised.

For 2016-17, NHS Property Services costs have been calculated and invoiced to the Clinical Commissioning Group based upon the market rent cost of the building. Prior to this, amounts due to NHS Property Services were based upon cost recovery.

NHS Property Services charges the Clinical Commissioning Group subsidy and void charges for properties or areas within properties previously occupied by providers from whom the Clinical Commissioning Group commissions healthcare services.

In 2016-17, the Clinical Commissioning Group paid £1,181,428 (2015-16: £357,969) for rent and subsidy and void costs. In addition £137,503 was charged to the Clinical Commissioning Group from the Partnership Commissioning Unit for hosted services (2015-16: £141,585). The subsidy and void charges will continue in 2017-18 subject to the new NHS Property Service Vacant Space Policy and will be subject to a six or twelve month transition arrangement after which NHS Property Services will be liable for the cost of these buildings.

7.1 As Lessee

7.1.1 Payments Recognised as an Expense

	2016-17			2015-16				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	0	1,318	(1)	1,317	0	500	2	502
Total	0	1,318	(1)	1,317	0	500	2	502

7.1.2 Future Minimum Lease Payments

	2016-17			2015-16				
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable								
No later than one year	0	0	0	0	0	276	0	276
Between one and five years	0	0	0	0	0	551	0	551
After five years	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	827	0	827

8. Property, Plant and Equipment

	2016-17			2015-16		
	Plant and machinery £'000	Information technology £'000	Total £'000	Plant and machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 1 April	756	5	761	756	5	761
Additions purchased	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0
Cost or valuation at 31 March	756	5	761	756	5	761
Depreciation 1 April	227	5	232	151	5	156
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	75	0	75	76	0	76
Transfer (to)/from other public sector body	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0
Depreciation at 31 March	302	5	307	227	5	232
Net book value at 31 March	454	0	454	529	0	529
Purchased	454	0	454	529	0	529
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March	454	0	454	529	0	529
Asset financing:						
Owned	454	0	454	529	0	529
Total at 31 March	454	0	454	529	0	529

8.1 Economic lives

Plant and machinery has an economic life of 10 years. IT equipment has been fully depreciated.

9. Trade and Other Receivables

	Current 2016-17 £'000	Current 2015-16 £'000
NHS receivables: revenue	1,353	142
NHS prepayments	866	863
NHS accrued income	128	48
Non-NHS and other WGA* receivables: revenue	72	825
Non-NHS and other WGA prepayments	152	84
Non-NHS and other WGA accrued income	261	1,462
VAT	85	0
Other receivables and accruals	1	7
Total trade and other receivables	2,918	3,431
Included above:		
Prepaid pensions contributions	0	0

The Clinical Commissioning Group has no non-current trade and other receivables.

The vast majority of trade is with NHS England. As NHS England is funded by Government to provide funding to Clinical Commissioning Groups to commission services, no credit scoring of them is considered necessary.

*Whole of Government Accounts

9.1 Receivables Past their Due Date but Not Impaired

	2016-17 £'000	2015-16 £'000
By up to three months	4	545
By three to six months	0	39
By more than six months	8	17
Total	12	601

£0 of the amount above has subsequently been recovered post the statement of financial position date.

The Clinical Commissioning Group did not hold any collateral against receivables outstanding at 31 March 2017 (31 March 2016: nil).

9.2 Provision for Impairment of Receivables

	2016-17 £'000	2015-16 £'000
Balance at 1 April 2016	0	(15)
Amounts recovered during the year	0	15
Balance at 31 March 2017	0	0

10. Cash and Cash Equivalents

	2016-17 £'000	2015-16 £'000
Balance at 1 April 2016	48	145
Net change in year	115	(97)
Balance at 31 March 2017	163	48
Made up of:		
Cash with the Government Banking Service	163	48
Cash and cash equivalents in statement of financial position	163	48
Balance at 31 March 2017	163	48

11. Trade and Other Payables

	Current 2016-17 £'000	Current 2015-16 £'000
NHS payables: revenue	3,269	7,205
NHS accruals	2,406	1,927
Non-NHS and other WGA payables: revenue	1,318	2,655
Non-NHS and other WGA accruals	10,721	9,374
Social security costs	43	35
VAT	0	1
Tax	40	41
Other payables and accruals	632	247
Total trade and other payables	18,429	21,485

The Clinical Commissioning Group has no non-current trade and other payables.

Other payables include £57,080 outstanding pension contributions at 31 March 2017 (31 March 2016: £51,964).

12. Provisions

	Current 2016-17 £'000	Current 2015-16 £'000
Continuing Healthcare	73	117
Total	73	117

The Clinical Commissioning Group has no non-current provisions.

	Continuing Healthcare £'000	Total £'000
Balance at 1 April 2016	117	117
Arising during the year	73	73
Utilised during the year	(117)	(117)
Reversed unused	0	0
Unwinding of discount	0	0
Change in discount rate	0	0
Transfer (to)/from other public sector body	0	0
Transfer (to)/from other public sector body under absorption	0	0
Balance at 31 March 2017	73	73

Expected timing of cash flows:

Within one year	73	73
Between one and five years	0	0
After five years	0	0
Balance at 31 March 2017	73	73

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the Clinical Commissioning Group. However, the legal liability remains with the Clinical Commissioning Group.

13. Contingencies

13.1 Contingent Liabilities

	2016-17 £'000	2015-16 £'000
NHS Litigation Authority Legal Claims	271	332
Net value of contingent liabilities	271	332

There is a requirement for the Clinical Commissioning Group to note the value of provision carried in the books of the NHS Litigation Authority in regard to Existing Liabilities Scheme and Clinical Negligence Scheme for Trusts claims.

The Clinical Commissioning Group has identified a contingent liability relating to current continuing healthcare assessment requests for historical claims for the period 1 April 2004 to 31 March 2012. Any eligible case costs relating to the period up to 2012-13 would be covered by the NHS England provision but the outcome of current assessments is unknown. We are therefore unable to reasonably assess the value of these assessments due to a number of uncertainties.

13.2 Contingent Assets

The Clinical Commissioning Group had no contingent assets as at 31 March 2017 (31 March 2016: nil).

14. Financial Instruments

14.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

The Clinical Commissioning Group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the Clinical Commissioning Group Detailed Financial Policies and policies agreed by the Governing Body. Treasury activity is subject to review by the Clinical Commissioning Group and internal auditors.

14.1.1 Currency Risk

The Clinical Commissioning Group is principally a domestic organisation with the vast majority of transactions, assets and liabilities being in the UK and sterling based. The Clinical Commissioning Group has no overseas operations and therefore has low exposure to currency rate fluctuations.

14.1.2 Interest Rate Risk

The Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

14.1.3 Credit Risk

The majority of the Clinical Commissioning Group revenue comes from parliamentary funding and the Clinical Commissioning Group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

14.1.4 Liquidity Risk

The Clinical Commissioning Group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The Clinical Commissioning Group draws down cash to cover expenditure, as the need arises. The Clinical Commissioning Group is not, therefore, exposed to significant liquidity risks.

14.2 Financial Assets

	Loans and receivables 2016-17 £'000	Total 2016-17 £'000
Receivables:		
· NHS	1,481	1,481
· Non-NHS	333	333
Cash at bank and in hand	163	163
Other financial assets	1	1
Total at 31 March 2017	1,978	1,978

	Loans and receivables 2015-16 £'000	Total 2015-16 £'000
Receivables:		
· NHS	190	190
· Non-NHS	2,287	2,287
Cash at bank and in hand	48	48
Other financial assets	7	7
Total at 31 March 2016	2,532	2,532

14.3 Financial Liabilities

	Other 2016-17 £'000	Total 2016-17 £'000
Payables:		
· NHS	5,675	5,675
· Non-NHS	12,671	12,671
Total at 31 March 2017	18,346	18,346

	Other 2015-16 £'000	Total 2015-16 £'000
Payables:		
· NHS	9,133	9,133
· Non-NHS	12,276	12,276
Total at 31 March 2016	21,409	21,409

15. Operating Segments

The Clinical Commissioning Group has only one segment: commissioning of healthcare services.

16. Pooled Budgets

The Clinical Commissioning Group has entered into three pooled budget arrangements with partner organisations, under section 75 of the Health Care Act 2006 for the management of commissioning resources related to the Better Care Fund (BCF). All parties to these agreements contribute to a pooled commissioning budget which is overseen by the relevant Health and Wellbeing Board (HWB).

The three pooled arrangements relate to City of York, North Yorkshire and East Riding of Yorkshire Health and Wellbeing Board boundaries.

For the City of York HWB, the Clinical Commissioning Group hosts the pooled budget. For the North Yorkshire and East Riding of Yorkshire HWBs, the hosts are North Yorkshire County Council and East Riding of Yorkshire Council respectively.

The Clinical Commissioning Group shares of the income and expenditure handled by the pooled budget in the financial year were:

	2016-17 £'000	2015-16 £'000
Income	0	0
Expenditure	19,618	19,366

Details of the total pooled commissioning budgets for 2016-17 are set out below:

	Health and Wellbeing Board 2016-17			Total BCF pooled budgets £'000	2015-16 Total BCF pooled budgets £'000
	City of York £'000	North Yorkshire £'000	East Riding of Yorkshire £'000		
Contributing organisation					
NHS Vale of York CCG	11,200	7,175	1,243	19,618	19,366
NHS Airedale, Wharfedale and Craven CCG	0	3,079	0	3,079	2,914
NHS Scarborough and Ryedale CCG	0	7,468	0	7,468	7,538
NHS Hambleton, Richmondshire and Whitby CCG	0	9,121	0	9,121	9,152
NHS Harrogate and Rural District CCG	0	9,415	0	9,415	9,557
NHS Cumbria CCG	0	408	0	408	319
NHS East Riding of Yorkshire CCG	0	0	19,112	19,112	19,212
City of York Council	1,003	0	0	1,003	951
North Yorkshire County Council	0	3,538	0	3,538	10,315
East Riding of Yorkshire County Council	0	0	2,127	2,127	2,008
Total Better Care Fund (pooled budget)	12,203	40,204	22,482	74,889	81,332

Details of the utilisation of NHS Vale of York CCG contributions in 2016-17 are set out below:

**Health and Wellbeing Board
2016-17**

2015-16

	City of York £'000	North Yorkshire £'000	East Riding of Yorkshire £'000	Total NHS Vale of York CCG contributions £'000	Total NHS Vale of York CCG contributions £'000
Supporting Social Care commissioned schemes	5,043	2,731	428	8,202	9,778
Supporting Health commissioned schemes	6,157	4,444	504	11,105	7,639
Total utilisation against BCF - identified schemes	11,200	7,175	932	19,307	17,417
Withheld Performance Fund	0	0	0	0	1,949
Total utilisation of NHS Vale of York CCG contributions	11,200	7,175	932	19,307	19,366

Both the City of York and North Yorkshire BCFs were fully utilised in year whilst the East Riding of Yorkshire BCF was under spent. The CCG met its requirement to create the East Riding of Yorkshire pooled budget and the minimum spend on social care was utilised by the local authority, but the expenditure on Health commissioned schemes was lower than the fund value due to an underspend on one of the schemes and because there is currently jointly agreed uncommitted resource.

17. Related Party Transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Louise Barker - Clinical Director - Partner works as Consultant Psychiatrist in Tees, Esk and Wear Valleys NHS Foundation Trust	38,565	(1)	54	0
Dr Louise Barker - Clinical Director - Salaried GP at Haxby Group Practice	4,133	(1)	10	0
Dr Emma Broughton - Clinical Director - Partner at Priory Medical Group	6,543	(3)	237	(2)
Dr Emma Broughton - Clinical Director - Partner at Priory Medical Group which is a member of the Nimbuscare Ltd Alliance of GP Practices	377	(61)	11	0
Dr Tim Maycock - Clinical Director - Partner at Pocklington Group Practice	203	(1)	61	0
Dr Shaun O'Connell - Joint Medical Director - Salaried GP at South Milford Surgery	1,779	0	0	0
Dr Shaun O'Connell - Joint Medical Director - Spouse an anaesthetist at York Teaching Hospital NHS Foundation Trust	214,054	0	1,577	0
Dr Andrew Phillips - Joint Medical Director - Private Medical Director to Helmsley Medical Practice	479	0	0	0
Dr Andrew Phillips - Joint Medical Director - Provides Out of Hours sessions for Northern Doctors Urgent Care	4,084	0	0	0
Sian Balsom - Co-opted Member of Governing Body (to 19 January 17) - Manager at Healthwatch York - employed by York CVS	49	0	0	0
Dr Paula Evans - Council of Representatives Chair - Partner at York Medical Group	3,908	(6)	2	0
Dr Paula Evans - Council of Representatives Chair - Provides GP training at Yorkshire and Humber Health Education England	0	(1)	0	0
Dr Paula Evans - Council of Representatives Chair - Partner at York Medical Group which is part of City and Vale Alliance	21	0	5	0
Dr John Lethem - Local Medical Committee Liason Officer, Selby and York (co-opted) - Partner and GP Principal for Unity Health	1,446	0	0	0
Dr John Lethem - Local Medical Committee Liason Officer, Selby and York (co-opted) - Partner and GP Principal for Unity Health which is a member of the Nimbuscare Ltd Alliance of GP Practices	377	(61)	11	0
Dr John Lethem - Local Medical Committee (LMC) Liason Officer, Selby and York (co-opted) - LMC	298	0	0	0
Louise Johnston - Practice Manager Representative (to 15 December 16) - Managing Partner at Unity Health	1,446	0	0	0
Louise Johnston - Practice Manager Representative (to 15 December 16) - Managing Partner at Unity Health which is a member of the Nimbuscare Ltd Alliance of GP Practices	377	(61)	11	0
Sheenagh Powell - Lay Member and Audit Committee Chair - Paid member of NHS Harrogate and Rural District CCG Audit Committee	136	(181)	43	0

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Sheenagh Powell - Lay Member and Audit Committee Chair - Financial Consultant at NHS Barnsley CCG to 31 May 2016	43	0	0	0
Sharon Stoltz - Director of Public Health, City of York Council (co-opted)	4,687	(63)	243	(63)
Dr Arasu Kuppuswamy - Secondary Care Doctor - Consultant at South West Yorkshire Partnership NHS Foundation Trust	29	0	0	0
Jim Hayburn (from 31 October 16) - Interim Executive Director of System Resources - Director JHL Associates Ltd	88	0	9	0
Elaine Wyllie (from 1 January 17) - Interim Executive Director of Joint Commissioning - Director Wybeck Associates Limited	131	0	12	0
Helen Hirst (from 25 April 16 to 2 October 16) - Interim Accountable Officer - seconded from NHS Bradford Districts CCG	18	0	1	0
Helen Hirst (from 25 April 16 to 2 October 16) - Interim Accountable Officer - seconded from NHS Bradford City CCG	18	0	0	0
Phil Mettam (from 3 October 16) - Accountable Officer - seconded from NHS Bassetlaw CCG	79	0	0	0

The roles detailed in the table above are those held as at 31 March 2017.

The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are listed below:

- NHS England
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Harrogate and Rural District CCG
- NHS Scarborough and Ryedale CCG
- York Teaching Hospital NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- Mid Yorkshire Hospitals NHS Trust
- Leeds Teaching Hospital NHS Trust
- South Tees Hospitals NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Hull and East Yorkshire Hospitals NHS Trust

In addition, the Clinical Commissioning Group has had a number of transactions with other government departments and other central and local government bodies. Other material transactions have been with City of York Council and North Yorkshire County Council.

18. Events After the End of the Reporting Period

There are no post balance sheet events which will have a material effect on the financial statements of the Clinical Commissioning Group.

19. Financial Performance Targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties was as follows:

	2016-17	2016-17	2015-16	2015-16
	Target	Performance	Target	Performance
	£'000	£'000	£'000	£'000
Expenditure not to exceed income	442,772	466,531	438,146	444,441
Capital resource use does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use does not exceed the amount specified in Directions	441,137	464,896	438,146	444,441
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	7,556	7,208	7,602	6,754

The Clinical Commissioning Group has not met the statutory requirement '223H(1) Expenditure not to exceed income' as the actual 2016-17 expenditure performance is £23.759m over the income received. It has therefore breached its duty under the NHS Act 2006, as amended by paragraph 223I (2) and (3) of Section 27 of the Health and Social Care Act 2012, which sets statutory duties for CCG's to ensure that the capital and revenue resource use in a financial year does not exceed the amount specified by the NHS Commissioning Board (the Revenue Resource Limit and Capital Resource Limit). A formal notification of this position was made in March 2017 by the Clinical Commissioning Group's external auditors, Mazars LLP, to the NHS Commissioning Board (NHS England) and also the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014.

As set out in the 2016/17 NHS Planning Guidance, CCGs were required to hold a 1 percent reserve uncommitted from the start of the year, created by setting aside the monies that CCGs were otherwise required to spend non-recurrently. This was intended to be released for investment in Five Year Forward View transformation priorities to the extent that evidence emerged of risks not arising or being effectively mitigated through other means.

In the event, the national position across the provider sector has been such that NHS England has been unable to allow CCGs' 1% non-recurrent monies to be spent. Therefore, to comply with this requirement, NHS Vale of York CCG has released its 1% reserve to the bottom line, resulting in an improvement to the in-year financial position of £4.34m. This improvement has been offset against other cost pressures from the current financial year and used to improve the CCG's in-year deficit.

20 Losses and Special Payments

20.1 Losses

The total number of Clinical Commissioning Group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £	Total Number of Cases 2015-16 Number	Total Value of Cases 2015-16 £
Administrative write-offs	0	0	0	0
Fruitless payments	0	0	0	0
Store losses	1	432	0	0
Book keeping losses	0	0	0	0
Constructive loss	0	0	0	0
Cash losses	0	0	0	0
Claims abandoned	0	0	0	0
Total	1	432	0	0

20.2 Special Payments

	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £	Total Number of Cases 2015-16 Number	Total Value of Cases 2015-16 £
*Compensation payments	1	32,379	0	0
Extra contractual payments	0	0	0	0
Ex gratia payments	0	0	0	0
Extra statutory extra regulatory payments	0	0	0	0
Special severance payments	0	0	0	0
Total	1	32,379	0	0

*An employee of Scarborough and Ryedale CCG employed within the Partnership Commissioning Unit was dismissed for gross misconduct. The employee took the case to an Employment Tribunal which found in the employee's favour. Compensation of £72,254 was awarded to the employee (NHS proportion £32,379).

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Annual Audit Letter

NHS Vale of York CCG



For the year ended 31 March 2017



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- Audit of the financial statements 4
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Executive summary

Purpose of this report

Our Annual Audit Letter summarises the work we have undertaken as the auditor for NHS Vale of York CCG (the CCG) for the year ended 31 March 2017. Although this letter is addressed to the CCG, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (the NAO). The detailed sections of this letter provide details on those responsibilities, the work we have done to discharge them, and the key findings arising from our work. These are summarised below.

Area of work	Summary
Financial statement and regularity opinions	<p>On 25 May 2017 we issued our opinion that:</p> <ul style="list-style-type: none"> the financial statements give a true and fair view of the CCG's financial position as at 31 March 2017 and of its financial performance for the year then ended; and except for the incurrence of expenditure in excess of the specified targets, expenditure has, in all material respects, been applied for the purposes intended by Parliament.
Opinions on other matters	<p>On 25 May 2017 we issued our opinion that:</p> <ul style="list-style-type: none"> the auditable elements of the Remuneration and Staff Report have been prepared in accordance with requirements; and the Annual Report published with the financial statements, is consistent with those financial statements.
Value for Money conclusion	<p>On 25 May 2017 we issued our conclusion that we are not satisfied that, in all significant respects, NHS Vale of York put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.</p>
Consolidation data	<p>In line with the group audit instructions issued by the NAO, on 25 May 2017 we reported to them that the CCG's consolidation schedules were consistent with the audited financial statements.</p>
Matters that we report by exception	<p>We have not identified any matters to report in relation to:</p> <ul style="list-style-type: none"> whether the Annual Governance Statement is in line with our understanding of the CCG; and reports in the public interest or written recommendations made under s24 of the 2014 Act. <p>On 15 March 2017, we issued a report to the Secretary of State for Health under section 30 of the Local Audit and Accountability Act 2014, for the breach of financial duties under:</p> <ul style="list-style-type: none"> section 223H(1) of the NHS Act 2006 (as amended) to ensure expenditure did not exceed income in 2016/17; and section 223I(3) of the NHS Act 2006 (as amended) to ensure revenue resource use does not exceed the amount specified in the Direction.

Audit of the financial statements

Financial statements opinion	Unqualified
Regularity opinion	Modified

The scope of our audit and the results of our work

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the CCG and whether they give a true and fair view of the CCG's financial position as at 31 March 2017 and of its financial performance for the year then ended.

Our audit was conducted in accordance with the requirements of the Code of Audit Practice issued by the NAO, and International Standards on Auditing for the UK and Ireland (ISAs). These require us to consider whether:

- the accounting policies are appropriate to the CCG's circumstances and have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management in the preparation of the financial statements are reasonable; and
- the overall presentation of the financial statements provides a true and fair view.

We are also required to form and express an opinion on whether the CCG's expenditure has been, in all material respects, applied for the purposes intended by Parliament. This is our regularity opinion.

Our approach to materiality

We apply the concept of materiality when planning and performing our audit, and when evaluating the effect of misstatements identified as part of our work. We consider the concept of materiality at numerous stages throughout the audit process, in particular when determining the nature,

timing and extent of our audit procedures, and when evaluating the effect of uncorrected misstatements. An item is considered material if its misstatement or omission could reasonably be expected to influence the economic decisions of users of the financial statements.

Judgements about materiality are made in the light of surrounding circumstances and are affected by both qualitative and quantitative factors. As a result we set materiality for the financial statements as a whole (financial statement materiality) and a lower level of materiality for specific items of account (specific materiality) due to the nature of these items or because they attract public interest. We also set a threshold for reporting identified misstatements to the Audit Committee. We call this our trivial threshold.

The table below provides details of the materiality levels applied in the audit of the financial statements for the year ended 31 March 2017:

Financial statement materiality	£4.665 million
Specific materiality	We have applied a lower level of materiality to the following items of account: <ul style="list-style-type: none"> • termination benefits; and • senior officer remuneration.
Trivial threshold	£140,000

Our response to significant risks

As part of our continuous planning procedures we considered whether there were risks of material misstatement in the CCG's financial statements that required special audit consideration. We reported significant risks identified at the planning stage to the Audit Committee within our Audit Strategy Memorandum and provided details of how we responded to those risks in our Audit Completion Report. The table below outlines the identified significant risks, the work we carried out on those risks and our conclusions.

Significant risk	How we addressed the risk	Audit conclusion
<p>Management override of control</p> <p>In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such overrides could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.</p>	<p>Auditing standards mandate an element of substantive testing for every audit regardless of the operating effectiveness of the system of internal control. The standards require us to:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; • review the key areas within the financial statements where management has used judgement and applied estimation techniques and consider whether there is evidence of unfair bias; and • review significant transactions outside the normal course of business or that otherwise appear to be highly unusual. 	<p>We found no evidence of management override of controls. We have assessed the nature of the errors identified and concluded that there is no evidence of manipulation. We reviewed key areas of management judgement including estimation techniques and concluded that, taking account of materiality, the judgements are reasonable and there is no evidence of unfair bias. We reviewed your accounting policies and found no significant variations from the Group Accounting Manual. We tested journal entries recorded in the general ledger and other adjustments made in preparing the financial statements and identified no inappropriate transactions. We found no significant transactions that we considered outside the normal course of business within an NHS context. We undertook cut-off testing on income around the year end and found no non trivial errors. Our work has provided us with the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

Significant risk	How we addressed the risk	Audit conclusion
<p>Revenue recognition</p> <p>There is a risk of fraud in financial reporting relating to revenue recognition due to the potential to inappropriately record income in the wrong period. This is not to imply we suspect actual fraud, but that we approach our audit maintaining due professional scepticism.</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> • undertaking cut-off testing of receipts around the year-end; • sample testing income transactions throughout the year; • sample testing material year-end receivables; and • reviewing inter-NHS reconciliations and data matches provided by the NHSE (income and receivables). 	<p>We found no evidence of fraudulent misreporting relating to revenue recognition or accounting for assets through our testing of income and the data matching exercise. Our work has provided us with the assurance we sought and has not highlighted any material issues to bring to your attention.</p>
<p>Related party transactions</p> <p>GPs are members of the governing body and also potential service providers.</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> • reviewing the CCG's arrangements for identifying and recording potential related party transactions; • reviewing a range of documents including minutes of meetings and registers of interest for evidence of potential related party transactions; and • testing disclosures in the financial statements. 	<p>Our work has provided us with the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

Value for Money conclusion

Value for Money conclusion

Adverse

Summary of our work

We are required to form a conclusion as to whether the CCG made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our conclusion, and sets out the criterion and sub-criteria that we are required to consider.

The overall criterion is that, 'in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.' To assist auditors in reaching a conclusion on this overall criterion, the following sub-criteria are set out by the NAO:

- Informed decision making
- Sustainable resource deployment
- Working with partners and other third parties

The following table provides commentary of our findings in respect of each of the sub-criteria and an indication as to whether proper arrangements are in place.

Sub-criteria	Commentary	Arrangements in place?
Informed decision making	The CCG has governance arrangements in place and takes regular, reliable reports to members. However, reporting shows worsening financial position and failure to meet the budget and statutory targets and risk management arrangements failed to stop identified risks materialising into events.	No
Sustainable resource deployment	The CCG has made a deficit for the last two financial years and is operating under legal directions. The medium term financial plan shows further expected deficits for 2017/18, 2018/19 and 2019/20 with an in year surplus forecast for 2020/21.	No
Working with partners and other third parties	Demand and cost pressures in the local health economy highlight difficulties in working with third parties including the Foundation Trust and local authorities to deliver the CCG's financial recovery plan. In 2017/18 joint scrutiny by NHSE and NHSI has been introduced together with a new capped expenditure process.	No

Significant Value for Money risks

As part of our continuous planning processes, we carry out work to identify whether or not a risk to the VFM conclusion exists. In our Audit Strategy Memorandum, we reported that we had identified one significant VFM risk(s). The work we carried out in relation to significant risks is outlined below.

Value for Money conclusion risk	Work undertaken	Conclusion
<p>Financial position</p> <p>Clinical commissioning groups have a number of financial duties under the NHS Act 2006 (as amended). In particular, section 223H (1) states that CCGs have a statutory duty to ensure expenditure in a financial year does not exceed income.</p> <p>When the CCG breaches this statutory duty, even if this is agreed with NHS England, we are under a duty to make a report to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014.</p>	<p>We addressed this risk by reviewing and monitoring:</p> <ul style="list-style-type: none">• the financial recovery plan;• finance and performance reporting;• risk management and assurance reporting;• progress on QIPP savings and Better Care Funding; and• outputs from ongoing NHSE assessment.	<p>The CCG did not plan to achieve surplus in 2016/17 and it became clear as the year progressed that the CCG would not meet the deficit budget set.</p>

Other reporting responsibilities

Exercise of statutory reporting powers	We issued a report to the Secretary of State for Health under Section 30 of the Local Audit and Accountability Act 2014 on 15 March 2017
Governance Statement	No matters to report
Consistency of consolidation data with the financial statements	Consistent
Other information published alongside the financial statements	Consistent

The NAO's Code of Audit Practice and the 2014 Act place wider reporting responsibilities on us, as the CCG's external auditor. We set out below, the context of these reporting responsibilities and our findings for each.

Matters which we report by exception

The 2014 Act provides us with specific reporting powers where matters come to our attention that require reporting to parties other than the CCG. We have the power to:

- report in the public interest;
- make a referral to the Secretary of State where we believe that a decision has led to, or would lead to unlawful expenditure, or an action has been, or would be, unlawful and likely to cause loss or deficiency; and
- make statutory recommendations to the CCG, which must be responded to publicly.

We are also required to report if, in our opinion, the governance statement does not comply with the guidance issued by the NHS Commissioning Board or is inconsistent with our knowledge and understanding of the CCG.

We made a referral to the Secretary of State due to the failure to meet statutory financial targets but did not exercise any of our other reporting powers during our 2016/17 audit. We had no matters to report to the CCG in relation to the Governance Statement.

Reporting to the NAO in respect of consolidation data

The NAO requires us to report to them whether consolidation data that the CCG has submitted is consistent with the audited financial statements. We have concluded and reported that the consolidation data is consistent with the audited financial statements.

Other information published alongside the financial statements

The Code of Audit Practice requires us to consider whether information published alongside the financial statements is consistent with those statements and our knowledge and understanding of the CCG. In our opinion, the information in the Annual Report is consistent with the audited financial statements.

Future challenges

Outlook

In response to the legal directions, the CCG has strengthened the arrangements in place by:

- improving capacity with additional leadership appointments and a new chief officer;
- introducing more focussed governance arrangements including the new Executive Board and revised supporting Committees;
- developing the medium term financial strategy and new ways of working, such as the accountable care system; and
- identifying areas of immediate financial opportunity to support the challenging QIPP savings needed to return to financial sustainability.

The CCG continues to face increasing financial pressures and is well aware of the challenges and risks involved in delivering its future plans.

Achievement of NHS constitutional challenges also remains an area of focus for the CCG. There is scope for improvement in the following areas:


- accident and emergency response times;
- referral to treatment waiting times;
- ambulance response times;
- healthcare acquired infections; and
- diagnostics (six week standard).

Sustainability and Transformation Plan

2016/17 has seen the start of work in earnest on the Humber, Coast and Vale Sustainability and Transformation Plan (STP). Significant work has been undertaken already however this undoubtedly remains an extremely challenging programme of work to deliver.

How we will work with the CCG

We are grateful to the CCG, its Members and officers for the cooperation and open dialogue during the year and look forward to continuing to work closely with the CCG in delivering our Code of Audit Practice responsibilities.

Item Number: 11									
Name of Presenter: Michelle Carrington									
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group								
Date of meeting: 13 July 2017									
Report Title – Quality and patient Experience Report									
Purpose of Report <i>(Select from list)</i> To Receive									
Reason for Report To provide an update for the Committee on Quality and Patient Experience. Specifically attention is drawn to <ul style="list-style-type: none"> • Duty of Candor • CQC CLAS Inspection • Realignment of PCU • Verification of Expected Death 									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reducing Demand on System</td> <td><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></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 <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input checked="" type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input checked="" type="checkbox"/> City of York Council</td> <td><input checked="" type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input checked="" type="checkbox"/> East Riding of Yorkshire Council	<input checked="" type="checkbox"/> City of York Council	<input checked="" type="checkbox"/> North Yorkshire County Council				
<input checked="" type="checkbox"/> CCG Footprint	<input checked="" type="checkbox"/> East Riding of Yorkshire Council								
<input checked="" type="checkbox"/> City of York Council	<input checked="" type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities 	Covalent Risk Reference and Covalent Description								
Emerging Risks (not yet on Covalent) N/A									
Recommendations For Governing Body to note the content of the report.									

Responsible Executive Director and Title Michelle Carrington Executive Director of Quality and Nursing	Report Author and Title Quality Team
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**NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– July 2017**

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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

- Review of Continuing Health Care
- End of Life Care for those patients requiring fast track funding,
- Special School Nursing Review as part of review of the 0 – 19 pathway
- Care Home Strategy development
- Maternity services transformation

Health Child Service (City of York Council)

City of York Council's plans for the development of the Healthy Child Service and Programme is progressing. The CCG has previously raised specific issues relevant to EpiPen training in schools, access to emergency contraception for school aged children, continence provision and the assessment requirements of the 0 – 19 age group.

However, the structure has now been presented to staff and they are working through the relevant HR processes to ensure that staff are supported through the process. City of York Council are moving into the project implementation phase and have convened project board meetings to agree their communications plan for stakeholders as well as address any concerns raised by staff. The CCG will hear in the very near future what the offer is with regards to the 0-19 service. CYC have agreed to reinstate emergency contraception in schools and this service will begin in September.

CHC Retrospective Cases - Update

NHS England is required to establish arrangements for the independent review of Clinical Commissioning Groups (CCGs) decisions on eligibility for NHS Continuing Healthcare (CHC) funding. The right to request an independent review from NHS England rests with individuals and/or their representatives. CCGs should notify the individual and/or their representative of this right when sending the final decision letter. Additionally, following extension of the CHC eligibility criteria in 2013 this process is also relevant to address claims for previously un-assessed periods of care (PUPOC).

Before an independent review is set up it is particularly important that all appropriate steps have been taken by the relevant CHC CCG team to resolve the case informally. With relevance to the Vale of York CCG, Local Resolution Meetings (LRM) are convened initially. If the case cannot be resolved by local resolution the applicant or their representative may ask NHS England to arrange an independent review.

The independent review process (IRP) is co-ordinated by the NHS Continuing Healthcare teams in each of the four regions of NHS England.

Once it has been determined that a case is ready for independent review, the Chair (seeking independent clinical advice if required) will look at the case to determine whether a full panel will proceed.

If the case falls well outside the eligibility criteria the chair and clinical advisor will review the case and a letter and report will be produced and sent to the applicant and the CCG. In cases where the chair determines that a full panel is required, this will then proceed.

In terms of an update relevant to the Vale of York CCG, all retrospective Vale of York CCG cases of PUPOC have been reviewed. However, the CCG currently has 23 outstanding Local Resolution Meetings (LRM) which they are required to undertake in response to the decisions made at the retrospective PUPOC case review as well as 1 from the current caseload. The reason for these being outstanding is the lack of administrative capacity in the CHC team and is a key risk to delays in delivery.

In terms of IRPs the CCG CHC team has benefitted from the learning outcomes of 1 case recently with relevance to the collation and presentation of case note information as well as support for retrospective payment for the period of care at the end of life. However, the CHC team's decision making was commended as sound.

NHS England are running an IRP master class so that wider learning can be shared and aid prospective improvements.

The CHC team continue to be part of the CHC Collaborative Improvement Programme and are actively contributing to the development of Standard Operating Procedures to support standardised practice. The East Riding CHC team has been identified as an identified engagement partner and the Vale of York CCG CHC team continue to be briefed about this work. CHC markers of progress e.g. backlog of cases for review, are now reported to Finance and Performance Committee as part of the Mental Health / Complex Care work programme.

Quality in Primary Care

The CCG's Quality Team have successfully recruited to a Quality Lead – Primary Care post. This role will be fundamental in building on the existing work that the current Lead Practice Nurse has undertaken as well as building relationships to increase understanding of quality or concerns in primary care. The role will support practices with quality improvements that have been identified by individual practices. These include promoting sharing from Significant Event Analysis and incidents to allow thematic review and shared learning. There is also work planned to work with colleagues to develop workforce models to support the changing demands in Primary Care.

The Quality Team have met with a large practice to support the development of competencies for the non-registered workforce so that potential GP and Registered Nurse capacity can be released.

District Nursing Workforce Transformation Plan

YTHFT Director of Out of Hospital Care and the Assistant Director of Nursing (Community and Children's Services) attended the Council of Representatives in March to introduce a significant piece of work that will impact on the development of the District Nursing workforce. Member practices were asked to be part of this work and invited to influence the next stage of developing a workforce that was fit for the future in response to the changing needs of those requiring District Nursing support in the community.

A workshop was held at the May Council of Representatives to develop the Member Practices contribution to this work and capture their contribution. The work shop was positively received and raised discussion and debate about the future workforce model for District Nursing. A request for GP involvement in the project was made and YTHFT's Out of Hospital Directorate team will return to Council of Representatives in September 2017 to provide an update.

York Care Quality Commission Children Looked After and Safeguarding Review (December 2017)

On the 8th of December 2016 the CCG received notification that a Care Quality Commission (CQC) –Children Looked After and Safeguarding Review (CLAS) would take place in York during week commencing 12th of December. Such reviews are conducted under Section 48 of the Health and Social Care Act (2008).

Purpose:

- To explore the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements, within health, for all children across the City.
- To understand the experiences of looked after children and children and their families who receive safeguarding services
- To establish if healthcare organisations are working in accordance with their responsibilities under Section 11 of the Children Act 2004 and statutory guidance, Working Together to Safeguard Children 2015
- Establish if there are any areas for improvement in services provided by the NHS
- Health care services commissioned by the Local Authority Public Health were also part of the review

Process:

- 4 Inspectors 'on site' for 1 week, each taking the lead on reviewing a particular part of the health care system
- The Review considered the experiences of 64 children and young people with 9 cases being tracked through the health care system

NHS organisations reviewed :

- Tees Esk Wear Valley Mental Health Trust
- York Teaching Hospitals Foundation Trust
- Harrogate District Foundation Trust
- Vale of York CCG

Local Authority Public Health commissioned services reviewed:

- Lifeline (child and adult substance misuse service)
- Contraception and Sexual Health Services (provided by YTHFT)
- The Healthy Child Service (previously known as school nursing and health visiting)
- Verbal feedback received at the end of the Review week
- Initial report, for factual accuracies, received in April
- Final Report received on the 1st of June and published on CQC website on the 9th of June

Outcome:

- In the cases reviewed by the Inspectors they found there were no children who were thought to be at immediate risk of harm.
- There were a number of areas of good practice highlighted in the final report, the arrangements for safeguarding children in primary care were described as being particularly strong
- The report highlights that: 'There are effective reporting and governance structures to ensure the CCG are aware of safeguarding practice across York, including risks within provider organisations'
- There were a number of areas for improvement across both the CCG and provider organisations. The report concludes with a number of recommendations specific to each organisation(p: 44-49)
- The Review identified a number of issues/ areas for development for the Healthy Child Service. As this service is not registered with the CQC it was not possible for CQC to make any recommendations for the HCS in the final report. It is understood that CQC will be writing formally to City of York Local Authority Public Health to highlight issues specific to this service.

Actions to date:

- This report has been presented to the CCG via the Quality and Patient Experience Committee (QPEC)

- The Designated Nurse is working with commissioning colleagues to develop the CCG action plan
- The Designated Nurse is co-ordinating the development of a NHS provider and commissioner action plan for submission to CQC before the end of June
- The Designated Nurse has also offered support and expertise to colleagues in City York Public Health in the development of the HCS action plan

Next steps:

- The Designated Nurse will provide updates regarding the CCG action plan via the QPEC
- Updates from NHS provider action plans will be requested via existing contract monitoring processes between individual providers and the CCG. The Designated Nurse will highlight progress against these action plans in her report to QPEC
- The Designated Nurse and provider representatives will present this report, and updates against the action plans, to the City of York Safeguarding Children Board in September 2017
- The Designated Nurse will co-ordinate the composite response to CQC requests for action plan updates (it is anticipated these requests will be quarterly)

Infection Prevention & Control

Clostridium difficile

The C diff objective for 2017/18 will remain at 82 cases, Public Health England have made the decision to leave the objective at the previous year's rate for the third year.

HCAI Surveillance

MRSA BSI

In the period April 2016 to March 2017 there have been 9 MRSA BSI cases attributed to Vale of York CCG. Four of these cases were identified as pre 48hr cases and as such attributable to the CCG. The remaining five cases were identified as post 48hr cases and therefore attributable to secondary care. YTHFT has not reported any MRSA BSI cases in Quarter 4.

Clostridium difficile

In the period April 2016 to March 2017, 61 cases of *Clostridium difficile* (*C. diff*) were attributed to Vale of York CCG, which are 17 cases under the 2016/17 objective of 78 cases. 31 cases were identified as post 72 hour cases and therefore attributable to secondary care, the remaining 30 cases were pre 72 hour cases.

In reviewing the cases which identify a lapse in care the numbers associated with a lapse of care are very few. Improvements continue to be seen however themes identified from post infection reviews at YTHFT are inappropriate antibiotic prescribing, cleaning and fabric of the ward which relate to a potential cluster. One case in January, one case in February and four cases in March are awaiting review.

MSSA BSI

MSSA BSI continues to be reported as per PHE requirements. The CCG attributed cases reported at the end of Quarter 4 2016/17 are 15 cases more than those reported at the end of quarter 4 2015/16.

York FT has reported a significant increase in the number of MSSA BSI cases reported at the end of Quarter 4 16/17 compared to the end of Quarter 4 15/16. There has been an increase of 13 cases. Other local secondary care providers have also seen an increase in cases.

MSSA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Vale of York CCG Attributable Cases (All)	9	8	7	3	10	1	11	1	8	10	9	7
YTHFT Attributable Cases (All)	9	1	2	2	5	0	8	4	5	4	5	5
HDFT Attributable Cases (All)	2	2	1	0	2	1	1	0	0	2	1	1
HEY Attributable Cases (All)	5	3	2	6	3	5	4	2	5	7	1	1

***E. coli* BSI**

As of April 2017 the CCG objective for the reduction of Gram Negative BSI will be in place. A 10% reduction in cases is required based on the number of cases from January 2016 to December 2016. The Vale of York CCG objective is 287 cases for 2017/18. The mandate is to achieve a 50% reduction in the number of *E. coli* BSI over 3 years based on 2015/2016 figures across all care settings. The current data is only available as a CCG attributed figure. At the end of Quarter 4 307 cases of *E. coli* BSI have been reported, which is an increase of 36 cases based on the end of Quarter 4 2015/16.

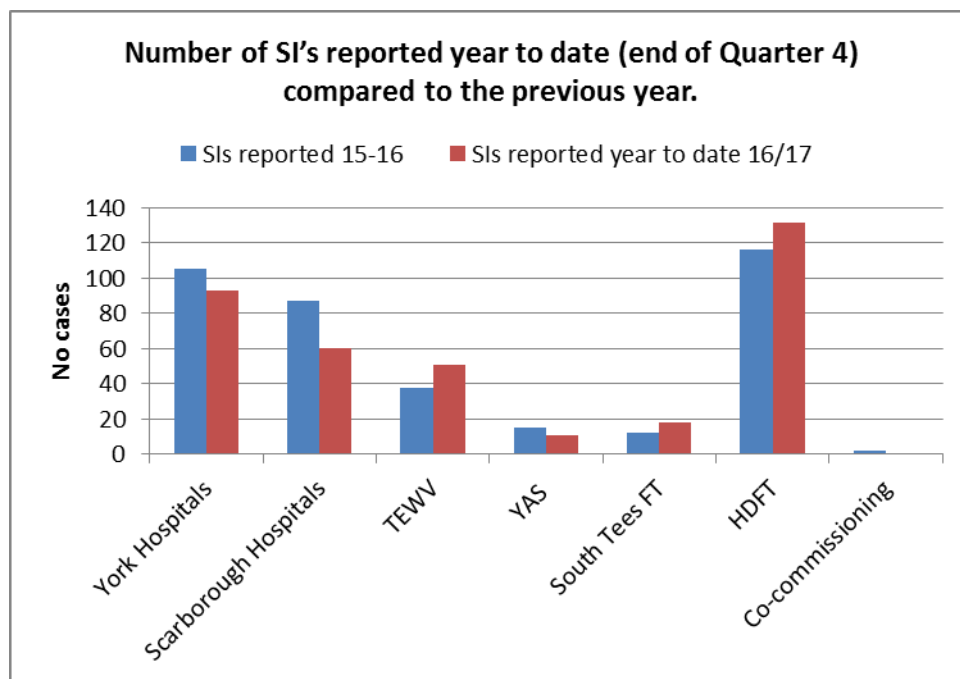
Norovirus

Norovirus has remained a continued presence and work continues to increase preparedness and resilience. The CCG is leading a quality improvement project to support a pilot in a number of care homes. Primary Care and York Hospital are involved in the design of the pathway which aims to keep patients with uncomplicated diarrhoea and vomiting in their usual place of residence. A key component of this work is the Community Response Team supporting Care Home staff with the administration of subcutaneous fluids. This will include training and potentially improve the experience of those wishing to remain in their usual place of residence, specifically relevant to those in receipt of end of life care. Discussions are also underway with Health Education England to submit a bid for funding to sustainably support the training aspect of this project.

Serious Incidents

Serious Incidents (SI's) provide valuable information into the incident reporting culture within an organisation, the culture of learning from incidents as well as an insight into the overall patient safety within a healthcare environment. High levels of incident reporting can be indicative of a healthy organisational culture in recognising the importance of learning when things go wrong.

Low reporting can be more concerning than high reporting and in either situation additional information is required to provide context into organisational safety and culture. The graph and table below illustrates the number of SI's reported year to date (end of Quarter 4) compared to the previous year.



York Teaching Hospital Foundation Trust

Key Issues from Quarter 4:

- 35% of SIs declared at both sites related to Slips/Trips/Falls which resulted in moderate to severe harm during 2016/17, compared to 53% in 2015/16. This demonstrates a significant reduction in the number of incidents resulting in harm from slips/trips/falls being reported and indicates that learning from incidents and embedding of guidelines is taking place.
- The data demonstrates an increase in the number of pressure ulcers being reported as SI's. During 2016/17, 30% of SIs declared concerned pressure ulcers compared to 20% in 2015/16. Whilst this demonstrates an increase in the reporting of pressure ulcers by the Trust it promotes the review of cases and identification of learning. Improvements have been identified with include the development of the Trust Strategic Action plan which details how YTHFT will support pressure ulcer and falls reduction. CCG Senior Nurse attendance at the

Trust Falls and Pressure Ulcer panels has provided an opportunity for openness and insight into the Trust processes as well as assurance that improved adherence to guidance is becoming embedded.

- A contributing factor to the number of SI's reported relating to falls and pressure ulcers is YTHFT's non-adherence to the scope of the current NHS SI Framework. From February 2016 to February 2017, 25 Serious Incidents have been de-logged, 8 of these were pressure ulcers and 6 were slips, trips and falls. Work is underway to support reporting in line with the SI framework which will reduce the number of SI's reported. Investigations will still take place to identify learning whilst reducing the administration activity for both the Trust and the CCG SI teams.
- YTHFT's compliance with duty of candour for patient and families remains a concern and they have informed commissioners that they are committed to improving this. The SI StEIS alert form contains a mandatory field to capture if the patient or family have been informed of the SI but this is not completed for the majority of notifications. The CCG have raised this at the Quality and Performance sub Contract Management Board in response to their Duty of Candour internal audit report and the resultant action plan will detail the work required which includes accurate recording of the data as well as training programmes for staff groups within the Trust. Further information on the actions will be reported when the CCG has received the information.
- Work continues to revise and improve the CCG's processes and mechanisms for assurance. From the 1 June 2017, the CCG will have taken over the responsibility of the North Yorkshire SI team which will support the closer review of internal processes. Scoping work with Hull and Leeds CCG has already been carried out to understand how other CCGs manage SI's, with helpful information obtained. YTHFT have invited commissioners to a monthly meeting to discuss SIs and queries which is a positive progression and will allow more contemporaneous response to commissioner queries.

It is also important to maintain an oversight into any emerging themes or trends regarding location of SI's reported within an organisation to identify concerns quickly. This information would be used to inform the need for a commissioner visit or request for additional assurance.

Tees, Esk and Wear Valleys (TEWV)

Key Issues from Quarter 4

- Significant improvements have been noted in the timescales of completing reports due to additional resource within the Patient Safety Team
- 5 requests for extensions for all CCG's have been received this quarter. These are agreed by the CCGs as there is recognition of the difficulties in contacting relatives in some cases, and obtaining all necessary information.

All reports where an extension is requested are submitted within the new timescale

- Overdue action plans are currently being addressed with a much improved process and status
- Outstanding actions from 2 SI reports from Leeds and York Partnership Foundation Trust are being progressed within TEWV

The Vale of York CCG raised concerns about the robust processes for evidencing learning because TEWV's policy only advised generating action plans if a root cause or contributory findings were identified during the investigation. In response the CCG's Head of Quality Assurance dials into TEWV SI panels and contributes to the robust discussions and scrutiny which takes place. A log of themes of incidental findings is recorded from the panels by the Head of Quality Assurance and will be mapped against the organisational ones.

TEWV York & Selby Summary of Incidental Findings Q4 (Jan - Mar) 2016/17

Between January and March 2017 there were 5 Serious Incident reports for the York & Selby locality which included incidental findings approved by Directors panel and submitted to Commissioners. There were a total of 23 incidental findings from the 5 reports which fall into the following 3 main categories:

- Failure to follow policy (6)
- Communication Issues (4)
- Record Policy (5)

Key messages for discussion and sharing:

- Ensure staff are familiar with the requirements of trust policy 'Leave of absence under s17 MHA 1983 and time away from the hospital'
- Remember that families and carers often have valuable information about service users and their views can still be sought without breaching patient confidentiality.
- If a capacity assessment is undertaken it should be documented on the capacity assessment tool used by the Trust and also referred to in the service users electronic care record.
- When a service user is prescribed controlled drugs for pain relief by their GP then the GP should be contacted as part of the assessment of on-going risk to ensure it is understood and agreed by both parties.
- Any retrospective entries onto the electronic care record must be clearly marked as such.

Never Events

No Never Events were declared by YTHFT for Vale of York CCG patients in Quarter 4.

12 Hour Trolley Waits - Review of Patient Safety Assurance Process

The process of reporting and providing assurance of patient safety and avoidance of harm in cases of 12 hour trolley waits was explained in the last report. NHS England in the Yorkshire and Humber locality require the breach to be logged as an SI until the CCG receive assurance that no patient harm has occurred then the SI can be de-logged. To follow on from a meeting with the Deputy Chief Nurse of YTHFT and the CCG proposals for a more pragmatic solution to obtain assurance were discussed and a follow up meeting scheduled.

Hull and East Yorkshire Hospitals (HEY)

Hull and East Yorkshire Hospitals (HEY) have reported 1 SI this quarter affecting a Vale of York CCG patient. This was a delay in recognition of a deteriorating patient on the postnatal ward, the patient required transfer to High Dependency. HEYs SI's are managed by the Hull and East Riding CCG collaborative.

Yorkshire Ambulance Service (YAS)

YAS have a robust and transparent investigation process and provide evidence of compliance with Duty of Candour. They reported 12 SI's in 16/17, 1 in quarter 4 (not a Vale of York CCG patient). All relate to treatment delay, 2 in the YTD concern Vale of York CCG patients.

Clifton Park Hospital

Clifton Park Hospital reported an SI this quarter following a death after surgery. Preliminary reports reviews have not highlighted any failings.

CCG Incidents

Work continues with the Policy and Assurance Manager to set up an incident reporting module on covalent for CCG incidents. Currently they are recorded on the Patient Experience database until this is complete.

Following on from the 3 incidents relating to RSS reported in January, 2 further RSS incidents have been reported. One relates to a HaRD CCG patient and is an information governance breach, the second concerns a Vale of York CCG patient and has been declared on StEIS as a serious incident. The Head of Quality Assurance is the Lead Investigator with support from the RSS Manager and the Head of Commissioning and Delivery. The incident relates to a delay in referral and involves primary care as well as RSS. A date is arranged to discuss the case with the GP and the findings will be reported when the investigation is complete.

Maternity

Work is progressing to establish the Local Maternity System in line with requirements. The Head of Quality Assurance is involved as well as representatives from YTHFT to ensure the CCG is considered within this important project which is taking place within STP's. The mandate is to have an action plan in place by October, and a workshop was held in May to identify areas for inclusion. Coproduction with service users is imperative as well as the need for accurate data to understand existing activity, processes and pathways.

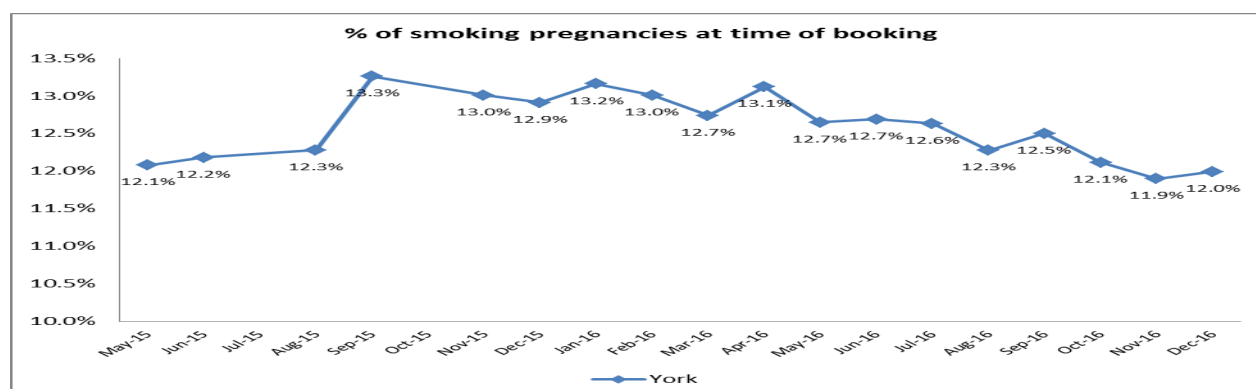
The CCG commissioning statement for maternity services is almost complete; however the service specification requires updating and needs mapping to the Better Births report. The maternity Key Performance Indicators also need review.

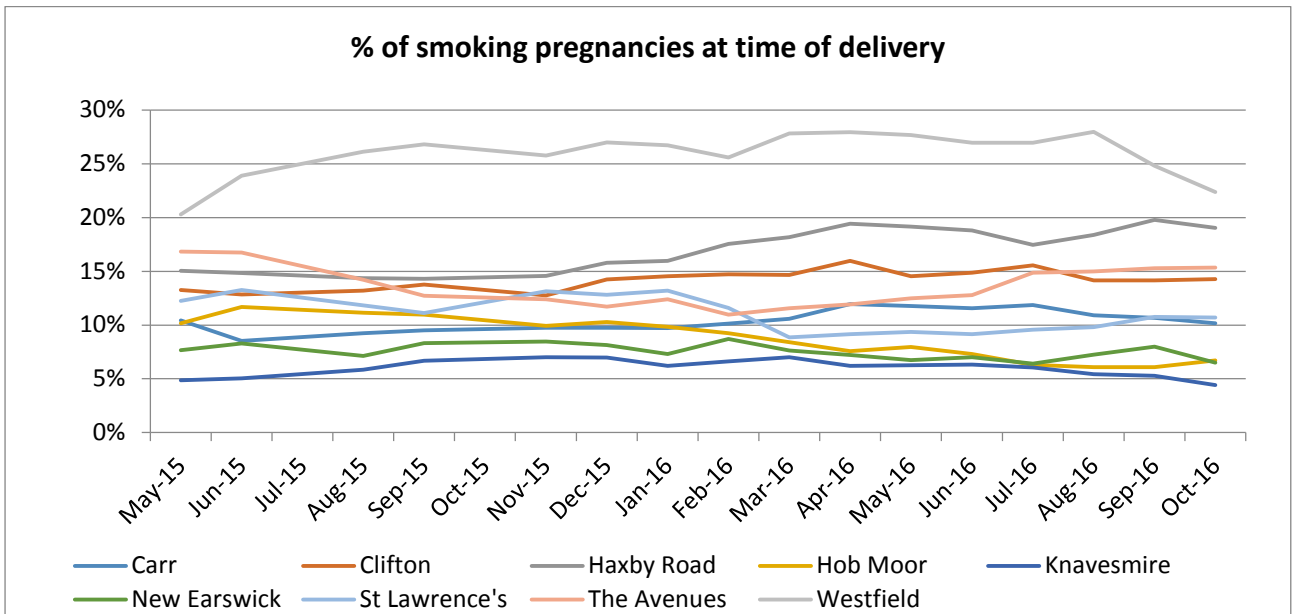
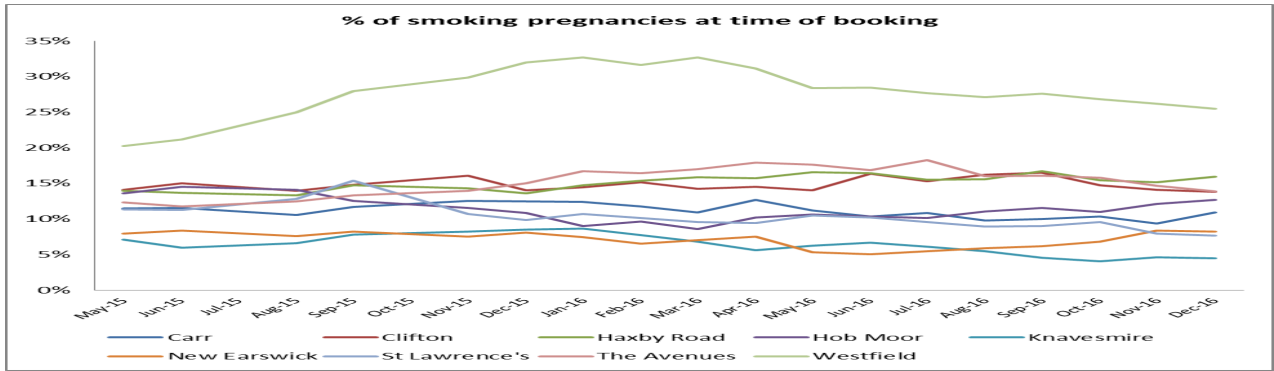
The regional dashboard has not yet been received for this Quarter 4 but the only area where YTHFT were outliers was bookings completed <13 weeks. The Head of Midwifery has updated that it was suspected to be a data quality issue which has now been rectified and the Trust dashboard now demonstrates an improved figure in line with benchmarks.

Smoking rates at Time of Delivery

The number of women smoking at the time of delivery appears to have deteriorated from 10.3% to 12.3%. Whilst there were fewer deliveries in Quarter 4 than previous quarters there was an increase in the numbers smoking. However as there were 19 patients whose smoking status was reported as not known in Q3 these patients could not be included in the calculation (some of them may have been smokers, and so the proportion of smokers is artificially lower as a result) which could affect the overall percentage.

Whilst the number of women in York smoking at time of delivery is low overall compared to other areas both locally and nationally, detailed data from City of York Council (CYC) has highlighted areas within the city where rates are significantly higher than the national average, making those areas a concerning outlier.





The graphs clearly illustrate areas where the rates are high. An audit of the service is planned within the next few months with an improvement plan being formulated by CYC. CYC are preparing some information for the CCG to promote and advertise the services for pregnant women to ensure health professionals are aware.

The latest York figures show that there were 216 smokers out of 1,879 live deliveries (11.49%) in the 12 month period Jan 2017 to December 2017.

The latest available national figures for smoking at the time of delivery are 10.38%

For York to reach the national average would require 195 smokers out of 1,879 live deliveries which translates to 21 fewer smokers at the time of delivery.

Perinatal Mental Health

Several multi-agency multidisciplinary meetings have taken place to prepare for the forthcoming NHSE funding for perinatal mental health services. Proposals are being agreed within TEWV and the CCG have supported this work. This includes devising a survey to obtain service user feedback on barriers to asking for help and what services should look like. It is envisaged the funding will be released in July 2017.

National Maternity Review

YTHFT continues to progress its action plan to implement the recommendations from the National Maternity Review. Key actions include

- Increased continuity of carers - reorganisation of community midwives into smaller teams. Work to progress this into a quality indicator is underway.
- More midwives trained to teach and support hypnobirth.
- Face to face parent education classes have been reinstated and are evaluating well. This increases choice. Media students from York St John University are involved in updating the on line classes
- Funding received from Health Education England is being used to develop multidisciplinary emergency training in 2017/18 to include human factors and community emergency drills training
- Perinatal mental health training has commenced on mandatory training days for midwives
- Access available to specialist provision for women living in the East Riding planning to give birth at York or Scarborough.
- Links with York and Scarborough IAPT have been made for fast tracked antenatal support as well as the postnatal support already provided. It is proposed that IAPT have a specialist practitioner present in antenatal clinic and the CCG are currently investigating the contract provision to support this
- Involvement in regional maternity clinical excellence group to share learning from serious incidents planned in 2017 by the Yorkshire and Humber clinical network group

Screening and Immunisations update

As reported last month concerns about the cost of vaccine wastage continue and the CCG is supporting Public Health England and Primary Care to make improvements. The CCG is working through the 2017/18 Improvement Plan and priorities for Screening and Immunisations and further information will be provided in the next report.

Patient Experience

Vale of York CCG Complaints

7 complaints were registered in the CCG during March and April:

- 1 patient unhappy with the CCGs policy on epidural/steroid injections for back pain
- 1 relative raised concerns about the quality of some of the community equipment prescribed for her mother

5 of the complaints related to Continuing Health Care and were forwarded to the CHC management team for investigation:

- Mishandling and lack of communication regarding an application for fast track funding
- Relative unhappy with the handling and communication of email enquiries and questions regarding patient's CHC assessment
- Request for CHC reassessment due to non-compliance with National Framework
- Relative not sent standard information letter regarding CHC process and incorrect forms completed delaying reimbursement
- Patient unhappy with attitude and manner of nurse assessor, assessment of needs and provision of care.

The CHC team received positive feedback from two relatives. One family were very grateful for the team's help in putting care in place to support their son to die at home with his family. His mum said that he never wanted for anything and the team had been amazing.

Another relative thanked the team for helping to get her mother home, she said they had felt supported as a family and that their interests had been considered by the staff involved.

47 concerns/enquiries were managed by the CCG

- 14 of the contacts related to BMI/Smoking thresholds – the majority of contacts understood the rationale supporting the policy but were still concerned about it and how it affected them personally. Some wanted advice on the Individual Funding Request process and a couple of people said that their GP had not mentioned, when a referral was being discussed, that their BMI was above the threshold criteria.
- 3 of the contacts about prescribing related to clarification or concerns regarding branded medicines being replaced with generic alternatives. The changes have been made to try and reduce prescribing costs in moving to equivalent but more competitive drugs and the patients accepted the explanation.
- 4 contacts required information relating to the CCGs IVF policy.
- 9 contacts were from a persistent contactor which required no further action.

The table below shows CCG activity for all types of contact during the two 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
Bariatric surgery	Communication/information	2
	Referral	1
BMI/smoking thresholds	Commissioning decision	6
	Communication/information	8
Website	Communication/information	1
CHC	Communication/information	7
	Funding decision	1
	Staff attitude	1
Dermatology	Commissioning decision	1
IVF	Commissioning decision	2
	Communication/information	2
Pain management	Commissioning decision	1
RSS	Communication/information	1
	Referral	2
IFR	Funding decision	2
Prescribing	Medicine management	4
Community equipment	Prescribing	2
Cancer care	Commissioning decision	1
Persistent Contacters	N/A	9

Other Organisation Complaints / Concerns

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

Provider/Service	Primary Issue	Contacts
CYC		
Public Health	Staff attitude	1
	Communication/Information	1
GP		
GP	Staff attitude	1
	Access	1
Dental		
Dentist	Discrimination	1
	Access to treatment	1
HDFT		
Podiatry	Staff attitude	1
TEWV		
ADHD	Commissioning decision	1
	Waiting time	1
CAMHS	Clinical care	1
CMHT	Clinical care	1
IAPT	Waiting time	1
YTHFT		

Emergency Dept	Clinical care	2
MSK	Waiting time	1
Physiotherapy	Communication/information	1
Radiology	Communication/information	1
Orthopaedics	Appointment	2
	Clinical care	1

Actions arising from complaints and concerns:

- Healthwatch alerted the CCG to a potential problem with the availability of a particular drug, following feedback from an individual. The CCG was able to provide reassurance that the drug had not been reported as in short supply, however, there had been a national shortage of one particular strength of the medication, but the tablets were available in different strengths and also as a syrup. Therefore pharmacies and GPs can ensure patients are able to obtain appropriate medication.
- The CCG had an enquiry from a GP about how to access Functional Electrical Stimulation for a patient. They had been directed to the CCG by the patient's neurological consultant, as this is not a treatment that is provided by York Hospital, and is not often asked about. The RSS team researched this and were able to provide details of a clinic that the patient could be referred to and funding provided if the criteria was met
- The CCG were contacted by the mother of a child for whom a tray had been ordered for a wheelchair (by the previous wheelchair providers) for the child to use at school and they had experienced a long delay. The area manager investigated this to understand what had gone wrong on this occasion and was able to resolve it quite quickly. They also explained a process had been implemented which should prevent this happening in the future.

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.

Patient Opinion website: 17 positive postings and 7 negative relating to services provided by York Teaching Hospital. 4 negative postings regarding mental health services provided by TEWV.

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	190
Scarborough	4	89
Selby War Memorial	5	21
Malton	4	17

Healthwatch York: Healthwatch York held an Assembly on 25 April 2017 during which they reported that following consultation with local residents, one of the areas they will be seeking feedback from the public is dental services.

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. Currently 82 are regularly monitored.

- Outstanding: 1 (Christmas Lodge)
- Good: 53 (Denison House Residential Home in Selby has improved their CQC ratings since the last report, from inadequate to good)
- Requires improvement: 25
- Inadequate: 0
- Met the standard (inspected within old categories): 1 (Woodside Residential Home - LD in Pickering)

ii) Care Homes – Adult Safeguarding Update

Amelia House (York- Four Seasons) – 80 beds – nursing and residential care – increased oversight at present due to concerns about leadership. New manager is in post. Joint safeguarding and CYC will be undertaken within next month.

Firth House (Selby – Anchor Trust) - 40 beds – residential/dementia care – in North Yorkshire collective care process due to increased falls. The death of one resident was subject to a safeguarding enquiry and is currently with the Coroner.

Dennison House (Selby – Eldercare Ltd) – 30 beds – residential (previously nursing but de-registered) – as previously reported was inadequate in all domains but CQC have published latest inspection report which rates as good in all domains.

Chocolate Works Care Village (York) –102 beds new facility opening June - dementia nursing and residential care with also 2-person apartments. Watching brief as will be all self-funding clients. New manager has links with CCG's Partners in Care group.

Care Home – Verification of Expected Death (VOED)

BMA guidance states that a GP is not required to attend a care home to verify an expected death. This can be done by a 'competent adult'. The process of not attending care homes has most recently been adopted by the Out of Hours medical

services in York (Vocare) and has been in place for a significant amount of time in North Yorkshire.

The preparedness of care home organisations has been tested recently with two situations coming to light. The first where owners of a residential home have asked for a view from the Department of Health through their local MP when an Out of Hour doctor refused to attend to verify a death and then sent a follow-up letter reminding the manager of the new process. The owners have raised concerns about the consequences of adding this responsibility onto care staff.

The second is a distressing case of an expected death occurring in a care home at night complicated by the DoLS process, OOH GP refused to attend; and as a consequence of a number of subsequent miscommunications the body remained at the home for two/three days.

Further work will be required to develop supporting guidance for care home organisations and develop opportunities for training. The CCG is leading a response to issues raised at their Partners in Care meeting in relation to this and have convened a meeting with the GP OOH provider, Designated Professional for Safeguarding Adults, YHFT End of Life Care Lead and Care Home leads.

iii) CQC Inspection – Tees Esk and Wear Valley NHS Foundation Trust

The CQC inspected long stay rehabilitation mental health wards and community mental health services for people with learning disabilities or autism in January 2017 and has rated them good overall. Inspectors found the community mental health services to be Outstanding for caring domain, but that the safety of the long stay rehabilitation wards required improvement. Their rating for well-led has been amended from Outstanding to Good.

CQC's main findings included:

- Inspectors saw that staff engaged with patients in a caring, compassionate and respectful manner on wards.
- Feedback received from patients and carers was positive in relation to the care and treatment they received and they felt involved in care planning.
- The trust worked actively to promote the wellbeing of staff. As a result, the overall sickness rate was low and staff morale was generally high.
- Staff carried out comprehensive assessments of patients' needs and reviewed their risks regularly.

CQC have told TEVW where they must make improvements including:

- Ensure it complies with the Department of Health guidance on mixed sex accommodation with the provision of female lounges.
- Ensure that they improve the environment to ensure patient dignity and privacy at Cherry Tree house.
- Ensure that each ward has a suicide prevention environmental survey reviewed annually in line with their policy. Staff must be aware of ligature risks and blind spots on the wards and be able to identify how they mitigate these.

iv) North Yorkshire and Humber 999/111 (Yorkshire Ambulance Service) Sub-Regional Quality Group

A North Yorkshire and Humber 999/NHS 111 sub-regional quality group has been established which brings together the Hull and East Riding NHS 111 Clinical Governance and Quality Assurance meeting and the Yorkshire Ambulance Service Patient Safety and Incident sub-group.

The lead commissioners for the services remain the same. The NHS 111 lead commissioner is NHS Greater Huddersfield CCG and 999 coordinating commissioner is NHS Wakefield.

The main function of the meeting will be to focus on ensuring the clinical quality, safety, effectiveness and experience of the services provided and will include but is not limited to complaints, incidents, serious incidents, healthcare professional feedback and end to end reviews. The group will also consider the wider patient safety and quality agenda in support of learning and service development identifying transferable best practice and lessons learned for implementation by the providers and wider NHS.

Quality and patient safety leads are invited and the Quality Team will ensure that the CCG is represented.

52 Week Waits

NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14.

In March 2017 the Trust reported 1 52 week breach relating to a patient who had surgery cancelled twice due to winter pressures and then was unable to attend surgery due to holiday commitments. The patient was treated at the beginning of April 2017.

On a weekly basis, the Trust reviews every patient who has waited over 40 weeks and a plan is put in place. The majority of the long waiters relate to patients waiting for maxillofacial surgery and work is being outsourced both to Harrogate and James Cook Hospitals to address the back log. We continue to receive updates and assurance about the impact for these patients in terms of quality and safety via the Quality and Performance Sub Contract management Board.

Cancer

YTHFT performance against the 62 day first treatment from GP referral was reported as 78% for February 2017 against a target of 85%. In response, NHS England have issued 62 day cancer standard operating model and support for recovery guidance which the CCG and Cancer Leads from local Cancer providers are scoping with the expectation of improvement by September 2017. At a speciality level those that are significantly underperforming against this target include upper gastrointestinal tract, lung, prostate and colorectal cancers and this work will focus on these pathways.

YTHFT performance against the February 2017 two week waits Fast Track referral for suspected cancer improved and was reported at 93.9% against a target of 93%.

However a short fall in dermatology consultant capacity continues to have a significant impact at a speciality level. Vale of York CCG and YTHFT are working collaboratively to improve the quality of the referrals by attaching photographs from Primary Care in response to this.

Macmillan GP Lead Update

End of Life Care

The CCG's Macmillan GP Lead is working with YTHFT's End Of life Care Lead to develop a more useable version of the End of life Care Plan in the Community. An electronic solution would be the most favourable and systems that are effective across other CCGs are being considered.

Roll out of Dermatoscopes to GP Practices

A number of dermatoscopes have been distributed to GP practices across the CCG to improve the quality of photographs that are added to two week wait referrals for suspected skin cancer. An education event supported GP training and the numbers of referrals with photographs attached increased by forty per cent in April 2017 as in response to this initiative. This directly impacts on the hospital being able to triage referrals more appropriately and ensures that Dermatology Consultant capacity is used as efficiently and effectively as possible.

York Against Cancer have kindly supported the funding for this equipment and the intention is to pursue additional funding so that all GP practices have access to them.

Cancer Education

The CCG are planning an education event with YTHFT about acute oncological emergencies. This is planned for July.

Cancer Care Reviews

Cancer Care Reviews are carried out in General Practice for all those with a diagnosis. The Macmillan GP Lead is reviewing the quality of the reviews to assess for good practice as well as areas for shared learning and improvement.

Mental Health

Improving Access to Psychological Therapies

The CCG have worked with TEWV and the National Intensive Support Team from NHSE and NHSI to understand the local challenges and develop an action plan to improve the performance and quality of the local service including waiting times. We are awaiting a final agreement of the action plan and this will be included in the next QPEC report.

Dementia

Performance has shown incremental improvement over the year although remains below the national target. Revisions to the estimated prevalence of dementia rates have also had a positive impact on the April position.

The CCG is working with NHSE and NHSI intensive support team and a 2 day multi stakeholder programme is being held in July to analyse the local system and develop actions to address the local challenges.

Children and Young People

The three services that the CCG commissions from TEWV are autism assessment and diagnosis, Child and Adolescent Mental Health Services (CAMHS), and Attention Deficit Hyperactivity Disorder (ADHD) assessment and treatment (as part of CAMHS services).

All services are provided by TEWV under the Mental Health contract under a single specification for all children's Mental Health and autism service which sets out delivery and quality expectations. However waiting lists for assessment and treatment are unacceptably long.

All Children and Young People (CYP) referred for autism assessment are waiting longer than the NICE recommended 13 weeks, with an average of 39 weeks. However, the diagnostic rate has improved, with 70% of assessments receiving a positive diagnosis, up from 50% in April 2016. Work this year has established that CYP waiting for assessment and commencement of treatment for CAMHS (which includes ADHD) are finding that 22% are waiting longer than 12 weeks for assessment, and of those referred on for treatment, 72% are waiting longer than 12 weeks to commence treatment.

There has been work to review and improve the situation to improve the quality of experience for CYP. Key actions include:


- Actions against improvement for CYP mental health and autism is monitored at Quality and Performance sub Contract Management Board meetings with TEWV
- Workforce and capacity gap analysis was produced by TEWV at end May 2017
- Service developments driven by the specification, including Single Point of Access to provide a preliminary assessment of referrals
- Development, through New Models of Care, of an enhanced crisis support team, and planned home intervention service. The crisis support team will take pressure off clinicians whilst keeping CYP at home rather than making inpatient referrals. This also addresses the high level of referral into Tier 4 beds in Vale of York
- Monthly KPI monitoring and quarterly monitoring of autism waiting times

Risk Register

The process that supports identification and management of risk is being reviewed by the CCG and we will provide an update report for the next meeting.

Currently, the following RAG rated red and amber risks related to Quality are included on the Risk Register:

- There is a risk that the CCG fails to function effectively due to PCU staff in transition following restructure
- There is a risk that CHC systems and processes are non-framework compliant
- CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions
- CHC Fast Track - There is a potential risk of failure to fulfil packages of care which result in delayed transfers or limited choice for patients
- Disaggregation of Special School Nursing
- Lack of assurance on quality and performance monitoring in Primary Care
- There is a risk that the CCG may not receive assurance that providers are taking NICE guidance into account
- There is a potential risk that the CCG does not receive timely updates to the PCU risk register and may not be fully briefed regarding risk exposure

Item Number: 12	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
Report Title – Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in York	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report This report records the findings of the review of health services in safeguarding and looked after children services in York. It focuses on the experiences and outcomes for children within the geographical boundaries of the local authority area and reports on the performance of health providers serving the area including Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs). The review carries a number of recommendations for the CCG (page 47) and partners. The Designated Professional for Children's Safeguarding, Karen Hedgley is bringing together the partner action plan. The Safeguarding Children's Board is the body responsible for overseeing the associated action plan. Regular updates will be provided to Governing Body.	
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 checked="" type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Emerging Risks (not yet on Covalent)	

Recommendations

Governing Body is asked to acknowledge the report.

Responsible Executive Director and Title

Michelle Carrington
Executive Director for Quality and Nursing

Report Author and Title

Care Quality Commission

Review of health services for Children Looked After and Safeguarding in York

Children Looked After and Safeguarding

The role of health services in York

Date of review:	12 th December 2016 to 16 th December 2016
Date of publication:	9 th June 2017
Name(s) of CQC inspector:	Lucy Harte, Jeffrey Boxer, Daniel Carrick, Lea Pickerill
Provider services included:	City of York Local Authority, Public Health Harrogate and District NHS Foundation Trust (HDFT) York Teaching Hospital NHS Foundation Trust (YTHFT) Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Lifeline York Integrated Recovery Service
CCGs included:	Vale of York
NHS England area:	North Region (Yorkshire and Humber)
CQC region:	North
CQC Deputy Chief Inspector, Primary Medical Services and Integrated Care:	Alison Holbourn

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Summary of the review

This report records the findings of the review of health services in safeguarding and looked after children services in York. It focuses on the experiences and outcomes for children within the geographical boundaries of the local authority area and reports on the performance of health providers serving the area including Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs).

Where the findings relate to children and families in local authority areas other than York, cross-boundary arrangements have been considered and commented on. Arrangements for the health-related needs and risks for children placed out of area are also included.

About the review

The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups.

- The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.
- The focus was on the experiences of looked after children and children and their families who receive safeguarding services.
- We looked at:
 - the role of healthcare providers and commissioners.
 - the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.
 - the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.
- We also checked whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, Working Together to Safeguard Children 2013.
- Where we found areas for improvement in services provided by NHS but commissioned by the local authority then we will bring these issues to the attention of the local public health team in a separate letter.

How we carried out the review

We used a range of methods to gather information both during and before the visit. This included document reviews, interviews, focus groups and visits. Where possible we met and spoke with children and young people. This approach provided us with evidence that could be checked and confirmed in several ways.

We tracked a number of individual cases where there had been safeguarding concerns about children. This included some cases where children were referred to social care and also some cases where children and families were not referred, but where they were assessed as needing early help and received it from health services. We also sampled a spread of other such cases.

Our tracking and sampling also followed the experiences of looked after children to explore the effectiveness of health services in promoting their well-being.

In total, we took into account the experiences of 64 children and young people.

Context of the review

The latest published information from the Child and Maternal Health Observatory (ChiMat) 2016 shows that children and young people under the age of 20 make up 21.6% of York's population. There are 10.1% of school aged children from a minority ethnic group. The proportion of children under 16 living in poverty is 11.2% which is less than the England average of 18.6% and the rate of family homelessness is better than the England average. The number of children in care is slightly less than the England average but not significantly.

The ChiMat data shows that on the whole, the health and wellbeing of children in York is generally better than or not significantly different to the England average for most of the attributes measured. For example children and young people in York have better than average levels of obesity. However, hospital admissions as a result of self-harm in the 10-24 year age group have increased in the last three years and are significantly worse than the England average, as are hospital admissions due to dental caries for one to four year olds.

The Department for Education (DfE) provides annual statistics of outcome measures for children continuously looked after for at least 12 months. As at March 2015, York had 145 looked after children that had been continuously looked after for at least 12 months (excluding those in respite care), 15 of whom were aged five or younger.

The DfE data indicates that a lower proportion of York's looked after children had received an annual health assessment, 69% compared to an England average of 89.7%. The national data also shows that 93.1% of looked after children in York are up to date with their immunisations however we have been told by the provider in York that currently this figure is closer to 61%. This compares to an England average of 87.8%. The percentage of looked after children who have had their teeth checked by a dentist is 75.9% which is lower than the England average of 85.8%.

The strengths and difficulties questionnaire (SDQ) is a brief behavioural screening tool that can be used to assess three to 16 year old children and young people. It exists in several versions to meet the needs of researchers, clinicians and educationalists. In York the average score has increased since 2013. The most recent average of 15.1 in 2015 is considered to be borderline cause for concern and is above the England average of 13.9.

Commissioning and planning of most health services for children are carried out by Vale of York CCG.

The Named Nurse for looked after children and the looked after children specialist nursing team are provided by Harrogate District Foundation Trust (HDFT)

Acute hospital services are provided by York Teaching Hospitals NHS Foundation Trust (YTHFT).

Community based services (health visiting and school nursing) are commissioned and provided by City of York local authority.

Child and adolescent mental health services (CAMHS) are provided by Tees, Esk and Wear Valleys NHS Foundation Trust.

Specialist facilities are provided by Leeds and York Partnership NHS Foundation Trust (CAMHS inpatient unit).

Contraception and sexual health services (CASH) are provided by YTHFT.

Child and adult substance misuse services are provided by Lifeline York Integrated Recovery Service.

The last inspection of safeguarding and looked after children's services for York took place in March 2012 as a joint inspection, with Ofsted. At that time, the contribution of health agencies to keeping children and young people safe was judged to be good as was the overall effectiveness of services for looked after children. Recommendations from that inspection were considered during this review.

Findings from CQC regulatory inspections of registered providers as they relate to children and young people have been considered as part of this review.

The report

This report follows the child's journey reflecting the experiences of children and young people or parents or carers to whom we spoke, or whose experiences we tracked or checked. A number of recommendations for improvement are made at the end of the report.

What people told us

We spoke with the parent of a young child who had received care and support at York hospital's emergency department (ED). When asked about their wait to be seen they told us:

"It was OK but it took quite a while. We had to wait for a long time but luckily he (their child) was not seriously ill."

We asked them what they thought of the waiting area. They told us:

"It's what we have to do isn't it. It would be nice if we could have waited somewhere else but it wasn't a problem. I have been here before now on my own in the evening and it was really noisy, full of drunks. I wouldn't have wanted to bring my son here on a night like that."

They went on to tell us:

"The staff are lovely here. They all seem so busy but they take the time to reassure you and do their best for you. I don't know how they do it."

Some parents told us the following about their perinatal experiences:

"Health visitors have been brilliant. They have really supported me – couldn't fault them."

"The labour midwives were outstanding."

"I had to go to A&E a few times and they were very reassuring - that was a really good service."

A young person told us this about their experience as a child in care:

"Overall my last health review was pretty good. We nattered first and that made me feel more comfortable instead of just going in there with questions."

"I missed my HPV vaccine but I didn't get told until I was halfway through my maths lesson and someone came in to get us. We need to be given notice, at least 24 hours. I had to have it that way because I have moved around."

The child's journey

This section records children's experiences of health services in relation to safeguarding, child protection and being looked after.

1. Early help

1.1 York Teaching Hospitals NHS Foundation Trust (YTHFT) have an established arrangement to notify GPs when children and young people attend the Emergency Department (ED); this consists of a letter generated from the electronic patient record keeping system. However, the notification arrangements to the 0-19 service are not robust; notification of attendances of children aged 0-5 at ED are routinely sent to Health Visitors. The same cannot currently be said of children aged 5-19. There is an overreliance on the professional judgement of individual practitioners to share concerning information such as repeated attendances to the ED. The absence of a dedicated paediatric liaison function prevents the review of care and actions taken by ED staff when children have attended.

[\(Recommendation 1.1\)](#)

1.2 Midwives within YTHFT use an *aide memoir* assessment tool to help them better consider risk in pregnant women. The assessment is aimed at both the mother and her partner and considers a range of factors. These include; previous children involved with social care or children looked after; whether there is a history of abuse, criminality or other safeguarding concerns; the vulnerabilities of parents under 16 years of age; relationships, domestic abuse and maternity care such as concealed pregnancy and substance misuse. This tool provides practitioners with clear guidelines to; assess risk, refer to support services and also includes contact details for YTHFT safeguarding professionals.

1.3 York community midwives have positive working relationships with health partners. York community midwives undertake joint assessment and handover visits with health visitors and, where possible, in the clients' home so that they can better assess the impact of the home environment. We were made aware that, on the whole, midwives have good working relationships with York GPs. The majority of midwives are invited to and attend practice meetings where the effectiveness of support offered to vulnerable clients can be discussed. This is a positive arrangement because it enables midwives and GPs to be fully sighted on additional needs that will influence their safeguarding risk assessments and subsequent referrals.

1.4 The health visiting service delivers the universal healthy child programme to children aged five years and under in York. This includes the mandatory ante-natal, new birth, six weeks, one year and two to two-and-a-half year visits as well as healthy child clinics at each of the city's children's centres every week. However, managers we spoke with acknowledge that the number of children receiving the two to two-and-a-half year checks is low; this may limit the opportunity to identify new or emerging health needs to support children's readiness for school.

Our review of the data supplied by the health visiting service further indicates that health visitors in York see fewer children for all milestone dates than the rest of England. For instance for the first quarter of 2016 to 2017, the percentage of newborn infants seen within 14 days is at 74% compared with an average of 88% for the rest of England. For the one year review and the two to two-and-a-half year reviews this rate is lower still with 24% and 22% respectively compared with the England averages of 74% and 76% for the same period. Although there is evidence that the trend is generally improving, these rates are nonetheless disappointing and indicate that any additional needs would not be identified as early as they should be and opportunities for early help are delayed. *We have brought this significant shortfall to the attention of public health at City of York local authority as commissioner and provider of the Healthy Child Service.*

1.5 The health visiting service provide support to vulnerable families under the category of universal plus which aids the timely identification and response to their additional needs. The co-location of the health visiting teams in York children's centres has resulted in more ready access to these local additional services and this facilitates the role of the health visitors as lead professionals under the family early help assessment (FEHA) processes. For example, in one of the cases we were tracking across services, we noted that the health visitor had arranged support for a family from the children's centre and the engagement of a child development worker; this secured good outcomes for the family prior to moving out of area. However, the FEHA documentation was not always used by the health visitor to assess the level of need and, in this particular case, would have helped the health visitor to rationalise the need to escalate the matter to social care as a potential child in need. *We have brought the inconsistent use of the FEHA form to the attention of public health at City of York local authority as the commissioner and provider of this service.*

1.6 The health visiting service advised us that they receive notifications of children's attendances at the ED at York hospital in the form of typed information taken directly from the ED clinical notes. We saw evidence in files examined that such notifications are sent to health visitors although the service was not assured if all attendances at the ED are notified to them or simply those where there are identified concerns. When notifications are received, health visitors review the information and follow-up as necessary, such as a home visit or telephone call to establish whether the family require any additional support following the episode of urgent care. We have commented above on the need to improve the consistency of notifications from the ED at the York Hospital. ([Recommendation 1.1](#))

1.7 At key points of transition, we have seen some examples of health services working together well. For example, joint visits between community midwives and health visitors in the family home and face-to-face health visitor to school nurse handovers when there is an identified need. This prevents drift during times of change in practitioners and allows opportunity for continued engagement with families.

1.8 The school nursing service is accessible for young people within mainstream education in the City of York through a variety of pathways including through 'drop-in' sessions at all secondary schools. This enables early identification of children and young people's emotional and physical needs such as low self-esteem, enuresis and contraception. It also provides opportunities for early help services to be considered.

1.9 School nurses are not informed by CAMHS about children and young people who are receiving support from that service. This means that school nurses cannot take full account of a young person's emotional needs during their interventions and this is a gap. The absence of information from CAMHS is also evident for looked after children. This carries more significance as the school nurse completes the looked after child health reviews. Missing information about a child's emotional and mental health can lead to an inaccurate and less meaningful assessment. ([Recommendation 2.1](#))

In one case examined, the school nurse had extensive knowledge of a child in care's history including not being brought to appointments. The young person had recently been placed with a member of the extended family. The CAMHS record showed that an appointment had been offered but not attended. The CAMHS service was not aware of the young person's status as a child in care. This means that they were unable to consider the impact of this on the young person's emotional health which limited effective and meaningful communication with professionals. When we looked at the case in the school nursing service, they were not aware of a CAMHS referral or and that recent appointments had been missed. This means that the school nurse was not able to fully understand the young person's emotional health needs and care at the health review and the emotional health needs of the young person are still not addressed.

1.10 The issue of CAMHS assessing vulnerabilities for children who do not attend appointments is further compounded by historical records being stored off site and there being no child in care pathway in CAMHS. In the example provided, if CAMHS had communicated with the school nursing service, this would have provided an opportunity to give context to the case, understand the significance of the young person not attending the appointment and allow follow up by universal health services. ([Recommendation 2.2](#))

1.11 The CAMHS are in the process of making a number of service changes designed to improve the way children and young people access the service and the arrangements for assessing and meeting their emotional needs. The single point of access (SPA), due to be formally launched in January 2017, is being piloted and we saw how new referrals into the SPA are being quickly reviewed and allocated assessment appointments to practitioners who have expertise in their identified need. Care pathways are being introduced to support a structured approach to providing intervention, though it is too early to comment on the impact of this work. This approach is supported by the newly appointed emotional health and wellbeing workers operating out of York schools to try and make the service more accessible to children and young people and facilitate timely referrals to early help services. In both GP practices we visited, primary care staff identified challenges in knowing where to refer children and young people when the concern is not high risk which means that some referrals to support services are less timely for children and young people. ([Recommendation 5.1](#) and [2.14](#))

1.12 Contraception and sexual health services (CASH) as provided by YTHFT since July 2015 is an 'all ages' integrated service providing sexual health and genitourinary services to people across York with the aim of providing 'one service by one practitioner to clients in the area. Young people can access services at various locations such as GP surgeries, colleges, and universities across the area which means people will generally not have to travel far to obtain care and support. Young people can self-refer into the service which removes barriers to accessing support.

1.13 CASH services include a specialist clinical outreach team (SCOT) to provide clinical services from those locations and sites in York. The team engage with sex workers, clients who access sex via internet web sites and people who attend public areas for sex. This is good practice to engage and offer support to people of all ages who undertake risky sexual activities and particularly an opportunity for practitioners to identify vulnerable young people, support them with services from their own agency and refer for further support to social services and vulnerable, exploited, missing and trafficked (VEMT) processes.

1.14 The CASH 'SCOT' also provides a service to groups of the population based on geographically mapped need. For example, outreach work to public places where risk taking behaviour has been identified and 'teach and screen' educational and screening events delivered in York colleges. Young people over 16 years of age can access an initial service online. This provides opportunity for health promotion and risk assessments for some clients in the city who would otherwise not access such a service.

1.15 CASH services demonstrate use of user feedback to improve service provision. For example, starting in January 2017 a specific Monday service provides an opportunity for young people between the hours of 8am and 4pm to access emergency contraception and sexual health testing should they require it following the weekend.

1.16 York 'Lifeline' adult substance misuse service is accessible for clients in York. There are no barriers to referral into service. Most referrals come from GPs and clients can self-refer. Initial consultation is usually within a week which means that there are no delays in assessing risks to children and young people posed by the adult's substance misuse.

1.17 The adult substance misuse services provide care and support to clients aged 18 years and over. There is a young person's service for clients who are 18 years and below with no lower age limit. A prescribing team liaises closely with GPs and other health services to ensure holistic care packages are offered. This supports practitioners to think family when working with adults.

1.18 Adults who require support from the adult mental health service for the first time or who return to the service, are initially assessed by the TEWV single point of access or by the crisis team in urgent situations. Practitioners are supported to 'think family' during this initial, or 'access' assessment by the use of mandatory safeguarding questions embedded into the assessment template which is part of the electronic case management system. This template requires practitioners to ask whether the client is a parent or carer or has access to someone under 18; whether the mental health of the client has an impact on their parenting or family life; whether the family has an impact on their mental health and whether there are any safeguarding children concerns.

In one case examined that was managed by the crisis team these questions were considered in some depth through dialogue with the family's health visitor. This ensured that the child's needs were considered during the initial assessment process.

1.19 GPs we spoke with told us they are not routinely represented at multi-agency risk assessment conference (MARAC) meetings. Primary care leaders acknowledge that there is more work to do to involve GP's in the full MARAC cycle so that they receive relevant information and outcomes. The work of the primary care nurse consultant and named GP has resulted in all GP practices receiving information about cases discussed at MARAC that involve their patient as the victim or any associated children. This has helped the practices to make informed decisions relating to children who might witness domestic abuse. We saw one case example of a GP whose attendance at a MARAC conference was facilitated by the MARAC chair to co-ordinate with the break in surgery times. When GP's have contributed to a MARAC, sharing relevant action plans would support management of risk to the victim and family. ([Recommendation 3.1](#))

2. Children in need

2.1 On entering the ED at York hospital, children and young people's demographic details are taken at the reception desk alongside adult patients. Although there is a small younger children's gated play area to one side, children and young people await triage in the shared waiting area as there is no dedicated environmental paediatric provision. ED staff make efforts to see children as a priority over adult patients, however this is not always possible due to medical emergencies. During our visit we saw children waiting amongst adults who had also been assessed at triage as requiring care at the earliest opportunity. These arrangements are not consistent with the relevant standards for children in emergency care settings. This also means that children must wait to be seen in an environment that is potentially distressing. ([Recommendation 1.2](#))

2.2 The absence of bespoke paediatric facilities persists once children leave the waiting area. After triage, some children are directed to be seen by a GP working on the unit. Those who need to be seen by ED staff for further assessment and treatment are placed into generic, curtained cubicles that are also used by adult patients. We saw several adults in cubicles where the curtains were either fully or partly open in the same part of the ED used by children. If children are directed to other areas of the hospital, such as the x-ray department, we saw that they again have to wait in areas shared by adult patients. This means there is a risk that vulnerable children might witness or hear distressing situations. ([Recommendation as at 1.2 above](#)).

2.3 CAMHS provide an assessment service to the ED seven days each week between 1pm and 9pm. Outside of these hours telephone support is available from a CAMHS consultant. CAMHS are providing a 7 day follow-up after hospital attendance and admission which is in line with best practice guidelines and provides timely support for vulnerable young people. However, ED and paediatric ward staff told us that there can be delays in accessing out-of-hours CAMHS advice when the on call practitioner is off work due to sickness for example. This means there can be a delay in accessing appropriate CAMHS specific advice and care. ED practitioners advised us that they routinely seek advice from the on call adult mental health service for assessment before a young person is admitted to the paediatric ward. ([Recommendation 2.3](#))

2.4 Health visitors routinely enquire about the risks of domestic abuse with new mothers. These questions are asked at the antenatal and new birth visits and the response is noted in the child's record by way of a check box as part of the recording template together with any relevant explanatory text. This enables the health visitor to consider whether there is a risk to the mother and newborn infant and to take appropriate action by way of referral to social services if necessary. However, the template simply records that the question is asked and is left blank if, for example, the health visitor is unable to ask the question such as if it had not been safe to do so. This means that information about domestic abuse risks does not appear in the record and there is no other opportunity to consider those risks. *We have brought this to the attention to public health at City of York local authority as the commissioner and provider of the 0-19 healthy child service.*

2.5 In one case examined in health visiting, we saw that there had been clear documented risks about domestic abuse in earlier entries within the record, including an earlier antenatal joint visit by another health visitor in another part of the city in conjunction with the community midwife where these risks were evident. However, a subsequent antenatal visit when the mother-to-be had moved into another area of York and later new birth and six week visits had overlooked this earlier information. Therefore, an assessment of the risks to the newborn infant had not been properly identified or explored. Whilst we acknowledge that the electronic patient recording system is not configured to alert future readers of a record of any risks, a simple review of recent record entries would have identified these concerns. We asked the service to carry out a review of this case during the review. *We have brought this shortfall in records about routine enquiry regarding domestic abuse to the attention of public health at City of York local authority, as commissioner and provider of the Healthy Child Service.*

2.6 Children in York who need medical support in school, such as in the use of an Epipen for the emergency treatment of anaphylaxis, do not benefit from a whole school training approach to meeting their needs. There has been a recent change to how this service has been commissioned and the impact of the new accredited training session is not yet known.

2.7 Young people aged 16 years and over can access sexual health screening services online. Where appropriate, this leads to a telephone assessment prior to a screening test kit being sent to them. The telephone consultation follows the same format as a face-to-face consultation which includes the use of a 'spotting the signs' child sexual exploitation (CSE) assessment, and is strictly for young people aged 16 and over. Children aged under 16yrs who access the face to face service are routinely screened for CSE using the spotting the signs screening tool. A sexual health service may be the first service a young person accesses alone and so this is good practice to routinely identify vulnerabilities.

2.8 York adult substance misuse services includes a team called 'ATLAS' which works with children and young people affected by parental or carer substance misuse. With parental consent the team provide support to children, as well as carrying out some family work such as health promotion and signposting to the peer led recovery community. They also provide educational support in schools and colleges across York. For example they commissioned 'The Invisible Man' theatre company to provide a monologue production to educate children in why people abuse substances, how to recognise the signs and symptoms and what support is available for all those affected. In appropriate circumstances, this allows children and young people to be informed which supports them in accessing support as they need it.

2.9 In the adult mental health service, whilst the 'think family' approach is supported during initial or access assessments, there is some way to go to ensure that this approach is maintained throughout the service's intervention with clients. For example, in one case examined we noted that the child of a client who had presented to the crisis team with suicidal ideation featured prominently in the initial assessment although this was less prominent as the successive interventions progressed. This was a case which would ordinarily have merited some form of safeguarding advice and guidance in the early stages but this was not evident in the record. Towards the end of the short term period of treatment the child had virtually disappeared from the practitioner's on going assessment of their client.

[\(Recommendation 2.4\)](#)

2.10 Midwives we spoke with told us that relationships with mental health teams were continually improving. Advice and guidance can routinely be sought from mental health services for patients aged 16 years and above. Mental health practitioners visit the unit to assess women's mental health needs when required to do so to provide support and guidance to both clients and practitioners.

However, there is currently no specific commissioned service for perinatal mental health in York. Nor is there a formal pathway for pregnant women with mental ill-health to access specialist psychiatric support. Currently, women are referred to the mental health service through the single point of access and generally receive support through the community mental health teams and a psychiatrist with a special interest in this area. The service is currently exploring a number of different funding options and service delivery models but these are not likely to come to fruition in the short term. [\(Recommendation 6.1\)](#)

2.11 We have been encouraged to see that the adult mental health service have recently issued directions to introduce a tool known as the 'Procedure for Assessing and Responding to the Impact of Parental Mental Health on Children' (PAMIC) and have embedded this as a template on to the electronic system. The use of this tool is triggered when a practitioner opens a child safeguarding template on the client record. A practitioner checks boxes on the template to signify the type of risk, such as parental mental health, child protection plan, substance misuse, domestic abuse and others. The practitioner is then directed to open the PAMIC guidance and follow an algorithmic decision making template to arrive at a determination of the level of risk.

In two cases examined we saw that this tool had been effectively used to assess risk to children of clients although the rationale for arriving at this assessment was not strongly articulated in the record. At present, however, this is an optional tool and is not mandatory in every case when a client is identified as having access to a child. Safeguarding practice would be strengthened significantly if this were to be a mandatory tool. ([Recommendation 2.5](#))

3. Child protection

3.1 We cannot be assured that practitioners are applying a think family model to their consultations with adults attending the ED. If adults attend the ED for example following drug or alcohol misuse, staff are not prompted to ask about what access they might have to children. In one case examined we saw that an adult had attended the ED having abused alcohol but we could not ascertain if they had been asked about parental or carer responsibilities. ([Recommendation 1.3](#))

3.2 ED at York Hospital do not use separate documentation other than the addition of 'Under Eighteen'. Paediatric documentation contains some relevant information such as who the child has attended with, but is not specific enough to prompt practitioners to ask enough questions to establish safeguarding risks. This means that safeguarding assessments are reliant on professional curiosity. ([Recommendation 1.4](#))

3.3 Not all children accessing York ED have a child safeguarding risk assessment. ACHILD is an additional form to enable practitioners to be assured that they have completed a robust safeguarding assessment for every child that attends the ED. The form includes consideration of the number of attendances to ED over the last 12 months and if the child is known to social services. However, in records examined, we saw that both nursing staff and doctors do not always complete the documentation accurately and in some instances not at all. In the absence of dedicated paediatric records this arrangement does not support robust children's safeguarding practice. ([Recommendation 1.5](#))

In one case examined a young child was brought to the ED by their mother. The mother had been a victim of domestic abuse during which the child had been grabbed and possibly injured. The perpetrator of domestic abuse was the child's father, who as a consequence was in police custody.

The child was assessed and discharged from ED to be taken to a place of safety by the mother. The assessment led to an appropriate referral to children's social care with relevant risks documented with regards to the child. However, the examined casualty card and referral to children's social care did not document who the father was, whether this question had been asked or if there were any other children in the family who might be at risk.

3.4 At York hospital ED, we examined referrals to children's social care and most of them contained appropriate information about the child being referred. This supports social care and other partners in decision making processes and accurate referrals to children's social care allow timely intervention for vulnerable children, young people and their families.

3.5 In records examined we saw that when making a referral to children's social care, York hospital ED practitioners do not always record if consent to the referral is sought prior to the referral being made. It is important that consent is discussed and ideally obtained from the parent or carer of a child considered at risk unless this would put the child at further risk. Seeking consent will ensure parents are appraised of the reasons for the referral being made and able to secure good outcomes arising from the referral. Gaining consent for safeguarding referrals is supported locally by a recommendation from a recent and local learning lessons review in order to facilitate robust statutory interventions or step downs to early help. ([Recommendation 1.7](#))

3.6 Vulnerable children and young people who are admitted to the paediatric ward at York Hospital in mental health distress are safeguarded well. Environmental risk assessments have been undertaken on the paediatric wards to reduce the risk of vulnerable children and young people in mental health distress being able to self-harm or attempt suicide. The risk is further reduced by the provision of one-to-one support during their time on the ward.

3.7 Once a child or young person in mental health distress is admitted to the paediatric ward at York hospital to await a CAMHS assessment, they are provided with one-to-one supervision from the allocated paediatric nursing resource for that shift or a member of staff from the wider organisation. If the patient is currently a CAMHS inpatient, a member of that team provides the one to one supervision. We were advised that there can be more than one child or young person admitted to the ward to await a CAMHS assessment at any one time and the timeliness of the CAMHS assessment on the ward can be limited by CAMHS staff availability. This places an increased demand on staff and reduces capacity to meet the needs of all patients on the ward. ([Recommendation 2.6](#))

3.8 In records examined in maternity services, we saw that practitioners seek consent from clients when a referral is made to children's social care. Where it is thought that consent might not be given by the parents, we saw that practitioners engage in discussions with the YTHFT safeguarding team to further explore the safeguarding risks. We also saw records that documented clinical decision making when consent was not given. This facilitates client engagement in interventions and provides clarity in regards to application of thresholds by maternity services.

3.9 Practitioners on maternity wards at York hospital are supported to involve security staff when they consider it necessary, such as when a visitor to the unit becomes verbally aggressive. Recent and appropriate improvements have been made to the entrance and exit mechanisms to the maternity ward when it was discovered that they could be bypassed by visitors which ensures that the physical environment is safe for new mothers and babies.

3.10 Electronic tracking tags are available to use on all babies on the maternity ward. However, practitioners we spoke to were not aware of guidance that supports their use and whether consent is needed. This means that safeguarding risks may not always be considered or discussed with parents and carers and rationale for decision making may not always be clear. ([Recommendation 1.8](#))

3.11 Multi-agency pre-discharge plans are routinely used within York midwifery services to assure vulnerabilities are considered and acted on prior to a mother and child being discharged from the unit. Plans examined were detailed and clearly set out roles and responsibilities prior to any discharge decisions being made. This ensures that vulnerable children and families are better protected where risk is identified.

3.12 Community midwives prioritise attendance at all child protection and core group meetings and provide written reports. Invitations to, attendance at and outcomes from child protection conferences are monitored by senior managers on a spreadsheet to ensure appropriate midwifery input into safeguarding processes is maintained. This good practice ensures consistency in child safeguarding practice and secures the expertise of midwives in multi-agency decision making and planning for those in their care.

3.13 Midwives at York Teaching hospital demonstrate that they are aware of increased vulnerabilities during pregnancy. Pregnant women booked at York teaching hospital are asked at least twice during their pregnancy whether they have experienced domestic abuse. When risk is identified a discussion takes place with the YTHFT safeguarding team and a referral is made to the Independent Domestic Abuse Service (IDAS) in York and children's social care in the case of the unborn child. This practice is reflective of NICE best practice guidelines and offers vulnerable women and children timely support.

3.14 Across York, most services prioritise attendance at strategy meetings, child protection conferences and core group meetings. A report is provided by the practitioner for the appropriate meeting. This is good practice to better inform the decision making process. However, in some services, the voice of the child was not reflected by the practitioners report. For example the reports seen in the school nursing service did not evidence that the school nurse had seen the child or attempted to appropriately obtain the views and opinions of the child or young person. This means that the child or young person is not at the centre of the care planning. *This has been brought to the attention of public health at City of York local authority as the commissioner and provider of the 0-19 healthy child service.*

3.15 Health visitors are actively and routinely engaged in child protection processes such as child protection conferences and core groups and we saw evidence of this in the files examined. Health visitors also provide written reports for conferences setting out the information they will share and these reports are shared with parents prior to the conference commencing. We saw evidence of good quality reporting for conferences containing robust analysis and recommendations of the practitioner concerning the desired outcome.

3.16 Although health visitors are actively engaged in child protection processes, not all engagement with those processes is noted on children's records. For example, in one case seen we saw that no written documentation relating to an initial child protection conference had been uploaded to the child's record, including the invitation to the conference or the report submitted by the health visitor. This means there was no accountable record of the contribution of the health visitor to the decisions made by conference. *This shortfall has been brought to the attention of public health at City of York local authority as the provider of the 0-19 healthy child service.*

3.17 Minutes from child protection conferences are mostly received by health service providers in a timely manner. Where the facility is available, the minutes become part of a single patient record. This means they can be used to inform patient care and safeguarding supervision processes which increases the opportunity to identify drift.

3.18 Information sharing between health visitors and GPs is sporadic across York even though each GP practice has a dedicated link health visitor. Vulnerable families meeting arrangements are underdeveloped in some practices but well developed in others. Where formal arrangements exist, meetings between health visitors and GPs take place generally every six weeks. The health visitor service manager and the primary care nurse consultant for York are in the process of developing a revised specification for information sharing arrangements, including scheduled multi-disciplinary vulnerable families meetings. It is hoped that this will standardise practice across the city, ensure that effective planning can take place for each child for whom there are safeguarding concerns and increase multi-agency role awareness. ([Recommendation 3.2](#))

3.19 Health visitors do not always demonstrate professional curiosity in relation to safeguarding risks. In one case seen we noted that parents of a child denied the drug misuse they had been suspected of and told the health visitor that children's social care had closed their case. The practitioner relied upon this assertion and did not check the veracity of the claim with the social worker. Therefore, it could not be ascertained if previously reported risks were still relevant. *This has been brought to the attention of public health at City of York local authority as the commissioner and provider of the 0-19 healthy child service.*

3.20 Referrals made by health visitors to children's social care are generally of a good standard. In one referral made by a newly qualified member of the health visiting, team we noted that key risk features had been well described and analysed alongside the practitioner's observations about protective factors. The health visitor also followed up the referral the following week to ascertain the outcome of the referral; this is diligent practice and ensures the health visitor has a full insight into the case before carrying out the next visit.

3.21 In another examined case we noted that risks to a young mother and her infant arising from the mental ill-health of maternal grandmother were well set out, fully explaining the rationale for the referral by the health visitor to children's social care. A later referral was made by the health visitor in relation to these risks continuing and also in respect of additional risks arising from potential exploitation on the part of a much older male relative. However, the referral was subsequently declined by children's social care. In this instance we noted that there was no use of a CSE screening tool to underpin concerns and enable the health visitor to escalate the concerns appropriately and strengthen the case for social care involvement. **(Recommendation 3.3)** *This has also been brought to the attention of public health at City of York local authority as the commissioner and provider of the 0-19 healthy child service.*

3.22 Robust arrangements are in place to support CAMHS practitioners in attending initial child protection conferences and providing written reports. Sometimes, however, CAMHS practitioners are not being notified by children's social care of conferences that are cancelled or re-arranged. This impacts on service provision and does not allow the CAMHS service to utilise their resources and effectively contribute to child safeguarding processes. **(Recommendation 2.7)**

3.23 Not all CAMHS practitioners fully understand and consistently apply the escalation process to address professional disagreement with children's social care following a referral. There were isolated good practice examples of practitioners seeking safeguarding advice that informed practice. However, in 2 cases when safeguarding advice had been sought, new information would have warranted further discussion with safeguarding or a line manager to escalate the practitioners concerns. This did not happen which means that the records indicated that the risks to the young person remained. This means that children and young people continue to be at risk and it limits the opportunity for appropriate professional challenge, support and application of safeguarding thresholds. In one case examined a decision was made to refer the case back to the service for further review. **(Recommendation 2.8)**

3.24 CAMHS practitioners are provided with copies of child protection plans and minutes. However, records examined did not demonstrate how practitioners are using child protection plans to inform care or what their responsibilities are as part of the core group. This is compounded because the CAMHS practitioner cannot upload documents to a single patient record on the electronic record keeping system. This practice does not allow practitioners to evaluate the effectiveness of a child protection plan. It means that's as a consequence there can be drift or 'start over' because previous plans and interventions to safeguard are not clearly documented. **(Recommendation 2.9)**

3.25 The 'think family' model is embedded within Lifeline adult substance misuse services. For example, using national learning to recognise the risks posed to children who have contact with adults using a safe storage box for prescribed medication. As a result, all clients with access to children aged ten years and under have a home assessment to ensure appropriate use of the safe storage box. This reduces the risk of harm to children and young people as a result of accidental ingestion. Regular audit of the safe storage box use, including where the box is kept, whether it is large enough to store all the doses, has provided the service with an opportunity to benchmark practice and be assured of their continued safe use.

3.26 In adult substance misuse services, the electronic client record system prompts practitioners to ask important safeguarding questions at all stages of the assessment process. These questions identify children and young people to whom the clients have parental/carer responsibility or access. When a practitioner is made aware that a client has entered into a new relationship a further risk assessment is completed and questions are asked about any new children to which they might have access. This promotes identification of the hidden child.

3.27 The electronic patient records used in adult substance misuse service is an easily navigated IT system which flags safeguarding and child protection concerns and also manages safeguarding tasks, for example, contribution to child protection conference. Local managers have used the system to quality assure practitioners contribution to safeguarding work.

3.28 There are three core teams to which clients can be referred within adult substance misuse services. The 'Inspire' team works with people on a short term basis for up to three months who require lower levels of care and support. The 'Change' team works with clients for up to a year who require more intensive support and the 'Empower' team works with 'long term' clients with more chaotic lifestyles who may be difficult to engage with and require more intensive support.

3.29 The adult substance misuse service offer information to clients that reflects national legislation. For example a co-sleeping leaflet is offered to all clients during their assessment that details changes in co-sleeping legislation when adults are under the influence of alcohol or drugs. This ensures that clients are aware of the reasonable considerations that they need to make to safeguard their child's wellbeing and the impact of not being able to do so.

3.30 There are effective working relationships between Lifeline adult substance misuse services and York hospitals maternity services. This is supported by the Lifeline maternity services pathway which details information sharing between the organisations to ensure the safety of an unborn child. For example, pre-birth reports from Lifeline are provided to paediatricians to better inform their interactions with vulnerable women during their pregnancies. A newborn baby and mother who has been accessing Lifeline, benefit from a home visit from a Lifeline practitioner at 14 days. This visit allows an additional support mechanism for women who may be more vulnerable in the postnatal period and ensures that the child safeguarding assessment can be reviewed.

3.31 In the adult mental health service, whilst the electronic system alerts can trigger practitioners to adopt safeguarding thinking in their approach to their work with their clients, there are systemic failings in the database that hinder or limit the effectiveness of their practice. For example, the system does not have the capability to upload key documents as attachments. As a result practitioner reports regarding child protection conferences, child protection meeting minutes and child protection plans are contained elsewhere in hard copy files. In one case we noted that the record of a child protection conference had been copy-pasted into a facility on the system known as 'letters' but this had resulted in a hard to read account making retrieval of key information difficult and impractical. Otherwise there was no record in the case or activity notes in the system of the child protection plan or of actions arising from the conference.

Paper records are held in a document store in the location we visited and we were therefore able to examine the record of this particular case. We saw that the child protection conference minutes were located in this file but there was no evidence of the practitioner's contribution to the conference within the file or on the electronic system. In addition, we learned that the document store was not readily accessible to every practitioner from different locations across the city and so the effectiveness of the hard copy files is limited. This demonstrates that there is no single and complete client record held centrally or electronically. This is a concern as managers and new practitioners accessing the client record may not be fully informed of their child protection responsibilities and there is risk that key activity will not be carried out. ([Recommendation 2.10](#))

3.32 A similar problem arises in adult mental health services in relation to safeguarding referrals. In one case examined we saw that the electronic records system had no record in case or activity notes to show that a referral relating to domestic abuse had been made to the local authority. In this case, the referral record itself had been copied to the trust's safeguarding team and we were able to see that it contained enough detail to enable the recipient of the information to understand the nature of the risks; in this respect the quality of the information in the referral was good. The only reference to the referral within the client record appeared some days later when the client called to remonstrate with the practitioner for making a referral without her knowledge and therefore consent. The absence of documentation of a referral in the client record means that managers or other practitioners are unsighted on current risks and this inhibits their capacity to make informed decisions about ongoing care or planning. ([Recommendation 2.11 and 2.12](#)).

3.33 The electronic client management system in the adult mental health service uses alerts to ensure practitioners are aware of ongoing concerns. This includes an alert to signify whether a child that a client has access to is subject of a child protection plan. This makes risks to children highly visible to practitioners using the adult record and helps them to assess any risks.

3.34 GP's are not consistently notified of safeguarding concerns. In one case tracked across services we were informed by the GP that the first notice they had of domestic abuse in the family home was when they were asked to provide information to this review. A second case example showed that the GP's had not been made aware that a young person was in care. This limits primary care's ability to ensure that particular vulnerabilities are considered should the child attend the practice for treatment and prevents their contribution to multi-agency partnerships to safeguard children. ([Recommendation 3.5](#))

3.35 GP's in York contribute to child protection processes however they are not always receiving timely invitations to contribute. GP attendance at child protection conferences is not routine, they use templates on the electronic patient record to facilitate their contribution and reports seen were comprehensive. The invitations are received in appropriate timescales when they are sent by secure email, there was less confidence when an invitation is sent in the post. ([Recommendation 3.6](#))

4. Looked after children

4.1 Children who are in the care of City of York have their health needs assessed by a range of health professionals. We found some variability in the quality and timeliness of health assessments. The looked after children health team provided by Harrogate and District NHS Foundation Trust (HDFT) carry out a co-ordination role for all health assessments for all children in care and complete some review health assessments. All initial health assessments (IHA) for children who are new to care are carried out by paediatricians from YTHFT.

4.2 The specialist nurses from the looked after children team undertake high quality review health assessments (RHA) for those children with complex needs, for those children aged 16 to 18 or those who are accommodated in a residential setting. Health visitors (for children under five) and school nurses (for children aged five to 15) undertake RHAs for all other children.

4.3 We learned that both IHAs and RHAs are often not completed within statutory timescales. For example, figures produced by HDFT indicate that, for the first two quarters of the financial year 2016 to 2017, only 24% of IHAs requested by the local authority were completed within the 20 working day timeframe. This means that 76% of children who were new to care experienced a delay in having their health needs assessed. ([Recommendation 4.1](#))

4.4 Further analysis of those figures show that 86% of those late assessments were overdue because of a delay in the relevant documentation being received from the local authority. In some cases the intervals between being notified of a child coming into care and receiving the request documentation were themselves beyond the statutory timeframe. We have noted, however, that in a significant number of cases, the delay in completing IHAs was not simply due to lateness in receiving documentation. In five of the 14 IHAs that had been completed in that period, the time between receiving the request and completing the assessment also fell outside a further 20 day period. Although the organisation have oversight of the reasons for these delays and the partnership have done work to reduce the variability in uptake of health assessments, some children wait for too long to have their health needs assessed. ([Recommendation 4.2](#))

4.5 We are aware that the issue of delayed health assessments has been escalated and discussed at a strategic level between health and local authority leaders and that it remains an ongoing issue of concern. We are also aware that there have been systemic issues relating to the implementation of a new electronic client management database. The administrators in the looked after children health team have all received some training in the use of the new client management system and will begin to use this from January 2017. It is hoped that this will enable them to retrieve request documentation in a timely way and reduce the time taken to allocate the health assessments to a practitioner although the impact of this cannot be assessed at this time. Nonetheless, these delays have prevailed for more than half a year without resolution and have led to too many looked after children having to wait for their health needs to be assessed and met.

4.6 There is a similar picture in respect of RHAs. Figures produced by HDFT show that only 18% of RHAs were completed within the statutory timeframe for the four months July to October 2016. We noted that 64% of those that were delayed were due to late documentation being received from the local authority and that 9% were due to a slow response from the practitioner allocated to carry out the assessment. As with the late IHAs, this means that the majority of looked after children in York are not having a timely review of their health needs. *This shortfall has been brought to the attention of public health at City of York local authority as the commissioner and provider of the 0-19 service who complete the review health assessments. ([Recommendation 4.2](#))*

4.7 The named nurse for looked after children in York has taken steps to address the delay in receiving completed review health assessments by introducing additional quality monitoring criteria on the health assessment quality checklist (known as 'Annex H'). The checklist now asks whether the assessment fell outside the statutory timeframe and requires the practitioner to provide a reason for any delay. This is a recent initiative and so its impact on timeliness of RHAs cannot yet be assessed.

4.8 It is encouraging to note that HDFT have responded to emerging findings from a CLAS review in a nearby area and have directed practitioners to schedule RHAs up to two months in advance where they know that a RHA is due. This will ensure that any delay in receiving the request documentation is minimised.

4.9 IHAs we examined were generally of a good quality with the assessor making use of information from a variety of sources. We noted that parental and sibling health history was ascertained and well documented. This is important as it enables many underlying health risks to be identified and planned for. Furthermore, IHAs contained good information obtained directly from the child or young person, often from seeing the child alone, and conveyed a good sense of the child as a person. This ensures that any plans made keep the child at the centre and acknowledges their wishes and feelings.

4.10 RHAs we examined were of a variable quality. Those completed by the specialist looked after children nurses generally contained a good level of detail, took account of a range of sources of information and conveyed a clear sense of the child. Those completed by health visitors and school nurses were less detailed and the voice of the child was less evident. This is discouraging since we have been advised that they have received training from the looked after children team in carrying out effective assessments. For example, one assessment of a four year old child showed that all of the conversation was conducted exclusively with the carer and not the child even though it was clear that the child was present at the time. *This shortfall has been brought to the attention of public health at City of York local authority, as the commissioner and provider of the 0-19 service who complete the review health assessments.* ([Recommendation 4.3](#))

4.11 Health action plans within IHAs were generally SMART with clear, achievable health objectives, realistic timescales and the identification of a person who is accountable for ensuring actions are completed. This was not the case for RHA's however, where timescales were frequently vague with a lack of a clear direction as to what was intended to be achieved. For example, one plan seen described a young person's smoking as a health issue with a corresponding action for health staff to discuss the risks with them on an 'ongoing' basis. Clear objectives to reduce smoking and a timescale for eventual cessation would have helped the young person, their carer and any identified health professionals to focus on a clear measurable and positive outcome.

4.12 Furthermore, not all information arising during the assessment was taken account of in the health action plan. In the assessment of one young person it was clear that he was having regular unprotected sex with his partner and there was reference, in the assessment, to the need to ensure he was aware of the risks of this. However, the health action plan did not mention this behaviour at all and contained no clear plan to manage any health risks. For instance, there was no time bound action to arrange any chlamydia or STI screening or for him to be given the opportunity to obtain condoms, action which would have both reassured him and supported him to prevent any infection or unplanned pregnancy. ([Recommendation 4.4 and 4.5](#))

4.13 Strength and Difficulties Questionnaires (SDQs) are not routinely used in either IHAs or RHAs although we have been advised that the request documentation is to be re-designed to include the SDQ score and that there are challenges in routinely receiving completed SDQs. This limits the opportunity to consider information taken directly from the child or young person to help them assess and track their emotional and mental health. ([Recommendation 4.6](#))

4.14 Practitioners undertaking IHAs and RHAs are required by the children in care team to complete a quality checklist, Annex H. This is designed to prompt the practitioner to consider key activity such as, for example, ensuring the child has an opportunity to contribute and that emotional and behavioural needs have been assessed. These are then reviewed by the named nurse or a member of the children in care nursing team against the checklist. However, as we have previously noted, the quality of RHAs was variable with a number of shortfalls. There was no evidence on the file or on the electronic patient records system that feedback had been provided to practitioners where those shortfalls were identified. The absence of a formal process for quality assuring health assessments and providing feedback does not support an improvement in practice standards and can lead to drift.
[\(Recommendation 4.7\)](#)

4.15 The looked after children's health service carried out an IHA audit on a small sample of cases in the last half year. This audit was based on the headings from Annex H and had identified a number of areas of practice that required improvement. These include the capture of the voice of the child, the record of the results of mother's screening for blood borne viruses and the identification of a person responsible for parts of the health action plan. In the IHAs we looked at we noted evidence of these improvements being made, evidence of the effectiveness of the audit in ensuring better outcomes. We are aware that this audit is to be repeated in the coming year and that there are plans to carry out a similar audit for RHAs.
[\(Recommendation 4.8\)](#)

4.16 Record keeping within the children in care service is disjointed. The service uses a multi-functional electronic patient records system designed to log all clinical contacts as well as correspondence and communications with clients and others. In the cases we looked at where the timeliness of assessments was an issue, none of the communications with the local authority to chase documentation or with health practitioners to chase the outcome of health assessments were recorded on the system. Instead, a paper based tracking system was used and this was filed elsewhere. This means that there is no central, accountable record of key contacts and there is a risk that important information could be overlooked.
[\(Recommendation 4.9\)](#)

4.17 The HDFT looked after children's team and Vale of York CCG take steps to ensure the 'voice of the child' is prevalent in service design. For example, a consultation exercise organised by the provider with the group of young people in care and care leavers known as 'Show Me That I Matter'. The purpose of this exercise was to ascertain the thoughts and ideas of young people to support improvements in the service. One such improvement was the production of a video aimed at young people in primary school and the first years of secondary school and using toy figures. The purpose of the video is to reassure young people about, and to ensure they understand the benefits of, participating in health assessments.

4.18 Health summaries have recently been introduced in the looked after children's service based on a passport model produced by the Coram Foundation. These have initially been issued to all children who are new to care and all those under five. There are plans in place to introduce these for children and young people over five, and particularly those aged 16 and above in the coming year although this has not yet begun. Such health histories are important as they provide a strong basis for young people to plan for their own health needs as they approach adulthood and leave care. ([Recommendation 4.10](#))

4.19 York hospital ED electronic patient record identifies children who are in care. This is managed and kept up to date by the safeguarding team at YTHFT. This allows frontline practitioners to be alerted to a more vulnerable cohort of young people who may present to the ED alone.

4.20 There is currently no bespoke specialist community CAMHS provision for looked after children in York. We are advised that a decision was made to decommission this specialist and dedicated service. Instead, children in care have access to the range of emotional health and wellbeing services offered in the area by a number of different providers in the same way as other children who are not in care. This means that the very particular emotional and mental health needs of this vulnerable cohort of young people are not prioritised and the current service offer is not compliant with NICE guidance.

4.21 We have seen a confusing and fragmented approach to the co-ordination and provision of CAMHS to looked after children. Records seen during the review indicate that the increased vulnerability of children in care is not considered or informing decisions regarding access to pathways. In addition, no health service had oversight of children in care who are waiting for or receiving a CAMHS service. The recent decision not to recommission a specialist CAMHS service has meant that there is now no care pathway for looked after children and the new contract for core CAMHS does not acknowledge the vulnerabilities within this cohort of children. Prior to this review the designated nurse had identified these concerns and work was underway with the provider to identify all children in care who were on a CAMHS waiting list in addition to ensuring that children in care are identified by the professional when referring into the new Single Point of Access (SPA). It was too soon to see the impact of this as the SPA was not yet fully operational during our review. However, the designated nurse has appropriately escalated concerns via the CCG and strategic partnership for children in care so that these issues are identified strategically and actions agreed to adequately address them moving forward.

4.22 Through record reviews this week, we have seen evidence of poor communication by CAMHS with the responsible case holder for looked after children. This means that some records do not holistically reflect the provision of health services, for example at review health assessments. This therefore limits the opportunity to review health needs and discuss and offer alternative support to the child or young person. ([Recommendation 2.2](#))

4.23 GPs are routinely asked to contribute to all IHAs. Engagement with GPs is reportedly very good with the majority of requests for information being responded to positively. However, in records examined we saw that responses were not routinely recorded in the electronic patient records system used in the looked after children service and so we could not be assured that GPs provided good quality information to support assessments. In addition, GP's we spoke with reported that communication between them and the HDFT looked after children's team could be refined to ensure that it was always benefiting the child. For example, ensuring all GP reports are uploaded to the electronic patient record in HDFT and that GP's ensure they understand the impact of a looked after children's health assessment in regards to flagging on records and when a subsequent review may be requested. *This shortfall has been brought to the attention of public health at City of York local authority as the commissioner and provider of the 0-19 healthy child service who complete the review health assessments. ([Recommendation 4.11 and 4.12](#))*

Management

This section records our findings about how well led the health services are in relation to safeguarding and looked after children.

5.1 Leadership and management

5.1.1 Senior leaders and designated nursing staff are active participants and contributors at the City of York Safeguarding children's board. The designated nurse for safeguarding children is a member of a number of the LSCB sub-groups, including CSE and neglect and in addition, is the chair of the case review sub group. There is good representation on the board sub-groups from nurse consultant for primary care and named professionals and leaders from provider organisations.

5.1.2 The development of a safeguarding children application is an example of innovative work as a collaborative project between the CCG, the commissioning support unit technical staff and the designated nurses for safeguarding children and children in care. An initial project launch to GP's was facilitated through the established safeguarding leads forum. Accessing the application means that practitioners in York can easily resource up to date contact details, national and local guidance and links to safeguarding boards in the area which can support timely intervention for vulnerable children, young people and their families.

5.1.3 The designated nurses for safeguarding and looked after children are visible to service users and staff. We saw examples of this through; attendance at the Children in Care Council (Show Me That I Matter) to develop health passports and work to encourage engagement by young people in their health assessments, development of training based on learning from serious case reviews from supporting practitioners to develop skills in challenging to development of innovative safeguarding children training 'simulation in safeguarding'. This ensures there is a clear thread between strategy and frontline delivery of safeguarding services.

5.1.4 The Designated Nurses have worked with colleagues in the CCGs and Partnership Commissioning Unit (PCU) to develop, negotiate and agree Safeguarding Children Local Quality Requirements (LQRs) for all the NHS Providers across North Yorkshire and York, together with a number of private providers.

5.1.5 Embedding the reporting against these LQRs via relevant Sub Contract Monitoring Boards (CMB) is a key priority for the Designated Professionals during 2016-17. As part of this extended role, the Designated Nurses are now attending relevant Sub CMBs in order to offer expert advice and challenge when provider safeguarding children LQR reports are presented.

5.1.6 The child sexual exploitation meetings do not yet fully support a multi-agency approach to supporting vulnerable young people. Primary care is not yet engaged and local area intelligence is not used to break down offender behaviours and contribute to health professionals understanding of risk. We have seen that this has already been identified as a piece of ongoing work by partners across the City of York. ([Recommendation 3.4](#))

5.1.7 Lessons learned from local and national case reviews are being used to inform policy and practice. Guidance for 'managing injuries to non-independently mobile children' has been fully ratified by the LSCB and a 'was not brought' policy is being developed. These practices and policies are not yet fully embedded so the impact is not clear. Commissioners provided assurance that although there may be changes to service models and providers, lessons learned locally and nationally, would continue to inform developments in service provision.

5.1.8 The primary care nurse consultant for safeguarding adults and children and the named GP have effectively developed some processes that support safeguarding children. Recent work includes the development of named GP and safeguarding practice lead forums, providing training on 'hot topics' and encouraging practices to complete the NHS England safeguarding practice self-assessment tool. GPs we spoke with told us that they consider the safeguarding lead forum a valuable resource to remain abreast of both local and national issues that might better inform practice and safeguard vulnerable people. It is also an information sharing forum for them to discuss practice with peers which can then be shared at individual surgeries. These processes optimise opportunities to share learning and improve practice.

5.1.9 The primary care nurse consultant for adults and children's safeguarding and the named GP for York have been effective in benchmarking, improving and communicating good practice in safeguarding children across York. For example, using the electronic records to support safeguarding work and developing agreed coding guidance for electronic recording systems. They are aware of the areas that need further development, such as; primary care representation at the monthly CSE meetings, consistent contribution to child protection conferences, development of regular defined liaison with community health professionals and full involvement in MARAC processes.

5.1.10 Health leaders participate in the bi-monthly 'City of York children in care strategic partnership' meetings with colleagues from the local authority. This provides the basis for developing joint policy and practice for children in care in York. Whilst this is a positive arrangement, the group is relatively new and has yet to make a significant impact on practice. For example, this group is currently steering the initiatives designed to mitigate the delayed health assessments and as stated previously, this issue has not yet been resolved.

5.1.11 There are effective reporting and governance structures to ensure the CCG are aware of safeguarding practice across York, including risks within provider organisations. The designated nurse presents a quarterly report to the CCG quality structures and meets bi-monthly with the chief nurse. We were assured that the designated nurses are involved in the scrutiny of tenders for NHS provision across York and through the quality meetings. As highlighted previously, the designated nurses can demonstrate how they have worked with provider organisations to improve the quality and compliance with safeguarding key performance indicators including safeguarding children training.

5.1.12 The York and North Yorkshire safeguarding children health professionals' network provides a forum for designated nurses to share national and local safeguarding developments. There is good representation from named staff in provider organisations. The networks cover new guidance, national, local and regional learning including serious case reviews and thematic inspection findings. This allows opportunities for safeguarding leads to be fully appraised of developments and supports critical thinking in their professional roles.

5.1.13 At the time of the review, frontline practitioners shared their anxieties about the changes in the configuration of the 0-19 healthy child service and how this could impact on vulnerable children and their families. Although staff were nervous about the future, we saw evidence of a committed workforce delivering services to families across the City of York. *This has been brought to the attention of public health at City of York Local Authority, as the commissioner and provider of the 0-19 healthy child service.*

5.1.14 Children and young people are starting to benefit from recent initiatives to identify and support their emotional health and wellbeing. The CAMHS executive group have recently reviewed their membership and terms of reference to pull together the CAMHS transformation plan and provide oversight on its implementation. This means that one multi-agency group has oversight of this work with sufficient capacity for challenge to improve service delivery.

5.1.15 The arrangements to safeguard children and young people within adult and child mental health services across York are developing and improving. Since the transfer of service to the new provider, work continues to introduce and embed improved safeguarding practice. We have seen examples of how the IT system used by TEWV has very recently been adapted to support identification and management of vulnerability, though it is too early to comment on the uptake of this by practitioners.

5.1.16 Practitioners across all services have told us that safeguarding teams are accessible and have proved to be an effective means of first line support to help to develop their practice and their thinking in safeguarding children. In most cases, this was reflected by documentation in records of practitioner's communication with the appropriate professional.

5.1.17 Access to services to meet the needs of minority groups is proportionate in York. For example, although York is recognised as not being ethnically diverse, midwifery practitioners at York hospital have access to 'The Big Word' language line to assist communication with families whose first language is not English.

5.1.18 The electronic client records system, is used effectively by CASH practitioners to record interactions, risk assessments and care plans pertaining to young people in their care. It is also used as an effective quality assurance and auditing tool by managers with a full audit trail available on all documents on the system. This allows opportunities to identify areas of practice that would benefit from development.

5.1.19 The CASH service complete safeguarding audits of client records that include reviewing whether there is a clear safeguarding plan in place, checking if social worker details are clearly recorded, emails are clear and that there is clear evidence of multi-agency communication. The nature of these audits allows senior manager oversight and opportunity to identify strengths and areas for development in service provision to vulnerable young people accessing the service.

5.1.20 There is good oversight of children's safeguarding caseloads in the adult substance misuse service. A weekly safeguarding report informs senior managers of all current safeguarding cases that practitioners hold. The report includes cases where risk is identified but the children are not subject to child protection measures. Client cases can only be closed by adult substance misuse managers who review the records to ensure every opportunity has been taken to ensure children to whom service users have access are well protected and that when appropriate other support services, are in place. This practice ensures senior managers maintain good oversight of cases where there is risk to children and young people.

5.1.21 The TEWV NHS foundation trust safeguarding team have a good central safeguarding structure that enables the trust to fulfil its safeguarding obligations across its large geographical footprint. An associate director of nursing (safeguarding) provides the accountable link to the trust board via the Executive Director of Nursing and this accountability is threaded into operational safeguarding practice through two regional teams, each lead by a named nurse. This provides the trust with the mechanism to develop and implement policy and improve practice.

5.1.22 The York TEWV safeguarding team is appropriately resourced with specialist safeguarding expertise available to adult mental health services and CAMHS. The York TEWV safeguarding team has a base in York for the named nurse, senior nurse and support from a safeguarding trainer. The named nurse position for the York locality is an additional resource since the change in provider. Staff we spoke with during our visit told us that the safeguarding team are accessible and have proved to be an effective means of first line support to help to develop their practice and their thinking around safeguarding children. Moreover, this level of safeguarding support, the extent of the safeguarding expertise and the emphasis on the 'think family' approach has been keenly noted by managers and staff to be significantly uplifted since TEWV were commissioned to provide the service at the end of 2015.

As we have noted elsewhere in this report, and as acknowledged by managers, there are still areas where further improvements are required to ensure the 'think family' approach is fully embedded into practice.

5.1.23 During our visit to adult mental health services, we noted that there are gaps in the operational oversight of safeguarding children practice. This means that there is a disconnect between the supervision arrangements provided by the trust's safeguarding team and front line practice. This was highlighted in two cases where a clear intention was noted in the records to seek safeguarding supervision but there was no supervision template completed and no other record in the case or activity notes that supervision had been sought or provided. Generally, managers are unaware of the extent of the safeguarding context of their team's case load. ([Recommendation 2.13](#)).

5.1.24 GP's we spoke with reported that they are well supported in the safeguarding children work, by designated professionals, the nurse consultant safeguarding children and vulnerable adults (primary care) and the named GP. This includes a safeguarding GP lead meeting chaired by the named GP and updates via the LSCB representatives on a monthly basis of local and national safeguarding information that might influence practice GPs. This reflects the robust arrangements to support Primary Care to improve safeguarding children in York.

5.1.25 In GP practices visited we saw that the use of codes on the electronic records is robust and well led. Safeguarding, child protection, child in need and child in care codes and alerts are used appropriately when the information is available to the GP practice. Achieving consistency across practices has been a significant piece of work undertaken by the nurse consultant safeguarding adults and children primary care, supported by the named GP. Local coding guidance has been developed and is supporting administration teams and health professionals that use the electronic records to identify and improve identification of vulnerabilities for children, young people and their families. In all cases examined we saw that it would be difficult for a user of electronic record not to be made aware of specific risks that had been shared with the GP.

5.2 Governance

5.2.1 In York hospital ED there is a lack of quality assurance of child safeguarding practice. The electronic patient record system does not aid managers to routinely review the quality of assessments undertaken for looked after children or those subject to child protection plans. ([Recommendation 1.6](#))

5.2.2 Safeguarding alerts are managed by the Safeguarding Children Team upon receiving notification that a child has become subject to a Child Protection Plan or if they have become Looked After. The alert is removed upon receipt of the relevant notification which is received via monthly updates from the local authority. This means that practitioners and managers can be assured that these alerts are the most relevant and up to date.

5.2.3 The electronic patient database in the ED does not contain mandatory children's safeguarding fields which means that children are not always discharged with the appropriate risk assessment documented. For example, the admissions form asks the clinician to consider whether the presenting injury could be non-accidental and we did not see an example of this having been completed in the records we examined. This means that children and young people may be discharged from the ED with incomplete risk assessments. ([Recommendation 1.9](#))

5.2.4 There is no paediatric liaison at York hospital ED. Practitioners notify school nurses of children's attendance when there are concerns however this limits the ability to identify repeat attendances. Health visitors believe they are notified of ED attendances however there is no assurance that they are notified of all attendances. The records we examined did not provide assurance that the processes within the ED are assessing for or identifying these presenting concerns and there is no audit of communication from ED to community health so it is not possible to be assured of what is being communicated. ([Recommendation 1.10](#))

5.2.5 YTHFT have undertaken a limited number of audits, spot checks and monitoring of child safeguarding practice or record keeping in the ED at York. This limits the opportunity to benchmark their effectiveness by identifying good practice and exposing weaknesses that require further development to improve standards. ([Recommendation 1.6](#))

5.2.6 YTHFT maternity services record keeping arrangements do not ensure that child safeguarding information is highly visible to practitioners using the record. Important information such as risk assessments and key safeguarding contacts are within the main body of the record and so are not easily identified or retrievable. This inhibits practitioners' from having clear, overt insight into safeguarding risks and increases the chance that the risks are overlooked. The record could be strengthened by the use of an index sheet that alerts practitioners to safeguarding risks and key contacts ([Recommendation 1.11](#))

5.2.7 Designated Nurses are supporting work between NHS England Project Leads for Child Protection Information Sharing project (CP-IS) and local provider organisations. However, limited progress has been made, so far, with regard to YTHFT. ([Recommendation 1.17](#))

5.2.8 Case discussions with maternity services and York teaching hospitals safeguarding teams are clearly recorded on a template. The form captures a detailed discussion and an action plan. However, the assessment and action plan is printed out by a member of the safeguarding team and brought to the unit to be included in the clinical record. This means there is a risk of a delay in action plans and assessments being documented in the patient record. ([Recommendation 1.12](#))

5.2.9 Maternity services in YTHFT use an electronic record system to manage appointments and scan documents. Risks posed to unborn children are not recorded on this system. This limits the ability of all staff to safeguard children, for example administrative staff who may primarily use only one of the forms of client record. ([Recommendation 1.13](#))

5.2.10 The 0-19 children's community health services (health visiting and school nursing) are undergoing transformation. The new 0-19 Healthy Child service is now provided wholly by the City of York local authority. The transfer of safeguarding leadership and governance arrangements is still work in progress with interim arrangements being in place at the time of our review. The interim arrangements for providing guidance, supervision and support are described in training and supervision below.

5.2.11 A newly appointed health visiting lead nurse for safeguarding will take up post in early 2017 to support the 0-19 service, undertaking the responsibilities of a named nurse as described in Working Together 2015 and the intercollegiate guidance. Importantly the role will also incorporate some of the functions of a health representative within the local authority's safeguarding single point of access. However, this will be confined to the management of information emanating from just the healthy child service and not the rest of the health economy as we have seen work well in other areas. This is a missed opportunity for local health providers to work together to ensure that information from all relevant health teams is available to the single point of access.

5.2.12 We are advised that capacity of the new 0-19 Healthy Child service is stretched, many health visitors are holding complex cases and we were unable to identify any clear mechanisms for monitoring case loads. *This has been brought to the attention of public health at City of York local authority, as the commissioner and provider of this service.*

5.2.13 The electronic records system used in the health visiting service is not used to its full effect with the standard of safeguarding record keeping being variable. We noted a number of instances where records were vague or not clear such as not detailing risk based information exchanges with children's social care. *This shortfall has been brought to the attention of public health at City of York local authority, as the commissioner and provider of the 0-19 healthy child service.*

5.2.14 The school nursing service will not have access at their base, to all records for children and young people on their caseload. This means that their ability to contribute to risk based discussions, such as strategy meetings, might be limited and could mean there is a 'start again' syndrome or drift in some cases, for example those cases that are not active at the time of base transfer, will not be summarised onto the electronic record. We have seen the negative impact of this method of record storage and access in the CAMHS and adult mental health services. *This shortfall has been brought to the attention of public health at City of York local authority, as the commissioner and provider of the healthy child service.*

5.2.15 Practitioners in the 0-19 healthy child service are not clear how they escalate concerns regarding safeguarding children practice within and outside of the City of York council. They are now commissioned and provided by the City of York council and so the governance structures that they previously accessed in NHS providers are not known to the frontline staff. *This has been brought to the attention of public health, City of York Local Authority, as the commissioner and provider of this service. ([Recommendation 3.7](#))*

5.2.16 TEWV's IT system continues to hinder the creation of a single patient record as identified in the recent Durham CLAS. The situation in York is compounded by a complicated approach to the transfer of CAMHS and Adult Mental Health records from the previous provider. This means that practitioners do not have ready access to any care record prior to the transfer. Instead, printed copies of electronic records are held off site and have to be requested which delays practitioners being sighted of safeguarding concerns. ([Recommendation 2.15](#))

5.2.17 Staff retention in the TEWV York CAMHS service is reported to be good. This means that despite a change in provider and the way that clients access the service, there is continuity for children and young people and a good organisational memory to support developments in practice. For example, it is reported that since the separation of the tier 4 CAMHS provider, there has been a change in relationships, that has affected sharing of soft intelligence and preparation of what the next steps might look like for a child, young person and family. Staff awareness of the structures in York mean that these issues can be addressed within an appropriate setting.

5.2.18 York adult substance misuse services respond to client feedback for example removing the logo 'Lifeline' from appointment cards making it more anonymous. This respects client confidentiality and promotes partnership working.

5.2.19 Service user feedback is well developed in the substance misuse service. A parenting programme has recently been put in place within adult substance misuse services which focuses on the impact of substance misuse on families. Feedback has been positive and there is evidence of a demand for the programme to continue to run. Service plans for the next year include an intention to run community events for clients, their families and stakeholders. Service user feedback and engagement, allows the provider to continue to consider their views in determining service provision.

5.3 Training and supervision

5.3.1 There are currently insufficient levels of paediatric trained staff at York hospitals ED. We were advised that there are four paediatric nurses and this means there are frequent occasions when there is no paediatric nurse on duty. There is a risk that children and young people do not have consultations with nursing staff trained to assess and meet their needs. It also means the opportunities for adult trained staff to develop their skills are limited because there are so few occasions when a paediatric nurse is on shift. ([Recommendation 1.14](#))

5.3.2 York ED relies on agency staff and locum doctors to maintain staffing levels. This poses a challenge to ensure that all staff are appropriately trained in the use of York hospitals systems to assess risk and safeguard vulnerable children and young people. ([Recommendation 1.15](#))

5.3.3 At York hospitals ED, staff compliance with intercollegiate guidance for safeguarding children training is approximately 85% which is an increase over the last two years from around 54%. This has been achieved despite a high turnover of staff.

Safeguarding training is provided using a 'modular' approach which staff can attend, particularly if the modules are relevant to their current role. This includes training to recognise and report domestic abuse, child sexual exploitation and neglect. There is an emphasis on reflective supervision taking place within the ED using case examples to better aid the supervision process.

5.3.4 Some YTHFT staff have benefited from 'simulation in safeguarding' training. This initiative has been led by the designated nurses for safeguarding and children in care. The training involves development of four key skills; observation, interpretation, documentation and communication through the use of life-size models which are 'made up' to represent a child that might be the subject of abuse and/or neglect. Practitioners interpret and record what they see and complete a handover of the risks. This skills-based learning takes place in groups and aids shared learning and it's impact was reported positively by staff.

5.3.5 Midwifery and other frontline YTHFT staff access mandatory reflective safeguarding supervision three times per year with two group sessions lasting for an hour and a half and a third lasting for two hours. Practitioners are offered a selection of supervision dates throughout the year which they can attend without having to pre-book. They are encouraged to bring cases to supervision for discussion and peer support.

Actions arising from supervision and any other relevant detail of discussions undertaken are recorded in client records and on a separate register maintained by the safeguarding team. Maintaining supervisory oversight ensures there is no drift or 'start again' cultures that may impact on practitioner response to a child or young person. When practitioners request one-to-one support in midwifery services then this is provided by the safeguarding team as and when required. Practitioners we spoke with advised us of the ease of accessing safeguarding support from the team. Midwives are accessing group supervision however the absence of a minimum number of 1-1 supervision session means that safeguarding leaders cannot be assured that individual cases are scrutinised and practitioners appropriately challenged. ([Recommendation 1.16](#))

5.3.6 The transfer of the functions of the new 0-19 healthy child service took place in April 2016. Safeguarding support has been provided by the previous NHS trusts (YTHFT and HDFT) until October 2016 but this has now ceased. Until the lead safeguarding nurse takes up post in January 2017, the local authority have interim arrangements in place for providing safeguarding guidance and supervision to staff. These arrangements incorporate a week-day office-hours telephone point of access and advice, staffed by a temporary post-holder. A supervision and advice pro-forma has been developed to assist this process and to guide the discussion and this is uploaded to the child's electronic record. However, the template does not fully support the exploration of complex safeguarding issues.

We have been assured by the new lead nurse for safeguarding that this process will be re-designed as part of the service's new approach to supervision so that such discussions can follow a more structured format and explore the different aspects of a child's development, family life, risks and protective factors. *We have brought this to the attention of public health at City of York local authority, as the commissioner and provider of 0-19 healthy child service.*

5.3.7 In addition to advice and guidance provided on request, safeguarding peer supervision takes place within health visiting and school nursing services every three months. Some staff members have received additional training in safeguarding supervision and facilitate the group sessions. Practitioners are obliged to attend three of the four sessions annually to ensure they have access to peer support, guidance and learning from cases that they bring for discussion during the sessions.

Risk factors, protective factors and a summary of the analysis by the group are recorded on a supervision template, along with any actions arising from the discussion and uploaded to the child's record. These actions are followed up at the next peer supervision meeting to check whether the practitioner had carried out the actions and to assess the impact on the family. We saw evidence of this process in the cases we examined in the health visiting service.

Whilst we acknowledge the benefits of this process to improving practice through peer learning it is not sufficient of itself to ensure individual safeguarding performance is challenged and improves as a result. The interim arrangements for providing advice and guidance on request has limitations as we have set out above and so the current absence of scheduled, formal, one-to-one safeguarding supervision means that complex cases held by staff do not currently receive an appropriate level of supervisory oversight and there is a risk that decisions are not properly tested. We saw examples of how child safeguarding supervision was recorded in the child's notes in the school nursing service. The standard was variable and was dependent on individual practitioners. In some records, it was difficult to illicit how the supervision was informing practice. This is particularly significant given the impending change in the way that the service is delivered and with that a likely change in personnel that are currently allocated to work with children and young people. *This concern has been brought to the attention of public health at City of York local authority, as the commissioner and provider of the 0-19 healthy child service.*

5.3.8 Health visitors and school nurses have received safeguarding children training that meets the requirements of level three intercollegiate guidance. We are assured that all practitioners were up to date with safeguarding training at the time the service was transferred to the local authority and that they will participate in a rolling programme of training from January 2017. In the interim, and as part of a recommendation from a recent learning lessons review, the local authority have been providing additional multi-agency training to health visitors, school nurses and social workers in in the use of the graded care profile; to date around half of the 0-19 workforce have received this training. Managers acknowledge that training in relation to CSE and FGM is underdeveloped and that this will form part of the new training programme from January. *The training needs of staff have been brought to the attention of public health at City of York local authority, as the commissioner and provider of the 0-19 healthy child service.*

5.3.9 Child safeguarding supervision for TEWV caseholding practitioners (adult mental health and CAMHS) is only mandatory for those who are working with a child who is protected through a plan. Records seen demonstrate that not all supervision is being recorded on the electronic patient record and this has the potential to limit the effectiveness of supervision and in implementing any agreed actions. The trust's amendments to the IT system will incorporate the supervision template. [\(Recommendation 2.16\)](#)

5.3.10 All adult substance misuse clinical practitioners, including qualified nurse practitioners, are trained to level three safeguarding children. Non-clinical staff are not restricted in their access to training and can also access level 3 training as it is seen this will support them with their work with families.

Adult substance misuse services have protected time when clinics are closed two hours every Thursday morning to allow for additional staff training. Training topics have included CSE and recognising the signs and symptoms of abuse which can continue to support their work and their ability to contribute to the wider priorities for safeguarding children and young people in York.

5.3.11 Safeguarding supervision is mandatory within adult substance misuse services. New members of staff receive supervision every week for the first six weeks, every two weeks for the first six months and every month thereafter. Supervision has recently been extended to allow for case file analysis and cases are further routinely audited by 'dip sample' to analyse if safeguarding opportunities have been missed. This indicates that new staff members are well supported in their role and practices can continue to improve through case learning,

5.3.12 All adult mental health service staff who carry out clinical or therapeutic work with clients receive safeguarding training at level three, whilst those who are not in client facing roles receive levels one and two training according to their role. Level three training is delivered as part of a rolling training programme delivered by the trust's (TEWV) dedicated safeguarding trainer, supported by band seven nurse specialists. This training incorporates core safeguarding skills and knowledge and is delivered in a multi-disciplinary classroom setting. Staff are further encouraged to access training provided by the city of York safeguarding children board. In-house training has recently incorporated the trust's new approach to understanding the impact of parental mental health on children and this is considered a strength.

Training compliance within adult mental health and CAMHS is monitored by the trust through managers using a risk rated matrix generated by the trust's training department and by the trust's safeguarding department. The data we have been shown by the trust indicates that attendance rates for those staff who require levels one and two training are relatively high. However, the latest data for those staff who require level three training is currently at 67%. We have been advised that this data reflects the change in training requirement since TEWV were commissioned to provide the mental health service in October 2015; in essence, staff are now required to access training annually instead of triennially as was required in the precursor organisation. We have been assured that the rolling programme is continuing and that those staff who have received training less recently are being prioritised. We are advised that the trajectory is for 95% of staff to be compliant with safeguarding training. ([Recommendation 2.17](#))

5.3.13 Safeguarding supervision in the adult mental health service and CAMHS takes a variety of formats. Staff can access the trust's safeguarding team for advice and guidance as and when this is needed for complex cases or situations in their cases. Staff we spoke with told that this support has been invaluable since TEWV began to provide the service at the end of 2015.

5.3.14 Formal safeguarding supervision takes place in CAMHS and adult mental health services every three months for those staff who are currently working with clients who have access to children subject of a child protection plan. This supervision is carried out on a one-to-one basis by the band seven safeguarding specialist nurses and is mandatory. This is good practice as it ensures specialist oversight, facilitates effective risk assessment and decision making and provides an appropriate level of professional challenge aimed at improving practice.

5.3.15 In adult mental health, Both formal supervision and occasional advice and guidance is documented on a supervision template on the electronic records system which requires a member of the safeguarding team to 'sign off' the record to ensure actions identified during the supervision have been taken. Again, this is good practice as it enables an effective audit trail of decisions to be kept although as we have noted below, this did not always happen.

5.3.16 For practitioners who are working with clients who have children subject of a lower level intervention, such as a child in need plan or FEHA arrangements, case discussion is expected to take place during clinical supervision sessions with a facility to escalate this to formal safeguarding supervision if concerns are identified or if the local intervention itself is stepped up.

5.3.17 Team managers are present during daily 'huddle' team meetings within adult mental health services during which staff discuss concerning features from their current caseloads or from their previous day's work with their clients. This enables managers to identify any safeguarding concerns and either provide, or direct staff members to obtain, additional support or guidance where necessary.

5.3.18 During our visit to adult mental health services we noted that there are gaps in the operational oversight of safeguarding children practice. Safeguarding referrals are not routinely copied or notified to team managers and so they are not always apprised of current or ongoing issues. There is no mechanism for managers to quality check any reports submitted for child protection conferences and there is no clear understanding of the extent of such cases in their teams. ([Recommendation 2.18](#))

Generally, managers are unaware of the extent of the safeguarding context of their team's case load, such as which clients have children who are subject of a child protection plan, child in need plan, early help arrangements or where there are other identified concerns. This means that there is a disconnect between the supervision arrangements provided by the trust's safeguarding team and front line practice. This was highlighted in two cases examined where a clear intention was noted in the records to seek safeguarding supervision but there was no supervision template completed and no other record in the case or activity notes that that supervision had been sought or provided.

Recommendations

1. York Teaching Hospitals NHS Foundation Trust should:

- 1.1 Work with the City of York Local Authority to develop effective communication pathways to universal health services to better support identification of needs, risks and follow up actions required for children and young people who attend the ED. When developed frontline practitioners across all agencies should be made aware of this new identified process.
- 1.2 Ensure the building, facilities and assessment and treatment arrangements at the emergency department at York hospital meet the needs of children as well as the Royal College of Paediatrics and Child Health (RCPCH) standards for children and young people in emergency settings.
- 1.3 Develop prompts within the adult casualty cards to support practitioners in consistently identifying and safeguarding the hidden child.
- 1.4 Ensure the casualty cards for children and adults are specific enough to support practitioners to consistently consider child safeguarding risks during a presentation to the ED.
- 1.5 Ensure all ED practitioners are aware of the ACHILD form and expectations for its use. Regular audit of its use will provide assurance that children and young people attending the ED have robust safeguarding assessments.
- 1.6 Undertake regular audit and monitoring of safeguarding practice in the ED to inform frontline practice and assure leaders of quality standards. For example, audit of safeguarding aide memoirs and referrals to children's social care.
- 1.7 Ensure practitioners in the ED obtain and record parental consent to refer to children's social care unless this could increase the risk of harm to the child. This is in order to support engagement with subsequent interventions.
- 1.8 Ensure that professionals are aware of the policy and national learning that supports the use and reasons for using electronic tags on babies on the maternity ward.
- 1.9 Ensure that regular audit captures staff training need to identify whether practitioners are consistently assessing, recording and appropriately communicating risks to children and young people.
- 1.10 Complete an audit of communication from ED to universal health services to provide assurance as to when these services are being notified of children and young people's attendances at the ED.

- 1.11 Ensure safeguarding information is highly visible in maternity records. This will aid practitioners timely understanding of client specific risk and key safeguarding contacts.
- 1.12 Ensure that safeguarding discussions and plans are recorded and added to maternal records contemporaneously so that all maternity staff are aware of the most up to date information to safeguard a child.
- 1.13 Implement a standard in maternity services so that practitioners are immediately aware of which records contain the context of the risk to the child or young person. This is so that it is clear which record contains the information pertaining to the most recent management of risk for the child or young person.
- 1.14 Ensure that in the absence of being able to recruit permanent paediatric nurses, adult trained nurses have access to paediatric specific courses so that they can confidently contribute to work with children and young people.
- 1.15 Ensure agency staff receive an appropriate introduction to safeguarding systems at York hospital.
- 1.16 Ensure that midwives have 1-1 supervision to allow opportunity for case scrutiny and challenge.
- 1.17 Ensure progress to link the organisation with the CP-IS project in accordance with national NHS contract, including accessing support from designated nurses to ensure the project moves forward.

2. Tees Esk and Wear Valley NHS Trust should:

- 2.1 Ensure that with appropriate client consent, the CAMHS service consistently shares information with the school nursing service regarding children and young people that are accessing the service including those children who are in care. This will help to inform children's ongoing care, assessments and plans.
- 2.2 Ensure that CAMHS identify children who are in care as part of the referral to the service. This is so that primary record holders and children in care caseload holders can be advised of outcomes of interventions or young people not brought to appointments.
- 2.3 Ensure that there is capacity in CAMHS to cover 'on-call duties' for ED and the paediatric ward at York Hospital at expected times of 1pm-9pm.
- 2.4 Ensure that in adult mental health services, safeguarding risk assessments are completed and or reviewed at identified points of the adults contact with the service. This will help to safeguard the hidden child beyond the initial assessment.

- 2.5 Develop the mandatory use of the 'PAMIC' tool in the adult mental health service to ensure it is used in every case when adults disclose that they have contact with a child or young person.
- 2.6 Ensure timely assessment of children and young people admitted to the paediatric ward awaiting CAMHS assessment to minimise effects of increased demand and decreased capacity to inpatients on the paediatric ward.
- 2.7 Identify a pathway with children's social care to ensure that practitioners are made aware of changes to child protection conferences and that lack of communication from children's social care is escalated to allow incidents to be appropriately addressed.
- 2.8 Ensure that all CAMHS practitioners are aware of the escalation pathway so that safeguarding risks to children and young people are addressed in a timely manner.
- 2.9 Ensure all CAMHS practitioners document a child protection plan within the client's electronic record so that it can inform the plan of care for a child or young person.
- 2.10 Ensure the adult mental health service document plans pertaining to safeguarding children in the electronic record so that it can inform the plan of care for the child.
- 2.11 Ensure that the adult mental health service discuss and record consent to refer to children's social care with adult clients unless this will put the child at increased risk of harm.
- 2.12 Ensure the adult mental health service record the referral and the reasons for referral to children social care in the electronic patient record to inform ongoing care and planning.
- 2.13 Ensure that managerial oversight in the adult mental health service includes a regular review of records to be assured that intended staff actions to safeguard children are completed and managers maintain oversight of risks within the caseload.
- 2.14 Ensure that GP's and out of hours GP services are aware of the CAMHS support and pathways that are available to children and young people in York to help meet their needs.
- 2.15 Adopt a record keeping system that is capable of being a single electronic record, including a facility for uploading documents.
- 2.16 Implement regular audit of supervision documentation in CAMHS and Adult mental health records. Including ad hoc supervision. For example, those children and young people who don't have child protection plans. This is to ensure that supervision is being recorded and that it is informing practice.

- 2.17 Ensure that trajectory of staff attending safeguarding children training is achieved.
- 2.18 Ensure that within the adult mental health service, there is an opportunity for manager oversight of safeguarding referrals to children's social care to improve standards and communication and timely access to services for children and young people.

3. Vale of York CCG should:

- 3.1 Further develop MARAC information sharing processes so that GPs are informed of the pending MARAC meetings regarding their patients and are requested to contribute as appropriate to the risk assessment by submitting a report or attendance at the meeting.
- 3.2 Ensure that the regular liaison between GP's and community health staff is defined and consistent across GP practices in York to ensure effective planning can take place for children as identified in a recent learning lessons review.
- 3.3 Work with the multi-agency partnership to identify a CSE screening tool to be used by health service providers to identify children and young people that are at risk of child sexual exploitation.
- 3.4 Ensure the engagement of all primary care at VEMT meetings so that they are fully contributing to the multi-agency VEMT processes across York.
- 3.5 Ensure that information sharing pathways with children's social care are clear to frontline practitioners so that GPs can effectively contribute to child safeguarding activity.
- 3.6 Ensure that work takes place with City of York children's social care to standardise the way in which GP's are invited to attend or contribute to child protection case conferences in order to allow an appropriate amount of time for a GP to attend or contribute.
- 3.7 Ensure that work is undertaken with the LSCB to provide assurances that frontline professionals and their managers are aware of and are using local escalation procedures when they are concerned about safeguarding practice and processes that impact on children and young people.

4. Harrogate and District NHS Foundation Trust should:

- 4.1 Ensure that the Looked After Children Team continue to work with CoY local authority to ensure appropriate access to the LA electronic systems. This will support improved timeliness of information sharing regarding children and young people who come into care and the subsequent timeliness of Initial Health Assessment.

- 4.2 Ensure the Looked after Children team continue to follow the health assessment escalation procedure, as agreed by the Strategic Partnership for Children in Care (SPCiC). Where it is established that this escalation procedure is not proving effective the HDFT Looked after Children team should escalate to the SPCiC, to the HDFT Safeguarding Children Governance Group and review the risk scoring on the risk register. With the effect that there is minimal impact to a looked after child. This established process should be used for initial and review health assessments.
- 4.3 Ensure professionals completing RHA's capture the voice of the child and this is scrutinised by the quality assurance tool.
- 4.4 Ensure that induction and training for professionals completing RHA's includes writing SMART action plans and that this is reflected by the quality assurance tool.
- 4.5 Ensure that health needs identified in assessment during RHA's are reflected by the health action plans and this practice is benchmarked and developed by the quality assurance tool.
- 4.6 Ensure completed SDQ's are used to inform all health assessments for children in care, as seen used well at IHA's for children and young people in York.
- 4.7 Ensure that all quality assurance processes are documented on the electronic patient record and any pertinent actions for practitioners taken to drive improvement in standards of health assessments.
- 4.8 Ensure that audit of IHA's and RHA's develops to facilitate benchmarking and improved practice for looked after children.
- 4.9 Ensure that all communication regarding provision of a child or young person's care is recorded on the electronic patient record. This is to provide an audit trail and to ensure key information is not overlooked.
- 4.10 Ensure that the specialist Looked after Children Team continue to support CoY LA CSC and the York Healthy Child Service in the implementation of Health Passports for all looked after children.
- 4.11 Ensure that GP information is informing health assessments for children in care undertaken by the HDFT Specialist Nurses for Looked after Children. When information from GPs is requested and not received, this also needs to be documented, monitored and escalated appropriately. The current practice does not allow HDFT to identify how engaged GP's are in the process.
- 4.12 Work with primary care colleagues to ensure that GP's are fully aware of the functions of the HDFT children in care team and associated information sharing processes.

5. Vale of York CCG and Tees Esk and Wear Valley NHS Trust should:

- 5.1 Consider and promote awareness of the resources available for children and young people to support their emotional wellbeing when they do not meet the threshold for tier 3 CAMHS services.

6. Vale of York CCG, Tees Esk and Wear Valley NHS Trust and York Teaching Hospitals NHS Foundation Trust should:


- 6.1 Work together to develop a formal perinatal mental health pathway that is NICE compliant and build on the strengthening relationships between maternity and mental health services.

Next steps

An action plan addressing the recommendations above is required from NHS Vale of York CCG within **20 working days** of receipt of this report.

Please submit your action plan to CQC through childrens-services-inspection@cqc.org.uk The plan will be considered by the inspection team and progress will be followed up through CQC's regional compliance team.

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Item Number : 13	
Name of Presenter: Rachel Potts	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
Report Title – Conflicts of Interest Policy	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report	
<p>The NHS Vale of York Clinical Commissioning Group's Conflicts of Interest Policy has been updated as follows :</p> <ul style="list-style-type: none"> • The responsibilities detailed in the policy have been updated in line with the new CCG organisational structure. • Review of Section 15 of the policy – Gifts and Hospitality – in line with revised NHS England guidance published on 09 February 2017, effective 01 June 2017. • Inclusion of Appendix 10 – a process for managing breaches of the Conflicts of Interest policy. • Revised NHS England Guidance states that Declarations of Interest need only be updated once a year unless there are changes in circumstances between annual declarations. <p>This Policy was reviewed by the CCG Executive Committee on 19 April 2017 and by Audit Committee on 05 July 2017.</p>	
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 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	Covalent Risk Reference and Covalent Description

<input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	G.17.06 - There is a potential risk that the Conflict of Interests statutory requirements may not be adequately discharged and managed.
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Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is asked to review the Conflicts of Interest Policy and ratify the amendments.

Responsible Executive Director and Title	Report Author and Title
Rachel Potts Executive Director of Planning and Governance	Rachael Simmons Corporate Services Manager

Annexes

- Conflicts of Interest Policy V5
- Conflicts of Interest Policy V5 - Appendix 4 – Declarations of Interest Form.

The annexes have been circulated electronically to members of the Governing Body and are available at

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

CONFLICTS OF INTEREST POLICY

MONTH 2017

Authorship :	Corporate Services Manager
Reviewing Committee :	Executive Committee 19 April 2017
Reviewing Committee :	Audit Committee 5 July 2017
Approval Body :	Governing Body
Approved Date :	
Review Date :	Annually
Equality Impact Assessment :	Completed
Sustainability Impact Assessment :	Completed
Related Policies :	<ul style="list-style-type: none"> • COR01a Business Conduct Policy • COR05 Sponsorship Policy • COR12 Whistleblowing Policy • COR13 Local Anti-Fraud, Bribery and Corruption Policy • FIN01 Procurement Policy • HR13 Induction Policy
Target Audience :	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No. :	COR01b
Version Number :	5.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

NHS Vale of York Clinical Commissioning Group
CONFLICTS OF INTEREST POLICY

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Internet
1.1	P Furneaux	Separate Business Conduct and Conflict of Interest policies. Addition of CCG specific links/form, responsibilities and arrangements. Managing conflicts of interest in service re-design (section 8) and proposed SOP, (App. C).	Audit Committee 10.09.2014	
1.2 2.0 (Final)	Audit Committee	Political interests added as example of defined declared interest	Audit Committee 10.09.2014 Governing Body 02.10.2014	
2.1 3.0 (Final)	YHCS Legal Services	Amendments to reflect statutory COI guidance issued by NHS England for the purposes of co-commissioning of primary care services.	Audit Committee Chair 07.01.2015 Governing Body 08.01.2015	
3.1 3.2 3.3 4.0 (Final)	R Simmons P Furneaux	To incorporate the revised guidance from NHS England issued June 2016. Insertion of Gifts and Hospitality Policy section from Business Conduct Policy. Clarification of Chief Officer/Accountable Officer responsibilities, consistency in "Deputy" and "Vice" chair terminology, (arising from COO review.)	Senior Management Team 12.07.2016 Governing Body 01.09.2016	05.09.2016
5.0	R Simmons	Amendments in relation to gifts and hospitality in line with NHS England guidance published 09.02.17, effective 01.06.17. – Section 15 Addition of Appendix 10 – management of breaches of the Conflicts of Interest Policy. Policy updated in terms of changes to internal governance arrangements. New NHS England guidance states declarations of interest need only be reviewed annually	Executive Committee 19 April 2017 Audit Committee 30 August 2017 Governing Body 07 September 2017	

To request this document in a different language or in a different format, please contact the CCG on :
01904 555870 or valeofyork.contactus@nhs.net

NHS Vale of York Clinical Commissioning Group
CONFLICTS OF INTEREST POLICY

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1 INTRODUCTION

- 1.1 NHS Vale of York Clinical Commissioning Group (the CCG) is required to make arrangements to manage conflicts of interest. This policy sets out those arrangements, based on the following, taking account of the relevant statutory requirements and guidance documents outlined in Sections 21 and 22 :
- Guidance published by NHS England for CCGs taking responsibilities for Co-Commissioning of Primary Care Services
 - Section 8 of the CCG Constitution;
 - Revised guidance published by NHS England in June 2016 and February 2017, effective 01 June 2017.
- 1.2 Specific rules around GPS as providers of CCG commissioned services will be covered in the NHS Vale of York Clinical Commissioning Group's Procurement Policy.
- 1.3 In addition to the specific arrangements in this policy, the CCG will embody public service values and principles in all its business transactions as outlined in the Policy on Business Conduct.

2 POLICY STATEMENT

- 2.1 NHS Vale of York Clinical Commissioning Group strives to achieve the highest standards of business conduct at all times and is committed to conducting its business with honesty and impartiality. One of the overriding objectives of the CCG is to ensure that decisions made by the CCG are both taken, and taken to be seen, without any possibility of the influence of external or private interest.

3 IMPACT ANALYSES

Equality

- 3.1 As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached at Appendix 1.

Sustainability

- 3.2 A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached at Appendix 2.

Bribery Act 2010

- 3.3 This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.
- 3.4 The Bribery Act 2010 came into force in July 2011 and has particular relevance to this policy. The Act created four criminal offences:
- Bribery, or offering to bribe, another person (section 1;)

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- Requesting, agreeing to receive, or accepting a bribe (section 2);
- Bribing, or offering to bribe, a foreign public official (section 6);
- Failing to prevent bribery (section 7).

- 3.5 It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.
- 3.6 The Act also increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine, or both. Furthermore, the Act introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place.
- 3.7 Individuals may expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.
- 3.8 Individuals should also be aware that a breach of this Act, or of this policy, renders them liable to disciplinary action by the CCG whether or not the breach leads to prosecution. Where a material breach of this guidance is found to have occurred, the likely sanction will be loss of employment and superannuation rights.
- 3.9 Further information on the Bribery Act can be found at <https://www.gov.uk/government/publications/bribery-act-2010-guidance>.

4 SCOPE

- 4.1 This policy applies to the Council of Representatives, Members of the Governing Body and members of, and attendees at, its committees and sub committees (both voting and non-voting members), Lay Members and all NHS Vale of York Clinical Commissioning Group staff.
- 4.2 Individuals working on behalf of NHS Vale of York Clinical Commissioning Group or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into contract documentation.
- 4.3 With reference to member GP practices, only practice staff with involvement in CCG decision-making processes are required to declare interests.

5 POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

- 5.1 NHS Vale of York Clinical Commissioning Group recognises that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and be seen to be taken, uninfluenced by external or private interests.
- 5.2 Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure. Failure to

NHS Vale of York Clinical Commissioning Group
CONFLICTS OF INTEREST POLICY

adhere to the provisions of this policy may constitute a criminal offence of fraud, as an individual could be gaining unfair advantages of financial rewards for themselves, a family member or a close associate. Any suspicion that a relevant interest may not have been declared should be reported to the Executive Director of Planning and Governance.

- 5.3 Where disciplinary action is taken breach of this policy may be regarded as gross misconduct and result in the individual being dismissed or removed from office.

6 PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS

Statutory Framework

- 6.1 For CCGs, the starting point is Section 14o of the NHS Act 2006 which sets out minimum requirements, supplemented by the 2013 Regulations. CCGs must:
- Maintain appropriate registers of interests;
 - Publish or make arrangements for the public to access those registers;
 - Make arrangements requiring the prompt declaration of interests by the persons specified (essentially members and employees) and ensure that these interests are entered into the relevant register;
 - Make arrangements for managing conflicts and potential conflicts of interest (for example by developing and reviewing this policy);
 - Have regard to guidance published by NHS England and Monitor in relation to conflicts of interest;
 - Must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
 - Keep appropriate records of how conflicts of interest have been managed in individual cases in relation to NHS commissioning contracts entered into, which must be published.

NHS / Department of Health Guidance

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, NHS England, June 2016
- Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services, NHS England.

7 ROLES / RESPONSIBILITIES / DUTIES

NHS Vale of York CCG Governing Body

- 7.1 The Governing Body has ultimate responsibility for all actions carried out by staff and committees throughout the CCG's activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare services to the local community.

The Audit Committee

- 7.2 The CCG Audit Committee is responsible for ensuring there is an effective system in place to manage and to protect the reputation of the CCG arising from conflicts or potential conflicts of interest. The Audit Committee will review the arrangements for the declaration and management of conflicts of interest and provide assurances, on a report highlighting issues to increase assurances, to the Governing Body that adequate systems and processes are in place to ensure compliance, especially in relation to the development of new services/contracts or changes to existing services / contracts.

The Accountable Officer

- 7.3 The CCG's Accountable Officer has overall accountability for the CCG's management of conflicts of interest.

The Conflicts of Interest Guardian

- 7.4 To further strengthen scrutiny and transparency of the CCG's decision making processes, all CCGs should have a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role should be undertaken by the CCG Audit Committee Chair, provided they have no provider interests, as Audit Committee Chairs already have a key role in conflicts of interest management. They should be supported by the CCG's Corporate Services Manager who should have responsibility for the day-to-day management of conflicts of interest matters and queries. The CCG Corporate Services Manager should keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.
- 7.5 The Conflicts of Interest Guardian should :
- Act as a conduit for members of the public who have concerns with regards to a conflict of interest;
 - Be a safe point of contact for whistleblowing;
 - Support the rigorous application of conflict of interest principles and policies;
 - Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - Provide advice on minimising the risks of conflicts of interest.
- 7.6 Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's Governing Body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, Governing Body and committee members and member practices will continue to have individual responsibility in playing their part on an on-going basis.

The Executive Director of Planning and Governance Responsibilities

- 7.7 The Executive Director of Planning and Governance will oversee arrangements to ensure that the CCG's registers of interests are publicly accessible and will advise on how declarations of interest should be made and how interests are managed. The Executive Director of Planning and Governance will develop procedures for managing those interests that are common to a number of individuals or to specific activities of the CCG.

Employees / Staff Working on Behalf of the Vale of York Clinical Commissioning Group

- 7.8 Employees and staff working on behalf of the CCG should be aware that in any transaction undertaken in support of the NHS Vale of York Clinical Commissioning Group's commissioning functions (including conversations between two or more individuals, emails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the management arrangements for conflicts of interest.
- 7.9 Where the NHS Vale of York Clinical Commissioning Group commissions services from GP practices, the general safeguards will be supplemented by additional safeguards which form the separate guidance entitled 'Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)'.
- 7.10 Where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.
- 7.11 If in doubt, an individual should assume that a potential conflict of interest exists. Transparency demands that individuals are explicitly and clearly aware of their responsibilities and duties in this context. Should there be any doubt about the relevance of an interest, this should be discussed with the Chair of the Governing Body, Chair of the Audit Committee or the Executive Director of Planning and Governance, which will result in a recommended course of action.
- 7.12 NHS Vale of York Clinical Commissioning Group employed staff are advised not to engage in outside employment which may conflict with their NHS work. They are advised to tell their employer if they think they may be risking a conflict of interest in this area and the declaration can be made on the Non-Disclosure and Confidentiality Agreement given on commencement of employment with the CCG which can be found in the CCG's Induction Policy, HR13.
- 7.13 All individuals covered by the scope of this policy are also required to declare any relevant personal or business interests of their spouse, civil partner, cohabitee, family member or any other relationship (including friendship) which may influence or may be perceived to influence their judgment.

NHS Vale of York Clinical Commissioning Group
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- 7.14 Individuals will declare any interests, in writing, as soon as they are aware of it and in any event no later than 28 days after becoming aware. A form to be used for this purpose is included at Appendix 4.
- 7.15 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration at the meeting, and provide a written declaration as soon as possible thereafter. The declaration will be minuted.
- 7.16 Even if an interest has already been declared, it should be declared at the start of any meeting where matters relating to that interest are discussed and this should be minuted.
- 7.17 Individuals applying for posts at the CCG or seeking appointment to the Governing Body and any of its committees and sub-committees will be required to declare any potential conflicts of interest during the appointment process. Where a question arises as to whether this may impact on the ability to appoint individuals, further guidance should be sought from the Conflicts of Interest Guardian, the CCG Chair or the Accountable Officer.

8 MANAGING CONFLICTS OF INTEREST AT MEETINGS

- 8.1 The Chair of a meeting of the CCG's Governing Body or any of its committees or sub-committees has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate action in order to manage the conflict of interest.
- 8.2 In the event that the Chair of a meeting has a conflict of interest, the Deputy Chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the Deputy Chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s). In making such decisions, the Chair or Deputy Chair / remaining non-conflicted members may wish to consult with the Conflicts of Interest Guardian.
- 8.3 It is good practice for the Chair to proactively consider ahead of meetings any conflicts that are likely to occur and how they should be managed, including steps to ensure relevant supporting papers are not sent to conflicted individuals.
- 8.4 To support the Chair, they should be provided with a checklist of declaration of interests made by members / attendees prior to the meetings.
- 8.5 There should be a standing agenda item on every meeting agenda asking for declarations of interest. Each member of the group should declare any interests which are relevant to the business of the meeting, whether or not those interests have been previously declared. It is the responsibility of each individual member of the group to declare any interests.
- 8.6 Any new declarations identified at a meeting should be incorporated in the CCG's registers of interests.

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- 8.7 When a member of the meeting (including the Chair or Deputy Chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the Chair (or Deputy Chair / remaining non-conflicted members) must decide how to manage that conflict. This could include one or more of the following:
- Where the Chair has a conflict, deciding that the Deputy Chair or a non-conflicted member chair all or part of the meeting;
 - The individual not attending the meeting;
 - The individual not attending the relevant section of the meeting;
 - Noting the interest and ensuring all attendees are aware of the nature and extent but allowing the individual to participate in both the discussion and any decisions;
 - Ensuring the relevant person does not receive documentation and / or minutes in relation to the relevant matter.

9 MINUTE TAKING

- 9.1 Asking for declarations of interests to be declared should be a standing agenda item for the Governing Body, all committees and sub-committees after the Chair's Welcome and Introductions and Apologies.
- 9.2 If any conflicts of interest are declared or otherwise at a meeting, the Chair must ensure the following information is recorded in the minutes:
- Who has the interest;
 - The nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
 - The items on the agenda to which the interest relates;
 - How the conflict was agreed to be managed; and
 - Evidence that the conflict was managed as intended, i.e., recording the points during the meeting when particular individuals left or returned to the meeting.
- 9.3 An example for recording interests in committee minutes is included at Appendix 8

10 DEFINITIONS

- 10.1 The NHS England Guidance on Managing Conflicts of Interest (December 2014) states that : "A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur." A potential for competing interests and / or a perception of impaired judgement or undue influence can also be a conflict of interest.
- 10.2 An interest is defined for the purposes of Regulation 6 as including an interest of the following :
- A member of the commissioner organisation;

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- A member of the Governing Body of the commissioner;
- A member of its committees or sub-committees or committees or sub-committees of its Governing Body;
- An employee.

10.3 The important things to remember are that :

- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- Financial gain is not necessary for a conflict to exist;
- For the purposes of Regulation 6 of the NHS (Procurement, Patient Choice and Competition (No 2) Regulations 2013, a conflict will arise when an individual's ability to exercise judgement or act in their role in the commissioning of services is impaired or influenced by their interests in the provision of those services.

10.4 In line with Section 8 of the Constitution, a conflict of interest will include (but is not necessarily limited to) :

- **A direct pecuniary interest** : where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- **An indirect pecuniary interest** : for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- **A non-pecuniary interest** : where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- **A non-pecuniary personal benefit** : where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).
- Where an individual is closely related to, or in a personal or professional relationship, including friendship, with an individual in the above categories.

10.5 Examples of interests that will be deemed to be relevant and material will include but are not limited to :

- Roles and responsibilities held within member practices.
- Membership of a Partnership (whether salaried or profit sharing) seeking to enter into any contracts with the CCG.
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG.
- Directorships, including non-executive Directorship held in private or public limited companies seeking to enter into contracts with the CCG.

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- All shareholdings of companies in the field of health and social care seeking to enter into contracts with the CCG must be declared.
 - Positions of authority in an organisation (e.g., charity or voluntary organisation) in the field of health and social care.
 - Any connection with a voluntary or other organisation contracting for NHS services.
 - Formal interest with a position of influence in a political party or organisation;
 - If registered with the General Medical Council (GMC), any interested they are required to declare in accordance with paragraph 55 of the GMC's publication 'Management for Doctors' or any successor guidance.
 - If registered with the Nursing and Midwifery Council (NMC), any interested they are would be required to declare in accordance with paragraph 7 of the NMC's publication 'Code of Professional Conduct' or any successor Code.
 - Any interest which does, or might, constitute a conflict of interest in relation to the specification for or award of any contract to provide goods or services to the CCG.
 - Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
 - Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.
- 10.6 Examples of those individuals likely to have potential conflicts of interest or undue influence could be CCG staff, GPs in practice in the CCG, practice managers and Lay Members.

11 MANAGING CONFLICTS OF INTEREST IN COMMISSIONING ACTIVITIES

- 11.1 Conflicts of interests may arise when the CCG engages clinicians, or other representatives of provider organisations for the purpose of advising it on its commissioning activities. These activities include :
- Pre procurement work;
 - Work during procurement; and
 - Work following procurement.
- 11.2 The CCG acknowledges that its engagement with clinicians or representatives from member practices, hospitals or other providers who have an interest in providing services to the CCG is likely to differ depending on which stage of the procurement process the organisation is at. For example, it may be appropriate in a clinically led membership organisation to engage clinicians with interests in providing services to the CCG (subject to the provisions set out in this procedure) when deciding what to procure but that it would not be appropriate to engage providers with interests during procurement.
- 11.3 In managing conflicts or potential conflicts of interests, the CCG may distinguish between those individuals or organisations that have an interest and those that are deemed to have a material interest.

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- 11.4 A proposed Standard Operating Procedure has been included at Appendix 5 to manage potential conflicts of interest that arise during the course of service re-design.

12 REGISTERS OF INTEREST

- 12.1 The Corporate Services Manager, on behalf of the Executive Director of Planning and Governance, will maintain registers of all relevant and material interests and positions of influence declared by members of the Council of Representatives, Governing Body, committees, sub-committees and employees.
- 12.2 Applicants for any appointment to the CCG or the Governing Body should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.
- 12.3 All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.
- 12.4 Registers will be reviewed annually by the Audit Committee with an assurance report provided to the Governing Body, to include explanations of any concerns and how these were managed.
- 12.5 Where an individual changes role or responsibility within the CCG or the Governing Body, any change to the individuals interests should be declared.
- 12.6 Any changes / additions to declarations which could result in a conflict / potential conflict, should be notified to the Corporate Services Manager as soon as possible after the change occurs, and, at the latest, within 28 days.
- 12.7 The Register will be published on the NHS Vale of York Clinical Commissioning Group's website with the exception of staff grade 7 and below who do not have a position of influence on any CCG committees or sub-committee. All information may have to be disclosed, if requested, under the Freedom of Information Act.
- 12.8 The Registers for Governing Body, Governing Body committees, Council of Representatives and staff (grade 8a and above) will be reviewed and republished at least once per annum.
- 12.9 Declared interests of the Governing Body, Governing Body committees, Council of Representatives and staff (grade 8a and above) will be published on the NHS Vale of York Clinical Commissioning Group's website and in the Annual Report and Accounts.

13 MANAGEMENT ARRANGEMENTS

- 13.1 Full details of how declared interests should be managed are as outlined in Section 8 of the Constitution (for ease of reference see extract at Appendix 7). Examples of possible scenarios and how to manage them are included as Appendix 3.
- 13.2 Where no previous declaration has been made, the Chair of the meeting will determine how this should be managed, in line with the management arrangements and may require the individual to withdraw from the meeting or part of it. The agreed actions should be recorded in the minutes.

Interests of the Chair of a Meeting

- 13.3 Where the Chair of a meeting has a relevant interest, whether previously declared or not, in relation to the scheduled or likely business of the meeting, the Deputy Chair will act as Chair for the relevant part of the meeting and may require the Chair to withdraw for that part of the discussion. If there is no Deputy Chair, the meeting will select one and the meeting must ensure that arrangements for the management of the conflict of interest are followed.

Effects of withdrawal

- 13.4 Where 50% of members of a meeting are required to withdraw, the Chair (or Deputy) will determine whether or not the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in Standing Orders (in relation to the Governing Body) and in line with the terms of reference (for all other meetings). Where a quorum cannot be convened, the Chair will consult with the Audit Committee Chair to ensure timely management of the issue. Possible actions are set out in Section 8 the Constitution (see Appendix 7).
- 13.5 Any arrangements made or agreed in a meeting will be recorded in the minutes.

14 DECLARATIONS IN RELATION TO PROCUREMENT

- 14.1 The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. This has now been put on a statutory footing in the 2013 Regulations mentioned above.
- 14.2 The CCG will publish a Procurement Policy approved by its Governing Body which includes specific reference to conflicts of interest. The Procurement Policy should make reference to :
- All relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision making processes used to design and redesign services;
 - Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 14.3 Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract, the individual will be expected to :

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- Declare the interest
 - Ensure that the interest is recorded in the register
 - Only take part in discussions as part of extended membership meetings to involve other major stakeholders in the service being discussed
 - Not have a vote in relation to the specification or award.
- 14.4 Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.
- 14.5 Potential conflicts will vary to some degree depending on the way in which a service is being commissioned, e.g. :
- Where a CCG is commissioning a service through Competitive Tender (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
 - Where the CCG is commissioning a service through Any Qualified Provider (AQP) a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose. Guidance within the GMC's core guidance Good Medical Practice (2006) and reiterated in its document Conflicts of Interest (2008) Indicates, in such cases, that: "You must act in your patients best interests when making referrals and when providing or arranging treatment or care."
- 14.6 You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe, treat or refer patients. You must not offer such inducements to colleagues :
- If you have financial or commercial interest in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients;
 - If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must also tell the patient about your interest. When treating NHS patients you must also tell the healthcare provider.
 - You may wish to note on the patient's record when an unavoidable conflict of interest arises; and
 - If you have a financial interest in an institution and are working under an NHS employers' policy you should satisfy yourself, or seek other assurance from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts interest. You must follow the procedures governing the schemes.
- 14.7 Guidance within the GMC'S core guidance 'Good Medical Practice (2013) - Honesty in Financial Dealings paragraphs 77-80 states :

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- You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
 - You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
 - If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
 - You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect, or be seen to affect, the way you prescribe for, treat or refer to patients or commission services for patients. You must not offer these inducements.
- 14.8 In addition, the GMC's document Financial & Commercial Arrangements and Conflicts of Interest (2013) indicates GPs should :
- Use your professional judgment to identify when conflicts of interest arise.
 - Avoid conflicts of interest wherever possible.
 - Declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services.
 - Get advice about the implications of any potential conflict of interest.
 - Make sure the conflict does not affect your decisions about patient care.
- 14.9 If you are in doubt about whether there is a conflict of interest, act as though there is.
- 14.10 The CCG recognise that particular care must be exercised when commissioning services from GP practices including provider consortia or organisations, in which GPs have a financial interest.
- 14.11 For that reason, this policy incorporates the Procurement Template developed by NHS England for that purpose which must be completed in each case where GP practices, consortia or organisations in which GPs have a financial interest are or may be a tenderer. [See Appendix 6] In addition, systems will be put in place to ensure that such contracts are monitored on an on-going basis to ensure any conflict is appropriately managed
- 14.12 The CCG is prohibited by law from awarding any contract where the integrity of the procurement process or the award has been, or appears to have been, affected by a conflict of interest. In this context, it is likely that the CCG will wish to take specialist legal advice.
- 14.13 The CCG will also adhere to all relevant regulations and principles which pertain to NHS procurement and UK / EU competition law, including the NHS (Procurement, Patient Choice and Competition) Regulations 2013.

15 GIFTS AND HOSPITALITY

- 15.1 The CCG will maintain a register of gifts and hospitality and robust processes must be in place to ensure individuals do not accept gifts, hospitality or other benefits which might reasonably be seen to compromise their professional judgment or integrity.
- 15.2 The register will be reviewed by the Audit Committee at least annually with an assurance report provided annually to the Governing Body. Details will be available on the CCG's website.
- 15.3 All individuals need to consider the risks associated with accepting gifts, hospitality or other benefits, particularly during procurement exercises. The acceptance of gifts could give rise to real or perceived conflicts of interests or accusations of unfair influence, collusion or canvassing.

GIFTS

- 15.4 A gift is defined as any item of cash or goods, or any service, which is provided for personal benefit free of charge or at less than its commercial value.
- 15.5 All gifts of any nature, whatever their value, offered to any member of CCG staff or committee member or GP member practice staff by a contractor or supplier (current or prospective) to the CCG's business should be declined. The person to whom the gifts were offered must declare said offer to the Corporate Services Manager for inclusion on the register.
- Subject to this, low cost branded promotional aids (diaries, calendars, etc.) may be accepted where they are under the value of the common industry standard of £6 in total and need not be declared.
- 15.6 The offer of gifts must be declared, even when they are declined.
- 15.7 Gifts from other sources should also be declined if acceptance could be perceived as favouritism or bias. The only exceptions relate to low cost branded promotional aids, such as diaries, calendars and other small gifts, which are under the value of a common industry standard of £6¹ in total. Gifts of this nature do not need to be declared.
- 15.8 Any personal gift of cash or cash equivalent, i.e., vouchers, tokens, remuneration to attend meetings whilst working for / representing the CCG, must always be declined whatever their value and whatever their source. The person to whom the gifts were offered must declare said offer to the Corporate Services Manager for inclusion on the register.
- 15.9 In relation to gifts from patients, families, service users, etc.,

¹ The £6 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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- i) Gifts of cash and vouchers to individuals must always be declined. Staff should not accept any gifts.
- ii) Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the CCG, i.e., a charitable trust, and not in a personal capacity. These should always be declared.
- iii) Modest gifts accepted under a value of £50 need not be declared. A common sense approach to the value of the gift should be applied, i.e., using the actual value if known.
- iv) Multiple gifts from the same source over a period of 12 months should be treated in the same way as a single gift over £50 where the cumulative value exceeds £50.

PROVISION OF HOSPITALITY

- 15.9 NHS funds for hospitality should be used sparingly and modestly and only after each case has been carefully considered. All expenditure on these items should be capable of justification as reasonable and authorised by the relevant budget holder. Petty cash should not be used to provide hospitality.
- 15.10 Whenever possible meetings should be arranged within CCG premises. If this is not possible, other NHS establishments should be the preferred choice. If this is not possible the meeting should be arranged at the most economic rate, taking into account room and refreshment charges.
- 15.11 Meetings during the lunch period should be avoided.

ACCEPTING HOSPITALITY

- 15.12 Hospitality means offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events, etc.,
- 15.13 To be acceptable, hospitality must be secondary to the purpose of the meeting or event. The level of hospitality offered in these circumstances should be appropriate and not out of proportion to the occasion e.g. a meal during the course of an event or visit away from base. Hospitality cannot in these circumstances be extended to spouses / partners. Modest hospitality, e.g., tea / coffee and light refreshments at meetings need not be declared.
- 15.13 Utmost discretion should be exercised in accepting offers of hospitality from contractors or their representatives, other organisations or individuals concerned with the supply of goods or services. Individuals should be especially cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (i.e., beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion or canvassing.
- 15.14 Individuals need to be aware that accepting hospitality may compromise their strict independence and impartiality. If in doubt, advice should be sought from the line manager. Further advice is available from the Chief Finance Officer, the Executive Director of Planning and Governance or the Corporate Services Manager.

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15.15 Overarching principles applying in all circumstances :

- i) Staff should not ask for, or accept, hospitality that may affect, or be seen to affect, their professional judgement.
- ii) Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- iii) Particular caution must be exercised when hospitality is offered by actual, or potential, suppliers or contractors. Hospitality can, however, be accepted if modest and reasonable but individuals must always obtain senior approval and declare the hospitality on the relevant form.

15.16 In relation to meals and refreshments :

- i) Under a value of £25 may be accepted and need not be declared.
- ii) Of a value between £25 - £75² may be accepted but must be declared.
- iii) Over a value of £75³ must be refused unless (in extreme circumstances) senior approval is given. A clear reason for acceptance must be recorded on the CCG's gifts and hospitality register.
- iv) A common sense approach must be applied in the valuing of meals and refreshments, using the actual amount if known.

15.17 In relation to travel and accommodation :

- i) Modest offers to pay some or all of the travel and accommodation costs relating to attendance at events may be accepted, but must be declared.
- ii) Offers which go beyond modest, or are of a type that the CCG itself might not usually offer (i.e., foreign travel and accommodation, first class / business class travel, etc.) need senior approval and should only be accepted in exceptional circumstances and must be declared. A clear reason for acceptance must be entered onto the CCG's Gifts and Hospitality Register.

15.18 Individuals should decline all other offers of hospitality or entertainment even if they would occur in their own time. All offers of hospitality with a value of over £25 which have been accepted, must be reported on the relevant form (see Appendix 3).

15.19 Offers of funding from private companies for events (e.g., training events for clinicians), which may include the provision of hospitality, must be approved prior to acceptance. Such circumstances are covered by the separate Policy and Guidance Sponsorship (the principles of which apply to all private companies).

15.20 Commercial sponsorship for courses, conferences, funding, meetings and publications in relation to work by committee members or GP members may be offered. If such offers are reasonably justifiable and otherwise in accordance with the statutory guidance, then they may be accepted. All such offers, whether

² The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

³ The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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accepted or declined, must be declared to the Corporate Services Manager for inclusion in the register.

16 RAISING CONCERNS AND BREACHES

- 16.1 It is the duty of every CCG employee, Governing Body member, committee / sub-committee member and GP practice member to report genuine concerns in relation to conflicts of interest.
- 16.2 In the first instance, suspected or actual breaches of the CCG's conflicts of interest policy should be raised with the Conflicts of Interest Guardian. All such notifications will be treated in the strictest confidence.
- 16.3 CCG staff and other individuals should also report any concerns to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

17 POLICY IMPLEMENTATION

- 17.1 Following approval by the Governing Body, this policy will be distributed by the Communications Manager for referencing in the staff newsletter and to the Council of Representatives, the Governing Body, committee and sub-committee Members and Practice Managers.
- 17.2 The Corporate Services Manager will publish the policy on the CCG's website.

18 TRAINING AND AWARENESS

- 18.1 This policy will be published on the CCG's website.
- 18.2 Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process. Advice on this policy can be obtained from the Accountable Officer, Chair of the Audit Committee or the Corporate Services Manager.
- 18.3 NHS England will provide mandatory online conflicts of interest training. All CCG staff and those staff of member practices who have involvement in CCG business will be required to evidence completion of the mandated training on an annual basis, by 31 December each year.
- 18.4 This training will, however, be voluntary for practice staff who have no involvement CCG decision making processes.

19 MONITORING AND AUDIT

- 19.1 The Audit Committee will :
 - Keep the arrangements for the management of conflicts of interest under review

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- Annually review the registers of interest
 - Provide an annual assurance report to the Governing Body
- 19.2 Monitoring of this policy may form part of the Internal Audit review of governance compliance.
- 19.3 The CCG is required to include an annual audit of conflicts of interest management within their internal audit plans and to publish the internal audit findings within their annual end-of-year governance statement.

20 POLICY REVIEW

- 20.1 This policy will be reviewed annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy'.
- 20.2 This policy, once approved, will be shared with all staff through the staff newsletter, and published on the intranet. A team briefing will be provided to support this dissemination.
- 20.3 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

21 REFERENCES

- Managing Conflicts of Interest in CCGs – NHS Federation & RCGP Centre for Commissioning
- Managing Conflicts of Interest : Revised Statutory Guidance for CCGs – NHS England – June 2016
- NHS England- Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services
- BMA's Ensuring Transparency & Probity Guidance
- Institute of Chartered Secretaries & Administrators Chartered Secretaries Guidance Note 100618 June 2010
- NHS Wirral Commissioning/Procurement of Health Services Appendix D – Approvals Process
- Section 14O of the National Health Service Act 2006, as inserted by section 25 of the 2012 Act
- The NHS (Procurement, Patient Choice and Competition)(No 2) Regulations 2013 (SI 2013 No 500)
- Public Contracts Regulations 2006
- Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)

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- Bribery Act 2010
- Policy on Business Conduct & Management of Conflicts of Interest – template for CCGs developed by Internal Auditor, North Yorkshire
- The Seven Principles of Public Life (commonly known as the Nolan Principles)
- The Good Governance Standards of Public Services
- The Seven Key Principles of the NHS Constitution

22 ASSOCIATED POLICIES

- NHS Vale of York CCG Constitution
- COR01a Business Conduct Policy
- COR05 Sponsorship Policy
- COR12 Whistleblowing Policy
- COR13 Local Anti-Fraud, Bribery and Corruption Policy
- FIN01 Procurement Policy
- HR13 Induction Policy

23 CONTACT DETAILS

Corporate Services Manager

Telephone: 01904 555870

Email: valeofyork.contactus@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. YO1 6GA

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24 : Appendix 1 : EQUALITY IMPACT ANALYSIS

1.	Title of policy/ programme/ service being analysed
	Conflicts of Interest Policy
2.	Please state the aims and objectives of this work.
	NHS Vale of York CCG is required to make arrangements to manage conflicts of interest.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	All CCG employees, members of the Governing Body, Council of Representatives, committees and sub-committees
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>

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7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>	
N/A		
<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc.</p>	
N/A		
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>	
N/A		
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>	
N/A		

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Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/A	

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<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
<p>N/A</p>	
<p>8.</p>	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p>
<p>Sign off</p>	
<p>Name and signature of person / team who carried out this analysis</p>	
<p>Date analysis completed</p>	
<p>Name and signature of responsible Director</p>	
<p>Date analysis was approved by responsible Director</p>	

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25 : Appendix 2 – SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Conflicts of Interest Policy
What is the main purpose of the document	Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.
Date completed	10 April 2017
Completed by	Corporate Services Manager

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		
	Will it improve access to opportunities and facilities for all groups?	N/A		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/A		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		
	Will it promote ethical purchasing of goods or services?	N/A		
Procurement	Will it promote greater efficiency of resource use?	N/A		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/A		
	Will it support local or regional supply chains?	N/A		
	Will it promote access to local services (care closer to home)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it make current activities more efficient or alter service delivery models	N/A		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/A		
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/A		
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		
	Will it promote prevention and self-management?	N/A		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		

26 : Appendix 3 – COMMISSIONING CYCLE AND POTENTIAL CONFLICT OF INTEREST

Notes:

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction e.g., is the introduction of a LES in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Interest	Pecuniary (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes	Fully participate	Fully participate	Fully participate	Fully participate

**27 : Appendix 4 – DECLARATIONS OF INTEREST FORM FOR MEMBERS /
EMPLOYEES**

Please see separate attachment.

28 : Appendix 5 – MANAGING CONFLICTS OF INTEREST IN COMMISSIONING ACTIVITIES

STANDARD OPERATING PROCEDURE (DRAFT)

PURPOSE

The purpose of this operating procedure is to set out how the CCG will manage the interests of those providers with whom it engages, to assist it in the development of its commissioning plans. The procedure should be read in conjunction with the CCG's policy on managing conflicts of interest which requires anyone working for, or on behalf of, the CCG, who is involved in making decisions, or who is able to influence a decision, to declare their interests.

MANAGING INTERESTS

PRE PROCUREMENT ACTIVITIES

The pre-procurement phases of the CCG's commissioning comprise:

- generating ideas and options
- solution exploration
- service review
- specification

Whilst procedures should be applied consistently, the effort that the CCG invests to manage conflicts of interest will be proportionate to the value, complexity and risks of the services contracted. Risks will be evaluated and focus maintained where there is a combination of higher benefits, costs, savings and quality.

COMMISSION HEALTHCARE SERVICES

When drawing up plans to commission healthcare services (or continue to commission services by contract extension) including GP services in which a member of the CCG has a financial or other interest, a procurement assessment evaluation must be completed in line with the template published by NHS England, a copy of which is provided on the next page.

Forms should be evaluated as part of the decision making process. Deliberations regarding identification of potential conflicts of interest will be published in line with NHS England guidance.

[To be used when commissioning services from GP, including provider consortia, or organisations in which GPs have a financial interest]

Service:	
Question	Comment/ Evidence
How does the proposal deliver good or improved outcomes and value for money- what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route?	
What additional external involvement will there be in scrutinizing the proposed decisions?	

<p>How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision- making process and award of any contract?</p>	
<p>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</p>	
<p>How have you determined a fair price for the service?</p>	
<p>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</p>	
<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose ?</p>	
<p>Additional questions for proposed direct awards to GP providers</p>	
<p>What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider ?</p>	
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	

IDEAS AND SOLUTION EXPLORATION PHASE

The CCG will engage with clinicians or other representatives of providers to help generate ideas or options, or to explore solutions which either improve access to services, provide care closer to home, provide additional choices for patients / users or which offer a different model of care to the CCG's existing arrangements. The approach and extent to which consultation takes place with current or potential providers will be influenced by the type of procurement process which is to be undertaken (i.e., open, restricted, or competitive dialogue).

Where clinicians, providers or their representatives are engaged in this process, they must be asked to complete and sign conflict of interest declaration forms. An example form is included with this procedure.

Clinicians or representatives in this context include providers who may subsequently bid to provide such services, including member practices.

In engaging clinicians or representatives during the 'ideas' and 'solution exploration' phase, the group will take steps to ensure that:

- Providers do not have preferential access to information that would give them a competitive edge in their bid to provide that service;
- A provider with a 'material interest' is not appointed to a position of influence, including, for example, chairing meetings or conducting research on behalf of the CCG;
- Providers who currently provide the services under consideration are invited to contribute to the CCG's work.

It is important, however, to ensure that the final version of any specification has been approved by the commissioner. In order to mitigate against providers, or the perception of provider's being given preferential access to information, the group will, as soon as practical, actively encourage a range of providers to contribute ideas and solutions to its work. This will include promoting this work on the CCG's website. All clinicians contributing to the review should declare any interests, both current and future, and these will be recorded in a log and cross referenced in the minutes of the meeting.

The recommendations arising from the review will be recorded in the minutes of meetings and will be available on request (or via the CCG's website).

SERVICE REVIEW

Where the CCG is undertaking a major service review involving consideration of for example, where and how an existing service may be procured in the future; or where existing contracts are due to expire or to be terminated, which, for example involve a public consultation exercise that has a significant value, benefit or potential savings, the group will:

- appoint a clinical representative to co-ordinate the service review from a provider which does not intend to bid to provide that service in the future;
- and

- seek to engage a range of providers in the service review, dependant on the type of procurement process to be undertaken. This may include representatives from the current provider of that service along with other providers who are expected to bid for the service in the future.

The CCG will promote a level playing field amongst providers by advertising the review via its website and inviting providers to participate in the review. This may include active participation in the review via for example an advisory group or the opportunity for providers to make a written contribution or to attend engagement events.

Clinicians or representatives contributing to the review should declare any interests, both current and future, and these will be recorded in a log and, where appropriate, in the minutes of meetings.

The recommendations arising from the review will be recorded in the minutes of meetings and will be available on request (or via the CCG's website).

SPECIFICATION PHASE

In drafting specifications, the CCG:

- May obtain assistance from (clinicians or representatives from) member practices with an interest;
- May not obtain assistance from (clinicians or representatives from) member practices with a material interest; and
- May not obtain assistance from clinicians from other organisations which have an interest and from whom the CCG may commission services.

GENERAL

The CCG will endeavour to ensure that an individual provider is not afforded preferential treatment or given access to information that could not be made available to other providers, either on their request or via the CCG's website.

Where there is a single provider or one individual is the only likely bidder for a service, and where there are other known providers of that service, they will not be involved in the review of that service or the development of a specification for that service.

Where an individual provider is likely to be advantaged by their representative's involvement in the pre-procurement phases of the CCG's commissioning activities and the CCG cannot provide equality of treatment to other potential providers, the CCG will exclude that provider from its pre-procurement work.

Providers of services who are interested in bidding for services may contribute to discussions concerning proposals for that service, but they will not be able to vote on the proposal.

Where the Governing Body or a committee of the Governing Body considers it helpful, it may invite Clinicians from providers, with an interest or with a material interest in bidding for services, to participate in discussions concerning the recommendations under

consideration. Where, however, those meetings are held in public, such providers will be excluded from the meeting when the decision is taken concerning the outcome of the review or if they are a member of the Governing Body, they will not be allowed to vote on the proposal.

In the circumstances set out in the paragraphs above, the minutes of the meeting will record the reasons for inviting the provider (s) to inform discussions.

DURING PROCUREMENT

Clinicians from providers who are competing for services will not be involved in the CCG's processes for evaluating submissions and / or awarding a service following the decision to procure a service.

The CCG will endeavour to avoid a situation where a provider has to be excluded from bidding to provide a service due to their or their representatives' involvement in the decisions to procure that particular service or their participation in the CCG's commissioning activities. The arrangements for managing conflicts of interests by creating a level playing field for all providers, or by excluding sole providers of services, during the pre-procurement phase should help to mitigate against this.

POST PROCUREMENT

Where a Provider of Services commissioned by the CCG also refers patients to services that it provides under a contract with the CCG (including companies in which the provider has an interest), a condition of that contract will be that the provider informs patients of its interests and promotes the patient's rights to choose an alternative provider. The provider can do this by displaying information on the contracts that it holds with the CCG in a prominent place where patients can see and read it on its website.

29 : Appendix 6 - COMMISSIONING COMMUNITY SERVICES CONFLICT OF INTEREST DECLARATION & CONFIDENTIALITY AGREEMENT

Instructions: This form is to be completed by all individuals who will provide input, advice and/or make commercial decisions in respect of the commissioning and procurement of the above service. Guidance in respect of individuals is provided in Appendix D1.

Completed forms are to be signed (no electronic signatures) and scanned in to an email in the first instance to VOYCCG.Governance@nhs.net. The original signed hard copy should be posted to the following address:

FAO: Governance Team, NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, YO1 6GA.

Part 1: Conflict of Interest Declaration

Please read statements 1 – 6 thoroughly. If you acknowledge and agree with each of the statements and have no conflict of interest please complete Box A, and move onto Part 2 – Confidentiality Agreement.

If you identify a potential conflict please complete Box B and move to Part 2, the Confidentiality Agreement.

Statements

1. Neither I nor any member of my family, close friends or any other acquaintances, have any financial interest of any nature in any individual, organisation or group who may express an interest in this commissioning exercise and / or put forward a bid for any related procurement;
2. I have no conflict of interest (whether financial or otherwise) in providing input/advice in connection with this commissioning exercise and/or procurement;
3. I will advise NHS Vale of York Clinical Commissioning Group as soon as it is known of any conflict of interest which may arise at any point during my involvement in this commissioning exercise and/or procurement;
4. The documents made available to me, in electronic / hard copy format for the purpose of evaluating any Tenders are classified Commercial in Confidence and I confirm that none of these documents nor their contents will or have been released, disclosed or divulged by me, or on my behalf, to any third party without the relevant authorisation;
5. I understand that the release or disclosure of such material to a third party without such authorisation will be regarded very seriously and may result in disciplinary or formal action, and;
6. To the best of my knowledge, no-one with whom I have a direct association has expressed an interest in this commissioning exercise and/or intends to submit a bid for any relevant procurement.

Box A: I confirm and agree to the statements 1-6 which form the conflict of interest declaration.			
Name	Position/Organisation	Date	Signature
Box B:			
Name	Position/Organisation	Date	Signature

Part 2 Confidentiality Agreement:

Please read statements 7-13 and complete Box C to acknowledge and agree that :

7. I will treat any verbal and written information issued to me in relation to the procurement as strictly confidential;
8. I will not share any information or documentation received with any third party without the express agreement of NHS Vale of York Clinical Commissioning Group;
9. I will not leave hard copies of documents in any public place risking unauthorised access to them;
10. I will safeguard electronic access to documents at all times;
11. I will advise North of England Commissioning Support of any potential or actual breach of this agreement whether intentional or not;
12. I waive the right to submit a bid to any tender opportunity which I have had direct involvement, and
13. I will ensure the safeguarding of all documents and information at all times both pre and post award.

Box C: I confirm and agree to the statements 7-13 which form the confidentiality agreement.			
Name	Position/Organisation	Date	Signature

Appendix D1 – Guidance

Individuals who may be party to providing guidance / advice in respect of the procurement process:

- Employees
- CCG Member
- Governing Body Member
- Committee or Sub-Committee Member
- Finance
- Other Interests

Potential Types of Conflict:

- roles and responsibilities held within member practices;
- directorships, including non-executive directorships, held in private companies or PLCs;
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- all shareholdings of companies in the field of health and social care;
- a position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
- any connection with a voluntary or other organisation contracting for NHS services;
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

What level of detail is to be provided in outlining a conflict of interest?

- relevant organisations completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- if in doubt as to whether a conflict of interests could arise / is relevant, a declaration of the interests should be made.

**30 : Appendix 7 - EXTRACT FROM NHS VALE OF YORK CCG CONSTITUTION -
SECTION 8.15 MANAGING CONFLICTS OF INTEREST**

- 8.5 As required by Section 14o of the NHS Act 2006, as inserted by Section 25 (14O) of the Health and Social Care Act 2012, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.6 Where an individual, i.e., an employee, Group member or member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body, has an interest, or perceived interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict and is subject to the provisions of this constitution.
- 8.7 A conflict of interest will include but is not limited to :
- a) A direct pecuniary interest : where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) An indirect pecuniary interest : for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) A non-pecuniary interest : where an individual holds a non-remunerative or not off profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract).
 - d) A non-pecuniary personal benefit : where an individual may enjoy a qualitative benefit from the consequences of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
 - e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
- 8.8 If in doubt, the individual should assume that a potential conflict of interest exists.

DECLARING AND REGISTERING INTERESTS

- 8.9 The Group will maintain one or more registers of the interests of :
- a) The members of the Council of Representatives
 - b) The members of the Governing Body
 - c) The members of its committees or sub-committees and the committees or sub-committees of its Governing Body and
 - d) Its employees.

- 8.10 The registers will be published on the Group's website at : www.valeofyorkccg.nhs.uk.
- 8.11 The registers will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, North Yorkshire, YO1 6GA.
- 8.12 Individuals may declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it, and in any event no later than 28 days after becoming aware.
- 8.13 Where an individual is unable to provide a declaration in writing, for example if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses and provide a written declaration as soon as possible thereafter.
- 8.14 The Chair of the Audit Committee, as Conflicts of Interest Guardian, will ensure that the registers of interests are reviewed quarterly, and updated as necessary.

MANAGING CONFLICTS OF INTEREST : GENERAL

- 8.15 Individual members of the Group, the Governing Body, committee or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts, or potential conflicts, of interest.
- 8.16 The Chair of the Audit Committee, as Conflicts of Interest Guardian, will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interests, or potential conflicts of interest, to ensure the integrity of the Group's decision making process.
- 8.17 Arrangements for the management of conflicts of interest are to be determined by the Chair of the Audit Committee, as Conflicts of Interest Guardian, and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests, or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following :
- a) When an individual should withdraw from a specified activity, on a temporary or permanent basis.
 - b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.18 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest, or potential conflict of interest, from the Chair of the Audit Committee.

- 8.19 Where an individual member, employee or person providing services to the group is aware of an interest which :
- a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) Has previously been declared in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests, or potential conflict of interests.
- 8.20 The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.21 Where the Chair of any meeting of the Group, including committees, sub-committees, or the Governing Body and the Governing Body's committees, and sub-committees has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests, or potential conflicts of interests, in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.
- 8.22 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committee or sub-committee, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.23 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts, or potential conflicts, of interest, the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 8.24 In making this decision, the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements of managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Chair of the Audit Committee on the action to be taken.
- 8.25 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 not possible.

- inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business :
 - a member of the Clinical Commissioning Group who is an individual.
 - an individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group.
 - a member of a relevant Health and Wellbeing Board.
 - a member of a Governing Body of another Clinical Commissioning Group.

8.26 These arrangements must be recorded in the minutes.

8.27 In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, emails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual; must also inform either their line manager (in the case of employees), or the Chair of the Audit Committee of the transaction.

8.28 The Chair of the Audit Committee will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest, and potential conflicts of interest, are declared.

MANAGING CONFLICTS OF INTEREST : CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE GROUP

8.29 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.30 Anyone contracted to provided services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this constitution in relation to managing conflicts of interest. This requirement will be set out in the contract for their services.

31 : Appendix 8 - RECORDING DECLARATIONS OF INTEREST IN MINUTES

ATTENDANCE

Name Initials Role

Item No.	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	
3	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest that they may have on any issues arising at committee meetings which might conflict with the business of NHS Vale of York CCG.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's registers of interest which are available either via the CCG's website at : http://www.valeofyorkccg.nhs.uk/publication-scheme/lists-and-registers/ or on request.</p> <p>Declarations of interest from sub-committees</p> <p>Declarations of interest from today's meeting</p> <p>The following Declaration of Interest update was received at the meeting :</p> <p>The quoracy of the meeting was reviewed and it was established that the meeting remained/ did not remain quorate.</p>	
4	Minutes of the last meeting <date to be inserted> and matters arising	
	<p>Agenda Item <note the agenda item></p> <p>Details of any action taken in respect of updated declaration(s).</p> <p><conclude decision has been made> <note the agenda item XX></p>	
6	Any other business	
7	Date and time of next the meeting	

32 : Appendix 9 - DECLARATIONS OF GIFTS AND HOSPITALITY FORM

Gifts :

Contractors and Suppliers : All gifts of any nature, whatever their value, offered to any member of CCG staff or committee member or GP member practice staff by a contractor or supplier (current or prospective) to the CCG’s business should be declined. The person to whom the gifts were offered must declare said offer to the Corporate Services Manager for inclusion on the register.

Subject to this, low cost branded promotional aids (diaries, calendars, etc.) may be accepted where they are under the value of the common industry standard of £6 in total and need not be declared.

From patients and other sources : seek advice from the Corporate Services Manager

Hospitality :

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 - £75 may be accepted but must be declared.
- Over a value of £75 must be refused unless (in extreme circumstances) senior approval is given. A clear reason for acceptance must be recorded on the CCG’s gifts and hospitality register.
- A common sense approach must be applied in the valuing of meals and refreshments, using the actual amount if known.

Recipient Name:	
Position:	
Date of Offer :	
Date of Receipt (if applicable):	
Details of Gift / Hospitality:	
Estimated Value:	
Supplier / Offeror Name and Nature of Business:	
Details of Previous Offers or Acceptance by this Offeror / Supplier:	
Details of the Officer Reviewing and Approving the Declaration Made and Date:	
Declined or Accepted?	
Reason for Declining or Accepting:	

Other Comments :	
------------------	--

I confirm that the information provided above is complete and correct. I acknowledged that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I do / do not (*delete as applicable*) give my consent for this information to be published on registers that the CCG holds. If consent is NOT given, please give reasons:

--

	Name	Position	Date
Signed By:			
Senior/Line Manager			

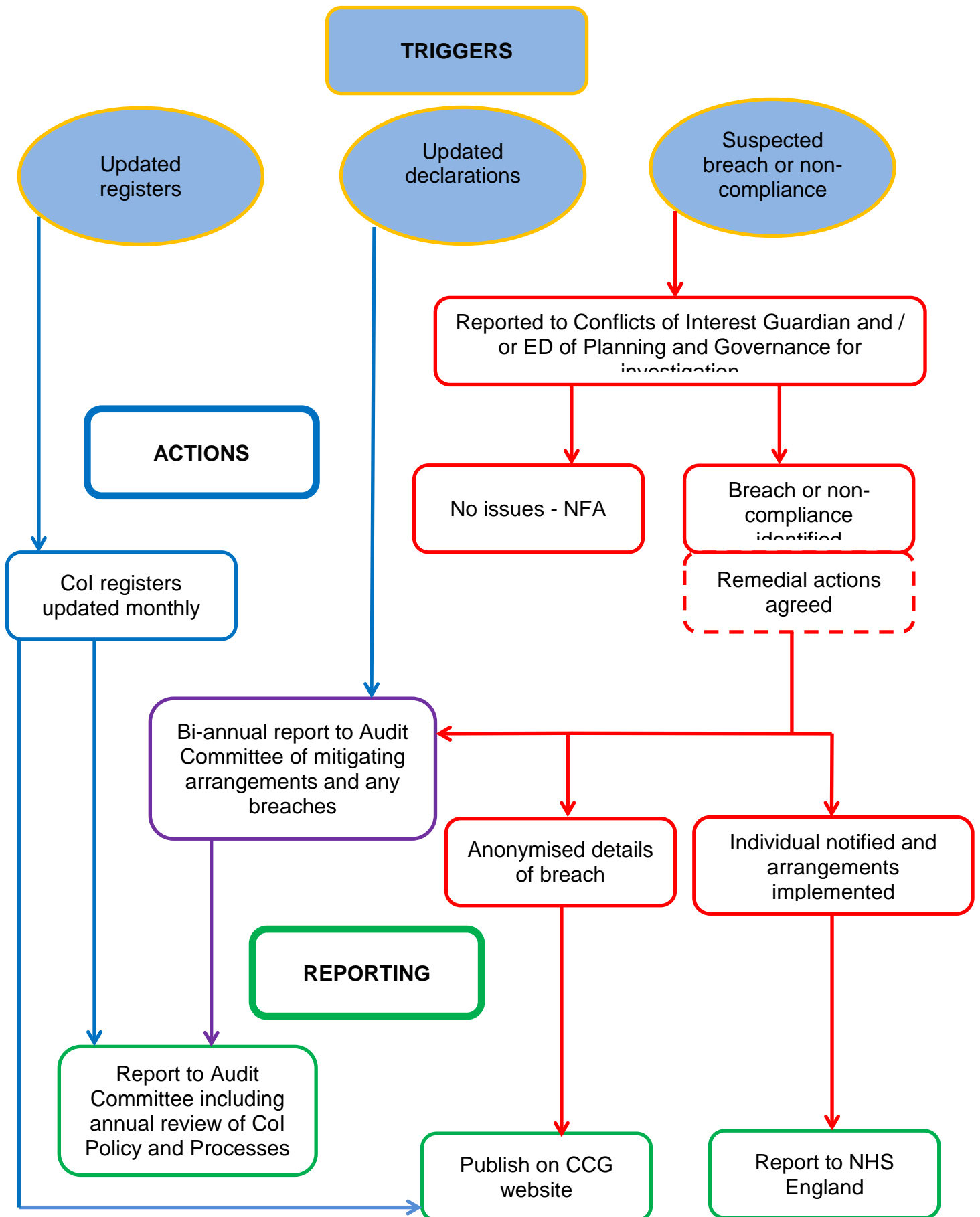
Please return completed form to : **The Corporate Services Manager Policy and Assurance Manager**

33 : Appendix 10 - MANAGEMENT OF BREACHES OF THE CONFLICTS OF INTEREST POLICY

- 1 It is the duty of each individual (CCG employee, Governing Body member, committee or sub-committee member or GP practice member) to speak up about genuine concerns in relation to the administration of the CCG's policy on Conflicts of Interest management. If an individual has any such concerns they should not ignore such suspicions or investigate the matter themselves.
- 2 Any NHS Vale of York CCG employee, Governing Body member, committee or sub-committee member or GP practice member should also refer to the CCG's Whistleblowing Policy which can be found on the CCG's website at :
<http://www.valeofyorkccg.nhs.uk/data/uploads/publications/policies>
- 3 Concerns about the management of Conflicts of Interest should be raised with the Executive Director of Planning and Governance and / or the Conflicts of Interest Guardian.
- 4 When raising a concern, the individual must advise whether they wish to remain anonymous whilst the concern is being investigated.
- 5 If someone has any particular concerns as to confidentiality, they may raise the matter solely with the Conflicts of Interest Guardian who, in the first instance, will discuss the matter with the individual and consider how to retain confidentiality.
- 6 The concern will be investigated by the Conflicts of Interest Guardian and the Executive Director of Planning and Governance. The individual raising the concern will be asked to provide details. The Conflicts of Interest Guardian and Executive Director of Planning and Governance will consider the concern and take further steps to investigate the concern.
- 7 The individual raising the concern will be kept informed of any decisions taken as a result of any investigation.
- 8 The decision on the outcome of the investigation will be made by the Executive Director of Planning and Governance. In the event that a breach of this policy is identified, the Executive Director of Planning and Governance will consider whether any further action is required, taking all of the details of the concern and this policy into consideration.
- 9 All concerns raised will be reported to the Audit Committee who will receive updates as the investigation progresses and be notified of the final outcome of the investigation. Any breaches identified and any action taken will be reported to the Audit Committee.
- 10 Where a breach is identified, the Executive Director of Planning and Governance will be responsible for reporting the breach to NHS England. A confidential record of the breach will be retained by the Executive Director of Planning and Governance.

- 11 An anonymised record of any breaches of this policy will be made available on the CCG's website at : www.valeofyorkccg.nhs.net.
- 12 Providers, patients and other third parties can make a complaint to NHS Improvement at : <https://improvement.nhs.uk/> in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations.

FLOWCHART FOR PROCESSING CONFLICT OF INTEREST BREACHES



Breaches of CCG's Conflicts of Interest Policy

Details of the Breach	Date Breach Identified	How the Breach was Managed	Learning / Improvements Made Following the Breach	Date NHS England Informed of the Breach

This form is required to be completed in accordance with the CCG's Constitution and Section 14o of the National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition)(No2) Regulations 2013 and the Substantive Guidance on the Procurement, Patient Choice and Competition Regulations.

Please complete the form after referring to the guidance notes attached		
Name: <i>Print:</i>	Signature:	Date:
Position:		
Organisation:		

I declare that to the best of my knowledge and belief, the information I have given on this form is correct and complete. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the CCG and NHS Protect for the purpose of verification, prevention, detection and prosecution of fraud.

I undertake to update as necessary the information provided and to regularly review the accuracy of the information provided.

Please indicate which committees you sit on by selecting all that apply below	✓		✓
Governing Body	<input type="checkbox"/>	I have no interests to declare	
Council of Representatives	<input type="checkbox"/>		
Audit Committee	<input type="checkbox"/>		
Finance and Performance Committee	<input type="checkbox"/>		
Remuneration Committee	<input type="checkbox"/>		
Quality and Patient Experience Committee	<input type="checkbox"/>	I wish to declare my interests overleaf	
Executive Committee	<input type="checkbox"/>		
Clinical Executive	<input type="checkbox"/>		
Primary Care Commissioning Committee	<input type="checkbox"/>		
Clinical Research Effectiveness Committee (CREC)	<input type="checkbox"/>		
Medicines Commissioning Committee	<input type="checkbox"/>		

Type of Interest				Who	Details of Interest	Position	Company	Start and End Date	
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice	✓	
				Spouse		Partnership	Pharmacist		
				Relative		Directorship (including non-executive)	Alliance	✓	
				Close friend		Shareholder	Research funding/grants	✓	
				Practice		All of the above	Political Party		
				Other		Trustee	Consultancy		
				If other please state		Any other role or relationship	Voluntary organisation		
						Other (Please state)	Please provide name York Medical Practice Research network Part of Shield alliance		
							Receive funding as part of research network		
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date	
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self	My partner volunteered as a Mental Health Advocate	Employee	GP Practice		
				Spouse		Partnership	Pharmacist		
				Relative		Directorship (including non-executive)	Alliance		
				Close friend		Shareholder	Research funding/grants		
				Practice		All of the above	Political Party		
				Other		Trustee	Consultancy		
				If other please state		Any other role or relationship	Voluntary organisation	✓	
						Other (Please state)	Please provide name Mind		
							05.06.2006-12.07.2016		
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date	
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice		
				Spouse		Partnership	Pharmacist		
				Relative		Directorship (including non-executive)	Alliance		
				Close friend		Shareholder	Research funding/grants		
				Practice		All of the above	Political Party		
				Other		Trustee	Consultancy		
				If other please state		Any other role or relationship	Voluntary		
						Other (Please state)	Please provide name		

Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				<i>If other please state</i>		Any other role or relationship	Voluntary organisation			
						Other (Please state)	Please provide name			
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				<i>If other please state</i>		Any other role or relationship	Voluntary organisation			
						Other (Please state)	Please provide name			
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				<i>If other please state</i>		Any other role or relationship	Voluntary			
						Other (Please state)	Please provide name			

Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				If other please state		Any other role or relationship	Voluntary organisation			
						Other (Please state)	Please provide name			
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				If other please state		Any other role or relationship	Voluntary organisation			
						Other (Please state)	Please provide name			
Type of Interest				Who	Details of Interest	Position	Company	Start and End Date		
Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	Self		Employee	GP Practice			
				Spouse		Partnership	Pharmacist			
				Relative		Directorship (including non-executive)	Alliance			
				Close friend		Shareholder	%		Research funding/grants	
				Practice		All of the above	Political Party			
				Other		Trustee	Consultancy		Additional comments	
				If other please state		Any other role or relationship	Voluntary			
						Other (Please state)	Please provide name			

Guidance Notes

- Section 8 of the CCG Constitution and its related Business Conduct and Conflicts of Interest Policies require CCG Shadow Board Members, Council of Members, Members of its Committees and Sub-Committees, CCG staff and individuals working on behalf of the CCG to declare interests which are relevant and material and any positions of influence they hold or are held by a family member, close friend or other acquaintance, in the categories outlined on the form.
- If there are no interests to declare **a nil return must be submitted**
- Declarations should be made within 28 days of a relevant event occurring.
- Any changes to declarations should also be made within 28 days of a relevant event occurring by completing and submitting a new declaration form.
- Any changes should be reported at the start of each Committee/Sub Committee meeting. This should be a standing agenda item at all meetings, including Vale of York Clinical Commissioning Group staff meetings.
- Members and employees completing this form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member has and the circumstances in which a conflict of interest might arise.
- **If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.**
- If any assistance is required to complete the form, please contact the Policy and Assurance Manager
- The signed hard copy of the completed form should be sent to the Policy and Assurance Manager
- Details of directorships of companies and organisations likely or possibly seeking to do business with the NHS will be published in the Vale of York Clinical Commissioning Group's annual report.
- All declarations (apart from those of employees on Grade 7 and below) will be published on the Vale of York Clinical Commissioning Group's website.


Examples of Potential Types of Conflict

- roles and responsibilities held within pharmaceutical company;
- directorships, including non-executive directorships, held in the companies or PLCs;
- acceptance of benefits, hospitality, etc. from pharmaceutical companies;
- sponsorship received from pharmaceutical companies in respect of meetings/conferences/educational programmes/clinical trials in relation to products, medicines, devices, patient treatment options;
- shareholdings of pharmaceutical companies;
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- member of any body or charity that might be described by some as a related pressure group (excluding membership of professional bodies such as GPhC or GMC etc.);
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG.
- any other potential conflict of interest that is not listed here

What level of detail is to be provided in outlining a conflict of interest?

- Relevant individuals completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- **If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.**

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Item Number: 14	
Name of Presenter: Tracey Preece	
Meeting of the Governing Body Date of meeting: 13 July 2017	 Vale of York Clinical Commissioning Group
Report Title – Procurement Policy	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report <p>The Procurement Policy has been revised to take into account new legislative changes in line with the EU Procurement Regulations 2015, and also the revised CCG structure. The amendments made are highlighted yellow on the policy document for ease for reference.</p> <p>This Policy was reviewed by the Audit Committee on 5 July 2017.</p>	
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 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 type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Emerging Risks (not yet on Covalent) <p>There is the potential risk that if an adequate and robust Procurement Policy that reflects current legislation and regulations is not in place, the CCG is exposed to challenge which could result in damage to the CCG reputation and also financial consequences.</p>	

Recommendations

Governing Body is asked to ratify the amendments to the Procurement Policy.

Responsible Executive Director and Title

Tracey Preece
Chief Finance Officer

Report Author and Title

Anna Bourne
Senior Procurement Lead

Annexes

- Procurement Policy V1.3

The annex has been circulated electronically to members of the Governing Body and is available at <http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

PROCUREMENT POLICY

MAY 2016

Authorship:	Anna Bourne, Senior Procurement Lead
Reviewing Committee:	Audit Committee
Date:	4 May 2017
Approval Body	Governing Body
Approved date:	xxxxxx
Review Date:	xxxxxx
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Related Policies:	Vale of York CCG Constitution FIN02 Detailed Financial Policies COR01a Business Conduct policy COR01b Conflict of Interest Policy COR13 Local Anti-Fraud, Bribery and Corruption Policy
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees. All persons contracted to provide services to the CCG.
Policy Reference No:	FIN01
Version Number:	1.3

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

NHS Vale of York Clinical Commissioning Group
PROCUREMENT POLICY

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Internet
V1.0	July 2013	Andrew Wilson	Final Release Version	
V1.1	Nov 2015	Anna Bourne	Draft revised version to take into account new procurements regulations and CCG policy format.	
V1.2	Jan 2016	Anna Bourne	Amendments arising from Audit Committee	
V1.3	May 2017	Anna Bourne	Revised to take into account new procurement, regulations, thresholds and CCG structure	

To request this document in a different language or in a different format, please contact:

01904 555 870 or valeofyork.contactus@nhs.net

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1. INTRODUCTION

- 1.1. Procurement is central to driving quality and value. It describes a whole life- cycle process of acquisition of goods, works and services; it starts with identification of need and ends with the end of a contract or the end of useful life of an asset, including performance management. Procurement encompasses everything from repeat, low-value orders through to complex healthcare service solutions developed through partnership arrangements.
- 1.2. There are a range of procurement approaches available which include working with existing providers, non-competitive and competitive tenders, multi-provider models such as Any Qualified Provider (AQP) and Framework Agreements.
- 1.3. This document describes NHS Vale of York CCG's Procurement Policy. The purpose of the policy is to ensure that when commissioning clinical services NHS Vale of York CCG:
- complies with the regulatory framework of all relevant legislation and guidance, its own Constitution, Standing Orders, Prime Financial Policies, Scheme of Delegation and Detailed Financial Policies;
 - acts with a view to securing the needs of its local population, and improves the quality and efficiency of clinical services;
 - treats providers fairly and equally and acts in a transparent and proportionate way;
 - provides best value for money; (defined as 'the optimum combination of whole life cost and quality (or fitness for purpose) to meet the user's requirement. This is rarely synonymous with the lowest price. Where an item / service is chosen that does not have the lowest whole life costs, then the additional value added benefits must be clear and justifiable.);
 - ensures that all procurement is conducted honestly and legally, avoiding conflicts of Interests;
 - ensures, where possible, that procurement is undertaken in a sustainable way, minimising the impact on the environment;
 - meets its short and long term objectives; and
 - maintains high standards of public trust and probity in its use of public funds.
- 1.4. This Policy is part of NHS Vale of York CCG's governance structure and provides the high level for the detailed guidelines and other documentation in the form of standards and procedures, which support this Policy.
- 1.5. Other legislation and guidance affecting procurement include:
- Section 11 of the Health and Social Care Act, 2001 requires commissioners of healthcare services to ensure patients and their representatives are involved in and are consulted on planning of healthcare services
 - Section 242 of the National Health Service Act, 2006 provides that commissioners of healthcare services have, in relation to health services for which they are responsible, a legal duty to consult patients and the public – directly or through representatives – on

service planning, the development and consideration of services changes and decisions that affect service operation.

- Section 75 of the Health and Social Care Act and Section 75 of the Health and Social Care Act and Statutory Instrument National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 places requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour and promote the right of patients to make choices about their healthcare.
- The Public Contracts Regulations 2015 (as amended from time to time),
- Equality Act 2010
- Operational Guidance to the NHS-Extending Patient Choice of Provider (DOH).
- Everyone counts: Planning for Patients outlines specific requirements that is appropriate to commissioned services.
- NHS England Guidelines.
- Cabinet Office Guidelines.

2. POLICY STATEMENT

2.1. NHS Vale of York CCG (NHS Vale of York CCG) procurement will be compliant with prevailing procurement regulations and will be used to support clinical priorities, health and well-being outcomes and wider CCG objectives.

3. IMPACT ANALYSES

Equality

3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached. The results of the screening are attached at Appendix 1.

Sustainability

3.2. A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached at Appendix 2.

4. SCOPE

- 4.1. As far as it is relevant, this Policy applies to all NHS Vale of York CCG procurements (clinical and non-clinical). However, it is particularly relevant to procurement of goods and services that support the delivery of healthcare and certain sections relate only to procurement of health and social services.
- 4.2. This Policy must be followed by all NHS Vale of York CCG employees and staff on temporary or honorary contracts, and representatives acting on behalf of NHS Vale of York CCG including staff from member practices..
- 4.3. NHS Vale of York CCG will ensure, when applying this Policy that it complies with its duties under the Equality Act 2010 and does not discriminate directly or indirectly against staff or potential service providers on grounds of race, colour, age, nationality, ethnicity, gender, sexual orientation, marital status, religious belief or disability.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

- 5.1. To set out the approach for facilitating open and fair, robust and enforceable contracts that provide value for money and deliver required quality standards and outcomes, with effective performance measures and contractual levers.
- 5.2. To describe the transparent and proportional process by which NHS Vale of York CCG will determine whether health and social services are to be commissioned through existing contracts with providers, competitive tenders, via an AQP or framework approach or through a non-competitive process.
- 5.3. To enable early determination of whether, and how, services are to be opened to the market, to facilitate open and fair discussion with existing and potential providers and thereby to facilitate good working relationships.
- 5.4. To set out how NHS Vale of York CCG will meet statutory procurement requirements primarily the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 and the Public Contracts Regulations 2015 (as amended from time to time).
- 5.5. To ensure NHS Vale of York CCG does not engage in anti-competitive behaviour, and protect and promote the right of patients to make choices about their healthcare.
- 5.6. To enable NHS Vale of York CCG to demonstrate compliance with the principles of good procurement practice:
 - Transparency
 - Proportionality
 - Non-discrimination
 - Equality of treatment
 - Fair and open competition

6. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS

Applicable Legislation

6.1. The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 provides that the when NHS Vale of York CCG procures health care services for the purpose of the NHS, it must act with a view to achieving the following objectives, thus NHS Vale of York CCG:

- must act with a view to securing patients' needs and improving the quality and efficiency of the service;
- must act in a transparent and proportionate way and treat bidders equally and in a non-discriminatory way;
- where third parties, assist or support a commissioner in their procurement activity, the commissioner must ensure that they follow the requirements of the Regulations in the same way the commissioner must do itself;
- must maintain and publish a record of each contract awarded for the provision of healthcare services;
- must not engage in anti-competitive behaviour unless in the interests of patients;
- must maintain a record of how any conflicts of interest between commissioners and providers are managed;
- must maintain a record of how, in awarding the contract, the CCG / NHS England complies with certain statutory duties under the NHS Act 2006;
- provide thorough justification if competition not required where services are only capable of being provided by a particular provider;
- must publish contract notices (if applicable) and facilitate expressions of interest; and
- Consider improving quality and efficiency of services through providing services in an integrated way, enabling providers to compete and allowing patients a choice of provider.

6.2. The 2013 Regulations also govern the circumstances when NHS Vale of York CCG may award a new contract for clinical services without a competition (Regulation 5). They provide that: NHS Vale of York CCG

“may award a new contract for the provision of health care services for the purposes of the NHS to a single provider without advertising an intention to seek offers from providers in relation to that contract where the relevant body is satisfied that the services to which the contract relates are capable of being provided only by that provider”.

6.3. When advertising an intention to seek offers for a clinical services contract, the 2013 Regulations require NHS Vale of York CCG to publish a contract notice on the UK Government dedicated website 'Contracts Finder Portal': Web Link: <https://www.gov.uk/contracts-finder>

6.4. The notice must include:

- A description of the services to be provided; and
- The criteria against which any bids for the contract will be evaluated.

6.5. NHS Vale of York CCG must also have arrangements in place which enable providers to express an interest in providing clinical services. For example,

replicating the contracts finder procurement notice on NHS Vale of York CCG's website.

6.6. For all procurements that will exceed the EU Procurement Thresholds detailed in 10.2 below, an advert must be prepared and sent to the Official Journal of the European Union (OJEU). For adverts in the OJEU the following steps must be followed:

- The Contract Notice and Contract Award standard forms should be used as provided by the Procurement Team.
- The Procurement Team will place the advert using an electronic tendering system.
- OJEU will publish the advert, if using an electronic tendering system the advert will be placed in OJEU within 5 working days.
- If the contract value is below the relevant threshold value at which an advert is mandatory, an advert can still be placed 'on a voluntary basis'. Case-law seems to indicate that voluntary publication of a notice in OJEU does not mean that the competition is subject to the processes and procedures of the Directives, however it is best practice to make this clear in the OJEU notice and subsequent tender documents.
- Where the contract does not fall within the scope of the Directives, the Telaustria case ruled that the procedure employed must be still be consistent with the principles of the treaty, particularly the obligation of transparency, and that therefore a "sufficient" degree of advertising should be used.

6.7. If NHS Vale of York CCG decides to also advertise in other publications (e.g. the national press, the Contracts Finder website, a trade magazine etc.), NHS Vale of York CCG must not:

- Send the advert to the other publication(s) before the NHS Vale of York CCG send the advert to OJEU. Note: NHS Vale of York CCG does not have to await the publication of the OJEU advert, but must wait for 48 hours after acknowledgement of receipt of the advert from OJEU
- Provide information or detail in the other advert(s) that does not appear in the OJEU advert

- 6.8. The obligation of transparency which is imposed on the contracting authority consists in ensuring, for the benefit of any potential tenderer, a degree of advertising sufficient to enable the services market to be opened up to competition and the impartiality of procurement procedures to be reviewed.
- 6.9. The 2013 Regulations also set out the role of Monitor, including its investigation and enforcement powers in relation to breaches or potential breaches of the 2013 Regulations.
- 6.10. Failure to comply with the 2013 Regulations can have serious consequences and result in serious sanctions for NHS Vale of York CCG. Where there is doubt regarding NHS Vale of York CCG's compliance with its obligations, legal advice should be sought via the Head of Corporate Assurance and Strategy.

European and UK Procurement Legislation

- 6.11. When procuring clinical services NHS Vale of York CCG will ensure that it complies with EU procurement law and the UK's implementing Regulations to the extent that these are applicable to the clinical services being procured. In particular it will ensure compliance with the requirements of:
- The Treaty on the Functioning of the European Union ("EU Treaty");
 - Directive 2004/18/EC and the Remedies Directive 2007/66/EC;
 - The Public Contracts Regulations 2015 (as amended); and
 - Relevant EU and UK procurement case law.
- 6.12. Together the "EU Procurement Rules" including any updating European and/or UK legislation and case law which updates, amends or replaces them.
- 6.13. The EU Procurement Rules will apply where NHS Vale of York CCG proposes to enter in to a legally enforceable, written contract, for services which has an estimated full - life value above the relevant financial threshold. The applicable financial thresholds are:
Goods & services - £164,176 (excluding VAT)
Healthcare Services – light touch regime - £589,148 (excluding VAT) . It is not permitted to divide budgets to circumvent the relevant financial threshold.
- 6.14. Under the EU Procurement Rules the distinction between Part A services and Part B services has been removed and replaced with a 'Light Touch' Regime. A services contract will fall within scope of the Light Touch regime if it is for certain types of health, social and other services listed as Schedule 3 of the Public Contract Regulations 2015. The following link provides details of services listed at Schedule 3. www.legislation.gov.uk/ukxi/2015/102/schedule/3/made
- 6.15. For these Light touch regime contracts, a higher threshold than that for ordinary service contracts will apply. The applicable threshold is presently £589,148.
- 6.16. The obligations applicable to Light Touch Regime services, and which NHS Vale of York CCG will ensure it complies with include:
- treating providers equally and in a non-discriminatory way;

- acting transparently (including the duty to advertise a Contract Notice or Prior Information Notice (PIN) in the Official Journal of the European Union (OJEU) and Contracts Finder);
 - complying with the rules on technical specifications, including that these do not favour particular providers or present unjustified obstacles to competition;
 - publishing a contract award notice in the Official Journal of the European Union (“OJEU”); and
 - the provision of statistical and other reports.
- 6.17. Failure to comply with the EU Procurement Rules can have serious consequences and result in sanctions for NHS Vale of York CCG.
- 6.18. The Public Services (Social Value) Act 2012 (the “Social Value Act”) applies to NHS Vale of York CCG when it carries out its clinical procurement activities. In accordance with its obligations under the Social Value Act, NHS Vale of York CCG will consider, at the pre-procurement stage:
- How the services to be procured may improve the social, environmental and economic wellbeing of its area; and
 - How in conducting a procurement process NHS Vale of York CCG might act with a view to securing that improvement, including whether to undertake a consultation on these matters (or as part of NHS Vale of York CCG’s wider statutory obligations to consult).

Relevant Guidance

- 6.19. In meeting its obligations under the 2013 Regulations, the EU Procurement Rules, the Equality Act 2010 and the Social Value Act and to ensure it adopts best procurement practice, NHS Vale of York CCG will have regard to any relevant Guidance produced by Monitor, NHS England, the Department of Health, the Equality and Human Rights Commission, and the Cabinet Office. Further details of current guidance can be found at:
- Monitor guidance:
<https://www.gov.uk/government/publications/procurement-patient-choice-and-competition-regulations-guidance>
 - NHS England guidance:
<http://www.england.nhs.uk/2012/09/14/procure-ccgs/>
 - Equality and Human Rights Commission:
http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/buying_better_outcomes_final.pdf
 - Cabinet Office:
<https://www.gov.uk/government/collections/procurement-policy-notes>

7. ROLES / RESPONSIBILITIES / DUTIES

7.1. Procurement Support – NHS Vale of York CCG does not have its own internal procurement resource. The Procurement service is currently commissioned externally for professional advice, guidance and support in delivering projects in line with NHS Vale of York CCG’s requirements. Where it is required and considered appropriate procurement support may also be provided by a CSU and/or in the case of collaborative projects by another CCG. The CCG will have

systems in place to assure itself that the business processes from any external support are robust and enable the CCG to meet its duties in relation to procurement.

7.2. **Authority** – NHS Vale of York CCG will remain directly responsible for:

- Approving procurement route
- Signing off specifications and evaluation criteria
- Signing off decisions on which providers to invite to tender
- Making final decisions on the selection of the preferred provider(s)

7.3. When authorising and approving clinical procurement decisions NHS Vale of York CCG will comply with its Scheme of Delegation and Detailed Financial Policies

7.4. Governance structure for Procurement Process:-

<p>Level One NHS Vale of York CCG Governing Body (excluding any member who may have a potential Conflict of Interest)</p>	<ul style="list-style-type: none"> • Agree the procurement route and contract specification • Endorse the decision on the preferred bidder • Give authority to award the contract
<p>Level Two Executive Committee</p>	<ul style="list-style-type: none"> • Monitor and assure work of procurement team • Sign off the shortlist of bidders, the evaluation scoring criteria, the recommendation to the Governing Body to appoint a preferred bidder and the award of the Contract • Assure the Governing body on the process
<p>Level Three Procurement Project Team NHS Vale of York CCG Officers, Clinical and other Advisors</p>	<ul style="list-style-type: none"> • Manage the procurement • Develop all tender and contract documents • Propose the evaluation scoring • Evaluate assessment and negotiate the contract • Prepare update and briefing reports for the Quality and Finance Committee and Governing Body. • Risk Management and Freedom of Information

8. GUIDING PRINCIPLES

8.1. When procuring health care services, NHS Vale of York CCG is required to act with a view to:

- Securing the needs of the people who use the services,
- Improving the quality of the services, and
- Improving efficiency in the provision of the services

8.2. NHS Vale of York CCG is required and committed to:

- Act in a transparent and proportionate way and conduct its procurement activities openly and in a manner that allows its behaviour to be scrutinised

NHS Vale of York Clinical Commissioning Group
PROCUREMENT POLICY

- Treat providers equally and in a non-discriminatory way, including by not treating a provider, or type of provider, more favourably than any other provider, in particular on the basis of ownership

8.3. NHS Vale of York CCG is required and committed to procuring services from one or more providers that:

- Are most capable of delivering the needs, quality and efficiency required
- Provide the best value for money in doing so

8.4. NHS Vale of York CCG is required and committed to act with a view to improving quality and efficiency in the provision of services, the means of doing so will include:

- The services being provided in an integrated way (including with other health care services, health related services, or social care services)
- Enabling providers to compete to provide the services
- Allowing patients a choice of provider of the services

8.5. NHS Vale of York CCG will ensure that service users, carers, staff and partners are engaged throughout the procurement process. If there are to be changes proposed to service delivery as part of the procurement process, this engagement may lead to more formal consultation if required.

8.6. Potential conflicts of interest will be managed in accordance with NHS Vale of York CCG's Conflicts of Interest Policy to protect the integrity of the CCG's contract award decision making processes and the wider NHS commissioning system.

8.7. NHS Vale of York CCG staff and Board Members will exercise sound judgement when procuring goods and services taking into account the statutory framework and the provisions of this policy.

9. CCG PROCUREMENT THRESHOLDS

9.1. Formal tenders are required where the intended expenditure exceeds the tender threshold in the Detailed Financial Policies. Formal tendering is required where expenditure is £50,000 or more.

9.2. Quotations are required where formal tendering procedures are not adopted:

- For expenditure less than £5,000, 2 verbal quotes are required
- For expenditure between £5,000 and £25,000, 3 written quotes are required
- For expenditure between £25,001 and £49,999, 5 written quotes are required
- Expenditure of £50,000 or more requires a full competitive tender procedure to be applied.

9.3. The Detailed Financial Policies establish clear regulations and an approval process for the waiving of internal procurement thresholds and these must be observed.

10. ANTI-COMPETITIVE BEHAVIOUR

10.1. The 2013 Regulations, and in particular Regulation 10, prohibits NHS Vale of York CCG from engaging in anti-competitive behaviour unless to do so is in the interests of NHS health care service users.

10.2. Regulation 10 also provides that an arrangement or contract for the provision of clinical services must not include any term or condition restricting competition which is not:

- Necessary for the attainment of the intended outcomes which
- are beneficial for the people who use the services;
- Or the overarching objective referred to in Regulation 2 (as set out at Section 7.1 above). NHS Vale of York CCG must ensure that it complies with its obligations under Regulation

11. NHS VALE OF YORK CCG GOVERNANCE AND STANDARDS OF BUSINESS CONDUCT

11.1. When procuring clinical services, NHS Vale of York CCG will ensure that it complies with its duties under its Constitution (including its Standing Orders, Scheme of Delegation and Prime Financial Policies). These include the information required to be included in the Constitution by Schedule 1A to the NHS Act 2006 (as amended by Schedule 2 of the Health and Social Care Act 2012).

11.2. Standing Orders and the Scheme of Delegation ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical information and research governance and are central to NHS Vale of York CCG's governance framework and to sustaining the highest standards of corporate and personal probity, accountability and openness. Good governance provides the bedrock for effective performance and assuring better health and health services for the people of the Vale of York.

11.3. NHS Vale of York CCG's financial policies detail the financial responsibilities, policies and procedures adopted by NHS Vale of York CCG to ensure that NHS Vale of York CCG's financial transactions (including procurement transactions) are carried out in accordance with the law and with Government policy. They are used in conjunction with the Scheme of Delegation adopted by NHS Vale of York CCG and included within the Constitution's Scheme of Delegation.

11.4. NHS Vale of York CCG's financial policies identify the financial responsibilities which apply to everyone working for NHS Vale of York CCG and its constituent localities.

11.5. Should any difficulties arise regarding the interpretation or application of any of NHS Vale of York CCG's financial policies then the advice of the Chief Finance Officer must be sought before acting.

11.6. The failure to comply with Standing Orders and financial policies can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

12. CONSULTATION

- 1.1 As part of the process of redesigning services, health commissioners have a 'duty to involve'. This duty is still in place in the Health and Social Care Act 2012. There are two main stages to the 'duty to involve'. The first is an 'engagement' process, where commissioners will gather views from clinicians, patients, carers and other key partners. This phase is very important to the development and design of services. The second phase is not always necessary, but will involve a wider consultation process, aimed at the general public, to gather views about the proposals. A proportionate response to each consultation process should be considered. The results can be used, alongside the engagement work to inform the procurement process.
- 1.2 Effective engagement is a key part of NHS Vale of York CCG procurement. Not undertaking engagement carefully can provide the greatest threat of challenge to a procurement process. The engagement activities will help inform whether a consultation process is required.
- 1.3 NHS Vale of York CCG recognises its duty to involve relevant clinicians, potential providers, patients and the public on:-
- The early stages of planning provision of services
 - The development and consideration of proposals for changes in the way those services are provided
 - Decisions to be made affecting the operation of those services, recognising that it is essential to enable patients to have a greater involvement in decisions about their care
- 1.4 NHS Vale of York CCG will adhere to the following principles on involvement during a procurement process:-
- Engage widely throughout the process
 - Be clear about what the proposals are, who may be affected, what questions are being asked, and the timetable for responses
 - Ensure that the engagement is clear, concise and widely accessible
 - Give feedback regarding the responses received and how the engagement process influenced the procurement
 - Implement a formal consultation process should there be any variations to the delivery of service

13. MANAGING CONFLICTS OF INTERESTS

13.1. This section should be read in conjunction with NHS Vale of York CCG's policies on:

- Conflict of Interest
- Business Conduct

- 13.2. The NHS (Procurement, Patient Choice and Competition) Regulations 2013, NHS Managing Conflicts of Interest Statutory Guidance and Public Contract Regulations 2015 (regulation 24) set out the requirements on managing conflicts of interest for procurement of healthcare.
- 13.3. NHS Vale of York CCG must not award a contract where conflicts or potential conflicts exist between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract.
- 13.4. Examples of conflicts of interest include:
- Having a financial interest (e.g. holding shares or options) in a Potential Bidder or any entity involved in any bidding consortium including where such entity is a provider of Primary Care Services or any employee or officer thereof (Bidder Party);
 - Having a financial or any other personal interest in the outcome of the Evaluation Process;
 - Being employed by or providing services to any Bidder Party;
 - Receiving any kind of monetary or non-monetary payment or incentive (including hospitality) from any Bidder Party or its representatives
 - Canvassing or negotiating with any person with a view to entering into any of the arrangements outlined above;
 - Having a close family member who falls into any of the categories outlined above;
 - Having any other close relationship (current or historical) with any Bidder Party.
- 13.5. Examples of potential conflicts of interest include:
- There is a real possibility that an outside interest will lead an individual to act in a way that is not impartial and independent in carrying out their duties on behalf of NHS Vale of York CCG;
 - There is a real possibility that an outside interest held by a close personal relation, business associate or other person known to an individual will lead an individual to act in a way that is not impartial and independent in carrying out their duties on behalf of NHS Vale of York CCG;
 - A fair minded and informed observer would conclude that one of the above interests exists and that there was a real possibility that the interest could lead the individual to act in a way that is not impartial or independent in carrying out their duties on behalf of NHS Vale of York CCG.
- 13.6. A conflict of interest arises where an individual's ability to exercise judgement or act in one role is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit (financial or otherwise). A potential for competing interests and/or a perception of impaired judgment or undue influence can also be a conflict of interest.
- 13.7. The management of conflicts of interest is vitally important in the procurement of clinical services and managing them appropriately is paramount to

the probity and accountability of NHS Vale of York CCG's decision making and will ensure that the principles of transparency, fairness and non- discrimination are upheld.

- 13.8. As an organisation led by GPs, NHS Vale of York CCG will be particularly subject to conflicts of interest or potential conflicts of interest when procuring clinical services. NHS Vale of York CCG will therefore adopt rigorous standards in the identification and management of conflicts or potential conflicts of interest to ensure that the above principles can be upheld. Such a conflict could arise:
- In carrying out a competitive tender: where GP practices or other providers in which NHS Vale of York CCG members have an interest are amongst those bidding; or
 - When procuring clinical services through Any Qualified Provider: where one or more GP practices (or other providers in which NHS Vale of York CCG members have an interest) are amongst the qualified providers from which patients can choose; or
 - A conflict of interest may include but not be restricted to any direct or indirect links to any of the providers and significant shareholdings associated with any of the providers.
- 13.9. For each procurement undertaken a register of conflicts of interests will be maintained .The register will include:
- Details of the Health Service to be provided;
 - Names of conflicted persons
 - Nature of interest in the procurement process
 - How conflict was managed
 - Any ongoing conflict of interest following the award of the contract
- 13.10. The Head of Contracting on behalf of NHS Vale of York CCG will maintain a register of all procurement decisions taken. The register will include:
- Details of the decision;
 - Who was involved in making the decision (i.e. NHS Vale of York CCG Governing Body and others with decision making responsibility);
 - A summary of any conflicts of interest in relation to the procurement decision and how these were managed by NHS Vale of York CCG;
 - Evidence of the approach taken at every stage in the commissioning cycle, particularly at key decision points
- 13.11. The register of procurement decisions will be updated whenever a procurement decision is taken.
- 13.12. The register of procurement decisions will be published on the NHS Vale of York CCG website and will be supplied to NHS England.
- 13.13. In managing conflicts of interest NHS Vale of York CCG will:
- comply with its statutory obligations in relation to the management of conflicts of interest;
- 13.14. have regard to relevant Guidance published by NHS England and Monitor in relation to the discharge of its statutory obligations; and comply with its Constitution and its Conflicts of Interests Policy NHS Vale of York CCG will also ensure that individuals contracted to work on behalf of NHS Vale of York CCG or otherwise

providing services or facilities to NHS Vale of York CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest.

- 13.15. All bidders and contractors will be required to complete the Declaration of Interests Template in accordance with the NHS Vale of York CCG Conflicts of Interest Policy and this requirement will be written into their contract for services.

14. ANTI-FRAUD AND BRIBERY

- 14.1. NHS Vale of York CCG does not tolerate fraud and bribery. NHS Vale of York CCG procures goods and services ethically and transparently with the quality, price and value for money determining the successful supplier / contractor, not by receiving (or offering) improper benefits. NHS Vale of York CCG staff will at all times be required to comply with the Bribery Act 2010 and the NHS Vale of York CCG Anti-Fraud, Bribery and Corruption Policy.

15. RISK MANAGEMENT

- 15.1. In carrying out its clinical procurement activities NHS Vale of York CCG will ensure that it has adequate measures in place to identify and manage risk. Such measures may include ensuring:
- Clinical procurements are adequately prepared and planned;
 - Each clinical procurement project has a Senior Responsible Officer (SRO) and that roles, responsibilities, reporting lines and channels of communication within the wider commissioning and Procurement are clear;
 - The individuals involved have the necessary expertise, experience and training to match the requirements of the role and its responsibilities (and that this is kept up to date);
 - Each project has a pre-agreed and end to end procurement strategy and timetable, tailored to the requirements of the project; the resources available, the business objective and which has identified and sought to minimise any risks involved;
 - Adequate and appropriate records are kept to comply with NHS Vale of York CCG's statutory obligations and to provide a robust audit trail of decisions and actions taken;
 - A risk identification and escalation process is established at the outset, to include a risk register which is regularly reviewed and updated with appropriate risk management strategies to address each risk identified;
 - The use of robust and up to date project and procurement documents, which are legally compliant, clear and unambiguous, and subject to a strict policy of version control; and
 - The conduct of the entire process is in accordance with EU/UK Procurement Regulations law and key procurement principles namely: transparency; equal treatment; non-discrimination; proportionality and sound administration.

16. PROCUREMENT PLANNING

16.1. Wherever possible the Procurement representative should be involved as early in the business case development process as feasible. This is to ensure Procurement have a full understanding of the service requirements and can input into the development process from a procurement and contract management perspective.

17. APPROACH TO MARKET

Any qualified provider

17.1. With the AQP model, for a prescribed range of services, any provider that meets criteria for entering a market can compete for business within that market without constraint by a commissioner organisation. Under AQP there are no guarantees of volume or payment, and competition is encouraged within a range of services rather than for sole provision of them.

17.2. The AQP model will not always be appropriate, for example where:

- The number of providers needs to be constrained, e.g. where the level of activity can only support one provider;
- Where clinical pathways dictate a restricted number of providers;
- Value for money cannot be demonstrated without formal market testing (e.g. to determine the price the CCG will offer for provision of the services);
- Innovation is required from the market and cannot be achieved collaboratively;
- There is no effective method of selecting from amongst qualified providers for delivery of specific units of activity;
- Overall costs would be increased through multiple provider provision because of unavoidable duplication of resources.

17.3. The AQP model is an 'in market' procurement/contracting route. The use of AQP should be determined at a local level where increasing the role of competition and patient choice can be proven to improve quality and patient care. Potential service providers must be Care Quality Commission (CQC) registered (or where CQC registration is not required to deliver the service, an appropriate registration body) or licensed by Monitor to take part in this truncated selection process. All providers will be required to operate within the same pricing structure.

17.4. A standard NHS contract will be awarded to all providers that meet:

- Minimum standards of clinical care (implying qualification/accreditation requirement);
- The price NHS Vale of York CCG will pay, and;
- Relevant regulatory standards.

- 17.5. NHS Vale of York CCG will have regard at all times to the EU Treaty principles of non- discrimination, equal treatment, transparency, mutual recognition and proportionality when applying the AQP procedure.

Competitive Tendering

- 17.6. It is anticipated that an increasing number of services will be subject to competitive tendering in order to demonstrate the application of the principles of transparency, openness, equitability and obtaining and delivering value for money. Under the Public Contract Regulations 2015 the following procurement procedures are available as follows, with the first three procedures being more commonly used:-

Open Procedure

- 17.7. In the Open Procedure all applicants who respond to the Contract Notice will be invited to submit a tender for the contract opportunity. Generally speaking, the Open Procedure will be used for simple and straightforward procurements.

Restricted Procedure

- 17.8. The Restricted Procedure is used where the Contracting Authority wants to restrict the number of Bidders who will be issued with the Invitation to Tender. Under the Restricted Procedure, a minimum of five (5) applicants must be invited to go through to the next stage of the procurement process (provided that there are five (5) suitable applicants). If there are less than five (5) suitable applicants then you can proceed with the procurement process, provided that the number of applicants selected is sufficient to ensure genuine competition.

Competitive Dialogue

- 17.9. The competitive dialogue procedure allows the Contracting Authority to enter into dialogue with bidders, following an OJEU notice and a selection process, to develop one or more suitable solutions for its requirements and to determine which chosen bidders will be invited to tender. The competitive dialogue procedure is a flexible procedure, suitable where there is a need for authorities to discuss aspects of the proposed contract with candidates. For example, the procedure could be used where authorities cannot define clearly in advance the technical means capable of satisfying their needs or objectives, or where there is a range of options for the legal and/or financial structure of a project.

Accelerated Procedures

17.10. These can be used in a Restricted procedure where urgency makes the normal timescale impractical. It does not alter the processes of the procedure, but it does reduce the timescales: The normal time limits can be reduced to 15 days.

Framework Agreement

17.11. Can be procured through open, restricted, negotiated or competitive dialogue procedures. A Framework Agreement is a general term for agreements with providers that set out terms and conditions under which specific purchases (call-offs) can be made throughout the term of the agreement. In most cases a framework agreement itself is not a contract for goods and services, but the procurement to establish a framework agreement is subject to the EU procurement rules.

Any Qualified Provider (AQP) (UK NHS initiative only)

17.12. AQP describes a set of system rules (accreditation framework) whereby for a prescribed range of services, any provider that meets the cost and quality criteria laid down by the Commissioner can compete for business within the market, without direct constraint by the commissioner. AQP is a procurement route that encourages competition between providers of routine elective or other services, where activity is driven solely by Service User choice.

Competitive Procedure with Negotiation

17.13. The Competitive Procedure with Negotiation under which a selection is made of those who respond to the advertisement and only they are invited to submit an initial tender for the contract. The contracting authority may then open negotiations with the tenderers to seek improved offers.

Any economic operator may submit a request to participate in response to a call for competition by providing the information for qualitative selection that is requested by the contracting authority. In the procurement documents, contracting authorities shall

- identify the subject-matter of the procurement by providing a description of their needs and the characteristics required of the supplies, works or services to be procured,
- indicate which elements of the description define the minimum requirements to be met by all tenders, and
- specify the contract award criteria.

The information provided must be sufficiently precise to enable economic operators to identify the nature and scope of the procurement and decide whether to request to participate in the procedure.

The 'Innovation Partnership' Procedure

17.14. This is intended to allow scope for the research and development of an innovative product, service or works that cannot be supplied by the current market together with the purchase of such product or the commissioning of such services should the contracting authority wish.

This new mechanism allows Contracting Authorities to team up with either a single or multiple partners to research and develop an innovative outcome. Essentially, Innovation Partnerships allow public authorities to launch a call for tender bids without pre-empting the solution, leaving room for suppliers to come up with an innovation in partnership with the authority. The procedure can be structured into successive stages of research and development and delivered without going out to further procurement for each stage of R&D, prior to subsequent purchase.

Similarities can be drawn between Innovation Partnerships and Competitive Dialogue. Competitive Dialogue solutions are developed in dialogue, while Innovation Partnership solutions are developed once a single or multiple partners have been identified. The main advantage of the Innovation Partnerships procedure is that it allows the contracting authority to pursue a staged development process. For example, if initial research showed that the desired solution was unlikely to be achieved, the authority could then stop the Innovation Partnership process rather than making further, potentially fruitless, commitment to it. An example is the obligation that you have to specify what your minimum requirements are.

Negotiated Procedure Without Prior Publication

17.15. The Negotiated Procedure without Prior Publication (Regulation 32) can only be used in very specific circumstances. Inappropriate use of this procedure can lead to cancellation of the contract.

17.16. Non Competitive Process

Competition may be waived in circumstances where the CCG is satisfied that the services to which the contract relates are capable of being provided only by that provider. In these circumstances the procedures set out within NHS Vale of York CCG's Standing Orders and Prime Financial Policies must be followed.

17.17. Where it is decided not to competitively tender for new services or where services are significantly changed, NHS Vale of York CCG Governing Body approval must be obtained following any recommendation to follow this approach by use of a Single Tender Action Waiver. The Waiver should give due reference to NHS Vale of York CCG own Detailed Financial Policies and the appropriate regulations that are being waived.

Partnership Agreements

17.18. Where collaboration and coordination is considered essential, for example in developing new integrated pathways, enabling sustainability of services, ensuring smooth patient handover, coordination etc. NHS Vale of York CCG may wish to continue with existing “partnership” arrangements. These “Partnership” arrangements must be formalised using the appropriate contract form and must provide:

- Transparency particularly with provision of information sharing good and bad practice
- A contribution to service re-design
- Timely provision of information and performance reporting
- Evidence of improved patient experience year on year
- Evidence of value for money

17.19. Partnership status must not be used as a reason to avoid competition and should only be used appropriately and be regularly monitored.

17.20. For partnership services NHS Vale of York CCG may choose to commission the service from a partner but may also choose to tender for provision of the service, for example where the partner cannot meet the service model requirements or costs cannot be agreed.

Framework Agreements

17.21. Framework Agreements are pre-tendered agreements which are established in compliance with the EU Procurement Rules and which, once established, can be used by NHS Vale of York CCG to purchase certain products and/or services without the need to carry out a full procurement process. The advantages of using a framework agreement is that, once established, it can be used to save both time and cost. Any Qualified Provider (AQP) is a form of framework agreement used for in market, relatively high volume, and routine elective care services.

17.22. A framework can be established:

- By NHS Vale of York CCG for its own use; or
- By another Clinical Commissioning Group, contracting authority or a central purchasing body such as the Crown Commercial Service (CCS).

17.23. If NHS Vale of York CCG wishes to use a framework agreement established by another organisation, it should check that that the framework agreement has been established correctly, in accordance with any applicable obligations under the EU Procurement Rules; that NHS Vale of York CCG is entitled to use the framework and that it is fit for NHS Vale of York CCG's purpose.

17.24. In particular, NHS Vale of York CCG should check:

- that it has been identified as a body which is entitled to use the framework;
- that its requirements fall within the specification of goods / services covered by the framework;
- that the term of the framework has not expired;
- that the terms and conditions applicable to call-offs made under the framework are acceptable to NHS Vale of York CCG (as NHS Vale of York CCG will be unable to make substantial modifications to these); and
- that the pricing under the framework is acceptable.

17.25. Various existing framework agreements for NHS Vale of York CCG are available to use. Common access routes include but not limited to:

- Crown Commercial Service (CCS)
- NHS Shared Business Services (SBS)
- NHS Supply Chain
- Department of Health

1.5 There are two options available to purchase from a framework agreement:

- **Apply the terms of the framework agreement:** This option would apply when the terms and conditions of a purchase are set out (e.g. Provider A is cheaper than Provider B for the product NHS Vale of York CCG Commissioners are looking for therefore no competition is required). This is sometimes known as a direct call-off agreement.
- **Hold a mini-competition:** Where the requirements are more complex the specification can be sent to several providers for quotes. NHS Vale of York CCG commissioners can be assured that the providers on the framework are financially stable and that the services on offer are of a high quality because the providers have already been approved and rigorously assessed. Any purchase made through a framework is compliant with procurement legislation, provided that the rules to engage providers have been followed.

Pilot Projects

17.26. In order to identify new working practices through the use of Pilot Projects, NHS Vale of York CCG must establish that a project is in fact a pilot via the following definitions:

- There is a specific goal,
- Clear and signed contract with the pilot service provider,
- Robust plan/process for evaluation,
- Right to terminate a pilot must be included if it is found to be unsafe or the outcomes cannot be met.

17.27. The timetable is clearly laid out with defined periods for:

- Start date,
- End date,
- Period for lessons to be learnt,

- 17.28. It is important to use Pilot Projects only in circumstances where the clinical outputs are not known or cannot be accurately predicted. Pilot Projects can be subject to legal challenge if they do not comply with EU procurement legislation therefore specialist advice from Procurement and/or legal advice must be sought before a pilot commences.

18. TENDERING PROCESS

- 18.1. This section outlines the typical stages of a tendering process. It is important to note that from 26 February 2015, electronic OJEU notification & electronic availability of procurement documents immediately from date of notice publication is mandatory and the URL address must be provided in the notice or invitation to express interest.

Advertising

- 18.2. Advertisements will be clear and will succinctly promote the procurement opportunity, encouraging suitably qualified providers to respond. The advert will be published in an appropriate means including Contracts Finder, NHS Vale of York CCG's website and when applicable the Official Journal of the European Union.
- 18.3. Advertisements are key to alerting the market, in increasing market stimulation and ensuring adequate competition.
- 18.4. Memorandum of Information (MOI) and Expressions of Interest (EOI)
Procurements where the contract values exceed the relevant threshold may require the publication of a Memorandum of Information (MOI). This would be issued at the same time as the advertisement and is the communication with the market at the first stage of the formal procurement.
- 18.5. The MOI is a document providing an overview of the services that will be competitively tendered. It contains the background information and context of the procurement. It will not contain any commercially sensitive information and will be shared only with organisations to allow them to determine whether they wish to submit a formal Expression of Interest (EOI) in response to the advert.

Bidder Events

- 18.6. Bidder events allow providers to obtain a more in depth understanding of the procurement requirements and provide an opportunity to: stimulate market interest, raise clarifications and questions, request additional information and obtain market information which may help shape NHS Vale of York CCG requirements
- 18.7. Due to the cost implications of holding bidder events, the overarching principle of Proportionality will remain.

Selection questionnaires

- 18.8. When a procurement is above the EU threshold a Selection Questionnaire (SQ) is used to enable NHS Vale of York CCG to evaluate providers on their suitability (to secure the necessary reassurances about the capacity, capability and eligibility) to be short listed for the invitation to Tender stage.
- 18.9. Potential providers will complete a standard format SQ with questions tailored to reflect the service and procurement requirements.
- 18.10. The SQ document is issued to all parties who submit a formal expression of interest. The SQ will then be evaluated against predetermined SQ criteria and enable NHS Vale of York CCG to move from a long-list of suppliers to a short-list.

Invitation to Tender

- 18.11. The Invitation to Tender (ITT) documents are available to all bidders. The ITT documents consist of guidance and instructions to the bidders on the process and a response guide based on the approved detailed Service Specification (other than Competitive Dialogue Procedure). Elements of the ITT may include terms and conditions, contract specification, method statements, pricing and financial schedules, key performance indicators.
- 18.12. Bidders are required to submit their responses to address requirements within the ITT documents. The responses are evaluated against pre-determined, and pre-documented, criteria.

Tender evaluation

- 18.13. The tender evaluation panel is a legal requirement of any tender process and its function is to ensure the safety, quality, performance, financial viability and merit of potential providers to serve patients on behalf of the CCG.
- 18.14. An evaluation methodology is formally agreed before the ITT is issued as the ITT must include the relevant scoring criteria and weightings for each section.
- 18.15. The evaluation process should seek to identify the most economically advantageous Bid(s), both in terms of qualitative and quantitative criteria.
- 18.16. Multi-disciplinary teams including representation from relevant specialists e.g. HR, Estates, Finance, IM&T will be established for all procurements to ensure fair and transparent scoring of each submission.
- 18.17. In conducting the evaluation, the evaluators must act in accordance with the key principles of the EU Procurement Directives:
- Fair & Open Competition
 - Non-discrimination
 - Equal Treatment
 - Transparency
 - Proportionality
- 18.18. All recorded comments and notes would be made available under a FOIA request. Confidentiality must be respected and maintained throughout the

evaluation process. Any potential or actual conflict of interest must be advised in advance of the tender evaluation.

- 18.19. Managing potential conflicts of interest appropriately is needed to protect the integrity of commissioners from any perceptions of wrong-doing. Any potential or actual conflict of interest must be advised to Project lead in advance of any tender evaluation. A conflict of interest may include but not be restricted to any direct or indirect links to any of the Bidders and significant shareholdings associated with any of the Bidders.

Contract award

- 18.20. Following the evaluation panel, the successful provider will be identified based on their total score in the process. All contract awards must now be made to the “most economically advantageous tender”, using a cost effectiveness approach such as life-cycle costing to assess this; this may include best ‘price-quality ratio’ – as assessed on the basis of award criteria. It is a legal requirement to notify all providers involved in the ITT process of the outcome.
- 18.21. Letters will be issued to the successful provider informing them of NHS Vale of York CCG’s decision and also to all unsuccessful providers informing them of NHS Vale of York CCG’s decision based on the scoring criteria. As part of Procurement Best Practice information on the evaluation of tenders against the award criteria set out in the ITT, together with specific reasons for the award of these scores has to be provided.
- 18.22. Further debriefs should only be conducted by email and if requested by a bidder. Only in exceptional circumstances should a telephone or face-to-face debrief be held.
- 18.23. Once these letters are issued, there will be a ‘standstill’ period of 10 days. A standstill period is a period of at least 10 calendar days between the decision to award a public contract and the signing of the contract and is intended to give unsuccessful tenderers an opportunity to challenge the decision before their rights to obtain relief other than damages are closed off.
- 18.24. Once the ‘standstill’ period has passed, the contract is then formally awarded to the successful provider(s).
- 18.25. Provided a contract value is above threshold, once a contract has been awarded, the awarding body must publish a notice in OJEU within 30 days of contract award. It is mandatory for NHS England and CCGs to maintain and publish a record of each contract awarded for health care services on the Contracts Finder website.
- 18.26. NHS Vale of York CCG will ensure that details of all contracts, including the contract value, are published on its website as soon as contracts are agreed. Where NHS Vale of York CCG decides to commission services through Any Qualified Provider (AQP), it will publish on its website the type of services it has commissioned and the agreed price for each service. Further, NHS Vale of York CCGs will ensure that such details are also set out in its annual report. Where services are commissioned through an AQP approach, NHS Vale of York CCG will ensure that there is information publicly available about those providers who qualify to provide the service.

18.27. NHS Vale of York CCG should ensure the correct use of contract to procure services in line with DOH guidance for contracts under the 'Light Touch Regime' including use of the NHS standard contract, and NHS standard terms and conditions of contract for the purchase of goods and supply of services.

Post Contract Award and Performance Monitoring

18.28. Contract management and post-procurement review are features of the post contract award stage. NHS Vale of York CCG will ensure that lessons are learned through the audit of procurements, including reviewing delivery of the business case, operational effectiveness and user satisfaction levels.

18.29. Relationship management between NHS Vale of York CCG and the provider(s) will hinge on agreed standards for the management interface and management information reporting, performance monitoring, financial reporting and payments, risk management, communication strategy.

18.30. Performance monitoring will require effective monitoring systems to be implemented, to include key performance indicators, standards and targets, variations to contract, timeliness of reporting, variance investigation, complaints, problem resolution and dealing with poor performance and exit strategies.

19. PRINCIPLES OF GOOD PROCUREMENT

19.1. The key principles of good procurement are:-

- **Transparency:** Making commissioning intent clear to the market place. Including the use of sufficient and appropriate advertising of tenders, transparency in making decisions not to tender, and the declaration and separation of conflicts of interest;
- **Proportionality:** Making procurement processes proportionate to the value, complexity and risk of the services contracted, and critically not excluding potential providers through overly bureaucratic or burdensome procedures;
- **Non-discrimination:** Having specifications that do not favour one or more providers. Ensuring consistency of procurement rules, transparency on timescale and criteria for shortlist and award; and
- **Equality of treatment:** Ensuring that all providers and sectors have equal opportunity to compete where appropriate; that financial and due diligence checks apply equally and are proportionate; and that pricing and payment regimes are transparent and fair.

19.2. NHS Vale of York CCG will ensure compliance with these principles in the following ways.

Transparency

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- NHS Vale of York CCG will commission services from the providers who are best placed to deliver the needs of our patients and population.
- NHS Vale of York CCG will procure general goods and services using processes and from suppliers that offer best value for money.
- NHS Vale of York CCG will maintain on its website for public view a record of contracts held and information about what services are to be procured and when they will be presented to the market
- NHS Vale of York CCG will determine as early as practicable whether and how services are to be opened to the market and will share this information with existing and potential providers.
- NHS Vale of York CCG will use the most appropriate media in which to advertise tenders or opportunities to provide services, including using the Contracts Finder procurement portal to advertise all appropriate tenders and OJEU (where appropriate).
- NHS Vale of York CCG will robustly manage potential conflicts of interest and ensure that these do not prejudice fair and transparent procurement processes.
- NHS Vale of York CCG will ensure that all referring clinicians tell their patients and the commissioner about any financial or commercial interest in an organisation to which they plan to refer a patient for treatment or investigation.
- NHS Vale of York CCG will provide feedback to all unsuccessful bidders.
- NHS Vale of York CCG will not contract with providers whose pricing strategy constitutes predatory pricing.

Proportionality

- NHS Vale of York CCG will ensure that procurement processes are proportionate to the value, complexity and risk of the products to be procured.
- NHS Vale of York CCG will define and document procurement routes, including any streamlined processes for low value/local goods and services, taking into account available guidance.

Non-Discrimination

- NHS Vale of York CCG will ensure that tender documents are written in a non-discriminatory fashion e.g. generic terms will be used rather than trade names for products.
- NHS Vale of York CCG will inform all participants of the applicable rules in advance and ensure that the rules are applied equally to all. Reasonable timescales will be determined and applied across the whole process.
- NHS Vale of York CCG will ensure that shortlist criteria are neither discriminatory nor particularly favour one potential provider.

Equality of Treatment

- NHS Vale of York CCG will ensure that no sector of the provider market is given any unfair advantage during a procurement process.
- NHS Vale of York CCG will ensure that basic financial and quality assurance checks apply equally to all types of providers.
- NHS Vale of York CCG will ensure that all pricing and payment regimes are transparent and fair (according to the DH Principles and Rules Document).
- NHS Vale of York CCG will retain an auditable documentation trail regarding all key decisions.
- NHS Vale of York CCG will hold all providers to account, in a proportionate manner, through contractual agreements, for the quality of their services.

20. DECOMMISSIONING SERVICES

20.1. The need to decommission contracts can arise due to a number of reasons:-

- Termination of the contract due to performance against the contract not delivering the expected outcomes. This can be mitigated by appropriate contract monitoring and management and by involving the provider in this. The contract terms will allow for remedial action to be taken to resolve any problems. Should this not resolve the issues, then the contract will contain appropriate termination provisions;
- The contract expires; and/or
- Services are no longer required
- A service review demonstrates existing services are not meeting the health needs of the population. For example the service may be delivered in a location or at a time that may be unsuitable for patients or service changes may be required to reflect developments in medical technology and current standards of care
- There is a clear and objective reason for the decommissioning of a service that is based on assessment of the current providers' performance, value for money and the need for service redesign to improve outcomes for patients
- The original decision to commission the service was made on assumptions that were not realised
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- Service does not deliver value for money, as demonstrated through financial review, utilising benchmarking tools
- The investment in a service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- The service has limited clinical effectiveness or failure to meet relevant quality or safety standards

20.2. Decommissioning should be guided by the following principles:

- The initiation of a decommissioning proposal must be based on sound evidence

- Appropriate engagement with patients and the public must take place before any decommissioning decision is made
- Appropriate engagement with clinicians, including the senior clinician responsible for the delivery of the service, before any decommissioning decision is made
- An assessment of health impact and impact on Equality and Diversity of any decommissioning decision is made
- Consideration must be given to the potential adverse impacts of a decommissioning decision, such as patient safety or patient choice
- Consideration must be given to alternative options to decommissioning a service
- In the case of a service being decommissioned NHS Vale of York CCG must seek full assurance that there is a robust process in place to transfer patients to other services and that it is clear to all stakeholders to which alternative services patients are being redirected.

20.3. Where services are decommissioned, NHS Vale of York CCG will ensure where necessary that contingency plans are developed to maintain patient care. Where decommissioning involves Human Resource issues, such as TUPE issues, then providers will be expected to co-operate and be involved in discussions to deal with such issues.

21. TRANSFER OF UNDERTAKINGS AND PROTECTION OF EMPLOYMENT REGULATIONS (TUPE)

21.1. These regulations arose as a consequence of the 1977 EU Acquired Rights Directive and were updated in 2006. They apply when there are transfers of staff from one legal entity to another as a consequence of a change in employer. This is a complex area of law which is continually evolving.

21.2. Commissioners need to be aware of these and the need to engage HR support and possibly legal advice if there is likely to be a TUPE issue. Additionally, NHS Bodies must follow Government guidance contained within the “Cabinet Office Statement of Practice 2000/72 and associated Code of Practice 2004 when transferring staff to the Private Sector” also known as “COSOP”.

21.3. It is the position of NHS Vale of York CCG to advise potential bidders that whilst not categorically stating TUPE will apply it is recommended that they assume that TUPE will apply when preparing their bids, and ensure that adequate time is built into procurement timelines where it is anticipated that TUPE may apply.

22. POLICY IMPLEMENTATION

22.1. The policy will be disseminated by being made available on the intranet and highlighted to staff through newsletters, team briefings and by managers.

22.2. *‘Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG’s disciplinary procedure’.*

23. TRAINING & AWARENESS

- 23.1. In This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 23.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

24. MONITORING AND REVIEW

- 24.1. In addition it will be kept under informal review in the light of emerging guidance, experience and supporting work. Given the changing environment it is likely that this Policy will need to be updated within a relatively short timescale.

25. POLICY REVIEW

- 25.1. This policy will be reviewed annually.

26. ASSOCIATED POLICIES

- Vale of York CCG Constitution
- FIN02 Detailed Financial Policies
- COR01a Business Conduct policy
- COR01b Conflict of Interest Policy
- COR13 Local Anti-Fraud, Bribery and Corruption Policy

27. CONTACT DETAILS

Policy and Assurance Manager

Telephone: 01904 555870

Email: valeofyork.contactus@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

2. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	FN01 Procurement Policy
2.	Please state the aims and objectives of this work.
	Updated Procurement Policy to reflect current EU Regulations and legislation
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Internal Policy document
4.	What sources of equality information have you used to inform your piece of work?
	N/A
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>

<p>7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc</p>
<p>Neutral Impact</p>	
<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc</p>
<p>Neutral Impact</p>	
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>
<p>Neutral Impact</p>	
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>
<p>Neutral Impact</p>	

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Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
Neutral Impact	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
Neutral Impact	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
Neutral Impact	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
Neutral Impact	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
Neutral Impact	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
Neutral Impact	

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<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>
<p>Neutral Impact</p>	
<p>8. Action planning for improvement</p>	<p>Not applicable to FN01 Procurement Policy</p>

Sign off
<p>Name and signature of person / team who carried out this analysis Anna Bourne – Procurement Lead</p>
<p>Date analysis completed 1 December 2015</p>
<p>Name and signature of responsible Director Tracey Preece</p>
<p>Date analysis was approved by responsible Director 1 December 2015</p>

28.APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	FN01 Procurement Policy
What is the main purpose of the document	Updated Procurement Policy to reflect current EU Regulations and legislation
Date completed	November 2015
Completed by	Anna Bourne Procurement Lead

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		
	Will it improve access to opportunities and facilities for all groups?	N/A		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0	Questions within procurement documents to address these areas	

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	1	Questions within procurement documents to address these areas	
	Will it promote ethical purchasing of goods or services?	1	Questions within procurement documents to address these areas	
Procurement	Will it promote greater efficiency of resource use?	0	Questions within procurement documents to address these areas	
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0	Questions within procurement documents to address these areas	
	Will it support local or regional supply chains?	0	Questions within procurement documents to address these areas	

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote access to local services (care closer to home)?	1	Questions within procurement documents to address these areas	
	Will it make current activities more efficient or alter service delivery models	1	Questions within procurement documents to address these areas	
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/A		
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	1	Questions within procurement documents to address these areas	
	Will it promote prevention and self-management?	1	Questions within procurement documents to address these areas	

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	1	Questions within procurement documents to address these areas	
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	1	Questions within procurement documents to address these areas	

28. **APPENDIX 3: PROCUREMENT - A SUMMARY GUIDE OF KEY POINTS**

PROCUREMENT

A SUMMARY GUIDE OF KEY POINTS

In Relation To Procurement Principles and Legislation

29. NATIONAL LEGISLATION, POLICY AND GUIDANCE

The NHS and the wider public sector procurement is subject to EU rules and regulations, national policy and specific sector guidance. Specifically the NHS is governed by the requirements of the following:

- NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (where the commissioner is NHS England or a CCG)
- The Public Contracts Regulations 2006 for services governed by the NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (where the commissioner is NHS England or a CCG)
- The Public Contracts Regulations 2015 for goods, works and services NOT governed by the NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (where the commissioner is NHS England or a CCG)
- Operational Guidance to the NHS-Extending Patient Choice of Provider (DOH)
- Everyone counts: Planning for Patients outlines specific requirements that is appropriate to commissioned services
- NHS England Guidelines
- Cabinet Office Guidelines
- Crown Commercial Service Guidance

The purpose of the EU procurement rules is to open up the public procurement market and to ensure the free movement of supplies, services and works within the EU. In most cases they require competition.

CCG PROCUREMENT THRESHOLDS

Formal tenders are required where the intended expenditure exceeds the tender threshold in the Detailed Financial Policies. Formal tendering is required where expenditure is £50,000 or more.

Quotations are required where formal tendering procedures are not adopted and:	
For expenditure less than £5,000	2 verbal quotes are required
For expenditure between £5,000 and £19,999	3 written quotes are required
For expenditure between £20,000 and £29,999	4 written quotes are required
For expenditure between £30,000 and £49,999	5 written quotes are required

Expenditure of £50,000 or more requires a full competitive tender procedure to be applied

The Detailed Financial Policies establish clear regulations and an approval process for the waiving of internal procurement thresholds and these must be observed.

30. EU THRESHOLDS

Where public sector bodies are purchasing supplies or services or commissioning works, which are over the relevant Threshold, then the Regulations must be complied. The relevant Thresholds are (as of January 2016):

Supplies and Services	£164,176
Healthcare services	£589,148
Works	£4,104,394

31. EU PROCUREMENT REGULATIONS 2015 AND HEALTHCARE SERVICES

Under the EU Procurement Rules the distinction between Part A services and Part B services has been removed and replaced with a 'Light Touch' Regime. A services contract will fall within scope of the Light Touch regime if it is for certain types of health, social and other services.

The obligations applicable to Light Touch Regime services, and which NHS Vale of York CCG will ensure it complies with include:

- treating providers equally and in a non-discriminatory way;
- acting transparently (including the duty to advertise a Contract Notice or Prior Information Notice (PIN) in the Official Journal of the European Union (OJEU) and Contracts Finder);
- complying with the rules on technical specifications, including that these do not favour particular providers or present unjustified obstacles to competition;
- publishing a contract award notice in the Official Journal of the European Union ("OJEU"); and
- the provision of statistical and other reports.

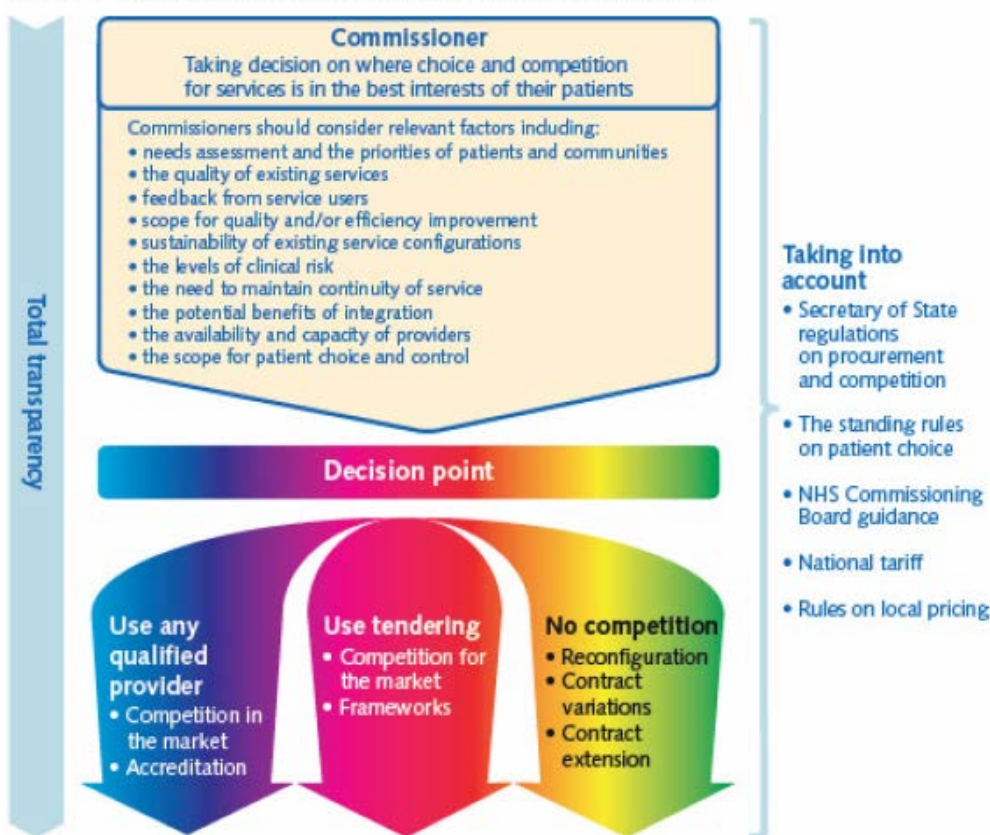
Failure to comply with the EU Procurement Rules can have serious consequences and result in sanctions for NHS Vale of York CCG.

32. COMMISSIONING DECISIONS (COMPETITION OR NOT)

As set out in "Protecting and Promoting Patients" Interests: the Role of Sector Regulation", it is for commissioners to decide where choice and competition for services are in the best interests of patients. Commissioners should decide, taking into account a range of factors:

- whether to use tendering ("competition for the market")
- whether to enable patients to choose from any qualified provider ("competition in the market")
- whether to extend or vary existing contracts, or (where there are no other capable providers) to use a single tender process. (See Figure 2; Source Department of Health).

Figure 2 – Commissioners decide when and how to use competition



33. THE NHS'S REACTION TO NATIONAL AND EUROPEAN PROCUREMENT REQUIREMENTS

Commissioners will need to ensure they have the appropriate Standing Orders (and any other relevant governance documents) of the NHS organisation to ensure the procurement of goods and services will be in accordance with all the regulations, guidance and local delegated authorities, reducing the risk of any challenge of inappropriate application of the rules regulations or the principles set out therein.

This will also include for any tender process that is not subject to the Directives, (for example, the estimated value of a contract falls below the relevant threshold), EU Treaty-based principles of non-discrimination, equal treatment, transparency, mutual recognition and proportionality apply. Some degree of advertising, which is appropriate to the scale of the contract, is likely to be necessary to demonstrate transparency. This is in line with the UK objective of achieving value for money in all public procurement - not just those covered by the EU Procurement Directives.

For healthcare services contracts, the commissioners will need to ensure compliance with the NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013.

Commissioners will ensure they have access to specialist legal and procurement resource to facilitate and monitor compliance with these rules and regulations, as

NHS Vale of York Clinical Commissioning Group
PROCUREMENT POLICY

well as to demonstrate effective procurement processes in carrying out both strategic and transactional purchasing activity.

The provision of a 'Procurement Policy' (plus standard documentation and processes) will enable Commissioners to facilitate and monitor compliance with all procurement rules and regulations, as well as ensuring the organisation demonstrates effective procurement processes in carrying out strategic purchasing activity.

NHS Vale of York Clinical Commissioning Group
PROCUREMENT POLICY

34. ADVERTISING OBLIGATIONS FROM 18 APRIL 2016

Contract value	Advertising requirements	Type of process	Contract award notice
£0-24,999	No advertising requirements *	N/A	N/A
£25,000 to EU threshold	Contracts Finder *	At authority's discretion (Using Treaty principles)	Contracts Finder
Above EU threshold: Goods and services: £164,176 Works: £4,104,394	OJEU + Contracts Finder	Open, Restricted, Competitive Dialogue, Competitive Procedure with negotiation, or innovation partnership	OJEU + Contracts Finder
Above EU threshold:- Healthcare Services: £589,148		"light touch" - that complies with transparency and equal treatment	

35. BEST PRACTICE PROCUREMENT AND STRATEGIC SOURCING

All the procurements which relate to Healthcare services that are subject to the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, they will, until 18th April 2016, fall within Part B of Schedule 3 of Part 10 of the Public Contract Regulations 2006 (the "Regulations") (and therefore not subject to the full scope of the Regulations). The NHS will, nevertheless, apply best procurement practice throughout the whole of any procurement process.

The NHS recognises that Procurement provides a transparent mechanism for securing new contracts for services which reflect patient and population needs. Done well, procurement can be a powerful tool for stimulating innovation and enabling improvements in quality and value. Procurement can stimulate or enable providers to develop new service models and/or redesign care pathways to improve quality of care to patients (e.g. greater personalisation) and make better use of the available healthcare resources in responding to the diverse needs of patients and communities.

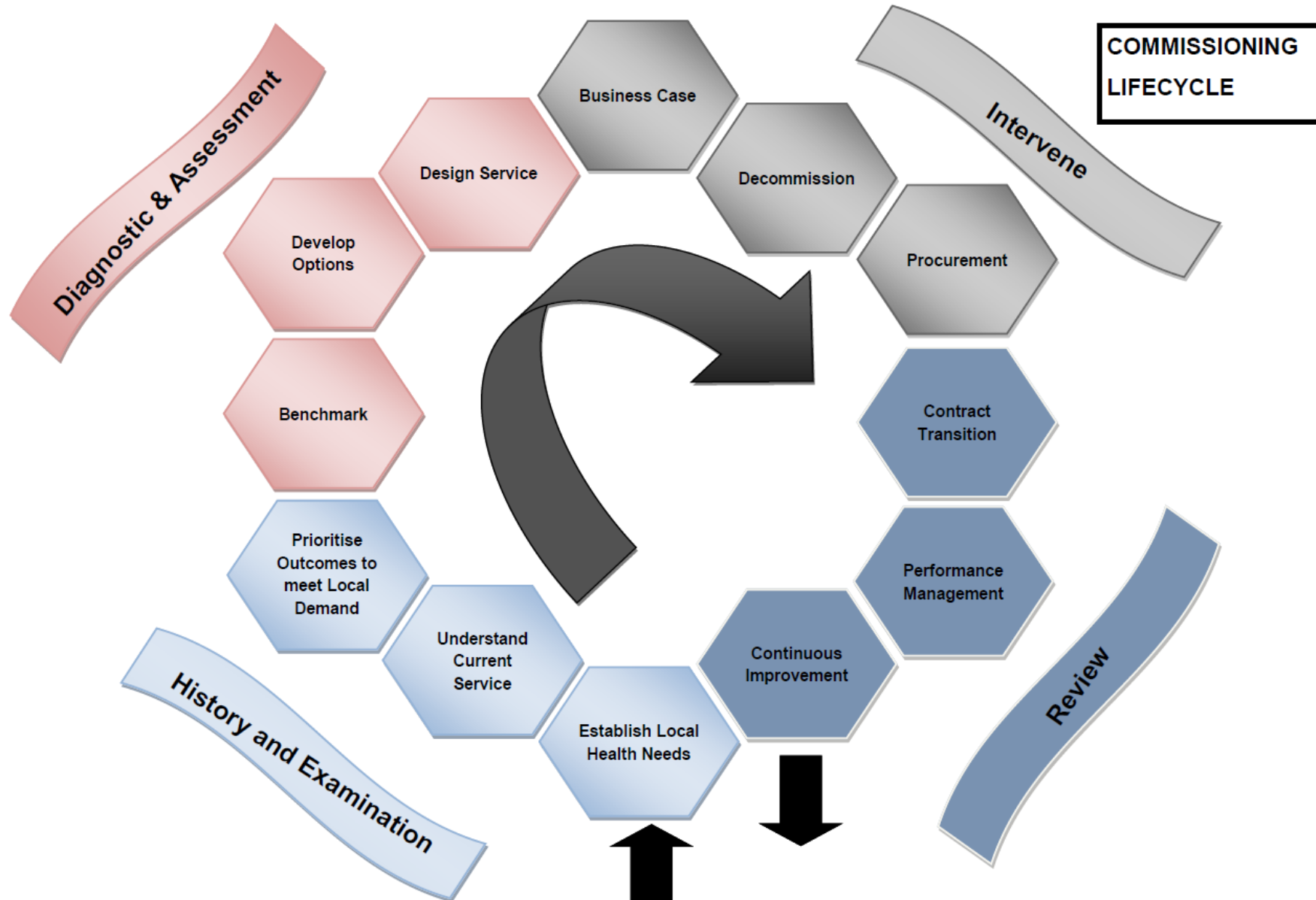
GOVERNANCE STRUCTURE FOR PROCUREMENT PROCESS

<p>Level One NHS Vale of York CCG Governing Body (excluding any member who may have a potential Conflict of Interest)</p>	<ul style="list-style-type: none"> • Agree the procurement route and contract specification • Endorse the decision on the preferred bidder • Give authority to award the contract
<p>Level Two Executive Committee</p>	<ul style="list-style-type: none"> • Monitor and assure work of procurement team • Sign off the shortlist of bidders, the evaluation scoring criteria, the recommendation to the Governing Body to appoint a preferred bidder and the award of the Contract • Assure the Governing body on the process
<p>Level Three Procurement Project Team NHS Vale of York CCG Officers, Clinical and other Advisors</p>	<ul style="list-style-type: none"> • Manage the procurement • Develop all tender and contract documents • Propose the evaluation scoring • Evaluate assessment and negotiate the contract • Prepare update and briefing reports for the Quality and Finance Committee and Governing Body. • Risk Management and Freedom of Information

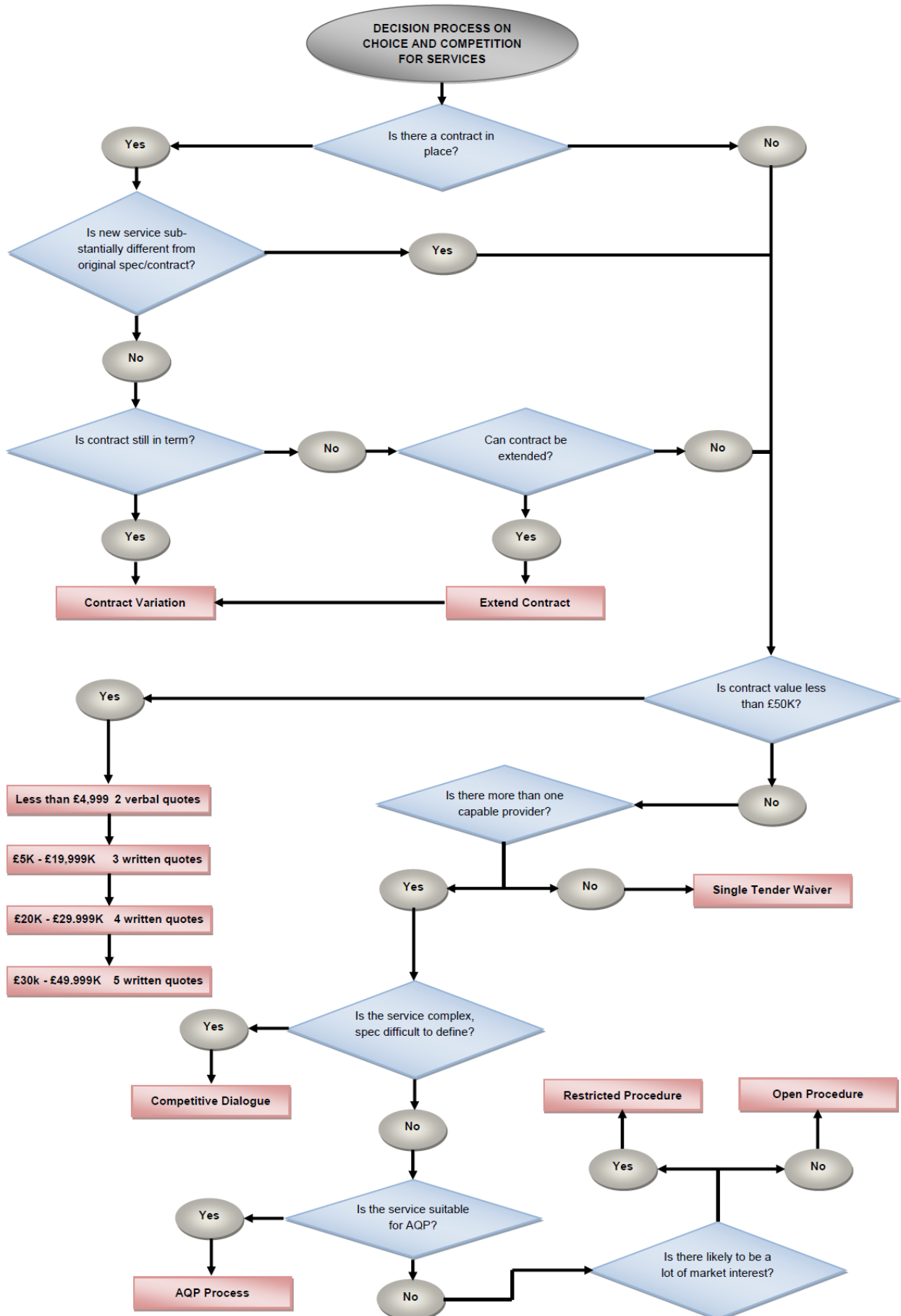
36. KEY CONTACTS FOR PROCUREMENT


Tracey Preece – Chief Finance Officer
?? - Head of Corporate Assurance and Strategy
 Anna Bourne – Senior Procurement Lead

37. COMMISSIONING LIFECYCLE



38. PROCUREMENT DECISION PROCESS



Item Number: 15	
Name of Presenter: Tracey Preece	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
Report Title - Policy for the Engagement of External Auditors for Non-Audit Work	
Purpose of Report To Ratify	
Reason for Report	
<p>The policy on the engagement of External Auditors for non-audit work was approved by the Audit Committee on 5 July 2017. The CCG has not previously commissioned any non-audit work by External Audit however it is deemed best practice to have a policy to cover this possibility.</p>	
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 checked="" 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 checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks (not yet on Covalent)	
Recommendations	
<p>Governing Body is asked to ratify the Policy for the Engagement of External Auditors for Non-Audit Work.</p>	

Responsible Executive Director and Title	Report Author and Title
Tracey Preece, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

Annex

- Policy for the Engagement of External Auditors for Non-Audit Work

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

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

Policy for the Engagement of External Auditors for Non-Audit Work

Authorship:	Caroline Goldsmith, Deputy Head of Finance
Reviewing Committee:	Audit Committee
Date:	July 2017
Approval Body:	Governing Body
Approved date:	TBC
Review Date:	3 years
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Related Policies/documents:	
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No:	TBC when approved
Version Number:	1.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0		New Policy	Audit Committee July 2017	

To request this document in a different language or in a different format, please contact:

**NHS Vale of York Clinical Commissioning Group on
01904 555 870 or valeofyork.contactus@nhs.net**

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1. Introduction

- 1.1 NHS Vale of York Clinical Commissioning Group (the CCG) recognises the importance of the external auditors being independent and being seen to be independent in the work that they undertake. It is therefore not appropriate for them to undertake any non-audit work that might be perceived to create a conflict of interest with their role as external auditors.

2. Policy Statement

- 2.1 The Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. All CCG staff are required to comply with this policy.

3. Impact Analyses

3.1 Equality

As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached in Appendix 1.

3.2 Sustainability

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached in Appendix 2.

4. Scope

- 4.1 This policy requires that the CCG reviews all non-audit services provided by the external auditors before formally committing to them.

5. Policy Purpose

- 5.1 The purpose of this policy is to:

- Set out the threats to audit independence;
- Identify the types of non-audit work that should and should not be commissioned from external auditors; and
- Describe the decision-making processes that should operate when these questions are considered.

6. Threats to Independence

6.1 Per the CIPFA Code of Ethics, the three threats to independence that are created most often by the provision of non-assurance services to audit clients are:

Self-review	the threat that a professional accountant will not appropriately evaluate the results of a previous judgment made or service performed by the professional accountant, or by another individual within the professional accountant's firm or employing organisation, on which the accountant will rely when forming a judgment as part of providing a current service
Self-interest	the threat that a financial or other interest will inappropriately influence the professional accountant's judgment or behaviour
Advocacy	the threat that a professional accountant will promote a client's or employer's position to the point that the professional accountant's objectivity is compromised

6.2 Audit firms are required to have arrangements in place to assess these threats when deciding whether or not non-audit work can be undertaken.

7. Defining Non-audit Work

7.1 This policy aims to ensure that if external auditors are commissioned to provide non-audit services they are not in a position whereby they:

- Audit their own work;
- Make management decisions for the CCG;
- Create a mutuality of interest; or
- Find themselves in the role of advocate for the Group.

7.2 In order to provide a transparent mechanism by which non-audit work can be reviewed and progressed, the following categories of work are agreed as professional services available from the CCG's external auditors.

7.2.1 Statutory audit work

This is the statutory accounts audit and any additional audit work required under the Local Audit and Accountability Act 2014 (e.g. value for money and quality report). Engagements of this nature do not require prior approval of the Audit Committee.

7.2.2 Audit related and advisory services

There are projects and engagements where the auditors are best placed to perform the work due to their network within and knowledge of the business

or their previous experience. It is proposed that the Audit Committee approve all engagements of this nature regardless of value in advance.

7.2.3 Prohibited work

There are some engagements that cannot be undertaken by the CCG's external auditors as they represent a real threat to the independence of the auditors. Details of these types of engagement are included at Appendix 3.

7.3 In the event that it is unclear which category services fall into they will default to the category that requires Audit Committee approval.

8. Roles and Responsibilities

8.1 The Audit Committee is responsible:

- for approving all non-audit work undertaken by the external auditors and;
- monitoring the compliance and effectiveness of this policy.

8.2 The Chief Finance Officer is responsible for:

- all non-audit work proposed to be undertaken by the external auditors is taken to the Audit Committee for approval in advance of any work being done.

8.3 All CCG staff are responsible for complying with the terms of this policy.

9. Roles and Responsibilities Outside the Organisation

9.1 The External Auditor is responsible for:

- determining whether providing a service would create a threat to independence and;
- reporting any non-audit services to the Audit Committee in their annual report to those charged with governance.

10. Policy Implementation

10.1 This policy will be disseminated by the approved process and will be available on Vale of York CCG's website. Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

11. Training and Awareness

11.1 This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.

12. Monitoring & Audit

- 12.1 The Audit Committee is responsible for monitoring the effectiveness of this policy and for providing assurance to the Governing Body regarding compliance with the policy. It will do this through the regular reports it makes to the Governing Body, the minutes being received by the Governing Body and the preparation of an Annual Report for the Governing Body on the Committee's work during each financial year.
- 12.2 The Audit Committee will review the operation of the policy every three years and agree any amendments to the categories of work that may or may not be undertaken.
- 12.3 The process for approving requests to engage the external auditors for non-audit work will be reviewed annually by the Chief Finance Officer and this policy updated as necessary.
- 12.4 The external auditors will include within their annual report to those charged with governance an appendix that summarises any additional non-audit work that they have undertaken for the CCG.

13. Policy Review

- 13.1 This policy will be reviewed every three years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

14. References

- 14.1 For further information please refer to the following reference source:
- CIPFA Code of Ethics

15. Associated Policies

- 15.1 Scheme of Reservation and Delegation (Appendix D of the Constitution).

16. Contact Details

- 16.1 Telephone: 01904 555 870
Email: valeofyork.contactus@nhs.net
Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. YO1 6GA

17. Appendix 1: Equality Impact Analysis Form

1.	Title of policy/ programme/ service being analysed
	Policy for the Engagement of External Auditors for Non-Audit Work
2.	Please state the aims and objectives of this work.
	To ensure that the NHS Vale of York CCG's External Auditors are not engaged for non-audit work that creates a threat to their independence.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Staff
4.	What sources of equality information have you used to inform your piece of work?
	Equality Impact Analysis Local Profile Data
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on ensuring that external auditors are only contracted to do work which does not threaten their independence. There are no particular equality implications.</p>

<p>7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc</p>
<p>Neutral Impact</p>	
<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc</p>
<p>Neutral Impact</p>	
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>
<p>Neutral Impact</p>	
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>
<p>Neutral Impact</p>	

<p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</p>
<p>Neutral Impact</p>	
<p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p>
<p>Neutral Impact</p>	
<p>Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</p>
<p>Neutral Impact</p>	
<p>Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
<p>Neutral Impact</p>	
<p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
<p>Neutral Impact</p>	
<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
<p>Neutral Impact</p>	

Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
---	--

Neutral Impact	
8.	Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? Not applicable Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? Not applicable

Sign off
Name and signature of person / team who carried out this analysis <i>Caroline Goldsmith</i>
Date analysis completed <i>June 2017</i>
Name and signature of responsible Director
Date analysis was approved by responsible Director

18. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy for the Engagement of External Auditors for Non-Audit Work
What is the main purpose of the document	To ensure that the NHS Vale of York CCG's External Auditors are only engaged for non-audit work that does not create a threat to their independence.
Date completed	June 2017
Completed by	Caroline Goldsmith

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that coordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

18. Appendix 3: Prohibited non-audit services

Area of work	Prohibited non-audit services
Tax	Preparation of tax forms; payroll tax; customs duties; identification of public subsidies and tax incentives unless support from the audit firm in respect of such services is required by law; support regarding tax inspections by tax authorities unless support from the audit firm in respect of such inspections is required by law; calculation of direct and indirect tax and deferred tax; provision of tax advice
Decision-making	Services that involve playing a part in the management or decision-making of the audited entity
Bookkeeping	Bookkeeping and preparing accounting records and financial statements
Payroll	Payroll services
Internal control	Designing and implementing internal control or risk management procedures related to the preparation and/or control of financial information or designing and implementing financial information technology systems
Valuations	Valuation services, including valuations performed in connection with actuarial services or litigation support services
Legal	Legal services with respect to the provision of general counsel; negotiating on behalf of the audited entity; acting in an advocacy role in the resolution of litigation
Internal audit	Services related to the audited entity's internal audit function
Financing	Services linked to the financing, capital structure and allocation, and investment strategy of the audited entity, except providing assurance services in relation to the financial statements, such as the issuing of comfort letters in connection with prospectuses issued by the audited entity
Shares	Promoting, dealing in or underwriting shares in the audited entity
Human resources	Services with respect to management in a position to exert significant influence over the preparation of the accounting records or financial statements which are the subject of the statutory audit where such services involve searching for or seeking out candidates for such position or undertaking reference checks of candidates for such positions; structuring the organisation design, cost control

Chair's Report: Audit Committee

Date of Meeting	1 March, 26 April and 24 May 2017
Chair	Sheenagh Powell

Areas of note from the Committee Discussion

In both the March and April meetings the Audit Committee expressed concern regarding the probable financial risk and risk to patients and clients relating to transition of the Partnership Commissioning Unit. It was agreed to escalate this concern to the Governing Body for consideration and assurance.

March Meeting

The Committee expressed concern with regard to the delay in the completion of audit reports for the year which might affect the head of internal audit opinion. This was escalated to senior management who worked with staff and Internal Audit to ensure prompt responses were provided to the auditors.

The Committee noted that the Scheme of Delegation and Detailed Financial Policies would be updated by the end of March.

The Committee expressed concern about value for money of interim appointments and the articulation of measurable outcomes and benefits.

The Committee considered the Medium Term Financial Strategy and remained concerned at the continuing risk with particular reference to QIPP and the contract with York Teaching Hospital NHS Foundation Trust. Along with the Finance and Performance Committee, the Audit Committee will continue to seek assurance from senior managers that delivery of the plan is on track.

April Meeting

The Committee received the draft accounts and the draft analytical review. This was now subject to audit and would be considered with the external auditors' report at the end of May.

The Committee also considered the Constitution, Scheme of Delegation and Detailed Financial Policies for onward approval by the relevant bodies.

The Committee approved the Internal Audit plan for 2017/18.

The Committee was very concerned around the limited assurance audit report on commissioning support in the light of a change of service provider during the year and

requested an update in July to clarify responsibility and accountability and deadlines. Due to the possible impact on contract and performance information these issues would also be considered at the Finance and Performance Committee

May meeting

The Committee considered final completion audit report from the external audit which provided for an unqualified opinion on the financial statements themselves commending finance staff for their accuracy, timeliness and assistance. However they have given a qualified opinion on the regulatory and value for money aspects of their report in the light of the CCG breaching its statutory duty to remain within its financial allocation.

The Audit Committee asked for their thanks to be expressed to finance staff and others in the organisation, for what was, once again, an excellent and professional year end process.

The Committee also invited the internal and external auditors to propose audit, assurance and risk assessment processes across all relevant organisations with regard to the capped expenditure process and the system financial envelope.

Areas of escalation

The Committee agreed to escalate to the Governing Body its concern relating to the transfer of services previously provided by the Partnership Commissioning Unit. Recent audit reports had illustrated a deteriorating position with regard to the completion of audit recommendations and the provision of services resulting in the issue of limited assurance audit opinions.

Urgent Decisions Required/ Changes to the Forward Plan

None.

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON
1 MARCH 2017 AT WEST OFFICES, YORK**

Present

Sheenagh Powell (SP)
David Booker (DB)

Chair
Lay Member and Chair of Finance and
Performance Committee

In attendance

Cath Andrew (CA)
Michelle Carrington (MC)
Anne Ellis (AE)
Helen Kemp-Taylor (HKT)
Mark Kirkham (MK)
Steve Moss (SM) – items 1-6
Tracey Preece (TP)
Michele Saidman (MS)

Senior Manager, Mazars
Executive Director of Quality and Nursing
Audit Manager
Head of Internal Audit
Partner, Mazars
Anti-Crime Manager
Chief Finance Officer
Executive Assistant

Apologies

Rachel Potts (RP)

Executive Director of Planning and Governance

Preceded by a meeting of Committee members with Internal Audit

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.

3. Minutes of the meetings held on 5 December 2016

The minutes of the meeting held on 5 December were agreed.

The Committee:

Approved the minutes of the meetings held on 5 December 2016.

4. Matters Arising

Composite report on work relating to the Partnership Commissioning Unit:
Members agreed that this action was complete as MC was presenting two reports relating to the Partnership Commissioning Unit at the Part II Governing Body meeting the following day. SP added that discussion at the private meeting,

Unconfirmed Minutes

immediately preceding the Committee meeting, had included the need for greater assurance to be provided relating to Internal Audit reports both on the Partnership Commissioning Unit and in general.

Internal Audit Periodic Report - Partnership Commissioning Unit Internal Audit Reporting Protocol: SP noted that a revised process for sign off of draft reports had been agreed but this arrangement had been superseded by the Partnership Commissioning Unit reorganisation.

A number of matters were noted as agenda items or completed.

The Committee:

Noted the updates.

4.1 Annual Review of Audit Committee Effectiveness

AE noted that this report comprised the Committee Chair's survey responses and related to Committee processes. The majority of responses were positive but there were three 'No' and three 'Don't Know responses'. The 'No' responses related to policy and information on non-audit work carried out by external auditors and receipt of reports arising from inspections by NHS Protect regarding the quality of counter fraud provision. In respect of the former, although to date external audit had not undertaken any non-audit work, SP requested a policy for this eventuality for consideration at the next regular meeting of the Committee. Regarding the latter SM reported that if the CCG was selected for a quarterly assessment by NHS Protect the Committee would receive a report and in relation to the Committee receiving evidence to demonstrate compliance with regulatory requirements MC confirmed that the CCG received Care Quality Commission reports relating to all providers, including GPs, and SP requested that regulatory reports be added to the Internal Audit work programme. HK-T additionally proposed that Internal Audit review the CCG's new governance structure to provide assurance.

AE referred to the four responses to the themes self-assessment which were mainly 'Strongly Agree' or 'Agree'. There were eight 'Disagree' responses for six separate questions. Discussion of the latter included the Committee's objectives being set by terms of reference, external and internal audit plans, and the Committee work plan; consideration of performance targets with particular reference to interim appointments; the Committee's remit to request attendance by any member of the CCG to provide assurance in addition to Executive Directors attending for Limited Assurance Internal Audit reports for their area of responsibility; agreement to reflect at the end of meetings on decisions and discussion; minutes of the Quality and Patient Experience Committee and Executive Committee to be included on future agendas; and assurance to be sought that risks on the Assurance Framework were being addressed.

The Committee:

1. Received the report on the annual review of Audit Committee effectiveness.
2. Requested a policy on non-audit work carried out by external audit.
3. Agreed that regulatory reports be brought to the Committee as appropriate.
4. Requested that Internal Audit review the CCG's new governance structure.
5. Requested that minutes of the Quality and Patient Experience Committee and Executive Committee be included on future agendas.

4.2 Annual Review of Effectiveness of Internal Audit

AE advised that five responses to the survey had been received which were 'Red Amber Green' rated to aid identification of potential gaps and agree actions. She noted that the key area for improvement related to proactive sharing of learning widely within the CCG. HK-T agreed to provide an action plan in this regard, including recirculation of the Internal Audit Charter. SP referred to discussion at the private meeting regarding Internal Audit's responsiveness to requests from the Committee including requests for special investigations and emphasised the need for Internal Audit to provide independent assurance particularly in the context of the CCG being under legal Directions and associated issues. SP noted she had requested a meeting with DB, HK-T and AE for further discussion in this regard (TP to also attend). SP had also requested that she be included in circulation of audit briefs for assurance about the objectives and audit focus. In this regard MC suggested all Executive Directors receive audit briefs for sign off at the Executive Committee.

The Committee:

1. Received the report on the annual review of effectiveness of Internal Audit.
2. Noted that HK-T would provide an action plan for proactively sharing learning across the CCG.
3. Noted that SP had requested a meeting with Internal Audit.
4. Agreed that all Executive Directors, in addition to SP, should receive audit briefs.

5. Audit Committee Work Plan

TP noted that the accounts approval meeting date of 24 May required confirmation and advised that dates thereafter were being arranged.

In respect of the meeting to consider the draft accounts TP reported that the timescale for accounts submission was now 9am on 26 April, the date of the meeting, not 21 April as expected. Following discussion members agreed to receive the draft accounts electronically at short notice and meet as planned on 26 April. TP confirmed that the draft Annual Report, Annual Governance Statement and Head of Internal Audit Opinion would also be included but noted that NHS England required a first draft of the Head of Internal Audit by 17 March.

TP reported on discussion with Steve Nicholls, Local Security Specialist, and

proposed he be asked to provide a work plan and report.

It was agreed that counter fraud be an agenda item for the March Committee for the work plan and August for an update report. Other reporting would be on an exception basis.

Committee:

1. Agreed the arrangements for consideration of the draft annual accounts and associated documents.
2. Agreed that security be added to the work plan.
3. Agreed that counter fraud be reported at the March and August meetings, with exception reporting if required.

6. Counter Fraud

6.1 Draft Counter Fraud Plan 2017/18

SM presented the Counter Fraud Plan for 2017/18 noting that this was based on the NHS Protect key principles of Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account. Eight days had been allocated to this work. There would be an additional charge, agreed in advance with TP, for any reactive work.

SM confirmed that areas of partial compliance in 2016/17 had been included in the plan, which members agreed was comprehensive.

6.2 Anti-Crime Progress Report

SM referred to the report which provided an update on 2016/17 National Fraud Initiatives, fraud prevention work, the first edition of the anti-crime newsletter, and security management. In respect of the latter TP referred to her discussion with Steve Nicholls (SN) who was providing a gap analysis from the Security Management Self Review Tool submission and was also seeking clarification as to whether completion of the Tool would be required in 2017/18. TP proposed that the CCG should regardless complete the Security Self Review Tool again in September 2017 to consider progress or identify action required, unless further guidance was received.

TP reported that she had also discussed cyber security with SN as this was the CCG's biggest security threat. SM noted that NHS Digital was considering this nationally.

The Committee:

1. Approved the Counter Fraud Plan 2017/18.
2. Received the Anti-Crime Progress Report.
3. Agreed that the Security Self Review Tool be completed in September 2017 unless further guidance was received.

SM left the meeting

7. Finance Governance

7.1 Year End Update including Draft Accounting Policies and Going Concern

TP referred to the draft accounting policies proposing that the highlighted areas be removed from the template for clarity as they were not relevant to the CCG. She advised that the only other proposed change, on the advice of NHS England and an approach being implemented by a number of CCGs nationally, related to the c£1.7m year end prescribing adjustment in respect of repeat prescriptions of longer than 28 days i.e. issued during March and continuing through to 2017/18. CA and MK reported that external auditors did not support this approach, as the expenditure was incurred at the time of writing the prescription, and there were no accounting based standards to take account of it. It would be regarded as a non material error in the accounts. TP explained that a final decision was awaited from NHS England but highlighted risk to achievement of the CCG's forecast £28.1m deficit in the event of this adjustment being removed.

TP advised that the 'Going Concern' report would be presented at the April meeting of the Governing Body as part of the Director Declarations. She noted that the CCG was meeting the business rules for deficit CCGs and highlighted that achievement of QIPP was the single biggest area of risk. TP proposed that information about the Medium Term Financial Strategy and the development of the accountable care system be added and explained that there may be a requirement under Contingent Liabilities to declare previously unassessed periods of care for which the value was not yet known.

7.2 Review of Losses and Special Payments

TP advised that there had been no losses or special payments since the last meeting but noted the potential for a special payment relating to support provided by the CCG to the 32 Clifton site of York Medical Group following a fire at the premises.

7.3 Update and assurance on key financial policies and 7.5 Scheme of Delegation

TP reported that the Scheme of Delegation was being updated for 2017/18. In response to SP expressing concern that the CCG's new committee structure and decision making arrangements were already in operation, TP advised that a full review of the Constitution, including the Detailed Financial Policy, was taking place and the timescale for the Scheme of Delegation was to ensure it aligned. TP confirmed the intention for this to be completed before the end of the month.

7.4 Review progress against Financial Recovery Plan including Financial Plan, QIPP Programme and Medium Term Financial Strategy

TP presented *Achieving financial stability and sustainability in the Vale of York: a Medium Term Financial Strategy* and the *Vale of York Medium Term Financial Strategy: a new approach to commissioning* tabling amended information. She explained that the aim of the Medium Term Financial Strategy was to identify

areas that required focus and the associated reasons to inform evidence based financial planning based on population need and allocation.

TP highlighted that the CCG needed to spend 11% less per person than the average in order to live within its means due to a comparatively healthy population. She noted that, due to the legal Directions, NHS England's support for the work had been gained.

TP explained that benchmarking had identified six key areas of opportunity, which had been subject to robust confirm and challenge: elective orthopaedics, out of hospital care, contracting for outpatients, continuing healthcare and funded nursing care, prescribing, and high cost drugs; additional 'other' areas of opportunity had also been identified. These opportunities totalled £47.7m. TP noted that plans for 2017/18 took account of the fact that some schemes would not be operational for the full year and advised that £1.5m of the £15.9m for 2017/18 was unidentified at the present time.

TP referred to the summary information from 2016/17 through to 2020/21 noting that although recovery was not forecast the CCG was meeting the Business Rule for 1% of allocation improvement for deficit CCGs. She also noted that the CCG was not an outlier in terms of the 3% QIPP on recurrent in-year allocation per NHS England model.

TP reported that triangulation meetings were taking place across the system and that there was a potential for a York control total. She also noted that each individual Executive Director in the CCG had responsibility for delivery of QIPP.

In terms of providing assurance to the Committee TP explained that the Medium Term Financial Strategy underpinned the CCG's Operational Plan, NHS England supported the Strategy and that the Assistant Head of Finance from NHS England North (Yorkshire and the Humber) was still working with the CCG. DB confirmed that the Finance and Performance Committee would provide assurance to the Audit Committee through continued consideration of the detail and also noted that he had requested a report on the CCG's expectations of the interim appointments to the team.

TP reported that Phil Mettam had sought clarification from NHS England about the legal Directions in view of the fact that the agreed £13.3m deficit position was being breached. He had been informed that the Directions would remain in place for the foreseeable future.

SP referred to concern she had expressed at the Finance and Performance Committee due to the CCG having signed the £194m contract with York Teaching Hospital NHS Foundation Trust, £10m more than the CCG's plan, on the instruction of NHS England and in terms of risk to delivery of QIPP plans. TP explained that the Heads of Terms included the £10m and that acute trust plans were required to align with those of their CCGs. She agreed to circulate the QIPP spreadsheets electronically.

In summary, members welcomed the Medium Term Financial Strategy but

expressed concern at the level of risk that remained with the CCG in terms of QIPP and the contract with York Teaching Hospital NHS Foundation Trust.

7.6 Month 9 Accounts Template Submission, Analytical Review and Governance submission

TP referred to the report which included the month 9 accounts template submission, the month 9 analytical review and the month 9 governance submission. She advised that the national timetable had been met, the forms had been submitted without error, and there were no significant items to note.

7.7 Policy on Primary Care Rebate Schemes – Review of Conflict of Interests

TP presented the six month review of compliance with and effectiveness of the Policy on Primary Care Rebate Schemes, as requested by the Committee, highlighting assurance that there were no breaches of conflict of interest in the current arrangements. The report highlighted that TP should approve rebates on recommendation of the Medicines Management Team and that the role of the Finance and Performance Committee was to support her in ensuring that the rebates were appropriate.

Members welcomed the review and agreed the recommendations, namely that the flow chart in the policy be updated to provide clarity of the role of the Audit Committee, i.e. reviewing the whole process, and that the Finance and Performance Committee be informed that their responsibility was to support TP's approval of rebates. TP agreed to provide a summary report to the next regular meeting of the Committee confirming that the policy had been amended and the outstanding actions relating to the status of the agreed rebates had been completed.

The Committee:

1. Accepted the draft accounting policies, including the deviations from the NHS England accounts template.
2. Noted the potential c£1.7m risk to the CCG's £28.1m forecast deficit position due to the prescribing adjustment.
3. Agreed that management prepare the annual accounts for 2016/17 on a going concern basis and recommended the Going Concern paper to go to the Governing Body with the amendments discussed.
4. Noted the update on losses and special payments.
5. Noted that a full review of the CCG's Constitution and associated financial documents was taking place and requested the Scheme of Delegation review be completed by 31 March 2017.
6. Noted the month 9 accounts had been produced and submitted within NHS England guidelines.
7. Welcomed the Medium Term Financial Strategy but expressed concern at the level of risk that remained with the CCG.
8. Agreed amendment to the Policy on Primary Care Rebate Schemes flow chart and noted that TP would provide a summary of actions taken to address outstanding actions.

8. Corporate Governance

8.1 Update and assurance

MC reported on discussion with NHS England which had included the Medium Term Financial Strategy and legal Directions, as referred to above. The CCG had also sought advice on appointments to current vacancies; discussion was continuing in this regard.

8.2 Note business of other committees, review inter-relationships

MC referred to the revised governance arrangements that were now in place and advised that terms of reference, agreed by each Committee, would be presented for approval by the Governing Body on 2 March.

8.3 Review assurance from other committees, PCU and CS (3rd party assurance)

MC reported that the Partnership Commissioning Unit staff consultation would close on 3 March. Staff would TUPE across in April and June 2017. MC advised that CCG versions of the current Partnership Commissioning Unit policies were being developed noting elements of risk in this regard.

In respect of eMBED TP reported that contract management arrangements were in place with quarterly meetings and monthly teleconferences. Any contract issues would be reported to the Finance and Performance Committee. TP noted that the issues relating to Business Intelligence and IT for GP Practices were being addressed.

MC reported on concerns relating to the North of England Commissioning Support Unit which provided the Individual Funding Request function. Their regional approach was not appropriate for the CCG's commissioning thresholds. Additionally, the CCG's account manager had recently resigned. TP added that this had been one of the shared functions noting the other CCGs had expressed concern and identified a gap.

8.4 Review Assurance Framework

MC presented the Assurance Framework which included performance against 42 Improvement and Assessment Framework indicators with action against those requiring improvement. There had been six corporate events, one "catastrophic" – relating to the Partnership Commissioning Unit reorganisation – and five "serious": managing Partnership Commissioning Unit areas of spend; failure to achieve an assured position for the 2016 /17 plan, breach of legal Directions; failure to achieve the 67% dementia coding target in General Practice; insufficient resources allocated to Estates and Technology Transformation Fund Strategy to enable the CCG to access funding streams; and ongoing breach of A and E 4 hour constitutional target.

MC noted that a review of risk management processes was taking place to reflect the CCG's new organisational structure, priorities in the Operational Plan and to ensure appropriate and consistent reporting through the revised governance arrangements.

Training would be provided for staff to ensure consistency of approach to ranking/scoring and reporting. SP additionally noted that confirmation that “red” risks were included on the Internal Audit plan would be sought at agenda item 11.1.

8.5 Review Register of Gifts and Hospitality

There was nothing to report for this item.

8.6 Primary Care Commissioning Assurance

MC reported that the Primary Care Commissioning Committee had met on 28 February. The main risk identified related to the potential for Millfield Surgery in Easingwold to close its list. The Committee had requested urgent consideration of under utilised NHS and other resources in Easingwold

8.7 Managing Conflicts of Interest – CCG Improvement and Assessment Framework

The managing conflicts of interest self assessment, required as part of the CCG Improvement and Assessment Framework, had been submitted to NHS England on 20 January and was the first quarterly assessment. No major issues had been identified.

The Committee:

1. Noted the updates.
2. Received the Risk Register noting that the risk review processes were being reviewed.
3. Received the Conflicts of Interest quarterly assessment.

9. Information Governance

9.1 Update and assurance

MC reported that all actions were being taken to complete the Information Governance Toolkit by the end of March and the CCG was expected to achieve the required level 2 compliance. The Information Governance Steering Group was meeting on 21 March to ensure all information had been completed in relation to the toolkit but was not expecting any issues.

9.2 Note business of Information Governance Steering Group

MC advised that the Information Governance Steering Group had last met on 6 February to follow up the Information Governance action plan and ensure progress with Toolkit actions, in particular reviewing information assets, data flows, incidents and training.

9.3 Report on Information Governance incidents

MC referred to the report which included details of seven Information Governance incidents, of which four related to Cobweb patient prescription details received by CCG through the post, two related to Referral Support Service letters being sent to the wrong patient and one related to a patient referral from a GP practice.

The Committee:

1. Noted the updates.
2. Received the Information Governance incident report.

10. External Audit

Members congratulated Mazars on their continued appointment as external auditors for at least three years from 2017/18 following the recent tender process.

10.1 Progress Report and Briefing

CA referred to the report which reported on audit progress and included information on national publications and other updates. She noted the requirement for 'Director Declarations' and advised that the Referral to the Secretary of State had been delayed due to issues with the National Audit Office system.

10.2 Audit Strategy Memorandum

MK presented the Audit Strategy Memorandum which included an executive summary, audit scope and approach, significant risks and key judgements, timetable and communication, Value for Money Conclusion and fees. Four appendices related respectively to service organisations, independence, materiality and external auditor added value. MK provided clarification on the Financial Statements audit and Value for Money conclusion

10.3 Value for Money Risk Assessment

CA presented the Value for Money Risk Assessment noting that the initial assessment, using the National Audit Office guidance, was 'Amber' (risk indicators to be followed up) for Informed decision making and working with partners and other third parties and 'Red' (significant audit risk identified) for sustainable resources deployment.

In respect of sustainable resources TP highlighted areas of significant improvement, including in respect of planning and workforce, but also noted that this assessment aligned with the well-led organisation domain of the CCG Improvement and Assessment Framework for which the CCG was not assured. With regard to third parties TP referred to the emerging accountable care system and establishment of the Accountable Care System Partnership Board.

MK and CA advised that the assessment was at a point in time and agreed to consider amendment before the year end.

The Committee:

1. Received the progress report and briefing noting that CA would email TP in respect of the Director Declarations.
2. Approved the Audit Strategy Memorandum.
3. Received the annual Value for Money risk assessment noting that MK and CA may consider amendment before the year end.

SP proposed that Internal Audit be moved up the agenda for future meetings.

11. Internal Audit

11.1 Draft Internal Audit Plan 2017/2018

AE presented the report which comprised the Internal Audit Strategic Plan 2016/17 to 2018/19 for review and proposed amendments to the second year of the plan. She noted that 10 contingency days were still included and that the 15 days provided for the Partnership Commissioning Unit would be reconsidered when the transition process was complete. TP advised that she and RP had reviewed the plan which would be provided for the full Executive Team on agreement by the Committee.

Discussion included ensuring the strategic risks were cross referenced with the 'Red' risks in the Assurance Framework, the need for audit objectives, risks and controls to be more specific, and for a review of Executive Director audit sponsors in light of the revised governance arrangements. HK-T agreed to complete these actions and recirculate the Internal Audit Plan before the next meeting of the Committee. SP additionally proposed that in future the Audit Plan be reviewed earlier and with full Committee involvement, also the potential for involvement of the Governing Body.

11.2 Periodic Report

Members discussed processes pertaining to issuing of reports, noted the need to review issuing of audit briefs in light of the new governance structure, and to address the issue of slow responses from managers. In respect of the latter TP agreed to arrange for staff to be reminded of the importance of a prompt response to all requests from Internal Audit. SP additionally requested that all draft Limited Assurance reports be forwarded to her.

TP noted that Phil Mettam had agreed to review non delivery of QIPP at the February Finance and Performance Committee; this required linking with the Internal Audit QIPP report. SP requested the outline brief of the QIPP audit.

AE referred to the report which comprised an executive summary, an overview of assurance levels by audit area, analysis of audit days, and progress with the audit programme. The latter consisted of the Primary Care Co-commissioning Report and Partnership Commissioning Unit QIPP Report, both of which were assessed as Limited Assurance.

The objective of the Primary Care Co-commissioning audit was to provide assurance on the arrangements for securing improvements in the quality of care in primary care through the commissioning process. The report identified three 'High', five 'Medium' and three 'Low' priority recommendations. MC explained that discussion was taking place with the Council of Representatives and an offer was being developed in terms of quality improvement, a Primary Care Strategy was being developed through discussion of the Five Year Forward View, and a single Quality Assurance Strategy was being developed across the Sustainability and Transformation Plan footprint.

The objective of the Primary Care Commissioning Unit QIPP audit was to provide assurance on the arrangements in place to identify and manage the delivery of QIPP schemes overseen by the Partnership Commissioning Unit. Discussion included the need for audit sponsors to be appropriately identified in the new governance structure as MC, Executive Director responsible for the Partnership Commissioning Unit, had not seen the report prior to circulation of the meeting papers. She confirmed that the recommendations aligned with the CCG's Risk Register and the report to the Part II Governing Body meeting on 2 March. MC also highlighted the risk relating to the staff consultation for the split across the North Yorkshire CCGs of the finance and contracting team as NHS Vale of York CCG did not want to continue to share these functions.

In view of the imminent demise of the Partnership Community SP sought urgent review of responsibility for the recommendations.

11.3 Audit Recommendations Status Report

AE presented the update on the status and progress in implementing audit recommendations at the CCG to 20 February 2017. A further five recommendations had been completed since the last report. Twelve recommendations remained outstanding, including three high recommendations all of which related to the Partnership Commissioning Unit.

Members discussed the ownership and accountability of the recommendations relating to the Partnership Commissioning Unit noting that the reports related to all four North Yorkshire CCGs. SP expressed continuing concern about the associated process.

The Committee:

1. Noted that TP would arrange for staff to be reminded of the importance of a prompt response to requests from Internal Audit.
2. Noted that the Draft Internal Audit Plan would be amended and circulated before the next meeting.
3. Received the report outlining progress against the Internal Audit work programme emphasising the need for review of the process of issuing audit reports.
4. Noted SP's request for receipt of draft Limited Assurance audit reports.
5. Received the Audit Recommendations Status Report noting concern about the Partnership Commissioning Unit recommendations.

12. Other Activities – Briefing Update Session

SP and DB reported that they were attending the Audit Yorkshire *Governance in Partnership* event on 6 March. SP was also attending the Audit Chairs Conference in London on 7 March where discussion would include the role of lay members in Sustainability and Transformation Plans.

The Committee:

Noted the update.

Confirmed Minutes

13. Minutes from other meetings

13.1 *Finance and Performance Committee*

13.2 *Information Governance Steering Group*

The Committee:

1. Received the minutes of the Finance and Performance Committee of 24 November and 11 December 2016, noting the Key Messages to the Governing Body.
2. Received the minutes of the Information Governance Steering Group of 24 November 2016.

14. Key Messages to the Governing Body

Key messages were agreed as:

- The Committee expressed concern regarding the risk relating to transition of the Partnership Commissioning Unit
- The Committee noted an issue regarding responses to Internal Audit reports by CCG Managers which was causing delays to final reports
- The Committee noted that the Scheme of Delegation and Detailed Financial Policies would be updated by the end of March
- The Committee expressed concern about value for money of interim appointments and the articulation of measurable outcomes and benefits
- The Committee considered the Medium Term Financial Strategy and remained concerned at the continuing risk with particular reference to QIPP and the contract with York Teaching Hospital NHS Foundation Trust

The Committee:

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

14. Next meeting

26 April 2017 at 9am.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 1 MARCH 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)
28 September 2016	Policy on Primary Care Rebate Schemes	<ul style="list-style-type: none"> Review of conflict of interests 	TP	March 2017
1 March 2017		<ul style="list-style-type: none"> Summary update relating to outstanding actions 	TP	July 2017
1 March 2017	Annual Review of Audit Committee Effectiveness	<ul style="list-style-type: none"> Policy on non-audit work carried out by external audit Regulatory reports to be added to Internal Audit work programme Internal Audit to review the new governance structure Quality and Patient Experience Committee and Executive Committee minutes to be received 	TP HKT/AE HKT/AE MS	July 2017 Wef July 2017
1 March 2017	Annual Review of Effectiveness of Internal Audit	<ul style="list-style-type: none"> Action plan for proactive sharing of learning Recirculation of Internal Audit Charter 	HK-T HK-T	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
1 March 2017	Work Plan	<ul style="list-style-type: none"> • Security management to be added • Counter fraud attendance to be changed to twice a year 	TP/MS TP/MS	
1 March 2017	Finance Governance	<ul style="list-style-type: none"> • 'Going concern' report to Governing Body with Director Declarations • Scheme of Delegation and Detailed Financial Policies to be updated • QIPP spreadsheets to be circulated electronically 	TP TP TP	6 April 2017 31 March 2017
1 March 2017	Draft Internal Audit Plan 2017/2018	<ul style="list-style-type: none"> • Staff to be reminded of the importance of a prompt response to requests from Internal Audit • Updated Plan to be circulated 	TP HK-T/AE	

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**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON
26 APRIL 2017 AT WEST OFFICES, YORK**

Present

Sheenagh Powell (SP)
David Booker (DB)

Chair
Lay Member and Chair of Finance and
Performance Committee

In attendance

Rachel Potts (RP)
Anne Ellis (AE)
Helen Kemp-Taylor (HKT)
Mark Kirkham (MK)
Tracey Preece (TP)
Caroline Alexander (CA) – for item 8
Jo Baxter (JB)

Executive Director of Planning and Governance
Audit Manager
Head of Internal Audit
Partner, Mazars
Chief Finance Officer
Assistant Director of Delivery and Performance
Management PA

Apologies

Michelle Carrington (MC)
Arasu Kuppuswamy

Executive Director of Quality and Nursing
Consultant Psychiatrist, South West Yorkshire
Partnership NHS Foundation Trust - Secondary
Care Doctor Member

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.

3. Minutes of the meetings held on 1 March 2017

The minutes of the meeting held on 1 March were agreed subject to an amendment to Item 4.1, point 3 which should now read:

'Regulatory reports to be brought to the Committee as appropriate.'

The Committee:

Approved the minutes of the meetings held on 1 March 2017 subject to the above amendment.

4. Matters Arising

Annual Review of Effectiveness of Internal Audit – Recirculation of Internal Audit Charter: HKT noted that a revised working together protocol was being finalised and would be presented to the Senior Management Team once complete.

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Finance Governance – QIPP spreadsheets to be circulated electronically: DB advised that the Finance and Performance Committee would now be reviewing the QIPP reports every month to track progress. Members agreed that a clear and simple summary would be useful to feed into the Audit Committee.

A number of matters were noted as agenda items or completed.

5. Constitution, Scheme of Delegation and Detailed Financial Policies

Constitution

RP advised that the Constitution had been amended to reflect the changes in the Executive Teams Committee, Terms of Reference, Governance and decision making and that this had required guidance from Human Resources and Legal departments. It was noted that the Constitution was still in draft format and would be submitted to the following committees before final submission to NHS England: Remuneration Committee, Governing Body, Council of Representatives and consideration by Local Medical Committee.

Scheme of Delegation

RP advised there had been no major changes to the Scheme of Delegation and highlighted that all delegations had remained in place with no amendments. The changes were based around the new Committees and details were now aligned with the Detailed Financial Policies. Work had also taken place to ensure consistency through all the documents. TP highlighted a summary of the main changes were available (Annex 4).

In response to a query, TP clarified that the Audit Committee were being asked to give interim approval of the Constitution, Scheme of Delegation and Detailed Financial Policies. These would then go to the Local Medical Committee for consideration, followed by final approval from the Council of Representatives and Governing Body.

It was acknowledged that the layout of the Constitution and Scheme of Delegation needed improvement to ensure they were easier to read and to ensure engagement. Continuity was also raised as a concern. SP highlighted an example of the Council of Representatives definition/description which did not fit with the delegation/terms of reference. RP agreed to take back and review the use of wording including the role of the Council of Representatives, the group, the membership and ensure they were clear and consistent throughout the documents.

Clarification was sought around the Tendering and Contract Procedure authorities on the Scheme of Delegation and it was agreed that the wording would be made clearer to reflect the approval authorities. This would also define that this includes the purchase of Health Care.

The Committee:

1. Agreed interim approval of the Constitution, Scheme of Delegation and Detailed Financial Policies subject to the comments made.
2. Requested changes to be made to align and simplify the documents.
3. Requested that the Detailed Scheme of Delegation be finalised and circulated to CCG staff without delay.

CA joined the meeting

6. Prescribing Rebate Policy - Update

TP provided an update on the Prescribing Rebate Policy which had been updated following a detailed review of the policy at the March Audit Committee meeting.

In response to the highlighted areas of weakness, TP advised the policy had been updated to incorporate the Communications Team and their responsibility for publishing all rebates on the Vale of York Clinical Commissioning Group's website and that the flowchart had been revised to clarify the role of the Audit Committee in reviewing the whole process.

TP also advised further actions had been undertaken as follows:

- All rebates to be signed by the Chief Finance Officer
- All agreed rebates to be published on the Vale of York Clinical Commissioning Groups website
- Reiteration of the role of the Finance and Performance Committee

TP therefore provided assurance that the revised policy was now being followed and was available to view on the website alongside other policies.

The Committee:

Noted the update.

7. Internal Audit

7.1 Internal Audit Progress Report

AE presented the report which outlined progress against the Internal Audit work programme. Five reports had been finalised and were being presented for discussion at the Audit Committee. Four reports were still in draft, three of these related to the Partnership Commissioning Unit. Four further audits were in progress and approaching completion.

Commissioning Support Contract Management

SP expressed concern around the Limited Assurance Level for the Commissioning Support Contract Management. TP advised this was largely linked to the non-eMBED areas of support where there were different contract management arrangements in place for those services. TP acknowledged the concern however assured the Committee these were being dealt with and regular monthly contract management was being put in place.

SP queried why the specifications had not been written at the time of procurement and asked for clarification regarding the Executive lead for this.

Members raised a number of concerns and in particular DB raised serious issues regarding what support and capacity was available to implement the necessary actions, what were the financial implications and what mitigating actions could be taken.

TP clarified that the Executive responsibility was with the Executive Director of System Resource and Performance and Michael Ash-McMahon currently managed the contract management meetings

Following discussions it was agreed that the report recommendations should be regarded as a priority for action earlier than March 2018. RP suggested this should be dealt with as a project of work with suitable capacity around it and agreed to follow this up with CA outside the meeting.

The Committee:

1. Received the report.
2. Expressed concerns around the overall accountability and responsibility.
3. Sought assurance re the risks involved.
4. Queried the deadline dates for resolution.
5. Requested that the Executive lead bring the report back to the July Audit Committee.
6. Agreed to monitor on-going progress at Finance and Performance Committee.

QIPP

SP noted that the QIPP 2016-17 Audit Report had now changed to be a 2017-18 forward look on QIPP and expressed concern that this did not address the issue of why the CCG had only delivered £1.7m of QIPP this year. SP sought clarity around the lessons learned document.

TP confirmed that the lessons learned document had been received and considered helpful at the Finance and Performance Committee. The external NHS England review of QIPP had concluded and the feedback praised NHS Vale of York Clinical Commissioning Group for processes and governance in place.

MK asked if this report could be circulated to share best practice examples. TP to share with everyone. *(Post meeting note: Report sent to MK on 26 April and to Finance and Performance Committee on 27 April)*

Referral Management

DB referred to the Referral Support service audit which was reported as Significant Assurance. The report had highlighted that the RSS system was a voluntary system and that GP Practices are therefore not required to compulsory process referrals through it. A discussion ensued around planned work with

Primary Care colleagues regarding demand management. RP highlighted the dermatology indicative budget project and proposals regarding Prescribing initiatives. Additional capacity had been secured through NHS England to support this work moving forward as part of the Planned Care Programme.

7.2 Audit Recommendations Status Report

AE presented the paper noting that nine recommendations had now been completed. Five recommendations were still outstanding, including two high priority recommendations relating to the Partnership Commissioning Unit (PCU) on the delegation of authority and the contract management processes for continuing healthcare.

SP requested an update in respect of the Partnership Commissioning Unit in addressing the areas of concern.

TP advised whilst there were no deliberate delays in addressing some of the PCU issues, she acknowledged the risks involved as there were some difficulties in moving the services around whilst the PCU were struggling with staff.

TP reported that governance structures and decision making remains with the PCU until services transfer. The consultation is now in phase 2 regarding remaining staff and services and change of base which needs to happen by summer 2017 as the lease at Sovereign House expires. MC is leading the transition arrangements for the CCG for the moment.

SP and DB expressed concern regarding the risks emerging as a result of delays to the reconfiguration, particularly the apparent financial risks. TP reported that the financial reporting and forecasting is much improved but that the finance team is under considerable pressure and there are risks around transfer of knowledge and systems.

SP will escalate concerns to the Governing Body.

8. Draft Internal Audit Plan 2017-2018

AE presented the plan which had been developed following the last Audit Committee with CA, TP and RP and mapped to the CCG's priorities and key risks. The plan had been to the Senior Management Team for feedback and was presented to the Audit Committee to review and approve.

RP reported that the discussion at the Senior Management Team meeting had been positive and that this approach to develop the audit plan aligned to strategic and operational risk was very helpful.

The Clinical Commissioning Group's risk management systems, processes and reporting including updating covalent would be reviewed and aligned with this approach.

DB raised a query around the budgeted client contracted days for 2017-18 which had reduced from 10 to 0. TP responded that it was decided in Senior Management Team to focus these days up front in the plan on the areas of priority rather than hold them back for unplanned work. This would enable a comprehensive audit plan to be undertaken within existing days contracted for and a decision could be made if needed on additional days for unforeseen work.

SP expressed appreciation to AE, TP and RP for their work on the internal audit plan since the last meeting.

The Committee:

Approved the Draft Internal Audit Plan

CA left the meeting

9. Annual Accounts - Consideration of 'Going Concern Status' 2016-17 Accounts and Director Declarations

TP reported that the paper had been approved as a Governing Body response to the Mazars request for Director Declarations at the April meeting and that a copy and the minutes had been forwarded to external audit.

10. Annual Report and Accounts 2016-17

TP highlighted a losses paper and asked the Committee to note an addition to the register in respect of a specific payment re employment tribunal of £32,378.85 (Total £72,250 split across the four North Yorkshire CCGs). This was reflected within Note 4 of the accounts.

TP highlighted that the accounts had been rationalised to exclude accounting policies and notes that were not relevant to the CCG. This approach was supported by Mazars at a final accounts workshop.

TP highlighted the information in accounting policies 6 and 7 regarding the shared service and hosting arrangements for 2016-17 which had changed from 2015-16 following the demise of the Commissioning Support Unit.

TP also highlighted the Operating Expenses Note 5 where the new commissioning support arrangements resulted in variances between the years in addition to the move to market rents which appears in the Premises line.

TP reported that NHS England are finalising a set piece of text to accompany Note 19 Financial Performance Targets which explains the release of the national 1% risk reserve and that this will be included when received.

Members expressed appreciation to the Finance Team for their work on the annual accounts.

10.2 Draft Annual Report (including Remuneration Report, Annual Governance Statement and Head of Internal Audit Opinion)

RP explained that this draft annual report had been submitted to NHS England as required. Any further amendments could be made prior to final submission on the 30th May 2017. The document had been reviewed by a number of Clinical Commissioning Group staff and Executive Directors and met the requirements of the NHS England Annual Report checklist.

The Committee noted the draft Head of Internal Audit Opinion, which was Significant Assurance, but also noted this may be subject to amendment due to a number of audits that were awaiting completion.

SP expressed appreciation at the work in pulling together the report and suggested that a public facing document could contain less information. RP explained that the Communications Team would be producing a much briefer Public Summary of the Annual Report.

The annual report and annual accounts 2016-17 would be presented at the May meeting of the Committee for delegated approval along with a report from the external auditors on their findings and opinion.

10.3 Annual Report Checklist

It was agreed that the checklist would be circulated to members of the Committee (*Post meeting note: This was circulated on 27 April*).

The Committee:

1. Received the draft annual report and annual accounts 2016-17 and approved them for audit.
2. Resolved that the annual report and annual accounts 2016-17 be presented at the May meeting of the Committee for delegated approval along with a report from the external auditors on their findings and opinion.

Key Messages to the Governing Body

- The Committee had received the draft accounts and the draft analytical review – this was now subject to audit and would be considered with the external auditors report at the end of May.
- The Committee remained concerned about the PCU and the limited assurance around the transition and new arrangements.
- The Committee considered the constitution, scheme of delegation and detailed financial policies for onward approval by the relevant bodies.
- The Committee remained concerned around the limited assurance audit report on commissioning support and requested an update in July to clarify responsibility and accountability and deadlines. These issues would be considered at the Finance and Performance Committee

Next meeting

24th May 2017 9am – 12.30pm

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 26 APRIL 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)
28 September 2016 1 March 2017	Policy on Primary Care Rebate Schemes	<ul style="list-style-type: none"> • Review of conflict of interests • Summary update relating to outstanding actions 	TP TP	March 2017 July 2017
1 March 2017	Annual Review of Audit Committee Effectiveness	<ul style="list-style-type: none"> • Policy on non-audit work carried out by external audit • Regulatory reports to be added to Internal Audit work programme • Internal Audit to share the new governance structure • Quality and Patient Experience Committee and Executive Committee minutes to be received 	TP HKT/AE HKT/AE MS	July 2017 Wef July 2017
1 March 2017 26 April 2017	Annual Review of Effectiveness of Internal Audit	<ul style="list-style-type: none"> • Action plan for proactive sharing of learning • Recirculation of Internal Audit Charter 	HK-T HK-T	Ongoing

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
26 April 2017	Constitution, Scheme of Delegation and Detailed Financial Policies	<ul style="list-style-type: none"> • Changes to be made to align and simplify the documents. • Detailed Scheme of Delegation to be finalised and circulated to CCG staff without delay 	RP/TP TP	
26 April 2017	Internal Audit - Commissioning Support Contract Management	<ul style="list-style-type: none"> • Report on commissioning support contract management to be presented at the July meeting 	Executive lead	5 July 2017

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON
24 MAY 2017 AT WEST OFFICES, YORK**

Present

Sheenagh Powell (SP)
David Booker (DB)

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

Cath Andrew (CA)
Catriona Davidson (CD) - part
Rachel Potts (RP)
Helen Kemp-Taylor (HKT) - part

Mark Kirkham (MK)
Phil Mettam (PM) - part
Steven Moss (SM)
Tracey Preece (TP)
Keith Ramsay (KR) - part
Michèle Saidman (MS)

Senior Manager, Mazars
Local Counter Fraud Specialist, Audit Yorkshire
Executive Director of Planning and Governance
Managing Director and Head of Internal Audit,
Audit Yorkshire
Partner, Mazars
Accountable Officer
Local Counter Fraud Specialist, Audit Yorkshire
Chief Finance Officer
CCG Chair
Executive Assistant

Apologies

Anne Ellis (AE)

Audit Manager, Audit Yorkshire

The agenda was considered in the following order.

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.

6. 2016/17 Periodic Report and Internal Audit Reports

HK-T presented the report which comprised both confirmation that the 2016/17 audit plan had been completed, with three days carried forward, and the updated 2017/18 audit plan as agreed at the April Audit Committee meeting. HK-T highlighted that no audits were planned for the first quarter of 2017/18 but that five – Business Continuity, Stakeholder Engagement, Contract Management, Quality Assurance and Performance Management – were planned for the first half of the year.

Confirmed Minutes

Members sought and received clarification on the completed audits. These had all achieved Significant Assurance and were in respect of: Conflicts of Interest, Joint Commissioning, Governance Arrangements, Partnership Commissioning Unit Information Governance Toolkit, Partnership Commissioning Unit Section 117 Mental Health Act, and Partnership Commissioning Unit Forecasting for Non-contract Activity and Costs. HK-T advised that implementation of recommendations would be monitored.

In response to discussion about joint commissioning, and in particular the context of working with NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust on the system financial envelope, HK-T and MK agreed to scope governance principles by 1 June for consideration by NHS England and NHS Improvement to ensure transparency and accountability for the plan that required submission by 7 June. SP supported the suggestion of an audit being commissioned by the Audit Committee Chairs of the three organisations. KR added that he was in discussion with lay members of the main provider organisations and noted that the second Lay Member Summit was taking place on 7 July.

Members discussed capacity and capability concerns relating to the Partnership Commissioning Unit highlighting potential risk and cost implications for the CCG. In respect of the follow up audit of management of commissioning of aftercare under Section 117 of the Mental Health Act, HK-T agreed to provide feedback on implications for local authorities on social care.

The Committee:

1. Received the Internal Audit Periodic Report and Internal Audit Reports.
2. Noted that HK-T and MK would scope governance principles for the system financial envelope joint working between NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust by 1 June.
3. Noted that HK-T would provide feedback on implications for social care resulting from the audit of management of commissioning of aftercare under Section 117 of the Mental Health Act

7. 2016/17 Annual Report and Head of Audit Opinion

HK-T presented the report which comprised an executive summary – Introduction, The Internal Audit Service, Performance of the Internal Audit Service and Conclusion – and three appendices, respectively Internal Audit Performance Indicators, Head of Internal Audit Opinion and Summary of Audit Outcomes. She highlighted the CCG's progress and engagement with Internal Audit in a challenging year and commended the resulting Significant Assurance Head of Internal Audit Opinion.

HK-T agreed two amendments requested by members: in the Head of Internal Audit Opinion '... the CCG has delivered the £23.76m deficit...' to replace '...the CCG is forecasting...' and in the appendix of reports issued in 2016/17 'Primary Care Commissioning' to read 'Primary Care Commissioning (Quality)'.

Post meeting note: The amendments were made immediately after the meeting.

The Committee:

1. Welcomed the Significant Assurance Head of Internal Audit Opinion.
2. Noted that the two amendments requested would be incorporated.

8. Annual Review of Internal Audit Charter and Working Together Protocol

In presenting this item HK-T noted that an Internal Audit Charter was best practice and the Audit Yorkshire Internal Audit Charter was equivalent to terms of reference. The Working Together Protocol underpinned the Charter in specifying what CCG management could expect from Internal Audit and what Internal Audit and the Audit Committee should expect from CCG management. The Working Together Protocol would be presented to Senior Management Team to support effective and efficient provision of assurance to CCG management and the Audit Committee.

HK-T agreed to develop a “user friendly” version of the Working Together Protocol – on a ‘You Do, We Do’ approach – for circulation to CCG staff.

The Committee:

1. Received the Annual Review of Internal Audit Charter and Working Together Protocol.
2. Requested that HK-T develop a “user friendly” version for circulation to CCG staff.
3. Expressed appreciation to HK-T and her team for their work during the year.

9. Annual Counter Fraud Report 2016/17

SM presented the report which incorporated: NHS Protect Counter Fraud Standards for Commissioners of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account; the Self Review Tool and associated quality assurance process of sign off by the Chief Finance Officer; and days used to deliver anti-fraud, bribery and corruption work. Members sought and received clarification on aspects of the report welcoming confirmation that no fraud to the CCG had been identified.

SM highlighted that the Self Review Tool result had identified that the CCG felt it had fully met 21 of the standards, partially met four of the standards and recorded a neutral/not applicable response against two standards resulting in an overall level of green and an improvement on the previous year. He confirmed that work would take place with the CCG in respect of the standards where the organisation had self-assessed as partially compliant, with a view to improving the compliance levels prior to the submission of the 2017/18 Self Review Tool. SM also clarified that, despite the demise of NHS Protect local support, commissioners were still required to comply with the standards and to complete the Self Review Tool.

Members noted that 14 days had been utilised for anti-fraud, bribery and corruption work in 2016/17 against the planned eight days. SM confirmed that any such increase was discussed with TP.

The Committee:

1. Received the Annual Counter Fraud Report 2016/17 and the Counter Fraud Self Assessment.
2. Expressed appreciation to SM for the annual report and his work through the year.

HK-T and CD left the meeting

15. Annual Report and Accounts 2016/17

TP referred to the delegated authority to the Committee from the Governing Body for approval of the Annual Report and Accounts as the submission timescale did not align with Governing Body meetings. She noted that the Head of Internal Audit Opinion would be amended as agreed and inserted in the Annual Report.

15.1 NHS Vale of York CCG Audit Completion Report

MK presented the Audit Completion Report which comprised an Executive Summary, Significant Findings, Internal Control Recommendations and Value for Money Conclusion. Four appendices related respectively to Summary of Misstatements, Draft Management Representation Letter, Draft Audit Report and Independence. MK referred to significant risks previously identified to the Committee as part of the Audit Strategy Memorandum but advised that, subject to the satisfactory conclusion of the remaining audit work, an unqualified audit opinion was anticipated on the financial statements. He commended the co-operation from and quality of working papers provided by the Finance Team to support the audit advising that high expectations as a result of previous experience had been met.

MK reported that, due to CCG's breach of the statutory requirement to ensure expenditure did not exceed income in a financial year, he anticipated issuing a modified regulatory opinion and that matters would require reporting in respect of value for money.

CA referred to the significant risks identified – management override of control, revenue recognition and related party transactions – and qualitative aspects of the CCG's accounting practices. She commended the quality of the accounts and reiterated MK's commendation from the previous year's experience.

PM and the Committee expressed appreciation to the Finance Team for their work on the annual accounts.

15.2 Annual Accounts and Changes made from draft accounts to submission

TP explained changes that had been incorporated in the annual accounts since the April meeting of the Committee and there were no material changes from the draft to the final accounts.

15.3 Analytical Review

TP advised that the analytical review was as presented at the April meeting of the Committee.

15.4 Annual Report (including Remuneration Report, Annual Governance Statement and Head of Internal Audit Opinion)

PM expressed appreciation for the work that informed the Annual Governance Statement.

RP referred to the earlier discussion regarding incorporating the updated Head of Internal Audit Opinion. She noted that the draft annual report had been considered by MK and CA in addition to members of the CCG Governing Body and Executive Team.

15.5 Annual Report Checklist

RP noted that the checklist had been completed.

15.6 Management Representation Letter

Members agreed an additional paragraph be incorporated in the Management Representation Letter under Laws and regulation to read:

'The Clinical Commissioning Group has not met the statutory requirement '223H(1) Expenditure not to exceed income' as the actual 2016-17 expenditure performance is £23.759m over the income received. It has therefore breached its duty under the NHS Act 2006, as amended by paragraph 223I (2) and (3) of Section 27 of the Health and Social Care Act 2012, which sets statutory duties for CCG's to ensure that the capital and revenue resource use in a financial year does not exceed the amount specified by the NHS Commissioning Board (the Revenue Resource Limit and Capital Resource Limit). A formal notification of this position was made in March 2017 by the Clinical Commissioning Group's external auditors, Mazars LLP, to the NHS Commissioning Board (NHS England) and also the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014.'

TP reported that CCGs had received a communication from NHS England during the Committee meeting regarding the timing of publication of their annual accounts and annual report. In the context of the CCG being under legal Directions TP would seek advice from the Director of Finance, NHS England North (Yorkshire and the Humber), regarding the scheduled publication for ratification by the Governing Body on 1 June.

The Committee:

1. Approved the annual report and annual accounts 2016/17 subject to amendment as above to the Management Representation Letter.
2. Expressed appreciation to everyone involved in the work.

3. Noted that TP would seek advice from the Director of Finance, NHS England North (Yorkshire and the Humber), regarding the scheduled publication for ratification by the Governing Body on 1 June. *Post meeting note: Advice was received to comply with the guidance given on timescales.*

PM and KR left the meeting

3. Minutes of the meetings held on 26 April 2017

The minutes of the meeting held on 26 April were agreed.

The Committee:

Approved the minutes of the meetings held on 26 April 2017.

4. Matters Arising

Constitution, Scheme of Delegation and Detailed Financial Policies: TP referred to the electronic circulation on 23 May of a paper summarising the final amendments to the Detailed Scheme of Delegation following approval at the Audit Committee in April, subject to a number of areas of clarification. The Constitution would be discussed at the next meetings of the Remuneration Committee and Executive Committee prior to presentation at the Council of Representatives. In response to SP referring to the role of the Remuneration Committee in appointment of Executive Directors, TP agreed to incorporate a further amendment in the Detailed Scheme of Delegation. She also confirmed that the Detailed Scheme of Delegation would be on the CCG website and circulated in staff communication by the end of the month. RP additionally agreed to ensure that a summary version was available to meeting chairs.

A number of matters were noted as agenda items, completed or had not yet reached their scheduled date.

The Committee:

1. Noted the update on amendments to the Constitution, Scheme of Delegation and Detailed Financial Policies. *Post meeting note: The Detailed Scheme of Delegation was now on the CCG website.*
2. Requested a summary version for meeting chairs.

5. Audit Committee Work Plan and Meeting Dates

Members noted the Committee work plan and agreed the proposed dates, subject to potential change from 5 to 12 July for the next meeting. The 2017/18 accounts meetings were agreed, subject to national timescales, as the afternoon of 26 April 2018 for a single item agenda to consider the draft accounts and the afternoon of 30 May for the final accounts.

The Committee:

1. Noted the final Audit Committee work plan. From July 2017 to the current meeting.
2. Agreed the meeting dates above, subject to confirmation of a potential change from 5 to 12 July.

Post meeting note: the next Audit Committee date to remain 5 July.

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 discussion of the Detailed Scheme of Delegation at item 4 above and noted there was no further update at this time.

12. Review progress against financial recovery plan

SP requested information on timescales and governance relating to the system financial envelope, assurance to be provided to the Committee and the potential for the Committee to have an influence within the context of legal Directions.

TP reported that the draft proposal for the system financial envelope, informed by an internal CCG confirm and challenge approach, had been submitted as required on 4 May following a meeting with NHS England and NHS Improvement regional teams. She noted that further work was required as the plans did not currently close the gap. TP agreed to circulate the narrative relating to the plans.

TP explained that the CCG's 2017/18 financial plan, based on the 2016/17 £28.1m deficit, was a forecast £44.1m deficit and that the Sustainability and Transformation Plan control total was to be no more than £9m over allocation. The current forecast was a gap of £6.85m against the control total. TP noted that NHS Scarborough and Ryedale CCG had a similar forecast but due to different circumstances.

TP highlighted that York Teaching Hospital NHS Foundation Trust had agreed their control total with NHS Improvement advising that the assumptions did not align with the commissioners' financial plans. The Committee discussed this in the context of the system financial envelope and associated governance concerns noting risk to both the control total and alignment of plans. The overall risk to the system was currently c£25m.

TP reported that, following feedback from NHS England and NHS Improvement on 19 May, further work was now taking place to address the gap in preparation

for a meeting on 31 May with the NHS England and NHS Improvement regional and national teams. Submission of full operational plans, for which clarification was being sought, were required by 7 June. TP advised that frequent meetings and conference calls were taking place with York Teaching Hospital NHS Foundation Trust and NHS Scarborough and Ryedale CCG.

TP advised that the Committee would receive the plan with risks and mitigating actions. She explained that the Finance and Performance Committee would focus on assurance relating to actions and programmes of work and the Audit Committee would focus on risks and any areas of concern escalated from the Finance and Performance Committee.

The Committee:

1. Noted the update.
2. Noted that TP would circulate the narrative relating to the system financial plan.

13. Corporate Governance

13.1 Update and assurance – review other reports as appropriate

RP advised that, as discussed at the Governing Body and Finance and Performance Committee, risk reporting was being reviewed and aligned with the CCG's strategic and operational objectives.

RP reported on receipt of feedback from NHS England following the CCG's 2016/17 Annual Review Meeting on 21 April. The letter, which would be circulated to members, referred to progress in respect of governance and leadership, concerns as discussed by the Committee relating to mental health performance issues, and recognition of both the QIPP financial challenge and progress on a system approach.

Post meeting note: The letter from NHS England was circulated on 5 June.

13.2 Conflicts of Interest Policy

RP reported that the Conflicts of Interest Policy had been amended to reflect the CCG's new organisational structure and governance arrangements and confirmed that a summary version was available for meeting chairs.

Members requested that such items be presented with tracked changes in future and approved the policy subject to RP cross referencing inclusion of recommendations from the Internal Audit Conflicts of Interest report.

The Committee:

1. Noted the update.
2. Approved the Conflicts of Interest Policy subject to confirmation that the recommendations of the Internal Audit report had been incorporated.

16. Finance and Performance Committee Minutes

In response to SP seeking clarification RP advised that the respective roles of the Audit Committee and Finance and Performance Committee were recognised with particular reference to concerns relating to the Partnership Commissioning Unit and CCG expenditure.

The Committee:

Received the minutes of the Finance and Performance Committee meetings held on 26 January, 23 February and 23 March 2017.

17. Quality and Patient Experience Committee Minutes

The Committee:

Received the minutes of the Quality and Patient Experience Committee meeting held on 20 March 2017.

18. Executive Committee Minutes

The Committee:

Received the minutes of the Executive Committee meeting held on 15 March 2017.

19. Information Governance Steering Group Minutes

RP additionally reported that the Information Governance Steering Group had met on 23 May when the agenda had included a review of the action plan relating to the transfer of Partnership Commissioning Unit staff.

The Committee:

Received the minutes of the Information Governance Steering Group meeting held on 6 February 2017.

20. Audit Yorkshire Board Minutes

SP referred to minutes of the Audit Yorkshire Board meeting of 6 March left by HK-T prior to her departure from the meeting. The Board had approved its constitution and operating charter, received an update on workstreams agreed in the Merger and Integration Plan and on the developing relationship with Leeds Teaching Hospitals NHS Trust, and agreed the 2017/18 day rate. In respect of the latter SM explained that there would be no impact on the CCG. The next meeting of the Board would be on 31 July.

The Committee:

Noted the update on the Audit Yorkshire Board.

21. Key Messages to the Governing Body

- The Committee approved the 2016/17 Annual Report and Accounts, including the Head of Internal Audit Opinion.
- The Committee received the external audit completion report which anticipated an unqualified opinion on the financial accounts but a qualified opinion on the regulatory and value for money aspects. The Finance Team had again been commended for accuracy and assistance.
- The Committee received the Internal Audit and Counter Fraud Annual Reports.
- The Committee expressed concern about the system financial envelope programme in terms of compatibility of plans and governance and requested assurance about risks associated with delivery of the system plan.
- The Committee approved the Conflicts of Interest Policy.

The Committee:

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

Additional Item – External Audit

TP reported that the CCG had signed a contract with Mazars for three years from 2017/18 therefore there would be no Auditor Panel requirement for that period.

The Committee:

Noted that the CCG had signed a contract with Mazars for three years from 2017/18.

22. Next meeting

5 July at 1pm.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 24 MAY 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	Annual Review of Audit Committee Effectiveness	<ul style="list-style-type: none"> Policy on non-audit work carried out by external audit 	TP	5 July 2017
1 March 2017	Annual Review of Effectiveness of Internal Audit	<ul style="list-style-type: none"> Action plan for proactive sharing of learning 	HK-T	Ongoing
26 April 2017 24 May 2017	Constitution, Scheme of Delegation and Detailed Financial Policies	<ul style="list-style-type: none"> Detailed Scheme of Delegation to be finalised and circulated to CCG staff without delay Summary to be provided for meeting chairs 	TP RP / TP	31 May 2017
26 April 2017	Internal Audit - Commissioning Support Contract Management	<ul style="list-style-type: none"> Report on commissioning support contract management to be presented at the July meeting 	Executive lead	5 July 2017

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
24 May 2017	2016/17 Periodic Report and Internal Audit Reports	<ul style="list-style-type: none"> • Governance principles for the system financial envelope joint working between NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust to be scoped. • Feedback to be provided on implications for social care resulting from the audit of management of commissioning of aftercare under Section 117 of the Mental Health Act 	<p>HK-T / MK</p> <p>HK-T</p>	1 June
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	
24 May 2017	Review progress against financial recovery plan	<ul style="list-style-type: none"> • Narrative relating to the system financial plan to be circulated 	TP	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
24 May 2017	Conflicts of Interest Policy	<ul style="list-style-type: none"> Confirmation to be sought that recommendations of the Internal Audit report had been incorporated. 	RP	

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Chair's Report: Executive Committee

Date of Meeting	19 April 2017
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee reviewed the priorities for primary care estate with active input from the CCG Lay members.

The Committee considered the request from the NHS regulators to work in partnership with York Teaching Hospital NHS Foundation Trust and NHS Scarborough and Ryedale CCG to develop a joint financial plan that contains and reduces cost.

Areas of escalation

The Capped Expenditure Programme is to be discussed at the July meeting of the Governing Body.

Urgent Decisions Required/ Changes to the Forward Plan

Not applicable.

Minutes of the Executive Committee, meeting held on

19 April 2017 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
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

In Attendance

Elaine Wyllie (EW)	Strategic Programmes Consultant
Jim Hayburn (JH)	Strategic Programmes Consultant
Jenny Carter (JC)	Deputy Chief Nurse
Shaun Macey(SM)	Head of Transformation and Delivery In attendance items 1 - 3
Keith Ramsay (KR)	Governing Body Lay Chair In attendance items 1 – 5
Sheenagh Powell (SP)	Lay Member, Chair of the Audit Committee and Conflicts of Interest Guardian In attendance items 1 - 5
David Booker(DB)	Lay Member and chair of Finance and Performance Committee In Attendance items 1 - 5
Alex Bush (AB)	Associate – Organisational Development and Learning and Development Projects Manager In Attendance item 13.2

Apologies

Michelle Carrington (MC)	Chief Nurse
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1. Apologies

As noted above.

2. Declaration of Interests

Declarations were given by Dr Shaun O'Connell in relation to item 3 and item 10 and Dr Andrew Phillips in relation to item 3.

3. Primary Care Estates Strategy

An outline of the paper was given by SM to help the committee understand the background behind the paper in the context of applications that were submitted to the ETTF.

15 bids had been sent to the ETTF in relation to GP Forward View and the 5 year plan with the CCG supporting the bids subject to affordability in terms of capital and revenue impact on the CCG.

2 bids have received funding; Front Street & Posterngate.

A number were marked as COHORT 3 as they were thought to be undeliverable within the time scales of ETTF, while a number of other bids were marked as COHORT 2.

A discussion then took place around the remaining schemes which had been prioritised, and this included the GPFV requirements around practices offering extended opening hours and weekend hours, working towards locality hubs, how funding and rents were worked out, the unplanned care work streams and its impact on decisions and out of hours cover. As well it was noted that population growth and pressures on the system needed to be better understood as some practices will have significant increases in their list sizes over the next few years and will need additional physical capacity to meet increased demand. The GP's business model should to be more aligned with localities and the accountable care system and it was asked if there was another source of funding for technology to but SM explained that the technology bids would have to come out of the same ETTF funding.

The decision was made to support the prioritisation of the following: Millfield scheme, Sherburn and South Milford Practice and Priory Medical Group Healthcare Centre on the Burnholme Health and Wellbeing Campus.

A decision was also made to support the prioritisation of the following improvement schemes: Beech Tree Carlton Branch, Pickering Surgery, Priory Medical Group Cornlands Road Integrated Care Team Patient lounge. The above was subject to available funding and the reprioritised list would be taken to NHS England for consideration under ETTF.

The other schemes would be considered in due course and would form a second phase of the prioritisation process.

4. Minutes from the previous meetings

The minutes from the meetings on 3 March 2017 and 15 March 2017 were approved and action log updated.

Capped Expenditure

The Executive Committee noted a letter received from both regulators (NHSE & NHSI) and discussed the next steps around how to keep the Governing Body informed and it was suggested that the Audit Committee Chairs should be involved in any governance arrangements.

5. Finance, QiPP and Contracts

- 5.1** Month 12 financial position TP reported the month 12 end of year position at £28.1 million less the 1% risk reserve to the CCG £23.8 million.
- 5.2** Month T2 staff structure/Pending Cost Position running costs position was noted for 2016/17. The committee received an update on the recurrent cost of the CCG Structure. It was agreed that the Executive Committee would receive monthly monitoring information on a regular basis.

- 5.4** Investment Decisions It was noted that the costs for the clinical summit had not been included in the current budget. The wheelchair backlog had been provided for in 2016/17.

In discussions the investment paper was acknowledged that the investment received to support the Medicines Management QUIP had previously been agreed. However within the context of the Capped Expenditure Plan the Executive Committee felt it couldn't make any decisions until the plan was submitted on 5 May 2017.

Performance and Delivery IAPT Intensive Support Team

EW reported on the recent IAPT Intensive Support Team visit. Key issues to consider for 2017/2018 related to workforce (training and capacity) and the way that activity was currently counted for the access and recovery targets. A draft action plan was in hand and would be finalised on receipt of the full report.

6. Draft Agenda for Governing Body

Phil is to refer to the letter from NHS England in his report.

7. Service, Quality and Safety

JC explained some background into the paper and it was thought that joint working with the council would be the best way to go forward. For the maternity services it was decided to work with the STP footprint going forward and share resources.

8. Strategy

8.1 Procurement Service 2017/18

The proposal to serve procurement support was agreed.

9. Co-commissioning Primary Care

10.1 Update on near Patient Testing – Amber Drug Scheme

The meeting asked that the CCG Contracting Team look at other CCG's approach to contracting of drugs before a decision is made. It was agreed that a meeting should take place in the next couple of weeks to consider scope of a review of enhanced services.

13. People, Support and Development

13.1 GP Education and GP Roles

Following discussion it was the Executive Committee agree to Pharma sponsorship of CCG work to include GP Education, Clinical Summit. It was noted that this would require necessary policy review. Shaun O'Connell and Rachel Potts agreed to follow this up.

13.2 Organisational Development Plan

RP updated the Executive Committee on the work Alex had been supporting the CCG with in relation to developing and implementing the Organisational Development Plan through discussion with SMT, Governing Body and Staff.

AB referred to the previously circulated action plan with recommendations and options for taking this work forward. In particular the committee discussed learning lunches, communication and staff briefing and appraisals. It was also agreed that joint opportunities across the system for learning and development should be looked into similar to the current system leader programme. It was also agreed that Master Classes with Governing Body should be organised. RP need to follow up actions with AB.

14. Corporate

The following Policies were approved:

14.1 HR 26 Work Experience Policy

14.2 HR Policy

14.3 Conflicts of Interest Policy

14.4 Office Accommodation

A discussion took place around the cost and different options for the office accommodation and it was agreed to pay £18,000 for the new desks.

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Chair's Report: Finance and Performance Committee

Date of Meetings	27 April and 25 May 2017
Chair	David Booker

Areas of note from the Committee Discussion

April Meeting

The Committee noted a significant change in the financial landscape. The key message is that the system financial envelope, the implications and decision making process, should be proactively shared, as appropriate, with the Council of Representatives, Governing Body and stakeholders.

May Meeting

The Committee noted with appreciation the fact that the CCG had not exceeded the planned financial deficit.

The contract trading report and initial assessment of activity and referrals at York Teaching Hospital NHS Foundation Trust was a cause of concern to the Committee along with the increasing referral to treatment backlog and the accruing overspend there. The CCG Executive Team, with clinical input, agreed to devise a strategy to address this by the next meeting.

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
27 April 2017 at West Offices, York**

Present

David Booker (DB) – Chair	Lay Member
Tracey Preece (TP)	Chief Finance Officer
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Dr Andrew Phillips (AP)	Joint Medical Director
Dr Shaun O’Connell (SOC)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance

In attendance

Natalie Fletcher (NF)	Head of Finance
Jim Hayburn (JH)	Strategic Programme Consultant
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Keith Ramsay (KR)	CCG Chairman
Amy Kirby (AK)	Personal Assistant
Liza Smithson (LS)	Head of Contracting
Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)
Elaine Wyllie (EW)	Strategic Programme Consultant
Caroline Alexander (CA)	Assistant Director of Delivery and Performance

Apologies

Phil Mettam (PM)	Accountable Officer
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Keith Ramsay (KR)	CCG Chairman
Fiona Bell (FB)	Assistant Director of Transformation and Delivery

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.

3. Minutes of the meeting held on 23 March 2017

The minutes of the previous meeting were agreed.

4. Matters Arising

QF61 Quality and Performance Intelligence report

The Committee noted that the report had been dealt with accordingly.

Utilisation Management report

TP stated that the report, subject to final checks with York Teaching Hospital NHS Foundation Trust, should be completed by the next Committee meeting.

QF63 QIPP Report – Procedures of Limited Clinical Value/Clinical Thresholds

CA updated the Committee of a meeting which would be taking place to mobilise this next week. It was agreed that this would be discussed at the later agenda item.

F&P05 Financial Performance Report – Management of mental health out of contract placements overspend

EW confirmed that there would be a meeting on 27 April 2017 and the Committee was assured that this was in hand. The Committee noted that this should be included on a Governing Body agenda at a later date.

Chief Finance Officers Meeting

There were no comments to report back from this.

F&P11 Financial Performance Report

It was confirmed that the April activity information would not be available until the end of May.

F&P12 Financial Plan Update following 27 February submission

It was noted that this Item was on the agenda for the present meeting and should be referred to at a later point in the meeting.

F&P13 Diagnostic for Lessons Learnt: QIPP Non Delivery

The Committee confirmed that the report previously received was useful and noted that it had been received by NHS Vale of York CCG Audit Committee.

F&P14 Voluntary Sector Commissioning – Position Statement March 2017

EW stated that NHS Vale of York CCG had written to nine voluntary sector providers. Responses had been received and followed up individually. There was a meeting scheduled for 9 May 2017 with York CVS to consider the responses and take stock on the best way forward. With regard to timescales on the matter, there was a commitment to undertake a review in the 1st quarter of the year and EW confirmed that this would be on track.

The Chair requested an update on this item at every meeting going forward.

F&P15 Performance Report

With regards to referrals, CA updated that she had received an initial steer from the Trust on referral rates, and that Planned care system meeting and The Trust would be presenting information formally on referrals at the next Planned Care System meeting.

F&P16 A and E

AP updated the Committee that there was positive system working to improve A&E. It was confirmed that the current performance was positive and there had been a noticeable improvement with the 4 hour target. AP confirmed that he was working with YFTFH around complex discharge and that this work was aligned with the Unplanned Care programme.

The Committee noted the improvements around the Easter Bank Holiday in A&E and was assured that all parts of the system were working together and that there would be further improvements going forward.

F&P17 Briefing to the Governing Body on Acute Contract Sign off

DB confirmed that a statement had not been produced for the Governing Body. However work had taken place with the Lay Members around this and would be referred to later in the agenda.

F&P18 Discussion Paper: Investment Decision Making

The Committee noted this to be referred to later in agenda.

F&P19 Better Care Fund Update

The Committee noted this to be referred to later in agenda.

“Good News”

EW noted that the transition of the Partnering Commissioning Unit staff went positively with staff feeling confident and welcomed.

JH welcomed the appointment of Caroline Alexander into the role of Assistant Director of Delivery and Performance.

JH noted that the Vale of York CCG's year-end Improvement and Assessment Framework assurance meeting was positive.

NF noted that the accounts have been submitted with all teams involved in this working extremely well.

CA reported initial feedback from NHS England around the CCG's quality of leadership submission (as part of the integrated assurance framework) was positive and full and formal feedback will be received in May 2017.

5. A Financially Sustainable System in the Vale of York

DB referred to a slide which was used at the lay members meeting on the 7 April. It was understood that this slide was not the most up to date version and there was a full pack which included more information.

The Committee questioned whether it would be appropriate to share and RP confirmed that the full engagement plan would be going to the Vale of York CCG's Governing Body meeting on 4th May, however due to the pre election period the implementation of the plan would need to be delayed.

AP shared concerns around the suggestion that some partners within the system do not recognise the RightCare priority.

DB requested that the CCG provide the Committee with a one page document that summarised the CCG's key aims and objectives. RP reminded the Committee that this was summarised with the 6 priorities and 4 programmes detailed on a one page slide from the Vale of York CCG's Operational Plan.

JS suggested to the Committee that it would be helpful for reports considered by the Committee to include explained and unexplained variances month by month, this was particularly relevant to finance variances.

6. Finance and Performance Risk Report

RP referred to the report and noted that over the past month work had taken place with Internal Audit and members of SMT to align the audit plan to key risks and the strategic objectives. RP confirmed that the process of reviewing the reporting of risk was now in progress.

It was confirmed that there had been nine events, and there remained a number of corporate risks including QIPP delivery, PCU and constitutional targets. The detail of the key risks would be included in other items on the agenda.

7. Financial Performance Report

TP presented the report which advised that the CCG's year-end deficit position was £23.8M after the release of the national 1% risk reserve, £4.3M. The underlying position for the purposes of performance monitoring was 28.1M.

TP reported that Programme Expenditure was the main area of over spend for 2016/17, £24.1m, off-set by an under spend on Running Costs of £317k. QIPP delivery at year end was £1.75M. There were a number of QIPP schemes which came into effect in 2016/17 with the full year effect not being until 2017/18 so the recurrent impact would be greater than this.

TP confirmed that the CCG had reached a year-end contract position with a number of providers with the exception of York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospital NHS Trust nor both Ramsay and Nuffield independent sector providers.

Key actions: Work on the joint system financial envelope was underway.

DB enquired as to the level of risk the CCG was potentially carrying over into the new financial year with those organisations where year-end positions had not been agreed.

TP provided assurance that the forecasting methodology used remained in line with previously agreed and approved process, it included a high level of activity associated with RTT, the impact of work in progress and an adjustment for Maternity spells and there was therefore a high degree of confidence the data input is robust. MA-M added that since December the York Teaching Hospital NHS Foundation Trust forecast had

moved more in line with the CCG's forecast. TP confirmed the distance in forecasts with York Teaching Hospital NHS Foundation Trust over this period had reduced from £2m - £3m to less than £1m. MA-M confirmed the CCG's forecast was an activity based number not a settlement figure and therefore deemed robust and there was no need to change the forecast.

CHC and prescribing had seen an improvement in the last few months of the year. It was reassuring that the new forecasting methodology for CHC had shown to be robust and the risk of this into next year was reduced.

TP explained that the underlying position had improved from £22.3M to £21.2M.

TP left the meeting

8. Joint System Financial Envelope

An update was given on Joint System Financial Envelope. The NHS Vale of York CCG received a joint letter dated 7 April from NHS England and NHS Improvement, jointly addressed to NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust. This required the system to submit proposals to contain expenditure with a system financial envelope. Members discussed in detail the requirements of NHS England and NHS Improvement and what was required for all parties, the progress to date in completing this work and the further actions to meet the required timescales.

ACTION: JH and TP to develop proposals for expenditure reduction within a system financial envelope by 5 May 2017.

9. Better Care Fund Update

EW reported that the final detailed technical national guidance was awaited for the 2017-19 Better Care Fund. Discussions with East Riding Council have, in the meantime, progressed and the S256 transfer agreed. Discussions with City of York Council and NorthYorkshire County Council were on-going and were likely to be more complex given: the size and scope of the BCF; the financial pressure which affects the ability of the CCG to invest more than the minimum allocation and the fact that both plans were subject to the escalation process in 2016/17.

Submission of plans and funding arrangements were expected to be 6 weeks after the Technical Guidance was released, although this was still subject to final guidance being received. Draft narrative plans were being developed and evaluation of 2016/17 schemes being undertaken to inform the 2017/19 plans in order that partners could minimise the risk of non-submission.

The Committee noted the report and agreed to retain this as an item for review at the next Committee meeting.

10. Children's and Young People's (CYP) Local Transformational Plan

MC noted that the Plan would be submitted by Friday 28 April.

Approval of this would normally go through the Executive Committee. It was noted that this work had a separate risk log but going forward this would be included on the normal CCG risk log.

The Committee noted, and received assurance that the appropriate reports had been provided and it was agreed that this level of detail was not required by the Committee going forwards. Assurance would need to be provided through the CCG governance arrangements that the necessary reporting has been completed.

11. Contract Report

LS presented the report which provided an overview of the contract trading position. Members sought and received clarification on aspects of the report, notably in respect of coding and counting. DB expressed assurance gained from the report that these challenges were reviewed.

It was confirmed that discussions with NHS England had taken place to provide support capacity to look at practice variation and referrals, and provide analysis to support practices and the CCG in transforming services.

12. Heads of Terms agreed with York Teaching Hospital NHS Trust

JH explained that the focus of the Head of Terms would be the two programmes of work, unplanned care and planned care, and regular updates would be reported at future Committee meetings. The Committee noted the report received from JH and confirmed that at this stage there were no further questions or comments.

13. Performance Report

CA reported that there were no matters to escalate and talked through the areas highlighted on the headlines summary for the Committee to note. CA confirmed that all of the 2017/18 programmes had now been established with Executive, Clinical and Programme Leads identified to lead each programme, and Finance, Contracting, Quality and BI representatives for each programme to support assurance and delivery. EW suggested that the staff transferred from PCU team were being embedded into the Mental Health, Learning Disabilities and Complex Care programme.

The Committee noted the report, confirmed the new reporting style was appropriate for future reporting and the key questions in the report were useful and commended. It was agreed it would be a regular item on the agenda going forwards and that the Committee would welcome further rationalisation of reporting from finance and contracting into the one report with the four key assurance questions addressed each month for each programme.

14. CCG –wide detailed QIPP Plan, 2017/18-2018/19

The Committee was assured of the reconciliation between the Medium Term Financial Plan with the QIPP Programmes for 2017/18 – 2018/19. MA confirmed that lessons had been learnt from a review of QIPP Delivery in 2016/17. This learning would be embedded within the programme & QIPP delivery framework for the CCG in 2017/18

going forwards. The CCG would keep a clear audit trail of how identified QIPP schemes and efficiency targets were actually delivered each month and QIPP reporting to the Committee would be refreshed in order to clearly show the monthly delivery against forecast. MA-M, CA and JH to progress this before QIPP reporting to the Committee in May 2017.

MA-M confirmed that from the 1st April 2017 there would be a number of schemes that would already be delivering and the Committee would be assured on this at the next meeting in May.

NHS England noted that they were assured with the mechanisms in place for the reporting and the delivery around QIPP and would welcome the proposed refresh of QIPP reporting on a monthly basis as discussed.

ACTION: MA-M, CA and JH to progress this before QIPP reporting to the Committee in May 2017.

15. Draft Report from NHS England National QIPP Support Team for CCG QIPP Programme

It was confirmed that the national NHS England QIPP Delivery review had taken place and the formal report had indicated a high level of assurance in relation to the QIPP governance systems in place at the CCG. The focus now for the CCG was on delivery and responding to the recommendations in the report required in order to reduce the level of risk associated with the currently identified priority QIPP schemes.

PM had been progressing discussions on how the CCG could bring additional capacity and expertise in to manage the CHC transformation and delivery.

The CCG had acknowledged a number of specific areas where support and capacity is required and CA has agreed with Shaun Jones (NHS England) to progress a submission to NHS England outlining this additional capacity required in WC 2/5/17 further to discussions at the CCG Annual Review with NHS England the previous week.

It was noted that the prescribing programme leads would meet as soon as possible to mobilise the redeployment of their resources further to the decision at Executive Committee to move to a different model of medicines management delivery in 2017/18.

The positive response was received by the Committee and it was assured assured that appropriate actions had been put in place to access further resources to support the delivery of QIPP schemes in 2017/18 and respond to the recommendations of the NHS England national QIPP support team review.

16. Joint Programmes of Work: Planned Care, Unplanned Care

Planned Care:

SOC updated the Committee on the Planned Care Programme. Work had started in all areas and was progressing at an expected pace. JH reported the CCG were waiting for the Trust to comeback on the MSK development and shared decision making process.

LS explained that with regard to the BMI thresholds, an audit was planned that would help to assess the value of the policy by linking data from the RSS team and hospital to track the referrals and check whether they had all been authorised.

ACTION: LS to report back on progress of the audit

Unplanned Care:

AP updated Committee members on the Unplanned Care Program. The Committee was assured that there was a process in place to progress work with regular meetings arranged for a Program Delivery Assurance and Support group which has the role of overseeing the work in the Unplanned Care work streams. This group reviews delivery and updates relevant CCG staff with the specific areas of work such as, Community IV, Care Navigator and the Community Bed Base Audit. The latter is in its second phase and is looking at complex discharge issues, community beds and stranded patients. The Unplanned Care work streams are influenced by the aims of the refreshed A and E Delivery Board with the recent decision to discontinue the A and E Steering Group to which it had been reporting.

The Vale of York is waiting on a report back from NHS Scarborough and Ryedale CCG that may help some commissioning decisions going forwards.

JH updated the Committee on conversations with Local Authorities and York Teaching Hospital NHS Foundation Trust in regards to having three sections across the programme. The aim of this would be for better integration of all providers across the system. These three sections are; Proactive Care, Reactive Care and Same day demand in Primary Care. It was confirmed that the CCG is currently working with the Trust to understand the costs and see how much this would deliver to be able to then share and communicate system wide.

EW raised concerns that the Mental Health, Learning Disabilities, Complex care and Children programme were not in the plan. It was agreed that children should be included within the Unplanned Care programme. There would be a resource issue within the CCG for this, but this should still be considered.

17. NHS RightCare Programme – Progress Report

The Committee requested future RightCare reporting should be integrated with regular reporting and not as a separate agenda.

18. Key Messages to the Governing Body

The system financial envelope, the implications and decision making process, should be proactively shared, as appropriate, with the Council of Representatives, Governing Body and stakeholders.

19. Next Meeting

9am to 2pm, 25 May 2017

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 27 APRIL 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&P05	26 January 2017 23 March 2017 27 April 2017	Financial Performance Report	<ul style="list-style-type: none"> Update on mental health out of contract spend to May Governing Body 	EW	4 May 2017
F&P11	23 March 2017	Financial Performance Report Month 11	<ul style="list-style-type: none"> Unvalidated data to be available for consideration at April and May meetings 	LS	27 April and 25 May 2017
F&P14	23 March 2017 27 April 2017	Voluntary Sector Commissioning – Position Statement March 2017	<ul style="list-style-type: none"> Update to be provided for next meeting To become standing agenda item 	EW EW	27 April 2017 Ongoing
F&P15	23 March 2017 27 April 2017	Performance Report	<ul style="list-style-type: none"> Validated update regarding reduction in trauma and orthopaedic referrals due to clinical thresholds to York Teaching Hospital NHS Foundation Trust 	JH/CA	27 April 2017 Planned Care System Meeting

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P16	23 March 2017	A and E	<ul style="list-style-type: none"> Information on A and E performance levels throughout the year to be sought 	JS	Ongoing
F&P19	23 March 2017 27 April 2017	Better Care Fund Update	<ul style="list-style-type: none"> Further update to next meeting To become standing agenda item 	EW EW	27 April 2017 Ongoing
F&P20	27 April 2017	CCG-wide detailed QIPP Plan 2017/18-2018/19	<ul style="list-style-type: none"> QIPP reporting to the Committee to be refreshed prior to May meeting 	MA-M/CA/JH	25 May 2017

**Minutes of the Finance and Performance Committee Meeting held on
25 May 2017 at West Offices, York**

Present

David Booker (DB) – Chair	Lay Member
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Phil Mettam (PM)	Accountable Officer
Dr Shaun O’Connell (SOC) - part	Joint Medical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Tracey Preece (TP)	Chief Finance Officer

In attendance

Sarah Corner (SC)	Management Personal Assistant
Jim Hayburn (JH)	Strategic Programme Consultant
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Keith Ramsay (KR) - part	CCG Chairman
Michele Saidman (MS)	Executive Assistant
Liza Smithson (LS)	Head of Contracting
Elaine Wyllie (EW)	Strategic Programme Consultant
Caroline Alexander (CA)	Assistant Director of Delivery and Performance

Apologies

Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Fiona Bell (FB)	Assistant Director of Transformation and Delivery
Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)

The agenda was discussed in the following order.

“Good News”

AP reported on a successful bid for £500k for Core 24 psychiatric liaison. It was hoped that work would start in autumn / winter of 2017 with a view to a return on the investment.

CA reported the potential for additional QIPP support as part of the NHS England Phase 2 programme through completion of a submission during week commencing 29 May. NHS England was also providing additional capacity to support primary care commissioning.

JH added that NHS England support was also being provided two days a week for the Referral Management process.

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 April 2017

The minutes of the previous meeting were agreed subject to amendment that SP and KR had sent apologies and had not been in attendance.

The Committee:

Approved the minutes of the previous meeting subject to the above amendment.

4. Matters Arising

All matters arising were included within agenda items with the exception of F&P16 *A and E* which was ongoing.

5. Risk Report

In presenting the new format Risk Report RP referred to discussion at previous meetings of realignment of the CCG's risk reporting and risk management with strategic and operational planning and delivery processes. She also noted the need to establish consistent risk reporting and sought members' views to herself or CA on the presentation to inform further development.

Discussion included confirmation that mitigating actions would be incorporated for both identified and emergent risks and that the system financial envelope work and risk associated with engagement with other organisations would also be incorporated as appropriate. The additional NHS England capacity would inform identification of mitigating actions relating to the primary care programme.

DB welcomed the format but requested inclusion of a single page describing major risks to ensure appropriate consideration during the meeting.

The Committee:

1. Welcomed the revised format of the Risk Report noting the ongoing development.
2. Requested inclusion of major risks on a single page.

6. Financial Performance Report Month 1

In presenting this report TP noted that activity and QIPP information were not included at month 1. She advised that budgets were in line with the latest submission of the 2017/18 financial plan and any changes as a result of the system financial envelope work would be transacted through the ledger.

TP reported a c£200k impact from providers with whom a 2016/17 year end position had not been reached, namely York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Ramsay Hospital. This position was an improvement on previous years and provided assurance on the forecasting approach.

TP referred to challenges relating to the CCG's contract with York Teaching Hospital NHS Foundation Trust and advised that QIPP reporting had been aligned with the performance report at agenda item 16. She explained that c£5m of activity was sub contracted to Ramsay and Nuffield Hospitals and also noted that prescribing information appeared to be below forecast.

TP highlighted that, following national guidance, the CCG's deficit figure for 2016/17 was £23.8m after the release of the £4.3m 1% risk reserve. She also noted that there was nothing material in the 2016/17 draft accounts which had been considered at the Audit Committee on 24 May.

SOC joined the meeting

TP advised that future reporting of the financial position would include in month movement with explanation of any variance and that reporting to NHS England, which was currently against cumulative deficit, would also focus on the in year deficit to provide clarity. She also noted that early action would be taken if QIPP appeared not to be delivering and that the run rate for up to the last two years would be used as indicators for programmes. PM highlighted the need to maintain the stability achieved in the last quarter of 2016/17.

The Committee:

1. Received the Financial Performance Report as at month 1.
2. Supported the approach described.

7. System Financial Envelope

DB referred to discussion at the Extraordinary Governing Body Part II meeting that had immediately preceded the Committee meeting. TP added that the papers circulated to the Committee were to formally brief members on the System Financial Envelope draft plan submitted to NHS England and NHS Improvement on 4 May 2017. She provided a number of aspects of clarification.

PM explained that discussion was ongoing with NHS England and NHS Improvement and that earliest implementation of the plan, which was dependent on their agreement, was the second week in June.

The Committee:

Noted the draft plan submitted, national feedback and timetable for next steps, including the requirement for a submission of the CCG's updated operational plan by 7 June.

8. Voluntary Sector Commissioning Statement

EW reported that the May meeting of the Executive Committee had approved an approach for assessing nine grants for directly commissioned services from voluntary sector providers. A joint workshop supported by York Council for Voluntary Service was being planned for early June to review the current voluntary sector services against the CCG's strategic objectives, with recognition of the requirement to manage any conflicts of interest. There was the potential to set a maximum number of providers, establish a lead provider arrangement and extend current Section 256 arrangements in place with other partners. The intention was to reduce the 2017/18 investment profile to £140k from £188k.

EW explained that CCG representatives would describe the commissioner responsibility at the workshop then leave for the voluntary sector organisations to continue their discussions which would then be communicated in writing to the CCG.

The Committee:

Welcomed the approach described for review of the CCG's commissioning from the voluntary sector for 2017/18.

9. Mental Health Out of Contract Spend

EW reported that the May meeting of the Executive Committee had approved a paper describing short, medium and long term approaches for working with Tees, Esk and Wear Valleys NHS Foundation Trust to reduce costs relating to mental health out of contract spend. In the short term a review of mental health and learning disabilities packages of care would be undertaken by Tees, Esk and Wear Valleys NHS Trust to achieve in year cost efficiencies. In the medium term, and in parallel with the short term review, current contractual commitments would be reviewed with a view to incorporating them in the Tees, Esk and Wear Valleys NHS Foundation Trust core contract as part of a managed approach to change. In the longer term there would be a review of systems and processes, including in respect of Section 117 cases, people requiring long term mental health support in a residential setting and joint packages of care. This work would be aligned to other robust contract management.

EW explained that the CCG would need to provide £20k, which would be offset against savings achieved, to resource Tees, Esk and Wear Valleys NHS Foundation Trust for the work detailed. She provided a number of aspects of clarification and noted the expectation for outcomes from the short term review of packages of care to be completed by October 2017.

The Committee:

Noted the approach to reduce mental health out of contract spend.

10. Vale of York Clinical Network Financial Report

TP noted that this report on the expenditure with the Vale of York Clinical Network (VCN) following transfer of funding by the CCG to Nimbus as host in 2016/17, had been presented to the Council of Representatives on 18 May and was presented to the

Committee in line with CCG governance processes for management and reporting of contract and financial information. If the Committee raised any concerns it considered required further investigation the matter could be referred to the Audit Committee.

TP advised that she had adopted an audit approach to seeking assurance that the money had been spent in line with the original agreed objectives and referred to her assessment of the work. The Committee noted that the VCN was discontinued during quarter three in 2016/17 but made good progress towards achieving objectives in many areas. Practices are currently working in existing alliances and the new locality structures. TP emphasised the key points of learning identified in the event of future investment in primary care development, advising that they would inform Personal Medical Services investment decisions for the current year.

Detailed discussion ensued which included the context of this being public money, the business case submitted by Nimbus on behalf of the VCN and the associated release of money, acknowledgement of the work undertaken but with recognition of governance issues, and emphasis of the need to create a robust governance framework for allocation of monies to the accountable care system and localities. TP also reported that a proposal for Personal Medical Services monies was being drafted for consideration at the Primary Care Commissioning Committee on 30 May to ensure appropriate governance arrangements.

Following due consideration members agreed that obtaining an independent view would be helpful in ensuring all lessons learnt were captured and that the Audit Committee should take this forward with Internal Audit. It was agreed TP would initially discuss the report on an informal basis with Internal Audit.

The Committee:

Requested that TP discuss the report on an informal basis with Internal Audit emphasising the need for implementing the lessons learnt.

SOC left the meeting

11. Better Care Fund Update

EW advised that the Better Care Fund technical guidance was still awaited but that discussion was taking place with City of York Council and North Yorkshire Council on the basis of the draft planning guidance. She noted in respect of North Yorkshire County Council that the four North Yorkshire CCGs were in the process of considering a collective response to a letter received from North Yorkshire County Council in relation to the improved Better Care Fund monies.

EW referred to the diagnostic review of the Better Care Fund undertaken by the Local Government Association and advised that further support via the Local Government Association had been promised. In respect of current planned care schemes EW explained that opportunities for integrated working were being utilised through the Better Care Fund but noted this was on a non recurrent basis and was directed through local authorities.

The Committee:

Noted the update.

12. Contract Report

12.1 2016/17 Contract Report

In presenting the Contract Report LS referred to the fact that it comprised the 2016/17 outturn contract trading position and a review of year on year change from 2014/15 to 2016/17 in respect of York Teaching Hospital NHS Foundation Trust.

2016/17 outturn contract trading position

LS noted a £1.4m overspend on acute contracts for the month of March, mainly due to non elective activity at York Teaching Hospital NHS Foundation Trust. She highlighted the impact of the new assessment units in this regard, noting that they did not appear to be fulfilling the aim of reducing patient flow and length of stay. LS reported that the CCG had raised a challenge both on this extra activity and also on changes in pathology coding and counting not previously notified. She noted c£0.75m risk from challenges for March and advised that a meeting was taking place to discuss the month 12 challenges and agree the outturn position.

In response to DB's concerns about CCG resource implications for resolving contract challenges, TP explained the requirement to reach a year end position and highlighted the intention of agreeing new ways of working with York Teaching Hospital NHS Foundation Trust for the 2017/19 contract. Members emphasised the context of focusing on a system approach.

Review of year on year change from 2014/15 to 2016/17

LS explained that the review comprised an overview of the contract year on year change, a summary of year on year change applied to the contract plan, unadjusted activity value year on year change, challenges and penalties, and a summary of increase to the contract trading position between 2015/16 and 2016/17.

Members sought and received clarification on the levels of activity and expressed concern at the increase. Discussion included the need for further pathway review in addition to the current clinical reviews to reduce costs, the impact of payment by results and potential alternate payment models, and recognition of the need to maintain robust contract management but within the context of the strategic work in respect of the system financial envelope.

KR left the meeting

In response to the concerns raised PM, TP and JH agreed to discuss the report with the Chief Executive and Director of Finance at York Teaching Hospital NHS Foundation Trust. AP additionally noted that he and SOC would continue to work with the Medical Director and clinical colleagues there. A progress report on a strategy to address activity levels would be provided at the next Committee meeting.

12.2 Initial Assessment of Activity and Referrals at York Teaching Hospital NHS Foundation Trust

Members noted the early assessment of referrals and activity levels at York Teaching Hospital NHS Foundation Trust during April. This was based on local and unvalidated data.

The Committee:

1. Received and commended the Contract Trading Report.
2. Requested that the Executive Team devise a strategy to address the levels of activity with York Teaching Hospital NHS Foundation Trust.
3. Received the initial assessment of activity and referrals at York Teaching Hospital NHS Foundation Trust for April 2017.

18. Primary Care Rebate Schemes Policy – New Rebates

TP referred to two new available drug rebates from which the CCG stood to benefit presented in accordance with the Primary Care Rebate Schemes Policy.

The Committee:

Agreed the rebates 014 and 015.

13. Draft Utilisation Management Non-Elective Pressures and Performance Review Report

PM proposed, in light of the fact that the report was being discussed at the June Executive Committee, that the Finance and Performance Committee defer consideration to the June meeting. In agreeing with this DB welcomed the draft report which would inform future discussion.

The Committee:

Agreed that consideration of the Draft Utilisation Management Non-Elective Pressures and Performance Review Report be deferred to the next meeting.

14. 2016/17 Commissioning for Quality and Innovation Quarter 4 Update

MC referred to the report which provided a summary of the CCG's quarter 4 provider achievements against the 2016/17 and the agreed payments for Commissioning for Quality and Innovation (CQUIN). She sought and received confirmation that the Committee should continue to receive this information.

The Committee:

Noted the quarter 4 CQUIN payments to providers.

15. Performance Report Month 12 2016/17

CA presented the new dashboard format report which triangulated the overview of CCG performance across all NHS constitutional targets for 2016/17 and then by each of the 2017/18 programmes incorporating QIPP, contracting and performance information. She noted that there was no QIPP reporting by programme for Month 1 as data was not available, but that the current 2017/18 QIPP programmes were presented at the following agenda item.

CA highlighted improvements in performance for A and E four hour waiting times, 18 week referral to treatment, cancer 14 day fast track referrals, Child and Adolescent Mental Health Services less than nine week waits, and dementia diagnosis rates. There had been deterioration in referral to treatment 18 week admitted backlog, cancer 62 day, diagnostics and Improving Access to Psychological Therapies prevalence targets. CA noted in respect of referral to treatment deterioration, the main specialties with performance issues included gastroenterology, ophthalmology, neurology and general surgery due to capacity issues.

In respect of the suggested areas for discussion these were as follows:

- The role and refresh of the A and E Delivery Board
- The increasing pressure on referral to treatment despite reduced GP referral rates and the need for undertaking a system approach to demand and capacity modelling to support planning work for the system financial envelope programme

CA reported in respect of the former that the A and E Delivery Board had not met for two months and there was a need to refresh the workplan for the Board, particularly in relation to the interdependencies with the unplanned care programme for the Vale of York system. It was agreed that urgent discussion should take place both within the CCG and with the Chief Executive of York Teaching Hospital NHS Foundation Trust in his capacity as chair of the A and E Delivery Board.

In respect of referral to treatment CA advised that demand and capacity modelling was key and noted the establishment of a System Planned Care Performance Working Group which was meeting to discuss the mitigations and actions required to recover planned care performance. Discussions, including agreeing joint modelling and assumptions, were taking place by specialty as part of the system financial envelope programme.

Members also discussed mechanisms for escalating concerns. PM referred to the meeting with NHS England and NHS Improvement on 31 May and proposed that thereafter Executive Directors develop options to address concerns in areas where “sub optimal” performance continued.

CA also highlighted to the Committee the increased national focus on the cancer 62 day target advising that the requirement for providers to achieve 100% performance by 2020 had been accelerated to the requirement for 70% of all providers to meet the target by July 2017. The Cancer Alliance was working with providers in this regard and a recovery plan was being developed with York Teaching Hospital NHS Foundation Trust during May and June 2017. The System Planned Care Performance Working Group would discuss this and also receive the recovery plan in due course.

EW noted that an action plan for Improving Access to Psychological Therapies would be finalised with Tees, Esk and Wear Valleys NHS Foundation Trust on receipt of a report awaited from the Intensive Support Team.

The Committee:

1. Welcomed the new format report.
2. Noted that urgent discussion would take place regarding re-establishing A and E Delivery Board meetings.
3. Noted that Executive Directors would develop options to address concerns in areas where “sub optimal” performance continued.

16. QIPP: Update on 2017/18 Programmes Mobilisation

CA referred to the report which provided a summary of the workstreams included in the 2017/18 programmes which were currently being mobilised and which had a QIPP target. She noted the appendices – CCG Programme and Management Framework: Process and Document Gateways and the Month 1 Programme Dashboards – seeking feedback on the former.

CA reported on receipt of formal feedback from NHS England following the CCG’s 2016/17 Annual Review Meeting and this letter would be shared with the Committee and Governing Body. CA asked the Committee to note that the final Annual Performance Assessment would be in the ‘Ofsted style’ with ratings of Excellent, Good, Requires Improvement and Inadequate. The letter confirmed that the CCG and NHS England had received feedback from Phase 1 of the national support programme review of QIPP, and they had identified the CCG’s QIPP as the most challenged in the country. CA advised that she and TP had reviewed the feedback and recommendations from the national QIPP programme which included identifying the areas of high risk to QIPP delivery but did not in the main describe ways to address it other than access additional capacity and strengthen engagement. JH additionally noted that the main issue for the CCG was capacity.

In respect of capacity RP reported that the Executive Committee had agreed recruitment to two vacancies with immediate effect. She also referred to support from NHS England, including for primary care, noted that discussion was taking place with them for further additional capacity, and advised that a meeting had been arranged to update staff on recruitment, capacity and alignment with priorities. TP added that there was potential for further specific support following discussion with JS and an outline of the CCG’s additional capacity requirements had been submitted to NHS England for consideration.

TP left the meeting

Members sought and received clarification on the gateway approach to providing the Committee with assurance against key gateways from scoping to implementation, noting the significant role of partner organisations in this programme management approach.

The Committee:

1. Received the update on mobilisation of the 2017/18 QIPP.
2. Requested that further refinement be made to the programme dashboards before reporting in June 2017.

17. Joint Programmes of Work: Planned Care, Unplanned Care

17.2 Unplanned Care

AP referred to the earlier discussion regarding the A and E Delivery Board and the successful bid for psychiatric liaison. He also reported on discussion between the North Locality GPs and colleagues from York Teaching Hospital NHS Foundation Trust, namely Wendy Scott, Director of Out of Hospital Care, and Melanie Liley, Deputy Director of Out of Hospital Care, regarding the Community Response Team.

17.1 Planned Care

JH reported on progress with phase 1 of the joint programme of work but advised of potential impact on primary care. He cited the example of the transfer of anticoagulation activity from secondary care to General Practice, highlighted the need for this to be managed and noted that two Practices had to date not signed up to deliver the service. MC added that York Teaching Hospital NHS Foundation Trust had raised concerns about patient safety in respect of this transfer.

The Committee:

Noted the updates.

19. Key Messages to the Governing Body

- The Committee noted with appreciation the fact that the CCG had not exceeded the planned financial deficit.
- The contract trading report and initial assessment of activity and referrals at York Teaching Hospital NHS Foundation Trust was a cause of concern to the Committee along with the increasing referral to treatment backlog and the accruing overspend there. The CCG Executive Team, with clinical input, agreed to devise a strategy to address this by the next meeting.

The Committee:

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

20. Next Meeting

9am to 2pm, 22 June 2017

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 25 MAY 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&P16	23 March 2017	A and E	<ul style="list-style-type: none"> Information on A and E performance levels throughout the year to be sought 	JS	Ongoing
F&P21	25 May 2017	Risk Report	<ul style="list-style-type: none"> Single page describing major risks to be incorporated 	RP	22 June 2017 and ongoing
F&P22	25 May 2017	Vale of York Clinical Network Financial Report	<ul style="list-style-type: none"> Report to be discussed on an informal basis with Internal Audit 	TP	7 June 2017
F&P23	25 May 2017	Contract Report	<ul style="list-style-type: none"> Strategy to address the levels of activity with York Teaching Hospital NHS Foundation Trust. 	Executive Team	22 June 2017
F&P24	25 May 2017	QIPP: Update on 2017/18 Programmes Mobilisation	Further refinement be made to the programme dashboards	CA	22 June 2017

Chair's Report: Quality and Patient Experience Committee

Date of Meetings	13 April 2017 8 June 2017
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee highlighted there had been no further progress on concerns relating to the City of York Council Healthy Child Service.

The Committee discussed the impact of the May cyber attack at York Teaching Hospital NHS Foundation Trust and commended the system response.

The Committee expressed ongoing concern about implementation of the Duty of Candour at York Teaching Hospital NHS Foundation Trust.

The Committee would continue to monitor continuing healthcare to ensure knowledge about all cases was as up to date as possible.

Areas of escalation

Concern at no further progress on the City of York Council Healthy Child Service.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

**Minutes of the Quality and Patient Experience Committee Meeting held on
13 April 2017 at West Offices, York**

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
Jenny Carter (JC)	Deputy Chief Nurse
Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Dr Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Debbie Winder (DW)	Head of Quality Assurance

In attendance

Ms Michèle Saidman (MS)	Executive Assistant
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Apologies

Siân Balsom (SB)	Director, Healthwatch York
Michelle Carrington (MC)	Executive Director Quality and Nursing
Dr Shaun O'Connell (SOC)	Joint Medical Director
Gill Rogers (GR)	Patient Experience Officer

1. Apologies

As noted above.

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

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

3. Minutes of the meeting held on 8 February and 20 March 2017

The minutes of the previous meetings were agreed subject to the following amendments:

8 February page 6 item 8 paragraph 4 to read: '... in respect of Level Three training in some departments as only 20% of staff working directly with children were compliant ...'

20 March page 3 paragraph 7 to read: '...capacity for the Lead Nurse for Safeguarding to fulfil all the requirements ...'

The Committee:

Approved the minutes of the meeting held on 8 February and 20 March 2017 subject to the above amendments.

4. Matters arising from the minutes of 8 February 2017

Q&PE01 Quality and Patient Experience Committee Forward Plan: JC reported that the Quality Team was being aligned with the Operational Plan requirements.

Q&PE02 Update on Development of New Healthy Child Service 0-19: KR referred to the Committee's concerns and concerns raised at the York Health and Wellbeing Board regarding the Healthy Child Service. JC reported that, following the single item meeting of the Committee on 20 March, MC had met with Sharon Stoltz and Jayne Andrews, respectively Director of Public Health and Nurse Consultant in Public Health at City of York Council. MC was subsequently presenting a report to the CCG's Executive Committee regarding enhancing capacity in children's services. KH noted that she had offered support and had also requested presentation of a Healthy Child Service assurance report at the Local Safeguarding Children Board. Further discussion ensued regarding reduced funding for Public Health which had been considered in a number of forums.

A number of other items were noted as agenda items, completed or scheduled for a future meeting.

The Committee:

Noted the updates.

5. Quality and Patient Experience Report

JC presented the report which provided an overview of the quality of services across the CCG's main providers and an update on the Quality Team's work in respect of quality improvements affecting the wider health and care economy. She highlighted that the Quality Team was engaged in the Humber, Coast and Vale Sustainability and Transformation Plan Local Workforce Advisory Board's workstreams relevant to support staff and advanced clinical practitioners and noted MC's lead role in the Partnership Commissioning Unit realignment. DW additionally explained that there were a number of locality based workstreams for maternity services across the Sustainability and Transformation Plan footprint working with health providers and explained that perinatal mental health was supported by the Local Authorities.

In respect of District Nurses who used SystemOne as their primary patient record and the associated communication challenges with EMIS GP Practices, JC referred to discussion at the Council of Representatives and work between the CCG, GPs, Practice Managers and York Teaching Hospital NHS Foundation Trust Community Services to make improvements. Pickering Medical Practice and Jorvik Gillygate Practice had agreed to pilot new templates. A review of the new data sharing approach and associated impact on primary care was planned for early July 2017.

The District Nursing Workforce Transformation Plan, introduced to member Practices at the March Council of Representatives, was discussed in the context of integrated out of hospital care. The aim was to support increased efficiency for District Nurses and their teams building on the principles for "making every contact count". RP noted that this work was incorporated into discussion in a number of forums, including the locality meetings.

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In response to AP expressing concern about recording of influenza vaccinations for patients in care homes, DW advised that the CCG was working with the Screening and Immunisation Team to ensure the 'Imform' system was updated and to permit closer CCG scrutiny.

AP referred to the information on clostridium difficile infections and reported discussion with the York Teaching Hospital NHS Foundation Trust Medical Director about a workshop for GPs in this regard at the Clinical Summit on 19 July. DW added that work was taking place across the health economy to improve communications and share lessons learnt, noting that amendments to the community post infection reviews were scheduled to start soon which would promote cross sector education and information sharing in the future. DW also explained that the Community Infection Prevention and Control team were looking to establish a systematic approach, including more robust support for GPs, in respect of community attributed clostridium difficile.

In respect of York Teaching Hospital NHS Foundation Trust DW reported that, although further embedding of good practice was required, increased assurance had led to the closure of a number of historical Serious Incidents. DW referred to the different stages of Serious Incident reporting which included de-logging of incidents that after investigation were agreed not to meet Serious Incident criteria. She advised that the CCG had offered to support York Teaching Hospital NHS Foundation Trust to report serious incidents in line with the NHS England Serious Incident Framework to reduce de-logs. DW also updated that she had welcomed an invitation to monthly meetings with York Teaching Hospital NHS Foundation Trust outside of their Serious Incident Panel process.

DW reported that she dialed into Tees, Esk and Wear Valleys NHS Foundation Trust Serious Incident Panels noting their open and transparent approach. Members commended the presentation in the report of the summary of incident findings for October to December 2016.

Discussion about Serious Incidents included confirmation from DW that discussions were ongoing with Tees, Esk and Wear Valleys NHS Foundation Trust to include assurance of ways incidental findings learning would be escalated into an action plan if recurrences were evident. Directorate specific learning was shared across the organisation in a number of ways, including newsletters and learning lunches. DW additionally explained that learning from incidental findings from a number of Serious Incidents would be reviewed in depth throughout the year.

Members noted that there had been no Never Events in quarter three at York Teaching Hospital NHS Foundation Trust relating to Vale of York Patients.

DW noted that appropriate learning and triangulation had been undertaken following the three CCG incidents relating to the Referral Support Service. RP added that these incidents had also been included in the regular Information Governance report to the Audit Committee.

Members discussed the Duty of Candour noting that the CCG held providers to account in this regard through the contractual process. In respect of York Teaching Hospital NHS Foundation Trust DW reported that an Internal Audit report had identified the need

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for culture change and improved recording. She advised that the process was being reviewed but noted improvements had been made. Yorkshire Ambulance Service compliance with the Duty of Candour was welcomed.

In respect of concerns / contacts managed by the CCG regarding wheelchair services JC reported that the Quality Team would be represented at the next meeting with prescribers and nurses to seek assurance about addressing the backlog of patients waiting to be assessed. RP additionally advised that the Executive Committee would be considering options to address the back log.

Regarding the two contacts with the CCG about prostate cancer treatment, DW explained that a commissioning statement was awaited confirming NICE compliance.

Members discussed the approaches under consideration in response to concerns raised by GPs in respect of delayed response times of 999 ambulances to Practices. AP explained that this included review of the Urgent Care Practitioner arrangements in the localities. He also noted that discussion with Yorkshire Ambulance Service included the increase from 30 minutes to 40 minutes for the lower level response times. Further discussion at the Council of Representatives was being arranged for June / July.

Following discussion of the four hour A and E performance and associated potential quality concerns for the patient, AP agreed to propose to the A and E Delivery Board that information on the whole patient journey, reported differently by organisations, be combined in a report. DW additionally noted that ward visits took place and referred to the patient safety review to seek assurance in respect of impact of 12 hour trolley waits.

AP referred to the need for consideration of GP services for the small number of violent patients in the CCG area. He would discuss this with the Local Medical Committee and with KH and CP outside the meeting.

CP referred to the adult safeguarding care homes update noting improvements at the three homes previously rated as inadequate by the Care Quality Commission. She highlighted that recruitment and retention of nursing staff was an issue for nursing homes. In respect of The Retreat, CP referred to discussion in private at the Governing Body meetings and noted that publication of the latest Care Quality Commission report was awaited. JC additionally noted that the CCG had recruited to the post of Quality Lead to support care homes and domiciliary providers and welcomed the continued meetings of Partners in Care noting that this included the Independent Care Homes Group.

JC referred to cancer performance noting work at local, regional and Sustainability and Transformation Plan level. She highlighted the lack of dermatology consultant capacity due to challenges with recruitment particularly in relation to Fast Track 2 week wait referrals for suspected cancer and the challenge in terms of sustained performance against the 62 day wait for treatment for cancer.

KR highlighted risk relating to retrospective continuing healthcare cases and requested detailed information in this regard in the next Committee report.

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The Committee:

1. Received the Quality and Patient Experience Report.
2. Noted that AP would propose to the A and E Delivery Board that information from different organisations on the whole patient experience be combined in a report.
3. Requested detailed information on risk associated with retrospective continuing healthcare cases for the June meeting.

6. Safeguarding Adults

CP presented the report which comprised information on the Partnership Commissioning Unit realignment, the March North Yorkshire Safeguarding Adults Board meeting, the North Yorkshire Safeguarding Adults Partner Self-Assessment Framework, the March meeting of the City of York Safeguarding Adults Board, NHS England Learning Disability Mortality Review Programme for Yorkshire and Humber Region, Prevent, Liberty Protection Safeguards, and changes to coroner duty to undertake inquest in Deprivation of Liberty Safeguards and other authorisations under the Mental Capacity Act 2005. The action plan to address gaps highlighted in North Yorkshire Safeguarding Adults Board partnership self-assessment framework was also included.

CP highlighted the expectation that responsibility for learning disability mortality reviews to transfer to CCGs noting that negotiation would take place with the NHS England Project Team in this regard. Members discussed the need for establishment of a multi disciplinary individual care planning approach and for information from primary care regarding people with learning disabilities. DW noted that discussions were taking place with primary care regarding improvement programmes for these patients.

CP provided clarification in relation to Deprivation of Liberty Protection Safeguards and changes from 3 April to coroner duty to undertake inquest in Deprivation of Liberty Safeguards and other authorisations under the Mental Capacity Act 2005. She confirmed that GPs and care homes had been informed of the new process.

In respect of the action plan to address gaps highlighted in North Yorkshire Safeguarding Adults Board partnership self-assessment framework CP advised that this covered North Yorkshire County Council and City of York Council and that it had been subject to a peer assessment by Tees, Esk and Wear Valleys NHS Foundation Trust.

The Committee:

Received the Safeguarding Adults report.

7. Safeguarding Children and Children in Care

KH presented the report which provided an update on: the CCG footprint's three Local Authority Safeguarding Children Boards; safeguarding children in terms of NHS England assurance, a significant incident, multi agency public protection arrangements and domestic abuse notifications; children in care regarding unaccompanied asylum seeking children, private residential settings and timeliness of health assessments;

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primary care; and the Care Quality Commission City of York Looked After Children and Safeguarding Review.

KH provided updates on a number of aspects of the report in light of information available following its circulation. KH assured members that the issues identified relating to the North Yorkshire safeguarding children case not deemed to require a Serious Case Review had been addressed and the children were in a safe place. In respect of City of York Serious Case Reviews / Learning Lessons Reviews KH explained that she was involved in the scoping of a Significant Incident Framework and that Tees, Esk and Wear Valleys NHS Foundation Trust would be represented at the set up meeting.

KH referred to Safeguarding Children information and highlighted that assurance would be provided through York Teaching Hospital NHS Foundation Trust's agreement to provide separate reports on Local Quality Requirements. In respect of multi agency public protection arrangements KH reported that a draft protocol had been developed to ensure appropriate information sharing regarding dangerous offenders. KH also noted a new process relating to domestic abuse notifications, namely that health organisations would now be informed of any domestic incident the following day.

KH noted concern about timeliness of health assessments for children in care. She noted that discussion was taking place at strategic partnership level to understand and address this challenge in the system; an update would be provided at the June meeting of the Committee. KH also reported a similar issue relating to review health assessments and referred to the ongoing concerns relating to the City of York Healthy Child Service.

In respect of the ten recommendations by the Care Quality Commission following their Children Looked After and Safeguarding Reviews across City of York Council, KH advised that five had been partially completed and work was taking place on the five relating to primary care.

KH additionally reported concerns relating to management of a recent admission of a young person to a paediatric ward at York Teaching Hospital NHS Foundation Trust. She advised that discussions were taking place in this regard.

Discussion ensued on use of cannabis and its impact on mental health problems. Members also noted that one of the findings of the recent Care Quality Commission Children and Looked After Safeguarding Review was that City of York was an outlier in terms of admissions and self harm by young people. The need for joint work with the Public Health Team and the Healthy Child Service was emphasised. JC additionally noted that Tees, Esk and Wear Valleys NHS Foundation Trust was reviewing their crisis intervention service and that a multi agency approach was required.

The Committee:

1. Noted the progress against the action plan arising from the Child A learning Review.

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2. Noted the concerns regarding timeliness of Initial Health Assessments and Review Health Assessments and agreed to receive an update report and the next meeting.
3. Agreed to receive an update at the next meeting on arrangements for information sharing in respect of multi agency public protection arrangements and domestic abuse.
4. Agreed to receive when available the final report from the City of York Council and North Yorkshire Children Looked After and Safeguarding review.

8. Key Messages to the Governing Body

The Committee:

- Reiterated concern about the restructure of the City of York Council Healthy Child Service
- Noted the ongoing realignment of the staff and functions of the Partnership Commissioning Unit
- Emphasised the need for a robust approach to reporting of Serious Incidents and Duty of Candour

The Committee:

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

9. Next meeting

9am, 8 June 2017.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 13 APRIL 2017 AND CARRIED FORWARD

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE01	20 December 2016	Quality and Patient Experience Committee Terms of Reference	<ul style="list-style-type: none"> Revised terms of reference to be presented at the next meeting Forward plan to be drafted 	RP MC	8 February 2017
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 Detailed information on risk associated with retrospective continuing healthcare cases 	AP JC	8 June 2017

**Minutes of the Quality and Patient Experience Committee Meeting held on
8 June 2017 at West Offices, York**

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Jenny Carter (JC)	Deputy Chief Nurse
Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Shaun O'Connell (SOC)	Joint Medical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Debbie Winder (DW)	Head of Quality Assurance and Maternity

In attendance

Barry Dane (BD)	Healthwatch, York
Ursula Farrington (UF)	Serious Incident Team
Sarah Fiori (SF)	Senior Quality Lead
Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Victoria Hirst (VH)	Head of Engagement
Gill Rogers (GR)	Patient Experience Officer
Ms Michèle Saidman (MS)	Executive Assistant
Jan Tuson (JT) – on behalf of Christine Pearson	Safeguarding Officer

Apologies

Christine Pearson (CP)	Designated Nurse Safeguarding Adults
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BD sought guidance in light of the practice of Healthwatch York representatives attending meetings providing a summary for circulation with the monthly bulletin to its members and partner organisations.

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.

3. Minutes of the meeting held on 13 April 2017

The minutes of the previous meeting were agreed subject to a number of amendments.

The Committee:

Approved the minutes of the meeting held on 13 April 2017 subject to a number of amendments.

4. Matters arising from the minutes

Q&PE01 Quality and Patient Experience Committee Forward Plan: MC agreed to provide a forward plan for the August Committee meeting.

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 the last meeting of the A and E Delivery Board had been cancelled therefore this had not yet been discussed. JC confirmed that the detailed information on risk associated with retrospective continuing healthcare cases was included in the Quality and Patient Experience Report at item 5.

A number of other matters were noted as agenda items, completed or ongoing.

The Committee:

Noted the updates.

5. Quality and Patient Experience Report

JC presented the report which provided an overview of the quality of services across the CCG's main providers and an update on the Quality Team's work in respect of quality improvements affecting the wider health and care economy.

JC advised that the impact of the NHS cyber attack on 12 May would be discussed at the York Teaching Hospital NHS Foundation Trust Quality and Performance Sub Contract Management Board on 13 June. Members commended the system response to the incident noting that services had been maintained and there had been no major patient safety issues.

JC referred to the request for an update on retrospective continuing healthcare cases advising that all previously un-assessed periods of care had been reviewed. However there were currently 23 Local Resolution Meetings outstanding for the CCG's patients, 22 of which were retrospective and one was from the current caseload. Members noted that delays, which posed both a financial and reputational risk, were due to lack of administrative capacity in the continuing healthcare team but welcomed commendation by the independent review panel of the team's decision making. Discussion ensued regarding capturing of patient concerns within the complaints process. In this regard AP agreed to discuss concerns about out of hours complaints outside the meeting.

JC highlighted recruitment of a Quality Lead – Primary Care who would be joining the Quality Team in September and noted that the team was providing workforce redesign

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support to a large Practice. She also referred to discussion at the Council of Representatives about the York Teaching Hospital NHS Foundation Trust district nursing workforce transformation plan, noting that the City and Vale GP Alliance was engaged in this work.

In presenting the infection and prevention control update DW advised that a system approach to reviewing cases was being developed; this was included on the 19 July Clinical Summit agenda. She noted that due to Medical Director capacity and availability their input would be by exception.

In response to BD seeking clarification on infection rate performance targets, and whether these were stretch targets, DW explained that it was accepted that a point would be reached where the rates were as low as they could be as infections can occur. Commissioners required assurance of good practice becoming embedded for infections but there was recognition that new infections would continue to emerge resulting in differing targets. She highlighted the expectation and evidence of embedded good practice would be that there would be no lapses of care identified at post infection reviews and noted her attendance at case reviews where evidence of learning was discussed. Members discussed the need for culture change, particularly as there was no longer a financial sanction, and for a system wide approach across both primary and secondary care.

Discussion of Serious Incidents reporting included clarification of the work to support York Teaching Hospital NHS Foundation Trust's reporting in line with the NHS Serious Incidents Framework which would reduce the number of incidents reported. Members noted that investigations would still take place to identify learning whilst reducing the administrative burden for the Serious Incident teams at both York Teaching Hospital NHS Foundation Trust and the CCG.

In response to KR referring to the continuing concern about York Teaching Hospital NHS Foundation Trust's compliance with the duty of candour, DW advised that this was in part attributable to the systems and process for recording this, but also to the need for culture change; Other providers demonstrated compliance with all requirements with duty of candour. DW reported on attendance at a ward accreditation visit where questioning ward staff occurred including their understanding of duty of candour, and very limited assurance had been obtained. This was an area of discussion at the Sub Contract Management Board with regular assurance being sought in this regard, and it was explained that there had been some improvement. DW agreed to provide further detail in the report to the next meeting of the Committee and also advised that a detailed action plan from an internal audit would be presented following discussion at the Contract Management Board.

MC reported on the new arrangements in respect of the Serious Incidents Team, namely NHS Vale of York CCG was hosting for NHS Harrogate and Rural District, NHS East Riding and NHS Scarborough and Ryedale CCGs.

MC explained that learning from the CCG incidents relating to the Referral Support Service would be reported to the Committee, noting that the investigation included operating procedures and highlighting the need to understand implications of hosting a service. SOC added that the five incidents – three reported in January and the two

further incidents – were in the context of the Referral Support Service receiving over 1000 referrals per week for Vale of York patients.

In respect of Maternity DW advised that recent benchmarking data from City of York Council for smoking at time of delivery indicated a need for focus on particular areas of the locality. MC referred to discussion of maternity commissioning at the Governing Body and provided an update from the Executive Committee where it had been agreed that this should be progressed in the context of the Sustainability and Transformation Plan footprint. MC emphasised that this approach would not have an impact from the patient perspective.

DW additionally reported emerging issues relating to INRstar following transfer of the anticoagulation service from secondary to primary care. Work was taking place to understand the issues from a patient perspective and to support Practice Nurses.

GR presented the patient experience information pertaining to both the CCG and other organisations. She advised that consideration was being given to incorporating complaints on Covalent to facilitate monitoring of actions and feedback. GR confirmed that systems and processes were in place for persistent contactors and noted that the themes identified from CCG related activity would inform progress relating to patient engagement.

MC advised that the report had been written prior to recent changes in the podiatry service for toe nail cutting. Concerns and complaints in this regard would be included in the next report.

AP referred to discussion at the previous Committee about violent patients and explained that the CCG had a constitutional duty to ensure all patients were registered with a GP. He provided an update on recent discussions and agreed to progress this outside the meeting noting, if appropriate, the potential for multi-agency public protection arrangements.

In respect of regulatory inspection assurance JC noted that SF's role would lead on the quality aspect of this work and that the Care Quality Commission data would inform prioritisation of the work programme. JC advised that improvements required by Tees, Esk and Wear Valleys NHS Foundation Trust were monitored via the Quality Contract Management Board and that she would represent the CCG at the newly established North Yorkshire and Humber 999 / NHS 111 Sub Regional Quality Group.

JC referred to the NHS England zero tolerance of any referral to treatment wait of more than 52 weeks and noted one breach at York Teaching Hospital NHS Foundation Trust which was reported in accordance with this requirement. She highlighted that patients waiting between 18 and 52 weeks were monitored via the Quality and Performance Sub-Contract Management Board.

With regard to cancer, JC reported that 62 day waits from first GP referral was a national concern and a high priority. NHS England had issued a 62 day cancer standard operating model and support for recovery guidance and noted the expectation of improvement by September 2017. BD sought and received clarification regarding 'improvement'.

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JC highlighted the roll out of dermatoscopes, funded by York Against Cancer, to GP Practices participating in the CCG's Dermatology Indicative Budget Scheme. SOC added that the aim was for dermatoscopes to be on all sites and explained that this standardised approach facilitated appropriate triage of patients.

JC referred to the mental health update noting that final agreement of the Tees, Esk and Wear Valleys NHS Foundation Trust action plan for Improving Access to Psychological Therapies was awaited and would be included in the next Committee report; the CCG was working with NHS England and NHS Improvement Intensive Support Team for improving dementia diagnosis rates in primary care; and long waits in Child and Adolescent Mental Health Services were a concern. Key actions to review and improve the quality of experience for children and young people were noted.

JC noted improved assurance following the transfer of members of the Partnership Commissioning Unit to the CCG.

In response to KR referring to the City of York Council Healthy Child Service MC advised that the staff consultation had ended and the CCG was now awaiting a service offer. KR requested an update at the August meeting on the service when the schools returned in September and any impact on primary and secondary care.

The Committee:

1. Received the Quality and Patient Experience Report.
2. Requested an update at the August meeting in respect of the City of York Healthy Child Service.

6. Safeguarding Adults

JT presented the report which comprised of an update on the Partnership Commissioning Unit realignment and Safeguarding Adults team noting the new arrangements would mirror those of Safeguarding Children, the NHS England Learning Disability Mortality Review programme, Prevent and care home 'verification of expected death'.

In relation to the NHS England Learning Disability Mortality Review programme, MC explained that, although numbers were currently small, there was concern about the transfer of these arrangements to CCGs, expected from April 2018. She highlighted the need for a system wide approach.

JT referred to the Prevent peer review, supported by the Home Office, which would take place in September 2017 advising that a draft multi agency action plan had been developed in support of this. A health action plan for North Yorkshire and York was also being developed and would be presented at the next meeting of the Committee.

Members noted that two York residents had been victims of the terror attack in Manchester on 22 May.

JT reported that CP was providing an overview of Prevent to the CCG's Senior Management Team on 27 June. *Post meeting note: CP's attendance at Senior Management Team was rearranged.*

Members discussed in detail concerns relating to 'verifying expected death' in care homes, including in the context of end of life care. As there was currently lack of clarity about processes for verifying death, the need for supporting guidance, and potential training for care home organisations was emphasised.

The Committee:

Received the Safeguarding Adults report.

8. Patient Stories at Committee Meetings

RP referred to discussion both at the Committee and the Governing Body about increasing the focus on patients.

VH presented the report which outlined a proposal to help strengthen the CCG's commitment to ensuring that patient, carer and the public voice was heard within the organisation by the introduction of patient stories at committee meetings. She highlighted the need for clarity of purpose, the many ways to identify and present patient stories and the need for guidelines, noting the proposed timescale.

Discussion included maximising opportunities to learn from other forums where patient stories were presented, the need to manage expectations, potential for patient stories to be relevant for a multi agency approach, and the need for a proactive approach on the part of Committee members in identifying patient stories. MC agreed to incorporate patient stories in the Committee's forward plan as discussed at item 4 above.

The Committee:

1. Agreed the proposal for a patient and carer story framework to be presented at the August meeting.
2. Agreed presentation of a patient story at the October meeting.

7. Safeguarding Children and Children in Care

KH presented the report which provided an update on: the CCG footprint's three Local Authority Safeguarding Children Boards; safeguarding children in respect of the Designated Professionals Strategic Plan and a significant incident; children in care in respect of private residential care settings and timeliness of health assessments; primary care; and the Care Quality Commission Children Looked After and Safeguarding Review.

KH referred to the Wood Review, which set out recommendations – including a revised structure of partnership working – for making local Safeguarding Children Boards more effective. She noted that detailed statutory guidance to support partnership working was expected in the autumn. In addition to providing clarification on the information relating to Safeguarding Children Boards, KH reported concerns relating to a number of

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children living in North Yorkshire but attending school in the East Riding of Yorkshire. North Yorkshire and East Riding of Yorkshire Safeguarding Children Boards were engaged in discussion about these vulnerable young people.

In respect of safeguarding children KH welcomed the agreement from York Teaching Hospital NHS Foundation Trust to provide a 'standalone' safeguarding children report against key performance indicators with effect from July and noted significant improvements in safeguarding children compliance rates for Tees, Esk and Wear Valleys NHS Foundation Trust staff working in York and Selby.

KH highlighted continuing concerns about the timelines of health assessments for children in care in City of York. She noted that this was a system issue and a plan had been agreed; progress would be reported at the next Committee meeting.

KH additionally referred to the Care Quality Commission *Review of health services for Children Looked After and Safeguarding in York*, circulated to members in confidence due to it being embargoed until the following day. She advised that the lead inspector had accepted all proposed amendments to the draft report and noted the recommendations related to areas where it would have been expected. KH was drawing together a composite action plan for submission to the Care Quality Commission and was also providing strategic governance support to York Teaching Hospital NHS Foundation Trust in this regard due to the absence of their safeguarding children lead. The action plan would be monitored via the provider governance group with CCG recommendations reported via the Quality and Patient Experience Committee. KH noted that work had already commenced on many of the recommendations for the CCG and confirmed that an engagement plan was being developed.

Detailed discussion included: explanation that the Care Quality Commission did not make recommendations to local authorities, the process for agreeing the report, the context of the ongoing concerns relating to the Healthy Child Service which was not currently registered with the Care Quality Commission, and agreement that progress on the action plan be reported to the Committee. A number of the specific recommendations were discussed including trends for hospital admissions relating to self harm. MC advised that Tees, Esk and Wear Valleys NHS Foundation Trust was making progress in this regard, including through staff training, and also noted an underlying increase nationally in patients who self harm.

KR sought and received confirmation that the report would be presented to the Governing Body and noted the potential for it also to be considered by the Health and Adult Social Care Policy and Scrutiny Committee and the Health and Wellbeing Board.

RP left the meeting

KH advised that the draft report from the Care Quality Commission North Yorkshire review of health services for children looked after and safeguarding had been delayed.

The Committee:

1. Noted the findings from the City of York Children Looked After and Safeguarding Review and agreed to receive the final CCG action plan at the next meeting.

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2. Noted the concerns regarding timeliness of Initial Health Assessments and Review Health Assessment and agreed to receive an update report at the next meeting.
3. Agreed to receive the final report from North Yorkshire Children Looked After and Safeguarding Review.
4. Noted that the Care Quality Commission *Review of health services for Children Looked After and Safeguarding in York* would be presented to the July meeting of the Governing Body.

9. Policy for the Reporting and Management of Patient Complaints

GR advised the Policy for the Reporting and Management of Patient Complaints, based on complaints regulations, was presented in line with the two year review schedule. It had also been updated to reflect recent organisational change relating to the Partnership Commissioning Unit and continuing healthcare arrangements. Once approved, the policy would be published on the CCG website.

The Committee:

Approved the Policy for the Reporting and Management of Patient Complaints.

10. Key Messages to the Governing Body

The Committee:

- Again reiterated concern about the restructure of the City of York Council Healthy Child Service
- Received the Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in York
- Noted the continuing realignment of Partnership Commissioning Unit arrangements
- Agreed that support be offered to care homes in respect of verification of death

The Committee:

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

11. Next meeting

9am, 10 August 2017. *Post meeting note: Rearranged to 3 August at 9am.*

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 8 JUNE 2017 AND CARRIED FORWARD

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE01	20 December 2016 8 June 2017	Quality and Patient Experience Committee Terms of Reference – Forward Plan	<ul style="list-style-type: none"> Forward plan to be drafted 	MC	3 August 2017
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 	AP	Ongoing
Q&PE11	8 June 2017	Quality and Patient Experience Report	<ul style="list-style-type: none"> Update at the next meeting in respect of the City of York Healthy Child Service 	MC	3 August 2017
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

Chair's Report: Primary Care Commissioning Committee

Date of Meetings	28 March and 30 May 2017
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee discussed the Personal Medical Services monies and delegated responsibility to members of the Executive Team to work with NHS England.

Following discussion of GP development of new models of care, the Committee requested a progress report at the July meeting on taking cost out of the system.

The Committee noted there would be a presentation of the Primary Care Dashboard at the July meeting.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

N/A

**Minutes of the Primary Care Co-Commissioning Committee held on
28 March 2017 at West Offices, York**

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
David Booker (DB)	Lay Member
Michelle Carrington (MC)	Executive Director of Nursing and Quality
Chris Clarke (CC)	Senior Commissioning Manager Primary Care, NHS England
Phil Mettam (PM)	Accountable Officer
Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Dr Andrew Phillips (AP)	Joint Medical Director
Stephanie Porter (SPo) - for item 12	Deputy Director – Estates and Capital Programme
Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Lorraine Boyd (LB)	GP, Council of Representatives Member
Kathleen Briers (KB)	Healthwatch York Representative
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Governing Body Member
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Shaun Macey (SM)	Head of Transformation and Delivery
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

Unless stated otherwise the above are from NHS Vale of York CCG

One member of the public was in attendance.

No questions had been submitted by members of the public.

1. Welcome and Introductions

KR welcomed everyone to the meeting.

2. Apologies

As noted above.

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

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

4. Minutes of the meeting held on 28 February 2017

The minutes of the meeting held on 28 February were agreed.

The Committee

Approved the minutes of the meeting held on 28 February 2017.

5. Matters Arising

PCC6 Primary Care Commissioning Committee Terms of Reference – Role of the Committee in the context of the Accountable Care Partnership Board: KR advised that he would discuss this with PM.

PCC8 – Protected Time for Learning: AP reported on discussion at the March meeting of the Council of Representatives advising that, other than for specific “one off” events, protected learning time had not been supported, noting that two Clinical Summits would take place during 2017/18. No formal proposal would therefore be presented to the Committee.

A number of matters were noted as agenda items.

The Committee:

Noted the updates.

6. Primary Care Commissioning Financial Report

TP presented the month 11 financial position on the CCG’s primary care commissioning areas noting that the forecast underspend remained at £1.3m as reported at the previous meeting. The report also included Practice information on the Quality and Outcomes Framework which reflected January list sizes. TP noted that JL had requested inclusion of actual and weighted list sizes which she would provide in subsequent reports.

Members discussed the Practice variation in the Quality and Outcomes Framework information. TP noted that this was high level but more detail could be provided to explain variation and give assurance on equity. An error in the heading of the Quality and Outcomes Framework table was noted in that ‘£000’ should not have been included.

TP explained the key assumptions for primary care in the 2017/18 and 2018/19 Financial Plan which were respectively £41.8m and £42.9m. KR expressed concern regarding the 0.7% list size growth applied to both years in view of discussion in other forums of planning developments.

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TP advised that potential QIPP opportunities from the national business rates exercise had not been included in the Operating Plan emphasising the CCG's intent to invest in primary care. Budgets would be realigned in light of this exercise.

PM commented on the 2016/17 forecast underspend on the primary care budget in the context of the CCG's c£15m overspend on the acute sector. In response to clarification sought he advised that the underspend would be included in the CCG's 2017/18 bottom line figure.

PM highlighted the locality developments and work on new models of care with a focus on specific conditions in the localities, noting that CCG support would be required. He agreed to provide a report to the next meeting of the Committee to give assurance that there would be capacity for the detailed work required.

PM referred to the request from the Local Medical Committee for a new Local Enhanced Service included in agenda item 8. He noted that the CCG's two year Operational Plan did not include additional resource allocation to General Practice or Local Enhanced Services in 2017/18 and proposed an overall review of these services in the context of the variance between acute and primary care spend.

In response to DB referring to the forecast underspend, the identified need for capacity and the information needs of the developing accountable care system, PM advised that information on individual pressures and Practice needs from the CCG's programme of visits were recorded. He proposed that this be consolidated in to a report for consideration by the Committee to identify management and clinical capacity support in 2017/18; AP agreed to lead on this work.

CC noted that NHS England's view was that, although the year end Quality and Outcomes Framework information was not yet available, there were no major outliers in the CCG in this regard.

The Committee:

1. Received the primary care commissioning financial report.
 2. Noted that a report would be provided for the next meeting on CCG support for General Practice in development of new models of care.
 3. Requested a consolidated report from Practice visits to identify management and clinical support needs.
- 7. Update on CCG responsibility for Quality in primary care following full delegation of commissioning**

MC referred to the report which described the RASCI matrix model - Responsible, Accountable, Supporting, Consulted and Informed - for quality in primary care and provided an update on various aspects of quality. She noted that complaints about performance of Doctors were made directly to NHS England.

In respect of professional development for Practice Nurses MC explained that the CCG's role was not one of direct line management but of support. She noted that assurance would be sought regarding such as revalidation and that, as with all

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providers, the CCG would expect to be informed of any issues that would impact on commissioning or significant patient safety issues.

Regarding complaints to the CCG about primary care MC explained that a local resolution was sought unless escalation to NHS England was required. Complainants were encouraged to write directly to the GP Practice in question where appropriate.

DB additionally noted the role of the Audit Committee which received regular reports on areas including security, fraud and complaints.

The Committee:

Received the update on responsibilities for elements of quality following full delegation of primary care commissioning.

8. Personal Medical Services Monies 2017/18

TP referred to the principles for reinvestment of the Personal Medical Services (PMS) funding during 2017/18, agreed at the previous meeting of the Committee. She noted that the two proposals – General Practice engagement in the development of an accountable care system for the Vale of York population and use of PMS monies to sustain the amber drugs near patient testing shared care local enhanced service for NHS Vale of York CCG Practices – both met the principles. These had been discussed at the Council of Representatives and on a subsequent teleconference which had included representatives from each of the three localities and JL. The total available for investment from 1 April 2017 was £316,656.50 comprising £223,237 for 2017/18 plus £93,419.50 carried forward due to an underspend of PMS reinvestment monies in General Practice during 2016/17.

Discussion of the amber drugs near patient testing shared care local enhanced service included recognition that the £40k requested was an estimate; work was already taking place to address the shared care commissioning gap; and the potential for the CCG to be an outlier in other local enhanced services therefore requiring further investment. TP advised that the financial consequences of a review of local enhanced services were not in the Financial Plan and would be considered by the Executive Committee in the same way as all cost pressures.

Members noted that the NIMBUS group of Practices favoured the PMS monies being utilised for General Practice engagement in development of an accountable care system. The need for CCG support in this regard for the North and South localities was also highlighted.

Following further discussion and clarification it was agreed that an amount between £90,000 and £100,000 of the £316,656.50, to be agreed by the Executive Committee, be ringfenced for an overall review of local enhanced services to be completed no later than the end of quarter one of 2017/18. The remainder would be allocated based on weighted Practice size to support General Practice engagement in the development of an accountable care system.

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The Committee:

1. Agreed ringfencing of between £90,000 and £100,000 of the £316,656.50 PMS monies, amount to be agreed by the Executive Committee, for an overall review of local enhanced services.
2. Agreed that the remaining monies be allocated based on weighted Practice size to support General Practice engagement in the development of an accountable care system.

9. Accountable Care System Update

PM reported that the Accountable Care System Partnership Board had held its first meeting and all three localities had been represented. Discussion had included pressures on Practices and the financial climate for General Practice. The representatives had confirmed they would continue to engage in the development of the accountable care system but had highlighted the limited capacity and resources for backfill. PM referred to the earlier discussion in this regard.

PM also referred to the Committee's terms of reference which included up to two GPs from each locality. He would discuss this with Rachel Potts (RP), Executive Director of Planning and Governance, noting that, even if attendance at the Committee was not possible, named representatives from each locality would be able to provide a view and therefore enhance engagement.

The Committee:

1. Noted the update.
2. Noted that PM would progress representation of up to two GPs from each locality on the Committee with RP.

10. Update on Proposal for Practices where there is variation between cost and need

AP referred to the information in the Medium Term Financial Strategy which compared Practice information in terms of acute need against spend per head highlighting Haxby Group Practice, York Medical Group and Unity Health as outliers. He explained that detailed work was taking place with York Medical Group to understand the data and inform future work.

TP reported on an internal CCG meeting to consider the York Medical Group data and advised that a Practice meeting was being arranged by early May to consider three main areas:

- Practice level spend on acute services
- Geography of the area covered by the Practice for which SM had a tool
- Age profiles of material difference

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TP noted that the information gained would be shared with Practices and inform development of the out of hospital work programme.

Members welcomed the assurance that the work would be undertaken as a holistic approach, not purely for consideration of financial aspects, and that attendance at a regular York Medical Group Practice meeting was being sought to ensure maximum engagement.

The Committee:

Noted the update and approach to progress understanding of Practice variation.

SPo joined the meeting

11. Deployment of General Practice Forward View £3 per Head

TP referred to the report which sought approval of the proposed programme of work against the '£3 per head' funding in accordance with the requirements of the NHS Operational Planning and Contracting Guidance 2017/19 and General Practice Forward View. The proposal, which resulted from a number of discussions with the Council of Representatives, was for development of Primary Care Teams (potentially comprising GPs, advanced practitioners, care coordinators, clinical pharmacists and consultant outreach) to provide targeted support for the increasing population of elderly frail patients often with multiple morbidities. This would link with work around agreed locality footprints to develop population health management models.

AP explained the proposal in the context of the CCG's acute spend noting support in principle from General Practice. He also advised that a number of areas of evidence reinforced benefits of working with the frail elderly emphasising the need for a system approach. MC highlighted ongoing work in this area noting that clarity was required as to whether the proposal was a new model of care or supported existing schemes.

PM referred to the complex governance requirements in the context of the CCG's challenging financial position. He also referred to discussion, noting NHS England's attendance, at the Finance and Performance Committee where there was emphasis that any resources released were required to demonstrate return. DB, as Chair of that Committee, highlighted that the Finance and Performance Committee's paramount role was to oversee the financial recovery of the CCG operating under legal Directions. He also noted the expectation that investment of the £3 per head would require measurable quality and innovation.

Members supported in principle investment of the £3 per head in General Practice on the basis that the proposed scheme would help to manage demand in Practices, release time for clinicians to engage in care redesign and transformational programmes of work, and contribute towards a reduction in unplanned hospital activity and spend. They requested that the Executive Committee consider release of the resource for this investment within the context and constraints of the Financial

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Plan and also noted the context of the Better Care Fund, requesting that the Committee be updated on the decision.

The Committee:

1. Supported investment of the £3 per head funding to support the development of Primary Care Teams - to work around agreed locality footprints to develop population health management models - to provide targeted support for the increasing population of elderly frail patients often with multiple morbidities.
2. Requested that the Executive Committee consider the release of resource, within the context and constraints of the Financial Plan, to fund this investment in General Practice which was in accordance with the NHS Operational Planning and Contracting Guidance 2017/2019, and the General Practice Forward View.

12. Estates Overview

SPo explained that 2017/18 was the third year of the four year Estates and Technology Transformation Fund. NHS England required a response as to whether the current 12 bids and the associated revenue impacts were still supported. She sought members' views on an alternative approach of considering estate requirements in the context of the CCG's strategic objectives and committing to support a smaller number of priority schemes. TP referred to the areas that required consideration highlighted in the report and emphasised the need for a transparent approach to decision making with full recognition of the impact of revenue consequences. She also referred to the earlier discussion of Practice list sizes and risk of closure.

Of the top prioritised bids, the top three had not received support from NHS England for early funds and two areas never submitted bids, so a strategic discussion about primary care infrastructure was required and the way in which available funding could be used within the constraints of affordability. Discussion ensued on the bids and respective issues relating to Tollerton Surgery and Millfield Surgery as an example. Tollerton had a bid against the Estates and Technology Transformation Fund, but Easingwold did not. The area as a whole would be subject to housing growth which would impact on the primary care provision. The CCG would need to determine if it continued with a small scale scheme at Tollerton only or if there was a wider strategic discussion to be had about a single transformational scheme for the area as a whole, with other health partners. CC advised that NHS England was more likely to support schemes which were ambitious and transformational.

SPo highlighted the Sherburn area as another example of known growth in an area where the Practice did not submit a bid, and referenced the developer proposal to keep the revenue figures for the Sherburn Group Practice and South Milford Surgery neutral for the abatement period of 15 years for a proposed new build, but this was dependent on a £1.5m capital grant. The CCG therefore needed to consider

discussing with NHS England a refresh of the Estates and Technology Transformation Fund bids and the prioritisation from the CCG alongside affordability. All schemes needed to be affordable and deliverable and, as always, the CCG needed to understand simple to deliver schemes, which helped capacity in the system but did little to affect major significant strategic change, against the more complex scheme, which would take greater internal resources to develop, but would affect the strategic change required to support the CCG's wider objectives.

In response to DB referring to capacity required to deliver schemes and the strategic locality approach TP referred to the uplift reported at item 6 above. She also reiterated that NHS England was more likely to support CCG submissions that were ambitious and transformational rather than smaller bids and noted that delivery would potentially enable access to future funding. The requirement for discussion with Practices who had submitted smaller bids was recognised.

SPo advised that, in order to access the Estates and Technology Transformation Fund, NHS England required bids within four weeks but with early indication that reprioritisation was taking place. CC confirmed that he would liaise with SPo.

PM highlighted a number of factors including population growth, development of localities, new models of care and transferring costs from hospital to the community. Following discussion, and in order to gain the best possible consensus from both the financial and strategic perspective in the timescale, it was agreed that further discussion should take place at the April meeting of the Executive Committee to which KR, DB and SP would be invited. It was also agreed that SM be asked to draft a set of principles to inform consideration and decision making.

KR requested that future estates reports include an additional column to denote financial responsibility on the part of the CCG, the relevant GP Practice, NHS England or the Local Authority.

Members requested an update on progress at the May meeting of the Primary Care Commissioning Committee.

The Committee:

1. Agreed that further consideration would be given to the CCG's approach to bids to the final two years of the Estates and Technology Transformation Fund at the April meeting of the Executive Committee with an update at the May Primary Care Commissioning Committee.
2. Requested that future estates reports include an additional column denoting organisational financial responsibility.

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13. NHS England Update

CC referred to the report which provided an update on clinical pharmacists in General Practice; new GP contract for 2017/18; Estates and Technology Transformation Fund; and an Enhanced Service. The latter related to a financial settlement concerning patients being given an incorrect cardiovascular risk score due to software code mapping errors and was in recognition of the additional work this had caused GP Practices.

Members discussed clinical pharmacists in General Practice. DB additionally noted discussion at the Audit Committee relating to long term repeat prescriptions highlighting the potential for savings opportunities in this regard through working with pharmacists. This would be progressed via Dr Shaun O'Connell, Joint Medical Director, and Laura Angus, Lead Pharmacist.

The Committee:

1. Noted the updates.
2. Noted the changes to the GP Contract for 2017/18.

16. Next meeting

9.30am on 30 May 2017.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 28 MARCH 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC4	2 June 2016	Development of a Primary Care Dashboard	<ul style="list-style-type: none"> • Draft dashboard to be presented at the July Committee meeting • Deferred to next meeting • Deferred to next meeting • Example to be presented at the next meeting 	MC/NL	12 July 2016
	20 December 2016			MC	28 February 2017
	28 February 2017			MC	28 March 2017
	28 March 2017			MC	30 May 2017
PCC6	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 • KR to discuss with PM 	SM	
	28 March 2017			KR/PM	

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Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC12	28 February 2017	South Milford Surgery and Tadcaster Proposals to move to Leeds North CCG	<ul style="list-style-type: none"> Discussion to take place with South Milford Surgery and Tadcaster Medical Centre regarding their expressions of interest to move to Leeds North CCG and the views of Leeds North CCG also to be sought 	SM	30 April 2017
PCC14	28 March 2017	Primary Care Commissioning Financial Report	<ul style="list-style-type: none"> Report on CCG support for General Practice in development of new models of care. Report on management and clinical support for Practices 	PM AP	30 May 2017 30 May 2017
PC15	28 March 2017	Accountable Care System Update	<ul style="list-style-type: none"> Representation of up to two GPs from each locality to be progressed 	PM	
PC16	28 March 2017	Estates Overview	<ul style="list-style-type: none"> CCG's approach to bids to the final two years of the Estates and Technology Transformation Fund to be considered at the April meeting of the Executive Committee with an update at the May Primary Care Commissioning Committee. 	PM/TP	19 April 2017 and 30 May 2017

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**Minutes of the Primary Care Co-Commissioning Committee held on
30 May 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
Chris Clarke (CC)	Senior Commissioning Manager Primary Care, NHS England
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 David Hartley (DH) – part	GP, Council of Representatives Member
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Tim Maycock (TM) for item 10	Clinical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Lorraine Boyd (LB)	GP, Council of Representatives Member
Sharon Stolz (SS)	Director of Public Health, City of York Council.

Unless stated otherwise the above are from NHS Vale of York CCG

There were no members of the public in attendance and no questions had been submitted by members of the public.

The agenda was considered in the following order.

1. Welcome and Introductions

KR welcomed everyone to the meeting noting attendance from NHS England of David Iley (DI), Primary Care Assistant Contracts Manager, and Heather Marsh (HM), Head of Locality Programmes.

2. Apologies

As noted above.

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

DH declared a direct pecuniary interest in respect of items 6 and 7. JL declared a direct pecuniary interest in respect of item 7 and in item 6 during the discussion. All other declarations of interests in relation to the business of the meeting were as per the Register of Interests.

4. Minutes of the meeting held on 28 March 2017

The minutes of the meeting held on 28 March were agreed subject to amendment on page 7 item 8 to read under the first Committee resolution:

‘... ringfencing of between £90,000 and £100,000 of the £316.656.50...’

The Committee

Approved the minutes of the meeting held on 28 March 2017 subject to the above amendment.

5. Matters Arising

PCC6 Primary Care Commissioning Committee Terms of Reference – Role of the Committee in the context of the Accountable Care Partnership Board: KR advised that this was ongoing.

PCC12 South Milford Surgery and Tadcaster Proposals to move to Leeds North CCG: SM advised that there were no further developments to report.

PCC14 Primary Care Commissioning Financial Report – Management and clinical support for Practices: AP referred to the report on Practice visits at agenda item 10 and noted support would also be provided via the NHS England primary care support to the CCG.

PCC15 Accountable Care System Update: At the May meeting of the Council of Representatives DH, Dr Paula Evans and Dr Lesley Godfrey had agreed to attend the Committee on a rotation basis, along with LB & JL. JL noted that he was also seeking representation from the South Locality.

PCC16 Estates Overview: SM reported that, following discussion at the Executive Committee, the CCG’s prioritised bids had been submitted to NHS England. He referred to the report at agenda item 11 in this regard.

A number of matters were noted as agenda items.

The Committee:

Noted the updates.

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7. Personal Medical Services Monies 2017/18 Update

TP referred to the decisions at the Committee's March meeting regarding Personal Medical Services monies for 2017/18 and reported that a number of GPs at the May meeting of the Council of Representatives had requested the proposed principles for reinvestment be reviewed. She noted that, following the agreed review of Local Enhanced Services, DI and HM from NHS England were providing primary care expertise to support prioritisation of schemes; JL was also involved. The results would be reported to the Committee.

Members sought and received clarification on potential alternative contracting arrangements for Local Enhanced Services, including potential contracting through the localities.

JL referred to his declaration of interest in this item as a GP in General Practice who would receive benefit from payment. He noted that, in addition to amber drugs for psychotropic medication as discussed at the previous Committee, resources for other listed psychotropic drugs to support shared care would be welcomed. MC supported prioritisation of psychotropic drugs which would benefit patients in terms of waiting times and DH requested that all mental health drugs be prioritised to improve patient flow.

In response to TP advising that the prioritisation work had begun and that money could be backdated to 1 April 2017, PM proposed that the review of Local Enhanced Services be expedited by delegation to TP, MC and SM to work with JL and DI. They would agree criteria and prioritise the Local Enhanced Services scheme providing a retrospective report to the July meeting of the Committee and keeping members informed of progress between meetings.

JL sought clarification as to whether Enhanced Services in general would receive an uplift in year. TP explained that the CCG's financial plan included an uplift for demographics but not for price. The latter may follow as a result of the review and prioritisation in the event of the CCG being an outlier in terms of payment levels. DH expressed concern from a Practice perspective that no inflationary uplift in real terms had the impact of a reduction. He also noted workforce pressures.

PM requested that the review of Local Enhanced Services include comparison with other areas to identify whether the CCG was an outlier in terms of price and uplift. He noted that, in addition to a report to the July meeting and the electronic updates to members referred to above, he would include an update in his regular report to the Governing Body on 13 July.

SM referred to the revised proposal for the £223,237 of Personal Medical Services to be allocated to support the development of locality working arrangements in 2017/18 noting these had been developed in discussion with the Chair and Deputy Chair of the Council of Representatives:

- i) Costs to support GP attendance at locality meetings. Practices would be asked to calculate the costs of GP attendance at Accountable Care System and locality board meetings across the full 2017/18 financial year. This

amount would be ringfenced to support GP attendance and engagement at these meetings. Payment would be made monthly to Practices based on attendance numbers.

- ii) Funding to support a GP lead in each of the localities who would work across their locality to develop the programme of work and secure engagement with each locality's constituent Practices to develop their sustainability and manage demand. This would involve meeting with Practices, other system Partners, and working with CCG teams to support the delivery of the priorities as described in section 1. GP leads for each locality would be expected to report back to the Accountable Care System and locality boards on progress and any learning that could be shared. The Committee was being asked to approve funding on the basis that the North and South localities should each release a GP for one session per week, and the Central locality should release two sessions of GP time per week to support this work. A total of 208 sessions per year at a locum backfill rate of £300 per session would equate to approximately £62,500 per year.
- iii) It was suggested that any remaining funding, after deducting the amounts in sections i) and ii) above should be offered through localities to support constituent Practices in the management of demand. This could cover a range of projects across individual or groups of Practices, including meetings to share learning and to develop collaborative ways of working. A short 'plan-on-a-page' approach would be used to capture proposed plans and ensure alignment with the agreed principles.

In respect of (iii) DH noted that a number of members of the Council of Representatives had expressed the view that the remaining funding should support workforce. TP advised that Dr Paula Evans, Chair of the Council of Representatives had reported that the North and South localities supported the proposal as described above.

Discussion included the need for assurance that the principles and previous lessons learnt were supported by all Practices, whether there was potential for innovation to improve patient care, and the key role of an outcomes based approach. TP emphasised that the CCG's existing processes would be utilised to ensure an audit trail and noted that the agreement being sought was for 2017/18 only. SM advised that other funding would be available in future years and that the CCG would work with GP leads and Practices on collaborative and innovative approaches.

The Committee:

1. In respect of the ringfenced £93,419.50 delegated responsibility for the review and prioritisation of Local Enhanced Services to TP, MC and SM to work with NHS England with immediate effect.
2. Requested a report on prioritisation of Local Enhanced Services, including where the CCG was an outlier in terms of price and uplift, to the next meeting.
3. Agreed the revised proposal for 2017/18 Personal Medical Services monies as detailed above.

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9. CCG Support for General Practice in Development of New Models of Care

PM referred to the previous agenda item which would provide the resource for Practices to participate in the locality meetings and the Accountable Care System Partnership Board. He noted that the locality groups were meeting on a regular basis and that forthcoming discussion would focus on reducing acute care costs in a way that did not create disproportionate work for General Practice but fulfilled the NHS England requirements.

PM explained that the Accountable Care System Partnership Board provided a structure to bring together the discussions. He noted that the three localities had differing priorities, dependent on local pressures, but the same aim of delivering outcomes and efficiencies to take cost out of the system. PM proposed that a progress report, including risks and associated mitigation, be presented at the July Committee meeting.

The Committee:

1. Noted the update.
2. Requested a progress report on taking cost out of the system for the July meeting.

6. Primary Care Commissioning Financial Report

TP presented the report which provided information on financial performance of primary care commissioning as at month 12 of 2016/17 and financial plans for 2017/18 and 2018/19. She explained in respect of the former that the £1.4m underspend related mainly to the rent rebates, as discussed at the previous meeting of the Committee, and noted with regard to the latter that the overall CCG financial plan had not yet been approved by NHS England.

DH and JL described issues for Practices due to delays in notional rent reviews and increases in rent. CC advised that work was taking place to align District Valuer and NHS Property rent review timescales. He agreed to look into the concerns expressed and report back to TP before the next Committee meeting.

JL declared an interest and sought and received confirmation from TP that the information relating to General Medical Services expenditure should read that it was based on weighted, not actual, list sizes per capita.

TP referred to the Quality and Outcomes Framework information within the report and sought members' views on its future inclusion and presentation. She highlighted 100%, or near 100%, achievement of the points by a number of Practices in 2015/16 and posed a question about whether there should be a level of expectation.

Discussion included the need to triangulate detailed information to understand the Quality and Outcomes Framework, its historic context, and request for inclusion of an explanatory appendix of services provided through Quality and Outcomes Framework achievement. PM noted the potential for locality based consideration and the need to focus on ensuring sustained General Practice.

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DH left the meeting

TP proposed that a working group comprising GPs and members of the Finance and Contracting Team develop a proposal for reporting Quality and Outcomes Framework information. KB's offer of support from Healthwatch was welcomed.

The Committee:

1. Received the primary care commissioning financial report.
2. Noted that CC would look into concerns about delays in Practice notional rent reviews and report back to TP.
3. Agreed that a working group develop a proposal in respect of reporting Quality and Outcomes Framework information.

8. Primary Care Dashboard: Update on Progress

MC referred to the report which provided an update on development of a primary care quality dashboard. She noted that, although progress was delayed which was multifactorial including slower than anticipated development of the Dr Foster tool, this was in the overall context of all Practices being rated as "Good" by the Care Quality Commission.

In response to SP referring to the Limited Assurance Internal Audit Report on Primary Care Commissioning (Quality), MC reported on discussion with the Council of Representatives in respect of quality indicators, proposed a single primary care dashboard for presentation at appropriate committees, and confirmed that a primary care dashboard would be available for the July meeting but that its refinement would be ongoing. MC noted that the dashboard would include additional performance data so it gave a more complete quality and performance picture.

SM reported on discussion with a software company that was working with NHS England. They were piloting software for operational data for General Practice and had offered to work with a number of Practices on a 12 month pilot, free of charge, to manage demand. Practices would need to consent to data sharing and the commissioner would receive anonymised information. SM noted that, if this proved of benefit, consideration could be given to purchasing the software which was currently only available to EMIS Practices though discussion was taking place about extending it to SystemOne.

Members sought and received assurance that lessons were being learnt from other CCGs but noted reliance on analytical data.

The Committee:

1. Noted that a Primary Care Dashboard would be presented at the July meeting.
2. Noted the potential for a 12 month software pilot with a number of Practices.

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TM joined the meeting

10. General Practice Visits – Summary to April 2017

TM presented the summary report from Practice visits by members of the CCG team. The information would inform how the CCG took actions to support and resource the strengthening and sustainability of General Practice, to address any concerns or issues by Practice staff, and to inform CCG policy going forward. The main themes related to workforce and workload, skill mix, Practice resilience, premises and estates, impact of other commissioned services, support from the CCG and technology.

Members welcomed the report, sought and received clarification on a number of the themes, and requested a further report to the next meeting, including a matrix of the issues, proposed next steps, resource implications and expected outcomes. Detailed discussion ensued which included the context of locality working, recognition that workforce was a concern both locally and nationally with appointment times and the requirement for 8am to 8pm working being highlighted, and the need for reduced bureaucracy for Practices particularly in relation to the Referral Support Service. SM noted that investment of resilience funding, expected from NHS England to support Practices, would be prioritised following review of identified issues. AP advised that the Practices visits would continue in the context of both an individual and locality basis.

PM highlighted the need for the report requested to inform development of a business model within localities to begin to address workforce and demand issues and to create sustainable General Practice. He referred to the financial challenge across the system and the need for a change in approach working through the Council of Representatives and the Primary Care Commissioning Committee whilst ensuring the CCG's governance requirements were met.

JL welcomed the report and highlighted that there were a number of areas where "quick wins" could be implemented. He noted he had proposed establishment of a small working group comprising representatives of the CCG and the Local Medical Committee to progress work relating to aspects of the Referral Support Service. JL also referred to discussion at the Community Nursing Workforce presentation at the Council of Representatives welcoming the engagement with primary care and MC noted the joint working in this regard on a generic approach to community nursing.

The Committee:

1. Received the summary report of visits to General Practice to April 2017.
2. Requested a further report for the next meeting.

11. NHS England Update

CC referred to the report which provided an update on Clinical Pharmacists in General Practice, Personal Medical Services /Alternative Provider Medical Services uplift for 2017/18, Estates and Technology Transformation Fund, and Sickness and

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Parental Leave Protocol. Members sought and received clarification on a number of aspects of the report. In relation to Clinical Pharmacists in General Practice CC noted that further detail would be provided in the next report.

The Committee:

Noted the updates.

12. Next meeting

9.30am on 25 July 2017.


NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 30 MAY 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC6	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 	
PCC12	28 February 2017	South Milford Surgery and Tadcaster Proposals to move to Leeds North CCG	<ul style="list-style-type: none"> Discussion to take place with South Milford Surgery and Tadcaster Medical Centre regarding their expressions of interest to move to Leeds North CCG and the views of Leeds North CCG also to be sought 	SM	30 April 2017
	30 May 2017				
PCC15	28 March 2017	Accountable Care System Update	<ul style="list-style-type: none"> Representation of up to two GPs from each locality to be progressed 	PM	Ongoing
PCC17	30 May 2017	Personal Medical Services Monies 2017/18 Update	<ul style="list-style-type: none"> Report on prioritisation of Local Enhanced Services 	TP	25 July 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC18	30 May 2017	CCG Support for General Practice in Development of New Models of Care	<ul style="list-style-type: none"> Progress report on taking cost out of the system 	TP	25 July 2017
PCC19	30 May 2017	Primary Care Commissioning Financial Report	<ul style="list-style-type: none"> Concerns about delays in Practice notional rent reviews to be looked into and reported back to TP 	CC	Before July meeting
PCC20	30 May 2017	Primary Care Commissioning Financial Report	<ul style="list-style-type: none"> Working group to be established to develop a proposal in respect of reporting Quality and Outcomes Framework information 	TP	25 July 2017
PCC21	30 May 2017	General Practice Visits – Summary to April 2017	<ul style="list-style-type: none"> Further report to include a matrix of the issues, proposed next steps, resource implications and expected outcomes 	SM	25 July 2017

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Item Number: 21	
Name of Presenter: Dr Shaun O'Connell	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 13 July 2017	
Report Title - Medicines Commissioning Committee Recommendations	
Purpose of Report For Information	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee (March, April and May 2017).	
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 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 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

Recommendations from York and Scarborough Medicines Commissioning Committee March 2017

Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
TA433: Apremilast for treating active psoriatic arthritis.		<p>Comments from YFT Rheumatology department indicate that they would plan to use this agent in accordance with NICE guidance and that most physicians would use after a trial of one anti-TNF agent if not contraindicated.</p> <p>Whilst approximate numbers are hard to gauge, they expect it to reflect a similar picture to Ustekinumab, so about one patient every two months as a maximum.</p>	Red	<p>This agent must be provided with the discount agreed via the PAS scheme. This discount is confidential. MCC asked YFT for further details relating to the cost impact of this agent but were minded to approve the addition to the formulary as per the TA.</p>
Botulinum toxin A (various brands) indicated for the temporary improvement in facial lines when the severity of these lines has an important psychological impact for the patient		<p>MCC assessed this agent for this indication and agreed that this was not a cost-effective use of NHS resources, and that it should be assigned a Black status. Whilst it was recognised that this treatment is effective in the temporary reduction of facial lines, it was also noted that facial lines are part of the aging process. Funding this treatment for people with facial lines would require additional expenditure and as the Y&S CCGs are facing considerable funding pressures, it was concluded that additional funding for this population was not currently a priority</p>	Black	Nil
Change in RAG status of fidaxomicin from Red (restricted) to Amber microbiologist recommendation, for treatment of C.diff which is unresponsive to vancomycin and metronidazole		<p>This change would enable prescribing in primary care and prevent unnecessary hospital admissions or clinic visits to obtain the drug. The high cost of the drug was noted (£1350 per course ex. VAT) but it was considered that the restriction to use it only when recommended by microbiology would ensure judicious prescribing, with estimated patient numbers of 1 or 2 per year. No safety concerns were identified that would require the drug to have a Red RAG status.</p>	Amber (microbiologist recommendation)	£1350 to £2700 per year

Recommendations from York and Scarborough Medicines Commissioning Committee April 2017

Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
TA433: Apremilast for treating active psoriatic arthritis.		Comments from YFT Rheumatology department indicate that they would plan to use this agent in accordance with NICE guidance and that most physicians would use after a trial of one anti-TNF agent if not contraindicated.	Red	This was approved in March 2017. Patient numbers = low usage ~1 every two months. Costs = £5610 per patient per year. A PAS scheme is in place. Commissioners should request further details on this from YFT.
TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer		NHS England Commissioned Cetuximab and panitumumab are recommended as a treatment option for their licensed indications and provided a PAS scheme is in place.	Red and link added to formulary	No cost impact for CCGs. NHS England Commissioner. No significant cost impact is anticipated as a further treatment option and is expected to be similarly priced to other treatment
Nefopam 30mg tablets for pain		Nefopam prescribing has increased substantially in the region. Generic versions of nefopam are almost 6x more expensive than the previous brand (which has been discontinued). There is very little to justify the use of nefopam over other more commonly used non-opioid analgesics.	Black	Cost saving: £54,698 was spent in York CCG on nefopam tablets between January and December 2016.
Fulvestrant – a re-application was received to use fulvestrant for the treatment of oestrogen-receptor positive metastatic or locally advanced breast cancer in postmenopausal women in whom disease progresses or relapses while on, or after, other anti-oestrogen therapy.		It was noted that the new data is in treatment naïve patients and not in the population in which the original application was made. Fulvestrant was not recommended for use in NICE TA 239 and this decision still stands as the new evidence wouldn't change the NICE recommendation. NICE will be reviewing use in treatment naïve patients – this is scheduled to be issued in February 2018.	Black	No cost impact as not approved.
York and Scarborough MCC Asthma pathway.		The group approved the asthma pathway following some minor formatting changes.	Green – already in formulary	The pathway is based on BTS guidance and includes products already included

		within the formulary. No further cost impact is expected. A cost effective approach to asthma treatments may offer some cost savings although this is difficult to quantify.
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Recommendations from York and Scarborough Medicines Commissioning Committee May 2017

Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
TA440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine		Pegylated liposomal irinotecan, in combination with 5-fluorouracil and leucovorin, is not recommended , within its marketing authorisation, for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy.	Already assigned Black and link added to formulary	None as not recommended.
TA441 Daclizumab for treating relapsing-remitting multiple sclerosis		<p>NHS England commissioned</p> <p>Daclizumab is recommended as an option for treating multiple sclerosis in adults, only if:</p> <ul style="list-style-type: none"> the person has active relapsing–remitting multiple sclerosis previously treated with disease-modifying therapy, or rapidly evolving severe relapsing–remitting multiple sclerosis (that is, at least 2 relapses in the previous year and at least 1 gadolinium-enhancing lesion at baseline MRI) and alemtuzumab is contraindicated or otherwise unsuitable and the company provides the drug with the discount agreed in the patient access scheme. 	Red	No cost impact to CCGs as NHS England commissioned.
TA443 Obeticholic acid for treating primary biliary cholangitis		<p>NHS England commissioned</p> <p>Obeticholic acid is recommended, within its marketing authorisation, as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. Obeticholic acid is recommended only if the company provides it with the discount agreed in the patient access scheme.</p>	Red	No cost impact to CCGs as NHS England commissioned.
York and Scarborough merged COPD Pathway		The pathway was approved following some minor formatting adjustments.	N/A	There were no significant differences in agent choice or pathway between the two separate pathways previously in use.
Removal of Grey and non-formulary categories from the formulary		The group considered that the Grey category (no formal commissioning position) particularly used for new NICE TAs may not always be helpful given the well-established RAG system which prescribers are familiar with and there is a risk of appearing	N/A	N/A

	<p>non-compliant with NICE TAs if this status is not amended within 3 months. It was also considered that having a designated non-formulary section would require that all drugs are covered by the formulary which was deemed impractical and defeats the purpose of the formulary.</p> <p>It was agreed that instead of having the Grey category, the inclusion of new NICE TAs to the formulary should be delayed until they have been considered and a RAG status agreed by MCC. Also, any drugs that are not a formulary choice or unsuitable for Black list inclusion would simply not be included in the formulary. If the MMT notice an increased frequency of requests for drugs not included in the formulary, this should be highlighted to MCC for review.</p>		
<p>Paroxetine for depression – review of formulary status following removal of non-formulary category. Currently non-formulary Green for continuation only.</p>	<p>Following removal of the non-formulary category, the group approved paroxetine to be included as a formulary drug, annotated with “continuation only”, and retaining its Green status.</p>	<p>Green</p>	<p>None expected as continuation only restriction still applies.</p>
<p>Desmopressin 25/50 mcg oral lyophilisate (Noqdirna®) for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria</p>	<p>This product was approved for addition to the formulary with an Amber Specialist Recommendation status. It is the first licensed treatment for this indication. A higher strength desmopressin preparation (100 mcg) has been used but is off-label for this indication. As a licensed product Noqdirna would be preferable to off-label use of other medicines.</p> <p>NICE guideline on management of LUTS in men (updated June 2015) states <i>“Consider offering oral desmopressin to men with nocturnal polyuria if other medical causes have been excluded and they have not benefited from other treatments.”</i> This refers to off-label use of desmopressin as the guideline predates the launch of the licensed product. The urology team confirmed low dose desmopressin would be included as a treatment option for nocturnal polyuria in the RSS pathway for LUTS in men, alongside late afternoon loop diuretic.</p>	<p>Amber Specialist Recommendation</p>	<p>YFT urology directorate estimate a maximum of 20 patients per year to be treated in primary care. Other directorates may rarely prescribe for inpatients.</p> <p>Comparative annual drug costs:</p> <p>Noqdirna 25 to 50 mcg daily costs £181.92 per year per patient. Total cost per year for 20 patients = £3638.40</p> <p>A 50 mcg dose using off-label desmopressin 100 mcg tablets which are scored would cost £126.18 per year per patient. Total cost per year for 20 patients = £2523.60</p>

<p>Fast-acting insulin aspart (Fiasp®) for treatment of diabetes mellitus in adults.</p>	<p>Fiasp was not approved for addition to the formulary at this time and a Black status was assigned on the basis that:</p> <ul style="list-style-type: none"> • There is a lack of clear evidence of significant benefit from Fiasp over NovoRapid • Fiasp has Black Triangle status and more established treatments with greater clinical experience are generally preferred • Considering the approaching patent expiry of NovoRapid in June 2017, there could potentially be missed opportunities for efficiency savings if a biosimilar becomes available in the near future and patients have already been transferred to, or started on Fiasp, and without any added clinical benefit. 	<p>Black</p>	<p>No cost impact as not approved.</p>
<p>Febuxostat for treatment of chronic gout - The group received a request to review the RAG status. Currently restricted for initiation by consultant rheumatologists and renal physicians only but a Green status was proposed.</p>	<p>The group approved the Green RAG status for febuxostat with the inclusion of links to the relevant RSS guidance and the CKS guideline on gout to the formulary. No safety concerns were identified compared to allopurinol to warrant a restricted status and place in therapy is clearly defined in the NICE CKS topic on gout as per the NICE TA. The higher cost of febuxostat compared to allopurinol was noted (£24.36 vs £0.75 to £0.85 per month), but was not considered to pose an issue if used in line with guidance.</p>	<p>Green</p>	<p>Low/no cost impact expected.</p>
<p>Diltiazem 2% ointment for anal fissures</p>	<p>The group approved the addition of diltiazem 2% ointment to the formulary with a Green status to replace diltiazem 2% cream. Both preparations are unlicensed but the ointment costs significantly less than the cream (£35.52 vs £60.50 for 30g). There appeared to be no particular reasons to choose one preparation over the other.</p>	<p>Green</p>	<p>Cost saving.</p>
<p>Novorapid FlexTouch device for patients with dexterity problems</p>	<p>The group had the opportunity to compare placebo devices of the FlexTouch and the FlexPen pre-filled pens. There was doubt that the FlexTouch device offered significant advantages over the FlexPen and concerns were raised around who would be responsible for deciding whether patients had dexterity problems. The FlexTouch device is slightly more expensive than the FlexPen (£32.13 vs £30.60 for 5x3mL pre-filled pens). Given the considerable financial pressures being faced by the CCG and the lack of a proven benefit of the FlexTouch device over the FlexPen, the group did not approve the FlexTouch device.</p>	<p>N/A (not for inclusion in formulary)</p>	<p>No cost impact as not approved.</p>
<p>New RAG status for Grey listed items</p>	<p>Following a review of all Grey listed drugs, the group approved the following RAG ratings/ formulary status:</p> <p>Black:</p> <ul style="list-style-type: none"> • Fosavance® 	<p>As stated</p>	<p>No cost impact expected; apremilast TAs have previously been approved.</p>

	<ul style="list-style-type: none"> • Actonel Combi® (risedronate + calcium and vitamin D) • Olanzapine embonate (ZypAdhera®) • Paliperidone (oral) – as per TEWV <p>Red:</p> <ul style="list-style-type: none"> • Apremilast for indications in TA433 & TA419 • Daclizumab for indications in TA441 & TA99 (both NHSE commissioned) • Ivermectin (oral); for specialist dermatologist use • Mepolizumab (TA431); specialist centre (NHSE commissioned) • Obeticholic acid (NHSE commissioned) <p>Amber:</p> <ul style="list-style-type: none"> • Flupentixol decanoate (Depixol®); specialist initiation – as per TEWV • Fluphenazine decanoate; specialist initiation – as per TEWV • Haloperidol decanoate; specialist initiation – as per TEWV • Paliperidone (injection); shared care – as per TEWV • Risperidone LA injection (Risperdal Consta®); specialist initiation – as per TEWV • Zuclopenthixol Decanoate (Clopixol®); specialist initiation – as per TEWV <p>Removal from formulary (not used):</p> <ul style="list-style-type: none"> • Cangrelor • Histerelin • Pipotiazine palmitate depot (Piportil® Depot) - discontinued 		
Public Health Formularies	<p>The group approved the following RAG ratings for drugs included in the NY Public Health Formularies for the Shared Care Drug Misuse Treatment and Recovery Service, Pharmacological abstinence supervision service for alcohol misuse, and Targeted Primary Care Sexual Health Service.</p> <p><u>Alcohol dependence</u> RAG: Amber Specialist Initiation by North Yorkshire Horizons Duration: NYH prescribe for initial 12 weeks. GP then prescribes for up to (further) 12 weeks. May be prescribed by GP for longer if structured medicine review at 12 weeks determines this to be clinically appropriate. Structured medicines reviewed required 6 monthly thereafter, if prescribing to continue.</p>	As stated	None as public health commissioned.

	<ul style="list-style-type: none"> • Acamprosate • Disulfiram • Naltrexone <p><u>Substance misuse</u> RAG: Green but in conjunction with NYH Recovery co-ordinator Duration: No fixed duration</p> <ul style="list-style-type: none"> • Buprenorphine S/L tabs S/F 2mg, 4mg & 8mg • Buprenorph/Naloxone S/L tabs S/F 8mg/2mg • Buprenorphine_Tab Subling 4mg S/F • Methadone HCl_Mix 1mg/1ml, 1mg/1ml C/F, 1mg/1ml S/F <p><u>Sexual health</u> RAG: Green Duration: No fixed duration</p> <ul style="list-style-type: none"> • Mirena • Jaydess • Nexplanon • Ancora 375 Cu • Copper T380 A • Flexi-T 300 & Flexi-T+380 • GyneFix intrauterine contraceptive implant • Load 375 • Mini TT380 Slimline • Multiload CU 375 • Multi-Safe 375 • Neo-Safe T380 • Nova-T 380 • Novaplus T 380 Ag (Normal, Mini) & Novaplus T 380 Cu (Normal, Mini) • Optima TCu380A • Steriload • T-Safe 380A QL • TT380 Slimline • UT380 Short & UT380 Standard 		
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