GOVERNING BODY MEETING

4 May 2017, 9.30am to 12.30pm

Riley Smith Hall, 28 Westgate, Tadcaster LS24 9AB

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 are available at www.valeofyorkccg.nhs.uk

AGENDA

If accessing the papers electronically, the number of enclosures is indicated if there is more than one.

STANDING ITEMS – 9.50am				
1.	Apologies for absence	To Note	Verbal	Keith Ramsay
2.	Declaration of Members' Interests in the Business of the Meeting	To Note	Verbal	All
3.	Minutes of the meeting held on 6 April 2017	To Approve	Enclosure	All
4.	Matters arising from the minutes		Verbal	All
5.	Accountable Officer's Report	To Note	Enclosure	Phil Mettam
6.	Governing Body Assurance Framework and Risk Report	To Note	Enclosures x 2	Rachel Potts
STRATEGIC – 10.30am				
7.	Developing a New Mental Health Hospital for the Vale of York	To Note and Receive	Enclosure	Phil Mettam
8.	Engagement Plan	To Receive	Enclosures x 3	Rachel Potts

FINANCE AND PERFORMANCE – 11am				
9.	Financial Performance Report	To Note	Enclosures x 2	Tracey Preece
10.	Performance Report	To Note	Enclosure	Caroline Alexander
RECEIVED ITEMS – 12.20pm				
11	Executive Committee Minutes		Enclosure	
12	Finance and Performance Committee Minutes		Enclosure	
13	Quality and Patient Experience Committee Minutes		Enclosures x 2	
CLOSE – 12.30pm				
NEXT MEETING				
	9.30am on 1 June 2017 in the George Hudson Boardroom, West Offices, Station Rise, York YO1 6GA	To Note	Verbal	All

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

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 6 April 2017 at West Offices, Station Rise, York YO1 6GA

Present

Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	Clinical Director
David Booker (DB)	Lay Member
Dr Emma Broughton (EB)	Clinical Director
Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
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
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Dr Stuart Calder (SC)	GP, Council of Representatives Member
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Dr Tim Maycock (TM)	Clinical Director

KR welcomed everyone to the meeting.

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

1. Anne Leonard – Defend Our NHS (York)

*What **meaningful** public consultation has there been, or will there be, about the huge recent developments of STPs, MCPs, Accountable Care etc., etc.? How will these complex developments be interpreted to the public in a way that makes them understandable, explicit and clear? An important task in this process will be to abandon the complex, mandarin language currently obscuring meaning in a way that is itself an obstruction to the full, democratic participation of the public in decisions that profoundly affect them.*

2. Jan Conde

Three models of care were also mentioned in the plans for STPs. These would be located in the community as integrated care teams, the forerunners of Multispeciality Community Providers (MCPs). What type of MCPs would these be in our footprint....partially integrated, fully integrated or virtual. As each model involves GP practices in different ways, will patients be consulted about these changes?

3. Gwen Vardigans, Defend our NHS (York)

In reading page 105 of the papers from the York City Council Adult Health and Scrutiny Committee including the plans of the Vale of York CCG to reduce the financial deficit. I read that it would include Accountable Care Systems (ACS). I thought all systems of care would all be accountable. Could someone please explain the different role of an ACS and how the contribute to STP plans

NOTE The accountable care organisation (ACO) concept is from the US (understandable as Simon Stevens is an American) So far I have found that they relate to physicians buying into a ACO to treat medicare patients but cannot find anything much about the ACO transferring to NHS in England

Response

PM responded to questions one to three together.

PM referred to the new models of care and the recently published NHS Five Year Forward View Next Steps. An extract from the latter relating to accountable care was available at the meeting. PM highlighted that an engagement programme was currently being developed and the events would be publicised in the near future.

KR added that a Lay Members Summit was taking place on 7 April. Personal invitations had been sent to representatives of the CCG's main provider organisations, Health and Wellbeing Boards and voluntary sector organisations to discuss the financial challenge across the system.

4. Chris Brace, Defend our NHS (York)

My question refers to the Vale of York Medium Term Financial Strategy "A new Approach to Commissioning"

In part 4.1 (page 39) the report states that there are six specific financial opportunities which the CCG is "taking forward to delivery immediately" There are in fact seven fields in the grid, the seventh which is labelled "other" indicates a massive £19.6m saving during the coming four years. The CCG must have an idea where these savings are being made / to be made. Why therefore is the saving not specified, at least in category? And how will the CCG assure citizens in the Vale of York, that they will suffer no harm or serious paring of care and treatment available within our local NHS.

Response

TP noted that the savings opportunities referred to were £9.8m, not £19.6m, over the four years and advised that the detailed breakdown of the figures was available. TP discussed the question with Chris Brace at the end of the meeting.

5. Susan Snelgrove

As a member of Mental health action York, I would like to ask the CCG today if funding would be available for service users in the Vale of York. For example: service users with eating disorders or who have a border line personality disorder have received care in the private sector . Will this provision continue to be funded or will it return to the NHS? We have particular concern for service users who have severe and enduring psychiatric symptoms which have proved resistant to treatment. The reality is that this group of people display symptoms and behaviour, which means they require inpatient supervised care. Will this facility be provided in the Vale of York?

In short we ask on behalf of the people in the Vale of York, what mental health services will be commissioned by the CCG?

The response to a similar question at the December Governing Body had been forwarded to Susan Snelgrove and is available as an appendix to the minutes of the 1 December 2016 meeting at http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

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 2 March 2017

The minutes of 2 March were agreed.

The Governing Body:

Approved the minutes of the meetings held on 2 March 2017.

4. Matters Arising from the Minutes

Accountable Officer Report – weight management and smoking cessation support services and Public Health Services Report: SS reported that she had met with SOC and Fiona Phillips, Assistant Director of Public Health for City of York following the City of York Council Health Overview and Scrutiny Committee on 29 March. It was intended that the letter expressing concerns about funding for public services would be finalised by the end of April.

Safeguarding Children Annual Report 2015-16: MC reported that a proposal for additional capacity would be considered at the Executive Committee on 19 April.

Accountable Officer Report – Review of CCG's community bone protection service: AP noted that the service would be reviewed following consideration of the report expected from the National Osteoporosis Society.

A number of matters were agenda items, had been completed or were scheduled for a later meeting.

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 and assurance; Council of Representatives meeting; working towards an accountable care system in the Vale of York; Better Care Fund; emergency preparedness, resilience and response; award winning work of the CCG; developing a new mental health hospital for the Vale of York; and national plans and strategic issues.

PM confirmed that the CCG continued to forecast a £28.1m deficit position for 2016-17. He referred to the recent external review undertaken at York Teaching Hospital NHS Foundation Trust by Utilisation Management and advised that the report included differences highlighted between the Scarborough and Ryedale and Vale of York systems with a recommendation that they should be considered as one. PM welcomed the report and noted the expectation that it would be available for the next Governing Body meeting.

PM advised that the Operational Plan 2017-19 had been widely circulated, including presentation at Health and Wellbeing Boards and Health Overview and Scrutiny Committees. He noted there had been a good level of co-operation from York Teaching Hospital NHS Foundation Trust. Work was now taking place on the detail and the plan was being utilised for the engagement strategy and roadshows referred to above under responses to questions from members of the public.

Regarding the Council of Representatives, PE highlighted a workshop on out of hospital integrated care and discussion on Strengthening Primary Care, General Practice Forward View and Constructing a CCG wide proposal for £3 per head.

PM noted that detail of the Better Care Fund allocations were being made available and were expected to provide significant support.

Members congratulated colleagues on recent awards. Discussion took place on publicising and utilising these achievements.

PM noted that the Governing Body had been fully sighted on the consultation process for the new mental health hospital for the Vale of York. The outcome was an agenda item for the May Governing Body meeting.

In response to PE referring to the input from primary care in the joint programmes of work with York Teaching Hospital NHS Foundation Trust PM agreed to arrange for a report to be presented at the next meeting.

The Governing Body:

1. Received the Accountable Officer Report.
2. Requested a report on input from primary care in the joint programmes of work with York Teaching Hospital NHS Foundation Trust.

6. Corporate Risk Update Report

In presenting the corporate risk update RP highlighted that there were no significant changes since the March report. The six events remained: the A and E four hour standard, dementia coding, Estates and Technology Transformation Fund Strategy, Partnership Commissioning Unit areas of spend, non-framework compliant continuing healthcare systems and processes, and failure to achieve an assured position.

RP highlighted improvement in performance at the York Hospital site where 95% performance had been achieved for the four hour A and E target on a recurring basis over recent weeks. She noted significant emphasis on delivery of A and E in the recently

published revised performance standards, also noting reference to the York Teaching Hospital NHS Foundation Trust trajectory in the Performance Report at agenda item 9.

RP referred to the additional information on the significant events in the report and discussion at the Primary Care Commissioning Committee on 28 March of the Estates and Technology Transformation Fund Strategy. Stephanie Porter, Deputy Director – Estates and Capital Programme, was undertaking further work to maximise estates opportunities. In addition to emphasising the CCG's intention to support General Practice in this regard, RP noted that additional capacity had been agreed to provide dedicated primary care support to the CCG including estates expertise.

RP reported that work was also taking place in respect of the other corporate red risks, namely public health funding, continuing healthcare fast track, the Better Care Fund, delivery of QIPP and financial recovery.

The Governing Body:

Received the Risk Register Report as at 17 March noting the strategic and corporate risk portfolio and burden of risk in specific areas.

7. Financial Performance Report Month 11

TP reiterated that the forecast year end position remained £28.1m deficit and advised that work to close the month 12 financial position was in process, noting there had been no major increases in hospital activity to impact on the forecast.

TP reported that formal notification had been received from NHS England of the requirement for CCGs to release the non recurrent 1% risk reserve to offset the national NHS position. As a result the CCG's adjusted forecast outturn deficit was £23.8m, however monitoring would continue against the £28.1m deficit position.

TP referred to the key actions in the report which related to engagement with stakeholders in respect of the Medium Term Financial Strategy, the 2016-17 annual accounts, ongoing work to resolve outstanding contract queries and agree forecast outturn positions before year end, and the Utilisation Management review at York Teaching Hospital NHS Foundation Trust noting the report from the latter would inform the joint programmes of work. TP advised that a number of year end agreements had now been reached with other acute providers thus partly reducing risk.

Members discussed the activity variances at York Teaching Hospital NHS Foundation Trust. TP agreed to forward the Contract Trading Report presented at the March Finance and Performance Committee to provide further information (*circulated 7 April*). TP also noted that £200k worth of coding challenges were under discussion, the outpatient and referral to treatment did not distinguish first and follow-up appointments, and confirmed that the advice from NHS England regarding the prescribing year end adjustment applied to all CCGs.

TP advised that the population place based approach of the Medium Term Financial Strategy was being welcomed by stakeholders but with concern about potential impact on patients. She noted that public and patient engagement events were being arranged as discussed earlier.

TP confirmed that all 2017-19 contracts had been signed with providers in line with the CCG's plans. In respect of the QIPP programme for 2016-17 TP explained that some schemes had been ceased as they were no longer considered viable and that some had been transferred to 2017-18 or 2017-19 with a part year effect in 2016-17.

The Governing Body:

Noted the Financial Performance Report as at 28 February 2017 and the ongoing work.

8. Financial Plan 2017-19

TP explained that a further iteration of the Financial Plan 2017-19, with minor changes, had been submitted to NHS England on 31 March. She noted that this had included net risk from growth assumptions which was part of the ongoing discussion with NHS England. The plan remained a draft and could not be signed off as it did not meet the CCG's control total for the Sustainability and Transformation Plan. TP reported that, although the plan was not yet assured by NHS England, they had agreed to its presentation in view of all associated contracts being signed. TP advised that work was continuing across the system, including Scarborough, to manage the financial challenge and noted that detailed discussion would continue at the Finance and Performance Committee which was attended by representatives from NHS England.

TP highlighted inclusion of extracts from the Medium Term Financial Strategy in the Financial Plan to provide assurance of alignment. She advised that detailed programme information, which had been scrutinised at the Finance and Performance Committee, was available on request.

TP explained that the plan was premised on achievement of the £28.1m forecast deficit in 2016-17 and described the summary dashboard which forecast increased deficit through to 2018-19 with the business rule requiring deficit CCGs to deliver at least 1% improvement being met. TP referred to the 2017-18 QIPP summary advising that this was consistent with the Medium Term Financial Strategy and noting that detailed spreadsheets and plans supported each area. She also advised that, following recent work, £1.5m unidentified QIPP had been removed from the previous iteration of the plan, noting confidence in delivery of the 2018-19 QIPP but concern about capacity for its delivery in 2017-18.

TP explained that the 31 March submission of the plan had included values of the risks to delivery in 2017-18 which mainly related to activity and growth. She advised that the Heads of Terms agreed with York Teaching Hospital NHS Foundation Trust provided scope for contract variation in year to jointly manage risk. TP emphasised that there was no additional funding in the system for cost pressures and noted that extensive discussion to manage the challenge was taking place within the CCG, with NHS England and at the Finance and Performance Committee.

In response to clarification sought about alignment of the CCG's and York Teaching Hospital NHS Foundation Trust's financial plans, TP explained that the Heads of Terms were part of the contract and were at a starting level of £194m with contractual commitment for £185m in 2017-18 and £180m by 2018-19. She advised that York Teaching Hospital NHS Foundation Trust had confirmed this was reflected in their financial plan.

Members discussed the need for spend in the acute sector to be reduced to enable investment, although not at the same level, in out of hospital management of patients to achieve the move to population place based commissioning, noting that all investment would be subject to a business case. PM highlighted that pictorial representation should be developed to provide explanation of investment in the context of a financially challenged system.

Further discussion included QIPP in terms of historic delivery by the CCG, the national context and confidence in the current schemes; local authority planning assumptions on population growth and associated pressure on both primary and secondary care, as discussed at the Primary Care Commissioning Committee; and continuing concern about the York Teaching Hospital NHS Foundation Trust contract and Heads of Terms. DB requested that the Heads of Terms with its detailed joint programme and also the full CCG-wide detailed QIPP plan be included for the April meeting of the Finance and Performance Committee. He also noted a new approach for reports to this Committee had been agreed, namely a one page format which described key areas of detail.

In response to LB seeking clarification about investment in mental health services TP agreed to forward the joint letter from the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust which had been submitted to NHS England as part of the operational planning and contracting round for 2017-19 (*circulated 7 April*). This gave an update on assurance on the Mental Health Investment Standard, mental health in Sustainability and Transformation Plans and delivery of national commitments for mental health and also included an extract from the CCG's financial plan which showed the CCG's investment in mental health to achieve the Mental Health Investment Standard.

In response to PE seeking clarification about the underspend in primary care and the potential for it to fund the £3 per head, TP referred to discussion at the Primary Care Commissioning Committee in this regard. TP explained that the underspend related mainly to a non recurrent business rates rebate in 2016-17 but noted the intention for the next meeting of the Committee to consider potential areas of underspend and investment emphasising that a return would still be required from all investment.

Further discussion included comparison between payment by results and other funding mechanisms which were being utilised in other parts of the Sustainability and Transformation Plan footprint. PM additionally noted that feedback was awaited from both NHS England and NHS Improvement on concerns relating to the fact that the contract with York Teaching Hospital NHS Foundation Trust remained on the basis of payment by results. He also expressed concern at the potential for the actual cost of the contract to exceed plan and the associated risk of impact on services.

In concluding the discussion KR emphasised the role of the Governing Body to both seek assurance on delivery of the challenging financial plan but also to support the CCG team in its delivery in the firm hope that by 2020-21 the health economy would be in a stronger position.

The Governing Body:

1. Approved the draft Financial Plan 2017-19 noting concern regarding the associated risks and caveats and requirement for the plan to receive assurance from NHS England.

2. Noted the request for the Heads of Terms with its detailed joint programme and the full CCG-wide detailed QIPP plan to be included for the April meeting of the Finance and Performance Committee.

9. Performance Report

In presenting this report RP noted that it had been considered in detail at the March meeting of the Finance and Performance Committee and highlighted a number of improvements moving in to 2017-18. She reiterated the improvement against the 95% A and E performance target which on the York Hospital site had been 98.5% week commencing 28 March however this level was not yet being achieved consistently. A system approach was being implemented to improve resilience through the A and E Delivery Board work plan with plans also in place to cover the Easter period and to improve patient flow in the hospital and Emergency Department.

RP reported capacity issues in 18 week referral to treatment performance in dermatology, head and neck and general surgery. She noted that compared with February 2016, indications were of reduced GP referrals in trauma and orthopaedics at 36.5% and ear, nose and throat at 28.8%. How this translated to reduced activity required consideration.

RP explained that future performance reports would be on an exception basis where targets were being missed. She highlighted inclusion of briefings in the current report in the format of summary tables for areas of low or under performance with associated mitigating actions.

In respect of the Sustainability and Transformation Fund RP confirmed that York Teaching Hospital NHS Foundation Trust had submitted a trajectory for achievement of 92% by January 2018 and 95% by March 2018 but noted that this was across both the York and Scarborough sites. RP advised that York Teaching Hospital NHS Foundation Trust was committed to delivering local targets as well as the ongoing work regarding consolidated performance across the Sustainability and Transformation Plan footprint. She confirmed achievement of the 2016-17 Sustainability and Transformation Fund for the first two quarters, part achievement for the third quarter but none in the final quarter.

AP welcomed the improved A and E performance and noted that new processes had been introduced in the four hour period which was benefitting patients. He also described revisions to the working arrangements of the A and E Delivery Board noting that the A and E Steering Group had ceased to exist and task and finish groups would undertake specific pieces of work.

In response to clarification sought by SP about holistic improvements for patients in A and E, RP confirmed that this was now the approach and that ambulance response and handover times were also improving. AP added that the new approach was a recent innovation and advised that in view of its success he was planning on presenting a report to the Integrated Urgent Care Programme.

SOC joined the meeting

MC stressed the importance of the clinically led model in A and E highlighting the significant reduction in 12 hour trolley waits since the previous performance report.

KR emphasised the priorities and challenges that required consideration at the start of the new financial year.

The Governing Body:

Received the performance report.

10. Consideration of 'Going Concern Status' 2016-17 Accounts and Director Declarations

TP presented the report which included at Annex 1 Request for Director Declarations - questions asked by the CCG's external auditors, Mazars, about arrangements to prevent and detect fraud and comply with applicable law and regulations – and at Annex 2 Consideration of 'Going Concern Status' 2016-17 Accounts. TP explained that the Audit Committee would consider the draft accounts, following their submission, at its 26 April meeting and would report any concerns to the Governing Body. She advised that the CCG was compliant in law with the exception of meeting the legal Directions control total of £13.3m deficit, noting that explicit ongoing discussion was taking place with NHS England in this regard and that legal Directions would remain in place at the moment. Any risks relating to law and regulation would be appropriately managed through the CCG's risk reporting processes.

TP reported that Mazars had formally written to the Secretary of State on 15 March regarding the CCG's breach of statutory duty to live within allocation. She noted that this did not affect preparation of the accounts on a going concern basis and confirmed that the CCG's 2016-17 accounts and annual report would be presented at the June meeting of the Governing Body.

SP noted that the CCG's approach to accounts preparation was being recommended by external audit to other challenged CCGs.

The Governing Body:

1. Approved the preparation of the annual accounts for 2016-17 on a going concern basis and agreed the Director Declarations as proposed.
2. Approved delegation to the Audit Committee for the sign off of the Accounts and Annual Report during May 2017, in accordance with the Department of Health Group Accounting Manual 2016-17.

11. Quarter 3 Integrated Assurance Framework Assurance Feedback from NHS England

PM referred to the report which comprised NHS England's feedback on the CCG's Improvement and Assessment Framework checkpoint meeting for the period October to December 2016 in the form of a letter from Julie Warren, Locality Director – NHS England North (Yorkshire and the Humber). He noted in particular recognition of the CCG's work and continued support from NHS England.

PM advised that the quarter 4 meeting was taking place on 21 April and an update would be provided at the May Governing Body.

The Governing Body:

Noted the feedback from the quarter 3 Improvement and Assessment Framework checkpoint meeting with NHS England.

12. Executive Committee Minutes

The Governing Body:

Received the minutes of the Executive Committee held on 15 February 2017.

13. Finance and Performance Committee Minutes

The Governing Body:

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

14. Medicines Commissioning Committee Recommendations

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee held on 16 November 2016, 18 January and 15 February 2017.

15. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 4 May 2017 in the Riley Smith Hall, 28 Westgate, Tadcaster LS24 9AB.

16. Close of Meeting and 17. 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.

18. 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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 6 APRIL 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 2 March 2017	Safeguarding Children Annual Report 2015-16	• Consideration as to whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people • Options were being developed for additional capacity	MC MC	 Ongoing
2 March 2017 6 April 2017	Accountable Officer Report	• CCG awards to be included in next meeting report • CCG's community bone protection service to be reviewed in light of the National Osteoporosis Society data. • Update on receipt of report from National Osteoporosis Society	PM PE/SOC SOC	6 April 2017

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 March 2017	Quality and Patient Experience Report	• Discussion of lessons learnt from real time suicide surveillance	MC/SS	
2 March 2017 6 April 2017	Public Health Services Report	• 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	PM and Clinical Executive AP/SS	 End of April 2017
6 April 2017	Accountable Officer's Report	• Report on primary care input in joint programmes of work with York Teaching Hospital NHS Foundation Trust	PM	4 May 2017
6 April 2017	Financial Plan 2017-19	• Heads of Terms with its detailed QIPP plan and full CCG-wide detailed QIPP plan to April Finance and Performance Committee	TP	27 April 2017

Item Number: 5

Name of Presenter: Phil Mettam

Meeting of the Governing Body **4 May 2017**	NHS Vale of York Clinical Commissioning Group

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

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Recommendations

The Governing Body is asked to note the report.

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

GOVERNING BODY MEETING: 4 MAY 2017

Accountable Officer's Report

1. Turnaround, Legal Directions and the CCG's 2016-17 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 is now engaging widely on its Medium Term Financial Strategy following approval from the Governing Body in March and initial positive feedback from Council of Representatives, Finance and Performance Committee, Audit Committee and NHS England. This document underpins and informs the 2017-19 Financial Plan the latest draft of which was submitted to NHS England on the 31 March in line with the national timetable. It articulates that the plan to achieving financial sustainability will require planning over four years towards 2020-21 when the organisation should be back into financial balance. The strategy recognises the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability. This has required the CCG to undertake a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on.

1.3 The CCG has delivered a £28.1m deficit as at month 12, the end of the 2016-17 financial year. This demonstrates stabilisation of the financial risk across the system during the last quarter 2016-17.

1.4 The Utilisation Management Unit review recently undertaken on York Teaching Hospital NHS Foundation Trust on behalf of the three local CCGs (Vale of York, Scarborough and Ryedale and East Riding) concluded in March 2017 with a joint feedback session which was well received by all parties. The final report is due to CCGs by the end of April 2017and actions from this will be taken forward in the joint programme of work already in place with the Trust and the CCGs through the contract.

2. Operational Plan 2017-19, Assurance and Delivery

2.1 The CCG submitted a final update to NHS England for the finance, activity and STF trajectories for 2017-18 and 2018-19 on the 27 February 2017. This plan has not yet been approved by NHS England.

2.2 The CCG is now working with its partners to agree priorities for collaborative programmes of work to mobilise and deliver in 2017-18, and this is being explored through:

- the CCG's joint programmes of work for unplanned care and planned care with the York Teaching Hospitals Foundation Trust which support the Heads of Terms incorporated with the signed contract;
- the CCG's joint commissioning and public health forums with its three local authorities around prevention, children's, mental health, learning disabilities and complex care services; and
- the Vale of York Locality Accountable Care System and the three locality delivery groups in the North, Central and South of the CCG's footprint.

2.3 The CCG has focused on the mobilisation of our four programmes of work and a fifth enabling programme. Delivery of this work began on the 1 April 2017 through the new CCG organisational, governance and risk structures, including alignment with:

- the available CCG staffing resources;
- a refreshed programme delivery and performance management approach;
- a new contact with York Teaching Hospital NHS Foundation Trust with the CCG as the lead commissioner for Scarborough and Ryedale and East Riding of Yorkshire CCGs.

2.4 The CCG received feedback from NHS England following its Integrated Assurance Framework assessment in Quarter 3 and the formal letter has been included in Item 11 of the agenda. The CCG met with NHS England for the 2016-17 annual review and the Quarter 4 Integrated Assurance Framework on the 21 April 2017. The meeting reflected on progress against the CCG's Improvement Plan and its work under Legal Directions.

2.5 The CCG is also finalising its engagement plan with partners that will support the launch of the Operational Plan and Medium Term Financial Strategy to its partners and to the local population.

2.6 The CCG is refreshing the relevant risk assurance systems as well as the associated strategic risks that frame the 2017-18 audit programmes.

2.7 The CCG met with the national Intensive Support Team to review work to improve access to psychological therapy services and to provide advice that could help further improve access and the service. An action plan, based on contents of the team's final report, will be developed.

3. Council of Representatives meeting

3.1 Among the agenda items at its latest meeting on 20 April 2017, members received an update on the CCG's visits to member practices and the City of York Council's YorWellbeing Service. Members discussed the Vale of York Referral Support Service and the General Practice Five Year Forward View. Members also received a summary of the CCG's Clinical Executive meeting and a presentation on the Vale of York Clinical Network's financial governance.

4. Better Care Fund

4.1 Technical guidance is still awaited. The CCG is working with partners to understand ways to ensure partners can make best use of system resources.

4.2 The Better Care Fund policy framework for 2017-19 has been published. The detailed planning requirements document and allocations that underpin the framework will be published once the Better Care Support team has final clearance. Departments have written to local authority chief executives to confirm grant conditions for the additional money for social care in the Spring Budget 2017.

5. Emergency Preparedness, Resilience and Response

5.1 Easter on-call arrangements worked well and there were no incidents to report. York Hospital achieved the Emergency Care Standard of 95% on Friday 14 April 2017 (Good Friday) and on Saturday 15 April 2017 but performance dipped to 74.8% on Easter Monday due to the high number of attendances.

5.2 The Tour de Yorkshire cycle race begins on Friday, 28 April 2017. Alternative arrangements for District Nursing Staff to operate from and be unaffected by the route map have been put in place. NHS England will be operating an Incident Coordination Centre between 8am and 6pm on Friday 28, Saturday 29 and Sunday 30 April. There will also be daily teleconference calls at 9.30 am on these dates for partner organisations to liaise and share updates. Yorkshire Ambulance Service and EMS Medical will be providing medical support for the event at Tadcaster.

5.3 The Local Health Resilience Partnership is working with organisations across North Yorkshire and York on plans to manage localised Avian Flu should there be an outbreak. Sharon Stoltz, Director of Public Health for City of York Council will be chairing a local Emergency Resilience Forum for partner organisations in York on 9 May 2017. The CCG will be attending this meeting.

6. National plans and strategic issues

6.1 The NHS England Workforce Race Equality Standard (WRES) implementation team has published an updated WRES technical guidance 2017. The refresh includes changes made in the NHS Standard Contract (2017-18 to 2018-19) and definitions of terminology used in the WRES indicator descriptions. The WRES technical guidance is a resource to support healthcare organisations implement the WRES, and in doing so, to make measurable and continuous improvements in workforce race equality

6.2 NHS England's General Practice Forward View Programme team has recently published detailed guidance for commissioners on the International GP Recruitment Programme. This programme is intended to provide

commissioners with support and funding to recruit GPs from overseas to help deliver their workforce plans for general practice.

6.3 The NHS has published the Next steps on the NHS Five Year Forward View, outlining further support for strengthening and transforming GP practices, as it continues to improve and care for more patients. The report also highlights other practical improvements in areas of particular concern to patients including cancer and mental health, while transforming the way that care is delivered to ease pressure on hospitals

6.4 Improving mental health services for veterans and armed forces personnel approaching discharge: NHS England has launched improved mental health services for veterans in response to national engagement undertaken last year. The service builds on the success of current provision and seeks to provide increased access and treatment that is sensitive to the needs of patients and their families. A significant benefit of the new service is that armed forces personnel approaching discharge can also now access NHS care and treatment for mental health conditions. Available across England, patients will be able to self-refer or request referral via a health care professional or service charity.

6.5 Refreshed statutory guidance on involving people in health and care: Working with CCGs and a range of other stakeholders, NHS England has developed refreshed statutory guidance on involvement. The guidance highlights the benefits of involving people in their own health and care and involving communities in commissioning decisions. It reflects the new commissioning landscape and sets out the context and principles of involvement. The guidance is made up of two documents, 'Involving people in their own health and care' and 'Patient and public participation in commissioning health and care'.

6.6 An inclusive NHS 111 service: NHS England has produced a short film called 'An inclusive NHS 111 service', to help people with a learning disability, autism or both, understand how and when to access the service, and what to expect. The film, created with the support of many self-advocacy groups, forms part of NHS England's on-going work to ensure that everyone has access to NHS services. NHS 111 will also use the film to train advisors, helping them to better understand the needs of people with a learning disability, autism or both and make suitable adjustments during calls to accommodate them.

7. Recommendation

7.1 The Governing Body is asked to note the report.

Item Number: 6

Name of Presenter: Rachel Potts

Meeting of the Governing Body

Date of meeting
04 May 2017

NHS
Vale of York
Clinical Commissioning Group

Report Title – Governing Body Assurance Framework and Risk Report

Purpose of Report
To Receive

Reason for Report
To present the corporate risk registers for review, as of 20 April 2017, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives.

The risk reporting framework is currently under review to ensure alignment with strategic priorities.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities

Covalent Risk Reference and Covalent Description

G.17.2 The risk and assurance framework may not be kept current and relevant and operate effectively.

Recommendations

This report presents the corporate risk portfolio to April 2017, with a number of red risks at corporate level. The Governing Body should consider the appetite for risk in key delivery areas and whether additional actions are required to maintain risks at an acceptable level. The Governing Body is requested to:

a) receive the Risk Register report,
b) note the strategic and corporate risk portfolio and the burden of risk in specific areas.
c) consider whether controls need to be strengthened or further mitigating action(s) needs to be planned/implemented.

Responsible Executive Director and Title	**Report Author and Title**
Rachel Potts Executive Director of Planning and Assurance	Pennie Furneaux Policy and Assurance Manager

Annexes (please list)
Risk report April 2017
Annex A: Corporate Events Report
Annex B: Corporate Risk Matrix and Overview of Risks in Assurance Domains
Annex C: Detailed Corporate "Red" Risks Report

GOVERNING BODY MEETING: 4 MAY 2017

Risk Report

1. Background

1.1 Risks are reviewed on a monthly basis in line with the CCG's current Risk Management Strategy. This report presents the reported risks as of the 20 April 2017.

1.2 Governing Body should note that the CCG Risk Management Strategy (and associated strategic risks for the strategic risks audit programme for the CCG for 2017-18) is currently being refreshed and risk reporting will change for future Committee meetings in line with updated risk tolerance levels and the priorities for the CCG in delivering its 2017-18 Operational Plan.

1.3 Additionally, the current NHSE Integrated Assurance Framework (IAF) is in the process of being updated to align with the NHS Improvement Assurance Framework and this will be released in July 2017. This will impact on the way risk is reported from then.

1.4 The NHS Mandate for 2017 - 2019 and the Next Steps for the Five Year Forward View were both released in March 2017 and there have been changes to the 2017-18 performance targets and how they will be monitored at local, STP and regional levels.

1.5 Data for the current NHSE IAF indicators supplied at national level is not yet available for Q4 year end, and this information is not expected to be available until June 2017.

2. Events this Period

2.1 There are currently nine corporate events, all of which have an impact score of 4 (serious). This indicates that the possibility of one or more of the following consequences:

- Enforcement action, low performance rating-critical report;
- National media coverage, service well below reasonable public expectation, damage to an organisation's reputation;
- Non-compliance with national standards, projects exceeding budget, slippage in delivery of key objectives-not met; or
- Uncertain delivery of key objective.

Events relate to:

- Impact of the PCU re-organisation on the CCG;

- Managing PCU 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&E 4 hour constitutional target.

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2.2 Risks remain around these areas and actions are on-going in 2016-17 to proactively manage these risks. Further detail is given below.

3. A&E 4-hour standard

3.1 Work to improve performance against the four hour standard has continued throughout March and April, together with significant work around provision for the Easter Break. Currently the four hour standard continues to improve against previous months and is significantly better than this time last year; hitting 95% target in York on a regular basis, and 90%+ on the majority of days across the system. This performance is already meeting the refreshed Sustainability and Transformation Fund A&E 4 hour trajectory for 90% required for September 2018. Hence we anticipate this risk will be downgraded next month if this trend continues. York Teaching Hospital Foundation Trust has shared their work with us to improve internal transfers and will be sharing it regionally in May.

3.2 Easter volumes of activity were high, but the various provider organisations maintained services very well based on improved resilience planning and informed by work after Christmas around hospital flow, ambulance handover and engagement work with the public.

4. Partnership Commissioning Unit (PCU) realignment

4.1 Phase 1 of the PCU re-alignment has been concluded in March 2017, resulting in the TUPE transfer of some staff to the four North Yorkshire CCGs. For the Vale of York CCG the significant difference has been taking back in house responsibility for mental health, learning disability commissioning and contract management and the clinical CHC Team.

4.2 The CCG is also now commissioning children and young people and maternity on the CYC footprint and 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 are hosted by other CCGs and there is additional support provided from NHS England around Transforming Care to support work going on at regional level.

5. Dementia Coding

5.1 From starting the year at 51.1%, there have been several initiatives to improve the level of coding. Although the level of coding rose to 55.4% by the end of the financial year it did not reach the local improvement trajectory and national expectation of 67%.

5.2 Consequently the CCG has asked for a review of the local service by the Intensive Support Team from NHS England and a scoping meeting was held with them on 20-4-2017 prior to a service review to be held in July.

6. Improving Access to Psychological Therapies (IAPT)

6.1 Although there has been underlying improvement in performance through the year, the national performance targets were not achieved in terms of access and recovery.

6.2 NHS England's Intensive Support Team have reviewed local services and made their recommendations for change based on their findings during the review. Tees, Esk and Wear Valleys Foundation Trust (TEWV) are now working with the CCG to develop an action plan for sustainable achievement of the IAPT metrics.

7. Corporate Risks

7.1 Corporate risks are risks against the organisation’s critical success factors, defined in the Internal Assurance Framework. Risks are grouped by assurance domain. A risk heat map of significant, (red) corporate risks is provided at Annex C; this highlights key red risks in each area. Significant risks continue to be reported for the financial position, performance on urgent care, delivery of the QIPP plan and Partnership Commissioning Unit spend and CHC delivery.

7.2 Action plans to manage risks identified are documented through the Covalent system and monitored by Team Leads and a full report of all Corporate Risks is provided at Annex C.

Annex A: Corporate Events Report
Annex B: Profile of Corporate Risk Heat Map
Annex C: Corporate “Red” Risks Report

Annex A - Events Report - Risks that Have Materialised

Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
There is a potential risk of failure to deliver a 1% surplus	Michael Ash-McMahon	Tracey Preece	This has already occurred for 2016-17 and the CCG's plans for 2017-19, whilst tackling the deficit, do not achieve this in the coming years.	13 Apr 2017	4	
There is a potential risk of failure to deliver the required QIPP savings	Michael Ash-McMahon; Tracey Preece	Tracey Preece	The CCG failed to deliver the planned level of QIPP savings in 2016-17, but did deliver the required forecast from Month 9. QIPP schemes for 2017-19 have all been through a confirm and challenge session with NHSE so that each area now has an agreed target for these years. Where required these have been included within the Heads of Terms with YTHFT, as part of a joint programme of work to support the delivery of the required savings.	13 Apr 2017	4	
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	The CCG is in discussion with NHS England Intensive Support Team for dementia to arrange additional support to drive improvements in performance. An initial meeting was held on 20 April 2017 as this remains an organisational priority.	20 Apr 2017	4	
There is a risk that CHC systems and processes are non-framework compliant	Jenny Carter	Michelle Carrington	Mitigating action plan agreed. CHC team has now migrated from PCU to the CCG and a review is underway of working arrangements. There is significant national focus on CHC improvement from NHSE and this has been shared with the CCG as part of the QIPP national support team report received WC 18-4-17.	11 Apr 2017	4	
There is a potential risk of failure to maintain expenditure within allocation	Michael Ash-McMahon	Tracey Preece	This risk has already been realised in 2016-17. The CCG's financial plan for 2017-19, which is based on the MTFS, will not achieve this, although it will be in line with the national planning requirements for deficit organisations to deliver an in-year improvement equivalent to 1% of allocation.	13 Apr 2017	4	
Estates and Technology Transformation Fund Strategy	Shaun Macey	Rachel Potts	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. This is a significant risk remaining for the CCG moving into 2017-18 and further discussion around this will be through the primary care and enabling programmes of work.	13 Jan 2017	4	
There is a potential risk of failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	Work is on-going across the North Yorkshire CCGs and the PCU with regards to the future configuration of these services. The outcome of this is subject to formal consultation and therefore it is unlikely that there will be a definitive position until early in the next financial year. A number of staff included in Phase I of the configuration of these services have now been moved out into the relevant North Yorkshire CCG, including a number of staff within this CCG. PCU areas of spend have been in line with forecasts for 2016-17.	13 Apr 2017	4	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Becky Case	Dr. Andrew Phillips	Performance has improved since February and more significantly again during March 2017, and currently targets are being met. This is due to internal review of processes by YTHFT including ambulance handover and not a system change. Monitoring will continue to ensure improvement is sustained. This will be through the system A&E Delivery Board (there is to be a refresh of A&E DB priorities in April 2017) and through the CCG Unplanned Care programme.	03 Apr 2017	4	
There is a risk that the CCG may fail to achieve an assured position for the 2017-18-20118-19 2 Year Operational Plan.	Caroline Alexander	Rachel Potts	The CCG remains under legal directions for 17-18 and the Operational Plan remains unapproved by the NHSE (as are all other CCG Operational Plans), but NHSE have agreed for public engagement to start. The CCG has now delivered its its Improvement Plan and has launched its Medium Term Financial Strategy and associated CCG Financial Plan for 2017-	16 Mar 2017	4	

Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
			18 alongside the Operational Plan. Full programmes for 17-18 have now been mobilised a of on 01-04-17. Resources remain tight for delivering a significant programme of transformation and QIPP and this has been acknowledged by NHSE on 21st April and the CCG will consider the additional programme resources required for delivering its CCG and joint programmes with Local Authorities and providers in WC 24-4-17.			

Annex B - Corporate Risk Matrix Report

Area	Current Risk Matrix	Historical Matrix	Latest Note	Date
Better Health Risk Register 2016-17	Likelihood / Impact	Likelihood / Impact	A new "red" risk has emerged in this domain relating to gaps in public health support grant funded services. The management of population health will form an important strand of work for the emergent accountable care system, with the CCG working in conjunction with partners to develop means of preventing ill-health.	24 Mar 2017
Better Care Risk Register 2016-17	Likelihood / Impact	Likelihood / Impact	BCF: Diagnostic report received with recommendations relating to the progression of the 17-19 plan. Technical guidance is still awaited – dialogue with local authority partners is ongoing and the initial draft narrative has been produced. • CHC-PCU: A written report has been received and discussed within the CCG. Improvement plan in development with the need to secure additional resource to deliver. CCG is not framework compliant and this risk has been added to the risk register. PCU consultation of phase one complete with initial resource agreed and allocated to individual CCGs. Staff expected to move into CCG accommodation as from 1-4-17 – initial project team discussion held to ensure smooth transition of individuals-work into existing CG teams. Accommodation being sourced for CHC staff. CHC remains of concern in relation to spend and capacity to meet workload. Deep dive report received and shared with other CCG AOs for action-information as relevant. Efforts to secure additional resource in hand to support transition and on-going function. • Clinical network: Each locality delivery group has met at least once in advance of the first formal Accountable Care Partnership Board	16 Mar 2017
Sustainability Risk Register 2016-17	Likelihood / Impact	Likelihood / Impact	The Vale of York CCG continues to face a significant challenge in achieving financial stability in the medium to long term. The CCG has delivered a £28.1m deficit in 2016-17 (£23.8m deficit after the release of the national 1% risk reserve) which is in line with forecast. The CCG is engaging widely on its Medium Term Financial Strategy which was approved at the March Governing Body. The 2017-19 financial plan covering the first two years of the MTFS is aligned with this and has been submitted in line with national timescales. The financial plan meets the requirements for deficit organisations in 2017-19 with a view to returning the CCG to financial balance over the medium to long term. QIPP schemes for 2017-19 have been through a confirm and challenge session with NHSE and where required included within the Heads of Terms with YTHFT as part of a joint programme of work to support delivery. Financial plans will be revised in line with the Capped Expenditure Process requirements.	20 Apr 2017
Leadership Risk Register 2016-17	Likelihood / Impact	Likelihood / Impact	The CCG has implemented and delivered the Improvement Plan in response to Legal Directions. A full staff consultation concluded on 8 December on a proposed new Executive Structure and this was implemented on 1 February 2017. The alignment of resources to priorities set out in the CCG Operational plan has now been progressed with five programmes set up to develop and deliver a range of CCG and joint work-streams. The Governance structures have been approved by Governing Body and are now embedded with day to day reporting and committee structures. Work is on-going with staff, Governing Body and the senior management team to develop and implement the organisational development plan and this is a key priority for the CCG in Q1 of 2017-18.PMO arrangements are in place and providing support to the rapid mobilisation of programmes. Additional capacity has been secured for the primary care programme and the CCG will discuss further resource requirements for delivering the programmes and QIPP plan based on feedback from the NHSE national QIPP support feedback. Conflict of Interest processes are in place. The CCG submitted its Quality of Leadership assurance return and initial feedback from NHSE has been positive and the CCG assessment of performance against the RAG rating was Green-Amber overall. This has seen an overall reduction in risk for this section. One significant risk remains on the CCG's assurance rating for 2016-17.	15 Mar 2017

Annex C - Profile Report of Red Risks

Title Better Care Risk Register 2016-17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT17.04 There is a risk that CHC systems and processes are non-framework compliant		Requested detailed external review identified significant areas that required improvement. A current restructure is underway to identify an appropriate team to ensure systems and processes to become framework complaint.	Mitigating action plan agreed. CHC team has now migrated from PCU to the CCG and a review is underway of working arrangements.	Jenny Carter	Michelle Carrington	20	20	20		11-Apr-2017
JC17.04 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	Work continues to progress performance on the BCF metrics through the performance and delivery group and escalated to the Integration and Transformation Board, accordingly.	Paul Howatson	Elaine Wyllie	16	16	9		11-Apr-2017
PCU17.11 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	Elaine Wyllie	20	16	9		11-Apr-2017
PCU17.2 CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC	PCU Risk Register Ref: 1	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; Paul Howatson	Michelle Carrington	12	16	16		11-Apr-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
decisions.										
Q17.01 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. A local action plan is being developed.	Michelle Carrington	Michelle Carrington	16	16	16		11-Apr-2017
Q17.02 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		PCU staff allocated into VOYCCG organisational structures and risk areas caused by gaps have been identified. The transition for commissioning and CHC staff took effect from 1-4-2017 and awaits the resolution of Phase 2 which is the TUPE of finance and contracting staff and the Vulnerable People's team which remains under discussion.	Jenny Carter; Debbie Winder	Michelle Carrington	20	16	20		11-Apr-2017
SMT17.02 QIPP projects to reduce costs across the system fail to deliver the predicted saving.	Failure of projects to deliver savings associated with QIPP, impacting on the financial recovery plan.	Individual projects to address service improvement have an identified clinical lead and senior programme manager lead (Senior I&I Manager). Projects are monitored through the Delivery Assurance and Support Group, which has been recently refreshed to ensure specific focus on QIPP and finance. Monthly exception reports are provided to the Quality and Patient Experience Committee.	17-18 programmes are now established under new programme approach for delivery of QIPP, transformational change, performance improvement and delivery of contracts within financial and activity envelopes. Further NHSE analysis and reporting is underway at present. The potential for additional support is being explored following a comprehensive review of QIPP by an Intensive Support Team from NHS England. Their report outlines a number of recommendations for 17-18 additional areas to strengthen QIPP delivery and reduce the level of risk associated with identified QIPP programme. Additionally, there has been a review of 16-17 QIPP delivery success and a number of lessons learnt identified which will now be embedded within 17-18 QIPP	Fiona Bell (Caroline Alexander)	Jim Hayburn	16	16	16		20-Apr-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			programme.							
SMT17.03 Failure to adequately collaborate and incorporate mental health and learning disability services into the wider hub models		Strategic discussions are underway to ensure that mental health and learning disability services are part of the future development of the "hub" models.	Mental health and learning disability services are in discussion with other partners regarding the development of place based locality care.	Dr. Louise Barker; Paul Howatson	Elaine Wyllie	16	16	9		11-Apr-2017
Tr17.01 There is a potential risk that QIPP - transformational changes fail to achieve target savings	Details of individual schemes contributing to QIPP are reported separately.	QIPP schemes in delivery are regularly reviewed at weekly assurance and delivery meetings, and at the monthly programme delivery steering group meetings. Where planned savings do not materialise the Finance and Contracting team raise a concern with the relevant project manager. Variations are reported and discussed, and escalated to both the weekly and monthly monitoring meetings.	The CCG failed to deliver the planned level of QIPP savings in 2016-17, but did deliver the required forecast from Month 9. Update as per above for risk SMT17.02	Fiona Bell; Becky Case (Caroline Alexander)	Jim Hayburn; Tracey Preece	16	16	16		20-Apr-2017

Title Better Health Risk Register 2016-17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT17.17 Public Health Grant Funded Prevention Services	Failure to invest in public health services may result in failure to provide support for patients to access secondary care services. This may result in treatment delays which may negatively impact the health and well-being of patients in short, medium and long-term. The CCG has a statutory duty to tackle health inequalities with a shift in investment to prevention.	East Riding and North Yorkshire County Councils have managed to maintain public health services, however, in Vale of York the local authority inherited a deficit financial position and cuts to the Public Health Grant and so the cuts have had a significant impact on the delivery of public health services to the Vale of York CCG population. The City of York Public Health Team remains committed to improving the health of residents. A series of public consultations are being undertaken and the development of the Yorwellbeing Service in the City of York has been discussed at the CCG Clinical Executive with the intention is to present the model for the service for discussion at the Council of	Public Health presented a paper to Governing Body March 2017. City of York Council are commencing a new health check programme in March 2017 that will identify lifestyle support needs.	Carl Donbavand	Dr. Emma Broughton	15	15	15		20-Mar-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		Representatives. The plan is to pilot the service with a GP Practice.								

Title Mental Health & Learning Disabilities Transformation

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.10.01 Dementia - Failure to achieve 67% coding target in general practice	Without agreement to provide support for practices to run reports of patients with potential memory loss, cognitive impairment or dementia for clinical review and coding accordingly, it is unlikely that the target will be met.	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.	The CCG is in discussion with NHS England Intensive Support Team for dementia to arrange additional support to drive improvements in performance. An initial meeting is in the diary for the end of April as this remains an organisational priority.	Paul Howatson	Dr. Louise Barker	16	20	9		11-Apr-2017
MH.11.01 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	National IAPT targets which the provider needs to deliver sustainably.	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 seeks further assurance from the CCG on a monthly basis.	An action plan has been jointly developed between TEWV and the CCG. The IST are feeding back their formal report on 11-04-2017 and the action plan will be further evolved from the feedback is required.	Paul Howatson	Dr. Louise Barker	12	16	9		11-Apr-2017

Title Primary Care Reform Register

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PrC.PROGRAMME.05 Estates and Technology Transformation Fund Strategy		Identify Executive leads for Workforce, Premises and Technology strategies to drive this programme forward	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. This is a significant	Shaun Macey	Rachel Potts	9	16			20 Apr2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			risk remaining for the CCG moving into 2017-18 and further discussion around this will be through the primary care and enabling programmes of work.							

Title Sustainability Risk Register 2016-17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
CR.S.17.03 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	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 it's 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 CCG is reviewing the situation to ensure that there are robust systems and processes in place.	Jenny Carter; Debbie Winder	Michelle Carrington	12	20	8		14-Mar-2017
F17.1-ORG There is a potential risk of failure to deliver a 1% surplus	The CCG is unable to deliver the annual 1% surplus in-year or in future years	The financial plan agreed with NHS England includes a deficit plan for 2016-17. Development of a Financial Recovery Plan (FRP) including QIPP plans over the medium-term to the CCG, ensures return to a sustainable financial position.	This has already occurred for 2016-17 and the CCG's plans for 2017-19, whilst tackling the deficit, do not achieve this in the coming years.	Michael Ash-McMahon	Tracey Preece	20	20	5		13-Apr-2017
F17.9-OP There is a potential risk of failure to deliver the required QIPP savings	Savings and outcomes not delivered as planned	Programme groups implemented to support and co-ordinate integrated approach to delivering prioritised projects. Regular review and feedback to Governing Body, SMT and sub-committees of the Governing Body. Further deterioration in delivery will require added focus on the development of further schemes or mitigating courses of action. In addition, the CCG is developing a	The CCG failed to deliver the planned level of QIPP savings in 2016-17, but did deliver the required forecast from Month 9. QIPP schemes for 2017-19 have all been through a confirm and challenge session with NHSE so that each area now has an agreed target for these years. Where required these have been included within the Heads of Terms with	Michael Ash-McMahon; Tracey Preece	Tracey Preece	16	20	4		13-Apr-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		Financial Recovery Plan, designed to return the organisation to financial balance over the medium term. This will include the identification of longer term QIPP schemes.	YTHFT, as part of a joint programme of work to support the delivery of the required savings. As part of delivering the MTFS there is currently £1.5m of unidentified QIPP in 2017-18, but 2018-19 has been identified.							
F17.3-ORG There is a potential risk of failure maintain expenditure within allocation	The CCG is unable to maintain expenditure within its notified allocations for Core CCG services, Primary Care or Running costs	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016-17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	This risk has already been realised in 2016-17. The CCG's financial plan for 2017-19, which is based on the MTFS, will not achieve this, although it will be in line with the national planning requirements for deficit organisations to deliver an in-year improvement equivalent to 1% of allocation.	Michael Ash-McMahon	Tracey Preece	20	16	5		13-Apr-2017
F17.6-ORG There is a potential risk that the CCG receives a qualified external audit opinion	The CCG's final accounts may receive a qualified external audit opinion depending on the financial performance of the organisation	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016-17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG will fail to manage expenditure within current allocation it is likely that a qualified VfM audit opinion will be given in 2016-17 for failure to achieve financial duties. Work is on-going to return the CCG to financial balance over the medium term, but the MTFS means this is likely to remain the case throughout the 2017-19 contracting period.	Michael Ash-McMahon	Tracey Preece	16	16	4		13-Apr-2017
F17.7-OP There is a potential risk of Acute (Incl. NCAs, AQP and YAS) overtrades	Additional, unplanned overspends with acute providers as a result of genuine activity growth and -or coding and counting changes	Robust contract management processes in place to enable management of overtrades. Any overtrades that cannot be mitigated through contract management, will require off-set by further delivery of QIPP programmes or constraint of spending in other areas. In addition the CCG is developing a Financial Recovery Plan to address the overall financial position with an aim to return the organisation to financial balance over the medium term.	The CCG is currently forecasting a number of overtrades in these areas as a result of genuine activity growth, coding and counting changes and non-delivery of QIPP. These are monitored in detail as part of the contract management process. The CCG has completed the arbitration process with York Teaching Hospital the results of which have been factored into the forecast outturn. Moving forward the 2017-19 contract and Heads of Terms includes trigger points and requires executive response should the contract value be exceeded. Where possible a number of year-end deals have been agreed with	Michael Ash-McMahon	Tracey Preece	16	16	4		13-Apr-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			providers. Although this has not been possible with York Teaching Hospital the respective forecasts for 2016-17 are <£1m apart.							
SMT17.3.06 There is a potential risk of failure to adequately control services and functions provided by other teams and agencies which are the responsibility of the CCG		1) Potential to request further involvement of North Yorkshire Audit Services into the operations and activities conducted at the PCU. 2) Management of agreed action plans through PCU CMB 3) Establish CMBs for eMBED and NECS	Following senior management discussions across all four CCGs the PCU is now undergoing a restructure and staff consultation. Phase I has been implemented and a number of individuals have been placed in the appropriate North Yorkshire with a number of staff now part of the Vale of York.	Michael Ash-McMahon	Tracey Preece	20	16	3		13-Apr-2017
F17.11-PLAN 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.	Development of a Financial Recovery Plan (FRP) including QIPP plans over the medium-term to the CCG, ensure returns to a sustainable financial position.	The CCG has submitted the latest version of the financial plan at the end of February. This is in line with and supported by the MTFS that was formally approved at the Governing Body at the beginning of March and is now being shared with external stakeholders and partners. There is currently £1.5m of unidentified QIPP within the 2017-18 financial plan but all other years are balanced. On the 7th April the CCG was informed by both NHSE and NHSI that the York, Scarborough and Ryedale health economy was being formally placed into the Capped expenditure Process. This process will further enable health economy to achieve the best possible clinical outcomes for the public we serve whilst limiting expenditure to the funding available.	Natalie Fletcher; Caroline Goldsmith	Tracey Preece	20	15	5		13-Apr-2017

Item Number: 7

Name of Presenter: Phil Mettam

Meeting of the Governing Body

4 May 2017

NHS
Vale of York
Clinical Commissioning Group

Developing a new mental health hospital for the Vale of York: Update paper

Purpose of Report

To Receive

Reason for Report
An update on the current position in relation to the development of a new mental health hospital for the Vale of York population by 2019.
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Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Recommendations

The Governing Body is asked to:

- receive and note the contents of this report
- identify any further actions required to support delivery

Responsible Chief Officer and Title	**Report Author and Title**
Phil Mettam, Accountable Officer	Elaine Wyllie, Strategic Programme Consultant

Appendix 1 - TEWV response the CCG's consultation recommendations

GOVERNING BODY MEETING: 4 MAY 2017

Developing a new mental health hospital for the Vale of York: Update paper

1. Background

1.1 This paper provides an update on the current position in relation to the development of a new mental health hospital for the Vale of York population by 2019.

1.2 The Governing Body received a report on the outcome of a consultation with the public and partners on two issues at its meeting on 2 February 2017. The consultation sought to gather views on the following two issues:

- a proposed number and configuration of in-patient beds for adults and older people;
- the potential site for a new mental health hospital

1.3 The consultation report analysed the feedback received from patients, the public and wider stakeholders and set out a number of themes identified from the survey responses and face to face feedback. The themes were then used to inform 8 recommendations which were set out in the report.

2. Response to CCG recommendations

2.1 The consultation report set out a timescale which identified consideration of a detailed option appraisal in March 2017 with progression of the business case in April 2017.

2.2 As a result of the announcement of a General Election in June 2017, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) did not consider the Outline Business Case which would have included the detailed option appraisal on the number/configuration of beds and the potential site for a new mental health hospital.

2.3 In order to maintain momentum and minimise the impact on the overall capital programme, TEWV have confirmed that they will schedule an extraordinary Board meeting in mid-June in order to progress this decision.

2.4 TEWV has acknowledged the wider themes set out in the consultation outcome report and an update on actions is provided at Appendix 1 of this paper.

2.5 The CCG has continued to liaise with NHS England with regards to progression of this strategic change and has met the necessary assurance requirements to date.

3. Next Steps

3.1 The CCG recognises the potential impact of a delay in considering the detailed option appraisal and progressing towards a full business case. It is important that appropriate governance is undertaken in this regard and the CCG understands that this decision will be taken as soon as is practicable given the restrictions of Purdah.

3.2 The CCG notes that, following consideration of the detailed option appraisal by TEWV's Board in mid-June, communication of any decisions with stakeholders will be led by TEWV.

3.3 TEWV will continue to maintain progress towards a new hospital by 2019 and will provide a specific update to the CCG in Autumn 2017 and following consideration by TEWV of the full business case in January 2018 (subject to the capital programme and planning process).

4. Recommendation

4.1 The Governing Body is asked to:

4.1.1 receive and note the contents of this report;
4.1.2 identify any further actions required to support delivery.

TEWV response the CCG's consultation recommendations

Analysis of qualitative and quantitative data collected from the consultation feedback has informed the following recommendations, and these respond directly to the key themes in section 13 of the consultation report.

Number	Response to feedback	Detailed action	Actions TEWV will take	Action owners	Timescale	Notes
1	**Theme 1**	The CCG should seek further assurance from TEWV about 24/7 community services provision in the form of a detailed implementation plan to ensure that the proposed bed numbers (60) are sufficient for the population of Vale of York.	TEWV will provide an update on how community services are being developed to ensure effectiveness and efficiency	Project Manager, Heads of Service and Head of Nursing	June 2017	Briefing will be provided following TEWV Board decision – Board will meet in mid-June 2017.
2	**Theme 2**	The CCG should seek further assurance from TEWV on the robustness of the proposed bed numbers in light of the future trend for the demographic changes profiled for the population of the Vale of York.	TEWV will furnish details of the reviewed data in relation to local bed requirements. This will detail changes applied to PRAMHs in light of forecasted population growth for the Vale of York (to year 2037), in comparison to the data provided within consultation documentation.	Project Manager, Planning Lead, Head of Communications	June 2017	Briefing will be provided following TEWV Board decision – Board will meet in mid-June 2017.

3	**Theme 2**	TEWV should ensure the organisation of in-patient mental health services reflect current best practice and are developed in a flexible way to meet future models of care. The CCG recognises the need to work with the wider system and partners to maximise effective use of resources.	TEWV will continue to develop plans for the new hospital in light of best practice guidance. It will demonstrate this using examples of best practice in assessing bed numbers/ benchmarking information etc. Service users, carers and key stakeholders (including CCG) are engaged in planning Phase 2 Exchange Events to take place in summer 2017, building on previous events in Spring 2016. TEWV will provide regular updates to CCG at 6 monthly intervals to address areas / issues which are outliers compared to best practice or emerging models of care.	Project Manager, Head of Nursing, Heads of Service. Project Manager Project Manager, Head of Nursing, Heads of Service.	June 2017 August 2017 December 2017 - + 6 monthly updates thereafter	
4	**Theme 3**	TEWV should progress the further detailed site / option appraisals guided by the preference stated by respondents. If there are constraints by any of the criteria within the option appraisal, the remaining	The Trust has undertaken a comprehensive formal option appraisal informed by the consultation feedback and utilising the criteria outlined in the public consultation – availability, achievability, accessibility, cost, layout and opportunity.	New Build Project Group.	June 2017	CCG members were in attendance at the formal options appraisal meetings Consultation feedback has informed the

		options should be progressed in line with preferences in the feedback.				appraisal process and outline business case.
5	**Theme 4**	TEWV should maintain an open, honest and transparent approach with the public and its partners in the consideration of the detailed site / option appraisals and provide timely updates around any constraints or limitations. Information and regular updates should be available via TEWV's website and stakeholder communication channels, such as its newsletter.	TEWV will provide a communication briefing to detail the decisions from the formal options appraisal. The decisions made will be shared at the forthcoming Exchange events (summer 2017) with key stakeholders. TEWV and CCG will attend local Scrutiny Committees to provide updates regarding developments – dates already booked. TEWV will make updates available via its website, and provide links to the CCG website also.	Head of Communications New build project team and CCG Leads. CCG and TEWV representatives Head of Communications and Project Manager	June 2017 August 2017 June to August 2017 June 2017	Briefing will be provided following TEWV Board decision – Board will meet in mid-June 2017.
6	**Theme 4**	The CCG should remain involved in the on-going consideration	TEWV will continue to involve CCG leads in all developments regarding site appraisal and the	Director of Operations &		TEWV will continue to update CCG

		of the detailed site / option appraisals within the context of its responsibility as commissioner of services for the population of the Vale of York. The CCG expects this to be evident through regular updates and discussion.	development of the new hospital.	Project Manager	As from March 2017	through Contract Management Board papers/ updates.
7	**Theme 5**	To help ensure that stakeholders have an influence on the way services will be delivered, the CCG requires TEWV to continue to actively involve service users, their carers and partners in designs and plans.	Exchange events are being planned for summer 2017 to enable all key stakeholders to be updated regarding service developments, and to have the opportunity to share views and ideas. Design workshops for the new build hospital are arranged and include service users and carers to ensure collaborative development.	New build project team and CCG Leads and with Patient and Public Involvement Lead. New Build Project Group.	Summer 2017. In place since August 2016	Phase 2 Exchange Events, building on events in Spring 2016, are taking place in summer 2017, across the locality to exchange information, ideas and learning to develop local services. Service user and carer input

						has been integral to design discussions since August 2016 and will continue as we develop the full business case for approval in 2018.

Item Number: 8

Name of Presenter: Rachel Potts

Meeting of the Governing Body **Date of meeting** **4 May 2017**	NHS Vale of York Clinical Commissioning Group

Communication and engagement plan

Purpose of Report *(*
To Receive

Reason for Report

The communication and engagement plan sets out the activities to support a series of engagement events with patients, stakeholders and the public that will be delivered in collaboration with our system partners.

The events are one element of a broader communications and engagement action plan, which has been developed as a response to the *Involving Local Communities Engagement Strategy 2016-19.*

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☐Financial ☒Legal ☐Primary Care ☐Equalities	

Recommendations

The Governing Body is asked to receive and note the plan.

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Responsible Executive Director and Title	Report Author and Title
Rachel Potts Executive Director of Planning and Governance	Victoria Hirst, Head of Engagement and Sharron Hegarty, Head of Communications and Media Relations

Appendices

Appendix 1 – Communication and engagement action plan

Appendix 2 – Stakeholder map

Patient, public and stakeholder communication and engagement 2017

DRAFT

Updated April 2017

1. Background

The NHS is facing economic challenges and pressures on health and social care are increasing. There is a growing elderly and frail population and more people are living with complex illnesses and long-term conditions. Although the population of the Vale of York has good health overall, there are thousands of people in communities with high levels of deprivation and variations in health and well-being outcomes. As a result and we need to work collaboratively with our local population and our partners across the system to enable our patients to gain the most benefit from the healthcare interventions they receive while supporting them to take responsibility for their own health.

The system spends more on health than it can afford. This means there we will have to work in a new way to help improve outcomes and achieve value for money.

Between June and September 2017, in collaboration with our partners, we are proposing a series of engagement events developed with stakeholders, patients and the public. It is essential that we involve our local population and listen to those who need, use and care about NHS services. With our partners we intend to go out into our communities and local population to talk openly and honestly about the challenges facing the health system and ask for real input on how we can work together to ensure a sustainable health and social care system.

2. Objectives

This communications and engagement plan sets out the timeline and activity to support a series of engagement events with patients, stakeholders and the public:

Overarching objectives are to:

- Gain a shared mutual understanding of the need to engage and involve our local population across all partner organisations.
- Ensure all future Clinical Commissioning Group (CCG) projects and decisions support the communications and engagement programme and its messaging.
- Inform a sustained Vale of York wide communications strategy providing comprehensive and consistent messages.
- Change perceptions of healthcare commissioning in the Vale of York.
- Give rise to public and patient participation around the need to respond to the local challenge
- Establish an understanding with patients and the public in that they have a responsibility to access and use NHS limited resources responsibly.
- Monitor and evaluate effectiveness of participation / engagement.
- Arrange a series interactive workshops throughout the Vale of York footprint to discuss the CCG's operational and financial plans in a system-wide context that is meaningful to the local population – covering topics such as financial challenges, how the health and wellbeing of the population can be improved and making the best use of resources.

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- Develop and deliver the interactive workshops in localities in partnership with local MPs, key health and social care partners, governing body members, our patients and the public.
- Support the workshops with engagement in the community in partnership by attendance at local forums and using networks that already exist.
- Raise awareness of the financial position of the CCG and wider health economy, so that the audiences can contribute to and be in involved in discussions about how the money is spent.
- Provide opportunities for the audience to contribute and participate in conversations and develop a mechanism so that views can be fed back into and inform commissioning decisions.
- Sign up members and interested parties to a patient network group, so that this cohort of interested individuals can become involved in future communications and engagement activities.

3. Audience

We aim to communicate and engage with as diverse a section of the community as possible to ensure that views and opinions of a cross section of stakeholders and patients are heard.

We will involve our key stakeholders to help take part in the delivery of the sessions including:

- Internal staff
- Governing Body members
- Local MPs
- Health economy partners – local authorities, NHS trusts
- Healthwatch
- Voluntary sector
- Patient representatives

Our key stakeholders include (full list in appendix ii):

Patients and the public	• Patient groups – e.g. Patient Participation Groups • Voluntary and third sector • Lobbyists and campaign groups • Wider patients and public • Protected characteristic groups
Local health economy partners	• Health and Wellbeing Boards • GPs • Pharmacists • Providers – Tees Esk & Wear Valley NHS Trust and York Teaching Hospital • OOH/111 • Emergency care

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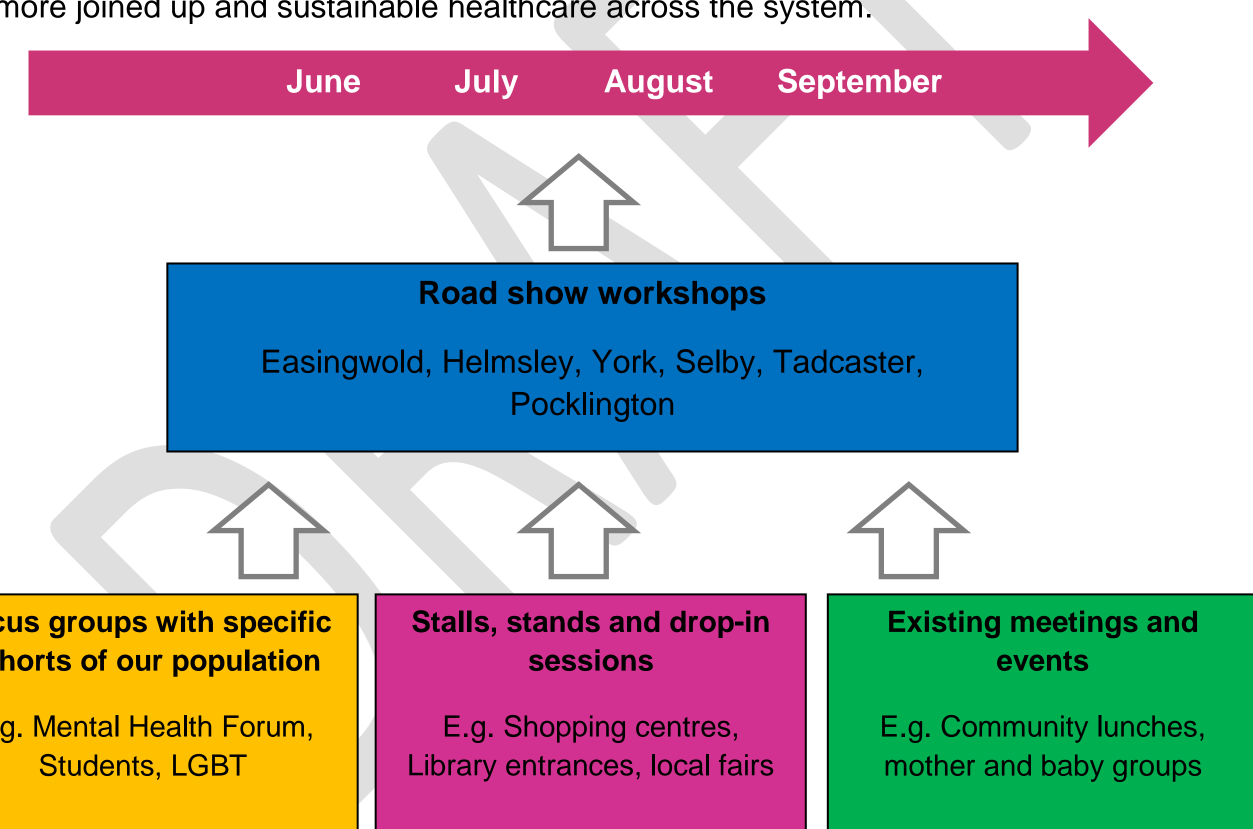
Political stakeholders	- District/Parish Town Councils - MPs - Councillors - Scrutiny Committees

4. Methods

Through the engagement roadshow, we intend to use a number of methods to ensure that we are able to reach as wide a section of our population as possible. We will listen to our community and will use feedback from our local population and key stakeholders to help develop and inform these sessions.

It is crucial that clear and consistent messaging is developed, and that we are able to articulate our current position, what we are asking of our local population and why change is needed. We will be going out to the public to talk about a number of themes, within the context of the financial and operational plan and a move towards more joined up and sustainable healthcare across the system.



4.1 Roadshow/workshops

We propose that these would take the form of an open forum event for the local community to attend. In partnership with our partners and stakeholders we will host sessions across the Vale of York footprint containing a mixture of presentations, discussions and interactive sessions.

It is important that we work with local communities and stakeholders to develop and produce the content of the sessions, to ensure that it is relevant and meaningful to the local population. Some examples of what could be covered include:

- Free educational workshops e.g. Learn to save a life, Mental Health First Aid, Know your blood pressure, treating minor illnesses.
- Background setting: The triple aim – addressing the three gaps:
  - Health and wellbeing outcomes (complex care, prevention and self-care, reduction of inequalities)
  - Care and quality outcomes
  - Financial gap
- Priorities:
  - Ask the population what they see as the greatest priorities (voting)
  - Health and wellbeing that is important to me includes…. (photo postcards)
- Collaborative and partnership working across health and social care
- 'You said, we did' – positive stories: Mental health, Wheelchair services and community equipment, Gluten free prescribing, anti-coagulation.
- Tabletop discussions around key areas such as: difficult financial decisions, local delivery of Sustainability and Transformation Plans, mental health etc.
- The Vale of York's financial position and moving towards sustainable healthcare.

Possible locations include:

Location	Venue
Easingwold	Galtres centre
Helmsley	Helmsley Community Library and Arts Centre
Pocklington	Arts Centre or GP Surgery
Selby	Civic Trust and Community House (AVS)
Tadcaster	Riley Smith Hall or Tadcaster Library
York	West Offices CVS New Earswick Folk Hall

4.2 Specific community and voluntary groups

Building on previous consultation and engagement events, some of the most valuable sessions have been talking to patients and the public in a more informal manner through specific groups and support networks. It is important that we reach out to people, and ask them how they would like to become involved. As part of the big conversations we intend to develop a number of individual workshops for cohorts of our population such as:

- Carers
- Mental health and learning disability groups
- Students

- Older People's Assemblies
- Youth forums
- Patient participation groups (PPGs)
- Foundation Trust Members

4.3 Stalls and stands

We are aware than not everyone will have the opportunity to attend a workshop event, so with our partners we intend to place ourselves in venues around the Vale of York footprint to speak to the public, discuss plans and collate feedback. At these sessions we can team up with partners and voluntary sector to host specific themed/focused events – such as the Stroke Association, BHF, Diabetes UK. Many of these organisations may be able to offer free health checks/advice which will draw in the public.

- York Teaching Hospital foyer
- Selby Hospital
- Local Council foyer/entrance hall
- GP surgeries
- Supermarkets
- Libraries/public buildings within the localities
- Leisure centres
- Garden centres
- Sports and social clubs
- Town centres

We have secured a number of locations and will publicise a full list.

4.4 Existing meetings/campaigns

As part of the engagement roadshow we intend to use networks and participate in as many existing meetings and group sessions as possible. By investing in our partnerships we will work with our colleagues across health, social care and the voluntary sector to identify opportunities. This will include (but is not limited to):

- Localised community fairs
- Ward committee meetings
- Voluntary sector assemblies and forums
- Freshers' week at Universities
- Supporting stakeholder and partner events e.g. York Teaching Hospital members' events and

4.5 Local employers

As a CCG we find it increasingly difficult to engage a population of working adults, as meetings and events are often held during working hours. York has a number of

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large employers that we may be able to collaborate with to open the dialogue with their staff.

5. Communications

5.1 Target audience

Theoretically, everyone in the Vale of York has an interest in their local health service. In practice that is not the case. Communications will be broad but there will be a concentrated effort to focus on the following demographic groups to encourage their participation.

5.2 Main messages – high level topics

Messages will draw on the 2017-19 priorities for the local system and will:

- Highlight the system's financial challenges
- Ask for views on the system plans
- Encourage conversations about the Prevention and Better Health Strategy
- Request feedback on the local Sustainability Transformation Plan (STP) proposals

<table>
<tr><th></th><th>Primary care</th><th>Unplanned Care</th><th>Planned Care</th><th>Mental health, LD, complex care and dementia</th></tr>
<tr><td>Priority 1
Strengthening Primary Care</td><td rowspan="3">Prevention and self-care

Managing demand

Improving local prescribing</td><td rowspan="3">More work that focuses on people over 65 years of age who are dependent on others for activities of daily living

Long term condition

Vulnerable children with complex needs</td><td rowspan="3">Improving Circulatory, Gastroenterology and Orthopaedic outpatient services

Improving waiting times for treatment

Clinical thresholds for elective surgery

Joined up IT systems</td><td rowspan="3">Better Children's and Adolescent Mental Health Services,

Improved Access to Psychological Therapies

Improvements in the diagnosis of dementia

Improving the physical health of patients and service users

Prevention work - smoking, alcohol, obesity

Continuing Health Care service review</td></tr>
<tr><td>Priority 2
Reducing the demand on the local health and care system</td></tr>
<tr><td>Priority 3
Delivering joined up, out of hospital care in the community</td></tr>
</table>

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<tr>
<td>Priority 4

A sustainable hospital with a single contract that delivers services</td>
<td rowspan="2">Supported by

Work with practices to create capacity, access and capability

Development of three Accountable Care System localities – North, Central and South

Referral Support System

Devolving budgets to member practices

Improved monitoring and reporting</td>
<td rowspan="2">Supported by

Our Accountable Care System

Analysing the population’s needs using anonymised medical history data

Lessening the impact on urgent care services

Delivering joined up health and care services in the community

Care home services

Investing in buildings that deliver healthcare services</td>
<td rowspan="2">Supported by

Improved cancer services

Sharing diagnostic, services (pathology, maternity and neonatal)

Specialised commissioned services</td>
<td rowspan="2">Supported by

Reviewing financially assisted care packages

Personal Health Budgets

Our consultation to provide a new mental health facility for the Vale of York

More modern mental health facilities</td>
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<tr>
<td>Priority 5

Transformed mental health, learning disability, complex care services and care funded by the NHS that takes place outside of hospital</td>
</tr>
<tr>
<td>Priority 6

System transformation</td>
<td colspan="2">Accountable Care System
Humber, Coast and Vale Sustainable Transformation Plan work programmes
Shared care records
Governance and accountability</td>
<td colspan="2">Workforce transformation
Better Care Fund
Sharing resources
Communication and engagement</td>
</tr>
</table>

5.3 Cut through

Communications need to be noticed by their target audience and this is the first and most important task of effective communications. It feels safer not to make hard decisions and compromise on what to say, meaning communications are often overloaded and cluttered.

5.4 Simple communication

Simple messages enter the brain quicker and stay there for longer. Clear copy needs to grab attention in the headline and provides a strong call to action. Communication messages will:

Resonate	Deliver
Confidence	Protection to reputation
Pride	A display of successes / achievements
Vision	Clarity
Promote	The system – not the CCG

Messages need to refer to the local system, not the CCG. All partners have an important role to play and it is vital that they are on board to help ensure messages have noticeability and credibility. The public need to read their communication and trust the source.

5.5 Messaging

Messages need to engage the audience in a way that 'the man on the street' would understand. Plain English is essential, but using toned down language that is as far removed from the way the NHS talks is better still.

i.e. Frail elderly vs people over 65 years of age that are dependent on others for activities of daily living.

5.6 Pre-testing

The information needs to be provided in a clear and easy to understand way, recognising that everyone has different needs, and we will use partners where necessary. Pre-testing with the support of Healthwatch colleagues is essential and removes some of the risk of disengagement.

5.7 Communications activity

- Communications will encourage online participation – SMS platform (pull).
- Digital targeted advertising is essential – the campaign will be primarily a digital one.
- Social media engagement – options to consider include via a managed campaign platform or utilising local NHS, stakeholder and partner accounts to push messaging.
- Web content across all partner websites to support communications and promotion, linking the campaign to sources of information.
- Full print and broadcast media plan

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5.8 Specific activities

Item
Text service (Pull activity, to promote online opportunity to be involved) Cost is dependent on take up
Text service (Pull activity, to promote online opportunity to be involved via member practices patient databases)
Digital promotion of opportunity to be involved
Associated graphics / campaign imagery
Printed newsletter (with distribution via Provider venues, GP surgeries, pharmacies and partners
Practice newsletters

Virtual panel – online opportunity to be involved (voting via simple survey approach)
Print media information
Media interviews
CCG website
My CCG membership
CCG and partner twitter feeds
Healthwatch publications x 3
Age UK newsletter
York Parent Carers newsletter
York colleges TV screens
North Yorkshire County Council online newsletter
North Yorkshire Fire and Rescue Service newsletters
Parish Council communication x 400 contacts
Practice Group networks (PPGs)
Series of communications to local interested groups to raise awareness / call to action to participate

6. Benefits

There are a number of benefits to engaging with our local population and key stakeholders:

- Builds stronger stakeholder and partner relationships – show a united front as we move away from organisational healthcare to working as a system
- Investing in partnerships and having an on-going dialogue builds trust amongst stakeholders, patients and the public
- Creates a better understanding of the challenges facing the health and social care system and involve the local population in having a say in how improvements can be made
- Involves patients in shaping future healthcare
- Collates feedback received from patients and public and illustrates how conversations and dialogue have fed into decision making – 'You-said, we did'
- Ensures we meet our statutory duties to involve patients and the public

7. Equality

In line with established policy and process, the principles of equality and diversity will underpin all communication activity. Alternative formats of documentation will be produced as necessary and appropriate and we will work with our partners to ensure that we provide clear, easy to understand information. To develop relationships with diverse communities and 'seldom heard groups' we will work with patient, service user and voluntary, community and social enterprise (VCSE) organisations. A full Equality Impact Assessment will be completed as part of the programme of work.

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8. Constraints/Risks

Communication/engagement risk	Mitigation
Mixed messaging - Not having clear, consistent messaging could result in confusion	Ensure that all communication involves clear messaging across all platforms.
Lack of support from partner organisations to signify a ‘system’ approach	Ensure that partner organisations are advised of our intentions early in the process and are invited to attend all events.
Focusing too much on financial savings and creating a negative response – causing reputational/media concerns	Ensure that all communication involves clear messaging and is open and transparent. Proactively approach the media with a clear outline of the ‘Altogether, better’ campaign.
A diverse and representative selection of the population may not attend the events	Ensure that events take place in locations that are accessible and across the Vale of York footprint, and happen at times that are most appropriate to capture a larger section of the population. Identify specific communities and groups that are often seldom heard, and offer the opportunity to discuss plans face to face.
Handling personal information and data through sign-in sheets and contact us emails	Ensure lockable briefcase to transport information with personal details.

9. Timings

The timescale for the engagement is between June and September 2017, and specific dates for the workshops are being finalised. (See section 4.1) The workshops will be scheduled from mid-June. These will be set based on availability of venue and staff to attend and will be updated and monitored through our communications and engagement timeline work plan.

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Communications and engagement action plan 2017

NHS Vale of York CCG

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Output	Activities	Timeframe	Measure/Evidence
1. Events and public engagement			
'Big conversation' engagement events	• Plan and carry out a series of 'big conversations' with patients, the public and stakeholders to share and involve with the local population plans about the financial recovery, key priorities and challenges facing the health system and ask for real input on how we can work together to ensure a sustainable health and social care system. • Develop a clear narrative and work with patients and the public to ensure messaging is audience appropriate • Incorporate system-wide partnership working • Deliver events through the localities with partners • Use conversations as an opportunity to open a dialogue with patients and the public about what matters to them the most across health care, and use this to feed into future commissioning plans	June-Sept 2017	• Evidence of a series of stakeholder and patient events: Range of stakeholders, diverse geographical spread, variety of formats – workshops, forums, roadshow style presentation • Monitor numbers of patients and stakeholders spoken to at events • Evaluate impact of engagement through surveys post event
2. Patient experience and feedback			
Patient insights	• Develop a system to record patient experiences/insights to	Establish process by	• Evidence of changes made and/or actions taken as a result of patient

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	feed into CCG • Assess how the CCG can listen, review, triangulate and act on patient feedback • Demonstrate that action is taken by the CCG as a result of patient experience data and evidence	April 2016 – but is an on-going item	experience data collated • Include in reports and publish as appropriate
Patient stories and engagement events	• Capture patient stories and ensure that they are incorporated into meetings, briefings and events	On-going	• Evidence of patient story in minutes of meetings (internal and external) and on website
'You said, we did'	• Create a repository of meaningful CCG engagement, where we listen and acted upon patient feedback • Promote 'you said, we did' on the CCG website and through engagement events and roadshow	May 2016 and on-going	• Repository of meaningful CCG engagement, where we listen and acted upon patient feedback
3. Key stakeholders and networks (stakeholder map – appendix i)			
Patient Participation Groups (PPGs)	• Map and identify existing PPGs • Work with practices to ensure that PPGs continue • Use PPGs as groups to increase patient involvement and gather feedback • Collate and share benefits of PPGs • Triangulate feedback from	March –June 2017	• Database of all PPG attendances • Contact and conversations with 70% of PPGs by August 2017 • Evidence that PPG have been consulted on recovery plan

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	patients and the public about primary care and use to improve and inform services		
NHS Vale of York CCG engagement network	• Re-establish CCG network – a group which supports patients and the public to learn about healthcare in the Vale of York community, feeds into CCG priorities and quality improvement and takes key messages back into its communities • Ensure that group is fit for purpose and review membership • Consider the opportunity for quarterly meetings • The group will receive regular newsletters, receive invites to public meetings, have the opportunity to have their say about new services and service changes • Keep website pages and regular communication up to date • Support members who are unable to attend meetings via online community/newsletter	Establish by July 2017	• Evidence of first meeting/communication by July 2017 • Track numbers of stakeholders on mailing list and attending meetings
Close partnership working with stakeholders	• Continue to work in partnership with key organisations such as Healthwatch and identify how we use their experience and	On-going	• Evidence of meetings and involvement in commissioning decisions

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	networks to involve patients and the public in areas of commissioning		
MP, councillor and scrutiny engagement	• Work with the Accountable Officer to build and maintain relationships with the Vale of York's MPs and councillors • Work with MPs to involve their constituents and identified groups in working with the CCG to share plans with the local population about the financial plan and key priorities	On-going	• Evidence of meetings with MPs and working with constituents • Feedback and evaluation of involvement
Voluntary organisation and community group engagement	• Organise a number of workshops with voluntary organisations to gather opinions and user experience, and feed back into the organisation and inform decisions • Ensure diverse geographical spread and engagement and involvement of seldom heard groups (see section 5)	Initial meetings to start by end of April 2017 the on-going	• Evidence of meetings • Feedback and evaluation of involvement • Engagement and satisfaction survey • Evidence of diverse geographical spread
Universities	• Establish link with the universities to understand how students are using healthcare – link in to welfare teams, GPs on campus. Consider the opportunity to link in with health and social care students and scope opportunities	July 2017	• Evidence of meetings with the university and groups of students

	to • Scope most appropriate ways of engaging this community (link to communication actions in section 5)		
Volunteers	• Scope opportunity to involve volunteers in working in partnership with the CCG to help deliver messages into the local community	July 2017	• Evidence of interaction with volunteers and involvement in 'big conversations'
GP engagement	• Visit GP practices to involve stakeholders in conversations about the GP five year forward view, key priorities, recovery plan and gather feedback. • Clinical summit – engagement and involvement covering best practice around collaborative working.	January – June 2017	• Visit 90% of GP surgeries to talk about key priorities, recovery plan and gather feedback • Feedback and evaluation of involvement • Engagement and satisfaction survey • Measure involvement and impact through council of representatives
4. Statutory duties			
Duty to consult	• Ensure that CCG is meeting statutory duties under section 14Z2 of the Health and Social Care Act (2012)	On-going	• CCG staff are aware of when to consult patients and the public in programmes of work • Evidence that staff have considered duty to consult by use of guidelines from the engagement toolkit (see section 6)
Annual report for patient and public	• Create a section for the annual report that includes an update on	Yearly	• Annual report submitted and noted, containing key activities

involvement activity	all patient and public engagement activity within the CCG		and achievements from the previous year
Patient engagement in service change, service delivery, design and redesign	• Ensure that patient involvement is included at all stages of the commissioning cycle – involving patients in commissioning intentions, services design, procurement and monitoring and performance. • Work with CCG teams to ensure that engagement is embedded within projects from the outset • Use networks and ensure hard to reach groups and those affected by service changes are involved, consulted and kept up-to-date throughout the process	On-going	• Ability to provide good quality examples of patient engagement, leading to positive external perception • Projects and developments will benefit from patient engagement and statutory requirements will be met
Quality and patient experience committee (QPEC)	• Provide regular updates to the Governing Body through the Quality and Patient Experience Committee	Quarterly	• Evidence of update and progress provided at quarterly meetings
5. Communications and conversations			
Identification of groups who are 'seldom heard' and ensuring that they have the opportunity	• Carry out a gap analysis to identify groups that the CCG has not engaged with previously • Liaise with voluntary organisations, community groups	Initial review by May 2017 Engagement – on-going	• Evidence of communication and engagement plan for seldom heard groups • Engagement and feedback from a number of seldom heard groups

to engage with the CCG.	and key contacts to open dialogue with these groups (seldom heard) • Develop engagement action plan		
New ways to engage those in the community who may not have the chance to become involved and have their say	• Establish the preferred way of engaging these communities/groups • Explore new communication methods – e.g. text/social media	Initial review by May 2017 Engagement - on-going	• Introduction of new methods of engagement with seldom heard communities and groups • Insights and feedback from these groups fed into QPEC
'Get involved' section of the website	• Continue to use website as a communication and engagement tool • Update existing content • Add new information, list events and encourage feedback • Source 'patient stories' and where we have carried out meaningful patient engagement	Initial review by May 2017, updates are on-going	• Section of website updated and communicated to key stakeholders • Increase traffic/number of hits to the website • Increase number of contacts from public
6. Internal			
Engagement activity database	• Scope development of database to record engagement activity to ensure there is a clear understanding of what engagement is happening at all levels of the organisation • Capture all engagement activities that have happened within the CCG	February-April 2017 for initial development. Begin to update from 1 April.	• Database created and updated on a regular basis • Monthly reporting of public and patient engagement

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	• Use database to collate feedback and use to feed into future decisions		
Engagement strategy and action plan	• Update engagement strategy for 2018/19 • Create annual action plan to support the implementation of the strategy • Provide regular updates to the Quality and Patient Experience Committee	Dec 2017	• Evidence of strategy on website • Regular updates against action plan at QPEC • Monitor and evaluate programmes of work
Engagement toolkit for staff	• Provide a toolkit to help support staff to ensure that engagement is embedded within all processes of the CCG • Dedicated intranet/shared drive section for staff • Provide engagement guidance notes, policies and procedures, useful documents, statutory duties • Create survey to analyse users' experience before and after using the toolkit	May 2017	• Compare results from staff about their understanding of engagement via a survey – completed before the toolkit is published and afterwards • Toolkit and guidelines on intranet • Evidence of patient engagement evident throughout commissioning cycle.
Engagement workshops for staff	• Plan and organise a number of workshops for (which will be delivered on an on-going basis) about consultation and engagement good practice	April 2017	• Evidence of work shows • Evaluation of events: Compare results from staff about their understanding of engagement via a survey – completed before the

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	• Invite key speakers e.g. NHS leadership/National Voices to speak at workshops		workshops are published and afterwards
Staff volunteers	• Explore opportunities to develop CCG volunteers and increase their role as ambassadors of the CCG • Maintain and 'interested' staff list for CCG colleagues who would like to get involved in public engagement • Provide training to interested staff (link to engagement toolkit)	May 2017	• Database of engagement will reflect attendance of staff at public events and activities • Evidence of engagement within staff PDRs
Staff key messages workshop	• Run a number of weekly workshops for staff on: Financial plan, improvement plan, operational plan, Better Care Fund, Accountable Care Systems, performance, risks, governance and engagement.	March-April 2017	• Attendance figures – 70% of staff to attend at least one workshop • Evaluation and feedback • Engagement and satisfaction survey

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Item Number: 9

Name of Presenter: Tracey Preece

Meeting of the Governing Body

4 May 2017

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Report Month 12

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of the CCG and achievement of key financial duties for 2016-17.

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

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

Recommendations

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

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 - Detailed PMO dashboards

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: April 2017

Financial Period: April 2016 to March 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 financial position	(13,346)	(23,759)	(10,413)	R ↑	(13,346)	(23,759)	(10,413)	R ↑
Programme expenditure does not exceed programme allocation	433,612	457,688	(24,076)	R ↑	433,612	457,688	(24,076)	R ↑
Running costs expenditure does not exceed running costs allocation	7,525	7,208	317	G ↓	7,525	7,208	317	G ↓
Risk adjusted deficit					(20,428)	(23,759)	(3,331)	R ↑
QIPP delivery (see section 7)	12,200	1,743	(10,457)	R ↓	12,200	1,743	(10,457)	R ↓
Better Payment Practice Code (Value)	95.00%	99.85%	4.85%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.66%	3.66%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	335	163	172	G				
CCG cash drawdown does not exceed maximum cash drawdown					468,990	467,523	1,467	G

The full finance dashboard is presented in Appendix 1

Key Messages

- After the release of the 1% risk reserve (£4.34m) the CCG delivered a £23.76m deficit for the 2016/17 financial year. This is in line with the CCG's month 9 forecast outturn deficit of £28.10 prior to the release of the 1% risk reserve and against which the CCG has been performance monitored.
- Programme expenditure was £24.08m overspent, with the under spend on running costs expenditure of £317k off-setting this to deliver the overall deficit position. This position includes several significant variances which are detailed in section 3
- QIPP delivery within this position was £1.74m, £10.46m away from plan.
- The CCG delivered all of its key balance sheet and other financial consideration targets.

1. Red / Amber financial measures

- *'Achieve planned financial position'* – The year-end expenditure position was £10.41m higher than plan and resulted in a deficit of £23.76m after the release of the 1% risk reserve.
- *'Programme expenditure does not exceed programme allocation'* – Programme expenditure was £24.08m higher than allocation. This was offset by an under spend on running costs of £0.32m.
- *'Risk adjusted deficit'* – The CCG's deficit was £3.33m higher than the £20.43m risk adjusted outturn in the 2016/17 financial plan.

- *'QIPP delivery'* – QIPP delivery is 14.3% of plan and under the month 9 forecast of 19.3%. This equates to £606k under delivery, which has been off-set elsewhere in the overall position.

2. Key Actions

- The CCG finance team have submitted the 2016/17 draft, unaudited annual accounts and are now working through the external audit review process ready for final submission on the 31st May.
- Although a number of year-end positions have been agreed, the CCG contracting team continue to work with those providers where this has not been possible, most notably York Teaching Hospital NHS Foundation Trust, although the respective forecast outturn gaps between the CCG and the Trust has closed considerably over the last few months and moved closer to the CCG's position.

3. Year-end financial position

The CCG's year-end expenditure is £10.41m above plan after the release of the 1% risk reserve. There are several key variances within this position which are detailed below.

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£4.00m)	This is the full value of the gap between contracted and financial plan values.
York Teaching Hospitals NHS Foundation Trust – other variance	(£6.50m)	The over spend on the YTHFT acute contract has continued. Orthopaedic planned activity is £1.33m above plan offset by underspends on the Ramsay and Nuffield contracts of £1.58m.
Continuing Health Care	(£3.40m)	The year-end position reflects the higher number of referrals year to date compared to 2015/16. However, the final variance did improve on the previous month's forecast by £0.53m, largely as a result of further work across all the North Yorkshire CCG's to review the outstanding historical provisions.
Mental Health Out of Contract placements	(£2.53m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.
Other acute contracts	(£2.82m)	Forecast overspends against all acute contracts except North Lincolnshire and Goole Hospitals NHS Trust. These include Leeds Teaching Hospitals NHS Trust (£0.72m), Hull and East Yorkshire Hospitals NHS Trust (£0.47m), Harrogate and District NHS Foundation Trust (£0.39m) and Mid Yorkshire Hospitals NHS Trust (£0.56m).
Funded Nursing Care	(£1.02m)	The full year impact of the increase to the national weekly FNC rate.
Systems Resilience Schemes	(£0.87m)	The full year impact of systems resilience schemes, which were not provided for in the financial plan.
Tees, Esk and Wear Valleys NHS Foundation Trust	£0.25m	This includes a cost pressure of £0.80m relating to the closure of Bootham Park Hospital which is offset by a support agreement with TEWV relating to risk sharing the increased cost to the system over the last year in relation to the closure of Bootham.

Ramsay and Nuffield Health	£1.58m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Primary Care Prescribing	£0.31m	Continued improvements in prescribing spend together with QIPP delivery.
Primary Care Commissioning	£2.20m	Historical correction of rates rebate.
Better Care Fund	(£0.35m)	Failure to deliver the additional savings required as part of the risk share arrangements across the health and social care economy, partly off-set by underspend on some schemes.
Reserves	£4.90m	Includes the release of the 1% risk reserve of £4.34m
Prior Year Balances	(£0.12m)	Payments relating to 2015/16 but not provided for at year end.
Contingency	£2.18m	0.5% contingency provided for in plan.
Unallocated QIPP	(£0.58m)	The full year value of the unallocated QIPP is £0.58m.
Other variances	£0.36m	
Total impact on forecast position	**(£10.41m)**	

4. Risks and mitigations

All previously reported risks and mitigations have been reviewed, and where expected to arise in 2016/17 they are now included in the outturn position. There are therefore no further risks or mitigations to formally report.

There are however, 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 – A number of year-end deals have been agreed with providers, but not in the case or York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospital NHS Trust and both Ramsay and Nuffield independent sector providers. The latest forecast outturn comparisons differ by c£1m, the vast majority of which is with York Teaching Hospital NHS Foundation Trust, which represents 0.5% of the contract value. Although a number of potential variables such as work in progress have been agreed, the difference remains due to different forecasting methodologies. The CCG is forecasting in line with its agreed methodology and over the last few months the Trust's position has moved closer to this. Therefore both parties have agreed to let this trade out.
- Continuing Healthcare – The monthly forecasts have been stable for some months now as a result of improved financial forecasting methodology implemented during the year. The 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.

5. Underlying Position

The underlying position reported at month 12 is detailed below.

Description	Value
Deficit at month 12	**(£23.76m)**
Adjust for non-recurrent items in plan -	
Brought forward deficit	£6.30m
Continuing Health Care national risk pool	£0.40m
Other non-recurrent items in plan	(£0.85m)
Adjust for non-recurrent variances at month 12 -	
Bootham Park Hospital closure cost pressure	£0.80m
Systems Resilience schemes	£0.87m
Year end system support	(£1.00m)
Capital grants	(£0.45m)
Primary Care rates adjustment	(£0.55m)
Other non-recurrent variances	(£2.93m)
Underlying financial position	**(£21.17m)**

6. Balance sheet / other financial considerations

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

7. QIPP programme

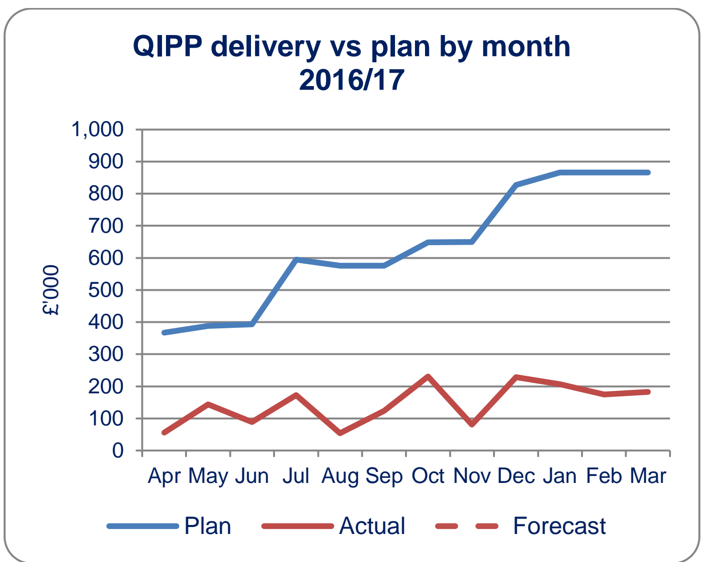
The QIPP outturn of £1.74m represents the latest assessment of the in-year delivery. Detailed PMO dashboards for each area are attached at Appendix 2.

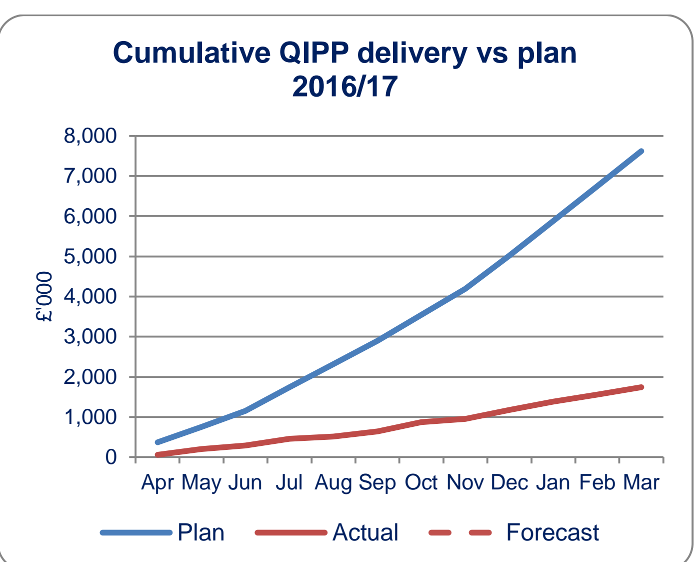
7a. QIPP progress table

			Year to Date		Forecast Outturn			
Scheme Name	Ref	Planned start date	Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Finance RAG rating	Comments
PRIMARY CARE								
Anti-Coagulation service	PC1	Nov-16	118	0	118	0	A	
URGENT CARE								
Non Contracted Activity	U4	Jul-16	267	0	267	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	34	0	34	0	A	Savings expected from October but cannot evidence in Oct data due to outstanding AQN on Paediatric 0 LoS activity. To be updated when AQN resolved.
RightCare - Trauma & Injuries	U6	Oct-16	37	0	37	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	70	0	70	0	R	
ED Front Door	U2	Jul-16	91	0	91	0	R	
Urgent Care Practitioners	U3	Apr-16	76	84	76	84	G	FYE Apr-Jul, no further updates required
INTEGRATION AND COMMUNITY								
Review of community inpatient services	IC2	Dec-16	333	0	333	0	R	
Integrated Care Team Roll-out	IC1	Dec-16	378	0	378	0	A	
Community Equipment Procurement	IC3a	Dec-16	72	37	72	37	G	
Community Wheelchair Procurement	IC3b	Dec-16	46	57	46	57	G	
Community Diabetes	IC9	Apr-16	149	0	149	0	R	
Community IV	IC7	Jun-16	50	0	50	0	R	
Patient Transport - contracting review	IC5	May-16	92	124	92	124	G	
PRESCRIBING								
Branded generics	PS2	Jul-16	519	0	519	0	A	
Therapeutic switches	PS1a	Apr-16	400	538	400	538	GA	
Repeat prescriptions	PS1b	Oct-16	400	0	400	0	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	297	52	297	52	GA	
Minor Ailments Prescribing	PS7	Oct-16	138	0	138	0	R	
Continence & Stoma Care	PS4	Jul-16	38	0	38	0	GA	
SIP Feeds	PS6	Apr-16	120	156	120	156	G	
Dressings	PS5	Oct-16	63	23	63	23	GA	
Rebate Scheme	TBC1	Oct-16	0	67	0	67	GA	

			Year to Date		Forecast Outturn			
Scheme Name	Ref	Planned start date	Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Finance RAG rating	Comments
PLANNED CARE								
DVT	PC3	Oct-16	17	0	17	0	R	
RightCare – Respiratory (COPD)	IC8	Oct-16	17	0	17	0	R	
Faecal Calprotectin	PC4	Oct-16	105	13	105	13	GA	
Dermatology Indicative Budgets	PC2	Apr-16	100	90	100	90	G	
High Cost Drugs & Devices Review	PL3	Apr-16	535	0	535	0	R	
YTHFT follow up ratio	PL13	Apr-16	703	0	703	0	R	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	287	166	287	166	GA	
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	44	44	44	44	G	
RightCare - Diabetes	PL6	Oct-16	11	0	11	0	R	
RightCare - Orthopaedics	PL1	Oct-16	192	0	192	0	R	
ENT	PL2	Dec-16	58	0	58	0	R	
Thresholds – BMI and smoking	PL8	Jan-17	0	0	0	0	GA	
MENTAL HEALTH & CONTINUING HEALTHCARE								
Reduction in section 117 spend	M1	Apr-16	250	0	250	0	R	
Continence Supplies	C1	Sep-16	33	51	33	51	G	
CHC review panel decisions	070	Jan-17	0	0	0	0	A	
CHC review 1 to 1 care packages – Adult	C2	Apr-16	720	0	722	0	GA	
CHC review 1 to 1 care packages – Children	C3	Oct-16	12	0	12	0	R	
RUNNING COSTS								
Running costs review & financial controls	B1	Apr-16	750	241	750	241	G	
Total identified QIPP			**7,618**	**1,743**	**7,620**	**1,743**		
Additional YTHFT schemes				0	4,000	0	R	
Unidentified QIPP				0	580	0	R	
Total QIPP requirement			**7,618**	**1,743**	**12,200**	**1,743**		

7b. QIPP delivery graphs



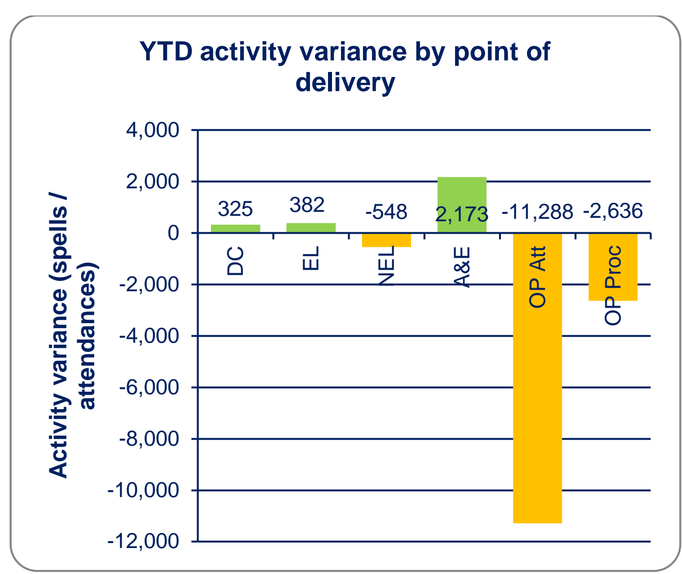


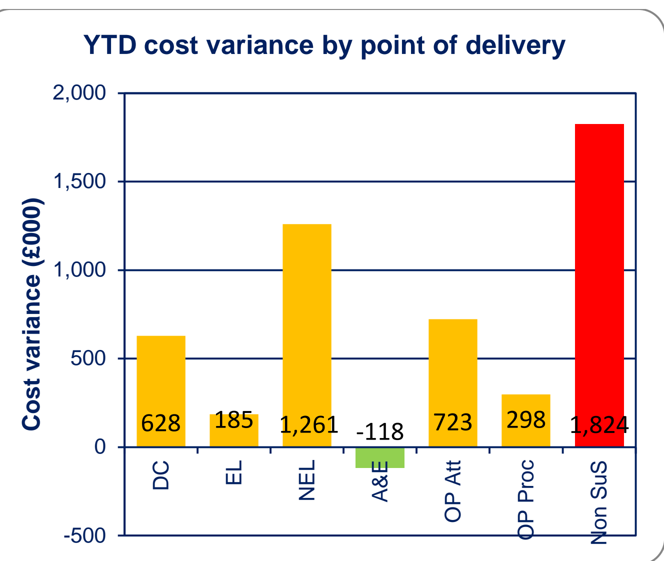
8. Secondary Care activity

8a. York Teaching Hospital NHS Foundation Trust

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

Year to date covers April to February data in line with acute activity data submissions.





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

Non elective is over spent against plan by £1.26m, which corresponds to 2% above the activity plan. Outpatient procedures are 7% above plan with an over spend against plan of £0.30m and outpatient attendances are 3% above plan with an over spend of £0.72m. Accident and Emergency attendances are 2% below plan with an under spend against plan of £0.12m. Non SUS expenditure is £1.82m above plan. This includes an over-spend of £0.36m on Critical Care, largely a result of one high cost patient, of which £0.30m of this was accrued at the 2015/16 year end as an incomplete spell, and has been released to offset the expenditure in 2016/17. Excluded drugs are

£0.94m above plan which partly relates to the high cost drugs and devices QIPP of which £0.54m is not in delivery. Direct Access Diagnostics are £0.29m above plan.

8b. Other secondary care providers

Other secondary care providers are showing a YTD over spend of £1.24m in the April to March financial position, however this is made up of an underspend on Ramsay and Nuffield contracts relating to planned Orthopaedic activity (£1.58m) and over spends on other acute contracts of £2.82m, detailed below.

	YTD Apr-Mar			
	Plan	Actual	Variance	Comments
Leeds Teaching Hospitals NHS Trust	8,965	9,599	(634)	Over trades in Non-Elective Care (£438k) and Critical Care (£149k).
Hull and East Yorkshire Hospitals NHS Trust	2,252	2,724	(471)	Over trades in Elective Care (£153k) associated with high cost / low volume activity, Daycases (£73k) and Emergency Care (£88k).
Harrogate and District NHS Foundation Trust	1,630	2,020	(390)	Over trades across planned care (£327k). Relates to the fact that the 2016/17 plan did not capture an increasing trend in planned activity evident in the latter part of 2015/16.
Mid Yorkshire Hospitals NHS Trust	1,910	2,460	(550)	Over trades in Non-Elective Care (£109k), Elective Care (£69k) and an on-going long stay attendance in Critical Care (£301k).
South Tees NHS Foundation Trust	1,208	1,287	(78)	Over trades in Day Cases (£62k) and Non-Elective (£37k).
North Lincolnshire & Goole Hospitals NHS Trust	720	645	75	
Sheffield Teaching Hospitals NHS Foundation Trust	244	279	(35)	
Non-Contracted Activity	3,383	3,834	(451)	Planned QIPP on NCA expenditure of £267k not in delivery.
Other Acute Commissioning	353	742	(372)	£422k impact of ED Front Door service provided by Yorkshire Doctors. Partly offset by reductions in A&E attendances at YTHFT.
Ramsay	8,978	7,723	1,255	Continuing under trade as a result of increased T&O planned activity at YTHFT.
Nuffield Health	3,632	3,306	326	Continuing under trade as a result of increased T&O planned activity at YTHFT.
Other Private Providers	1,098	1,010	89	
Total	**34,374**	**35,609**	**(1,235)**	

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	180,807	191,310	(10,503)	180,807	191,310	(10,503)
Yorkshire Ambulance Service NHS Trust	12,895	12,895	(0)	12,895	12,895	(0)
Leeds Teaching Hospitals NHS Trust	8,965	9,599	(634)	8,965	9,599	(634)
Hull and East Yorkshire Hospitals NHS Trust	2,252	2,724	(471)	2,252	2,724	(471)
Harrogate and District NHS FT	1,630	2,020	(390)	1,630	2,020	(390)
Mid Yorkshire Hospitals NHS Trust	1,910	2,460	(550)	1,910	2,460	(550)
South Tees NHS FT	1,208	1,287	(78)	1,208	1,287	(78)
North Lincolnshire & Goole Hospitals NHS Trust	720	645	75	720	645	75
Sheffield Teaching Hospitals NHS FT	244	279	(35)	244	279	(35)
Non-Contracted Activity	3,383	3,834	(451)	3,383	3,834	(451)
Other Acute Commissioning	353	724	(372)	353	724	(372)
Ramsay	8,978	7,723	1,255	8,978	7,723	1,255
Nuffield Health	3,632	3,306	326	3,632	3,306	326
Other Private Providers	1,098	1,010	89	1,098	1,010	89
Systems Resilience	0	873	(873)	0	873	(873)
Sub Total	**228,076**	**240,688**	**(12,612)**	**228,076**	**240,688**	**(12,612)**
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	38,601	38,356	245	38,601	38,356	245
Out of Contract Placements and SRBI	2,782	5,307	(2,525)	2,782	5,307	(2,525)
Non-Contracted Activity - MH	447	413	34	447	413	34
Other Mental Health	131	131	0	131	131	0
Sub Total	**41,961**	**44,207**	**(2,246)**	**41,961**	**44,207**	**(2,246)**
Community Services						
York Teaching Hospital NHS FT - Community	20,063	19,849	214	20,063	19,849	214
York Teaching Hospital NHS FT - MSK	1,665	1,559	106	1,665	1,559	106
Harrogate and District NHS FT - Community	4,325	3,977	348	4,325	3,977	348
Humber NHS FT - Community	1,035	1,037	(2)	1,035	1,037	(2)
Hospices	1,204	1,195	9	1,204	1,195	9
Longer Term Conditions	350	458	(108)	350	458	(108)
Other Community	184	1,025	(840)	184	1,025	(840)
Sub total	**28,827**	**29,100**	**(273)**	**28,827**	**29,100**	**(273)**
Other Services						
Continuing Care	22,588	25,985	(3,397)	22,588	25,985	(3,397)
Funded Nursing Care	3,788	4,812	(1,024)	3,788	4,812	(1,024)
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,936	1,996	(61)	1,936	1,996	(61)
Voluntary Sector / Section 256	904	779	125	904	779	125
Non-NHS Treatment	848	793	55	848	793	55
NHS 111	754	789	(34)	754	789	(34)
Better Care Fund	10,917	11,271	(354)	10,917	11,271	(354)
Other Services	2,588	1,638	950	2,588	1,638	950
Sub total	**44,323**	**48,063**	**(3,740)**	**44,323**	**48,063**	**(3,740)**

	YTD Position			Forecast Outturn		
	Budget £000	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**
Primary Care						
Primary Care Prescribing	49,518	49,206	312	49,518	49,206	312
Other Prescribing	324	481	(157)	324	481	(157)
Local Enhanced Services	1,755	1,575	180	1,755	1,575	180
Oxygen	233	250	(17)	233	250	(17)
Primary Care IT	1,050	1,189	(139)	1,050	1,189	(139)
Out of Hours	3,421	3,162	259	3,421	3,162	259
Other Primary Care	188	250	(62)	188	250	(62)
Sub Total	**56,489**	**56,113**	**376**	**56,489**	**56,113**	**376**
Primary Care Co-Commissioning	**41,411**	**40,010**	**1,401**	**41,411**	**40,010**	**1,401**
Running Costs	**6,710**	**7,208**	**(498)**	**6,710**	**7,208**	**(498)**
Trading Position	**447,796**	**465,389**	**(17,593)**	**447,796**	**465,389**	**(17,593)**
Prior Year Balances	188	(493)	681	188	(493)	681
Reserves	4,903	0	4,903	4,903	0	4,903
Contingency	2,177	0	2,177	2,177	0	2,177
Unallocated QIPP	(580)	0	(580)	(580)	0	(580)
Reserves	**6,687**	**(493)**	**7,180**	**6,687**	**(493)**	**7,180**
Financial Position	**454,483**	**464,896**	**(10,413)**	**454,483**	**464,896**	**(10,413)**
Surplus / (Deficit)	(13,346)	0	(13,346)	(13,346)	0	(13,346)
Overall Financial Position	**441,137**	**464,896**	**(23,759)**	**441,137**	**464,896**	**(23,759)**

Item Number: 10 **Name of Presenter: Caroline Alexander**	
Meeting of the Governing Body **4 May 2017**	NHS Vale of York Clinical Commissioning Group
CCG Performance Report (Month 11 – February 2017)	
Purpose of Report **For Information**	
Reason for Report The Governing Body is asked to receive the February 2017 (Month 11) performance report as presented to the Finance and Performance Committee on 27 April 2017. The Governing Body is asked to note the performance headlines summary at the front of the report. There were no issues for escalation and the Finance and Performance Committee confirmed they were happy with the new format of reporting.	
Strategic Priority Links ☒Primary Care/ Integrated Care ☒Urgent Care ☒Effective Organisation ☒Mental Health/Vulnerable People	☒Planned Care/ Cancer ☒Prescribing ☒Financial Sustainability
Local Authority Area ☒CCG Footprint ☐City of York Council	☐East Riding of Yorkshire Council ☐North Yorkshire County Council
Impacts/ Key Risks ☒Financial ☒Legal ☒Primary Care ☒Equalities	**Covalent Risk Reference and Covalent Description** All CCG risks are currently being refreshed to align to delivery and performance requirements for the 2017-18 programmes of work. This will be completed in May 2017.
Recommendations N/A	
Responsible Chief Officer and Title Rachel Potts, Executive Director of Planning and Governance	**Report Author and Title** Caroline Alexander, Assistant Director of Delivery and Performance

Annexes

CCG Performance Report February 2017 Month 11

Performance Report

Validated data to February 2017 Month 11

Performance Headlines

IMPROVEMENTS IN PERFORMANCE FEBRUARY 2017

A&E 4 HR	Increase to 81.5% February for CCG.	Achieved 95% - 100% on some days on York site in March. Strong recovery since mid-February – impact of Return to Operational Standards, flow & ambulance handover work.
RTT 18 week	Increase from 90.3% to 90.5% in February for CCG.	Stabilised RTT backlog in February (though starting to rise again in April see below). Reduced referrals during February (year on year analysis of 4%, or -348 referrals)
Cancer 14 day urgent	97% against target of 93%	Impact of dermatoscopes apparent. March data shows increase in breast and colo-rectal referrals from general practice – currently being analysed.

DETERIORATION IN PERFORMANCE FEBRUARY 2017

RTT 18 week backlog & admitted p/way	Increase in backlog to 1285. 173 patients currently at 36 weeks+ on non-admitted pathway. 2 x 52 week breaches in March and 1 in April.	This is the highest backlog to date. Trust considers sustainable position to be 700-900 patients. Breached patients are from YTHT, North Bristol and NLAG. Referrals still increasing in ophthalmology (5%), general surgery (4%) & medical oncology (35%). There are 4 patients in April now waiting at between 47-52 weeks (Hull, LTH & NLAG)
Prescribing QIPP delivery	Under-delivery on some 16/17 QIPP schemes.	Current vacancies have reduced capacity to deliver QIPP schemes – transition to 17/18 QIPP programme & new medicines management proposal should impact.
Cancer 62 day	75.7% against target of 85%	Significant focus on this target in 2017/18 and basis of the Cancer Alliance Plans – must achieve STP performance control at 85% across all providers and tumour sites.
Diagnostics	Failed at 98% (target 99%) – this represents 64/ 3199 tests).	Issues with MRI and CT capacity locally and regionally. Additional CT scanner at Scarborough and Hull upgrade should impact. Cancer Alliance diagnostics review.
Dementia	Diagnosis rates 55.4% March against target 67% (improvement)	Intensive Support team review the local offer across the system including primary, secondary, mental health and continuing care settings early July.
IAPT	Reduction from 12.7% in January to 7.6% in February	Currently discussing refresh of local IAPT trajectory for improvement.

SUGGESTED ISSUES FOR DISCUSSION & ESCALATION:

1. **A&E 4HR:** Winter review (May 2017); STF refresh trajectory; Next Steps; A&E Delivery Board priorities including addressing Utilisation Management review
2. **Cancer:** Cancer Alliance plan & locality plan; new performance targets NHS Mandate 2017/18 (28 days definitive diagnosis)
3. **RTT 18 week:** implications of NHS Mandate 2017/18; referrals analysis for impact of clinical thresholds

Performance Summary: All Constitutional Targets 2016/17

Validated data to February 2017 (Month 11)

VoY CCG - NHS Constitution - 2016/17

Generated on: 24 April 2017

ALL
Green
Amber/Red

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

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Referral to Treatment pathways: incomplete	CCG	92%	92.4%	92.9%	92.4%	91.8%	91.5%	91.6%	91.5%	90.8%	90.6%	90.3%	90.5%	94.6%	92.4%	92.4%	91.6%	90.6%	90.5%	
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	0	0	0	1	0	0	0	1	1	0	0	0	12	2	1	0	2	3	

02 - Diagnostic test waiting times

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Diagnostic test waiting times	CCG	1.00%	1.4%	0.8%	1.0%	1.3%	1.4%	0.9%	1.3%	1.2%	1.7%	1.8%	2.0%	3.6%	0.9%	1.0%	0.9%	1.7%	2.0%	

03 - A&E waits

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
A&E waiting time -% of patients seen and discharged within 4 hours, SitRep data	% of YFHT activity (CCG weighted)	95%	86.8%	87.9%	87.2%	92.7%	90.6%	91.0%	85.5%	81.9%	81.2%	78.3%	81.5%	91.4%	88.0%	87.3%	91.4%	82.9%	86.2%	
12 hour trolley waits in A&E - VoY CCG	CCG	0	0	0	0	0	0	0	1	1	9	6	2	7	15	0	0	11	19	
12 hour trolley waits in A&E - York FT	YFT (Trust wide)	0	7	0	0	0	0	0	4	3	11	45	6	15	51	7	0	18	76	
A&E Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)		4,581	5,101	4,883	4,816	4,623	4,594	4,717	4,418	4,607	4,302	3,991	66,708	62,882	14,566	14,033	13,743	50,634	
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	95%	78.3%	80.1%	79.3%	87.4%	82.7%	84.2%	74.9%	69.4%	68.7%	63.3%	68.7%	no data no data	no data no data	79.2%	84.8%	71.0%	76.1%	
A&E Attendances - Type 3, SitRep data	% of YFHT activity (CCG weighted)		1,496	1,698	1,586	2,022	2,036	1,799	1,767	1,522	1,555	1,483	1,397	12,866	18,016	4,780	5,856	4,843	18,359	
A&E Attendances - Total, SitRep data	% of YFHT activity (CCG weighted)		7,595	8,525	8,080	8,889	8,724	8,219	8,278	7,485	7,741	7,291	6,807	92,824	99,191	24,199	25,832	23,504	87,633	
A&E Attendances - VoY CCG Patients (Includes UCC)	CCG (SUS Data)		6,795	7,762	7,366	7,576	7,293	7,280	7,681	7,104	7,265	6,909	6,238	82,685	86,007	21,923	22,149	22,050	66,122	
A&E waiting time -% of patients seen and discharged within 4 hours - VoY CCG Patients (Includes UCC)	CCG (SUS Data)	95%	82.2%	81.5%	83.1%	93.0%	91.4%	90.8%	83.5%	77.8%	74.8%	73.3%	79.5%	91.9%	85.9%	82.3%	91.7%	78.8%	82.9%	

04 - Cancer waits - 2 week wait

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
All Cancer 2 week waits	CCG	93%	94.9%	94.1%	94.9%	94.7%	91.1%	94.5%	88.1%	92.1%	98.1%	90.2%	97.0%	85.9%	94.1%	94.6%	92.6%	92.7%	93.6%	
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	93%	96.2%	100.0%	95.0%	94.1%	93.9%	96.2%	96.7%	98.2%	95.5%	95.7%	95.7%	79.3%	94.6%	96.9%	94.8%	96.8%	96.2%	

05 - Cancer waits - 31 days

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Cancer 31 day waits: first definitive treatment	CCG	96%	99.4%	99.3%	100.0%	99.5%	98.3%	96.2%	98.0%	96.2%	98.5%	96.3%	98.2%	97.7%	97.8%	99.4%	98.1%	97.6%	98.1%	↑
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	94%	97.8%	90.9%	98.0%	97.2%	100.0%	92.1%	97.5%	86.7%	84.8%	97.1%	92.1%	94.7%	97.6%	96.6%	96.3%	90.3%	94.5%	↓
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	94%	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	98.9%	99.8%	99.3%	100.0%	99.2%	99.6%	-

06 - Cancer waits - 62 days

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
% 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	85%	85.6%	89.6%	86.0%	84.9%	91.3%	71.8%	75.0%	77.3%	81.7%	82.4%	74.0%	82.0%	84.9%	86.4%	83.7%	77.7%	82.0%	↓
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	90%	83.3%	100.0%	88.9%	90.0%	100.0%	83.3%	96.0%	84.6%	94.1%	94.7%	93.3%	95.5%	94.4%	90.0%	91.9%	92.7%	92.5%	↓
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	90%	66.7%	100.0%	66.7%	100.0%	Nil Return	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	71.4%	86.7%	77.8%	100.0%	100.0%	87.0%	↑

07b - Ambulance Handover Times Delays

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Ambulance handover time - Delays of +30 minutes (Scarborough General Hospital)	Trust Site	0%	26.2% (334 /1275)	18.4% (258 /1403)	30.4% (439 /1442)	24.9% (377 /1514)	35.2% (512 /1456)	24.9% (343 /1375)	31.3% (399 /1274)	32.0% (403 /1258)	27.0% (369 /1367)	39.0% (510 /1307)	44.2% (533 /1207)	13.9% (2408 /17293)	15.6% (2620 /16842)	25.0% (1031 /4120)	28.4% (1232 /4345)	30.0% (1171 /3899)	30.1% (4477 /14878)	↓
Ambulance handover time - Delays of +60 minutes (Scarborough General Hospital)	Trust Site	0.0%	11.8% (151 /1275)	6.3% (89 /1403)	14.2% (205 /1442)	10.0% (151 /1514)	16.6% (242 /1456)	10.6% (146 /1375)	13.3% (170 /1274)	15.0% (189 /1258)	11.8% (161 /1367)	17.1% (224 /1307)	23.1% (279 /1207)	4.6% (804 /17293)	6.8% (1147 /16842)	10.8% (445 /4120)	12.4% (539 /4345)	13.3% (520 /3899)	13.5% (2007 /14878)	↓
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	0.0%	14.0% (249 /1781)	18.7% (384 /2056)	16.4% (315 /1921)	8.5% (175 /2069)	6.5% (128 /1981)	8.5% (167 /1972)	16.4% (339 /2063)	22.2% (447 /2009)	26.3% (530 /2017)	30.1% (596 /1978)	20.0% (352 /1760)	5.8% (1372 /23510)	9.6% (2241 /23442)	16.5% (948 /5758)	7.8% (470 /6022)	21.6% (1316 /6089)	17.0% (3682 /21607)	↑
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	0.0%	6.2% (111 /1781)	9.6% (197 /2056)	7.5% (145 /1921)	2.6% (54 /2069)	1.8% (35 /1981)	2.5% (50 /1972)	7.2% (149 /2063)	8.3% (167 /2009)	13.1% (264 /2017)	16.7% (330 /1978)	7.8% (137 /1760)	2.5% (586 /23510)	4.4% (1036 /23442)	7.9% (453 /5758)	2.3% (139 /6022)	9.5% (580 /6089)	7.6% (1639 /21607)	↑

08 - Mixed Sex Accommodation breaches

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	1.4	1.8	0.0	0.0	0.0	0.0	↑
			✔	✔	●	✔	✔	✔	✔	✔	✔	●	✔	●	●	✔	✔	✔	✔	
Number of MSA breaches for the reporting month in question	CCG	0	0	0	1	0	0	0	0	0	0	1	0	169	221	1	0	0	2	↑
			✔	✔	●	✔	✔	✔	✔	✔	✔	●	✔	●	●	●	✔	✔	●	

09 - Cancelled operations

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
% of Cancelled Operations (on day of admission) not treated w ithin 28 days - York	YFT (Trust w ide)	0.2%			11.7%			1.4%			1.0%			3.0%	3.1%	11.7%	1.4%	1.0%	3.7%	↓
					●			●			●			●	●	●	●	●	●	
No. urgent operations cancelled for a 2nd time - York	YFT (Trust w ide)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	

10 - Mental Health

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
% of people w ho have depression and/or anxiety disorders w ho receive psychological therapies	CCG		2.0%	1.4%	1.0%	1.0%	1.2%	1.1%	1.2%	1.1%	0.9%			5.6%	8.3%	4.4%	3.3%	3.2%	10.9%	↓
			✔	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔	✔	✔	✔	✔	
		Target	0.8%	0.8%	0.8%	1.0%	1.0%	1.0%	1.3%	1.3%	1.3%			4.4%	8.0%	2.0%	2.0%	2.0%	6.0%	
Number of people w ho have depression and/or anxiety disorders (local estimate based on Psychiatric Morbidity Survey)	CCG	31260	31260	31260	31260	31260	31260	31260	31260	31260	31260			no data	no data	31260	31260	31260	31260	
Number of people w ho receive psychological therapies	CCG		635	425	315	310	375	340	375	350	280			1755	2595	1375	1025	1005	3405	↓
			✔	✔	✔	✔	✔	✔	✔	✔	●			✔	✔	✔	✔	✔	✔	
		Target	208	208	208	208	208	208	208	208	208			1360	2496	624	624	624	1872	
% of people w ho have depression and/or anxiety disorders w ho receive psychological therapies (Proxy - As per NHS England IAPT data tool)	CCG	15.24%	24.38%	16.31%	12.09%	11.90%	14.40%	13.05%	14.40%	13.44%	10.75%			11.13%	4.99%	12.09%	13.05%	10.75%	10.75%	↓
			✔	✔	●	●	●	●	●	●	●			●	●	●	●	●	●	
% of people w ho are moving to recovery	CCG	50.00%	40.00%	45.45%	41.67%	50.00%	46.43%	44.44%	40.91%	53.85%	44.83%			48.97%	46.15%	42.50%	46.58%	46.75%	45.79%	↓
			●	●	●	✔	●	●	●	✔	●			●	●	●	●	●	●	
The proportion of people that w ait 18 w eeks or less from referral to entering a course of IAPT treatment against the number of people w ho finish a course of treatment in the reporting period.	CCG		66.7%	57.1%	78.6%	54.6%	64.7%	93.3%	84.0%	89.3%	100.0%			85.71%	88.20%	70.83%	72.09%	91.95%	79.64%	↑
			●	●	●	●	●	●	●	●	✔			✔	✔	✔	●	●	●	
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%			75.00%	75.00%	95.00%	95.00%	95.00%	95.00%	
The proportion of people that w ait 18 w eeks or less from referral to their first IAPT treatment appointment against the number of people w ho enter treatment in the reporting period.	CCG	90.0%	66.1%	74.1%	90.5%	71.0%	80.0%	98.5%	100.0%	100.0%	98.2%			89.5%	91.3%	74.2%	83.4%	99.5%	84.4%	↓
			●	●	✔	●	●	✔	✔	✔	✔			●	✔	●	●	✔	●	
number of people w ho have completed treatment (6b)	CCG		50.0%	35.7%	50.0%	27.3%	47.1%	70.0%	68.0%	71.4%	91.2%			23.2%	57.2%	45.8%	50.0%	78.2%	60.2%	↑
			●	●	●	●	●	●	●	●				●	✔	✔	●	●	●	
		Target	75.0%	75.0%	75.0%	75%	75%	75%	75%	75%	75%			50.0%	50.0%	75.0%	75.0%	75.0%	75.0%	
The proportion of people that w ait 6 w eeks or less from referral to their first IAPT treatment appointment against the number of people w ho enter treatment in the reporting period.	CCG	50.00%	39.4%	58.8%	84.1%	64.5%	74.7%	95.6%	97.3%	95.7%	94.6%			60.2%	66.7%	55.6%	78.5%	96.0%	74.5%	↓
			●	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔	✔	✔	✔	✔	
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	40.00%	216.67%	92.86%	60.71%	72.73%	73.53%	83.33%	68.00%	71.43%	52.94%			46.43%	35.40%	89.58%	78.54%	96.02%	74.21%	↓
			✔	✔	✔	✔	✔	✔	✔	✔	✔			●	●	✔	●	✔	✔	
		Target	40%	40%	40%	40%	40%	40%	40%	40%	40%			50%	50%	75%	75%	75%	75%	
Average number of treatment sessions	CCG		3	3	5	4	5	6	5	6	6			6	6	4	5	6	5	-
% of those patients on Care Programme Approach (CPA) discharged from inpatient care w ho are follow ed up w ithin 7 days	CCG	95%			95.8%			93.5%			96.9%			93.7%	95.5%	95.8%	93.5%	96.9%	95.5%	↑
					✔			⚠			✔			⚠	✔	✔	⚠	✔	✔	

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

Indicator	Level of Reporting		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
Incidence of healthcare associated infection (HCAI): MRSA	VoY CCG ATTRIBUTED	Actual	0	0	1	0	1	0	3	0	0	1	1	3	1	1	1	3	7	–
		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).	VoY CCG ATTRIBUTED	Actual	3	2	4	5	4	5	7	5	9	7	4	89	89	9	14	21	55	↑
		Target	7	6	8	4	7	6	7	7	7	7	7	28	81	21	17	21	73	
			✓	✓	✓	●	✓	✓	✓	✓	●	✓	✓	●	●	✓	✓	✓	✓	
Incidence of healthcare associated infection (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	1	0	1	0	2	0	1	0	1	0	0	1	8	2	2	2	6	–
		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	3	1	3	3	2	1	3	2	8	10	5	1	8	7	6	13	41	↑
		Target	4	4	4	4	4	2	3	3	6	4	4	43	48	12	10	9	42	
			✓	✓	✓	✓	✓	✓	✓	✓	●	●	●	✓	✓	✓	✓	●	✓	
Number of New Serious Incidents	VoY CCG ATTRIBUTED	Actual	12	13	14	15	10	12	2	8	12	7	7	115	120	39	37	22	117	–
Number of Never Events	VoY CCG ATTRIBUTED	Actual	1	0	1	1	0	0	0	0	0	0	0	0	2	2	1	0	3	–

Smoking at Delivery indicators

Indicator	Level of Reporting	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	2014/15	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17	Direction of Travel
% of women known to be have been smoking at time of delivery (VoY CCG)	CCG	21.1%			12.0%			9.7%			10.3%			10.8%	12.1%	12.0%	9.7%	10.3%	10.6%	↓
					✓			✓			✓			✓	✓	✓	✓	✓	✓	

Programme Overview
- Planned Care -

Validated data to February 2017

PLANNED CARE including PRESCRIBING

This document provides an overview of performance related to the Planned Care Programme.
Executive Lead: Exec Director of Systems & Resource
Programme Leads : Andrew Bucklee, Head of Commissioning and Delivery; Laura Angus, Lead Pharmacist
Clinical Lead: Shaun O'Connell, Medical Director, CCG

QUALITY, INNOVATION, PRODUCTIVTY AND PREVENTION (QIPP) 2016/17 – Month 12 March 2017

Title	Target	Actual	Var.	RAG	Notes
Faecal Calprotectin	53	13	(40)		Monthly monitoring mechanisms have been in place and the project was previously reported as on track against plan. An initial activity analysis indicates that February was atypical and has impacted on actual savings . Finance and Contracting will continue to monitor and review and discuss with YTHFT regarding any corrections.
Dermatology Indicative Budgets	108	90	(18)		Finances remain slightly behind against plan with a shortfall for YE forecast 16/17 due to a delay in implementing the project. This will be offset by a full year effect in 2017/18 QIPP. 1 year pilot is complete and received annual evaluation reports from GP federations and Jorvik. These will be used for an overarching evaluation of the project in 17/18.
Biosimiliar Etanercept	287	166	(121)		All eligible patients have been switched so there will be a full year effect impact in 2017/18 to offset slippage in 2016/17. Finance and contracting to continue monitoring finances on a monthly basis.
PRESCRIBING SCHEMES					
Medicines Optimisation: Therapeutic switches, Waste & Repeats, Rebates	666	846	**+180**		These schemes will be key to delivering a successful medicines optimisation campaign in 2017/18. Savings are on track with Therapeutic switches delivering above target.
SIP Feeds	80	156	**+76**		
Branded generics, repeat Rxs, minor ailments policy, continence & stome care	514	0	**514)**		All these schemes are not delivering (see attached programme dashboard for prescribing)
Prescribing Indicative Budgets [PIB] & other Rx schemes	-	-	-		These are the main priority for 17/18 but further scoping and mobilisation during 16/17 Q4 has been limited by current vacancies. Awaiting full review of prescribing programme and resourcing following Exec Committee decision around model of medicines management for 2017/18.

CONTRACTING: Month 11

Point of Delivery	Current Month								Year to Date							
	Activity				Expenditure				Activity				Expenditure			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%	Plan	Act.	Var.	%	Plan	Act.	Var.	%
Elective					3,585	3,468	117						42,309	42,086	224	
Excess Bed Days					25	44	(19)						279	343	(64)	
Outpatients					2,687	2,734	(47)						30,298	31,725	(1.428)	
Other					4,057	4.019	39						45,970	47,387	(1,417)	
Total					**10,354**	**10,264**	**90**						**118.856**	**121,542**	**(2,686)**	

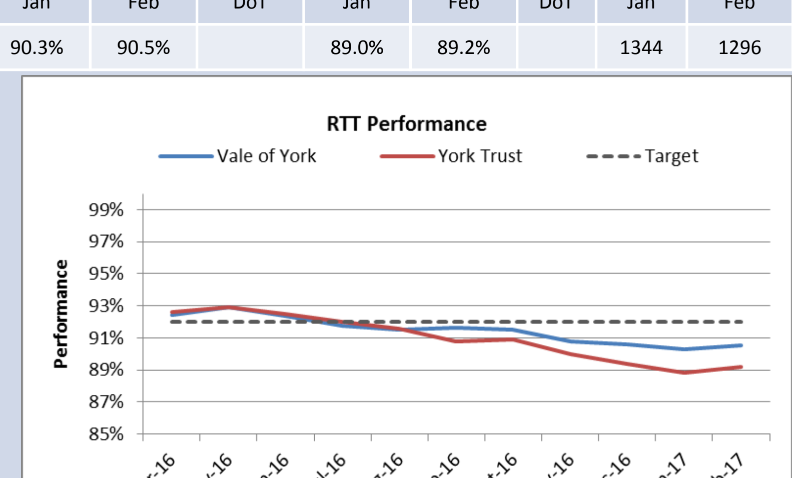
Elective activity has under-traded against plan largely due to theatre staffing issues at York FT and therefore reflected by RTT performance which has progressively deteriorated during 2016/17. Waiting list initiatives have been put in place during December to March funded by NHE England and by Trust which have stabilised any further deterioration in February (and March 2017). However, this additional funding has now ceased and the impact on the admitted pathway and backlog > 18 weeks will be monitored by the CCGs with Trust via the System Planned Care Performance Group.

The outpatient first attendance trend has remained relatively stable during 2016/17 and close to the planned budget, however outpatient follow ups have significant overtrades in Ophthalmology and Cardiology due to and increase in first to follow up ratios. York FT have suggested this has been caused by the aging population, the long term nature of diseases and new treatments available. There are also overtrades in four outpatient procedures and an additional coding and counting challenge has been submitted by the CCG to York FT for £106k for one of these procedures.

Refer to section 5 of the Contract Trading for an update on referrals following the BMI and Smoking Thresholds implemented at the end of January. It is too early to have any certainty of the impact, however early data shows there may be some decrease in referrals during February based on a year on year (working day adjusted) comparison of -4% overall (-348 referrals). Specialities with the most significant reductions included gastro, dermatology, ENT, urology, T&P and clinical haematology.
Ophthalmology and general surgery referrals in February grew and medical oncology grew by 35% based on a year on year comparison.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

Referral to Treatment Time – February 2017								
Vale of York CCG			York Teaching Hospital			YTH - Admitted Backlog		
Jan	Feb	DoT	Jan	Feb	DoT	Jan	Feb	Mar
90.3%	90.5%		89.0%	89.2%		1344	1296	1314



Specialty	Performance	Breaches	Main Provider
Cardiothoracic Surgery	80.00%	1 of 5	Other
Urology	82.40%	160 of 909	YTH
Thoracic Medicine	84.33%	79 of 504	YTH
Plastic Surgery	84.72%	22 of 144	LTH
General Surgery	85.89%	300 of 2,126	YTH
Gastroenterology	87.75%	122 of 996	YTH
Trauma & Orthopaedics	88.60%	196 of 1,719	LTH : 79 / YTH : 75
Gynaecology	89.49%	97 of 923	YTH
ENT	90.68%	113 of 1,212	YTH
All Specialties	**90.54%**	**1,465 of 15,484**	**YTH**

In April 2017 the Government relaxed the RTT Target of 92% against the incomplete RTT standard (NHS Mandate 2017). There is no local decision to move away from the 92% target and the trust STF trajectory was refreshed to project recovery to 92% by June 2017. The system planned care performance group will meet on 28/4/17 to review RTT position, trajectory and mitigations.

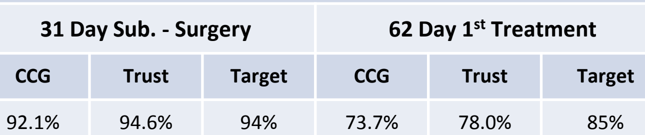
In February 2017 York Teaching Hospitals achieved 89.2% against the incomplete target. This was a slight improvement from the previous month.
RTT Performance has been affected by the urgent operational pressures across the Trust (workforce capacity in some specialties, outpatient capacity & utilisation) since July. These were further compounded by pressures from non-elective activity over the winter period which impacted on bed capacity and resulted in 117 cancelled operations within 28 hours and 175 cancelled outpatient clinics during the month of February 2017. This has resulted in significant pressures on both the non-admitted and admitted backlog of patients.
There has been an increase in the RTT backlog of patients who have now waited over 18 weeks for their surgery. NHSE provided additional monies to address the admitted backlog during February and March and approximately 226 patients were treated by independent providers utilising c£300K of funding. However, the Trust are currently reporting an admitted backlog of 1285 patients (April 2017) and a non-admitted backlog of 1500 patients. The trust considers 700-900 patients to be sustainable. There was one 52 week breach at YTHT in April. There were 2 52 breaches at NLAG and North Bristol in March.

The table opposite provides a breakdown by Speciality of the most challenged areas. Waiting List initiatives are in place, targeting ENT and General Surgery, to increase theatre capacity at York. 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. It is also engaged in the joint Planned Care Transformation programmes with the CCGs which all include a review of outpatients in each pathway work stream.
Reductions in GP referrals have been recorded for the period November 2016 – February 2017 with significant reductions compared to Feb 16 overall, in particular for T&O (36.5% reduction) and ENT (28.8% reduction) following the referral pathway changes in January. The February comparison to previous year is discussed in previous contracting section.

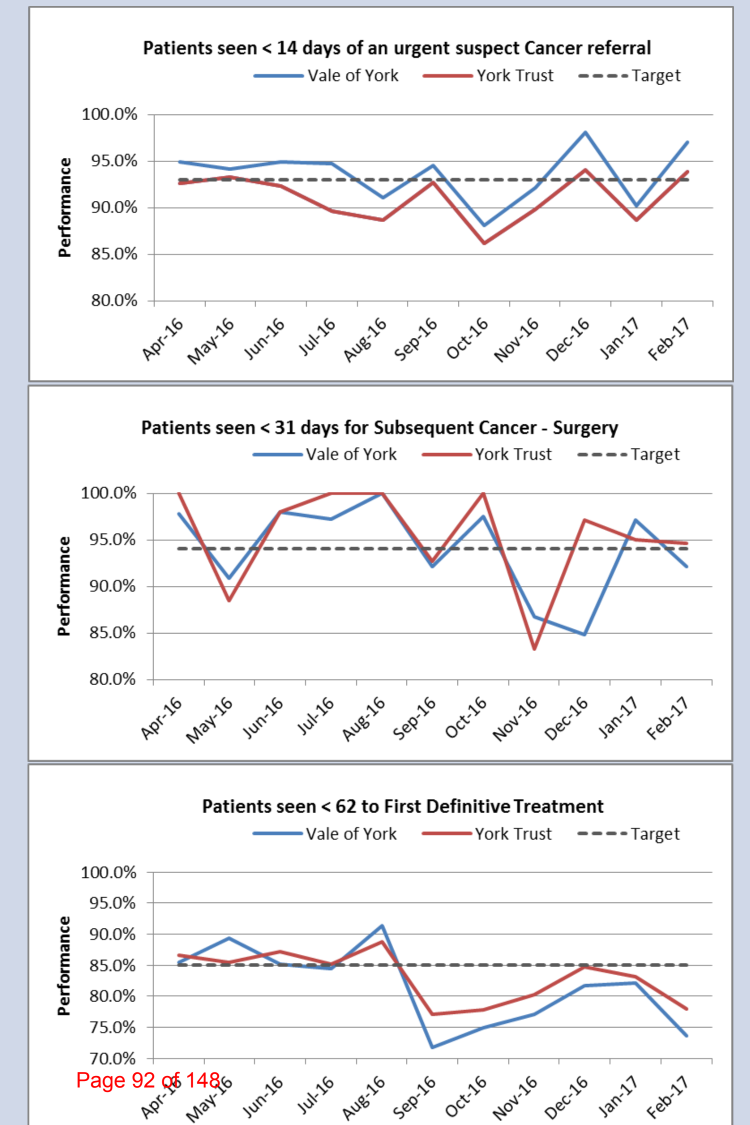
In March 2017 the Trust reported 1 x 52 week breach relating to a bariatric patient who had surgery cancelled twice due to winter pressures and then was unable due to attend surgery due to holiday commitments. The patient was treated at the beginning of April 2017.
At the end of March 2017 there were 173 patients who had waited over 36 weeks for surgery and the position is worsening.
On a weekly basis, the Trust review every patient who has waited over 40 weeks and a plan is put in place. The majority of the long waiters relate to Max Fax patients and work is being outsourced both to Harrogate and James Cook Hospitals.

NHS Vale of York Clinical Commissioning Group

PERFORMANCE PLANNED CARE: CANCER



Cancer – February 2017								
14 Day Fast Track			31 Day Sub. - Surgery			62 Day 1st Treatment		
CCG	Trust	Target	CCG	Trust	Target	CCG	Trust	Target
97.0%	93.9%	93%	92.1%	94.6%	94%	73.7%	78.0%	85%



The NHS Mandate 2017 and Next Steps Five Year Forward View has indicated that the 62 day target is a key improvement area for local CCGs and STPs. Monitoring of progress will be against STP performance totals across all tumour sites. The majority of mitigating action plans will be delivered in programmes across the STP with local improvement actions captured at locality group level.

Overall there has been a 7.5% increase in the number of GP referrals in March 2017 compared to March 2016 with a spike in Colorectal and Breast Cancers. These increased referrals rates are being explored by practice and with validation through the RSS.

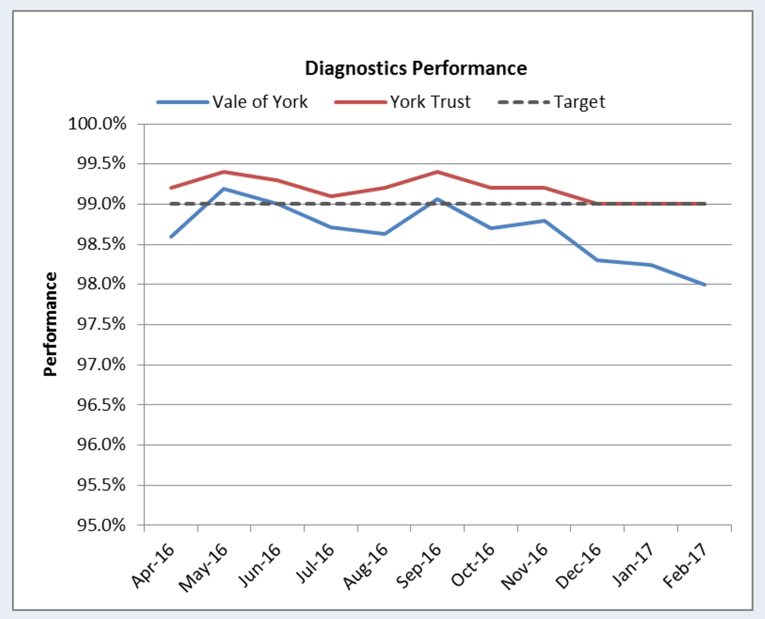
York Teaching Hospitals Foundation Trust achieved the 14 Day Fast-track target in February but the Trust have reported an increase in referrals in March 2017 and an un-validated performance of 90.7%. Consequently the Trust is unlikely to achieve the Q4 target.
The 14 day Fast-track is impacted by Dermatology performance on the East Coast. Improvement measures are being implemented through GP education and to further extend the use of Dermatoscopes in Primary Care. Staffing capacity remains a challenge at Scarborough.

The Trust has recovered from a short period of under-performance around the 31 day target and is now delivering the target. This related to 3 breaches in total – 2 at Leeds and 1 at York out of a total of 38 patients. The small numbers in this patient cohort performance area can distort the overall performance.

The Trust failed the 62 Day First Treatment Standard in February 2017.
There were 20 breaches in total:-
10 at York Hospital, 7 at Leeds, 2 at Hull and 1 at Mid-Yorkshire Hospital.
8 out of the 20 breaches had referral dates in excess of 38 days and 2 cases had already breached 62 days.
8 breaches were due to the lack out outpatient capacity and 9 appointments were cancelled by patients.

Diagnostics – February 2017

Test	Performance	Activity	Provider
CT Scanning	3.23%	16 of 495	10 HEY, 6 BT
MRI	2.53%	15 of 594	12 YT, 3 LT
Cystoscopy	12.00%	9 of 75	9 YT
Sleep Studies	16.67%	8 of 48	7 YT
Tests - All	**2.00%**	**64 of 3,199**	



The CCG failed to meet the target of 99% of patients waiting less then 6 weeks for a Diagnostic Test in February 2017.

There were capacity problems at Bradford Teaching Hospitals NHS Foundation Trust in February and the issue should be resolved in March as the Trust are outsourcing CT activity to an external provider.

Hull and East Yorkshire Hospitals NHS Trust also reported 6 CT breaches but a new scanner has been installed in February which will improve performance going forward.

York Teaching Hospitals continue to outsource MRI scans to Nuffield York to address capacity issues but this is still insufficient to deliver required performance.

The one-stop Urology service commenced at the end of February 2017 and this has changed the pathway for cystoscopy and is expected to have an impact on overall performance due to reporting methods.

Diagnostics capacity for MRI and CT are challenged across the Yorkshire & Humber region (nationally there are a shortage of radiology workforce).

There is now a diagnostics review regionally on-going as part of Cancer Alliance plans with a focus on radiology capacity and networking.

KEY QUESTIONS: PLANNED CARE

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

RTT: No
The incomplete target is not met for 2016/17 92% target.
YHFT are not achieving 92% incomplete target and reporting an increase in both the admitted and non-admitted backlogs. The current position is not sustainable and there is a potential risk of 52 week breaches and a large cohort of patients waiting on the admitted pathway at 36 weeks+.

Cancer:
Yes – YHFT achieved 5 out of the 7 national cancer targets including the 2week Fast-track and 31 day targets in February.
No - the 62 Day First Treatment and screening targets were not met in February 2017.

Diagnostics:
No – the target has not been met in February 2017.

What mitigating actions are underway?

Long-waiters management: on a weekly basis, the Trust review every patient who has waited over 40 weeks and a plan is put in place. The majority of the long waiters relate to Max Fax patients and work is being outsourced both Harrogate and James Cook Hospitals.

Waiting List initiatives are in place , targeting ENT and General Surgery, to increase theatre capacity at York.

The Trust is r**eviewing Outpatient's utilisation (**as part of it's **'Return to Operational Standards'** – see supporting document) and exploring short term options to increase capacity and is also engaged in the Planned Care Transformation programmes with CCGs which will impact on outpatient pathways.

Currently investigating reasons for **increase in GP referrals** in March 2017 after period of reduced referrals rates.

Improvement measures are being implemented through GP education and the use to Dermatoscopes in Primary Care to improve Skin referrals.

YHFT and CCG are working with the **Cancer Alliance** to improve:-

- Early diagnosis
- Smarter use of diagnostics
- Optimal treatment and pathways
- Consistent Cancer Recovery

YHFT performance improvement Plan also has cancer recovery plan and focus on strengthening operational delivery.

Diagnostics - *n*ew CT scanner at Hull and using external providers to increase capacity.

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

York Teaching Hospitals have implemented a Return to Operational Standards performance improvement plan since the middle of February 2017 to address recovery in all performance targets including RTT, Cancer and diagnostics.
The STF trajectory for 2017/18 has been refreshed with a return to targets for cancer and diagnostics in April 2017; RTT in June 2017.

Is further escalation required?

There will be further discussion at the System Planned Care Performance Group which next meets for the second time on the 28/4/17.

1. The local system partners (VoY CCG, S&R CCG, ERY CCG and YTHFT) need to agree whether or not to maintain the RTT 92% standard during 201718. They need to jointly undertake refreshed demand and capacity modelling to understand the true demand and capacity locally and agree actions to response to the agreed trajectory.
2. The Cancer Alliance Exec Board needs to be reviewed and a locality plan developed to support delivery of this plan and delivery of the 62 day target across all tumour sites across STP.

NHS
Vale of York
Clinical Commissioning Group

Programme Overview
- Unplanned Care -

Validated data to February 2017

UNPLANNED CARE

This document provides an overview of the Unplanned Care Programme.
Executive Lead: Executive Director System & Resources
Programme Lead : Becky Case, Head of Transformation and Delivery
Clinical Lead: Andrew Phillips, Medical Director, CCG

QIPP

QUALITY, INNOVATION, PRODUCTIVTY AND PREVENTION (QIPP) 2016/17 – Month 12

Title	Target	Actual	Var.	RAG	Notes
Paediatric 0 Length Stay	34	34	0		Paediatric 0 LoS activity has increased, although pathway work has been completed. Assume no further impact in 2016/17. Q1 actions planned: need further steer from Exec lead to progress.
RightCare	107	0	(107)		Moved to 2017/18
ED Front Door	91	0	(91)		See commentary page 5
Urgent Care Practitioners	76	84	12		Complete. No further updates required.

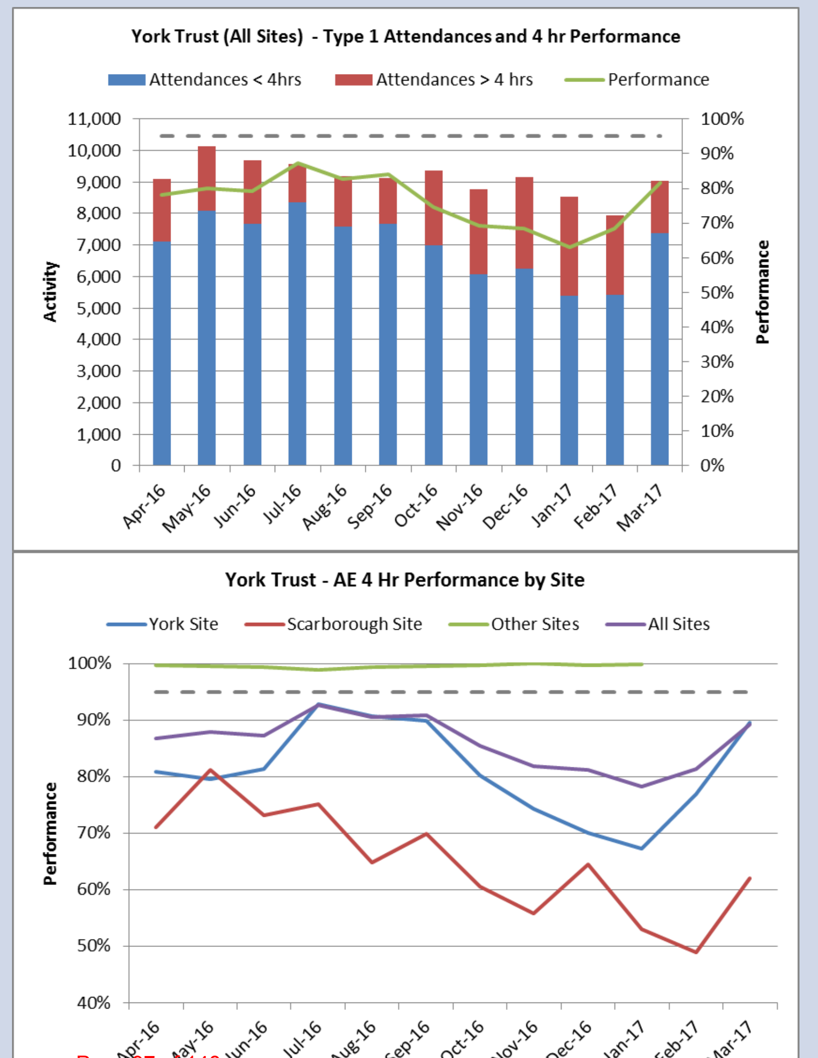
CONTRACTING: Month 11

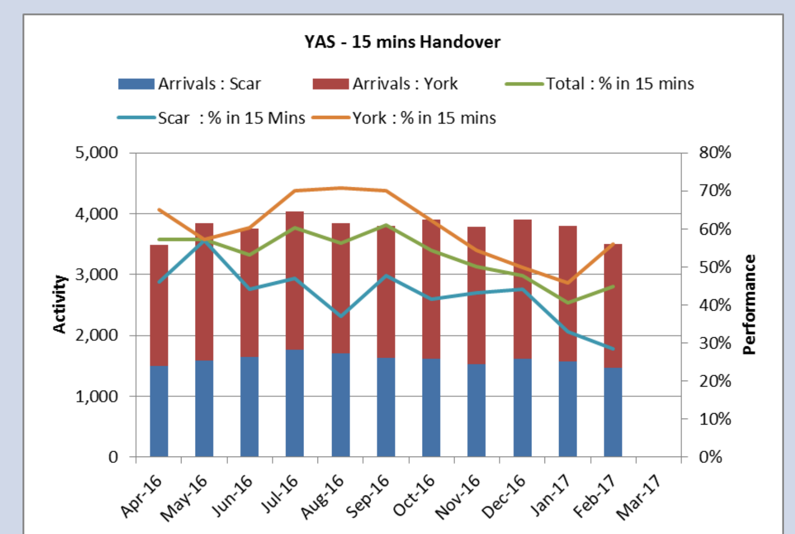
Point of Delivery	Current Month								Year to Date							
	Activity				Expenditure				Activity				Expenditure			
	Plan	Act.	Var.	%	Plan	Act.	Var.	%	Plan	Act.	Var.	%	Plan	Act.	Var.	%
A & E					651	648	2	0					8,098	8,017	81	1
Non-Elective					5,217	4,879	339	6					57,109	57,857	(748)	(1)
Excess Bed Days					363	476	(113)	(31)					4,642	5,849	(1,207)	(26)
Other					329	380	(51)	(15)					3,326	3,374	(48)	(1)
Total					**6,560**	**6,383**	**177**	3					**73,176**	**75,098**	**(1,922)**	**(3)**

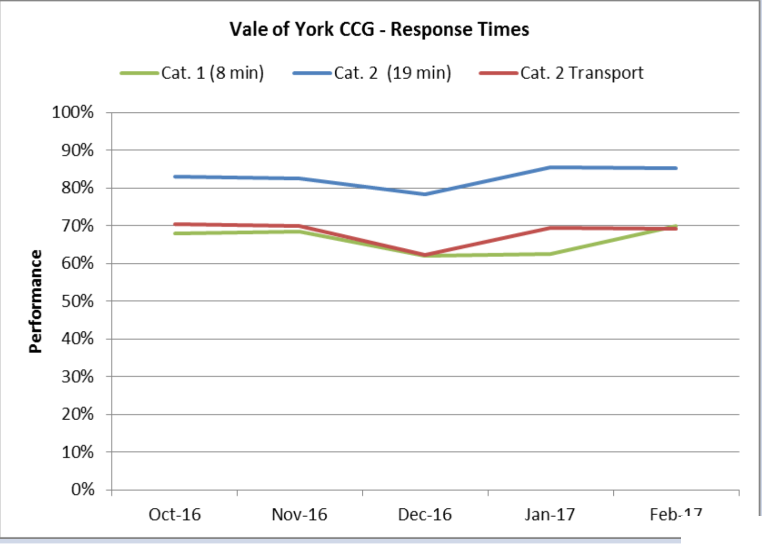
Overall trends are encouraging in that attendances at York Hospital ED continue to fall. The ED Front Door project has moved a significant level of activity and hence cost through to Primary Care at this point; however there is on-going engagement because the financial benefit to this is still not at the level modelled. Admissions for zero lengths of stay have increased, but there is not a corresponding decrease in the overall LOS and general admission and discharge challenges. The report from the Utilisation Review carried out in January/February 2017 on the challenge to improve discharge and length of stay is anticipated to have an impact on the existing contract during 2017-18.

PERFORMANCE: ECS & ORGANISATION

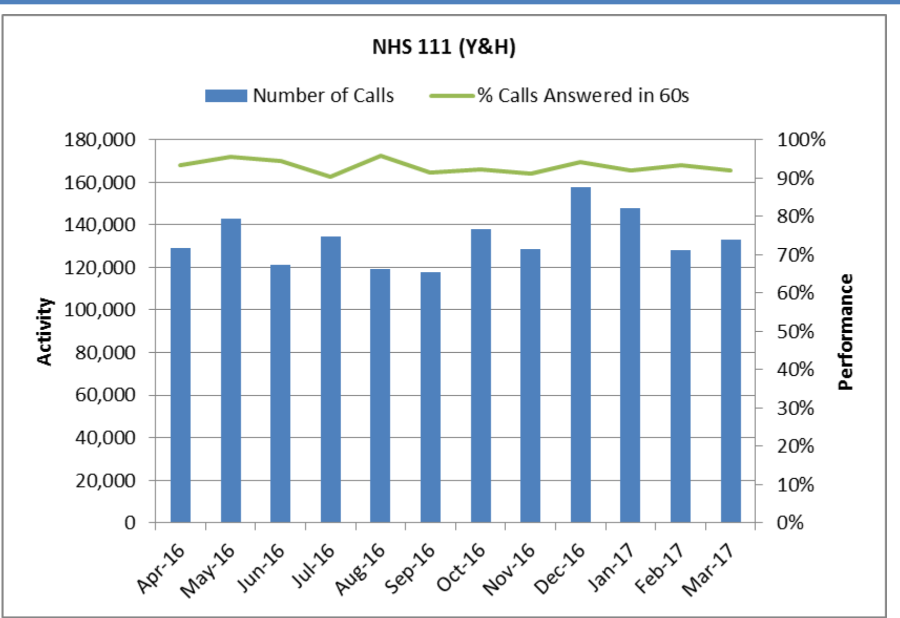
Accident and Emergency									Ambulance Service								
Attendances			% seen within 4 hrs			Conversion Rate			Cat. 1 Response			Attendances			15 Min Handover		
Feb	Mar	DoT	Feb	Mar	DoT	Feb	Mar	DoT	Jan	Feb	DoT	Jan	Feb	DoT	Jan	Feb	DoT
7,930	9,039	↓	68.42%	81.59%	↑	39.41%	39.37%	↑	62.4%	69.8%	↑	3,808	3,499	↑	40.7%	44.9%	↑

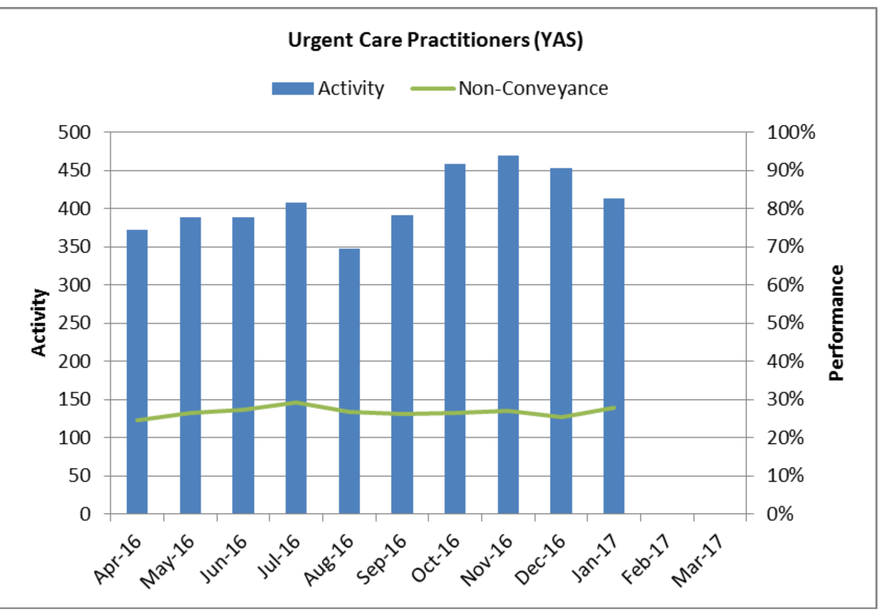


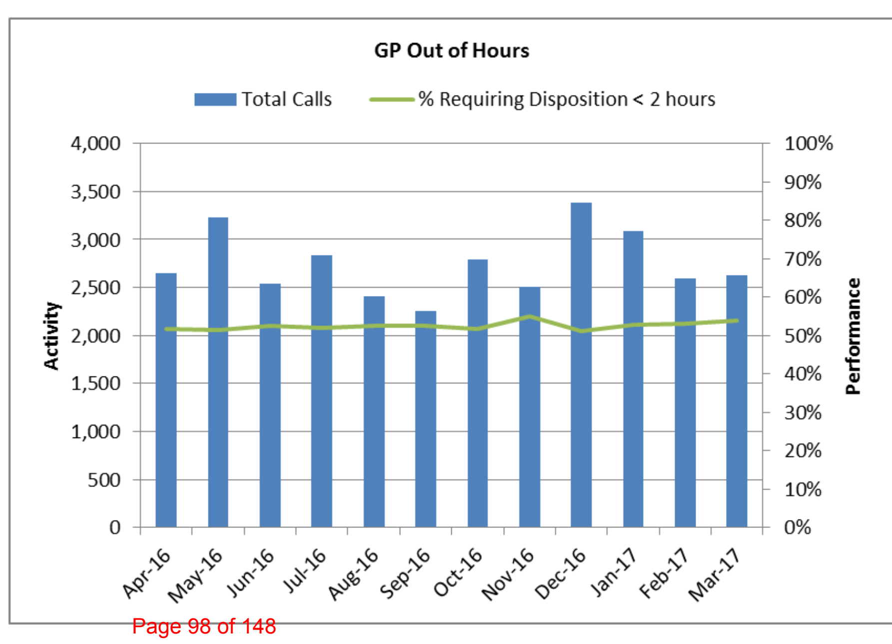


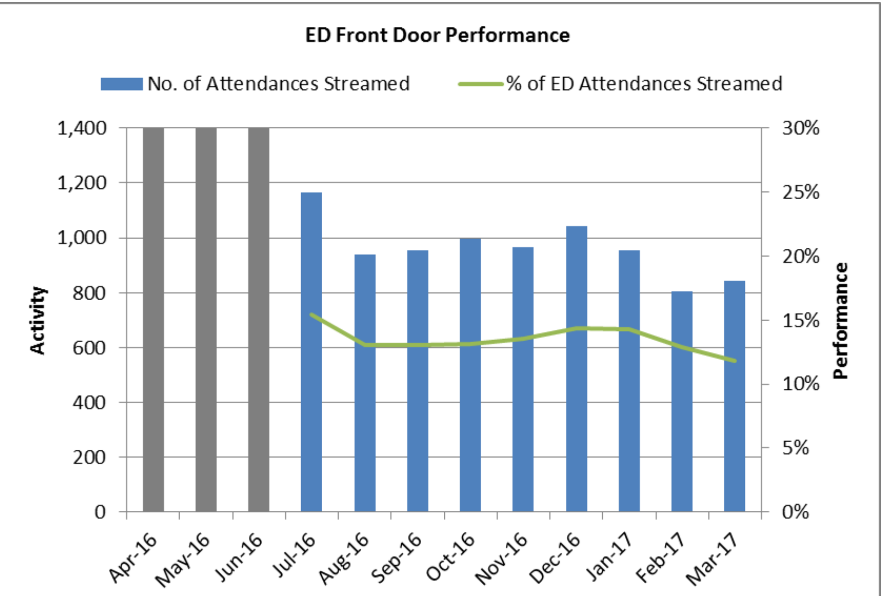


SYSTEM SERVICES: PERFORMANCE

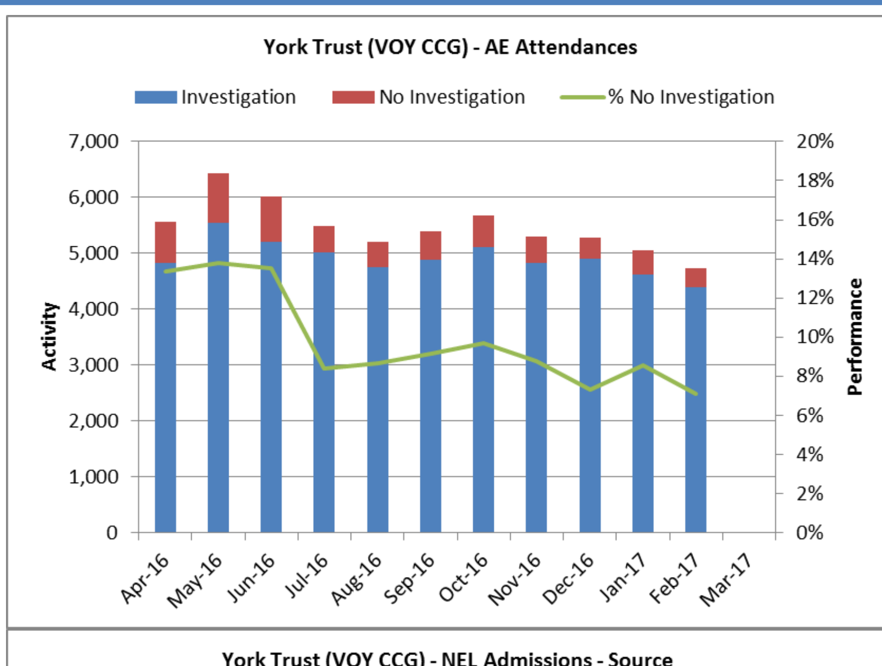


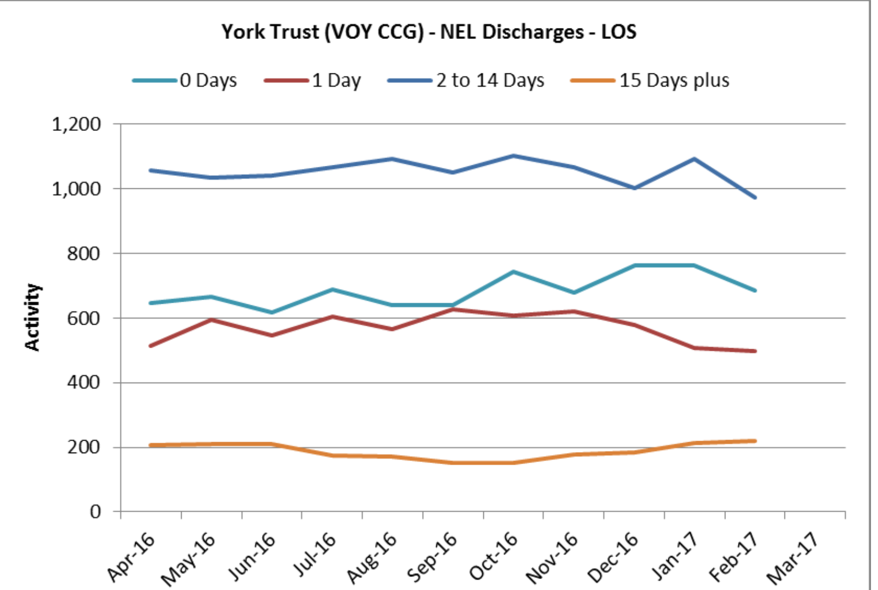


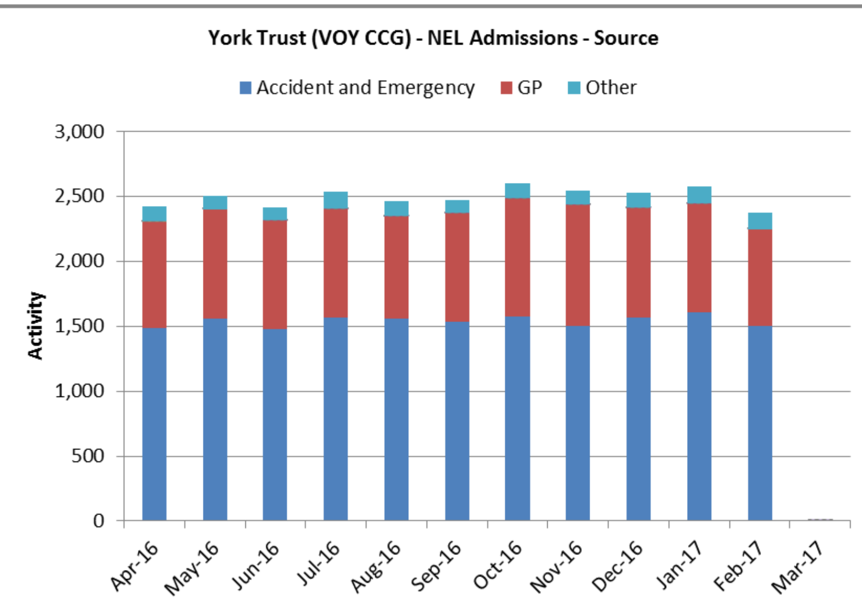


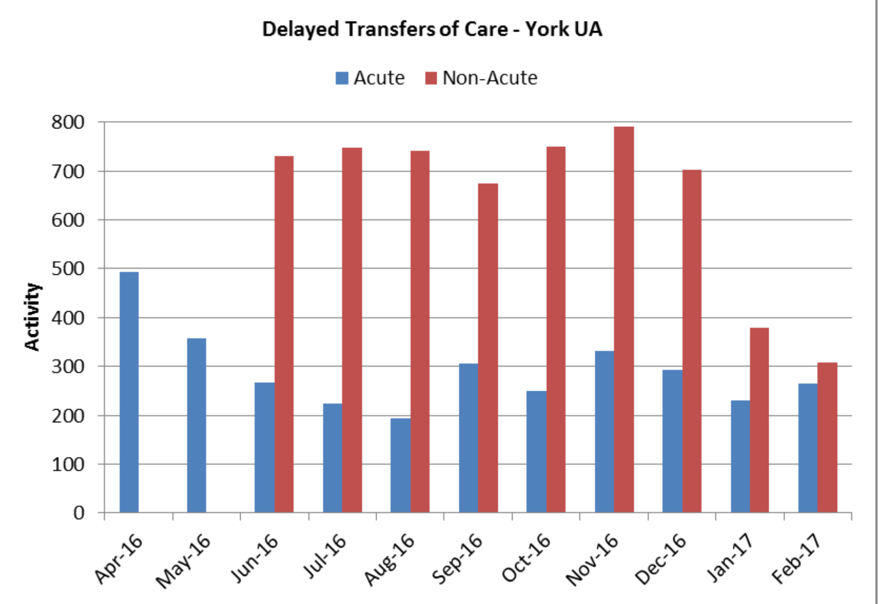


OTHER PERFORMANCE MEASURES







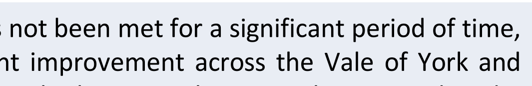


DTOCs: Most non-acute delays relate to patients waiting for packages of home care – this is a challenge for both CYC and NYCC. There is a shortage of Dementia/EMI Nursing beds across City of York and North Yorkshire and challenging to find places for patients with complex behaviour needs

Breakdown of DTOCs as of WC 24th April: 5 patients waiting for Nursing Home placements (3 CHC patients and 2 self-funders); 1 delay is due to patient choice; 1 waiting for step-down bed; 13 patients delaying at TEWV, the majority of those are waiting for nursing home placements.

KEY QUESTIONS

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



- **4-hour standard:** this standard has not been met for a significant period of time, however there has been significant improvement across the Vale of York and Scarborough & Ryedale system over the last 8 weeks. YTHFT have introduced a new triage model which clearly describes the timescale for each required intervention and they are managing well against this. Non-admitted breaches have significantly reduced, with some improvement in admitted breaches also. As this had now been sustained for several weeks we are cautiously assured of the sustainability, but will continue to monitor closely.
- **Ambulance Handovers:** as a direct result of the above change these have also improved significantly. Again monitoring will continue.
- **YAS response times**: these have run approximately 5% below target for some time. It is anticipated that these will improve as more ambulances are handed over more quickly and released back to the system. This has yet to be shown on the data received.
- **OOH GP:** the service has managed consistently well against existing targets, with the exception of managing 2-hour response times. These consist of about 55% of the current incoming referrals. Easter was planned and managed well.
- **EDFD:** referrals in and activity are still running at more like 15% rather than the 23% the business case was predicated on. Easter was managed well.
- **NHS111:** performance is broadly on target; this has been shown to be sustainable over the recent holiday periods and we are assured of their robust planning.

What mitigating actions are underway?

- **4-hour standard:** there are ongoing regular and frequent meetings of the ED Streaming task and finish group. Additional workstreams due online this month include the requirement for all hospital staff to use individual PINs to ensure accurate tracking of issues, additional screens for review, work on complex discharge continuing and supported discharge from CRT/Archways staff continuing to be monitored closely.
- **Ambulance Handovers:** this is included in discussions at the ED Streaming group as above. 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:** two training sessions have taken place during March and April for the staff involved in triage, and there is now an action plan for further work and engagement between teams over the next two months.
- **NHS111:** No mitigating actions required at present; monitoring continues.

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

- **4-hour standard:** a joint trajectory has been agreed for achievement of 95% by March 2018. This is staged as below.
- **Ambulance Handovers:** current performance meets the target; monitoring over the next three months will continue.
- **YAS response times:** data is running behind for this target; if March and April data does not show a resulting improvement, a local plan for improvement will be added to the regional plan.
- **OOH GP:** not applicable at present.
- **EDFD:** YTHFT have been given informal notice of the intention of a financial review to take place in May 2017 and the requirement for levels to meet those modelled. If there is no significant improvement by the end of May 2017, the finance model will need to be described differently.
- **NHS111:** not applicable at present.

Is further escalation required?

- 4-hour standard: No
- Ambulance Handovers: No
- YAS response times: Not at present
- 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 a new workstream focus on CHC Delayed Transfers of Care.

NHS
Vale of York
Clinical Commissioning Group

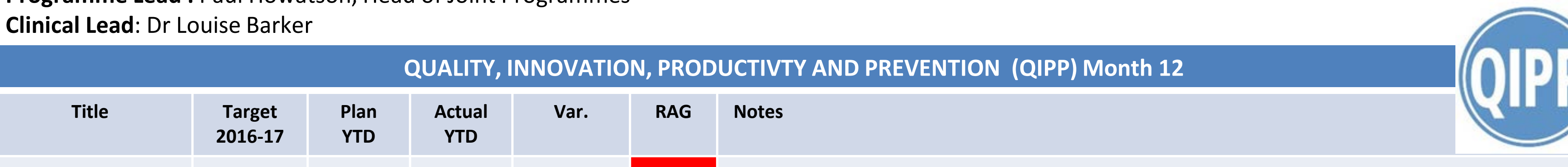
Programme Overview

- Mental Health, Learning Disability and Complex Care-

Validated data to February 2017

Mental Health, LD and Complex Care

Executive Lead : Michelle Carrington, Exec Dir Quality & Patient Experience; Exec Dir Joint Commissioning
Programme Lead : Paul Howatson, Head of Joint Programmes
Clinical Lead: Dr Louise Barker



QUALITY, INNOVATION, PRODUCTIVTY AND PREVENTION (QIPP) Month 12

Title	Target 2016-17	Plan YTD	Actual YTD	Var.	RAG	Notes
Reduction in section 117 spend	-	-	-	-	RED	**Remains RED due to**: Risk remains regarding capacity to review and deliver savings. **Actions to resolve:** Exploring the opportunity to review and analyse data with a view to improving outcomes for service users via a contract variation.
Joint Funded CHC review	£12K	£12K	-	(£12K)	RED	**Remains RED due to:** Risk realised around volume of case loads analysed and staff capacity due to the redistribution of PCU functions. Still negotiating packages on case by case basis. **Actions to resolve**: New Exec Director will be the strategic lead for this project and will review the resources available to deliver potential savings.
CHC review	£722K	-	-	(£722K)	RED	**Remains RED due to**: Risk realised around volume of case loads analysed and staff capacity due to the redistribution of PCU functions. **Actions to resolve**: New Exec Director will be the strategic lead for this project and will review the resources available to deliver potential savings.
Continence Supplies	£33K	£33K	£51K	£18K	GREEN	**Remains GREEN due to:** Project has exceeded planned savings target for the year. **Actions to resolve**: Finance to continue to monitor that project stays on current trajectory.
Community Equipment	£136K	£136K	£37K	(£99K)	AMBER	**Remains AMBER due to:** Invoice for February received. Total invoice across commissioners for February £340,000. A reduction on previous months invoices evidenced due to £50,000 credit to commissioners for equipment purchase. Partners include VOY, North Yorkshire County Council, Harrogate and Rural District CCG, Scarborough and Ryedale CCG and Airedale, Wharfedale and Craven CCG. Unfortunately true splits between commissioning organisations cannot be identified due to difficulty with setting up GP codes on the Medequip TCES system. Financial implications on VOYCCG cannot be understood at this stage. We await February's MI data to explore data further. **Actions to resolve:** A number of initiatives are underway in an attempt to reduce spend. These include: 1)Developing a pressure area care decision aid tool for clinicians (to reduce spend on PAC), 2) produce activity/spend reports for prescribers, 3) put in place CYC ordering restriction, 4) loan period completion made compulsory on TCES to increase collections, 5) Review of all special orders, 6) Peripheral store audit and 7) The planning and roll-out of an equipment amnesty.
Community Wheelchairs	£87K	£87K	£57K	(£30K)	AMBER	Remains AMBER due to: Discussions regarding management of the backlog continue via discussion at Executive Committee and with NHS England. Further discussion also required with the provider. The most urgent cases are being managed appropriately. Actions to resolve: Commissioning leads continue to manage provider and discussions with exec/contracting to keep pace.
TOTAL	**£989K**	**£989K**	**£145K**	**(£844K)**		

NHS
Vale of York
Clinical Commissioning Group

CONTRACTING: Mental health, LD & Complex Care Month 11

	Year to Date M12 – 2016/17				
	Expenditure (£M)				
	Plan	Act.	Var.	%	Notes
Tees Esk and Wear Valleys NHS Foundation Trust	38.60	38.36	0.24	-1%	
Out of Contract Placements and SRBI	2.78	5.31	(2.52)	91%	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.
Non-Contracted Activity	0.45	0.41	0.03	-8%	
Other Mental Health	0.13	0.13	0.00	0%	
TOTAL	**41.96**	**44.21**	**(2.25)**	**5%**	

PERFORMANCE EXCEPTIONS: Mental Health Month 11 February 2017

Improving Access to Psychological Therapies (IAPT) : Prevalence

The proportion of people that enter treatment against the level of need in the general population. Target – 15%

Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	RAG
8.6%	11.5%	12.7%	14.1%	13.1%	10.1%	12.7%	7.6%	

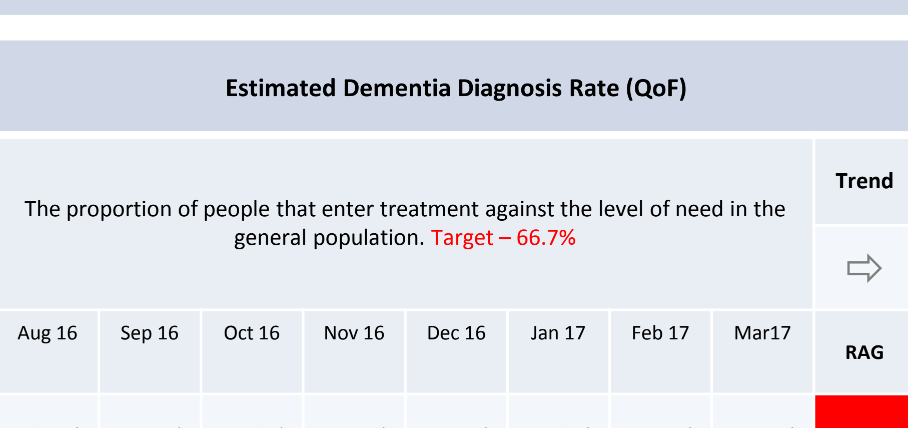
Trend: ⇩

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%

Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	RAG
49.6%	43.3%	46.1%	43.6%	56.6%	44.0%	46.3%	50.0%	

Trend: ⇧

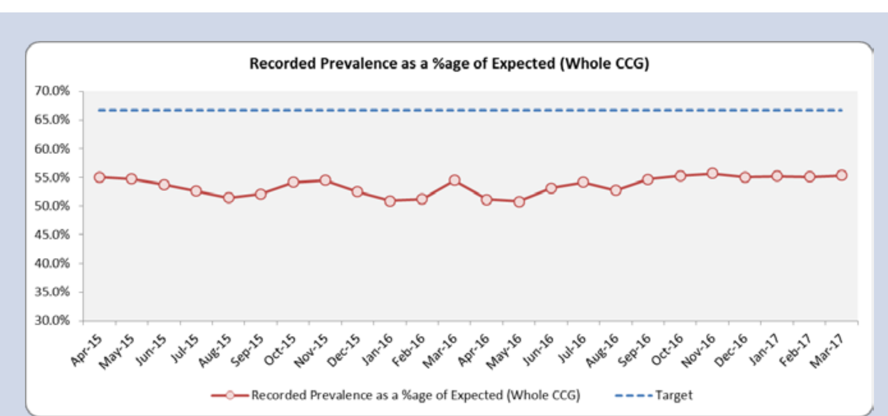


Estimated Dementia Diagnosis Rate (QoF)

The proportion of people that enter treatment against the level of need in the general population. Target – 66.7%

Trend: ⇨

Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar17	RAG
52.7%	54.7%	55.3%	55.7%	55.1%	55.2%	55.1%	55.4%	



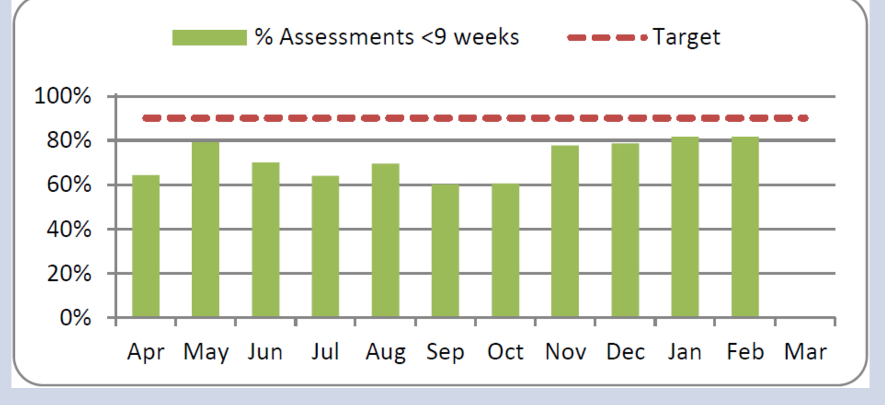
PERFORMANCE EXCEPTIONS: Mental Health Month 11 February 2017

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

The percentage of external CMAHS referrals assessed within 9 weeks.
Target – 90%

Trend: ⇧

Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	RAG
64%	70%	60%	61%	78%	79%	82%	82%	

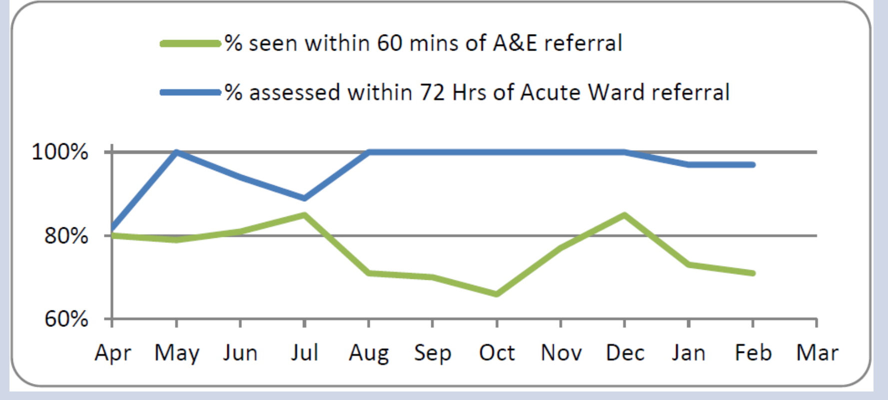


Psychiatric Liaison Service: % seen within 60 mins of A&E referral

The percentage of Psychiatric liaison referrals from A&E seen within 60 minutes.
Target – 90%

Trend: ⇩

Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	RAG
85%	71%	70%	66%	77%	85%	73%	71%	



KEY QUESTIONS

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

IAPT
Although there has been underlying improvement in performance through the year, the national performance targets were not being achieved in terms of access and recovery and TEWV were served with a Performance Improvement Notice during Quarter 3.
Dementia
From starting the year at 51.1%, there have several initiatives to improve the level of coding. Although the level of coding rose to 55.4% by the end of the financial year it did not reach the local improvement trajectory and national expectation of 67%.
CAMHS
The waiting list for CAMHS became an issue during Qtr3 and this was flagged up to NHS England by the CCG. The CCG was given some non-recurrent funding as part of a waiting list initiative and the money was used to work on certain cohorts of children and young people to maximise the impact on the waiting list. It transpired that there were some definition issues with the information reported by TEWV and received by NHS England which required further work.
Psychiatric Liaison
Generally the psychiatric liaison service has been well received by all stakeholders. A bid was made to NHS England for Core 24 funding which was successful. The funding is non-recurrent dependent on freed up resource funding the service beyond 2017/18.

What mitigating actions are underway?

IAPT
NHS England's Intensive Support Team have now reviewed the local IAPT service and have made their recommendations for change based on their findings. TEWV are now working with the CCG to finalise an action plan for sustainable improvement of the IAPT metrics.
Dementia
From a discussion with the Clinical Network, the CCG requested a review of local services by the Intensive Support Team from NHS England. A scoping meeting was held with them on 20/4/2017 prior to a system-wide service review planned for 6th and 7th July.
CAMHS
At the Contract Management Board in March the CCG requested a capacity and demand appraisal from TEWV regarding CAMHS. This will be shared with the CCG in early May. TEWV have been working with NHS England to agree the definitions of information submitted as part of the MH minimum data set. NHS England have agreed that TEWV can resubmit Qtr2 and Qtr3 data along with the Qtr4 submission. The CCG and TEWV will agree the priorities for the service during 2017/18 to optimise access to services and treatment.
Psychiatric Liaison
Work is now underway to finalise the agreement with NHS England in order to release the funds to the provider for them to recruit additional staff to deliver the 24/7 service. 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.
Dementia
The CCG will continue to promote the improvement to coding throughout Qtr1 until it receives the review report and recommendations in Qtr2.
CAMHS
From the capacity and demand report the CCG will expect the provider to aim towards improved, sustainable delivery of access to assessment, diagnostic and treatment services from Qtr2.
Psychiatric Liaison
Once the service is fully staffed the recovery/improvement trajectory will be amended to reflect improved performance.

Is further escalation required?

IAPT
Already escalated to and with NHS England.

Dementia
Already escalated to and with NHS England.

CAMHS
NHS England Assurance and Delivery and Clinical Strategy teams are aware of the current situation and are awaiting further assurance from the provider via the CCG.

Psychiatric Liaison
No escalation required at this stage.

Minutes of the Executive Committee meeting held on 15 March 2017 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Rachel Potts (RP)	Executive Director of Planning and Governance
Elaine Wyllie (EW)	Interim Executive Director for Joint Commissioning
Jim Hayburn (JH)	Interim Executive Director of Systems Resource ad Delivery
Michelle Carrington (MC)	Deputy Chief Nurse
Dr Shaun O'Connell (SO)	Joint Medical Director
Tracey Preece (TP)	Chief Finance Officer
Jenny Carter (JC)	Deputy Chief Nurse
Caroline Alexander (CA)	Interim Head of Planning & Assurance *(In attendance for Items 1 – 5)*

Apologies

Michelle Carrington (MC)	Chief Nurse
Dr Andrew Phillips (AP)	Joint Medical Director

The agenda was discussed in the following order.

1. **Apologies**

   As noted above.

2. **Declaration of Interests**

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

3. **Minutes from the previous meeting**

   The February minutes were approved by the Executive. It was agreed that these minutes would go to Governing Body for information.

   The Executive noted various amendments to the Action tracker paper.

   In regards to 'Tier 3 Weight management' the Executive proposed to take a paper to the Finance and Performance Committee summarising the potential service areas that the Vale of York may develop but the Executive agreed that they would all need to have a clear benefit for the system in terms of the outcome.

4. **2017/18 programmes resourcing (Caroline Alexander)**

CA presented a summary of all delivery requirements for 2017/18. The Executive agreed that a paper would be taken to the Finance and Performance Committee to provide an audit trail of the work that the CCG had completed and to trial reporting style from April.

TP reported that there is a £1.5m gap in the QIPP. The Executive agreed to follow this up outside of the meeting and propose a proposal for the next meeting.

PM proposed to request additional management support from NHS England regarding commissioning Primary Care.

5. Finance and contracts
Month 11 running cost position

TP reported continued confidence in hitting £28.1m forecast deficit position and outlined a number of system support measures.

The Executive noted that under Legal Directions auditors are required to refer the position directly to the Secretary of state. TP confirmed this would be noted at the next Finance and Performance Committee.

The Executive break at 11am for 15 minutes.

5.2 Performance and Delivery

The Executive agreed there were no exceptional issues that would need reporting. All other issues would be monitored through Finance & Performance Committee

EW confirmed that IAPT continues to be below target and that the CCG are awaiting the IST report to be able to finalise the appropriate action plan.

The Executive acknowledged the Utilisation Management Report and noted that the CCG would feedback, with a formal report to follow.

Better Care fund / SRG
EW outlined a proposal to the Executive which was to create a position statement for system partners to meet, including a number of services and schemes previously funded on a non-recurrent basis.

6. Draft Governing Body agenda
There were no reported changes to the Governing Body agenda.

7. **Quality service and safety**

JC informed the Executive that the Vale of York CCG had gained further assurance about the quality of care for patients in the Retreat following recent safeguarding concerns on the George Jetson unit.

8. **Strategy**

York Care collaborative
The Executive noted the York Care Collaborative development and considered how to engage with this new venture and also discussed the potential strategic fit of this with other developments across the Vale of York.

MSK Service Model and Costs
The Executive agreed in principle to progress this as quickly as possible due to the model being part of the largest QIPP programme. JH agreed to take this further and come to an agreement with the Trust to clarify the process and outcomes; following this a proposal would be taken to the next Finance and Performance Committee.

Voluntary sector grants
EW presented the Executive with an initial position statement. The Executive noted the statement and agreed that all grants should be considered from an outcome and value for money perspective, before any decisions about continued financial support could be made.

Ryedale Hub
The Executive considered the current position regarding Rydale Hub. The Executive noted that PM had offered to meet with practices directly affected.

Wheelchair services
The Executive required further information on waiting times and costs before considering this matter further.

9. **Commissioning Primary Care**

Medicine Management Service
The Executive agreed to the principle of moving to a model where resources are deployed directly with general practice.

Engagement and Funding
PM briefed the Executive on the proposal that went to the Primary Care Committee in support of strengthening GP engagement with the Accountable Care System.

The Executive noted that the deployment of GPFV £3 per head was to be

discussed at Council of Representatives on the 16 March, to align with the CCG Operational Plan.

10. Local Issues

Joint working with City York Council
PM briefed the Executive on the agreement in principle with the City York Council to hold a joint executive timeout meeting, and for each Chief Executive/Accountable Officer to join each other's respective Executive meetings.

11. National Issues

The Executive noted that the Better Care Fund guidance would be issued in due course.

12. People Support, Development

Annual leave policy
The Executive noted that from the 1st April all CCG Staff would follow good practice guidelines requiring approval from line management on both Annual Leave and working from home arrangements.

13. Corporate

Freedom of Information Policy
The Executive approved the revised policy**.**

Annual Report

The Executive noted that the Annual Report is going through the internal assurance process and that the report will go to NHS England on the 21 April with Month 12 data.

PCU Realignment

The Executive noted the end of consultation process and confirmed support for the proposal to directly secure legal capacity following the re-alignment.

Fertility policy

The Executive approved the policy subject to Dr Broughton receiving approval from Clinical Executive.

14. Communications and engagement

Communications and engagement action plan

The Executive agreed to dedicate the next Senior Management Team meeting to this.

Award ceremonies and costs

The Executive agreed that the two people directly involved with any award winning project could attend a ceremony with one executive lead. The Executive agreed that this would cover travel and an overnight stay.

The Executive declined an offer to present Health Navigator development in Dublin due to the associated cost.

North Yorkshire Fire service

The Executive agreed to circulate the proposal to Senior Management team for comments on risks and opportunities. The Executive agreed for SO to liaise with Fiona Phillips on this matter.

15. Risk Register

The Executive noted that the CCG are formally reviewing the risks in relation to the PCU.

16. Any other business

The Executive agreed to schedule a meeting to prepare for the next Improvement Assessment Framework meeting.

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Item 12

Minutes of the Finance and Performance Committee Meeting held on 23 March 2017 at West Offices, York

Present	
David Booker (DB) - Chair	Lay Member
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Phil Mettam (PM)	Accountable Officer
Tracey Preece (TP)	Chief Finance Officer
In attendance	
Caroline Alexander (CA)	Interim Head of Planning and Assurance
Andrew Bucklee (AB) – for item 8	Head of Commissioning and Delivery
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources and Performance
Keith Ramsay (KR)	CCG Chairman
Helen Rees (HR)	Assistant Head of Finance, NHS England North (Yorkshire and the Humber)
Michèle Saidman (MS)	Executive Assistant
Liza Smithson (LS)	Head of Contracting
Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)
Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning
Apologies	
Fiona Bell (FB)	Assistant Director of Transformation and Delivery
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Shaun O'Connell (SOC)	Joint Medical Director
Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

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

DB reported that he had been accredited as a Yorkshire Ambulance Service Community First Responder noting that this did not relate to any specific agenda items.

CA left the meeting

JS advised that, dependent on the nature of the discussion at item 17 – Discussion Paper on Investment Decision Making – he and HR may be required to leave the

meeting as it was not appropriate for them to be present in the event of any specific investment decisions due to the CCG being under legal Directions.

All other declarations were as per the Register of Interests.

3. Minutes of the meeting held on 23 February 2017

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 23 February 2017.

4. Matters Arising

QF61 Quality and Performance Intelligence Report – Ambulatory Care Unit: TP reported that prices for the 2017/18 Ambulatory Care Unit activity had been agreed. The information would be included in the Utilisation Management Report on York Teaching Hospital NHS Foundation Trust which she would present at the next meeting, subject to it being issued by Utilisation Management in time.

QF63 QIPP Report – Community Diabetes Bid: LS reported that a response was awaited to a podiatry bid submitted to NHS England. It was agreed that AP be asked to provide an email update to members in advance of the April Committee meeting.

QF63 QIPP Report – Procedures of Limited Clinical Value/Clinical Thresholds: MA-M reported that informal feedback from the York Teaching Hospital NHS Foundation Trust Contract Management Board indicated that outpatient referrals were reducing.

F&P08 RightCare Progress Report: DB noted that, although his planned meeting with JH and SP had not taken place, he had discussed RightCare reporting with JH and it would be covered later on the agenda. In respect of the proposal for the CCG to become a RightCare flagship, PM reported that RightCare benchmarking data indicated that this was not a priority at the moment. He proposed that the CCG should focus on progressing the work and maximising saving opportunities. TP added that the RightCare financial evaluation submission was being revised to take account of future work and the CCG's reported level of ambition may increase as a result.

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

The Committee:

1. Noted the updates and ongoing work.
2. Requested the Utilisation Management Report on York Teaching Hospital NHS Foundation Trust be presented at the earliest future meeting.
3. Requested that AP provide an email update on the CCG's podiatry bid to NHS England.

Meetings Papers

DB expressed concern at the volume and length of papers and the late circulation of some agenda items for the meeting. He recognised the pressures on the CCG team and proposed an urgent review of the Committee's requirements. PM agreed to meet in this regard and KR additionally proposed the potential for separate arrangements relating to items provided for assurance purposes.

"Good News"

PM reported:

- The impact of the clinical thresholds, referred to above, was positive in the context of cost reduction to the CCG
- Access to the Quality Premium had been signed off
- The A and E 4 hour target had been met on a number of days
- There had been limited adverse media response to publication of the CCG's Operational Plan and Medium Term Financial Strategy
- A number of vacancies were out to advert to support both capacity issues and morale within the CCG
- EW was in discussion with City of York Council and North Yorkshire County Council regarding the Head of Joint Commissioning role(s)

LS reported the potential for additional capacity following a successful bid for Sustainability and Transformation Plan funding of c£0.5m for the Psychiatric Liaison Service at York Teaching Hospital NHS Foundation Trust.

KR reported on attendance at a regional NHS Confederation meeting of Chairs and noted that NHS Vale of York CCG compared favourably in aspects of addressing the financial deficit. He also advised that a Summit of Lay Members of the local health and social care system, including the voluntary sector, was taking place on 7 April to discuss management of the system challenge.

4.1 Mental Health 'Out of Contract' Spend Update

In presenting this report EW emphasised that it related to 'out of contract', not 'out of area', spend. Reducing out of contract spend would both improve the patient pathway and achieve commissioning services in a more cost effective manner. EW noted that the out of contract spend was categorised as c£15m for continuing healthcare and c£4m for 'other areas of spend'. The latter had been identified as potential sources of total QIPP of £300k for 2017/18 and £500k for 2018/19. EW explained that further work was required to understand these opportunities, which would be delivered in a number of ways; consideration would also be required of risk to the contract with Tees, Esk and Wear Valleys NHS Foundation Trust.

EW added that the CCG needed to review the detailed information before negotiation with Tees, Esk and Wear Valleys NHS Foundation Trust on the out of contract spend advising that she had indicated this intention to them. EW also noted increased confidence from the revised contract management arrangements with Tees, Esk and Wear Valleys NHS Foundation Trust.

Discussion included the current transition of the Partnership Commissioning Unit and concern about the CCG's capacity to focus adequate resources on continuing healthcare and mental health which were major areas of risk. In respect of the former TP reported that discussion was taking place at the meeting of the four North Yorkshire Chief Finance Officers on 24 March regarding expediting information, including responses to Internal Audit reports, and she would update members by email. She noted that the arrangements for the Partnership Commissioning Unit Finance and Contracting Team were phase two of the transition.

PM advised that he was in discussion with NHS England about the level of continuing healthcare pressure on the CCG and emphasised that the resource transferring from the Partnership Commissioning Unit in respect of mental health out of contract activity was not adequate for the work required. He indicated the potential for a request for additional capacity to mitigate the risk. PM also referred to the proposed move to consolidated contracts across the Sustainability and Transformation Plan footprint and commissioning capacity across North Yorkshire.

Members supported a small investment for additional capacity to address mental health out of contract activity and requested that an update on mental health out of contract spend be presented at the May Governing Body.

The Committee:

1. Noted the current position as set out in this paper and recognised the potential constraints in undertaking further assessment of the current spend.
2. Supported the approach outlined to understand the detail of the current £19m 'out of contract' spend.
3. Noted that TP would provide an email update from the Chief Finance Officers meeting.
4. Requested an update to the May meeting of the Governing Body.

6. Financial Performance Report Month 11

TP presented the month 11 report which confirmed that the CCG's financial position remained at £28.1m forecast deficit. She advised that NHS England had now formally communicated the requirement for CCGs to release the 1% non-recurrent risk reserve which for NHS Vale of York CCG was £4.34m. The actual year-end position would therefore be £23.8m but the CCG would be monitored on the £28.1m.

TP explained the principal activity based risks, namely:

- Year-end agreements for acute activity contracts – No agreement had yet been reached with York Teaching Hospital NHS Foundation Trust. Consideration was being given to offers from Harrogate and District NHS Foundation Trust, Mid Yorkshire NHS Hospitals Trust and Leeds Teaching Hospitals NHS Trust.

- Continuing Healthcare – Although historically this had been a significant pressure at month 12, increased confidence was gained from improved forecasting methodology and the stable position over a number of months.

- Prescribing – There was a reasonable level of confidence despite the inherent volatility of this budget. A number of QIPP schemes were starting to deliver.

TP described the system support arrangements confirming that associated future commitments were incorporated in the three year plan from 2017/18. She also reported that the prescribing adjustment was being removed from CCG forecasts across the country. Options to address the £1.7m pressure for NHS Vale of York as a result of this were being discussed with NHS England and a number of measures would be transacted in this regard at month 12. TP reiterated confidence about the £28.1m forecast deficit position despite the elements of risk discussed.

In response to DB expressing concern about the level of QIPP required, KR noted the expectation that the Committee, and also the Governing Body, would receive early notification of any issues. He also referred to shared risk and shared ownership with partner organisations.

Discussion ensued in the context of historic issues in agreeing contract activity with York Teaching Hospital NHS Foundation Trust. In response JH referred to agenda item 16 below. He noted the Planned Care and Unplanned Care Joint Savings Programmes had agreed targets and levels of investment as per the CCG's Medium Term Financial Strategy and reported agreement by the Planned Care Programme Board that capacity removed would not be re-utilised. JH also reported the intention of bringing together the CCG and York Teaching Hospital NHS Foundation Trust financial plans.

In response to PM proposing that the April and May meetings of the Committee should receive unvalidated data to provide early information on the financial position, LS agreed to ensure availability.

The Committee:

1. Received the Financial Performance Report as at 28 February 2017.
2. Noted that LS would ensure availability of early information for consideration at the April and May meetings.

CA rejoined the meeting

7. Financial Plan Update following 27 February submission

In presenting the updated Financial Plan TP advised that discussions were taking place with NHS England regarding the further submission required for the end of March. She noted that the plan, as presented, had also been shared with the Health and Wellbeing Boards.

TP explained that the plan described how the forecast £28.1m deficit position for 2016/17 became a cumulative forecast deficit of £44.1m in 2017/18. She also referred to discussions relating to the fact that the Humber, Coast and Vale Strategic Transformation Plan footprint was not currently meeting its control total, noting that c£7m of this was attributable to NHS Vale of York CCG, and the national context of a gap in excess of £200m.

TP reported on the evaluation by the North of England Commissioning Support and Deloitte team of the CCG's £15.9m QIPP programme noting that their initial feedback on the new organisational structure was positive but concern had been expressed about deliverability. They had been asked to specifically assess £10m of the £15.9m QIPP and had RAG (Red, Amber, Green) rated c£6m as deliverable in 2017/18. TP referred to the detailed confirm and challenge process undertaken by the CCG advising that opportunities to c£14.5m had been identified; these were at varying stages of development. A report would be presented to the Committee identifying QIPP plans and associated risk following further assessment by the Executive Team.

TP highlighted that risks to delivery of the CCG's 2017/18 Financial Plan were now clear. Discussions were taking place with NHS England, York Teaching Hospital NHS Foundation Trust and NHS Improvement regarding the control total. TP advised that there was an estimated £45m risk in the York system across providers and CCGs.

JH reported that, following agreement by the Programme Boards to jointly align financial plans, a mechanism was required. He advised that if this was not achieved a review by NHS England and NHS Improvement would be triggered as per the Heads of Terms. Members emphasised the need for discussions to take place with all partner organisations in a context wider than the financial aspect and for service developments to be identified in advance of associated savings. Agreement was required of a commissioning envelope for the York and Scarborough systems.

JS commended the CCG's Financial Plan noting that NHS England was using it as a checklist with a number of CCGs. However, they could not sign off the Plan due to the current level of system risk. In this regard feedback was provided from the recent system meeting and TP explained the need for cost pressures and investment in the system to be added to the £45m system risk. Currently the CCG net risk was c£20m comprising between £25m and £30m offset by the c£6m, i.e. 0.5%, contingency. PM noted that a York system meeting was taking place on 27 March.

Members agreed that a statement be prepared in advance of the Governing Body meeting on 6 April on the current position of the acute system in the Vale of York and associated risks. Discussion with partners, other than York Teaching Hospital NHS Foundation Trust, would take place in advance.

The Committee:

1. Received the Financial Plan update following the 27 February submission.
2. Noted the ongoing work to confirm QIPP.
3. Agreed that a statement be prepared in advance of the Governing Body meeting on 6 April on the current position of the acute system in the Vale of York and associated risks, noting that discussion with partners, other than York Teaching Hospital NHS Foundation Trust, would take place in advance.

5. Finance and Performance Risk Report

CA referred to the report which provided an update on the Improvement and Assurance Framework Performance Indicators and described Corporate Events and Finance and Performance Corporate Risks. She noted there had been no significant change to the

areas of risk identified in the CCG since the last Committee meeting, notably the four risk events remaining as: A and E 4 hour performance, dementia coding, Partnership Commissioning Unit areas of spend and CCG failure to achieve an assured position for the 2017/18 to 2018/19 Operational Plan.

CA noted that briefings on A and E performance and dementia coding were provided at later agenda items and that the Partnership Commissioning Unit transition was ongoing. The new arrangements would require embedding, MC was currently the Executive Lead, implications for the 2017/18 programmes had been recognised and the PCU staffing mapped into the current CCG staffing structure.

In respect of delivery of the Operational Plan CA reported that alignment of resources with priority areas was required to support delivery from 1 April 2017. Draft work programmes were included for note at agenda item 15 and to provide assurance to the Committee that progress was being made with transition from 2016/17 programmes to the programmes for delivery in 2017/18 – 2018/19. CA noted discussion with City of York Council Public Health to address areas of risk and advised that Fiona Phillips, Consultant in Public Health, was leading the prevention agenda for 2017/18.

CA referred to failure to meet the cancer and diagnostic performance targets advising that work was taking place to address and mitigate these areas. She also noted improvement in five of the 13 red risks: staffing, contract alignment, the development of Service Development & Improvement Plans (SDIPs), the development of the local accountable care system and data sharing.

The Committee:

Received the Finance and Performance Risk Report.

8. Diagnostic for Lessons Learnt: QIPP Non Delivery

PM expressed appreciation to MA-M and SOC for undertaking the desktop exercise review of 2016/17 QIPP plans and providing the report which identified key reasons for success or partial success, and key reasons for failure. The clear, concise presentation was commended, with recommendation that it be presented at the Audit Committee.

Members requested that the lessons learnt from this review be applied to the 2017/18 QIPP plans and reported to the April Committee. It was also that the current report be included in a staff briefing and that a similar approach be adopted for evaluating Better Care Fund schemes with partners.

CA added that the first staff engagement session had taken place earlier in the week when the programme management approach had been presented. She noted that a formal framework was being developed for consultation and would incorporate the key recommendations from the lessons learnt review.

The Committee:

1. Welcomed the analysis of success or otherwise of the 2016/17 QIPP and reasons for lack of success.

2. Requested that a similar review be undertaken on the 2017/18 QIPP plans and reported to the April meeting
3. Recommended that the report be presented to the Audit Committee, included in a staff briefing and a similar approach be utilised for evaluating the Better Care Funds.

9. VoluntarySector Commissioning – Position Statement March 2017

EW presented the report which described directly commissioned and non-directly commissioned voluntary sector contracts, totalling c£1m. The former comprised nine contracts and the latter 34. The CCG had written to providers of the directly commissioned contracts advising that their contract was being rolled over for the first quarter of 2017/18 to give time for a review of the investment.

EW highlighted the need for the CCG to have information on the services provided through these contracts in order to make an informed decision about value for money. She noted that the non-directly commissioned services required discussion with partner organisations.

JH added that the Unplanned Care Workstream was considering utilisation of the third sector in the localities to prevent admissions. He emphasised the need to maximise investment.

EW agreed to provide an update at the next Committee meeting.

The Committee:

1. Agreed that the options for investment in directly commissioned services in 2017/18 be considered following the review to be completed within the first three months of the financial year.
2. Agreed to request the Joint Commissioning portfolio be asked to review the current non-directly commissioned services monitoring arrangements with partners and ensure that these were as robust as possible within the CCG resources available to support contract management.
3. Supported the development of locality based assessment of services to inform investments in 2018/19 as part of the emerging locality delivery group arrangements.
4. Agreed that a set of metrics be developed, through co-production with partners in 2017/18, that could be used to assess effectiveness of investment going forward and noted that York Council of Voluntary Service had offered services in this regard.
5. Requested a brief update at the April meeting.

10. Contract Report

LS presented the report which provided an overview of the contract trading position for contracts which operated on a cost per case basis and therefore presented financial risk to the CCG. She noted that the format of the report had been revised to provide clearer information on the areas of challenge.

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.

The Committee:

Received the Contract Report.

11. Briefing to the Governing Body on Acute Contract Sign Off

JH presented the briefing provided in response to concerns raised by SP that the Governing Body had not been engaged in the process for signing the contract with York Teaching Hospital NHS Foundation Trust. The briefing, which referred to the national timescales and implications of the CCG being under legal Directions, also included three appendices: 2017/18 Financial Plan, 2017/18 Acute Contract Position and Joint Programme of Work. The briefing would subsequently be provided to all Governing Body members.

DB referred to email comments provided by SP on the briefing, namely: continuing concern that the Governing Body had had no opportunity to discuss the contract sign off and the risk around delivery of the £10m QIPP, stated in the briefing as the reason for the level at which the contract had been signed; the Heads of Terms had neither been seen by the full Governing Body nor were they appended to the briefing; and lack of detail of timescales or QIPP breakdown of the acute contract reductions which required sign off by 31 March. SP had stated that she remained unassured of delivery and sought information on mitigation and greater transparency with the Governing Body on the CCG's biggest financial risk. She was also of the view that the CCG's scheme of delegation had been breached.

JS explained that the contract with York Teaching Hospital NHS Foundation Trust remained payment by results, i.e. a trading position, and that NHS England had made an assessment at the time of signing whilst acknowledging risk of achieving the required agreements by 31 March. He also noted that the contract had been assessed by the Chief Finance Officer, the Accountable Officer and NHS England and referred to delegated authority from the Governing Body.

TP reported, in respect of internal governance, that the Detailed Scheme of Delegation included delegated authority to the Governing Body for contracts above £0.5m. However, in the event of timescales not permitting consideration by the full Governing Body, the Accountable Officer and Chief Finance Officer could give approval. TP noted that in the contract in question the Chair, Accountable Officer and Chief Finance Officer were involved in the sign off.

DB proposed that the Committee, whilst noting the challenges presented by lay members, accept the current position and prepare a statement of commitment to focus on implementation of the contract with York Teaching Hospital NHS Foundation Trust.

Discussion ensued on the principle of the process for approval of contracts above £0.5m. TP advised that a review and update of the CCG's Scheme of Delegation, in which SP had been involved, was in the final stage for completion by 31 March, mainly

in respect of the CCG's new structure and job descriptions. This would be presented for approval at the April Audit Committee. In respect of SP's concern about the contract with York Teaching Hospital NHS Foundation Trust being signed at a higher level than the CCG's financial plan, TP noted that the Finance and Performance Committee had received the detailed information.

JH sought to provide assurance to members by providing an update on the joint programmes of work. In respect of planned care:

- MSK/orthopaedics – Following completion of the review a clinical model was being developed to reduce hips and knees referrals. York Teaching Hospital NHS Foundation Trust had introduced a virtual fracture clinic and one stop shops. They were reviewing day case numbers, excess bed days, consultant to consultant referrals and the number of orthopaedic referrals not going through the MSK service. A meeting of the Planned Care Orthopaedics Working Group was scheduled for 29 March.

- Anticoagulation – Following review it had been agreed to move this c£1m service in to the community. This had been agreed by through the Clinical Executive and an action plan was being developed with a view to completing the move by September 2017 at the latest.

- Ear Nose and Throat – Following one review virtual clinics were being introduced and waxing moved in to the community. A further review was taking place with a view to moving to a mainly community based service.

- Gastroenterology – A review was taking place week commencing 27 March.

- Cardiology – A review was still to be arranged. Work was ongoing regarding prevention.

- Ophthalmology – One review had taken place but this had now been overtaken by the Sustainability and Transformation Plan ophthalmology review which was meeting week commencing 27 March.

- 'Other' – Progress was being made at the instigation of York Teaching Hospital NHS Foundation Trust on moving outpatients to an advice and guidance service.

JH reported that the unplanned care joint work programme was looking to progress areas, including through the localities, of opportunities from the CCG's Medium Term Financial Strategy in respect of trauma and orthopaedics, respiratory medicine, elderly medicine, cardiology and gastroenterology. Other contract variations related to ambulatory care and thresholds. JH highlighted joint working between clinicians.

JH explained that project initiation documents were required within the next fortnight outlining high level programmes of work including analysis of expected savings and their delivery to provide assurance to NHS England. PM advised that the Committee may be asked to agree fast track appointment of additional clinical capacity to support the out of hospital work programme. He expressed concern that the CCG did not currently have the necessary resource for the work associated with the £10m QIPP

requirement, monitoring of contracts and focus on localities and system change. PM emphasised the need for partner organisations across the health and care system to recognise the CCG's commissioning responsibilities and role in system change. He advised that initial discussion would take place with the Governing Body in private.

The Committee:

1. Received the briefing that would subsequently be presented to the Governing Body noting SP's continuing concerns.
2. Agreed that a statement of commitment to focus on implementation of the contract with York Teaching Hospital NHS Foundation Trust be produced.
3. Noted the update on the joint programmes of work and associated challenges.

12. Performance Report

12.1 Briefings on areas of underperformance – February 2017 and 12.2 Prototype Programme Dashboard

CA referred to the performance report which provided validated month 10 data supplemented by briefings at agenda item 12.1 for each NHS Constitution area where the CCG was currently underperforming with mitigating actions. She noted the intention to revise future performance reporting, based on the format of the draft dashboard at agenda item 12.2, with a focus on the four programmes of work: Primary Care, Unplanned Care (Out of Hospital), Planned Care, and Mental Health, Learning Disabilities, Complex Care and Continuing Healthcare.CA highlighted improvement in A and E four hour performance, as reported earlier, and recovery against the 31 day cancer target. She also noted the on-going planning for assurance in respect of planning for the Easter Bank Holiday which was being co-ordinated through the A and E Delivery Board in line with NHS England and NHS Improvement requirements for assurance. In respect of 4 hour A and E performance CA referred to NHS England's requirement for each system to reconsider its trajectory for improvement to 90% by September 2017 and the majority of Trusts returning to 95% by March 2018.This was set within the context of NHS Improvement and NHS England clarifying the approach for total performance control totals and penalties in relation to providers and Sustainability and Transformation Fund monies for 2017/18 being solely for performance against the A and E four hour target and not cancer or referral to treatment performance. The refreshed A and E four hour target recovery trajectory was also incorporated within the Government's Mandate to NHS England.

CA noted the system wide Planned Care Recovery Group had reported improvement in performance against the cancer, diagnostics and 18 week referral to treatment targets during February and March. Demand and capacity modelling was being refreshed by York Teaching Hospital NHS Foundation Trust based on incorporating key assumptions including the impact of the clinical thresholds, and the potential for further reductions in referrals from primary care to support pressure on the non-admitted pathway.

CA reported that York Teaching Hospital NHS Foundation Trust had returned to standard operating procedures, theatres were open and waiting lists were being funded by the Trust and NHS England. In respect of the latter the referral to treatment admitted backlog had reduced from 1350 to 950. Focus was now required on the non admitted

backlog for which the main areas of concern were urology, dermatology and maxillofacial. Reporting and management of mitigating actions to drive performance improvement and recovery would be through both the pathway redesign work outlined in the CCG and York Teaching Hospital NHS Foundation Trust joint work programme for Planned Care, as well as the system-wide Planned Care Recovery Group. There would be close co-ordination between these programmes/ workstreams.

In respect of work at the Sustainability and Transformation Plan level there were two Cancer Alliances in the Yorkshire and Humber region which provided support for transformation of cancer services in the Vale of York locality. CA noted that York Teaching Hospital NHS Foundation Trust had provided a draft report in response to the Cancer Alliance Boards' request for assurance around improving cancer performance. This work would be embedded in the system-wide Planned Care Recovery Group.

CA reported an unvalidated 50% reduction in trauma and orthopaedic referrals to York Teaching Hospital NHS Foundation Trust since November 2016, and a 12% reduction overall in all referrals, potentially due to the CCG's planning and implementation of clinical thresholds. This would be explored further with them and a validated position provided at the next Committee.

Work was required on diagnostics to gain a greater understanding about CT, MRI and radiology performance at all providers for the CCG. This would be undertaken at both local and Strategic and Transformation Plan/regional levels (e.g. radiology and pathology review being undertaken by the Cancer Alliance.

The focus at the third meeting of the system-wide Planned Care Recovery Group would be diagnostics and cancer to develop a joint commissioner and provider understanding of the key issues and mitigating actions across both NHS Vale of York and NHS Scarborough and Ryedale CCGs.

JH referred to the need to understand reported reduction in orthopaedic activity and potential impact on Ramsay and Nuffield Hospitals. He indicated the potential to discuss with NHS England access to clinical support such as an orthopaedic surgeon to facilitate this work across the system.

In respect of Improving Access to Psychological Therapies EW reported that the report from the Intensive Support Team had not yet been received but verbal feedback had provided. She emphasised that the associated targets would continue to be a challenge until there was capacity to implement the recommendations.

EW noted that a culture change was required regarding dementia coding. She had requested assessment of resource requirements for Child and Adolescent Mental Health Services, Attention Deficit Hyperactivity Disorder and Improving Access to Psychological Therapies from Tees, Esk and Wear Valleys NHS Foundation Trust. A decision would then be required regarding additional resources.

CA highlighted the requirement for York Teaching Hospital NHS Foundation Trust to submit refreshed trajectories in line with the four hour A and E return to 90% by September 2017 and 95% by March 2017.

In response to KR referring to the 100% target for Yorkshire Ambulance Service 15 minute handover performance and enquiring whether there had been any improvement since the month 10 validated position, CA advised that performance in January at the York site had been 45.8% and 56% across the Trust. In February there had been an improvement to 62.1% at the York site.

JH tabled a proposal for reporting performance from April 2017 to provide enhanced clarity and alignment with the programmes of work, noting that unplanned care and complex care would not entirely align with the key questions proposed:

Are you meeting targets – **Yes/ No**
Yes – Are you assured this is sustainable?
No
a) What mitigating actions are underway?
b) What further escalation is required?
c) Is there a trajectory and date for recovery/ improvement?
d) Is this trajectory on track to deliver?

CA added that rigorous assurance on delivery and mitigation would take place in the CCG as part of the new approach for programme delivery and performance management. The programme level dashboards would triangulate all QIPP, transformation, contracting, finance, activity and performance information in order to highlight areas of escalation and deterioration, and ensure early warning

DB welcomed the format and commended the key questions as an approach for all reports to the Committee.

The Committee:

1. Received the performance report.
2. Requested a validated update regarding reduction in trauma and orthopaedic referrals due to clinical thresholds to York Teaching Hospital NHS Foundation Trust at the April meeting.
3. Agreed the revised format for future reports.

13. A and E

13.1 Proposal on 4 hour A and E Standard and 13.2 Letter from Simon Stevens and Jim Mackie

PM proposed that AP and Becky Case, Head of Transformation and Delivery, be asked to review the letter from Simon Stevens and Jim Mackie and advise the Committee on potential consequences for the commissioner.

Regarding the 100% A and E performance in the current week LS advised that the explanation had been given that the reasons were multi factorial. JS agreed to seek further information in this regard in the context of previous performance during the year.

CA referred to the forthcoming four day Easter Bank Holiday and consideration of potential costs for delivering the NHS England and NHS Improvement assurance planning requirements, including the provisional costs of delivering extended primary

care access for each of the four holiday days. PM advised that she should consult the Executive Committee in this regard.

The Committee:

1. Requested that AP and Becky Case, Head of Transformation and Delivery, review the letter from Simon Stevens and Jim Mackie and advise on potential consequences for the commissioner.
2. Noted that JS would seek information on A and E performance levels throughout the year.
3. Noted that planning for the Easter Bank Holiday would be via the Executive.

14. QIPP Dashboards 2016/17

This was covered in discussion at previous agenda items.

15. Draft Programmes 2017/18: Delivering the CCG Operational Plan

This was covered in discussion at previous agenda items.

16. Joint Programmes of Work: Planned Care and Unplanned Care

This was included in discussion at previous agenda items.

AB attended for this item

18. NHS RightCare Programme – Progress Report

In presenting the update on the CCG's RightCare circulation, musculoskeletal and gastrointestinal programmes, AB explained that areas of work relating to acute spend would be incorporated into the joint programmes of work agreed with York Teaching Hospital NHS Foundation Trust to ensure full alignment with other projects and management through the single contract with them. He noted that, following national feedback, the CCG was resubmitting the recent financial evaluations to include all RightCare opportunities being worked on over the full period to 2020/21 to give a more accurate picture of the extent to which the available opportunities were being addressed.

In respect of MSK, a business case was required providing detail of the clinical model, assurance of reduced activitiy levels and how the savings would be released. The business case decision would be taken at the Executive Committee with subsequent challenge at the Financial and Performance Committee.

KR emphasied the need for delivery of the RightCare programmes in the context of the Operational Plan.

The Committee:

1. Received the progress report on the CCG's NHS RightCare programme of work covering MSK, circulation and gastrointestinal.

2. Noted that business case decisions would be taken by the Executive Committee with subsequent challenge at the Finance and Performance Committee.

AB left the meeting

17. Discussion Paper: Investment Decision Making

EW presented the report which aimed to support consideration of several CCG financial pressures for 2017/18 in the context of the wider health and care system. The key outcomes sought from the discussion were: clarity in relation to the CCG's position; identification of any further internal actions that may be necessary to move forward; resolution as to how to help partners understand the challenge in deciding investments in the context of legal Directions; and a shared, system wide view of investment priorities.

The investments were broadly categorised in three areas: programme delivery (short, medium or long term), non-recurrent cost pressures and system pressures; a set of principles and associated questions were proposed. EW emphasised that the report was supported from a clinical perspective.

TP advised that the £15.9m QIPP in the CCG's financial plan was the net value. The gross QIPP was c£19m to allow for planned investment which would be subject to business case approval. TP noted that decisions should be made in the context of safeguarding delivery of QIPP with consideration of risk assessment and a specified timeframe.

Detailed discussion included recognition of the need for increased capacity for primary care to support the out of hospital strategy; the complexity of investment decisions in the context of legal Directions; the CCG's responsibility to lead the system change with recognition that a five to ten year timescale would be required; consideration of whether the return on any investment justified the risk to the system; assurances to mitigate risk; development of an approach of sharing risk and sharing reward; ensuring partner organisations were fully aware of the CCG's challenges; and potential reputational risk.

With particular reference to the wheelchair backlog, a non recurrent pressure, members noted that NHS Vale of York CCG was one of four CCGs affected and the other three organisations were planning to reduce their backlog in 2017/18. Whilst this funding was not within the financial plan and had not been supported by the Executive Committee, members requested that the decision be reconsidered to address an area of inequity and in acknowledgement that no other organisation would take the responsibility.

PM referred to forthcoming discussion with partner organisations and requested guidance from the Committee in its context of overseeing financial recovery on behalf of the Governing Body. DB agreed to work with staff to provide a statement which placed the figures, the mutually shared risks including social care, clearly in the system arena. A briefing would also be helpful for the Lay Members Summit on 7 April.

Further discussion ensued on the process for investment in 2017/18. This was agreed as the responsibility of the Executive Committee with recognition that legal Directions in no way impacted on the CCG as a responsible commissioner required to live within allocation.

DB emphasised that, although the primary role of the Committee was currently to oversee financial recovery, the CCG must invest to fulfil the role of leading system change. Investment decisions would be required but with due recognition of the financially challenged and complex system, assurance on expected return and recognition of associated risk.

The Committee:

1. Agreed that investment decisions be taken by the Executive Committee.
2. Supported the investment principles outlined.
3. Noted the need to engage with partners and other stakeholders to ensure system ownership of decisions.
4. Requested that the Executive Committee reconsider investment to address the wheelchair backlog.
5. Noted that a statement would be created on financial challenges faced by both the CCG and the health and care system.

19. Better Care Fund Update

EW presented the report which comprised an update focusing mainly on the York Health and Wellbeing Board. It included appendices relating to the 2016/17 Better Care Fund schemes, performance metrics for the York Health and Wellbeing Board position, information on supplementary funding to the improved Better Care Fund 2017/18 to 2019/20 and a York Better Care Fund 2017/18 draft diagnostic report by the Local Government Association.

Members noted the Better Care Fund dependency on partnership working and the potential for it to support development of the accountable care system. KR highlighted that repesentatives from partner organisations could be invited to attend the Committee to discuss issues.

EW agreed to provide a further update at the next meeting.

The Committee:

1. Received the Better Care Fund update report.
2. Requested a further update at the May meeting.

20. Medical Non-Emergency Patient Transport Reprocurement

TP referred to the update provided following approval at the Governing Body on 2 March for reprocurement of the current patient transport service. She noted that the Committee would receive the next update at the May meeting. This would comprise the outcomes of the Pre-Qualification Questionnaire and the specification, tender questions and quality and pricing weighting.

The Committee:

Received the update on the timelines and themes emergent from the initial Market Engagement for the Medical Non-Emergency Patient Transport Reprocurement.

21. Key Messages to the Governing Body

- The Committee rigorously reviewed the update on mental health out of contract spend. Issues of staff capacity were noted and, if required, additional resources supported.

- The Committee agreed that a position statement be produced on the current issues and shared risks in the health and social care system.

- The Committee expressed the view that communication with the Governing Body could have been improved in respect of signing of the contract with York Teaching Hospital NHS Foundation Trust but were content that a review of the Scheme of Delegation was almost complete.

- The Committee agreed that investment decisions be taken by the Executive Committee subject to robust business cases.

The Committee:

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

22. Next meeting

27 April 2017, 9am to 2pm

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 MARCH 2017 AND CARRIED FORWARD FROM THE PREVIOUS MEETING

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF61	22 September 2016 20 October 2016 24 November 2016 23 March 2017	Quality and Performance Intelligence Report	• Report from the York Contract Management Board following its review of the Ambulatory Care Unit activity. • Utilisation Management Report to be presented	TP TP	20 October 2016 Report to go to the new Finance and Performance Committee Ongoing 27 April 2017
QF63	20 October 2016 24 November 2016 26 January 2017	QIPP Report	• Clinical Executive to review progress with Community Diabetes and prepare a bid for submission to NHS England against available funding following review by Senior Management Team • Quarterly reporting of impact of Procedures of Limited Clinical Value / Clinical Thresholds to the Committee	AP MA-M, MC,SOC	November 2016 Ongoing 27 April 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P05	26 January 2017 23 February 2017 23 March 2017	Financial Performance Report	• Letter to be sent to Tees, Esk and Wear Valleys NHS Foundation Trust regarding management of the mental health out of contract placements overspend • Update on mental health contract to April meetings of Finance and Performance Committee and Governing Body • Update from discussion at Chief Finance Officers meeting on 24 March • Update on mental health out of contract spend to May Governing Body	MA-M EW TP EW	 27 and 6 April 2017 w/c 27 March 2017 4 May 2017
F&P11	23 March 2017	Financial Performance Report Month 11	• Unvalidated data to be available for consideration at April and May meetings	LS	27 April and 25 May 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P12	23 March 2017	Financial Plan Update following 27 February submission	• QIPP update report to be presented • Statement be prepared in advance of the Governing Body meeting on 6 April on the current position of the acute system in the Vale of York and associated risks, noting that discussion with partners, other than York Teaching Hospital NHS Foundation Trust, would take place in advance.	TP	
F&P13	23 March 2017	Diagnostic for Lessons Learnt: QIPP Non Delivery	• Review based on lessons learnt to be undertaken on the 2017/18 QIPP plans and reported to the April meeting • Recommendation that the report be presented to the Audit Committee, included in a staff briefing	MA-M/SOC DB PM	27 April 2017
F&P14	23 March 2017	Voluntary Sector Commissioning – Position Statement March 2017	• Update to be provided for next meeting	EW	27 April 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P15	23 March 2017	Performance Report	• 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
F&P16	23 March 2017	A and E	• Letter from Simon Stevens and Jim Mackie to be reviewed to identify potential consequences for the commissioner • Information on A and E performance levels throughout the year to be sought • Cost pressures for planning for the Easter Bank Holiday to be considered with the Executive	AP/BC JS CA	
F&P17	23 March 2017	Briefing to the Governing Body on Acute Contract Sign Off	• Statement of commitment to focus on implementation of the contract with York Teaching Hospital NHS Foundation Trust to be produced.	DB/PM	
F&P18	23 March 2017	Discussion Paper: Investment Decision Making	• Statement on financial challenges faced by both the CCG and the health and care system	DB	
F&P19	23 March 2017	Better Care Fund Update	• Further update to next meeting	EW	27 April 2017

Item 3.1

Minutes of the Quality and Patient Experience Committee Meeting held on 8 February 2017 at West Offices, York

Present

Mr Keith Ramsay (KR) - Chair	CCG Lay Chair
Mrs Michelle Carrington (MC) - part	Executive Director Quality and Nursing
Miss Jenny Carter (JC)	Deputy Chief Nurse
Mrs Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Mrs Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Dr Andrew Phillips (AP)	Medical Director Designate
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance
Mrs Debbie Winder (DW)	Head of Quality Assurance

In attendance

Miss Victoria Hirst (VH)	Senior Engagement Manager
Mr Michal Janik (MJ) -part	PA to MC, JC and DW
Mrs Gill Rogers (GR)	Patient Experience Officer
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Shaun O'Connell (SOC)	Medical Director Designate
Mrs Victoria Pilkington (VP)	Head of Partnership Commissioning Unit

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 20 December 2016

The minutes of the previous meeting were agreed, subject to amendment on page 3, paragraph one which should read:

'…Members noted that Tees, Esk and Wear Valleys NHS Foundation Trust had a good reporting culture. However the process around generation of action plans had been questioned and a meeting scheduled…'

The Committee:

Approved the minutes of the meeting held on 20 December 2016 subject to the above amendment.

4. Matters arising from the minutes

Update on Development of New Healthy Child Service 0-19: KR referred to the request for a report to the February meeting from the City of York Council Nurse Consultant in Public Health advising that this had not been available due to the staff consultation on the new service model. He requested that both the Nurse Consultant and the City of York Council Director of Public Health be asked to attend a single item meeting of the Committee, to be arranged before 1 April, to provide assurance as per discussion at the December Committee meeting and also regarding the cessation of a number of services provided by Public Health.

A number of other items were noted as agenda items, completed or scheduled for a future meeting.

The Committee:

Requested that a single item meeting be arranged for purposes of assurance regarding the City of York Council 0-19 Healthy Child Service and the cessation of a number of services provided by Public Health. *(Post meeting note: Single item meeting arranged for 20 March)*

5. Quality and Patient Experience Committee Terms of Reference

RP referred to discussion at the December Committee meeting advising that members' comments had been incorporated in the revised draft terms of reference presented. A number of further amendments were agreed, including clarification of attendance by the two interim executive directors and the Partnership Commissioning Unit service leads. In respect of the latter RP advised that the membership would require further review in light of the changes that were currently taking place. The potential for providers to attend the Committee to discuss areas of concern was also agreed.

It was noted that Governing Body approval would be sought on the terms of reference following amendment as agreed by the Committee.

The Committee:

1. Agreed the terms of reference subject to a number of amendments.
2. Noted that Governing Body approval of the terms of reference would be sought at the 2 March meeting.

6. Quality and Patient Experience Committee Forward Plan

JC reported that the Committee Forward Plan, which would incorporate engagement and patient experience, was being developed to align with the Quality Assurance Strategy and the recent organisational changes within the CCG. The plan would be presented at the April Committee meeting.

The Committee:

Noted the update on the Forward Plan.

7. Quality and Patient Experience Report

JC presented the report which provided an overview of quality of services across the CCG's main provider and an update on the Quality Team's work in respect of quality improvements affecting the wider health and care economy. She noted the ongoing work in respect of the Humber, Coast and Vale Sustainability and Transformation Plans, the NHS England CCG Improvement and Assessment Framework and the bi-monthly meetings of the NHS England Yorkshire and Humber Region Quality Surveillance Group.

JC reported that the CCG had been asked to attend a Quality Review meeting with NHS England predicated specifically on York Teaching Hospital NHS Foundation Trust's number of 12 hour trolley wait breaches since April 2016. The review meeting, which aimed to seek assurance that all possible measures were in place to address delays at the front door, was also be attended by NHS Scarborough and Ryedale CCG and NHS Improvement.

Detailed discussion ensued on the serious incidents process in relation to 12 hour trolley breaches. DW referred to the NHS Serious Incident Framework advising that serious incidents were identified in terms of harm to patients as opposed to overall patient experience, noting that assurance could be gained in a number of ways which explained why requests to de-log 12 hour breach serious incidents had been agreed whilst identifying the need for increased assurance on quality of patient experience. Work was currently underway with York Teaching Hospital NHS Foundation Trust to agree a range of quality and assurance processes including invites for the CCG to attend their ward assurance visits which used an accreditation tool to assess assurance against a detailed list of criteria. AP added that the University of Manchester was undertaking an evaluation at York Teaching Hospital NHS Foundation Trust and the CCG had been invited to join a 'Utilisation Walk Through' at both the Scarborough and York sites. The need for a system approach to address Emergency Department performance was emphasised.

AP referred to a recent letter, which he would circulate to members, from the Chief Executive of NHS Improvement requiring acute trusts to change their escalation processes to that of reporting any delay of more than 60 minutes to on call directors. He noted the potential for changes in emergency preparedness, resilience and response arrangements being required as a result of this.

DW presented the Infection Prevention and Control section of the report which included a proposal for joint infection prevention and control meetings between NHS Vale of York and NHS Scarborough and Ryedale CCGs, chaired by the latter. This approach would support the Sustainability and Transformation Plan and the proposed Scarborough, Ryedale and Vale of York Operational Group; membership would include representation from City of York Council and North Yorkshire County Council and discussion would take place with SOC and AP regarding Medical Director representation. DW noted that the new structure also aimed to enhance robustness of community post infection reviews.

DW referred to the outbreak management work which was proving beneficial but reported that two wards at the York Hospital site were currently affected by norovirus.

AP reported that the Operational Pressures Escalation Levels (OPEL) Framework had been established with two GP Practices and DW advised that work in developing robust care pathways to support patients with uncomplicated Diarrhea and Vomiting to remain in their usual place of residence was taking place with local care homes.

Members noted that flu had been an issue on some wards and discussed aspects of vaccination including uptake both in the community and in hospital.

In respect of MRSA DW reported that a further case had been recorded in January. Its origin had not yet been finally attributed but was thought to be a third party attribution. DW noted that York Teaching Hospital NHS Foundation Trust's policy had been updated but they remained an outlier in terms of numbers of cases. DW noted that post infection reviews, attended by the CCG, considered themes and trends and advised that she had requested a meeting to seek assurance developing robust processes on other infections such as MSSA and the new E.coli targets. She also reported that NHS England had released a Quality Premium – Reducing Gram Negative Blood Stream Infections and inappropriate antibiotic prescribing in at risk groups – which would be incorporated in the Infection and Prevention Control work plan for 2017/18.

DW referred to the earlier discussion on serious incidents and additionally highlighted that Tees, Esk and Wear Valleys NHS Foundation Trust had reported more serious incidents to the end of quarter three of the current year than the whole of the previous year. She noted that the required 60 day timeframe for investigation reports was a challenge but Tees, Esk and Wear Valleys NHS Foundation Trust had improved compliance with this. A meeting had taken place on 6 February where further assurance on outstanding action plans, plus the recent organisational decision within Tees, Esk and Wear Valleys NHS Foundation Trust not to generate an action plan if no root cause or contributory factors were identified, was obtained. Tees, Esk and Wear Valleys NHS Foundation Trust had agreed to share their learning from themes from investigations which would be incorporated into the contact performance meetings in the future. DW also noted that she had been invited to give a presentation with MC at York Teaching Hospital NHS Foundation Trust on commissioner expectations of serious incident reports. This had been very positively received by those present.

DW explained that the CCG did not receive reports of serious incidents in primary care which were reported on the national system but added that the Care Quality Commission had processes in place in this regard. The CCG was about to advertise for a Quality Lead for Primary Care, which was a clinical post with a remit which included incident reporting and anonymised sharing of lessons learnt. DW also noted that she had presented a session to the Practice Nurse Forum on reporting of and learning from serious incidents.

JC reported that she had attended the Yorkshire Ambulance Service Quality Meeting due to concerns regarding Yorkshire Ambulance Service response times when a 999 ambulance was called for from a GP practice. She also noted that the Yorkshire Ambulance Service Director for Planned and Urgent Care and the Locality Director, Emergency Operations Centre had attended the January meeting of the CCG's Council of Representatives to discuss ambulance response times to Practices and a proposal was being developed. Members were also asked to note that the Yorkshire Ambulance Service, York Teaching Hospital NHS Foundation Trust and the CCG had met to

progress this proposal which the Committee will continue to receive updates about. In addition DW noted in respect of 12 hour trolley waits that further work was being undertaken to provide additional assurance regarding the care of patients whilst in the Emergency Department.

JC referred to the Yorkshire Ambulance Service Quality Performance Dashboard which described performance against key indicators.

GR presented the information on patient complaints, concerns and enquiries in respect of the CCG and complaints and concerns relating to other organisations. Patient feedback from other organisations was also reviewed regularly to identify themes, trends or potential issues and enable early resolution where possible. Lessons learnt would be reported to the Committee.

MC joined the meeting

Members discussed concerns relating to continuing healthcare assessments and attention deficit hyperactivity disorder; MC referred to discussion at the Governing Body meeting regarding adult diagnosis of the latter. She also noted that reports from Healthwatch on continuing healthcare assessments and attention deficit hyperactivity disorder would help inform the CCG's decisions.

With regard to Commissioning for Quality and Innovation for 2017/19 MC explained that there would no longer be local schemes in addition to the national requirements. She highlighted in particular potential risk relating to the proactive and safe discharge in the community scheme noting the need for consideration in this regard of the CCG's contribution to the Selby hub.

In respect of regulatory inspection assurance members sought clarification on the three care homes rated as 'Inadequate' by the Care Quality Commission: Denison House and Lake and Orchard in Selby and Moorlands in Strensall, York. MC advised that the CCG was working with partners to support the care homes in making the necessary improvements.

Members noted the information pertaining to coding of dementia diagnosis rates, also discussed by the Governing Body, and the Learning Disabilities Mortality Programme.

York Teaching Hospital NHS Foundation Trust was working on a cancer recovery plan to address deterioration of performance. The 14 day fast track performance was the main concern and was primarily due to a gap in dermatology consultant capacity.

The CCG had led on a review of an end of life care experience which had identified the need for a whole system approach to co-ordinate services. The End of Life Locality Group had been reinstated and would develop an action plan based on this review with the aim of improving the quality of services across the system.

MC reported that Tees, Esk and Wear Valleys NHS Foundation Trust was working to address waiting times in respect of children's autism diagnostic and assessment and that, following validation of data, the waiting list had reduced to 166 people waiting in excess of eight weeks for child and adolescent mental health services. A number of initiatives had been put in place to ensure this reduction continued.

KR commended the holistic approach to the closure of Worsley Court in Selby on 23 December 2016.

MC noted the increase in retrospective continuing healthcare appeals since the December report and referred to the information in the Quality Risk Register section.

The Committee:

1. Received the Quality and Patient Experience Report.
2. Noted that AP would circulate the letter from the Chief Executive of NHS Improvement regarding escalation of delays.

MJ left the meeting

8. Safeguarding Children and Children in Care

KH sought members' views on the information in the report for this item. They requested executive summaries from the three Safeguarding Children Boards be included in future reports.

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, quarter three of the Strategic Plan and serious incidents; children in care regarding unaccompanied asylum seeking children and private residential settings; primary care; and the Care Quality Commission City of York Looked After Children and Safeguarding Review.

In respect of City of York Safeguarding Board discussion took place regarding assurance on a particular case that actions were being implemented as a matter of urgency and were being monitored accordingly. KH noted in respect of the Ofsted Inspection that the Local Authority had been assessed as 'Good' and the Safeguarding Children Board as 'Outstanding'. She agreed to forward the full report to KR when available.

KH explained an additional concern regarding safeguarding children training at Tees, Esk and Wear Valleys NHS Foundation Trust in respect of Level Three training in some departments as only 20% of staff working directly with children were compliant with this. This issue was not due to availability of training but to staff not being released. KH reported that specific action plans had been requested which would be monitored.

JC referred to the issue of the level of reporting by York Teaching Hospital NHS Foundation Trust on the Local Quality Requirements. She advised that the 2017/18 contract would stipulate reporting requirements and that an escalation process would be implemented in the event of non-compliance.

KH detailed safeguarding concerns about children from out of area being placed in private residential care settings in the Selby locality. She advised that partner agencies were working to manage the risk, including no further placements, and confirmed that local GP Practices were aware of the issues.

In respect of the Care Quality Commission City of York Looked After Children and Safeguarding Review KH noted that the full report had not yet been received and reiterated the feedback provided at the Committee's December meeting.

The Committee:

1. Noted progress against the Designated Professionals Strategic Plan, quarter 3, and agreed to receive specific updates regarding provider reporting and compliance against Safeguarding Children Local Quality Requirements at the next meeting.
2. Acknowledged the work currently being undertaken in respect of the health of unaccompanied asylum seeking children placed in North Yorkshire and City of York noting regular reports would be provided on this issue.
3. Agreed to receive an update regarding the children in private sector settings at the next meeting.
4. Agreed to receive the final report from the City of York Children and Looked After Children Safeguarding Review at the next meeting.
5. Noted that KH would forward the full report from the City of York Ofsted Inspection of the Local Authority and Safeguarding Board to KR when available.

9. Safeguarding Adults

CP presented the report which included updates from the North Yorkshire and City of York Safeguarding Adult Boards, the North Yorkshire Safeguarding Adults Partner Self-Assessment Framework, the City of York Safeguarding Peer Review, the City of York Suicide Audit and recent publications. She also sought and received confirmation that the Safeguarding Adults Annual Report should be presented to the March meeting of the Governing Body.

Discussion ensued on the key findings of the audit report of deaths by suicide between 2010 and 2014 within the City of York. CP highlighted that the detailed action plan would be implemented by a multi-agency North Yorkshire and York Suicide Prevention Task Group of which the CCG was a member. A meeting of this group was scheduled for March. CP also referred to work to identify themes and described support and prevention programmes noting opportunities to learn from around the world. A free weekly bereavement drop-in service at St Leonard's Hospice was also noted.

CP confirmed that the Committee would receive progress reports on implementation of the suicide audit report action plan.

The Committee:

1. Received the Safeguarding Adults report.
2. Noted that the Safeguarding Adults report would be presented at the March meeting of the Governing Body.

10. Draft Engagement Work Plan

In presenting the draft engagement work plan VH explained that this high level plan was supported by detailed work and emphasised that the activities would begin in the

current financial year. The plan comprised activities for events and public engagement, patient experience and feedback, CCG engagement network, statutory duties, communications and conversations, and internal to the CCG.

Members noted the intention for a *You Said We Did* approach where appropriate and to work alongside other groups, including participation in a Parent Carers Event on 22 March. VH also noted the intention of developing a database to record all engagement activities.

Discussion included the potential for patient case studies, both positive and negative, to be reported and engagement with non executive and lay members of partner organisations in terms of developing understanding of the challenges across health and social care.

KR expressed concern at the capacity required to implement the ambitious plan and sought and received confirmation that it would be presented at the April meeting of the Governing Body.

The Committee:

1. Received and welcomed the draft engagement work plan.
2. Noted that the Engagement Work Plan would be presented at the April meeting of the Governing Body.

11. Key Messages to the Governing Body

The Committee:

- Requested a single item meeting be arranged before the end of March for assurance on a range of decisions taken by City of York Council Public Health
- Noted the work taking place in relation to healthcare acquired infections
- Noted increased assurance from providers in respect of serious incidents
- Received an update on care homes
- Expressed concern, particularly in relation to Selby, regarding capacity in the children in care sector
- Received a report on the City of York suicide audit
- Discussed inviting providers to attend meetings to answer concerns and give assurance

The Committee:

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

12. Next meeting

9am, 13 April 2017; additional single item meeting to be arranged (*Post meeting note: arranged for 20 March)*.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 8 FEBRUARY 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	• Revised terms of reference to be presented at the next meeting • Forward plan to be drafted	RP MC	8 February 2017
Q&PE02	20 December 2016 8 February 2017	Update on Development of New Healthy Child Service 0-19	• Report providing assurance on concerns raised to be provided for next meeting • Single item meeting to be arranged due to report not being available	MC/JA	8 February 2017 20 March 2017
Q&PE05	20 December 2016	Quality Outcomes Framework for Primary Care	• Indicators for framework to be discussed with the Council of Representatives • Agreement to be sought at Primary Care Commissioning Committee	MC	16 February 2017 28 February 2017
Q&PE07	8 February 2017	Quality Report	• Letter to acute trusts from NHS Improvement Chief Executive to be circulated	AP	
Q&PE08	8 February 2017	Safeguarding Children and Children in Care	• Full report from the City of York Ofsted Inspection of the Local Authority and Safeguarding Board to KR when available	KH	

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE09	8 February 2017	Safeguarding Adults	• Safeguarding Adults Annual Report to be presented to Governing Body	CP/MS	2 March2017

Item 3

Minutes of the Single Item Quality and Patient Experience Committee Meeting held on 20 March 2017 at West Offices, York

Present

Mr Keith Ramsay (KR) - Chair	CCG Lay Chair
Dr Louise Barker (LB) - part	Clinical Director
Mrs Michelle Carrington (MC)	Executive Director of Quality and Nursing
Miss Jenny Carter (JC)	Deputy Chief Nurse
Mrs Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance

In attendance

Ms Jayne Andrews (JA)	Nurse Consultant in Public Health, City of York Council
Miss Siân Balsom (SB) - part	Director, Healthwatch York
Ms Michèle Saidman	Executive Assistant
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Miss Victoria Hirst (VH)	Senior Engagement Manager
Dr Arasu Kuppuswamy (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
Mrs Victoria Pilkington (VP)	Head of Partnership Commissioning Unit

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. City of York Council Healthy Child Service

SS presented the report which described progress with the development of a new Healthy Child Service for the City of York with specific reference to the arrangements for: the Healthy Child Service offer within Special Schools, delivery of Epipen training in schools, access to emergency contraception for school-aged young people, continence provision and assessment within the Healthy Child Service, Provision of Looked after Children (children in the care of the local authority) review health assessments, and vision screening for four to five year olds.

SS referred to the transfer of staff to City of York Council from York Teaching Hospital NHS Foundation Trust on 1 April 2016. She reported that, following due consideration, the

formal consultation with the 90 Healthy Child Service staff had been extended to 30 April and the planned implementation date of the new delivery model was now 1 July 2017. The workforce was predominantly part time and staff would be within the managed City of York Council's Children, Education and Communities Directorate. JA would provide clinical supervision and professional leadership to the workforce and work closely with the Safeguarding Children team. The Healthy Child Service would be integrated with the three Local Area Teams – North, East and West – which were being established by City of York Council. SS noted that a number of local authorities were adopting a similar integrated delivery model.

SS explained that a Standard Operating Model was being developed for the universal offer delivered by the Healthy Child Service for all children and young people in York. The five to 19 offer would be delivered by the Healthy Child Service working in partnership with the Special School Nursing Service to support delivery of the core Healthy Child Programme. The offer for special schools would be as per the national model which included a range of routine assessments and health promotion. The need for joint decision making between City of York Council and the CCG to ensure a holistic service was emphasised.

In respect of engagement SS noted that stakeholder consultation was taking place on the general offer. Detailed consultation was currently focusing on staff in order to complete the restructure and assimilate them in their new roles. SS advised that, where required, interim arrangements were being established to ensure services were clinically safe during this time.

Discussion included concern about impact both on primary care and the system as a whole, the potential for fewer nurses and clinicians, and clarification regarding specialist skills for the integrated workforce. The current pressure on Local Authority and CCG budgets was also highlighted.

Members sought and received clarification about workforce and current service provision. SS cited an example of the fact that the original proposal to stop the way vision screening was offered had been reversed in light of new data and had been restored within the current model. SS also reported that the need for additional capacity had been identified in respect of safeguarding and confirmed there was no expectation that there would be a reduced number of qualified nursing staff.

SS explained that the only statutory requirement carried out by school nurses was the national child measurement programme for children in reception classes and year 5. However, Public Health was committed to an offer for all school age children in York and the aim of addressing identified gaps. The focus would be on children with most need and would include emotional health and wellbeing and childhood obesity. SS highlighted that work was also required in respect of tooth decay, breast feeding and child nutrition and that the Healthy Child Service worked closely with existing services, such as sexual health. The offer being developed for five to 19 year olds would be holistic and include signposting for access to appropriate services. SS noted that City of York Council had made additional investment in the Healthy Child Service in the current year. However, from 2017/18 there was a savings target of £250k, of which £150k was required in the first two years. SS expected these savings to be delivered through efficiencies in back office functions.

In respect of the need for discussion with primary care, including services that currently required a referral from a GP, SS explained that development of new care pathways was

at an early stage. She highlighted the need for joint priorities to be agreed and emphasised that a whole system approach was required to understand current issues.

In response to LB expressing concern about the impact of services on regarding peri-natal mental health, JA advised that peri-natal mental health champions had been identified. However, as there was no associated investment, they needed to be self-sustaining. KH requested that discussion take place with Tees, Esk and Wear Valleys NHS Foundation Trust in this regard.

Further discussion ensued about the cuts to emergency contraception. SS advised that York residents did still have access and also noted that NICE guidance was for emergency contraception advice to be part of a universal offer. She explained that consultation was currently taking place with young people, head teachers and school governors. Options for a consistent offer to schools would be developed when the results of the consultation had been analysed.

SS also reported that she was awaiting data on termination rates which would inform identification of unintended consequences of service change to emergency contraception. She highlighted the recent example of joint commissioning of LARC (Long-acting reversible contraception).

SB joined the meeting

In respect of discussion about the importance of follow up where access to emergency contraception had been sought, KH expressed concern that cases were being missed where safeguarding assessment and relationship counselling were required. SS advised that this was currently undertaken by the Sexual Health Outreach Team and confirmed that apparent issues of accessing emergency contraception were monitored and audited by Public Health and assurance would continue to be sought through this process.

SS referred to the information in her report on continence provision and assessment within the Healthy Child Service. She highlighted the need for a care pathway approach to ensure identification of appropriate referral for specialist assessment. JA, in response to MC highlighting that prioritisation was required for development of care pathways, referred to enuresis, audiology, paediatric assessments and skin diseases. SS emphasised that best value must be achieved for the current resources as there was no new money in the system.

SB highlighted the importance of the Healthy Child Programme being clearly publicised including signposting to resources and support.

KH referred to the fact that 16 to 19 year olds did not currently receive Review Health Assessments. She explained previous "spot purchase" arrangements were in place but noted that not all young people took up this offer. KH also expressed concern about the capacity for the Lead Nurse for Safeguarding to fulfil all the requirements of the offer, particularly in respect of Looked After Children. JA and SS confirmed that this gap had been identified and that resilience and succession planning were under consideration. MC additionally noted that the Governing Body had identified the need for additional capacity for children's services in the CCG.

KR emphasised that urgent joint working was required between the CCG, primary care and City of York Council Public Health and Children's Services on development of care

pathways. It was agreed that a task and finish group approach be adopted utilising NICE guidance, best practice and national care pathways with an initial focus on teenage sexual health and continence special needs.

KR requested that Maxine Squire, Assistant Director for Children's Services, Education and Skills at City of York Council, attend the 8 June meeting of the Committee to provide an update on the new Healthy Child Service.

SS provided an update on concerns detailed by email following the March meeting of the Governing Body when she had presented a Public Health Services Report:

- NHS health checks: SS reported that Local Authorities were mandated to offer targeted health checks to eligible residents aged 40 to 65 who did not already have a known long term condition, such as diabetes or high blood pressure. This offer would be part of the new YorWellbeing service which was being launched imminently. A digital self-assessment app was being developed for residents which, dependent on responses, may result in the opportunity to access YorWellbeing service for further advice. Community Health Check Champions were also being recruited to provide a community outreach element which would be targeted at the most deprived areas of the city.

  SS explained that the YorWellbeing service had been piloted with City of York Council staff. A letter was now being sent to all GP Practices with full details of the service and discussion had taken place at the CCG's Clinical Executive about establishing a shared care pathway approach. Discussion had also taken place at the Primary Care Home Steering Group.

- Substance misuse and alcohol: The existing contracts, inherited from the former Primary Care Trust, were scheduled to end on 31 March 2017. However the Lifeline and Changing Lives contracts had been extended for tender purposes. The scores from the tender exercise were currently being reviewed. A new contract date of 1 July 2017 was expected following agreement of the preferred provider and standstill period.

  In respect of concerns around lack of engagement regarding cessation of 'shared care' and the impact of this on primary care and patients themselves, SS detailed the engagement that had taken place with partner organisations recognising the impact on primary care provision as a result of the changes. It was agreed that lessons on engagement had been learnt by both the CCG and City of York Council.

- Smoking cessation: SS explained that only two members of the Smoking Cessation Service had transferred to City of York Council Public Health from Harrogate and District NHS Foundation Trust therefore prioritisation had been required due to this limited capacity. Practices had been informed that stop smoking advice would be offered to York residents who were pregnant or had cancer or a long term condition. Prescribing of champix had also been restricted.

  SS reported that stop smoking advice would be part of the YorWellbeing service and information would be provided about the referral process. She also advised that she was working with Shaun O'Connell on a report to the York Health and Adult Social Care Policy and Scrutiny Committee on 29 March which included proposed recommendations to reconsider providing stop smoking support.

Discussion ensued in the context of the comparative costs of cigarettes and over the counter stop smoking options. A message was required that the health and care system could not afford the prescribing costs.

The Committee

1. Received the Healthy Child Service report.
2. Agreed that a task and finish group approach be adopted utilising NICE guidance, best practice and national care pathways with an initial focus on teenage sexual health and continence special needs.
3. Requested that Maxine Squire, Assistant Director for Children's Services, Education and Skills, attend the Committee on 8 June to provide an update on the new Healthy Child Service.
4. Noted the updates on concerns raised by the Governing Body following SS's Public Health Services Report.

4. Next Quality and Patient Experience Committee meeting

9am, 13 April 2017

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