NHS
Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

5 September 2019 9.30am to 12.30pm

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

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

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

AGENDA

		STANDING ITEMS – 9.50am		
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Presentation	Patient Story	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
4.	Pages 5 to 16	Minutes of the meeting held on 4 July 2019	To Approve	All
5.	Verbal	Matters arising from the minutes		All
6.	Pages 17 to 25	Accountable Officer's Report	To Receive	Executive Team
7.	Pages 27 to 33	Risk Report	To Receive	Helena Nowell Planning and Assurance Manager

FINANCE AND PERFORMANCE – 10.30am

8.	Pages 35 to 50	Financial Performance Report 2019/20 Month 4	To Receive	Simon Bell Chief Finance Officer
9.	Presentation	Financial Planning	To Receive	Simon Bell Chief Finance Officer
10.	Presentation	Long Term Plan for Vale of York and Humber, Coast and Vale Care Partnership	To Receive	Caroline Alexander Assistant Director of Delivery and Performance
11.	Pages 51 to 100	Integrated Performance Report Month 3	To Receive	Caroline Alexander Assistant Director of Delivery and Performance

ASSURANCE – 11.45am

12.	Pages 101 to 120	Safeguarding Children Annual Report 2018/19	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
13.	Pages 121 to 130	Update on work relating to physical health checks for people with severe mental illness	To Receive	Denise Nightingale Executive Director of Transformation, Complex Care and Mental Health
14.	Pages 131 to 145	Audit Committee Annual Report 2018/19	To Ratify	Phil Goatley Audit Committee Chair
15.	Pages 147 to 205	Emergency Preparedness, Resilience and Response – NHS Vale of York CCG Arrangements	To Approve	Helena Nowell Planning and Assurance Manager

RECEIVED ITEMS – 12.25pm

Committee minutes are published as separate documents

16.	Page 206	Chair's Report Executive Committee: 5 June, 5 and 17 July 2019		
17.	Pages 207 to 208	Chair's Report Audit Committee: 11 July 2019		
18.	Pages 209 to 210	Chair's Report Finance and Performance Committee: 27 June and 25 July 2019		
19.	Page 211	Chair's Report Primary Care Commissioning Committee: 11 July 2019		
20.	Pages 212 to 221	Medicines Commissioning Committee: 12 June and 10 July 2019		

NEXT MEETING

21.	Verbal	9.30am on 7 November 2019 at West Offices, Station Rise, York YO1 6GA	To Note	All

CLOSE – 12.30pm

EXCLUSION OF PRESS AND PUBLIC

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

A glossary of commonly used terms is available at

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

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Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 4 July 2019 at West Offices, York YO1 6GA

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member, Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member, Audit Committee Chair
Dr Andrew Lee (AL)	Executive Director of Primary Care and Population Health
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Abigail Combes (AC) – for item 7	Head of Legal and Governance
Joanne Holmes (JH) – for item 12	Research and Development Manager
Michèle Saidman (MS)	Executive Assistant
Ros Savege (RS) - for item 5	Carer
Sharon Stoltz (SS)	Director of Public Health, City of York Council

There were four members of the public present.

There were no questions from members of the public.

AGENDA

The agenda was discussed in the following order.

STANDING ITEMS

1. Apologies

There were no apologies.

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

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

RS joined the meeting

3. Patient Story

MC introduced RS who had previously presented her story at the Quality and Patient Experience Committee.

RS described her family situation and experiences in seeking appropriate support for her 31 year old daughter 'A' who had experienced issues for around 12 years prior to being referred to the Early Intervention Psychosis Team approximately four years ago by her GP. 'A' and the family had received excellent support from this team, including family therapy and depot injections, which had reduced 'A's psychosis and enabled a greater understanding of her illness.

When 'A's' three year entitlement to Early Intervention Psychosis support came to an end she had been transferred to the Community Mental Health Team. RS explained that their approach was very different being patient, not family, centred and did not provide the same level of support.

RS noted that 'A' was having a relatively stable period but detailed the current main issue, supported housing for 'A'. As the family lived outside the City of York 'A' was being offered housing in Selby which meant she would be removed from all her support mechanisms, including six hours a week of arranged activity at an art group and St Nick's. This was a major concern as 'A' needed continuity and a relationship with service providers to enable her to develop trust. RS was attending a meeting the following week to express her concerns.

RS highlighted that she was fortunate in being articulate on behalf of her daughter noting concern that others may not have this advantage. RS also explained the pressure experienced by herself and her husband in living with 'A's challenging behaviour and detailed concerns for the future in view of their respective ages.

Members expressed appreciation to RS for her comprehensive account of her situation and NW assured her that it was the CCG's responsibility to assist.

In response to members seeking further clarification, RS emphasised that three years support from the Early Intervention Psychosis Team, whilst of great benefit, was not long enough; the need for the family to be included in the support provided as was the practice of the Early Intervention Psychosis Team; and continuity. GP members emphasised the need for wrap around support and recognition that there was no discharge from an enduring mental illness such as psychosis.

RS explained that she had developed her own personal support networks of professionals and emphasised the importance of the triangle of care: patient, carer and services. In response to DN enquiring about "quick wins" to improve services,

Unconfirmed Minutes

RS emphasised the need for people to be considered in the round and what is meaningful to them, not just as their psychosis. She also emphasised the need for accountability to be held by a practitioner with time and a mental health background that enabled a complete understanding, including medication.

4. Minutes of the Meeting held on 2 May 2019

The minutes of the meeting held on 2 May were agreed.

The Governing Body:

Approved the minutes of the meeting held on 2 May 2019.

5. Matters Arising from the Minutes

Alternative models of monitoring eating disorder patients, update on system discussions from the GP perspective: Members noted that information had been circulated. DN added that this work was ongoing and some replication across the system was needed.

Potential to share Local Authority risk registers in appropriate forums: SS reported that the City of York Council Corporate Directors had welcomed this proposal. It was agreed that initial discussion should take place at the joint meeting of the CCG and City of York Council Executive Teams.

PM and NW to develop a proposal for system partnership working, including the voluntary sector and regulators, to facilitate agreement of shared priorities to achieve change: PM reported that there were a number of areas of work including establishment of quarterly meetings which they would chair alternately between NW and the Chair of York Teaching Hospital NHS Foundation Trust to review the financial health of the system, i.e. NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust. NW confirmed that Tees, Esk and Wear Valleys NHS Foundation Trust, as the main provider of mental health services, would be invited to these meetings to ensure full clinical representation.

PM also reported that the System Delivery Board, whose membership included the regulators, was meeting later in the day as part of the financial recovery programme. An aspect of the work of this Board was development of a system financial dashboard which would provide information on risks and opportunities to the respective organisations' Boards and Governing Bodies. Once established, consideration would be given to including other system partners. PM also noted that a meeting in late August was planned for NHS Vale of York and NHS Scarborough and Ryedale CCGs, York Teaching Hospital NHS Foundation Trust and Humber, Coast and Vale Health and Care Partnership to consider system values. Discussion in this regard emphasised the need for a common understanding across the system but with acceptance that there may be different approaches and learning opportunities to meet population health needs, such as North Yorkshire County Council and City of York Council's differing dementia strategies.

The Governing Body:

Noted the updates.

6.   Accountable Officer's Report

PM presented the report which provided an update on turnaround, local financial position and system recovery; operational planning; primary care protected learning time; Patient and Public Participation Annual Report 2018-19; Primary Care Networks in the Vale of York; Humber, Coast and Vale Healthcare Partnership Care Strategy 2019-24; joint commissioning and the Better Care Fund; emergency preparedness, resilience and response; Governing Body membership changes; and strategic and national issues.

PM noted that, although broadly on forecast, the CCG's plan was the only non control total compliant plan in Yorkshire and the North East. As such the CCG was the subject of considerable scrutiny despite the significant achievement, led by the CCG, of the fixed upper value contract agreed with York Teaching Hospital NHS Foundation Trust and the continuing work towards reducing the provider's costs. PM also advised that there was a new framework following the convergence of NHS England and NHS Improvement. In response to DB seeking assurance about the reporting of financial positions of system partners PM advised that, although there was not currently an "open book" approach, there was an ambition for a five year system recovery plan by the autumn. DB commented that the Finance and Performance Committee had regretted the need to return to a one year financial plan for 2019/20 and had emphasised the requirement for a multi year plan thereafter.

NW reported that the protected learning time event the previous day had been well received and well attended. The CCG had worked with Healthwatch to explain to patients the reasons for Practice closures and would continue to do so for future events. The keynote presentation on 'Addressing Childhood Adversity in Professional Practice' was particularly commended and AL suggested the potential for a local system pilot in this regard. Opportunities for networking at the protected learning time, including discussion of the CCG's commissioning intentions, were highlighted. MC additionally reported she had met with senior nurses immediately before the event and would continue this approach. She noted their support for the joint learning with GPs offered through the protected learning time and also the flexibility for more specific sessions. From a non clinical perspective PM emphasised the value to the health system of these events, commended the clinical Governing Body members and support from Healthwatch, and noted that the approach of peer-led workshops was developing leaders from within the professional community. Members additionally expressed appreciation to the admin team for their support to the events.

AL referred to the six Primary Care Networks established across the CCG noting they were at different stages of development and were also working with the Local Medical Committee. Each Primary Care Network would have a Clinical Director and two senior CCG officers were providing support to their development. Discussion ensued in the context of concern that too much expectation may be placed on the Clinical Directors, the role of Primary Care Networks in the system to assist facilitation of clinical change and cost reduction, and CCG support.

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PM commended the Patient and Participation Annual Report for 2018/19 and expressed appreciation to the Communication and Engagement Team for their work. He highlighted the variety of information noting in particular 'You said, We did / we are doing', thematic activities and the intention of further developing communications and engagement with system partners.

In response to PM referring to the regular update on the Better Care Fund and emphasising the need for clinical engagement, HE and RW advised that the Primary Care Network Clinical Directors would be the appropriate contact to discuss progressing this.

Discussion of the information on strategic and national issues related to introduction of the NHS App and assurance that the CCG was maximising opportunities from biosimilar medicine.

The Governing Body:

1.   Received the Accountable Officer's report.
2.   Ratified the Patient and Public Participation Annual Report 2018-19.

AC joined the meeting

7.   Risk Update Report

AC referred to the report presented to provide assurance that risks were being strategically managed, monitored and mitigated. It described details of current events and risks escalated to Governing Body by its committees for consideration regarding effectiveness of risk management approach.

AC reported that all events had been reviewed since the last Governing Body meeting and highlighted a new event ES.38 *There is a potential risk that the CCG will fail to deliver its financial plan,* proposed following review and rationalisation of risk reporting, which required Governing Body approval.

AC noted that risk JC.26c *Children and young people's eating disorders* had decreased. AC also highlighted that Brexit was not on the report in view of NHS England stepping down briefings until September but advised Brexit was still being considered by the CCG with matters escalated to NHS England and would be added for the next Risk Update Report with information available at the time. AC noted that NHS England did not currently have a position on Brexit.

The Governing Body:

1.   Received the Risk Report.
2.   Approved the new event ES.38 *There is a potential risk that the CCG will fail to deliver its financial plan* and archiving of risks ES.17 *There is a potential risk that the CCG will fail to deliver a 1% surplus in-year* and ES.20 *There is a potential risk of failure to maintain expenditure within allocation.*

AC left the meeting

Unconfirmed Minutes

FINANCE AND PERFORMANCE

8.   Financial Performance Report 2019/20 Month 2

SB presented the report which forecast delivery of the key financial statutory duties with the exception of the 'in-year total expenditure does not exceed the total allocation (programme and running costs)' as the outturn forecast was £18.8m higher than the CCG's in-year allocation, in line with the financial plan.

SB referred to areas of deterioration in performance. He explained the historic context of the NHS Property Services legacy issue and advised that ongoing negotiations were likely to resolve this in-year but with a resulting prior year pressure. In respect of QIPP (Quality, Innovation, Productivity and Prevention) delivery, which was £195k behind plan, SB reported that £100k of this related to primary care investment slippage as detailed, noting concern about the ambition of the level of savings in core primary care services as well as prescribing. Notwithstanding those risks, the CCG was forecasting full achievement of the QIPP plan.

With regard to system recovery SB explained that a best practice programme management approach was now being established. He welcomed the appointment of a Programme Director, initially for three months, to expedite this work.

SB highlighted on the finance dashboard the nil variance at the York Teaching Hospital NHS Foundation Trust line as a result of agreement of a fixed value contract. He also noted that the forecast outturn variance on the QIPP programme should read zero as all areas were expected to deliver.

SB referred to the allocations information in the report describing changes in the national formula for calculation of CCGs' weighted population for 2019/20. SB explained the scale of challenge and difference of allocations between organisations by comparing this with a number of other areas where per head allocation was higher and highlighted the need for clinically led innovation in order to improve and change services locally.

SB referred to the earlier discussion of the fixed value contract with York Teaching Hospital NHS Foundation Trust and emphasised that all efforts were continuing to develop a multi year plan based on clinical change and also an aligned system financial plan. In response to SS enquiring about the potential for a joint NHS and Local Authority medium term financial plan SB referred to ongoing discussions about joint commissioning, including working with the care market in the context of public sector funding.

Discussion ensued in respect of the national allocations formula and any potential to influence further change, the need for innovation, opportunities to learn from areas with similar challenges and emphasis on the need to progress the clinical discussions to achieve service change. PM additionally referred to the historical context of the financial deficit across North Yorkshire and York and the potential for influencing future allocations as part of this system but any such opportunities would be subject to delivering a multi year financial plan. He emphasised that the CCG's current position was accountability for delivery of the plan submitted for 2019/20.

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The Governing Body:

Received the month 2 Financial Performance Report.

9. Integrated Performance Report Month 1

PM referred to the report which provided a triangulated overview of CCG performance across all NHS Constitutional targets identifying causes of current performance levels and work being undertaken by CCG partners across a number of different forums and working groups in the local York and Scarborough and Ryedale system and wider Humber, Coast and Vale Care Partnership to drive performance improvement.

PM reported that since the last Governing Body meeting four hour A and E performance issues at York Teaching Hospital NHS Foundation Trust had been subject to national and regulator focus, more so on the Scarborough than the York site. Weekly monitoring calls were taking place in respect of ambulance turnaround, patient flow, additional attendances at York Hospital and resilience at Scarborough Hospital. A number of new initiatives had been introduced in efforts to address the issues but greater focus was required on such as delayed transfers of care and over prescribing of care. PM noted that a meeting with colleagues from York Teaching Hospital NHS Foundation Trust and City of York Council was taking place later in the day to discuss patient flow and discharge. He highlighted that deprivation and proximity were the two main determinants of attendance at A and E and requested that AL and CS undertake a condition specific review to gain an understanding which could inform change.

HE described her Practice's approach to multi disciplinary team meetings, notably inclusion of representatives from social care. This enabled clinicians to gain a greater understanding of the system, in particular criteria and thresholds for residential care home admissions and care at home.

DN referred to the continuing healthcare legal framework and assessment process. She explained that if an assessment identified a Primary Health Need, this would be fully funded and consideration would be given as to how care needs could be met. With regard to continuing healthcare not assessed as eligible for full funding DN advised that joint work was taking place to develop pathways to maximise independence but noted, in particular for individuals with complex needs, that a paternalistic approach to decision making and risk management could often result in over prescribing of care. She also noted impact from lack of availability of domiciliary care for individuals with complex needs and highlighted that discharge planning from an acute setting should be on the basis of facilitating optimised recovery of the individual and take account of the family and client's perspectives. A system approach was required from the perspectives of both meeting identified care need, system finances and relieving acute bed pressures.

With regard to the Total Waiting List position PM advised that work was taking place via the System Delivery Board. The ambition was to meet the national position.
PM referred to previous discussions about diagnostic performance noting the continuing concerns. He advised that further clinically led discussions may be required in this regard.

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With regard to the Mental Health Investment Standard DN reminded members that the CCG's contract for Improving Access to Psychological Therapies (IAPT) was below the national target for the current year. Although performance had improved and targets were now being met for time to first treatment and recovery, the number of referrals was not increasing despite there being capacity in the service. DN reported that work was taking place to correlate low IAPT referrals and high prescribing of antidepressants. She also noted a potential impact as a result of IAPT type intervention by counsellors who were not IAPT qualified and emphasised that the CCG was required to fund an IAPT model. In this regard DN described work taking place with Tees, Esk and Wear Valleys NHS Foundation Trust who, as part of their action plan, wished to work with Practices, including potentially co-locating IAPT practitioners in GP Practices. Detailed discussion ensued with emphasis on the need for a system approach and the context of Primary Care Networks. AB advised that GPs wished to assist with this and, in the context of Get It Right First Time, suggested the Local Medical Committee or Primary Care Networks were the appropriate route. NW agreed to work with DN in respect of communication with primary care about the importance of signposting and referring to IAPT.

DN referred to performance against the two week waiting time standard for Early Intervention Psychosis which was currently not being met. She noted that, in addition to the CCG's work with Tees, Esk and Wear Valleys NHS Foundation Trust, NHS England was undertaking detailed work. DN also referred to the additional £200k investment which had enabled recruitment of additional therapists but noted that there was no At Risk Mental States element to the Early Intervention Psychosis service. Such individuals were currently seen in the Community Mental Health Team.

HE, DN and RW reported on recent attendance at an event *Dementia Diagnosis and Shared Learning*. Detailed discussion ensued about dementia diagnosis, which was still not meeting target, including the importance of clinicians supporting people and their carers to raise memory issues, the need for a dementia strategy across the system with local implementation plans, promotion of culture change with memory being part of the making every contact count approach, and the #mentionmemory.

The Governing Body:

1.   Received the month 1 Integrated Performance Report.
2.   Requested assurance on progress with actions to address four hour A and E performance at the next meeting.
3.   Noted that AL and CS would undertake a condition specific review of attendances at A and E from Practices.
4.   Noted that NW would work with DN on communication with primary care about signposting and referring to IAPT.

ASSURANCE

JH joined the meeting

12.   Role of CCG Research and Development Manager

MC introduced JH who was on secondment from the CCG's Contracting Team noting she had a background in research.

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JH gave a presentation describing the need for research and development support; supporting research, innovation and evaluation; promoting research; research topics undertaken across the CCG footprint by General Practice, Care Homes, York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust; and research recruitment across the CCG footprint. JH particularly encouraged sign up to dementia research.

JH advised that all the CCG Practices took part in research activity and that she was working with the Clinical Research Network to increase research opportunities in General Practice. She noted that the Clinical Research Network was trying to support new research through fellowships.

PM highlighted that the CCG was recognised as one of the best in the country in terms of research.

HE detailed a number of aspects of research including: potential to link research to the CCG's clinical priorities such as dementia templates, carers and cancer; offering a day a week for research which may assist recruitment and retention in primary care; the need for more research in primary care in areas such as deprescribing; and opportunities via the Hull and York Medical School.

AL additionally emphasised the need for awareness across the system of research funding opportunities.

The Governing Body

Commended the ongoing research work.

JH left the meeting

10. Quality and Patient Experience Report

MC presented the report which provided an overview of the quality of services across the CCG's main providers and an update on the quality improvement work of the CCG's Quality Team relating to quality improvements affecting the wider health and care economy. Key pieces of improvement work included: Special School Nursing Review as part of review of the 0 – 19 pathway, Care Home Strategy development, maternity services transformation and workforce transformation.

MC highlighted the information on ongoing work relating to quality in care homes and domiciliary care. She noted the React to Red programme had been shortlisted for a national award and the previous day had been the subject of a presentation by the Senior Quality Lead at the national Patient Safety Congress. The Senior Quality Lead had also presented at a Sepsis Conference in Hull on the use of Stop and Watch and the Situation, Background, Assessment, Recommendation (SBAR) communication tool.

MC detailed the review processes, including the Regional Quality Surveillance Group, taking place in response to the significant concerns about the norovirus and clostridium difficile outbreaks at York Teaching Hospital NHS Foundation Trust, noting she was attending a follow-up meeting later in the day. MC also reported that an unannounced Care Quality Commission inspection had taken place, mainly at the Scarborough site which was being followed up on 16 July by a 'Well-led' inspection;

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a further visit would take place a month afterwards to review response to recommendations. MC advised that the CCG had provided feedback via a pre-inspection call and explained that the issues at the Scarborough site were multi factorial. The CCG was providing support as appropriate, both in terms of NHS Scarborough and Ryedale CCG and potential impact on the York Hospital site.

MC referred to the death of a 17 year old at the Tier 4 Child and Adolescent Mental Health Services inpatient unit at West Lane Hospital in Middlesbrough. She advised that work was taking place with the local CCG and noted that admissions had been suspended following an unannounced visit by the Care Quality Commission. Discussion ensued in the context of new models of care and shared risk and responsibility.

MC referred to the national focus on sepsis noting support across the local system in this regard. She advised that there was a potential for around 10% mortality reduction.

MC highlighted the information on children and young people noting in particular the Special School Nursing and Community Children's Nursing Transformation Plan. She noted that the new Chief Nurse at York Teaching Hospital NHS Foundation Trust had just taken up post and hoped that this would result in further progress with the work.

SS reported that the Healthy Child Service had transferred to Public Health on 1 July and discussions, including with MC, were taking place to establish a system focus. SS had commissioned an independent review, likely to take place in the autumn, by another Local Authority where the Healthy Child Service was in-house. She assured members that MC and her team would be closely involved in developing the new service specification and also emphasised that GP engagement would be sought in this regard.

MC welcomed the appointment of a specialist nurse by York Teaching Hospital NHS Foundation Trust to the Community Paediatric Continence Service. This would support the development of a Level 2 Community Paediatric Continence Service.

MC noted establishment of a Community Children's and Special School Clinical Nursing Forum through the work of the CCG's Senior Quality Lead, Children and Young People. This regional clinical forum for peer support had held its first meeting on 20 June and would continue to meet quarterly.

In conclusion NW requested that further information be included in the next report in respect of the ongoing work relating to physical health checks for people with severe mental illness.

The Governing Body:

1. Received the Quality and Patient Experience Report.
2. Requested inclusion in the next report of further information on the work relating to physical health checks for people with severe mental illness.

11. 2018/19 Annual Report and Annual Accounts

SB explained that the final Annual Audit Letter, published with the papers for this item, was unchanged from the draft presented at the May meeting of the Audit Committee along with the annual report, annual accounts and associated documents. He expressed appreciation to PG and the Audit Committee for their support.

SB additionally reported the requirement for the Mental Health Investment Standard to be audited by the end of September noting that the findings would be published.

The Governing Body:

Ratified the 2018/19 Annual Report and Annual Accounts.

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Executive Committee chair's report and minutes of 17 April, 1 and 15 May 2019.

14. Audit Committee chair's report and minutes of 23 May 2019.

15. Finance and Performance Committee chair's report and minutes of 25 April and 23 May 2019.

16. Primary Care Commissioning Committee chair's report and minutes of 9 May 2019.

17. Quality and Patient Experience Committee chair's report and minutes of 13 June 2019

18. Medicines Commissioning Committee recommendations of 10 April and 8 May 2019.

19. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 5 September 2019 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and Exclusion of Press and Public

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

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 JULY 2019 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 July 2019	Quality and Patient Experience Report	• Inclusion in the next report of further information on the work relating to physical health checks for people with severe mental illness	DN	5 September 2019
4 July 2019	Integrated Performance Report	• Assurance on progress with actions to address four hour A and E performance at the next meeting. • AL and CS to undertake a condition specific review of attendances at A and E from Practices • NW to work with DN on communication with primary care about signposting and referring to IAPT	PM AL/CS DN/NW	5 September 2019

Item Number: 6 **Name of Presenter: Executive Team**	
Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Accountable Officer's Report

Purpose of Report
To Receive

Reason for Report
To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.

Strategic Priority Links

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

Local Authority Area

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

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

Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is asked to note the report.

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

GOVERNING BODY MEETING: 5 SEPTEMBER 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

1.1 The CCG's overall financial position is beginning to come under pressure and we have fallen behind our year-to-date plan for the first time this year by £304k at the end of July. There are also emerging pressures, including national prescribing costs that are adding to this all of which are detailed in the finance report. The CCG is developing and implementing plans to mitigate this, as the CCG's contingency, £2.4m, is the primary source of mitigation for any under-delivery of the system recovery plan of £11.2m.

1.2 QIPP delivery at Month 4 is £428k off plan. This relates to Prescribing, £257k, as PIB2 still needs to launch and £209k from the System Recovery Schemes in plan, but not delivered in July 2019. Both are still forecast to deliver in full, PIB2 has recently been approved by the Executive Committee and work is underway in August around repeat prescriptions. We have now delivered £7.4m of savings for the year in total.

1.3 The CCG is making good progress with system partners in terms of the multi-year plan and we will be submitting our first draft in September. This continues the principles we have talked about here previously fixing the money so that we can have the clinical discussions and transformation we require to live within our budget. It also provides a realistic assessment of the potential year on year improvement brining us back to in-year balance over the next five years. Although we do not have all of the detailed planning guidance or control totals we are progressing to the point where we will have a jointly developed and owned plan for our system that we can jointly present to our regulators.

2. Operational Planning

2.1 The CCG is now working with partners to consider how to deliver the priorities for service delivery and transformation locally. The NHS Long Term Plan Implementation Framework provides a clear set of ambitions for improving outcomes for patients for commissioners and providers to consider alongside the financial allocation received for our population.

2.2 The joint planning with partners including our NHS England and NHS Improvement colleagues have focused in July and August 2019 on how pressures on emergency care services in our acute hospital can be further reduced through the development of an 'anticipatory care' model which more effectively manages patients and their conditions in the community. The

ambition is that this approach will be embedded within the increasingly integrated models of care based around Primary Care Networks (PCNs).

2.3   The development of more integrated physical and mental health care for local people is also a key focus area for our mental health providers working with the PCNs, particularly around how adult common mental illness can be more effectively managed alongside other physical conditions through the IAPT model. The NHS Mental Health Implementation Plan for 2019-20 to 2023-24 frames the ambition for improving mental health care for all ages and people locally. There is a particular focus on those most vulnerable in our local population including rough sleepers and how providers can collaborate to deliver secure care.

2.4   System partners are also considering how key enabling work including the role of digital and technology in supporting our staff and services to deliver care more effectively and flexibly, can be accelerated and resourced. This will be critical for our local services as we continue to struggle with significant workforce gaps in almost every professional area across acute and primary care services.

3.   Improvement and Assessment Framework 2018-19

3.1   The CCG's Improvement and Assessment Framework rating was published in July 2019. The CCG is encouraged that its regulators have recognised the organisation's hard work and efforts during 2018-19.

3.2   Given the enormous progress made by the CCG in the last year, the annual assessment result of Requires Improvement, that reflects the financial health of the wider NHS system, has been met by the Governing Body with some disappointment.

3.3   The Vale of York has some of the best health outcomes in the region, all of the CCG's member GP practices are rated good by the CQC and our patient and public engagement has been assessed as Good. We will continue to work closely with partners to improve access to care, and the quality of care offered to the Vale of York community.

4.   York and North Yorkshire Long Term Plan Stakeholder Engagement Event

4.1   The CCG has worked with the Humber, Coast and Vale Health and Care Partnership (HCVHCP) to deliver a local Vale of York and Scarborough engagement event on the 15 August 2019. The event highlighted the work delivered at scale to date in the local area and described our plans on how we will work with the HCVHCP partners as an Integrated Care System (ICS) to deliver the ambitions in the NHS Long Term Plan. The event provided an opportunity to begin engaging with local people and our wider partners

around the pressures in our care system and how we want to work with them to co-design the delivery of future care.

5.   Primary Care Protected Learning Time

5.1   The latest protected learning time event for primary care that took place on Wednesday 3 July 2019 was very successful. Once again hundreds of professionals from our primary care community joined the CCG in what has been viewed by many of the previous participants as a very positive and useful event. The next event takes place on the 15 October 2019.

6.   The UK's exit from the European Union

6.1   The Government is preparing for a 'No Deal' Exit on 31 October 2019.   The CCG will be attending the Regional EU Workshop on 17 September 2019 to receive a briefing on the status of NHS preparations for EU Exit at national and regional level and the processes and structures that are being established to co-ordinate a response and actions required by local organisations.

6.2   The recently stood down EU Exit SitRep reporting system is expected to recommence in September 2019.

7.   Joint Commissioning and the Better Care Fund

7.1   The Better Care Fund Planning Requirements 2019-20, published in July 2019, set out the timeline for submission and assurance for local plans. The document confirmed what was expected, in that there will be no Quarter 1 return, no separate narrative plan, and the four national conditions and key performance metrics remain the same as 2017-19. The planning template incorporates a section for local areas to update their vision for integration, and to describe what has changed or progressed from the previous submission.

7.2   The financial schedule which forms part of the planning requirements included a higher than forecast uplift to the CCG Minimum Contribution. For many CCGs, including the Vale of York, this increase from 1.89% to 5.3% uplift has created a financial pressure which will be met through an additional allocation of the equivalent amount. CCG Chief Finance Officers are required to submit a new template to the regional Chief Finance Officer to provide the assurance required to release the additional allocation.

7.3   Health and Wellbeing Boards are required to sign off plans on behalf of the system prior to the submission deadline of 27 September 2019. There are several key milestones leading up to that date, including 6 September 2019 for the submission of a draft plan to the regional team for initial feedback,

and the separate process to receive the additional allocation to cover the CCG Minimum Contribution to BCF.

7.4 In York, the Better Care Fund amounts to an extra £141k of investment for the system. The minimum contribution will also result in more of the existing CCG schemes being included within the BCF pool.

7.4.1 Due to the timing of Health and Wellbeing Board meetings it will not be possible for York to receive the final plan prior to submission therefore the Health and Wellbeing Board has been asked to delegate authority to the Chair (Councillor Runciman) and Vice Chair (Dr Nigel Wells), with support from City of York Council's Corporate Director for Health, Housing and Adult Social Care and the CCG's Accountable Officer, to sign off the plan between meetings. Each partner organisation member of the Better Care Fund Performance and Delivery Group has been asked to make the necessary arrangements for its individual governance requirements. The Governing Body will receive a copy of the plan at a future date.

7.4.2 The capacity and demand exercise funded through the York Better Care Fund has provided an evidence base for future planning and commissioning of services, including improving our understanding of the day to day pressures we observe in the system. Several feedback sessions have been held with Venn consulting and there will be further opportunities to share the key messages for the York system. These are:

- A whole system under pressure
- A workforce who go the extra mile to care for people needing support
- While the system absorbs the pressure most of the time, when demand peaks it can take as long as 3 weeks to recover.
- Discharge planning starts too late
- An over-prescription of care – permanent care or 4 times daily visits
- People wait for care which is unavailable
- People wait in more acute settings than the care they need
- Almost half of the people in short term beds didn't need to be there
- A quarter of the people in short term beds needed home care
- An eighth needed residential or nursing care
- A third of the people in reablement didn't need it
- About a quarter of the people in reablement were waiting for long term home care packages
- More people with end of life / palliative needs in acute setting
- More assessment beds in the acute setting
- More people attending emergency department who are not admitted

7.5   North Yorkshire and East Riding of Yorkshire

        A Better Care Fund quarterly submission was not required for NHS England
        for Quarter 1 due to the late release of 2019/20 planning guidance. For this
        reason a Quarter 1 update form North Yorkshire and East Riding will not be
        available until Quarter 2. The CCG is working with partners on the
        submission in time for the deadline.

8.   York Health and Wellbeing Board Annual Report

8.1   The York Health and Wellbeing Board has published its Annual Report. The
        report illustrates the wealth of fantastic work taking place in the city to deliver
        against the board's priorities. Copies of the report are available on the City of
        York Council website at
        https://www.york.gov.uk/downloads/file/18279/health_and_wellbeing_board_
        annual_report_2018-2019.

9.   Emergency, Preparedness, Resilience and Response Update

9.1   As part of the NHSE Emergency Preparedness, Resilience and Response
        (EPRR) Framework, providers and commissioners of NHS funded services
        must show they can effectively respond to major, critical and business
        continuity incidents whilst maintaining services to patients. NHS England has
        an annual statutory requirement to formally assure readiness, of its own and
        other NHS organisations England, to respond to emergencies and
        accordingly the CCG is required to complete a self-assessment against the
        NHS Core Standards for EPRR.   The outcome of the CCG's self-
        assessment is a 'substantial' compliance and the Governing Body has been
        asked to ratify this rating.

9.2   The North Yorkshire and York Mass Treatment and Vaccination Plan has
        been agreed with partner organisations and has been passed to the North
        Yorkshire Health Protection Steering Group for ratification. Following a
        recent outbreak of Measles in York, it has been possible to test the plan.

9.3   The UCI Cycle Championships take place on the 21-27 September 2019 and
        as part of its EPRR work the CCG has attended the planning meetings. The
        para-cycle race starts in Tadcaster on 21 September 2019 directly outside
        Tadcaster Medical Centre and as the roads in the town will be closed that
        day, the GPs have arranged to run their morning clinic from Sherburn.   York
        Teaching Hospital NHS Foundation Trust is carefully planning workloads for
        Community Nursing Teams. The Trust is fully briefed on the routes and it is
        currently undertaking risk assessments on all services, which include stroke
        and renal dialysis, provided at Harrogate District Hospital.

9.3.1   All races finish in Harrogate. There will be rolling road closure across North
        Yorkshire throughout this period which could impact on NHS staff getting to
        and from work and on patient access to services. NHS England will be

operating a 24/7 control centre alongside Yorkshire Ambulance Service at the Regional Operation Centre in Wakefield.

10. Governing Body membership changes

10.1 The Governing Body welcomes two new members to its Governing Body.

10.1.1 Dr Rajeev Gupta, Secondary Care Doctor Member, is a Consultant Paediatrician at Barnsley Hospital NHS Foundation Trust, a role that he has held for over 15 years. He is interested in teaching and education and has been running a Paediatric Education Programme in Barnsley for over 12 years. Rajeev is also a Senior Clinical Lecturer at the University of Sheffield and a Postgraduate Tutor for the Royal College of Paediatrics.

10.1.2 Julie Hastings, Lay Member for Patient and Public Involvement, works with North Bank Forum Ltd where some of her self-employed work includes being the Mindful Employer Lead that provides emotional, creative problem solving and mental health first aid to teams across the North Bank area. Julie's varied experience has also included acting as a 'critical friend' to NHS Hull CCG during the development of their Mental Health First Aid initiative and to other organisations while they to set up and deliver Mindful Employer support for their staff.

10.2 Both appointments have a three year tenure from 2 September 2019.

11. Strategic and national issues

11.1 The first national NHS Patient Safety Strategy has been launched setting a vision of continuous safety improvement, underpinned by a safety culture and effective safety systems. Its strategic aims commit to a series of actions to support the NHS to save more lives and the costs associated with patient safety incidents. The strategy emphasises the need to support staff and look at systems rather than blaming individuals when incidents occur. Key features include a safety syllabus and training for all staff, a new incident management system, the involvement of patients and a national patient safety improvement programme.

11.2 Senior leaders at NHS England and NHS Improvement have reaffirmed commitments set out in the Interim NHS People Plan to make the NHS the best place to work. A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce, outlines clear goals for each NHS organisation, including healthcare arm's length bodies, focused on closing the gap in the disproportionate rates of disciplinary action between black and minority ethnic and white staff across the healthcare system by 2022. CCGs along with other NHS organisations are expected to implement this very important piece of work to meet the aims set over the coming years

11.3 NHS England and NHS Improvement have announced changes to improve the Friends and Family Test (FFT) as a tool for enabling continuous

improvement in healthcare services. This includes changing the standard FFT question, something many of you told us you wanted during nine months of consultations with commissioners, providers and the public. We have also listened to views on how the FFT could work better in maternity services, emergency departments and inpatients services. Revised FFT guidance is expected to be published in September for implementation from April next year.

11.4   NHS staff will work with more schools and colleges through Mental Health Support Teams (MHSTs), with 123 more teams to be recruited, expanding work to improve mental health support for children and young people as part of the NHS Long Term Plan. Training for all schools and colleges will also be offered through a £9.3m programme bringing education and mental health services together, co-ordinated by CCGs. The Link Programme, run by the Anna Freud Centre, funded by the Department for Education, and supported by NHS England, will roll out from September for the next four years.

11.5   Establishing the person as central to service design, evaluation and care pathways, as well as workforce requirements to provide a high quality and safe care environment, are key recommendations for Commissioners in both National Audit of Care at the End of Life Report and National Maternity and Perinatal Audit Organisational Report. The National Cardiac Audit Programme Annual Report recommendations ask Commissioners to consider if guidance (NICE and British Heart Rhythm Society) is being followed for device implantation. All recently published reports can be found on the Healthcare Quality Improvement Partnership website.

11.6   The newly published Mental Health Implementation Plan provides a framework to deliver the mental health commitments of the NHS Long Term Plan. It sets out information on funding, transformation activities and indicative workforce numbers, so that local partners and providers have clear targets to work towards and build upon. It also includes information on what NHS England and NHS Improvement will do to support local areas with planning and delivery in improving access to high quality mental health care, including advancing mental health equalities.

11.7   The national Elective Care Transformation Programme has helped more than 60 integrated teams to introduce and evaluate innovative solutions in 14 elective care specialties since its work began in March 2017 and has seen up to a 3% drop in GP referrals. Now handbooks with learning and 'how-to' tips from all 14 specialities are available. They include general medicine which focuses on frailty; neurology, including alternative approaches for headache; and radiology, with initiatives to reduce DNAs.

11.8   Social prescribing link workers are one of the five additional roles being introduced into general practice through PCNs. A reference guide to social prescribing, including a set of technical annexes, has been published that

will support PCNs to set up and develop their schemes. The guide includes information on working with partners, recruitment, supervision and learning, quality assurance and measuring impact. A collaborative platform for social prescribing supports shared learning, discussion and information sharing

11.9 NHS England, in conjunction with NHS Improvement and external partners, have launched a campaign to help support staff in reducing long hospital stays for their patients – called Where best next? We know it's much better for a patient's physical and mental wellbeing to leave hospital as soon as they are clinically fit. Making this happen is a team effort and we all have a part to play.

11.10 A new handbook has been developed as a key tool to support commissioners implement personalised care locally as set out in the NHS Long term Plan. It enables staff to understand what the expansion of the personalised care programme means locally, with practical tools and recommendations to enable sustainable change. It includes support for the six components of personalised care and guidance on identifying cohorts, developing service specification, agreeing meaningful data and metric, funding models for contracting personalised care, expansion and sustainability, the recommended commissioning cycle process, information and data sharing considerations and working with partners for achieving integrated commissioning.

11.11 NHS England has published extended guidance for children and young people's eating disorder services and new adult eating disorder guidance to support the development of dedicated eating disorder services in the community (CED), and the integration between them and inpatient and day patient services, in line with the NHS Long Term Plan. Both documents support commissioning and service improvements with quality benchmarks and describe optimal models of care. Each CED should take a lead role in the community and, if required, inpatient or intensive day care, liaising across the entire pathway, in particular with GPs and the voluntary, community and social enterprise sector.

12.   Recommendation

12.1 The Governing Body is asked to note the report.

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Item Number: 7 **Name of Presenter: Helena Nowell**	
Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Risk Report

Purpose of Report *(Select from list)*
To Receive

Reason for Report

For the Governing Body to receive assurance and information regarding the current risks to be overseen or managed by the Governing Body.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment   ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

To receive the report in the new format and to consider any actions which the Governing Body believe need to be considered to further mitigate the risks or provide assurance of the management of the risks.

Decision Requested (for Decision Log)

Report received and Governing Body assured that the risks described are being appropriately managed in the ways described.

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)
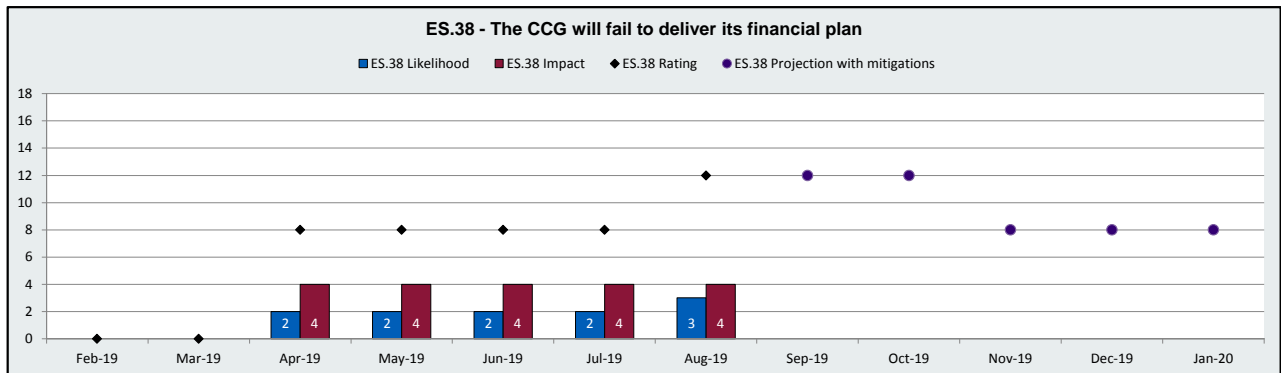
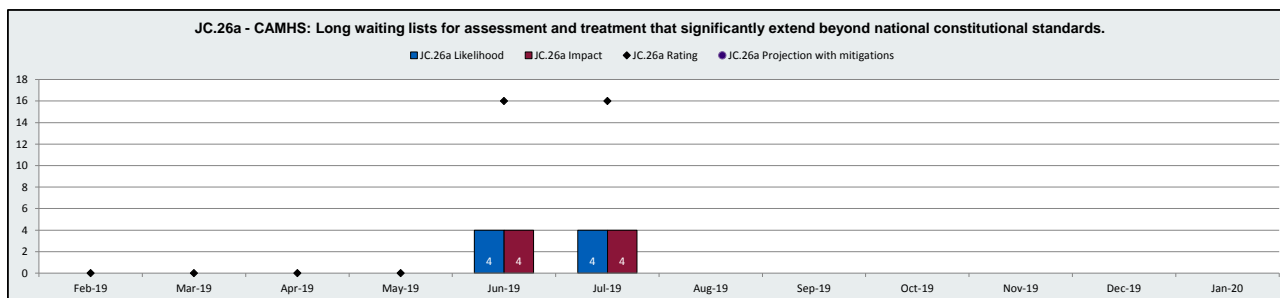| Responsible Executive Director and Title	Report Author and Title
Phil Mettam, Accountable Officer	Abigail Combes, Head of Legal and Governance

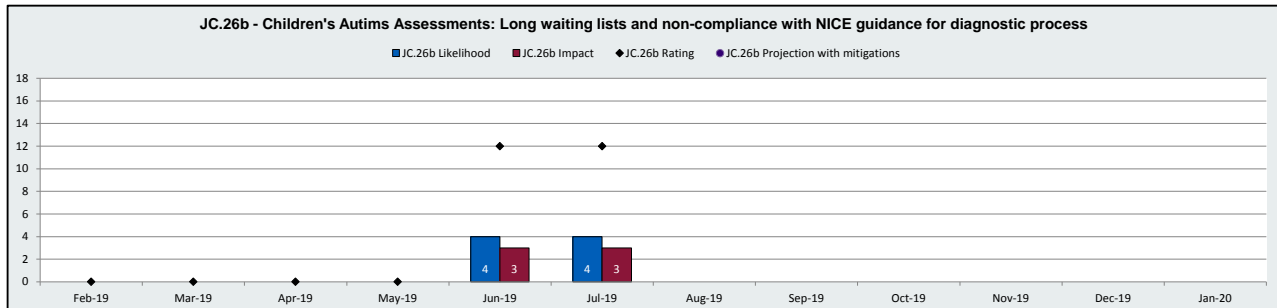| Risk Ref	ES.38
Title	**The CCG will fail to deliver its financial plan**
Operational Lead	Michael Ash-McMahon
Lead Director	Simon Bell (Chief Finance Officer)
Description and Impact on Care	There is a risk that the CCG fails to deliver its financial plan in 2019/20 with the potential impact of further regulatory intervention and loss of control/confidence.

ES.38 - The CCG will fail to deliver its financial plan

■ ES.38 Likelihood   ■ ES.38 Impact   ◆ ES.38 Rating   ● ES.38 Projection with mitigations

Mitigating Actions and Comments
Date: 13 August 2019

The CCG has now agreed a fixed upper contract value with its main acute provider. This has been signed and is operating as expected.

The CCG is part of developing a joint, system cost reduction programme to support the delivery of the financial plan alongside YTHFT and NHS S&R. A revised programme management infrastructure is in place, led by experienced Programme Director. Weekly reporting is in place monitoring progress. Regulators attend System Delivery Board and other system meetings supporting this programme and provide additional support and advice.

The CCG is building on the robust processes already in place to deliver its own QIPP. These have been subject to internal audit testing, and regulator review, as well as input from Chief Finance Officer and Programme Director.

The CCG is investing in Primary Care and Mental Health services to support service transformation. Over time this will help better manage demand otherwise being seen in an acute setting. Investment standards for Primary Care and Mental Health have been achieved.

The CCG has approved a plan for submission to NHS England with a planned deficit of £18.8m. This is £4.8m away from the proposed control total and will mean the CCG will not be able to access Commissioner Sustainability Funding. However, this plan has been accepted by Regulators and to month 4 is forecast to achieve.

The CCG is actively part of the York-Scarborough system response to the regulator in terms of the system recovery plan, including the principles of multi- year financial recovery. This is the first time the York and Scarborough system has moved away fully from a transactional in-year risk sharing arrangement and will contribute to a more stable financial position than previously. However, precribing QIPP delivery and impact of national pricing changes (Cat M) at month 4 require further mitigation than was planned. Independent sector acute activity is above plan and requires further mitigation which is underway. The risk around system recovery plan continues. Contingency reserve is set at £2.4million and is available to offset these risks, however, it is likely further mitigation will be required.

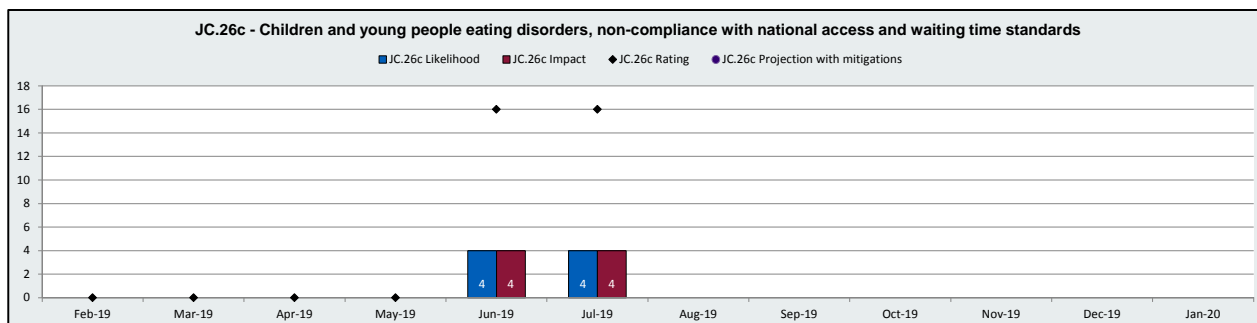| Risk Ref	JC.26a
Title	CAMHS: Long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards.
Operational Lead	Susan De Val
Lead Director	Denise Nightingale (Executive Director for Transformation, Complex Care and Mental Health)
Description and Impact on Care	Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience.

JC.26a - CAMHS: Long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards.

■ JC.26a Likelihood ■ JC.26a Impact ◆ JC.26a Rating ● JC.26a Projection with mitigations

Mitigating Actions and Comments

Date: 19 July 2019

Update unchanged for July - Governing Body strategic commitment to mental health investment as a priority for the CCG.

Service action plan in place.

Close monitoring at CMB / F&P / QPEC and Governing Body.

Capacity and Demand Gap Analysis received at end of July 2018 and considered by CMB. It will inform future decisions around further reinvestment.

Commitment to continue school well-being services in York and North Yorkshire funding (in the baseline) to support those with lower level needs.

The CCG and TEWV have agreed the approach to investment, performance standards and monitoring for 2019/2020, which will enable an increase in the numbers of children and young people being seen and treated.

Local Transformation Plan highlights need for early identification and intervention to prevent escalation of symptoms and conditions. This is across the CCG area and engages all agencies.
Waiting lists remain long reflecting the high levels of referral into service despite the schools projects and the crisis team, all of which have reduced demand for support. The CCG is investing £120k recurrently into CAMHS services from 2018/19; TEWV will use this for additional support to the emotional and eating disorders pathways.

Staff have been appointed and are in post. The CVs for this investment have set out measures to show effect on waiting times and are under discussion with TEWV. The numbers waiting on the emotional pathway (depression anxiety, self-harm and other similar conditions) did see a drop in December, but increased again by February.

The number of referrals into service has exceeded the number for 2018/19 by February 2019: a higher % of referrals are being accepted into service than in 2018/19 which implies greater acuity and impacts on waiting lists and waiting times.

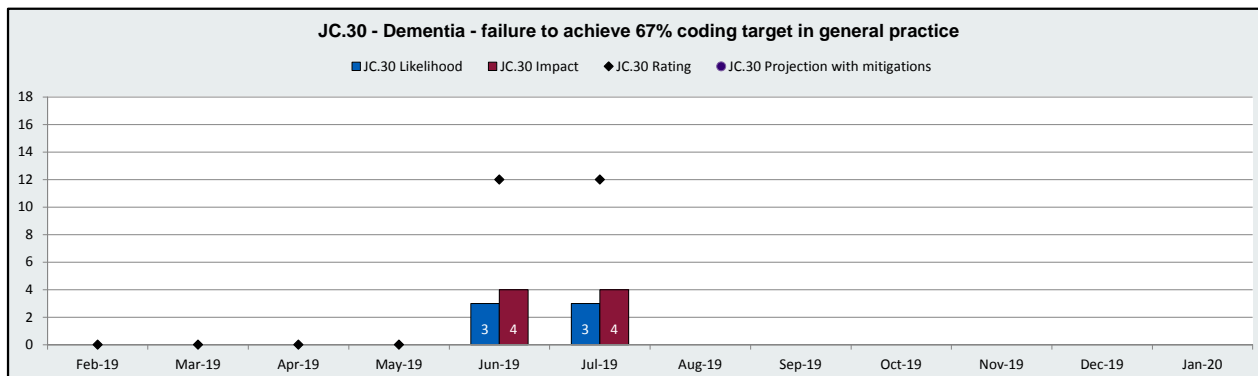| Risk Ref	JC.26b
Title	Children's Autims Assessments: Long waiting lists and non-compliance with NICE guidance for diagnostic process
Operational Lead	Susan De Val
Lead Director	Denise Nightingale (Executive Director for Transformation, Complex Care and Mental Health)
Description and Impact on Care	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings. This impacts on the lifestyle and education of children and their families.

JC.26b - Children's Autims Assessments: Long waiting lists and non-compliance with NICE guidance for diagnostic process

■JC.26b Likelihood ■JC.26b Impact ◆JC.26b Rating ●JC.26b Projection with mitigations

Mitigating Actions and Comments

Date: 19 July 2019

Update unchanged for July - Action plan to address issues around waiting list and diagnostic process.

Close monitoring at CMB / F&P / QPEC and Governing Body.

The capacity and gap analysis has been received and considered at CMB and will inform future decisions on investment should funds be available.

Changes in TEWV internal triage process in Autumn 2017 will work through into Autumn/Winter 2018 and improve ratio of assessments: conversion rate and the reduction in waiting times. The matter remains referenced at CMB to ensure focus is maintained.

Pathway review and discussions with other providers and commissioners to identify and drive out opportunities for improving conversion rate

TEWV is reviewing the pathway around integration of autism and ADHD referrals to improve overall response to patient need. Expect to see conversion rate start to improve by end of 2018/19 and waiting times to reduce by end Q4/Q1 2019/20

The CCG and TEWV have agreed the approach to investment, performance standards and monitoring for 2019/2020, which will enable an increase in the numbers of children and young people being seen and treated.
TEWV is investing an additional £50k recurrently in the service from 2018/19. Staff have been appointed and coming into post in October/November 2018.

The CCG has committed non-recurrent funding of £120k in 2018/19 to fund additional assessments (combination of slippage and additional in year funding). TEWV projects 67 additional assessments in the current year: 27 undertaken by the independent sector, and the remainder utilising bank staff and overtime payments. Winter monies granted by NHS England has enabled a further 10 urgent assessments to be escalated.

Numbers awaiting assessment continue to rise notwithstanding the additional assessments. We are reviewing with TEWV the conversion rate, which is low compared to other providers in the region, at 55% (as at February 2019. TEWV is undertaking a manual review of all cases in the last year to provide an accurate figure.

Risk Ref	JC.26c
Title	**Children and young people eating disorders, non-compliance with national access and waiting time standards**
Operational Lead	Susan De Val
Lead Director	Denise Nightingale (Executive Director for Transformation, Complex Care and Mental Health)
Description and Impact on Care	Delays in assessment and diagnosis and potentially longer periods in treatment with potential for poorer outcomes. Doubtful will meet national waiting time standards by 2021. Currently unable to develop early intervention activity or training in schools and other community settings.

JC.26c - Children and young people eating disorders, non-compliance with national access and waiting time standards

■ JC.26c Likelihood ■ JC.26c Impact ◆ JC.26c Rating ● JC.26c Projection with mitigations

Mitigating Actions and Comments
Date: 19 July 2019
Update unchanged for July - Action plan across NYY to set out how TEWV will deliver to national standards and examine improving issues around dosage and physical health checks. TEWV's performance improving against local trajectories: expect to meet in year targets for urgent and routine cases. TEWV is applying for NHS England New Models of Care funding to invest in eating disorder services to improve access and waiting times and also intensity of treatment. Close monitoring at CMB / F&P / QPEC and Governing Body. Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment. Performance against access and waiting times standards continues to improve: further targets for 2019/2020 have been agreed Meeting with primary care leads has agreed there will be a local protocol on physical health checks, with a working group over Q1 2019/2020.

Risk Ref	JC.30
Title	Dementia - failure to achieve 67% coding target in general practice
Operational Lead	Sheila Fletcher
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	Service users may not be appropriately flagged and therefore on-going referrals from primary care will not have the relevant information to make reasonable adjustments for their carers support.

JC.30 - Dementia - failure to achieve 67% coding target in general practice

■ JC.30 Likelihood   ■ JC.30 Impact   ◆ JC.30 Rating   ● JC.30 Projection with mitigations

Mitigating Actions and Comments
Date: 18 June 2019 and 17 July 2019 (percentages)

CCG leads have devised a comprehensive action plan.
CCG to provide focussed support targeting the larger practices with the lowest coding rates.
All practices will be encouraged to re-run the toolkit and review all records identified.

Controls include: Programme meeting and TEWV CMB.
Diagnosis rates decreased again in June to 57.3% from 57.6%.
2 initiatives are planned with the aim of increasing diagnosis rates:
The central locality Integrated Care Team will be supporting 3 practices with case finding in care homes
TEWV has now cleansed data from memory service and this will be available shortly to reconcile with primary care dementia registers.

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Item Number: 8

Name of Presenter: Simon Bell

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Financial Performance Report Month 4

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 2019/20 as at the end of July 2019.

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment   ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

The Governing Body is asked to note the financial performance to date and the associated actions.

Decision Requested (for Decision Log)

Responsible Executive Director and Title	Report Author and Title
Simon Bell, Chief Finance Officer	Michael Ash-McMahon, Deputy Chief Finance Officer

Annexes (please list)
Appendix 1 – Finance Dashboard
Appendix 2 – Running Cost Dashboard

Finance and Contracting Performance Report – Executive Summary

April 2019 to July 2019

Month 4 2019/20

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
QIPP delivery	As previously reported the forecast outturn remains strong in terms of what has been delivered at this stage of the year as it now includes £7.4m of actioned savings although these are profiled through the remainder of the year. In addition, £214k of achievement has now been identified against the £600k non-recurrent QIPP plan for slippage in primary care adjustments.	On-going monitoring.
Continuing Healthcare	The CHC financial position continues to have a good start to the year and is £573k underspent for the year to date and is on track to deliver the associated QIPP plans in this area.	On-going monitoring of expenditure trends.

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
Ramsay	The CCG continues to see an increase in activity at Ramsay over the levels in 2019/20. In June this was a further £182k and the contract is now £337k higher than plan at the end of July.	Contracting team to review data and identify any trends that may require further investigation and contract enforcement. CFO meeting with both independent sector providers in August in order to review in-year options to return spending to plan. Work to develop an interface service through MSK to provide a definitive treatment point and clock stop underway.
NHS Property Services	The CCG has agreed a position with the NHS Property Services arbitration team for the settlement of 2017/18 and 2018/19 invoices. This needs to be formally confirmed with their Board for it to be transacted. This creates an in-year pressure of £331k, but represents a significant discount on the outstanding bills and means the CCG has no on-going financial liability for Bootham Park Hospital estate from 1st April 2019.	Transact agreement when formally confirmed by NHS Property Services. Discussion with TEWV colleagues in terms of additional support agreement for 2019/20 as estate costs can now be released earlier in 2020/21 than planned.
QIPP	The Month 4 QIPP position is £428k off plan. This relates to Prescribing, £257k, as PIB2 still needs to launch and £209k from the System Recovery Schemes in plan, but not delivered in July.	Both are still forecast to deliver in full. PIB2 has been approved by the Executive committee and work is underway in August around repeat prescriptions.

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. **Category M price changes** – The CCG have this month received notification from NHS England / NHS changes to the medicines margin calculation. During 2018/19, CCGs were supported by a central allocation of £50m and a further £50m of margin rebate on Category M drugs. However, a further review of 2018/19 has taken place and recent discussions with DHSC have identified an under-delivery of the medicines margin for 2018/19 whilst also highlighting the likelihood of a significant under-delivery of the medicines margin for and by the end of the financial year 2019/20. To address this, it has been agreed that - with effect from August 2019 - the medicines margin will be increased by £15m per month to the financial year. CCGs have been expected to manage this within their overall financial positions and this has impacted prescribing budgets by an estimated £665k for the year. Currently this is offset in reserves and other plans will need to be developed to mitigate this additional costs otherwise it would be an impact on the CCGs contingency reserve.

2. **System recovery** – The CCG's contingency reserve was set at £2.4m as the primary source of mitigation for the risk of under-delivery of the system recovery plan of £11.2m. Given the three way risk share associated with this recovery plan, and the high risk associated with the majority of the plans, alternative actions will be needed to ensure plan delivery in 19/20. The maximum exposure for total delivery failure of the system recovery plan would be £3.7m.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				2019-20 Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation					7.5	7.1	0.5	G
In-year total expenditure does not exceed total allocation (Programme and Running costs)					490.8	509.6	(18.8)	R
Better Payment Practice Code (Value)	95.00%	99.67%	4.67%	G	95.00%	>95.00%	0.00%	G
Better Payment Practice Code (Number)	95.00%	97.23%	2.23%	G	95.00%	>95.00%	0.00%	G
CCG cash drawdown does not exceed maximum cash drawdown					508.7	509.6	(0.9)	R

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure is forecast to be £18.8m higher than the CCG's in-year allocation, but is in line with the CCG plan.

- 'CCG cash drawdown does not exceed Maximum Cash Drawdown' – this is currently showing as red on the RAG rating due to the NHS England calculation which includes an arbitrary value for depreciation and will be corrected later in the year as it has been in previous years.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	Year to Date				2019-20 Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Running costs spend within plan	2.4	2.3	0.1	G	7.1	7.1	0.0	G
Programme spend within plan	168.3	168.7	(0.4)	R	502.6	502.6	(0.0)	G
Actual position is within plan (In-year)	(6.3)	(6.6)	(0.3)	R	(18.8)	(18.8)	(0.0)	G
Actual position is within plan (Cumulative)					(81.3)	(81.3)	0.0	G
Risk adjusted deficit					(18.8)	(18.8)	0.0	G
Cash balance at month end is within 1.25% of monthly draw down (£000)	545	252	293	G				
QIPP delivery	3.7	3.2	(0.4)	R	14.6	14.7	0.1	G

- QIPP delivery YTD – shortfall relates to prescribing indicative budgets. The new scheme (PIB2) and associated agreements should be in before the end of September, although the Medicines Management Team continue to work with practices on schemes that could impact earlier than this. The scheme is still forecast to deliver the full amount of savings (£2.0m) over the remainder of the financial year.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: August 2019

Financial Period: April 2019 to July 2019 (Month 4)

1. Month 4 Supporting Narrative

The year to date plan at Month 4 was a deficit of £6.3m; however the actual deficit is £6.6m, £304k worse than planned. This is explained in further detail in the table below.

QIPP delivery at Month 4 is £3.2m against a year to date plan target of £3.7m, £428k worse than plan. The difference relates to slippage on prescribing schemes and system recovery plans, although both are still forecast to deliver in full over the remainder of the year – see section 7 for more details.

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
Continuing Care	£0.57m	The reported position is based on information from the QA system. A £1.5m contingency has been provided in plan for high cost packages, and this has not been utilised in the year to date position resulting in a £500k underspend. However, the forecast position remains that this will be utilised in full over the year and that the underspend will disappear.
Ramsay	(£0.34m)	Activity at Ramsay continues to be higher than plan based on the Month 3 flex position and without additional action will result in a £1.4m over trade. Discussions are planned this month with the CFO and key staff at both Ramsay and Nuffield as part of managing back to contract and broader involvement in the system recovery required.
Primary Care Prescribing	(£0.29m)	Of this £257k relates to slippage on QIPP schemes.
Reserves	(£0.21m)	This relates wholly to the System Recovery Schemes that are planned to come in from July onwards, but are no yet delivering.
Other variances	(£0.16m)	
Total impact on YTD	**(£0.43m)**	

2. Forecast Outturn Supporting Narrative

The forecast outturn of £18.8m deficit is in line with plan, however within this position there are several variances which are explained in further detail in the following table. This table now includes the CCG's first full forecast on a line by line basis applying the established forecasting methodologies, albeit some lines only have two months of expenditure to base this on.

The forecast outturn includes QIPP delivery of £14.7m, broadly in line with the QIPP plan of £14.6m and including the CCG's share of the £11.2m System Cost Reduction requirement.

Forecast in-year financial position – variance analysis

Description	Value	Commentary / Actions
Other Acute Commissioning	(£0.29m)	This effectively relates to the NHS Property Services deal that has been agreed with their arbitration team with £260k here and the balance within the NHS Property services line below.
Primary Care Prescribing	(£0.73m)	£665k of this relates to the nationally notified Category M price adjustment, which it is assumed will be managed by CCGs and therefore has been off-set within reserves while it awaits specific management action.
Other Services	(£0.11m)	The CCG has agreed a position with the NHS Property Services arbitration team for the settlement of 2017/18 and 2018/19 invoices. This needs to be formally confirmed with their Board for it to be transacted. This creates an in-year pressure of £331k, but represents a significant discount on the outstanding bills and means the CCG has no on-going financial liability for Bootham Park Hospital estate from 1st April 2019. Due to how this was accrued for in 2018/19 £71k impacts here with the balance in "Other Acute Commissioning".
Prior Year Balances	(£0.12m)	As previously reported.
Reserves	£1.27m	Forecast adjustment in reserves for mitigations to be developed throughout the financial year in order to deliver performance in line with financial plan. £665k relates to the Category M price change and £331k to the NHS Property Services historic agreement.
Other variances	(£0.02m)	
Total impact on forecast	**£0.00m**	

It is important to note that within the current forecast outturn there is now £1.3m adjusted for in total in reserves of which £665k is in relation to Category M, with no current plans in place to off-set, £331k to mitigate the NHS Property Services pressure, which will require discussions with system partners later in the year and a number of other smaller variances. This assumes that the CCG will fully mitigate the potential variance on the Ramsay contract by a further £1.4m, although there is a proposal to manage this. If this is not possible the CCG already has £2.7m of variances that is already more than the contingency amount and in addition to the potential Prescribing QIPP risk and System Recovery savings delivery.

3. Gap and Key Delivery Challenges

In the Month 4 non-ISFE submission, the CCG reported risks totalling £2.4m offset in full by the contingency as follows:

Pressures

Description	Expected Value	Commentary
Cat M mitigation	£0.66m	There is currently no plan in place to off-set the national Category M price change pressure.
QIPP under-delivery	£1.78m	In-year QIPP slippage, £0.56m Prescribing and £1.22m System Recovery Plans.
Total	**£2.44m**	

Proposals and contingencies

Description	Expected Value	Commentary
Contingency	£2.44m	0.5% contingency provided for in plan
Total	**£2.44m**	

4. Allocations

The allocation as at Month 4 is as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 2			£426.19m
Excess Treatment Costs – move to centrally co-ordinated funding	Non-recurrent	Core	(£0.02m)
DWP Employment Advisors in IAPT	Non-recurrent	Core	£0.10m
Improving Access 2019/20 allocation	Non-recurrent	Core	£2.00m
Transfer PMS premium monies from delegated to core	Non-recurrent	Core	(£0.31m)
Transfer PMS premium monies from delegated to core	Non-recurrent	Primary Care	£0.31m
PHB Mentoring Programme	Non-recurrent	Core	£0.04m
Total allocation at Month 4			**£428.31m**

5. Underlying position

The underlying position as at Month 4 is reported in line with the plan as per the table below.

Description	Value
Planned in-year deficit	**(£18.84m)**
Adjust for non-recurrent items in outturn -	
Equipment and wheelchairs non-recurrent prior year payment	£0.20m
Deferred PIB payments	£0.60m
Repayment of 2016/17 system support	£0.33m
Primary Care slippage – non-recurrent QIPP	(£0.60m)
NHS Property Services	£0.33m
Category M price change	£0.66m
Prior year pressures	£0.12m

Reserves adjustment	(£1.29m)
Other non-recurrent items in plan	£0.36m
Reported underlying position	**(£18.13m)**

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31 July 2019. One of the CCG's statutory requirements is that the cash drawdown in year must not exceed the Maximum Cash Drawdown as determined by NHS England. This is currently showing as red on the RAG rating due to the NHS England calculation which includes an arbitrary value for depreciation and will be corrected later in the year as it has been historically.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target year to date.

7. QIPP programme

Area	Scheme	Year to Date			Forecast Outturn			FOT Variance	Comments
		Plan	Actual	Variance	Plan	Delivered	Forecast		
Acute Commissioning	Biosimilar drugs (FYE)	1,101	1,101	0	2,384	2,384	2,384	0	Delivered in full through acute contract
	Cost reductions in contract	738	738	0	2,970	2,970	2,970	0	Delivered in full through acute contract
Complex Care	CHC Packages (FYE)	841	871	30	1,401	1,443	1,443	42	Delivered in full
	MH Out of Contract Packages (FYE)	159	151	(8)	237	224	224	(13)	Delivered in full
	Review of CHC Packages	176	148	(29)	1,377	148	1,336	(41)	Forecast is based on a detailed package by package savings report and will continue to be monitored throughout the year.
	Fast track post (investment)	(16)	(16)	0	(48)	(16)	(48)	0	
	MH Out of Contract Packages	0	31	31	0	31	97	97	No specific line in plan relating to MH OOC but packages continue to be reviewed. This offsets the small forecast shortfall in CHC to deliver the full level of planned savings across complex care.
Prescribing	Prescribing schemes	257	0	(257)	2,008	0	2,008	0	Prescribing Indicative Budgets 2 is to be set up based on primary care networks, slippage is therefore down to networks being establised from 1 July. It is expected that the full level of planned savings will be delivered over the remaining 9 months of the financial year.
Primary Care	Primary Care investment slippage	200	214	14	600	214	600	0	£193k of slippage has been identified, £407k still to identify.
System Recovery Schemes	Independent Sector	111	0	(111)	1,000	0	1,000	0	The system recovery schemes are being overseen by System Delivery Board and detailed PIDs are being developed. These schemes are all profiled later in the financial year. The forecast delivery will be monitored and agreed by system partners are the schemes progress.
	Cardiology prescribing - DOAC switch	78	0	(78)	700	0	700	0	
	Decommissioning non obstetric ultrasounds (YHS)	0	0	0	370	0	370	0	
	PTS - decommission saloon cars / tighten criteria	0	0	0	250	0	250	0	
	Management costs	20	0	(20)	180	0	180	0	
	Other acute cost reductions (YTHFT)	0	0	0	1,220	0	1,220	0	
		3,667	3,239	(428)	14,648	7,397	14,733	85	
			88%			50%	101%		

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services																		
Acute Services																		
York Teaching Hospital NHS FT	72,656	72,656	(0)	54,508	54,508	(0)	18,147	18,147	(0)	217,212	217,212	0	217,212	217,212	0	0	0	0
Yorkshire Ambulance Service NHS Trust	4,756	4,756	(0)	3,567	3,567	(0)	1,189	1,189	(0)	14,267	14,267	(0)	14,267	14,267	0	0	0	(0)
Leeds Teaching Hospitals NHS Trust	2,818	2,862	(45)	2,066	2,026	41	752	837	(85)	8,497	8,541	(45)	8,497	8,456	41	0	85	(85)
Hull and East Yorkshire Hospitals NHS Trust	1,113	1,180	(67)	811	879	(69)	302	301	1	3,320	3,387	(67)	3,320	3,389	(69)	0	(1)	1
Harrogate and District NHS FT	840	810	30	624	603	21	217	208	9	2,552	2,523	30	2,552	2,532	21	0	(9)	9
Mid Yorkshire Hospitals NHS Trust	718	609	109	537	485	52	181	124	57	2,119	2,009	109	2,119	2,067	52	0	(57)	57
South Tees NHS FT	474	474	(0)	355	355	(0)	118	118	(0)	1,422	1,422	(0)	1,422	1,422	0	0	0	(0)
North Lincolnshire & Goole Hospitals NHS Trust	123	127	(4)	90	95	(5)	33	32	1	369	373	(4)	369	374	(5)	0	(1)	1
Sheffield Teaching Hospitals NHS FT	98	98	0	73	73	0	24	24	0	293	293	0	293	293	0	0	0	0
Non-Contracted Activity	1,799	1,799	0	1,350	1,350	0	450	450	0	5,398	5,398	0	5,398	5,398	0	0	0	0
Other Acute Commissioning	416	435	(19)	295	320	(24)	121	115	6	1,382	1,667	(286)	1,171	1,212	(41)	210	455	(245)
Ramsay	1,594	1,931	(337)	1,157	1,312	(155)	436	619	(182)	4,820	4,820	(0)	4,820	4,975	(155)	0	(155)	155
Nuffield Health	1,183	1,162	20	859	881	(23)	324	281	43	3,574	3,553	20	3,574	3,597	(23)	0	(43)	43
Other Private Providers	472	433	39	354	319	35	118	114	4	1,415	1,377	39	1,415	1,381	35	0	(4)	4
Sub Total	**89,058**	**89,332**	**(273)**	**66,646**	**66,773**	**(127)**	**22,413**	**22,559**	**(146)**	**266,639**	**266,843**	**(204)**	**266,429**	**266,572**	**(143)**	**210**	**271**	**(60)**
Mental Health Services																		
Tees, Esk and Wear Valleys NHS FT	14,690	14,706	(16)	11,018	11,018	(0)	3,673	3,689	(16)	44,028	44,044	(16)	44,028	44,028	0	0	16	(16)
Out of Contract Placements	2,451	2,347	104	1,838	1,729	109	613	618	(5)	7,353	7,353	0	7,353	7,353	0	0	0	0
SRBI	405	524	(119)	304	377	(73)	101	148	(46)	1,215	1,328	(112)	1,215	1,268	(52)	0	60	(60)
Non-Contracted Activity - MH	153	153	0	114	114	0	38	38	0	458	458	0	458	458	0	0	0	0
Other Mental Health	370	377	(7)	277	284	(6)	92	93	(1)	1,109	1,108	1	1,074	1,108	(35)	35	(1)	36
Sub Total	**18,069**	**18,108**	**(39)**	**13,552**	**13,522**	**30**	**4,517**	**4,586**	**(69)**	**54,163**	**54,290**	**(127)**	**54,128**	**54,215**	**(87)**	**35**	**75**	**(40)**
Community Services																		
York Teaching Hospital NHS FT - Community	6,375	6,375	0	4,781	4,781	0	1,594	1,594	0	19,125	19,125	0	19,125	19,125	0	0	0	0
York Teaching Hospital NHS FT - MSK	779	779	(0)	584	584	(0)	195	195	(0)	2,336	2,336	(0)	2,336	2,336	(0)	0	0	(0)
Harrogate and District NHS FT - Community	968	992	(24)	726	757	(31)	242	235	7	2,905	2,945	(40)	2,905	2,948	(43)	0	(3)	3
Humber NHS FT - Community	719	719	(0)	539	539	0	180	180	(0)	2,156	2,157	(1)	2,156	2,156	0	0	1	(1)
Hospices	453	452	1	339	339	0	113	113	1	1,358	1,357	1	1,358	1,357	0	0	(1)	1
Longer Term Conditions	94	96	(2)	71	72	(1)	24	24	(0)	282	284	(2)	282	284	(2)	0	(1)	1
Other Community	873	937	(63)	656	726	(70)	218	211	7	2,599	2,661	(62)	2,599	2,663	(64)	0	(2)	2
Sub total	**10,261**	**10,349**	**(89)**	**7,696**	**7,798**	**(102)**	**2,565**	**2,551**	**14**	**30,761**	**30,864**	**(104)**	**30,761**	**30,870**	**(109)**	**0**	**(6)**	**6**

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Other Services																		
Continuing Care	9,244	8,671	573	6,959	6,469	491	2,285	2,202	83	26,885	26,771	114	26,885	26,807	78	0	(36)	36
CHC Clinical Team	426	418	8	320	321	(1)	107	97	9	1,319	1,319	0	1,279	1,270	9	40	48	(8)
Funded Nursing Care	1,351	1,278	73	1,013	1,000	13	338	277	60	4,052	4,095	(42)	4,052	4,083	(31)	0	12	(12)
Patient Transport - Yorkshire	745	754	(9)	559	567	(9)	186	186	(0)	2,234	2,246	(11)	2,234	2,246	(11)	0	0	0
Voluntary Sector / Section 256	187	182	4	140	136	4	47	46	1	560	547	13	560	545	15	0	2	(2)
Non-NHS Treatment	207	207	0	156	159	(4)	52	48	4	622	620	3	622	629	(6)	0	(9)	9
NHS 111	354	346	8	265	260	6	88	87	2	1,061	1,038	23	1,061	1,038	23	0	0	0
Better Care Fund	3,652	3,653	(2)	2,739	2,740	(1)	913	913	(0)	10,956	10,960	(5)	10,956	10,955	1	0	6	(6)
Other Services	231	314	(84)	173	183	(10)	58	132	(74)	692	802	(109)	692	731	(39)	0	71	(71)
Sub total	**16,396**	**15,823**	**573**	**12,324**	**11,835**	**488**	**4,073**	**3,988**	**85**	**48,382**	**48,396**	**(15)**	**48,342**	**48,303**	**39**	**40**	**93**	**(53)**
Primary Care																		
Primary Care Prescribing	16,156	16,447	(291)	12,122	12,242	(121)	4,035	4,205	(170)	47,319	48,045	(726)	47,319	47,401	(81)	0	645	(645)
Other Prescribing	659	510	149	494	286	209	165	224	(60)	1,978	1,974	4	1,978	1,930	48	0	44	(44)
Local Enhanced Services	747	835	(88)	560	556	4	187	279	(92)	2,242	2,151	91	2,242	2,164	77	0	(14)	14
Oxygen	124	129	(6)	93	95	(2)	31	34	(3)	371	388	(17)	371	373	(2)	0	15	(15)
Primary Care IT	275	263	12	206	197	10	69	66	3	826	763	63	826	761	65	0	2	(2)
Out of Hours	1,082	1,114	(32)	812	841	(29)	271	274	(3)	3,247	3,279	(32)	3,247	3,276	(29)	0	3	(3)
Other Primary Care	791	824	(33)	515	538	(22)	276	287	(11)	2,374	2,451	(77)	2,061	2,152	(91)	313	299	14
Sub Total	**19,835**	**20,123**	**(288)**	**14,803**	**14,754**	**49**	**5,033**	**5,369**	**(336)**	**58,357**	**59,050**	**(693)**	**58,044**	**58,057**	**(13)**	**313**	**993**	**(680)**
Primary Care Commissioning	**14,897**	**14,853**	**44**	**11,201**	**11,081**	**120**	**3,695**	**3,772**	**(76)**	**45,265**	**45,268**	**(3)**	**45,578**	**45,579**	**(1)**	**(313)**	**(311)**	**(2)**
Trading Position	**168,516**	**168,588**	**(72)**	**126,221**	**125,764**	**457**	**42,295**	**42,825**	**(530)**	**503,567**	**504,712**	**(1,146)**	**503,281**	**503,597**	**(315)**	**285**	**1,115**	**(830)**
Prior Year Balances	**0**	**119**	**(119)**	**0**	**93**	**(93)**	**0**	**26**	**(26)**	**0**	**119**	**(119)**	**0**	**93**	**(93)**	**0**	**26**	**(26)**
Reserves	**(209)**	**0**	**(209)**	**0**	**0**	**0**	**(209)**	**0**	**(209)**	**(3,433)**	**(4,697)**	**1,264**	**(3,188)**	**(3,596)**	**409**	**(245)**	**(1,101)**	**856**
Contingency	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,443**	**2,443**	**0**	**2,443**	**2,443**	**0**	**0**	**0**	**0**
Unallocated QIPP	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reserves	**(209)**	**119**	**(328)**	**0**	**93**	**(93)**	**(209)**	**26**	**(234)**	**(990)**	**(2,135)**	**1,146**	**(745)**	**(1,060)**	**315**	**(245)**	**(1,075)**	**830**
Programme Financial Position	**168,307**	**168,707**	**(400)**	**126,221**	**125,857**	**364**	**42,086**	**42,850**	**(764)**	**502,577**	**502,577**	**(0)**	**502,537**	**502,537**	**(0)**	**40**	**40**	**(0)**
In Year Surplus / (Deficit)	**(6,283)**	**0**	**(6,283)**	**(4,712)**	**0**	**(4,712)**	**(1,571)**	**0**	**(1,571)**	**(18,849)**	**0**	**(18,849)**	**(18,849)**	**0**	**(18,849)**	**0**	**0**	**0**
In Year Programme Financial Position	**162,024**	**168,707**	**(6,683)**	**121,509**	**125,857**	**(4,348)**	**40,515**	**42,850**	**(2,335)**	**483,728**	**502,577**	**(18,849)**	**483,688**	**502,537**	**(18,849)**	**40**	**40**	**(0)**
Running Costs	**2,358**	**2,263**	**95**	**1,771**	**1,706**	**65**	**587**	**557**	**30**	**7,052**	**7,052**	**0**	**7,052**	**7,052**	**0**	**0**	**0**	**0**
Total In Year Financial Position	**164,382**	**170,970**	**(6,588)**	**123,280**	**127,563**	**(4,283)**	**41,102**	**43,407**	**(2,305)**	**490,780**	**509,629**	**(18,849)**	**490,740**	**509,589**	**(18,849)**	**40**	**40**	**(0)**
Brought Forward (Deficit)	**(20,824)**	**0**	**(20,824)**	**(15,618)**	**0**	**(15,618)**	**(5,206)**	**0**	**(5,206)**	**(62,471)**	**0**	**(62,471)**	**(62,471)**	**0**	**(62,471)**	**0**	**0**	**0**
Cumulative Financial Position	**143,559**	**170,970**	**(27,411)**	**107,662**	**127,563**	**(19,901)**	**35,896**	**43,407**	**(7,511)**	**428,309**	**509,629**	**(81,320)**	**428,269**	**509,589**	**(81,320)**	**40**	**40**	**(0)**

Appendix 2 – Running costs dashboard

Directorate	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Joint Commissioning	62	38	24	31	19	12	31	19	12	186	185	1	186	174	13	0	12	(12)
Chief Executive / Board Office	387	348	40	194	183	11	194	165	29	1,162	1,124	38	1,162	1,177	(15)	0	(53)	53
Planned Care	340	328	13	184	172	12	156	156	0	1,015	998	17	1,091	1,069	22	(76)	(70)	(6)
Communication and Engagement	91	65	25	45	30	15	45	35	10	272	269	3	272	265	7	0	3	(3)
Contract Management	295	271	24	145	131	14	150	140	10	885	859	25	870	839	31	15	21	(6)
Corporate Governance	318	285	33	160	144	16	159	141	18	953	927	26	953	924	29	0	3	(3)
Finance	439	392	46	224	201	23	215	191	24	1,309	1,301	7	1,324	1,280	44	(15)	21	(36)
Medicines Management	42	34	8	21	18	3	21	16	5	126	109	17	126	119	8	0	(10)	10
Quality & Nursing	244	246	(2)	122	125	(2)	122	121	0	730	734	(5)	730	739	(9)	0	(4)	4
Risk (SI team)	11	10	0	6	5	0	5	5	0	31	31	1	31	32	(0)	0	(1)	1
RSS	110	92	18	49	40	8	61	52	10	330	316	14	291	297	(6)	39	19	20
Primary Care	195	158	37	98	81	18	97	78	19	582	487	96	582	561	22	0	(74)	74
Reserves	(176)	0	(176)	(94)	0	(94)	(82)	0	(82)	(529)	(288)	(240)	(566)	(421)	(144)	37	133	(96)
Overall Position	**2,358**	**2,268**	**90**	**1,185**	**1,150**	**35**	**1,174**	**1,118**	**55**	**7,052**	**7,052**	**0**	**7,052**	**7,052**	**(0)**	**0**	**(0)**	**0**

Item Number: 11

Name of Presenter: Caroline Alexander

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Integrated Performance Report Month 3 2019/20

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

Reason for Report

This document provides a triangulated overview of CCG performance across all NHS Constitutional targets which identifies the causes of current performance levels and the work being undertaken by CCG partners across a number of different forums and working groups in the local Vale and Scarborough and Ryedale system and wider Humber, Coast and Vale health and Care Partnership to drive performance improvement.

The report captures validated data for Month 3.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☐Primary Care ☒Equalities	

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment   ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

A summary is being prepared under separate cover for all relevant workstreams which are driving performance improvement to summarise assessments and risks for all CCG or partner work. This will support the Committee being able to closely monitor the impact of all programmes of work the CCG and partners are undertaking. This will be aligned to the October review of all system financial recovery programme schemes at the System Delivery Board.

Recommendations

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

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

Vale of York CCG
Integrated Performance Report

Validated data to June 2019, Month 3 2019/20

Produced August 2019

NHS
Vale of York
Clinical Commissioning Group

Contents

- **Planned Care:**
    - Diagnostics
    - Referral to Treatment (RTT)
    - % of children waiting 18 weeks or less for a wheelchair
    - Cancer

- **Unplanned and Out of Hospital Care:**
    - Emergency Department – York Teaching Hospital NHS Foundation Trust
    - Yorkshire Ambulance Service (YAS)
    - NHS 111 – Yorkshire and Humber
    - GP Out of Hours – Northern Doctors
    - Primary Care Access
    - Delayed Transfers of Care (DTOCs)

- **Mental Health:**
    - Improving Access to Psychological Therapies (IAPT)
    - Early Intervention in Psychosis (EIP)
    - Dementia Diagnosis
    - Children and Young People's (CYP) Mental Health Services Access Rate
    - Children and Adolescent Mental Health Services (CAMHS) Referral to Treatment (RTT)
    - Children and Young People's (CYP) Eating Disorders
    - Autism Assessments
    - Annual Health Checks for people with Severe Mental Illness (SMI)

- **Complex Care:**
    - Continuing Healthcare (CHC)
    - Personal Health Budgets (PHBs)

- **CCG Improvement and Assessment Framework**

- **CCG Quality Premium**

- **Clinical Standards Review 2019**

- **Acronyms**

Performance Headlines

1. Diagnostics: to note the refreshed YTHFT recovery plans which will be further developed with the CCGs during August and September to consider how to ensure all unnecessary referrals to diagnostics are mitigated. There will be weekly recovery reporting and escalations from WC 19/8/19.

2. ECS: to note the escalations from the system ECS Summit held on 8/8/19 with NHSE/I and CQC. Focus is on refreshing the focus on managing the pressures on ED Front Door at York ED and developing the DTOC capacity and approach to discharge. Verbal update.

3. Cancer 62D: to note M4 (unvalidated) performance is at target and the joint system cancer operational delivery plan and new local Cancer Strategy and Delivery Groups will be meeting and discussed on 22/8/19.

4. Cancer 2WW: to note the fast track referrals to York Hospital specialties has reached the highest levels ever recorded in June 2019 – approx. 365 referrals for 2WW per week. This is an 8% increase on the same period in 18/19. Practice visits and supporting information packs are incorporating this referral trend. There are no subsequent increase in cancer diagnosis rates.

5. CCG IAF 2018/19 year end rating: to note the 'Requires Improvement' rating and detailed breakdown of scoring within the IAF indicators is outlined from slide 39

Performance and Programme Overview Planned Care

Areas Covered:

- Diagnostics
- Referral to Treatment (RTT)
- % of children waiting 18 weeks or less for a wheelchair
- Cancer

Content:

- Summary dashboard
- Narrative
- Supporting data

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Planned Care

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Previous 3 Quarters 2018/19 Q2	2018/19 Q3	2018/19 Q4	Current QTD 2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
133a	E.B.4		Diagnostics	Diagnostics: % waiting >6 weeks	≤1%	4.1%	6.3%	4.5%	4.4%	7.3%	11.0%	11.1%	8.6%	8.2%	12.7%	13.7%	11.7%	5.0%	7.6%	9.4%	12.7%	6.5%	12.7%
		Y	RTT	RTT: Total incomplete pathways (waiting list)	<16,544 at March 2020	17,655	17,513	17,302	17,312	17,019	16,831	16,490	16,987	17,143	17,344	18,021	17,849	-	-	-	-	-	-
129a	E.B.3		RTT	RTT incomplete pathways: % within 18 weeks	≥92%	86.0%	85.4%	85.4%	85.4%	84.4%	84.1%	84.0%	84.3%	83.3%	81.6%	81.9%	80.5%	85.6%	84.7%	83.9%	81.3%	84.8%	81.3%
	E.B.18		RTT	RTT: incomplete pathways 52 week breaches	0	5	7	7	8	6	8	10	7	9	7	4	9	19	22	26	20	87	20
			RTT	RTT Completed Admitted pathways: % within 18 weeks	-	64.2%	64.7%	63.3%	67.5%	63.6%	64.5%	60.6%	63.3%	65.2%	65.1%	64.8%	63.7%	64.1%	65.2%	63.0%	64.5%	64.4%	64.5%
			RTT	RTT Completed Non-Admitted pathways: % within 18 weeks	-	90.6%	91.7%	90.1%	90.1%	89.6%	89.5%	89.5%	90.4%	90.5%	90.9%	89.4%	88.4%	90.8%	89.7%	90.1%	89.6%	90.5%	89.6%
	E.O.1		RTT	% of children waiting 18 weeks or less for a wheelchair	≥92%						Quarterly indicator							95.8%	88.9%	-	-	95.1%	-
	E.B.6		Cancer	Cancer: 2WW	≥93%	86.6%	89.6%	84.3%	91.4%	91.2%	95.9%	86.5%	96.1%	90.7%	88.9%	84.9%	81.7%	87.0%	92.6%	91.0%	85.3%	91.6%	85.3%
	E.B.7		Cancer	Cancer: 2WW (breast symptoms)	≥93%	94.0%	97.3%	100.0%	100.0%	92.2%	88.6%	91.1%	93.1%	82.0%	81.3%	86.1%	92.8%	97.0%	93.8%	88.8%	86.2%	93.0%	86.2%
	E.B.8		Cancer	Cancer: 31 day first treatment	≥96%	97.4%	96.8%	96.3%	94.4%	97.4%	94.6%	94.9%	97.3%	95.4%	95.4%	96.3%	97.9%	96.8%	95.5%	95.8%	96.6%	96.8%	96.6%
	E.B.9		Cancer	Cancer: 31 day subsequent treatment - surgery	≥94%	95.6%	94.7%	90.0%	92.1%	96.4%	85.2%	88.6%	100.0%	90.2%	92.1%	88.6%	90.6%	93.5%	92.5%	92.0%	90.4%	93.6%	90.4%
	E.B.10		Cancer	Cancer: 31 day subsequent treatment - drug	≥98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	E.B.11		Cancer	Cancer: 31 day subsequent treatment - radiotherapy	≥94%	98.6%	100.0%	98.0%	100.0%	100.0%	97.4%	98.0%	98.0%	96.7%	100.0%	98.1%	98.0%	98.8%	99.3%	97.5%	98.8%	98.8%	98.8%
	E.B.12	Y	Cancer	Cancer: 62 day GP referral	≥85%	74.7%	76.1%	71.3%	78.0%	76.8%	78.0%	83.2%	77.8%	82.8%	80.2%	77.9%	84.2%	73.9%	77.6%	81.4%	80.8%	78.3%	80.8%
	E.B.13		Cancer	Cancer: 62 day Screening referral	≥90%	81.3%	90.0%	92.3%	100.0%	75.0%	80.0%	100.0%	76.9%	80.0%	100.0%	88.9%	88.9%	87.2%	83.3%	86.2%	92.0%	87.7%	92.0%
	E.B.14		Cancer	Cancer: 62 day Status upgrade	-	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	75.0%	100.0%	66.7%	77.8%	88.9%	83.3%	88.9%

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Diagnostics	No – 88.3% against >99% target	CCG performance improved from 86.3% to 88.3% in June, equating to 450 diagnostic breaches from a cohort of 3,845 patients. YTHFT also saw an improvement from 86.4% to 88.9%. Pressures remain in Endoscopy, Echo CT, Non-Obstetric Ultrasound and MRI. Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. There has been a significant increase in demand for Echo referrals - YTHFT to determine if the increase in demand is from GP open access or from within the Trust.	• Possible relocation of York cardio-respiratory department to old Endoscopy Unit to increase scan capacity and reduce backlog. • Work to reduce Endoscopy demand through redesign of referral form and introduction of electronic vetting of referrals is expected to reduce demand for upper GI direct access endoscopy by 5% from September • Validation of surveillance patients is taking place 3 months before the TCI date which is reducing demand on the surveillance programme by 10% per month. • New Endoscopy Suite opening in September will increase capacity by 40%. • Continuation on WLI lists until December 2019 is providing additional 9 lists per week. • MRI and Non-obstetric ultrasound demand management initiatives will be developed as part of the Radiology Improvement Programme. • Outsourcing MRI work to Nuffield and Thorpe Park to support prostate pathway & 2 days per week with mobile scanner on-site.	Actions are detailed in YTHFT Recovery Plan – Supporting Performance Delivery

Planned Care

| Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
RTT – Total Waiting List (TWL) and 92% target	No – 80.5% against 92% target and waiting list increasing	Nuffield York are having issues since the introduction of their new Electronic Patient Record system which means that clock start and stop events are not properly recorded. This has led to a visible downturn in their reported performance and waiting times which will in turn be affecting the CCG's total waiting list and performance position against 92% target. A data cleanse is underway and should be completed by end August. The CCG with system partners continue to review the TWL position against referral demand and planned capacity by specialty available to deliver care to those waiting. The position at M3 (Q1) is that referrals are reducing or stable in most specialties and overall reduced across all referrals compared to the same Q1 period in 18/19. The capacity in certain specialties is below plan and therefore clearance rates are lower than planned. However, latest M4 TWL position shows an actual position of 400 less patients waiting than projected.	Nuffield have provided the CCG with an action plan to address their system errors and will provide corrected data as soon as available. Issues are purely system based and no patients are experiencing undue delays, it is solely a data issue which is affecting performance standards. There are a wide range of mitigating actions and programmes of work with YTHFT and the CCGs which are providing support to specialties to ensure that the system is able to optimise all available elective capacity and shorten waiting times.	The CCG with system partners is currently considering the trajectory for TWL recovery as part of it's current activity, performance and financial planning for the long term plan to be submitted to the HCV Care Partnership (ICS) in September. This is being considered alongside the cost reduction programme and the limitations on finance to deliver investment in year on subcontracted activity to recover waiting list and times.

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
RTT – 52 week breaches	No – 9 breaches in June against zero tolerance target	Adult Spinal continues to be an issue at LTHT with 5 breaches declared for Vale of York CCG patients in June. In addition there were 3 breaches at YTHFT. 2 were in Urology with dates offered in June but both patients declined and requested a date in July. The third breach was in Ophthalmology; the patient had a date booked in June but was cancelled due to a more urgent patient. The patient was subsequently unavailable until mid-July. All 3 patients have now been treated. The final breach in June was in Ophthalmology at Queen Victoria Hospital NHS FT. This patient has a TCI date of 29th August 2019 and will therefore also have breached 52 weeks in July. The primary reason for the delay to the patient is inpatient capacity and the complexity of the operation. The secondary reason is patient choice as the patient was unavailable until August due to holidays.	An update was received from Leeds CCG on 24th July regarding the ongoing issues in adult spinal. Progress has stalled slightly due to a key surgeon having an accident, impacting on the ability to run additional clinic lists and keep all the theatre sessions covered. Locums have been appointed but are not due to start until September. LTHT is doing all it can over the summer months to maintain progress and clearance, and has identified further improvements such as enabling a wider range of cases to be operated on in another theatre at the LGI. Enhanced clinics are planned for September as soon as the additional surgical capacity comes on line.	The CCG is also reviewing all long waits over 40 weeks with all providers and working with NHSE/I to undertake a financial impact assessment of the application of national guidance on application of penalties by commissioners and providers. This will be presented in September. To note: LTH will be part of a pilot to understand the practicalities of implementing 26 week choice as part of their WY ICS.

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Children's Wheelchair Waiting Times	Yes	Yes - as at 13.08.19 we only have 2 under 19s waiting longer than 18 weeks for a wheelchair, both have been waiting for specialist seating and handover of equipment is booked for w/c 06.09.19	N/A	N/A

Planned Care

| Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Cancer 2WW	No – 81.7% against 93% target	2WW Fast Track Standard has not been achieved for 10 out of the last 12 months, primarily due to skin and colorectal breaches resulting from capacity constraints. YTHFT are reporting that Q1 2019-20 has seen the highest number of Fast Tracks recorded with 4,739 referrals (365 per week), up 8% compared to the same period in 2018-19. The highest increase has been seen in Head & Neck (37%), Colorectal (29%) and Skin (23%). Despite the increase in Fast Track referrals, the number of patients diagnosed with cancer has not increased.	• Implementing straight to test pathway for colorectal patients from January 2020 avoiding the need for a first outpatient appt. • Increasing endoscopy capacity will reduce the waits for Fast Track patients and also help to improve performance against 62 Day standard. • Skin – lack of clinic space at York and Malton is an issue when trying to increase outpatient capacity. • Currently 13% vacancy rate in Skin Consultant workforce – hoping to move a locum to substantive post and run WLI to close capacity gap. • Lung – recruitment to fill vacant medical posts at both Scarborough & York should reduce the number of breaches and improve performance from July 2019. • Reviewing Breast referral guidelines and holding training events for GPs from July 2019. • Increasing diagnostic capacity from 12 to 22 at the fortnightly one stop breast clinics	Actions are detailed in the YTHFT Recovery Plans – Supporting Performance Delivery. The CCG with system partners is currently considering the recovery trajectories for all performance targets it's current activity, performance and financial planning for the long term plan to be submitted to the HCV Care Partnership (ICS) in September. The local cancer board will meet for the first time with new joint delivery focus and governance arrangements. The Cancer Alliance leadership team is currently changing and there will be an opportunity to review current priorities and programmes during September.

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Cancer 62 day	No – 84.2% against 85% target	June performance improved from 77.9% to 84.2%, the highest month of performance since March 2019 when the 85% standard was last achieved by the CCG. Delays in diagnostic tests and reporting results is cited as being a key contributory factor in enabling performance recovery. Locally YTHFT has outperformed the national position for each of the last 6 months and in June 2019 achieved 84.98% against 85% target. Unvalidated data however suggests that performance has dropped again in July 2019.	• Implementing straight to test pathway for colorectal patients from January 2020 avoiding the need for a first outpatient appt. • Increasing endoscopy capacity will reduce the waits for Fast Track patients and also help to improve performance against 62 Day target • Streamlining Colorectal and Upper GI MDTs across York and Scarborough sites. • YTHFT are developing SLAs with Hull & Leeds to set out clear expectations and guidance for the management of IPT agreements. • Discussions with Hull & Leeds re increasing robotic prostatectomy and thoracic surgery capacity. • Review of theatre capacity for GA biopsy for Head & Neck patients. • Business case in progress for new equipment to take biopsies of the larynx and hypopharynx in clinic. • Recruitment to fill medical workforce vacancies in Pathology, Radiology and vacant Consultant posts within specialities e.g. Dermatology, Haematology, Lung. • Participate in STP wide Oncology delivery model.	Actions are detailed in the YHFT Recovery Plans – Supporting Performance Delivery. The local Cancer Board will meet for the first time with new joint delivery focus and governance arrangements. The Cancer Alliance leadership team is currently changing and there will be an opportunity to review current priorities and programmes during September.

Diagnostics

Diagnostics - June 2019
### Vale of York CCG waiting list by week
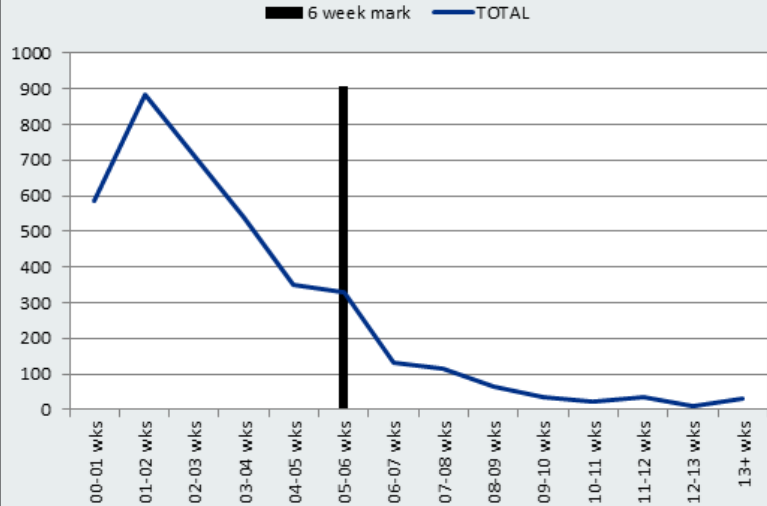
Diagnostics by Test - Vale of York CCG - June 2019

Diagnostic Test	Total Waiting List	Total >6 weeks	% within 6 weeks (Target ≥99%)	Change from previous month	
BARIUM_ENEMA	21	0	100.0%	0.0%	▬
AUDIOLOGY_ASSESSMENTS	201	0	100.0%	0.4%	▲
DEXA_SCAN	127	2	98.4%	-0.3%	▼
PERIPHERAL_NEUROPHYS	53	1	98.1%	-1.9%	▼
CT	446	10	97.8%	0.3%	▲
CYSTOSCOPY	64	2	96.9%	0.3%	▲
SLEEP_STUDIES	29	1	96.6%	9.1%	▲
MRI	652	32	95.1%	0.2%	▲
NON_OBSTETRIC_ULTRASOUND	1,141	114	90.0%	-1.1%	▼
URODYNAMICS	23	4	82.6%	1.1%	▲
FLEXI_SIGMOIDOSCOPY	108	22	79.6%	2.6%	▲
ECHOCARDIOGRAPHY	271	68	74.9%	7.8%	▲
GASTROSCOPY	438	118	73.1%	10.0%	▲
COLONOSCOPY	271	76	72.0%	5.0%	▲
ELECTROPHYSIOLOGY	-	0	N/A	-	-
Grand Total	**3,845**	**450**	**88.3%**	**2.0%**	▲

Diagnostics - June 2019
Vale of York CCG waiting list by test and provider
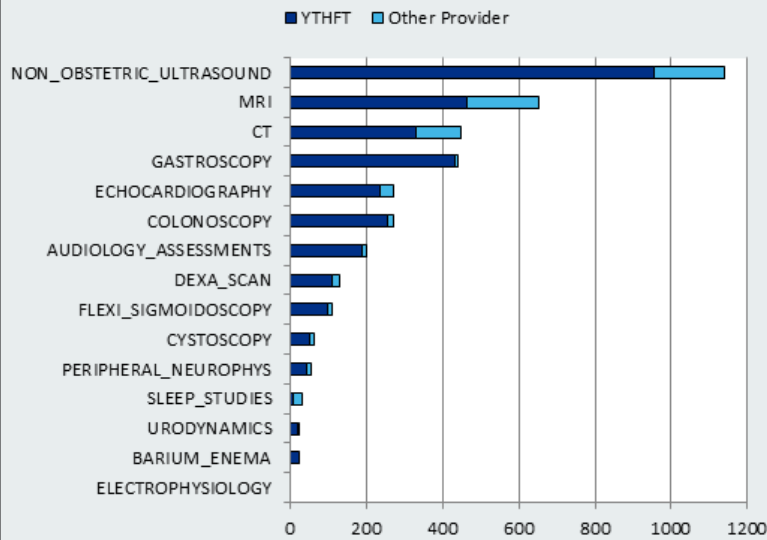
Diagnostics - 12 month performance against 99% standard
Vale of York CCG and YTHFT
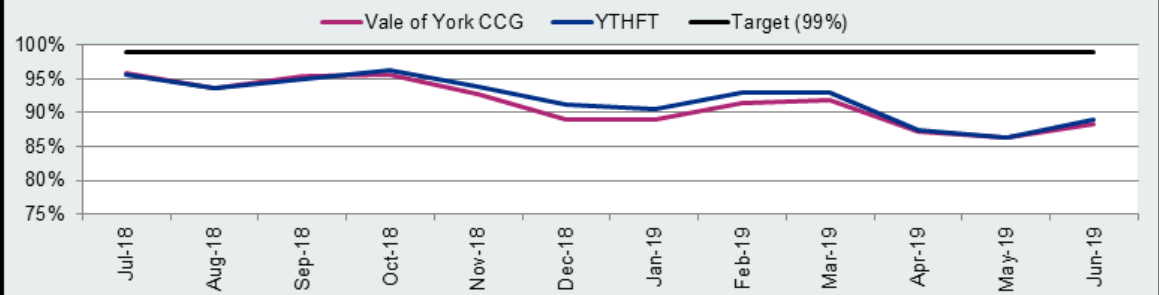
Diagnostics - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

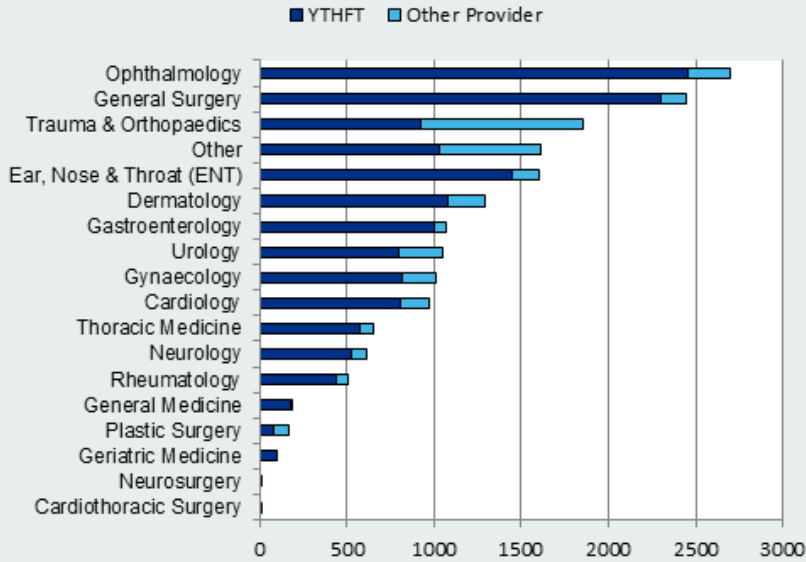| Target ≥99%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%	94.0%	94.0%	94.0%	95.0%	95.0%	96.0%
	2019/20 Actual	87.3%	86.3%	88.3%	-	-	-	-	-	-	-	-	-
	Variance	-4.7% ▼	-5.7% ▼	-3.7% ▼	-	-	-	-	-	-	-	-	-
Target ≥99%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	87.5%	90.0%	91.0%	91.5%	93.0%	94.0%	95.0%	96.0%	97.0%	97.0%	98.0%	99.0%
	2019/20 Actual	87.5%	86.4%	88.9%	-	-	-	-	-	-	-	-	-
	Variance	0.0% ▬	-3.6% ▼	-2.1% ▼	-	-	-	-	-	-	-	-	-

Referral to Treatment (RTT)

Specialty	Total Waiting List	Total pathways >18 weeks	Total pathways >52 weeks	% within 18 weeks (Target ≥92%)	Change from previous month		Median Wait (weeks)	92nd percentile (weeks)
Cardiothoracic Surgery	2	0	0	100.0%	0.0%	▬	-	-
Geriatric Medicine	97	1	0	99.0%	1.1%	▲	2.9	9.4
General Medicine	184	12	0	93.5%	-3.8%	▼	4.4	16.6
Neurology	613	43	0	93.0%	0.3%	▲	6.6	17.0
Other	1,615	137	0	91.5%	2.1%	▲	5.7	18.3
Gynaecology	1,015	125	0	87.7%	-1.1%	▼	7.2	20.8
Dermatology	1,291	200	0	84.5%	-0.4%	▼	7.6	23.0
Trauma & Orthopaedics	1,851	298	5	83.9%	1.3%	▲	8.3	24.0
Plastic Surgery	167	29	0	82.6%	-3.2%	▼	5.0	31.9
Cardiology	975	189	0	80.6%	-3.8%	▼	8.9	22.9
Ear, Nose & Throat (ENT)	1,602	337	0	79.0%	-3.4%	▼	8.3	25.2
General Surgery	2,441	521	0	78.7%	-1.1%	▼	7.1	29.5
Neurosurgery	14	3	0	78.6%	-11.4%	▼	-	-
Rheumatology	510	121	0	76.3%	-6.7%	▼	9.6	23.4
Urology	1,052	252	2	76.0%	-2.1%	▼	8.0	32.2
Gastroenterology	1,067	265	0	75.2%	-0.9%	▼	9.5	28.6
Thoracic Medicine	658	166	0	74.8%	-0.3%	▼	10.5	27.7
Ophthalmology	2,695	790	2	70.7%	-3.6%	▼	9.6	30.2
Grand Total	**17,849**	**3,489**	**9**	**80.5%**	**-1.4%**	▼	**8.0**	**25.9**

RTT Incomplete Pathways by Specialty - Vale of York CCG - June 2019

RTT Incomplete Pathways - June 2019
Vale of York CCG waiting list by week
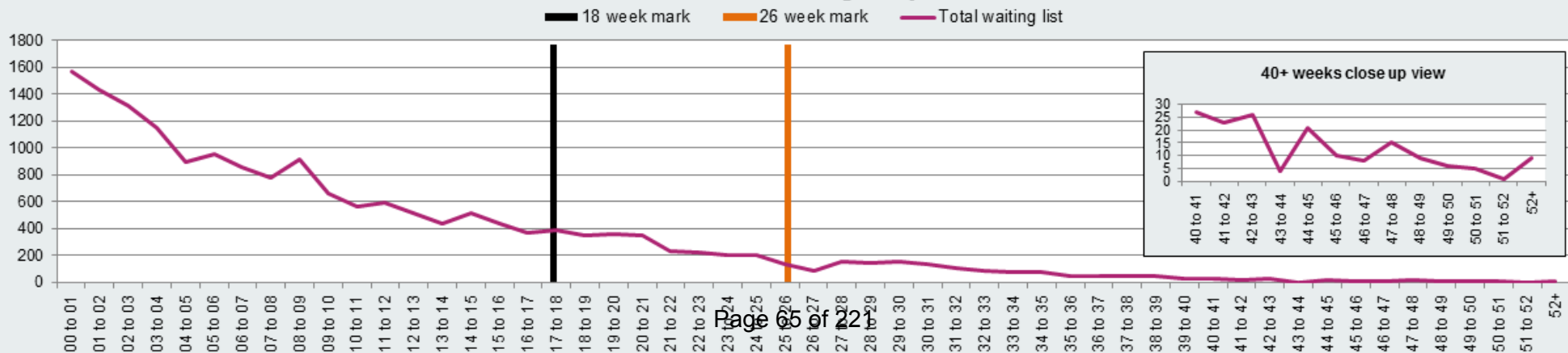
Referral to Treatment (RTT)

RTT Incomplete Pathways - June 2019
Vale of York CCG waiting list by specialty and provider

Legend: ■ YTHFT ■ Other Provider

Specialties (from chart, descending):
- Ophthalmology
- General Surgery
- Trauma & Orthopaedics
- Other
- Ear, Nose & Throat (ENT)
- Dermatology
- Gastroenterology
- Urology
- Gynaecology
- Cardiology
- Thoracic Medicine
- Neurology
- Rheumatology
- General Medicine
- Plastic Surgery
- Geriatric Medicine
- Neurosurgery
- Cardiothoracic Surgery

(x-axis: 0, 500, 1000, 1500, 2000, 2500, 3000)

RTT - Total waiting list, rolling 12 months
Vale of York CCG and YTHFT

Legend: Vale of York CCG, YTHFT

(y-axis 10000–30000; Jul-18 to Jun-19)
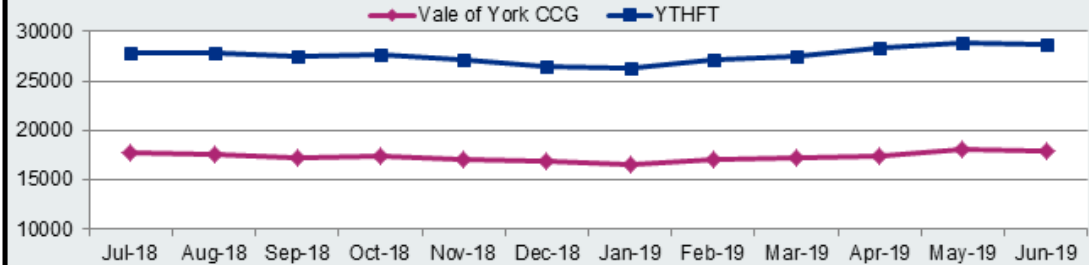
RTT - 12 month performance against 18 week 92% standard
Vale of York CCG and YTHFT

Legend: Vale of York CCG, YTHFT, Target (92%)

(y-axis 70%–95%; Jul-18 to Jun-19)
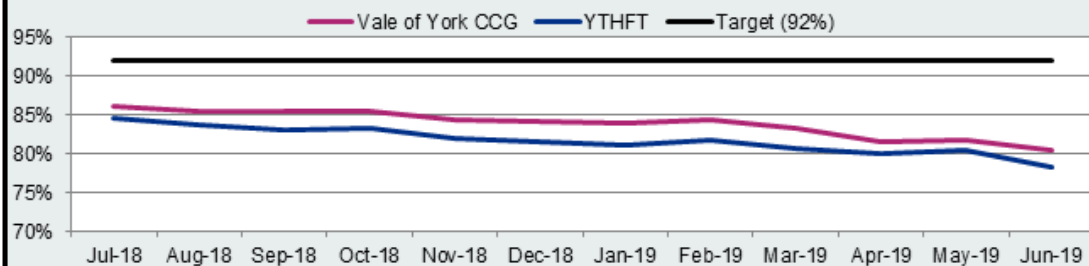
RTT 52 week breaches - Vale of York CCG

Period	Total breaches	Specialty and Provider
Apr-19	7	1 x T&O at Nuffield York (see narrative slide), 1 x Plastic surgery at St George's University FT, 5 x T&O at LTHT
May-19	4	4 x T&O at LTHT
Jun-19	9	5 x T&O at LTHT, 2 x Urology at YTHFT, 1 x Ophthalmology at YTHFT, 1 x Ophthalmology at Queen Victoria Hospital NHS FT
Jul-19		
Aug-19		
Sep-19		
Oct-19		
Nov-19		
Dec-19		
Jan-20		
Feb-20		
Mar-20		
YTD	20	

RTT Total Waiting List - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

Target <16,544		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	17,464	17,745	18,313	18,899	19,505	20,129	19,622	19,116	18,609	18,103	17,596	17,090
	2019/20 Actual	17,344	18,021	17,849	-	-	-	-	-	-	-	-	-
	Variance	- 120	276	-464	-	-	-	-	-	-	-	-	-
Target <26,303		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	28,344	28,800	29,722	30,673	31,655	32,668	31,846	31,024	30,202	29,380	28,558	27,736
	2019/20 Actual	28,344	28,809	28,727	-	-	-	-	-	-	-	-	-
	Variance	0	9	-995	-	-	-	-	-	-	-	-	-

RTT Performance against 92% standard - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

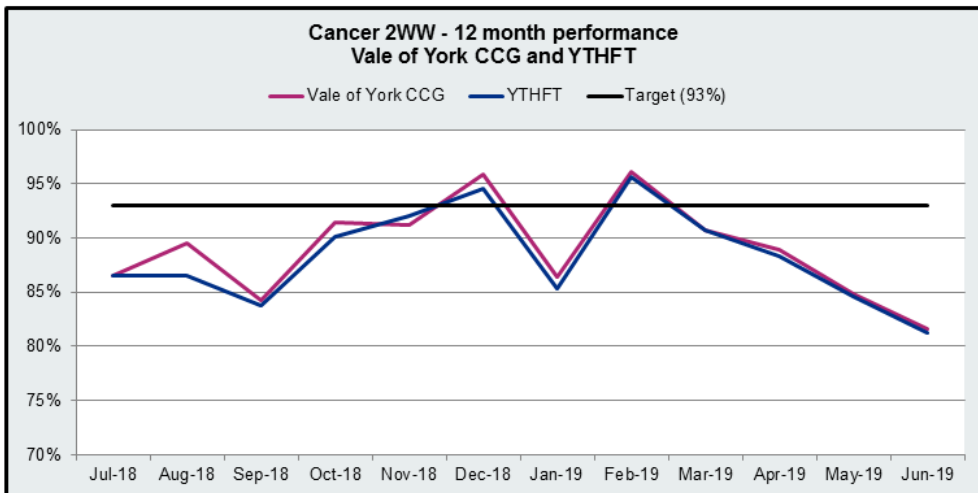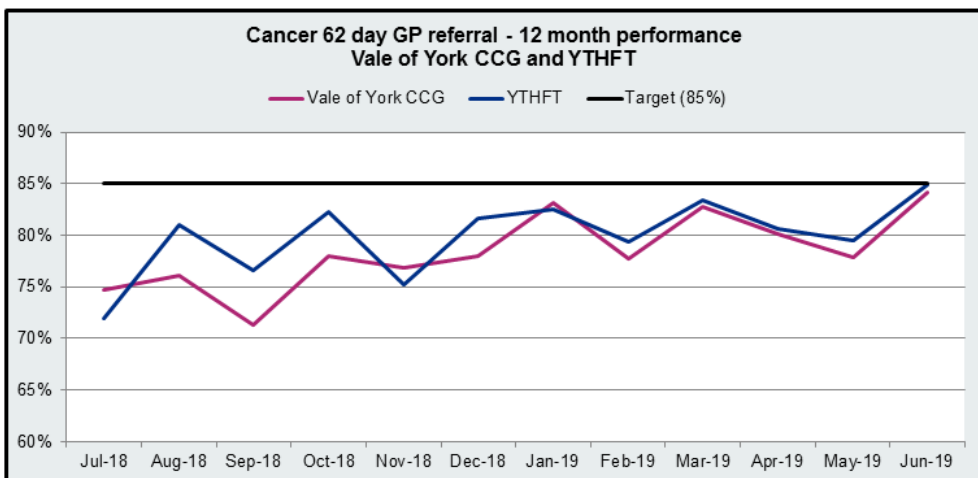| Target ≥92%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%
	2019/20 Actual	81.6%	81.9%	80.5%	-	-	-	-	-	-	-	-	-
	Variance	0.3%	0.5%	-0.9%	-	-	-	-	-	-	-	-	-
Target ≥92%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
	2019/20 Actual	80.0%	80.4%	78.3%	-	-	-	-	-	-	-	-	-
	Variance	0.0%	0.4%	-1.7%	-	-	-	-	-	-	-	-	-

Referral to Treatment (RTT)

RTT Completed Admitted Pathways by Specialty - Vale of York CCG - June 2019

Specialty	Total Completed Admitted Pathways	Total pathways >18 weeks	% within 18 weeks
Cardiothoracic Surgery	-	-	-
Geriatric Medicine	-	-	-
General Medicine	1	0	100.0%
Neurology	2	0	100.0%
Rheumatology	6	0	100.0%
Thoracic Medicine	4	0	100.0%
Plastic Surgery	73	1	98.6%
Dermatology	6	1	83.3%
Other	109	20	81.7%
Gastroenterology	5	1	80.0%
Cardiology	61	13	78.7%
Gynaecology	83	27	67.5%
Urology	113	37	67.3%
Neurosurgery	6	2	66.7%
General Surgery	209	78	62.7%
Trauma & Orthopaedics	283	109	61.5%
Ear, Nose & Throat (ENT)	67	35	47.8%
Ophthalmology	276	149	46.0%
Grand Total	**1,304**	**473**	**63.7%**
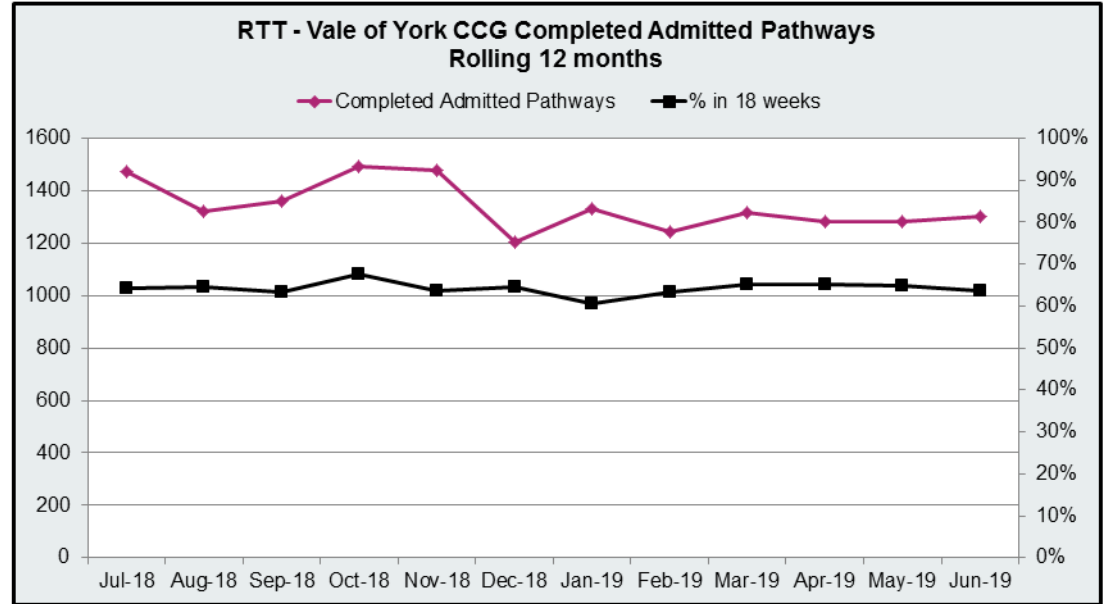
RTT - Vale of York CCG Completed Admitted Pathways Rolling 12 months

RTT Completed Non-Admitted Pathways by Specialty - Vale of York CCG - June 2019

Specialty	Total Completed Admitted Pathways	Total pathways >18 weeks	% within 18 weeks
Geriatric Medicine	87	0	100.0%
Neurosurgery	9	0	100.0%
Cardiothoracic Surgery	2	0	100.0%
General Medicine	83	2	97.6%
Urology	295	9	96.9%
Ophthalmology	780	28	96.4%
Gynaecology	294	14	95.2%
General Surgery	624	46	92.6%
Plastic Surgery	43	4	90.7%
Trauma & Orthopaedics	252	24	90.5%
Other	495	48	90.3%
Neurology	164	17	89.6%
Ear, Nose & Throat (ENT)	425	58	86.4%
Dermatology	412	64	84.5%
Gastroenterology	280	67	76.1%
Cardiology	218	54	75.2%
Rheumatology	114	46	59.6%
Thoracic Medicine	158	66	58.2%
Grand Total	**4,735**	**547**	**88.4%**

RTT - Vale of York CCG Completed Non-Admitted Pathways Rolling 12 months
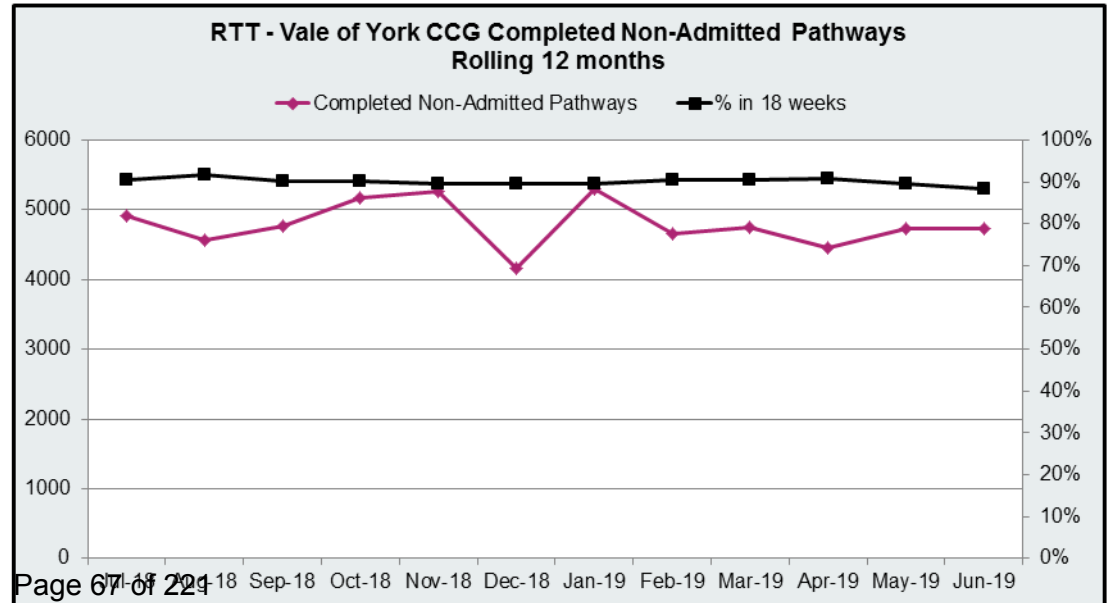
Cancer Two Week Waits and 62 day GP Referral

Cancer 2WW - 12 month performance Vale of York CCG and YTHFT
(Vale of York CCG, YTHFT, Target (93%))

Cancer Two Week Waits - Vale of York CCG - June 2019

Tumour type	Total Treated	Total >2 weeks	% within 2 weeks (Target ≥93%)	Change from previous month	
Acute Leukaemia	-	-	N/A	-	-
Brain/Central Nervous System	-	-	N/A	-	-
Testicular	1	0	100.0%	-	-
Other	4	0	100.0%	0.0%	=
Haematological malignancies	5	0	100.0%	0.0%	=
Lung	16	0	100.0%	6.3%	▲
Upper Gastrointestinal	78	2	97.4%	2.7%	▲
Gynaecological	59	2	96.6%	-1.8%	▼
Breast	170	6	96.5%	2.7%	▲
Head and Neck	131	5	96.2%	2.6%	▲
Urological (exc Testicular)	114	8	93.0%	-3.8%	▼
Lower Gastrointestinal	191	21	89.0%	0.3%	▲
Children's	6	2	66.7%	-13.3%	▼
Skin	239	140	41.4%	-2.1%	▼
Grand Total	**1,014**	**186**	**81.7%**	**-3.2%**	▼

Cancer 62 day GP referral - 12 month performance Vale of York CCG and YTHFT
(Vale of York CCG, YTHFT, Target (85%))

Cancer 62 day GP referral - Vale of York CCG - June 2019

Tumour type	Total Treated	Total >62 days	% within 62 days (Target ≥85%)	Change from previous month	
Brain/Central Nervous System	-	-	N/A	-	-
Acute Leukaemia	-	-	N/A	-	-
Other	-	-	N/A	-	-
Children's	-	-	N/A	-	-
Testicular	-	-	N/A	-	-
Breast	14	0	100.0%	-	-
Skin	26	0	100.0%	-	-
Gynaecological	6	1	83.3%	-	-
Lung	11	2	81.8%	-	-
Urological (exc Testicular)	22	5	77.3%	-	-
Haematological malignancies	4	1	75.0%	-	-
Upper Gastrointestinal	7	2	71.4%	-	-
Lower Gastrointestinal	6	2	66.7%	-	-
Head and Neck	3	2	33.3%	-	-
Grand Total	**101**	**16**	**84.2%**	**6.3%**	▲

Cancer 2WW - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

Target ≥93%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	Plan	93.1%	93.1%	93.0%	93.1%	93.1%	93.0%	93.1%	93.0%	93.0%	93.0%	93.0%	93.0%
	Actual	88.9%	84.9%	81.7%	-	-	-	-	-	-	-	-	-
	Variance	-4.2% ▼	-8.2% ▼	-11.4% ▼	-	-	-	-	-	-	-	-	-
Target ≥93%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	Plan	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.2%	93.1%	93.1%	93.1%
	Actual	88.3%	84.6%	81.3%	-	-	-	-	-	-	-	-	-
	Variance	-4.8% ▼	-8.5% ▼	-11.8% ▼	-	-	-	-	-	-	-	-	-

Cancer 62 day GP Referral - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

Target ≥85%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	Plan	80.0%	80.2%	81.0%	81.2%	81.3%	81.8%	82.8%	83.5%	83.9%	84.0%	84.8%	85.0%
	Actual	80.2%	77.9%	84.2%	-	-	-	-	-	-	-	-	-
	Variance	0.2% ▲	-2.3% ▼	3.2% ▲	-	-	-	-	-	-	-	-	-
Target ≥85%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	Plan	80.1%	80.5%	80.9%	81.1%	81.7%	82.0%	82.4%	83.1%	83.6%	83.8%	84.5%	85.0%
	Actual	80.6%	79.5%	85.0%	-	-	-	-	-	-	-	-	-
	Variance	0.5% ▲	-0.9% ▼	4.1% ▲	-	-	-	-	-	-	-	-	-

Performance and Programme Overview
Unplanned and Out of Hospital Care

Areas Covered:

- Emergency Department – York Teaching Hospital NHS Foundation Trust
- Yorkshire Ambulance Service (YAS)
- NHS 111 – Yorkshire and Humber
- GP Out of Hours – Northern Doctors
- Primary Care Access
- Delayed Transfers of Care (DTOCs)

Content:

- Summary dashboard
- Narrative
- Supporting data

NHS
Vale of York
Clinical Commissioning Group

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Unplanned and Out of Hospital Care																							
127c	E.B.5		A&E*	A&E: % within 4 hours (YTHFT)	≥95%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	90.3%	89.4%	82.4%	81.9%	87.7%	81.7%
			A&E*	A&E: 12 hour breaches (YTHFT)	0	0	0	0	0	0	0	17	8	28	24	26	2	0	0	53	52	66	52
			YAS	ARP: Category 1 (Life threatening) Mean	00:07:00	00:07:19	00:07:03	00:07:18	00:07:10	00:07:02	00:07:03	00:06:59	00:07:03	00:06:44	00:06:58	00:06:49	00:06:49	-	-	-	-	00:07:21	00:06:52
			YAS	ARP: Category 2 (Emergency) Mean	00:18:00	00:20:29	00:19:26	00:20:19	00:19:58	00:20:29	00:21:03	00:19:49	00:20:02	00:17:40	00:19:40	00:18:38	00:18:46	-	-	-	-	00:20:26	00:19:02
			YAS	ARP: Category 1 (Life threatening) 90th percentile	00:15:00	00:12:31	00:12:05	00:12:28	00:12:23	00:12:13	00:12:15	00:12:08	00:12:05	00:11:28	00:12:06	00:11:56	00:11:56	-	-	-	-	00:12:37	00:11:59
			YAS	ARP: Category 2 (Emergency) 90th percentile	00:40:00	00:42:40	00:39:47	00:42:10	00:41:37	00:42:36	00:44:17	00:41:16	00:41:50	00:35:35	00:40:29	00:38:09	00:38:14	-	-	-	-	00:42:34	00:38:59
			YAS	ARP: Category 3 (Urgent) 90th percentile	02:00:00	02:07:31	01:59:28	01:57:25	01:57:34	01:58:25	02:15:22	01:58:10	01:53:11	01:29:42	01:49:54	01:42:58	01:49:27	-	-	-	-	01:58:44	01:47:10
			YAS	ARP: Category 4 (Less urgent) 90th percentile	03:00:00	03:12:55	02:45:47	03:51:53	02:47:56	03:44:04	03:38:33	03:52:38	03:25:18	03:00:09	03:36:53	03:51:12	04:33:48	-	-	-	-	03:51:57	03:51:15
			NHS 111*	NHS 111: Calls abandoned after 30 seconds	≤5%	0.8%	0.4%	0.5%	1.1%	1.2%	0.7%	1.6%	1.7%	1.0%	1.2%	1.2%	1.3%	0.5%	1.0%	1.4%	1.2%	1.1%	1.5%
			NHS 111*	NHS 111: Calls answered within 60 seconds	≥90%	89.8%	95.4%	92.9%	85.0%	82.9%	90.2%	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	92.7%	86.3%	82.3%	90.5%	88.1%	89.0%
			GP OOH	GP OOH: Face to face within 2 hours	≥95%	96.6%	97.7%	96.9%	97.5%	97.3%	94.9%	88.5%	95.9%	94.9%	89.8%	91.8%	96.2%	97.1%	96.4%	92.8%	92.5%	95.9%	92.5%
			GP OOH	GP OOH: Face to face within 6 hours	≥95%	99.4%	99.0%	98.8%	97.8%	99.6%	95.8%	97.4%	96.9%	98.4%	97.2%	96.7%	98.0%	99.1%	97.5%	97.6%	97.3%	98.3%	97.3%
			GP OOH	GP OOH: Speak to clinician within 2 hours	≥95%	95.1%	96.5%	96.4%	97.4%	95.3%	93.2%	95.3%	91.3%	92.5%	88.6%	90.2%	91.6%	96.0%	95.0%	93.2%	90.1%	95.0%	90.1%
			GP OOH	GP OOH: Speak to clinician within 2 to 6 hours	≥95%	99.2%	99.0%	99.1%	99.5%	98.9%	95.6%	97.5%	95.0%	96.1%	93.1%	95.6%	95.9%	99.1%	97.7%	96.2%	94.8%	97.7%	94.8%
			GP OOH	GP OOH: Speak to clinician within 6+ hours	≥95%	100.0%	100.0%	99.9%	100.0%	99.9%	98.7%	99.2%	99.6%	99.6%	98.9%	99.0%	99.0%	99.9%	99.4%	99.4%	98.9%	99.6%	98.9%
			GP OOH	GP OOH: Total calls	-	2,775	2,676	2,831	2,888	2,960	4,099	3,469	3,001	3,040	3,331	3,302	2,983	8,282	9,947	9,510	9,616	36,591	9,616
			GP OOH	GP OOH: % of dispositions <2 hours	-	61.2%	60.5%	61.6%	61.7%	62.3%	62.6%	63.4%	62.7%	62.6%	61.5%	62.1%	61.5%	61.1%	62.2%	62.9%	61.7%	60.5%	61.7%
	E.D.16		Primary Care Access	Proportion of the population with access to online consultations	≥75% by March 2020	Data to follow																	
	E.D.17		Primary Care Access	Extended Access appointment utilisation	≥75% by March 2020	Data to follow																	
	E.D.18		Primary Care Access	Proportion 111 can directly book appts into extended access	100% by March 2020	Data to follow																	
			DTOC	DTOC: YTHFT - Acute bed days	-	1,071	1,336	1,180	1,251	1,059	1,212	1,093	1,067	1,178	1,456	1,529	1,486	3,587	3,522	3,338	4,471	13,693	4,471
			DTOC	DTOC: YTHFT - Non-acute bed days	-	307	301	381	357	358	337	385	295	377	277	303	352	989	1,052	1,057	932	4,182	932
			DTOC	DTOC: YTHFT - Total bed days	-	1,378	1,637	1,561	1,608	1,417	1,549	1,478	1,362	1,555	1,733	1,832	1,838	4,576	4,574	4,395	5,403	17,875	5,403
			DTOC	DTOC: TEWV - Total bed days (All non-acute)	-	832	974	878	858	672	550	557	506	657	673	547	630	2,684	2,080	1,720	1,850	9,591	1,850

*Note that A&E and NHS 111 data is available one month ahead of other data sources which will affect QTD and YTD calculations
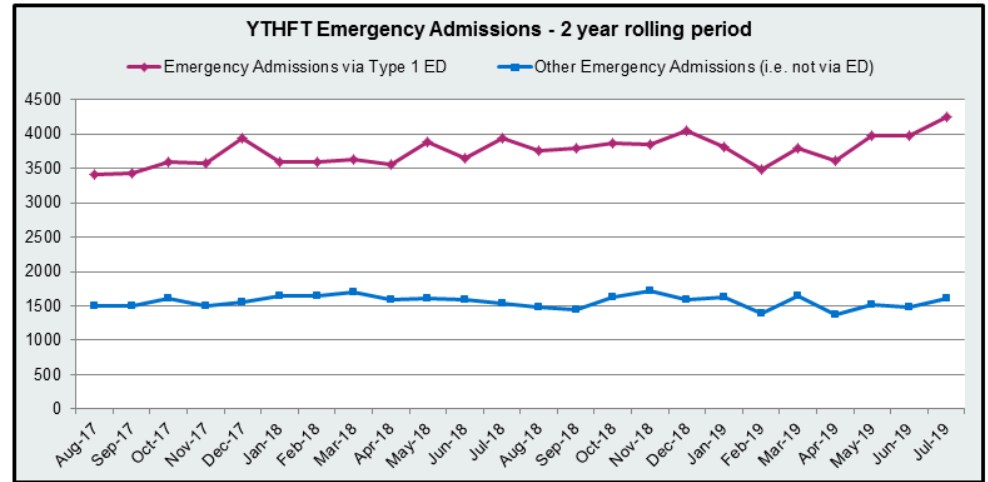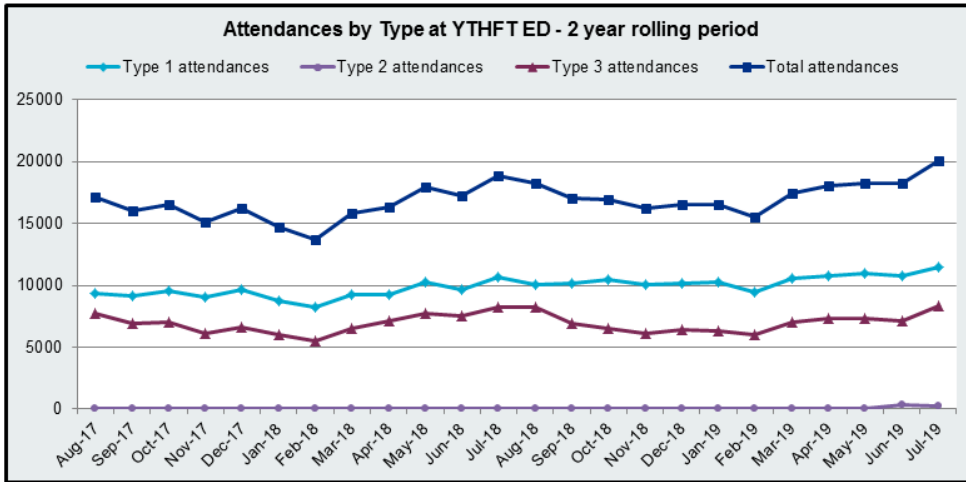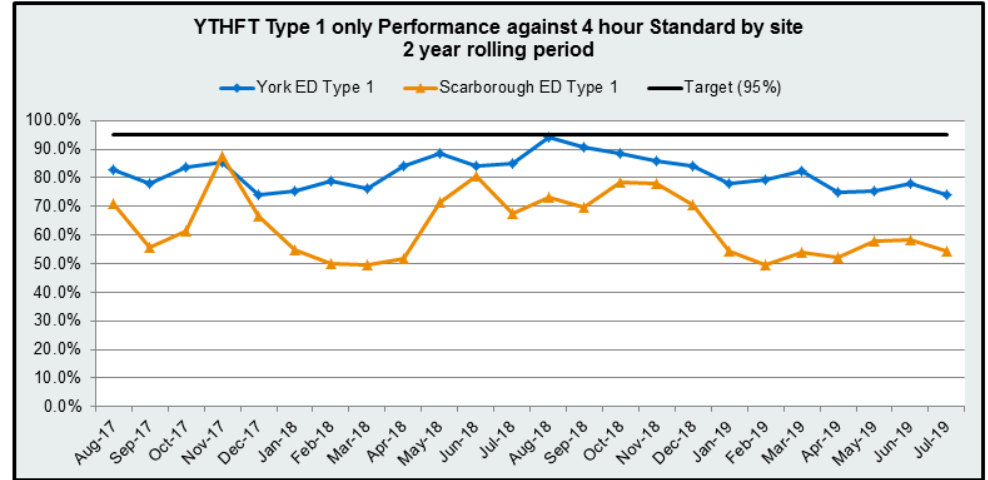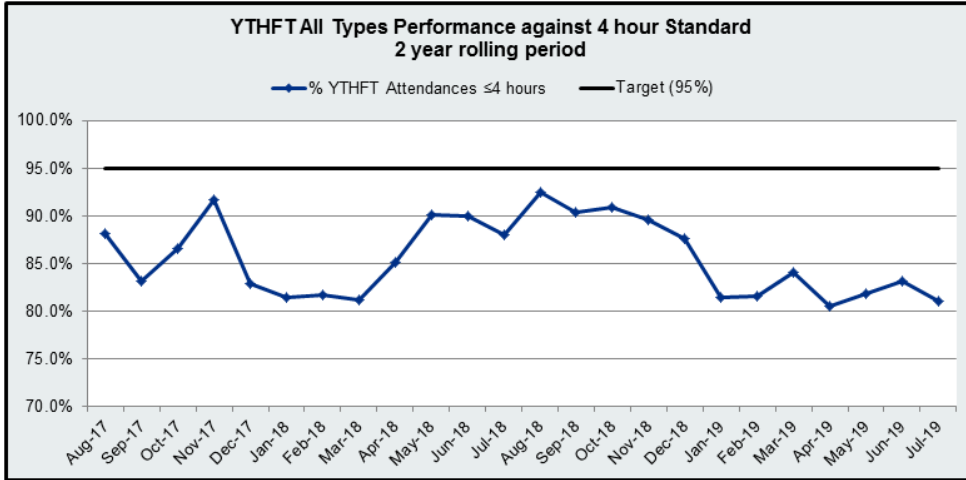
Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
ED 4 hour target	No – 81.1% in July against 95% target	The 'call to action' steps have been worked through over 8 weeks between June and August 2019, but there has not been a significant improvement during this period. There are still very large numbers of non-admitted breaches and investigation work is ongoing to understand if this is due to pressures in Primary Care.	Weekly partner teleconferences continue to take place and actions against the plan continue to be implemented. The previous trajectory for improvement has not been met and so there have been high level discussions on 08/08 to redraw this trajectory.	Work is focused on ED and hospital flow at Scarborough, Primary Care provision in York and a review of DTOC capacity and use in York. Escalation ongoing.
YAS	Yes, ARP cat 1 targets are being met	These have been met for several months in succession now and we are assured they will continue. Cat 2 mean measurements are slightly outside the target but the 90th percentile are within.	N/A	N/A
NHS 111	No – the June figures are 1.3% outside that required	This is very close to the target and it has been met in the previous two months. To be monitored.	N/A	N/A
GP Out of Hours	Yes	The two-hour speak to clinician outcome is an ongoing issue, otherwise performance is very good.	N/A	N/A

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Primary Care Access	N/A – targets apply to year end	**Proportion of the population with access to online consultations** Priory Medical Group, Haxby Group, Jorvik Gillygate, Front Street and Tadcaster Medical Practices all have Online Consultations software installed and technically enabled. This represents 5 out of 26 Practices, with a combined list size of 129,050 out of a total Vale of York registered population of 361,626 (35.7%) **Extended Access Appointment Utilisation** Providers of Extended Access (evenings/weekends) appointments are required to report available appointments, number of appointments booked, DNA's, and utilisation on a daily basis. Utilisation is calculated as: (number of appointments booked - DNA's) / available appointments. For the month of March 2019, the average Extended Access appointment utilisation was 70%.	The STP continues to fund a Project Manager to assist Practices in deploying the Online Consults software (Engage Consult) and has funded licenses to enable Practices to trial the system for 12 months	

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Primary Care Access (continued)	N/A – targets apply to year end	**Proportion of the population that 111 can directly book appointments into the contracted extended access services** For the month of March 2019 this figure is 0%. Data collection has moved from monthly to quarterly and therefore the next available update will be following publication of Quarter 1 2019/20 data.	The technical solution is still being worked on regionally.	

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Delayed Transfers of Care	NHS: No ASC: Yes	Overall performance for the system shows continued pressure on DTOC, particularly for the acute hospital beds. Mental health performance has been improving steadily and is below the target trajectory.	Joint approach across CYC, YTHFT & CHC to facilitate a professionals deep dive into systems and process and risk assessments of self-funder DTOCs. Improvement team working with community and hospital to improve fast track referral appropriateness and to improve assessment of need to reduce where possible over prescription of domiciliary care. Work being undertaken to develop more streamlined approach to discharge to assess and brokerage with NYCC System action plan will be developed. Following the completion of the Venn Capacity and Demand Exercise, we have received detailed feedback on opportunities to improve system flow and therefore achieve better outcomes for individuals. The Model will support our decision making in relation to commissioning additional or different capacity to address delayed transfers. In particular, a commitment to a Home First / Why not home, why not today? Approach. A series of 30, 60 and 90 day challenges has been instigated through a multi agency workshop to avoid permanent placements from hospital to care.	Escalation through regulators and CQC to support risk management A shift towards additional capacity for care at home wherever possible alongside improvements to care pathways and patient flow for people in hospital.

Emergency Department - YTHFT

*Note - ED data is available one month ahead of other national data

YTHFT All Types Performance against 4 hour Standard 2 year rolling period

- % YTHFT Attendances ≤4 hours
- Target (95%)

YTHFT Type 1 only Performance against 4 hour Standard by site 2 year rolling period

- York ED Type 1
- Scarborough ED Type 1
- Target (95%)

Attendances by Type at YTHFT ED - 2 year rolling period

- Type 1 attendances
- Type 2 attendances
- Type 3 attendances
- Total attendances

YTHFT Emergency Admissions - 2 year rolling period

- Emergency Admissions via Type 1 ED
- Other Emergency Admissions (i.e. not via ED)

12 hour breaches at YTHFT

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
24	26	2	0									52

ED 4 hour target - 2019/20 Plan vs Actual - YTHFT

Target ≥95%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	85.0%	82.5%	90.0%
	2019/20 Actual	80.5%	81.9%	83.2%	81.1%	-	-	-	-	-	-	-	-
	Variance	-4.5%	-4.1%	-3.8%	-6.9%	-	-	-	-	-	-	-	-

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Yorkshire Ambulance Service (YAS)

YAS Handovers at YTHFT within 15 minutes

Legend: Target (100%) · Scarborough site · York site

YAS Ambulance Response Programme (ARP)
Category 1 (Life threatening) and 2 (Emergency) Mean Response

Legend: Category 1 Mean · Cat 1 Target (≤7 mins) · Category 2 Mean · Cat 2 Target (≤18 mins)

Category 2 Mean values: 00:20:29, 00:19:26, 00:20:19, 00:19:58, 00:20:29, 00:21:03, 00:19:49, 00:20:02, 00:17:40, 00:19:40, 00:18:38, 00:18:46

Category 1 Mean values: 00:07:19, 00:07:03, 00:07:18, 00:07:10, 00:07:02, 00:07:03, 00:06:59, 00:07:03, 00:06:44, 00:06:58, 00:06:49, 00:06:49

YAS Ambulance Response Programme (ARP)
Category 1 (Life threatening) and 2 (Emergency) 90th Percentile

Legend: Category 1 90th percentile · Cat 1 Target (≤15 mins) · Category 2 90th percentile · Cat 2 Target (≤40 mins)

Category 2 90th percentile values: 00:42:40, 00:39:47, 00:42:10, 00:41:37, 00:42:36, 00:44:17, 00:41:16, 00:41:50, 00:35:35, 00:40:29, 00:38:09, 00:38:14

Category 1 90th percentile values: 00:12:31, 00:12:05, 00:12:28, 00:12:23, 00:12:13, 00:12:15, 00:12:08, 00:12:05, 00:11:28, 00:12:06, 00:11:56, 00:11:56

YAS Ambulance Response Programme (ARP)
Category 3 (Urgent) and 4 (Less urgent) 90th Percentile

Legend: Category 3 90th percentile · Cat 3 Target (≤2hrs) · Category 4 90th percentile · Cat 4 Target (≤3hrs)

Category 4 90th percentile values: 03:12:55, 02:45:47, 03:51:53, 02:47:56, 03:44:04, 03:38:33, 03:52:38, 03:25:18, 03:00:09, 03:36:53, 03:51:12, 04:33:48

Category 3 90th percentile values: 02:07:31, 01:59:28, 01:57:25, 01:57:34, 01:58:25, 02:15:22, 01:58:10, 01:53:11, 01:29:42, 01:49:54, 01:42:58, 01:49:27

Note - all ARP data covers YAS as a whole organisation. Local breakdown to CCG/Regional level is not available at this time.

NHS 111 and GP Out of Hours

NHS 111: Proportion of calls abandoned after 30 seconds

Legend: ■ Y&H: Calls offered — % abandoned after 30 secs - - - Target (≤5%)

NHS 111: Proportion of calls answered within 60 seconds

Legend: ■ Y&H: Calls offered — % answered within 60 secs - - - Target (≥90%)

NHS 111: Call dispositions following triage - July 2019

- ■ Referred to Ambulance Service — 12.3%
- ■ Recommended to attend A&E — 10.7%
- ■ Recommended to Primary and Community Care — 56.7%
- ■ Recommended to attend other service — 3.7%
- ■ Not recommended to attend other service — 16.6%

GP Out of Hours: Total calls and proportion of <2 hour dispositions

Legend: ■ Total Calls — VOY: Dispositions <2 hours (%)

GP Out of Hours: Face to Face consultations

Legend: — F2F within 2 hours — F2F within 6 hours - - - Target (≥95%)

GP Out of Hours: Speak to Clinician

Legend: — STC within 2 hrs — STC within 2-6 hrs — STC within 6+ hrs - - - Target (≥95%)

Note - all NHS 111 data is at Yorkshire and Humber level and is available one month ahead of other national data

Delayed Transfers of Care (DTOCs)

YTHFT Delayed Transfers of Care - Total days

Legend: YTHFT Total, Acute, Non-Acute

YTHFT Total values: 1,378 (Jul-18), 1,637 (Aug-18), 1,561 (Sep-18), 1,608 (Oct-18), 1,417 (Nov-18), 1,549 (Dec-18), 1,478 (Jan-19), 1,362 (Feb-19), 1,555 (Mar-19), 1,733 (Apr-19), 1,832 (May-19), 1,838 (Jun-19)

YTHFT DTOCs - June 2019		
Reason Code	Total bed days	Proportion
C) Waiting Further NHS Non-Acute Care	543	29.5%
E) Awaiting Care Package in Own Home	446	24.3%
DI) Awaiting Residential Home Placement or Availability	363	19.7%
A) Completion of Assessment	241	13.1%
DII) Awaiting Nursing Home Placement or Availability	127	6.9%
G) Patient or Family Choice	86	4.7%
B) Public Funding	22	1.2%
I) Housing - Patients Not Covered by NHS and Community Care Act	5	0.3%
F) Awaiting Community Equipment and Adaptions	5	0.3%
O) Other	0	0.0%
H) Disputes	0	0.0%
Grand Total	1,838	100.0%

TEWV Delayed Transfers of Care - Total days

Values: 832 (Jul-18), 974 (Aug-18), 878 (Sep-18), 858 (Oct-18), 672 (Nov-18), 550 (Dec-18), 557 (Jan-19), 506 (Feb-19), 657 (Mar-19), 673 (Apr-19), 547 (May-19), 630 (Jun-19)
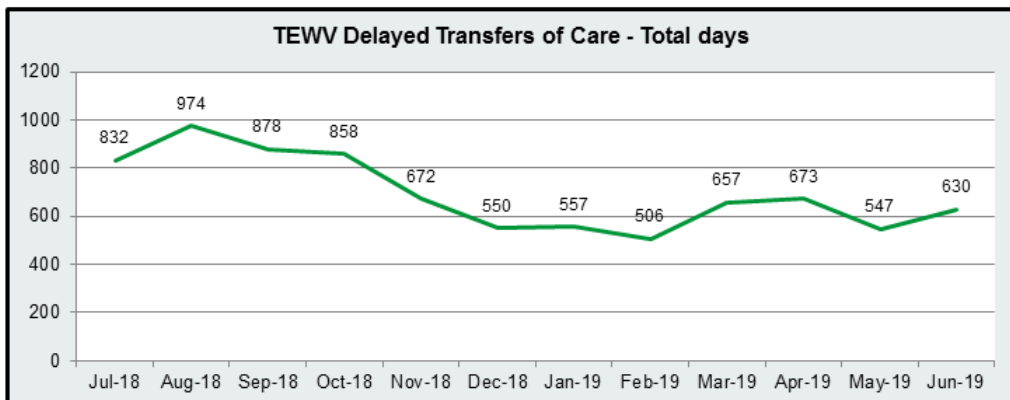
TEWV DTOCs - June 2019		
Reason Code	Total bed days	Proportion
DII) Awaiting Nursing Home Placement or Availability	189	30.0%
I) Housing - Patients Not Covered by NHS and Community Care Act	182	28.9%
DI) Awaiting Residential Home Placement or Availability	60	9.5%
G) Patient or Family Choice	59	9.4%
E) Awaiting Care Package in Own Home	59	9.4%
B) Public Funding	51	8.1%
C) Waiting Further NHS Non-Acute Care	30	4.8%
F) Awaiting Community Equipment and Adaptions	0	0.0%
O) Other	0	0.0%
A) Completion of Assessment	0	0.0%
H) Disputes	0	0.0%
Grand Total	630	100.0%

Note - all TEWV delays are Non-Acute

Vale of York CCG DTOCs per 100,000 population - rolling 2 year period
IAF indicator 127e

Values: 14.8 (Apr-17), 12.1 (May-17), 11.4 (Jun-17), 9.9 (Jul-17), 11.2 (Aug-17), 13.5 (Sep-17), 12.0 (Oct-17), 13.7 (Nov-17), 15.6 (Dec-17), 13.3 (Jan-18), 14.0 (Feb-18), 13.3 (Mar-18), 16.6 (Apr-18), 15.4 (May-18), 16.2 (Jun-18), 12.1 (Jul-18), 15.2 (Aug-18), 15.6 (Sep-18), 16.1 (Oct-18), 14.3 (Nov-18), 14.0 (Dec-18), 13.9 (Jan-19), 14.0 (Feb-19), 13.9 (Mar-19)
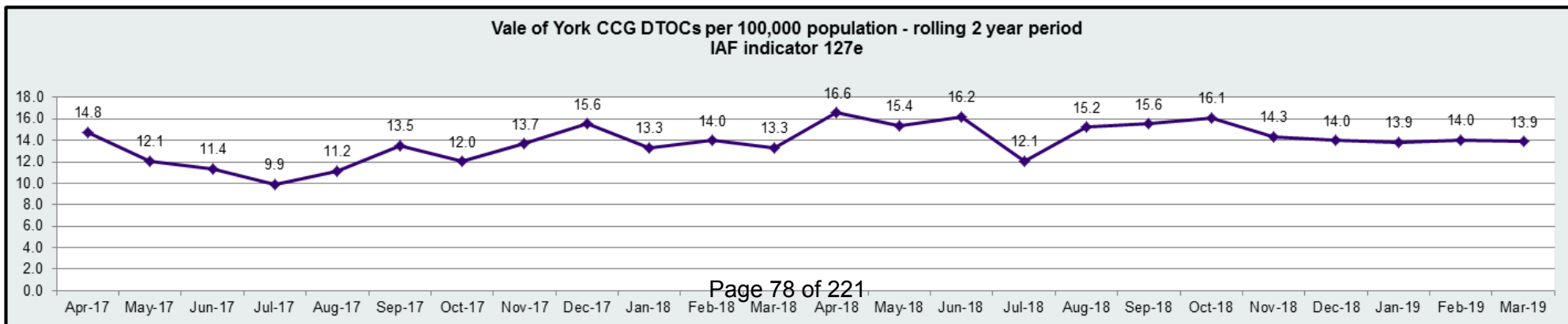
Performance and Programme Overview Mental Health

Areas Covered:

- Improving Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIP)
- Dementia Diagnosis
- Children and Young People's (CYP) Mental Health Services Access Rate
- Children and Adolescent Mental Health Services (CAMHS) Referral to Treatment (RTT)
- Children and Young People's (CYP) Eating Disorders
- Autism Assessments
- Annual Health Checks for people with Severe Mental Illness (SMI)

Content:

- Summary dashboard
- Narrative
- Supporting data

NHS
Vale of York
Clinical Commissioning Group

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1 (Current QTD)	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Mental Health																							
123b	E.A.3		IAPT*	IAPT Access (rolling 3 months)	≥5.5% in Q4 (≥22% full year)	3.4%	3.7%	3.6%	3.7%	2.5%	2.8%	2.8%	3.8%	3.6%	3.5%	-	-	3.6%	2.8%	3.6%	1.2%	14.6%	-
123a	E.A.S.2		IAPT	IAPT Recovery (rolling 3 months)	≥50%	48.9%	46.9%	46.7%	47.5%	46.3%	41.9%	39.1%	44.8%	47.4%	50.0%			46.7%	41.9%	47.4%	48.5%	47.2%	48.5%
	E.H.1_A1		IAPT	IAPT: 6 weeks First Treatment	≥75%	94.9%	93.2%	93.1%	94.1%	100.0%	95.5%	95.1%	93.3%	94.3%	97.2%			93.8%	94.8%	94.3%	97.2%	92.2%	97.2%
	E.H.2_A2		IAPT	IAPT: 18 weeks First Treatment	≥95%	97.4%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			99.1%	98.7%	100.0%	100.0%	99.1%	100.0%
123c	E.H.4		EIP	EIP: Within 2 weeks (rolling 3 months)	≥56%	29.6%	38.9%	46.7%	66.7%	71.4%	65.2%	52.4%	54.2%	44.4%	39.4%	41.2%	51.3%	46.7%	65.2%	44.4%	51.3%	45.7%	51.3%
126a	E.A.S.1		Dementia**	Dementia: Diagnosis Rate	≥66.7%	60.7%	61.1%	60.9%	60.0%	60.1%	59.6%	59.1%	58.7%	58.6%	58.0%	57.6%	57.3%	60.9%	59.9%	58.8%	57.7%	60.0%	57.7%
	E.H.9		CYPMH	Children and Young People's MH Services Access Rate	34%	40.6%	41.2%	40.9%	41.9%	42.4%	43.2%	43.8%	43.4%	42.5%	-	-	-	-	-	-	-	-	-
	RTT***			% of patients starting treatment within 6 weeks of referral - CYP					66.3%	57.7%	47.4%	47.6%	53.2%	56.5%	33.3%	43.6%	58.3%	-	-	-	-	-	-
	E.H.10		CYPMH	CYP Eating Disorders: Routine cases % within 4 weeks	In year ≥60%, ≥95% by March 2021	Quarterly indicator (rolling 12 months)												50.0%	56.8%	66.7%	79.2%	66.7%	-
	E.H.11		CYPMH	CYP Eating Disorders: Urgent cases % within 1 week	In year ≥75%, ≥95% by March 2021	Quarterly indicator (rolling 12 months)												40.0%	62.5%	71.4%	82.6%	71.4%	-
			Autism Assessments	Total number of CYP waiting for a full specialist assessment		213	218	208	207	220	208	210	212	208	205	201	199	-	-	-	-	-	-
				Of above, waiting up to 13 weeks		-	-	-	-	56	51	67	68	76	68	57	61	-	-	-	-	-	-
				Of above, waiting 14 to 33 weeks		-	-	-	-	84	77	75	75	57	71	84	74	-	-	-	-	-	-
				Of above, waiting 34 to 52 weeks		-	-	-	-	48	49	41	46	55	52	46	56	-	-	-	-	-	-
				Of above, waiting 52+ weeks		-	-	-	-	32	31	27	23	20	14	14	8	-	-	-	-	-	-
	E.H.13		SMI AHCs	Annual health check for people with Severe Mental Illness (SMI)	≥60%	Data to follow												-	-	-	-	-	-

*IAPT access is calculated differently to other mental health standards in that achievement is based only on Quarter 4 performance, multiplied by 4 to give the CCG's annual rate. There is a notional target of 4.75% in Quarters 1 to 3, however this is for monitoring purposes only and does not influence year-end achievement of this standard. The key target is achievement of 5.5% in Quarter 4, which is multiplied by 4 to give a 2019/20 annual target of 22%. The denominator for this indicator always remains the same at the annual level of need in the population. Monthly data against this target reflects a rolling 3 month position, i.e. April numerator will cover Feb+Mar+Apr. Quarterly data reflects only completed months within that quarter, i.e. in April, Q1 numerator would cover April only, in May it would cover Apr+May and so on. Annual data will be updated only at end Q4 when annual position is available for calculation.

**Dementia Diagnosis data can be at times be available one month ahead of other data sources which could affect QTD and YTD calculations

***TEWV definitions of treatment include self-help and wellbeing advice

Mental Health

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalation required/ underway
IAPT	No	**Access** Performance increased slightly in June however was insufficient to meet the Q1 target and a performance notice has been issued. **Recovery** The June recovery trajectory was met. The service with the CCG continue to monitor the capacity of the service to respond to increased referrals while maintaining recovery rates.	The trajectory for Q2 access rate is 15.4% and actions to achieve this include: • Continued case finding with the top four GP practices with high anti-depressant prescribing rates and low IAPT prevalence. • IAPT therapist co-located in 2 GP practices on sessional basis • Continued marketing and communication including to dispel misconceptions about current position in terms of waits	
EIP	No	The EIP trajectory is currently stable.	Decreases in June's performance relate to some patients cancelling appointments a number of times.	
Dementia Diagnosis	No		The York central locality Integrated Care Team has received training on the use of the Diadem tool to undertake case finding in the largest care homes in York, initially covered by 3 practices. Funding has been allocated for a full-time dementia coordinator role in South Hambleton & Ryedale PCN for 12 months to support increasing diagnosis of dementia and support for patients and their families. The impact of this should be evident in September's data and onwards. Targeted work is on-going with GP practices to run the dementia quality toolkit	

Mental Health
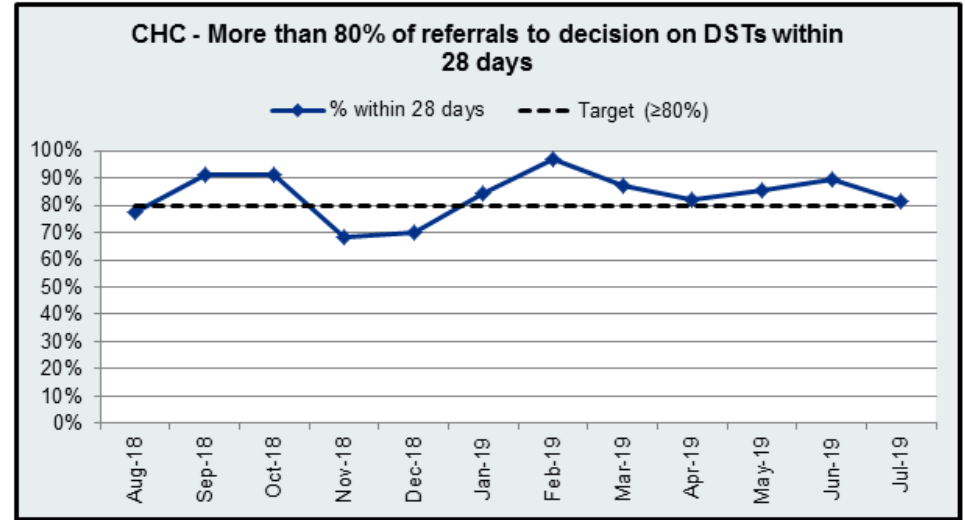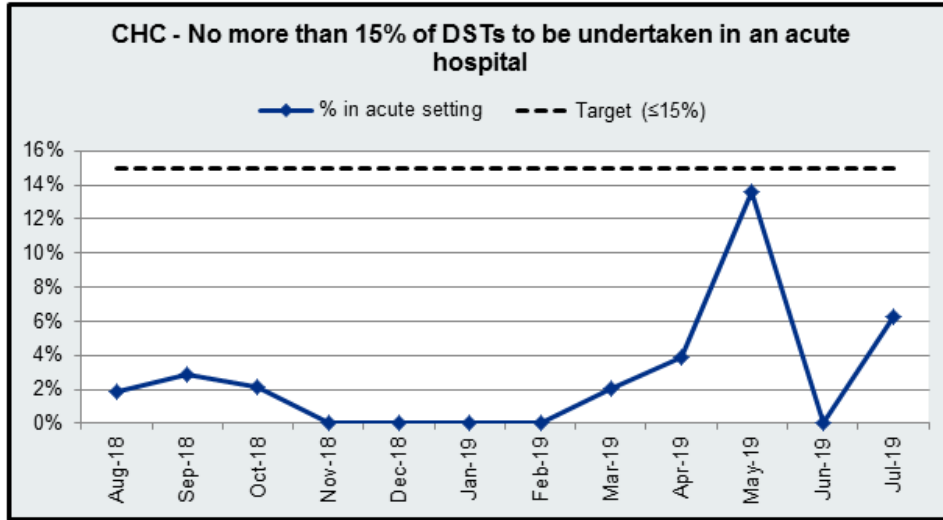
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
CYP Access Rate	Yes	Performance exceeds target by approx. 30%. New staff funded by additional CCG investment coming into post August/September 2019.	N/A	
CAMHS Referral to Treatment (RTT)	N/A – New metric so no target until Q3	Although the position is improving, referrals are increasing so we are not currently assured that the position is necessarily sustainable, further assurance has been requested.	There is further recruitment planned for CAMHS and they are trialling evening and weekend working.	We do not currently receive the level of data required to fully understand possible pressures in the CAMHS pathway. There is work ongoing with the Information team at TEWV to improve this by Q3.
CYP Eating Disorders	Yes	All breaches of target since August 2018 due to patient choice.	TEWV seeking NMC monies to redesign service across Trust footprint	
Autism Assessments	No against NICE guidance. No local target	Cause is sustained increase in referrals since 2016/17, in common with the national trend. Current average waiting time is approx. 50 weeks.

The waiting list is moving in the right direction, targeted work on the longest waiters and successful recruitment would suggest this will continue. | TEWV has new staff coming into post August/September 2019 following the CCG's additional investment. We are currently awaiting trajectory to clear backlog and achieve NICE guidance compliance.
Recording issue on PARIS has been identified that means a further 10 assessments have been closed, this will be updated next month. | None at present |

Mental Health

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Annual SMI Health Checks	No	The CCG missed the deadline for the NHSE Quarter 1 submission due to issues in collecting the required data from GP practices. This means that there is no data published nationally for Vale of York CCG. Mitigations will be put in place to ensure the Quarter 2 submission deadline is met including working more closely with eMBED colleagues around when the EMIS query specification is sent out to practices, and providing more support in running and returning the data in time for the deadline. 3 practices have yet to provide their data, but for the remaining practices performance in Q1 against the 6 elements of the health check (which are comparable with the Q4 collection) has increased to 26.2%, up from 17.6% in Q4 of 2018/19. However this falls short of the 60% target. The uplift in performance is largely due to improvement in the identification and reporting of blood pressure checks for EMIS practices, and an overall improvement from practices using SystmOne.	Negotiations are on-going with The South Hambleton and Ryedale PCN to pilot a local enhanced service in their practices. A meeting is taking place with Selby Town PCN on 11 September to discuss possible implementation of the LES.	

Improving Access to Psychological Therapies (IAPT)

Note - There is a greater time lag in publication for the IAPT data set which will consequently be one or sometimes two months behind other data sets

IAPT Access (rolling 3 months)

Legend: IAPT Access (rolling 3 months) — Target (2019/20: ≥4.75% Q1-Q3, ≥5.5% Q4)

IAPT Recovery (rolling 3 months)

Legend: IAPT Recovery (rolling 3 months) — Target (≥50%)
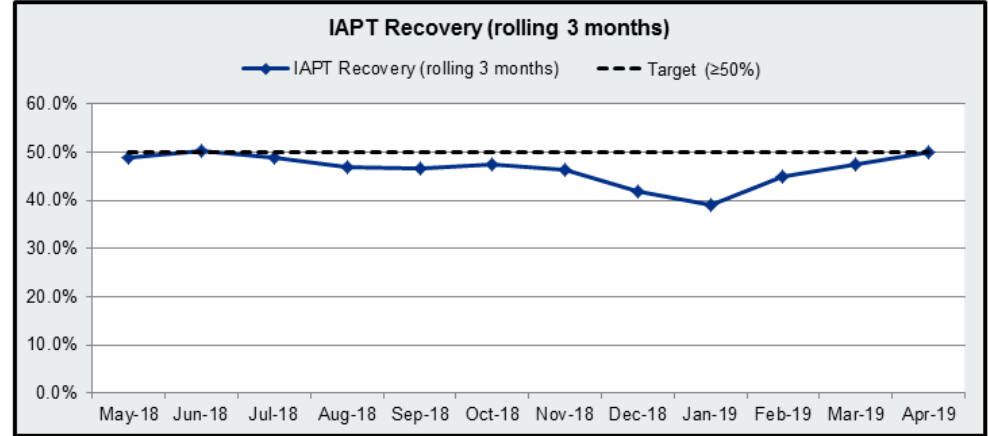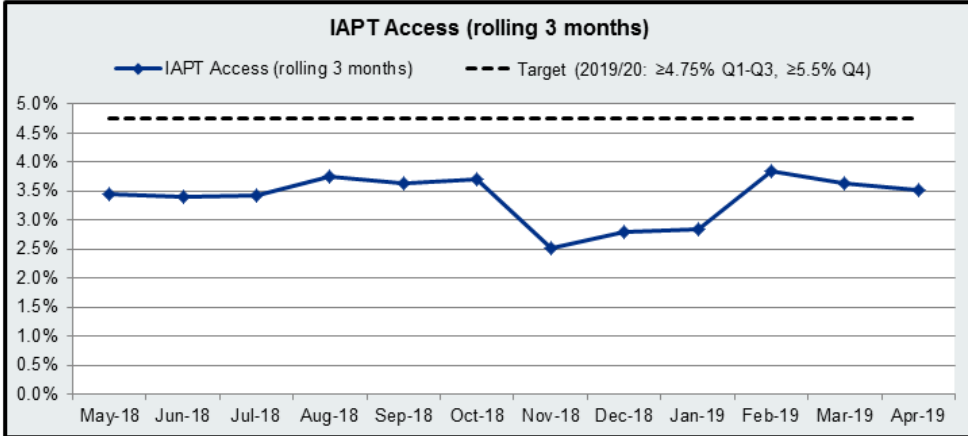
IAPT Access - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥4.75% Q1-3, ≥5.5% Q4		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	3.9%	4.0%	4.1%	4.2%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

IAPT Recovery - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥50%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	50.1%	50.0%	50.0%	50.0%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

IAPT: % waiting ≤6 weeks from referral to entering course of treatment

Legend: IAPT 6 week waits — 6 Week Target (≥75%)

IAPT: % waiting ≤18 weeks from referral to entering course of treatment

Legend: IAPT 18 week waits — 18 Week Target (≥95%)
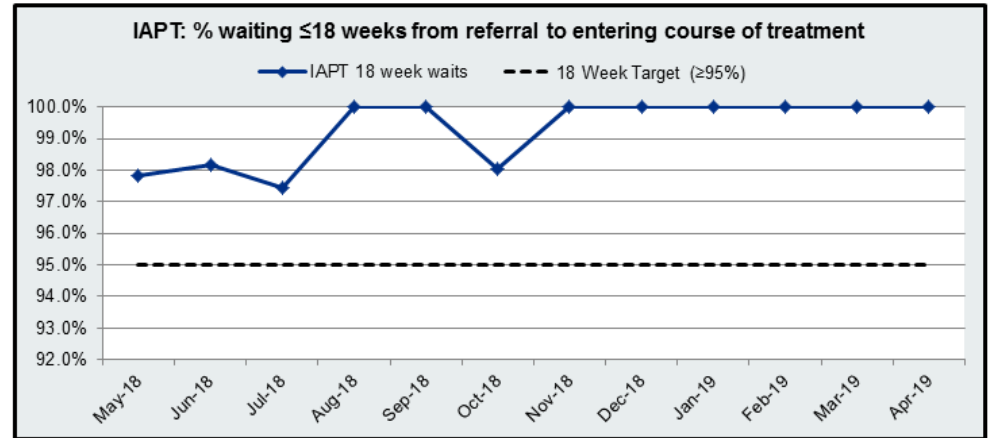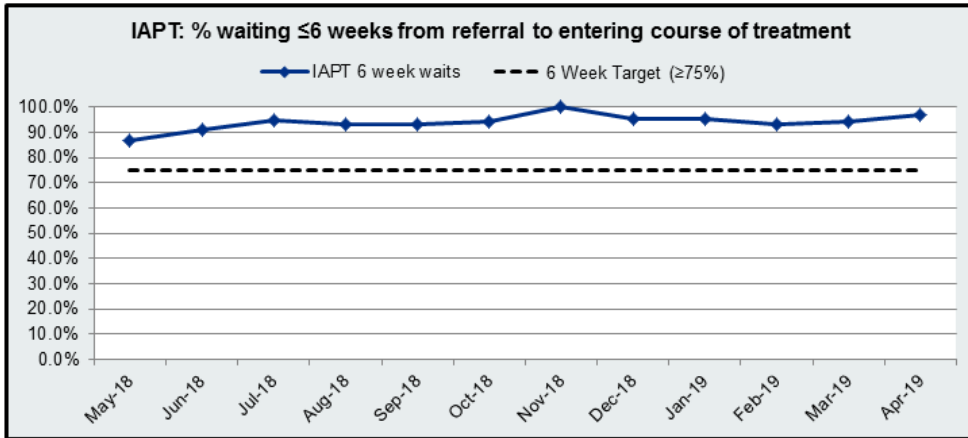
IAPT 6 weeks - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥75%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	75.1%	75.1%	75.1%	75.1%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

IAPT 18 weeks - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥95%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	95.2%	95.2%	95.2%	95.2%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

Early Intervention in Psychosis (EIP), Dementia Diagnosis and Eating Disorders

EIP % within 2 weeks (rolling 3 months)

Legend: EIP % seen <2 weeks (rolling 3 months) — 2018/19 ≥53%, 2019/20 ≥56%

Dementia Diagnosis Rate

Legend: Dementia Diagnosis rate — Target (≥66.7%)
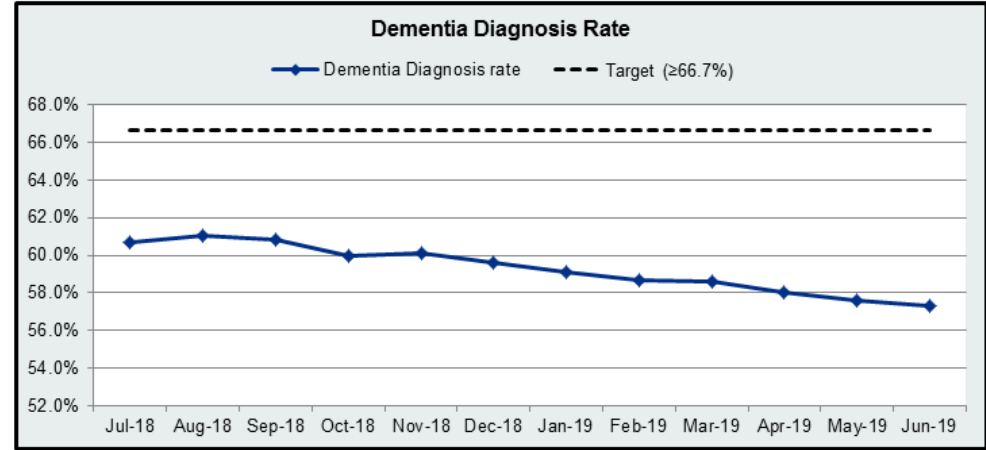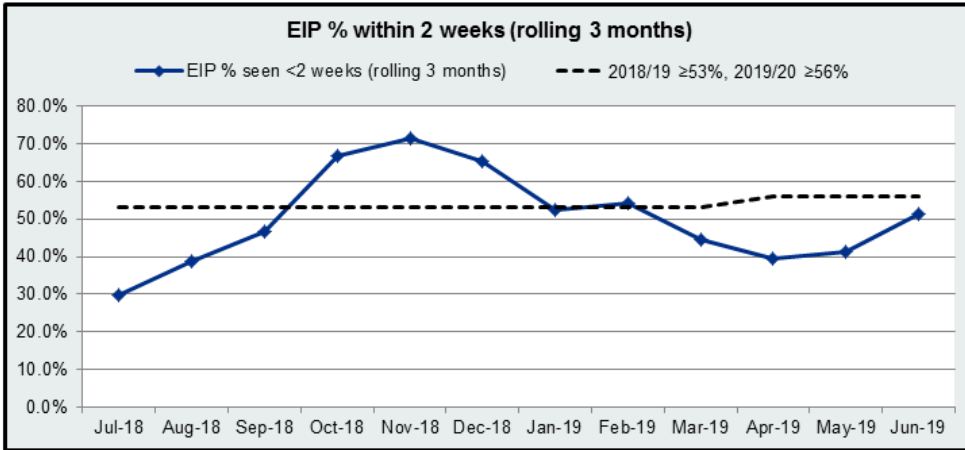
EIP - 2019/20 Plan vs Actual - Vale of York CCG

Target 2019/20 ≥56%		Q1	Q2	Q3	Q4
	2019/20 Plan	54.5%	54.5%	59.1%	59.1%
Vale of York CCG	2019/20 Actual	51.3%	-	-	-
	Variance	-3.2% ▽	-	-	-

Dementia Diagnosis Rate - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥66.7%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	60.8%	61.0%	61.1%	61.3%	61.5%	61.7%	61.8%	62.0%	62.1%	62.1%	62.1%	62.1%
	2019/20 Actual	58.0%	57.6%	57.3%	-	-	-	-	-	-	-	-	-
	Variance	-2.8% ▽	-3.4% ▽	-3.8% ▽	-	-	-	-	-	-	-	-	-

CYP Eating Disorders: Urgent Cases seen within 1 week (rolling 12 months)

Legend:
- CYPED Urgent Cases: % within 1 week (rolling 12 months)
- CYPED Urgent National Target (≥95% by March 2021)
- CYPED Urgent Local 2019/20 Target (≥75%)

CYP Eating Disorders: Routine Cases seen within 4 weeks (rolling 12 months)

Legend:
- CYPED Routine Cases: % within 4 weeks (rolling 12 months)
- CYPED Routine National Target (≥95% by March 2021)
- CYPED Routine Local 2019/20 Target (≥60%)

CYP ED Urgent Cases - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥95% by March 2020		Q1	Q2	Q3	Q4
	2019/20 Plan	76.2%	76.2%	76.2%	76.2%
Vale of York CCG	2019/20 Actual	82.6%	-	-	-
	Variance	6.4% ▲	-	-	-

CYP ED Routine Cases - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥95% by March 2020		Q1	Q2	Q3	Q4
	2019/20 Plan	51.3%	56.4%	59.0%	59.0%
Vale of York CCG	2019/20 Actual	79.2%	-	-	-
	Variance	27.9% ▲	-	-	-

Performance and Programme Overview
Complex Care

Areas Covered:

- Continuing Healthcare (CHC)
- Personal Health Budgets (PHBs)

Content:

- Summary dashboard
- Narrative
- Supporting data

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Vale of York CCG Performance Summary Dashboard – Complex Care

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Previous 3 Quarters 2018/19 Q3	2018/19 Q4	2019/20 Q1	Current QTD 2019/20 Q2	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Complex Care																							
131a		Y	CHC	% DSTs undertaken in acute setting	≤15%	1.9%	2.9%	2.1%	0.0%	0.0%	0.0%	0.0%	2.1%	3.8%	13.6%	0.0%	6.3%	0.8%	0.8%	5.6%	6.3%	2.0%	5.8%
		Y	CHC	% of Standard CHC referrals with a decision on DST within 28 days	≥80%	77.4%	91.4%	91.5%	68.4%	70.2%	84.3%	96.9%	87.5%	82.1%	85.3%	89.7%	81.6%	77.3%	88.5%	85.7%	81.6%	74.8%	84.5%
	E.N.1		PHBs	Total Personal Health Budgets in place	330 by March 2020	-	-	-	-	-	-	-	-	37	38	39	38	38	38	-	38	38

*Note - CHC and PHB data is generated internally within the CCG and therefore is available one month ahead of other data. Data is published nationally on a quarterly basis only.

Complex Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
CHC – DST taking place in Acute Hospital	Yes	There were 2 DSTs performed in an Acute Setting in July.	The Discharge to Assess pathway works to reduce DST in an Acute Setting although in some cases this activity is necessary	Not Required
CHC – Decisions on DSTs within 28 days	Yes	The target has been met in July. Due to further reconciliation work being undertaken prior months performance positions have moved. The CCG position is now reporting achievement of the target throughout 2019/20.

The expectation is that the target will be met in August but with difficulty due to the summer annual leave period affecting staff availability both internally and externally. | The implementation of iQA continues. A meeting with iQA was held where a number of key issues were discussed.

Interviews have recently been completed regarding the appointment of 1 x Band 3 post on a permanent basis and 1 x Band 3 post on 12 month fixed term arrangement to support the Administration Team. | Not Required |
| **CHC – Waiting Times** | Yes | There were 5 long waiters in July.

3 of the delays stemming from patient led cancellations and 2 related to delay in the process | A process is now in place to review any long waiters on a regular basis however as DST booking process has improved it is anticipated that clients will be routinely seen within the required 28 day timeframe | Not Required |
| **Personal Health Budgets** | No | The current plan relies heavily on the implementation of Wheelchair related PHBs. As this has yet to occur the plan will remain unachievable. | The implementation of Wheelchair PHBs is on-going.
All new CHC clients are considered for PHB eligibility and current CHC packages that may be suitable for PHB have been booked in for review. | Not Required |

Continuing Healthcare (CHC) and Personal Health Budgets (PHBs)

*Note - CHC and PHB data is generated internally within the CCG and therefore is available one month ahead of other data. Data is published nationally on a quarterly basis only.

CHC Decision Support Tool (DST) in acute setting and CHC Completed referrals to decision

CHC - No more than 15% of DSTs to be undertaken in an acute hospital

Legend: ◆ % in acute setting — — Target (≤15%)

CHC - More than 80% of referrals to decision on DSTs within 28 days

Legend: ◆ % within 28 days — — Target (≥80%)

CHC incomplete referrals waiting times and Personal Health Budgets (PHBs)

Period	CHC referral to decision on DST - waits exceeding 28 days						
	Within 28 days	1 to 14 days over	15 to 28 days over	29 to 84 days over	85 to 182 days over	≥183 days over	Total over 28 days
Apr-19	Data not available for this month						
May-19	20	0	0	3	1	0	4
Jun-19	15	0	1	2	0	0	3
Jul-19	17	3	0	2	0	0	5
Aug-19							
Sep-19							
Oct-19							
Nov-19							
Dec-19							
Jan-20							
Feb-20							
Mar-20							
YTD	52	3	1	7	1	0	12

Period	Personal Health Budgets (PHBs)			
	Wheelchair PHBs	CHC PHBs	Other PHBs	Total PHBs*
Apr-19	Data not available for this month			
May-19	0	37	0	37
Jun-19	0	38	0	38
Jul-19	0	39	0	39
Aug-19				
Sep-19				
Oct-19				
Nov-19				
Dec-19				
Jan-20				
Feb-20				
Mar-20				

*2019/20 full year trajectory for Vale of York CCG is 330 by March 2020

CCG Improvement and Assessment Framework (IAF)

CCG Improvement and Assessment Framework (IAF)

CCGs are assessed annually by NHS England against the Improvement and Assessment Framework (IAF). There are 4 possible achievement ratings to be gained – Inadequate, Requires Improvement, Good or Outstanding. The CCG IAF comprises indicators selected by NHS England to track and assess variation across performance, delivery, outcomes, finance and leadership.

2018/19 Framework and Annual Rating

The Quarter 4 2018/19 IAF dashboard was released to CCGs on 11th July 2019, and confirms that the full year rating for Vale of York CCG for 2018/19 remains static at **Requires Improvement**. Methodology for assessment remains similar to the previous year with the 58 IAF measures divided into 3 domains – Finance (indicator 141b) which accounts for 25% of the total scoring, Quality of Leadership (indicator 165a) which accounts for another 25%, and Other which encompasses all remaining indicators and accounts for 50% of scoring.

Of the two key indicators which between them are worth 50% of the overall scoring, the CCG were rated Red against Finance, and Amber against Quality of Leadership. This is the same rating as achieved in 2017/18 for both indicators.

Detailed scoring data was received from NHS England on 12th August and shows a total score of 0.570 in 2018/19 out of a maximum possible score of 2. This is compared to 0.576 in 2017/18 and 0.488 in 2016/17. In order to achieve a rating of 'Good' the CCG would need to have achieved a score of 1, and a score of 1.45 to be rated 'Outstanding'.

The table on the following slide shows a summary of the CCG's performance position against all indicators. A number of indicators have assigned standards, trajectories, targets or ambitions. These are indicated in the Target column on the following slide with colour coding of Green for achievement and Red for non-achievement.

It should be noted that the Red/Amber/Green colour coding against England Ranking in the IAF dashboard is based where available on national ranking position against all other available CCGs. This may mean that despite achievement of a target or standard, an indicator may still be rated amber in this column. The reason behind the use of quartiles is due to the assessment methodology of NHS England for the IAF Framework, which takes into account distance from national average. An amber rating does not necessarily indicate non-achievement of target but simply that there is possibility for improvement compared to national position.

2019/20 Framework

As yet details of the 2019/20 framework have not been released. The CCG has seen an early draft of indicators and there are some additions and amendments to the current framework anticipated. Advance monitoring is being set up where possible for the predicted indicators however we will need to wait until release of full technical guidance before definitions and therefore baselines can be confirmed.

CCG Improvement and Assessment Framework (IAF)

Left column

Category	Refreshed (Q4 18/19)	Ref	Indicator	Higher/Lower is better	Target (Green=met, Red=not met)	Time period	CCG value	Direction	England Ranking
Better Health									
Child obesity	Y	102a	% 10-11 year olds classified overweight /obese	Lower is better		2015-16 to 2017-18	29.7%	Up	27/195
Diabetes		103a	Diabetes patients who achieved NICE targets	Higher is better	-	2017-18	35.3%	Down	167/195
Diabetes		103b	Diabetes - Attendance of structured education course	Higher is better		2017-18 (2016 cohort)	4.2%	Up	140/195
Falls		104a	Injuries from falls in people 65yrs +	Lower is better		18-19 Q3	2186	Up	125/195
Personalisation and choice	Y	105b	Personal health budgets	Higher is better		18-19 Q4	11	Static	168/195
Health inequalities		106a	Inequality Chronic - Ambulatory Care Sensitive (ACS) & Urgent Care Sensitive (UCS) Conditions	Lower is better		18-19 Q2	2196	Up	101/192
Antimicrobial resistance	Y	107a	AMR: appropriate prescribing	Lower is better	0.965	2019 02	0.868	Down	46/195
Antimicrobial resistance	Y	107b	AMR: Broad spectrum prescribing	Lower is better	10%	2019 02	4.4%	Up	2/195
Carers		108a	Quality of life of carers	Higher is better	1	2018	0.60	-	85/195
Better Care									
Provision of high quality care		121a	High quality care - acute	Higher is better		18-19 Q3	60	Down	105/195
Provision of high quality care		121b	High quality care - primary care	Higher is better		18-19 Q3	65	Down	142/195
Provision of high quality care		121c	High quality care - adult social care	Higher is better		18-19 Q3	63	Up	63/195
Cancer	Y	122a	Cancers diagnosed at early stage	Higher is better	53.5%	2017	55.6%	Up	27/195
Cancer	Y	122b	Cancer 62 days of referral to treatment	Higher is better	85%	18-19 Q4	81.4%	Up	62/195
Cancer		122c	One-year survival from all cancers	Higher is better	75%	2016	71.6%	Static	129/195
Cancer		122d	Cancer patient experience	Higher is better		2017	8.9	Up	28/195
Mental health		123a	IAPT recovery rate	Higher is better	50%	18-19 Q3	43.8%	Down	185/195
Mental health		123b	IAPT Access	Higher is better	4.75%	18-19 Q3	2.8%	Down	192/195
Mental health	Y	123c	EIP 2 week referral	Higher is better	53%	2019 03	45.7%	Up	189/195
Mental health		123d	MH - CYP mental health services (not available)	-					
Mental health		123e	MH - Crisis team provision	Higher is better		2017-18	0.0%	-	114/180
Mental health	Y	123f	MH - Out of Area Placements (OAPs)	Lower is better		2019 02	77	Up	114/195
Mental health	Y	123g	MH - Proportion of people on GP severe mental illness register receiving physical health checks in primary care (not available)	Higher is better	60%	18-19 Q4	17.6%	Up	152/195
Mental health		123h	MH - Cardio-metabolic assessments in mental health environments (not available)						
Mental health	Y	123i	MH - Delivery of the mental health investment standard (MHIS)	-		18-19 Q4	Green	Static	
Mental health	Y	123j	MH - Quality of mental health data submitted to NHS England (DQMI)	Higher is better		2019 01	93.20		28/195
Learning disability	Y	124a	LD - Reliance on specialist inpatient care	Lower is better		18-19 Q4	52	Down	101/195
Learning disability		124b	LD - Annual Health Check	Higher is better		2017-18	54.8%	Up	73/195
Learning disability		124c	Completeness of the GP learning disability register	Higher is better		2017-18	0.3%	Up	184/195

Right column

Category	Refreshed (Q4 18/19)	Ref	Indicator	Higher/Lower is better	Target (Green=met, Red=not met)	Time period	CCG value	Direction	England Ranking
Better Care (continued)									
Maternity		125a	Neonatal mortality and stillbirths	Lower is better		2016	4.4	Up	89/194
Maternity	Y	125b	Experience of maternity services	Higher is better		2018	82.7	Down	94/195
Maternity	Y	125c	Choices in maternity services	Higher is better		2018	53.6	Down	182/195
Maternity		125d	Maternal smoking at delivery	Lower is better	6%	18-19 Q3	12.4%	Down	113/195
Dementia	Y	126a	Dementia diagnosis rate	Higher is better	66.7%	2019 03	58.6%	Down	187/195
Dementia		126b	Dementia post diagnostic support	Higher is better		2017-18	78.6%	Up	87/194
Urgent and emergency care		127b	Emergency admissions for UCS conditions	Lower is better		18-19 Q2	2488	Up	112/195
Urgent and emergency care		127c	A&E admission, transfer, discharge within 4 hours	Higher is better	95%	2019 03	84.1%	Up	112/195
Urgent and emergency care	Y	127e	Delayed transfers of care per 100,000 population	Lower is better		2019 03	14	Down	162/195
Urgent and emergency care		127f	Hospital bed use following emergency admission	Lower is better		18-19 Q2	538	Down	148/195
End of life care	Y	105c	% of deaths with 3+ emergency admissions in last three months of life	Lower is better		2017	6.3%	Down	45/195
Primary care		128b	Patient experience of GP services	Higher is better		2018	87.3%	Up	35/195
Primary care	Y	128c	Primary care access	Higher is better	100%	2019 03	100%	Static	1/193
Primary care		128d	Primary care workforce	Higher is better		2018 09	1.2	Up	21/195
Primary care		128e	Primary Care transformation investment	-		18-19 Q4	Red	Static	-
Elective access	Y	129a	18 week RTT	Higher is better	92%	2019 03	83.3%	Down	155/195
7 day services	Y	130a	7 Day Services - Achievement of Standards	Higher is better		2017-18	2	-	56/195
NHS Continuing Healthcare	Y	131a	% NHS CHC assesments taking place in acute hospital setting	Lower is better	15%	18-19 Q4	0.8%	Static	60/195
Patient safety	Y	132a	Sepsis awareness	-		2018	Green	Up	
Diagnostics	Y	133a	Patients waiting 6 weeks or more for a diagnostic test	Lower is better	1%	2019 03	8.2%	Down	186/195
Sustainability									
Financial sustainability	Y	141b	In-year financial performance	-		18-19 Q4	Red	Static	-
Paper-free at the point of care	Y	144a	Utilisation of the NHS e-referral service	Higher is better		2019 03	100.0%	Up	1/195
Demand management		145a	Expenditure in areas with identified scope for improvement			18-19 Q3	Amber	Static	
Leadership									
Probity and corporate governance	Y	162a	Probity and corporate governance			18-19 Q4	Green	Static	
Workforce engagement	Y	163a	Staff engagement index	Higher is better		2018	3.8	Up	102/189
Workforce engagement	Y	163b	Progress against WRES	Higher is better		2018	0.09	Down	154/189
CCGs' local relationships	Y	164a	Working relationship effectiveness	Higher is better		2018-19	61.3	Up	168/195
Quality of leadership	Y	165a	Quality of CCG leadership			18-19 Q4	Amber	Static	
Patient and community engagement	Y	166a	CCG compliance with standards of public and patient participation			2018	Green	Static	

England Ranking key: Green = top quartile Amber = interquartile range Red = bottom quartile

CCG Quality Premium

CCG Quality Premium

Potential Funding for Quality Premium* — **£1,785,190**

	Indicator	% of Quality Premium	Potential Value for CCG
Emergency Demand Management Indicators	A1 - Type 1 A&E attendances	50.0%	£673,909
	A2 - Non elective admissions with zero length of stay		
	B1 - Non elective admissions with length of stay of 1 day or more	50.0%	£673,909
	Total	**100.0%**	**£1,347,818**

	Indicator	% of Quality Premium	Potential Value for CCG
Quality Indicators	1 - % new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17.0%	£74,353
	2 - Overall experience of making a GP appointment	17.0%	£74,353
	3a - % of NHS CHC referrals that have been completed within 28 days.	8.5%	£37,177
	3b - % of full NHS CHC assessments that were completed in an acute hospital	8.5%	£37,177
	4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME)	17.0%	£74,353
	4b - % of people accessing IAPT services aged 65+		
	5ai - Reduction in all E coli BSI reported	5.1%	£22,306
	5aii - Collection and reporting of a core primary care data set for all E coli cases	2.6%	£11,153
	5b - A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data	3.4%	£14,871
	5ci - Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean	1.7%	£7,435
	5cii - Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU	4.3%	£18,588
	6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs	15.0%	£65,606
	Total	**100.0%**	**£437,371.55**

*Based on VOYCCG population of 357,038 as at April 2018.

Potential Reduction Risks to Quality Premium:

NHS Quality Gateway and NHS Finance Gateway: These apply to both the Emergency Demand Management and Quality Indicators. Therefore if either of these Gateways are failed, this carries a 100% reduction risk to all payment, i.e. £1,785,190 impact per Gateway.

NHS Constitution Gateway: This applies ONLY to the Quality Indicators. Each one carries a 50% reduction risk to payment of the Quality Indicators, i.e. £218,686 impact per indicator or £437,372 total.

NHS Constitution Gateway Indicators:

The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

2018/19 Quality Premium

The table to the left summarises the potential funding available to Vale of York CCG from the 2018/19 Quality Premium.

The structure of the Quality Premium has changed compared to previous years, placing more emphasis on Emergency Demand Management so as to incentivise moderation of demand for emergency care in addition to maintaining and/or improving progress against key quality indicators.

Approximately 75.5% of potential funding is allocated to the Emergency Demand Management Indicators, and 24.5% to the Quality Indicators.

As in previous years the Quality Premium includes three gateways. The Finance and Quality gateways apply to all sections of the Quality Premium. However in 2018/19, the Constitutional gateway only applies to the Quality indicators, and has no influence on the Emergency Demand Management Indicators. Therefore even if both indicators within the Constitutional gateway are failed which is anticipated to be the case based on validated year end data (RTT pathway volumes and Cancer 62 days waits), the CCG is still able to achieve the Emergency Demand Management Indicators and therefore access the majority of the Quality Premium funding.

However, the CCG are anticipating a failure of the Financial Gateway due to the likelihood of ending the year with an adverse variance to approved planned financial position. If the Financial Gateway is not achieved then this will make the CCG ineligible for 100% of Quality Premium funding against all indicators, regardless of level of achievement.

2019/20 Quality Premium guidance has not yet been released.

Clinical Standards Review 2019

Clinical Standards Review 2019

- In March 2019 an interim report was published by Professor Stephen Powis, NHS National Medical Director, setting out recommendations for determining whether patients would be well served by updating and supplementing some of the older targets currently in use across the NHS. Professor Powis has proposed a number of revised standards which will be rigorously field tested during 2019/20 to gather further evidence on clinical, operational, workforce and financial implications. These standards apply to four service areas:

    - Mental Health
    - Cancer
    - Urgent and Emergency Care
    - Elective Care

- 2019/20 will therefore be a transition year between the old targets and updated standards.

- Field testing of the new suite of access standards will take place at a selection of sites across England, before wider implementation. The approach and timeframe for this testing varies across the four service areas according to the nature of care and the changes that are being proposed. Prior to testing, detailed guidance will be provided to test sites to ensure clarity and consistency in what they are testing and measuring, and to support robust evaluation.

Urgent and emergency care

- The following hospital trusts have worked with the NHS nationally to agree how they will safely test the urgent and emergency care proposals, and began the first phase of the trial from May 22nd 2019: Cambridge University Hospitals, Chelsea and Westminster Hospital, Frimley Heath, Imperial College Healthcare, Kettering General Hospital, Luton and Dunstable University Hospital, Mid Yorkshire Hospitals, North Tees and Hartlepool, Nottingham University Hospitals, Plymouth Hospitals, Poole Hospital, Portsmouth Hospitals, Rotherham, West Suffolk.

- The first six-week phase of testing explored whether an average (mean) time in A&E could be implemented safely, and provide clinicians with a useful measure of activity and patient experience. Findings from this phase were that the measure was introduced successfully across all sites, with no reported safety concerns linked to the testing. The Clinical Advisory Group for this workstream, and the trusts involved, therefore support that a second phase of testing should go ahead, beginning Wednesday 31 July.

- This phase will include:
    - measuring time to initial assessment;
    - collecting data to examine the feasibility of measuring how fast critically ill or injured patients arriving at A&E receive a package of tests and care developed with clinical experts, and;
    - test sites to continue monitoring average (mean) total time in department and long waits from arrival, aiming for continual improvement.

- The list of critical conditions included in testing in this phase is: stroke, major trauma, heart attacks (MI – STEMI), acute physiological derangement (including sepsis), and severe asthma.

- Later in the process, neighbouring mental health trusts will be testing standards for urgent community mental health services that can prevent avoidable A&E attendances by providing mental health crisis care in more suitable environments where possible.

- When people do need to attend A&E, the trusts above will be measuring how long people who arrive at A&E experiencing a mental health crisis wait for a psychiatric assessment and, where required, a transfer to appropriate mental health care.

Routine (elective) care

- The following hospital trusts have worked with the NHS nationally to agree how they will safely test the elective care proposals, and will begin the first phase of the trial from early August: Barts Health, Calderdale and Huddersfield, East Lancashire Hospitals, Great Ormond Street Hospital for Children, Harrogate and District, Milton Keynes University Hospital, Northampton General Hospital, Surrey and Sussex Healthcare, Taunton and Somerset, The Walton Centre, University Hospitals Bristol, University Hospitals Coventry and Warwickshire.

- These trusts will be testing the use of an average (mean) wait measure for people on the waiting list as a potential alternative to a threshold target, currently set at 18-weeks, to see whether keeping the focus on patients at all stages of their pathway can help to reduce long waits.

- They will also be helping to understand the impact of removing a third of outpatient appointments on both the current 18-week threshold or a potential mean, in order to set a more appropriate standard in the future.

Mental health and cancer

- Work is underway to design a field-testing approach for these proposals and confirm which organisations will be involved. Details will be published when they are confirmed.

Summary

- Where appropriate standards will roll out from Autumn 2019, with final recommendations to be published in spring 2020.

- In the meantime, we will continue to monitor all existing standards which remain in force until the completion of this review. At this stage the definitions of the new proposed standards are not detailed enough to attempt to produce local baselines, but the CCG and York Trust will begin to shadow monitor these new standards as soon as we are able.

- Slides outlining the current and proposed standards across the four service areas were submitted to Finance and Performance Committee in March 2019.

Acronyms

NHS
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Acronyms

2WW	Two week wait (urgent cancer referral)	DQIP	Data Quality Improvement Plan
A&E	Accident and Emergency	DTOC	Delayed Transfer of Care
AEDB	Accident and Emergency Delivery Board	ECS	Emergency Care Standard (4 hour target)
AHC	Annual Health Check	ED	Emergency Department
AIC	Aligned Incentive Contract	EDFD	Emergency Department Front Door
CAMHS	Child and Adolescent Mental Health Services	EMI	Elderly Mentally Infirm
CHC	Continuing Healthcare	ENT	Ear Nose and Throat
CIP	Cost Improvement Plan	F&P/F&PC	Finance and Performance Committee
CMB	Contract Management Board	FIT	Faecal Immunochemical Test
COPD	Chronic Obstructive Pulmonary Disease	FNC	Funded Nursing Care
CQC	Care Quality Commission	GA	General Anaesthetic
CQUIN	Commissioning for Quality and Innovation	GPSI	GP with Special Interest
CSF	Commissioner Sustainability Fund	HCV	Humber Coast and Vale
CT	Computerised Tomography Scan	IAF	Improvement and Assessment Framework
CYC	City of York Council	IAPT	Improving Access to Psychological Therapies
CYP	Children and Young People	ICS	Integrated Care System
DEXA	Dual Energy X-ray absorptiometry scan	IST	Intensive Support Team
DNA	Did not attend	LD	Learning Disabilities

MDT	Multi Disciplinary Team	QP	Quality Premium
MHIS	Mental Health Investment Standard	RRV	Rapid Response Vehicle
MIU	Minor Injuries Unit	RSS	Referral Support Service
MMT	Medicines Management Team	RTT	Referral to Treatment
MRI	Magnetic Resonance Imaging	SOP	Standard Operating Procedure
MSK	Musculoskeletal	S&R/SRCCG	Scarborough and Ryedale CCG
NHS	National Health Service	STF	Sustainability and Transformation Fund
NHSE	NHS England	STP	Sustainability and Transformation Plan
NHSI	NHS Improvement	SUS	Secondary Uses Service
NYCC	North Yorkshire County Council	TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
OOH	Out of Hours	T&O	Trauma and Orthopaedics
PCH	Primary Care Home	TIA	Transient Ischaemic Attack
POLCV	Procedures of Limited Clinical Value	ToR	Terms of Reference
PMO	Programme Management Office	VOY	Vale of York
POD	Point of Delivery	WLI	Waiting List Initiative
PSF	Provider Sustainability Funding	YAS	Yorkshire Ambulance Service
PTL	Patient Tracking List	Y&H	Yorkshire and Humber
QIPP	Quality Innovation Productivity and Prevention	YTHFT	York Teaching Hospital NHS Foundation Trust

Item Number: 12

Name of Presenter: Michelle Carrington

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Safeguarding Children Annual Report 2018/19

Purpose of Report *(Select from list)*
To Receive

Reason for Report

This report will provide assurance to the Governing Body that the CCG is meeting its statutory responsibilities in terms of safeguarding children. The report also provides an update against the 2018-19 Designated Professionals for Safeguarding Children Strategic Plan and the key development priorities for 2019-20.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

N/A

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. N/A

☐ Quality Impact Assessment

☐ Equality Impact Assessment

☐ Data Protection Impact Assessment

☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

Decision Requested (for Decision Log)

The Governing Body received the Annual Report

Responsible Executive Director and Title	Report Author and Title
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Designated Professionals

NHS

**Hambleton, Richmondshire and Whitby
Harrogate and Rural District
Scarborough and Ryedale
Vale of York
Clinical Commissioning Groups**

Safeguarding and Looked After Children

Annual Report 2018-19

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1.   Introduction

1.1   Purpose of the Report

Welcome to the North Yorkshire and York CCGs Safeguarding and Looked After Children Annual Report for 2018-19 – our seventh report to CCGs and partners.

The safeguarding children agenda has always been dynamic and fast-moving, and this has been particularly apposite over the past year.

We are experiencing a time of unprecedented growth in our knowledge and understanding of the safeguarding issues for our children and young people. Of particular note are the threats from 'contextualised safeguarding', where the risk to children and young people comes from factors and individuals outside the family unit.

We face substantial challenges from issues such as exploitation – both criminal and sexual, radicalisation, county lines and the associated risk posed by increasing technologies such as social media.

Such a changing landscape requires us to think differently about how we both protect and enhance resilience in our children and young people. We also need to acknowledge that working within this context is professionally and emotionally demanding on practitioners, and in order to continue the important work, practitioners themselves also need to build resilience.

At the same time, the implementation of the new legislative framework has mandated that new partnerships are developed and approved as we jointly balance deregulation against the need for robust safeguarding practice across a wide spectrum of agencies.

In all aspects of working with safeguarding and children in care, we actively engage with children and young people to ensure that we hear what have to tell us and ensure that this influences our service development and practice.

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This report provides assurance to the CCGs, their governing bodies, partner agencies and members of the public that the CCGs have fulfilled their statutory responsibilities to safeguard the welfare of children, including those that are looked after. The report focuses on:

- The delivery of statutory safeguarding functions;
- Safeguarding and Looked After Children – the national and local landscape;
- Supporting safeguarding children practice across the health economy;
- Developing and embedding pathways and systems;
- Influencing the development of partnership arrangements;
- Learning from inspections and reviews;
- Summary and forward planning.

This report will conclude by looking forward to the year ahead. It will set out key priorities which demonstrate our commitment to strengthening safeguarding children arrangements across the health economy and safeguarding children partnerships in North Yorkshire and York.

Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified.
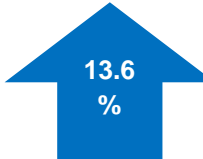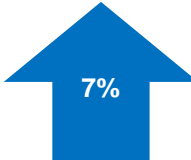
Department for Education 2018

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2. Safeguarding and Looked After Children – the national and local landscape

2.1 Number of children looked after

The number of Looked After Children in England (LAC) continues to increase; it has increased steadily over the last 10 years. At 31 March 2018 there were 75,420 LAC, a 4% increase on 2017.

	Local authority LAC accommodated in area (as of 31.03.19)	Local authority LAC accommodated out of area (as of 31.03.19)	Total number of LAC by local authority (as of 31.03.19)	LAC from other local authorities accommodated in North Yorkshire and City of York (as of 31.03.19)	Total number of children in local authority (as of 31.03.19)
North Yorkshire	352	64	434 ↓0.7%	260 ↑13.6%	117,596 ↑0.1%
City of York	141	77	218 ↑7%	29*	37,000 (rounded figure) ↑0.8%

Arrows show percentage change from 2018
*Lack of arrow indicates unavailable data for previous years

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2.2 Meeting the health needs of Looked After Children

All Looked After Children should have an Initial Health Assessment (IHA) by a paediatrician within 20 working days of becoming looked after (Department of Health, 2015). Looked After Children up to 5 years of age have a Review Health Assessment (RHA) every 6 months and children aged 5 years and over have an annual Review Health Assessment.

The total number of children and young people placed in North Yorkshire and York from other local authority areas at 01.04.19 was 260. As host commissioners, the North Yorkshire and York CCGs have a duty to '*cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.*' (DH, 2015).

One particular challenge has been the increasing number of independent providers operating/opening residential units within North Yorkshire. Many of the establishments offer provision for young people with very complex needs. For these young people, there can be significant challenges in terms of effective safeguarding, and ensuring continuity of and access to appropriate health care.

2.3 Unaccompanied asylum seeking children and young people

North Yorkshire	City of York
22	6

The health needs of Unaccompanied Asylum Seeking Children (UASCs) are even more complex than those of other LAC (Kent Public Health Observatory, 2016). This is multifactorial but in particular relates to the experiences that have led them to leave their home country, travelling long distances through multiple countries over long periods of time in cramped conditions with poor nutrition. These children receive an enhanced IHA focusing on these additional physical and emotional health needs. Although previous exact figures for 2017-18 are not available, there has been a reduction in IHA requests for UASCs in 2018-19 in line with national government policies relating to how many asylum seekers enter the UK.

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2.4 Children in receipt of safeguarding services
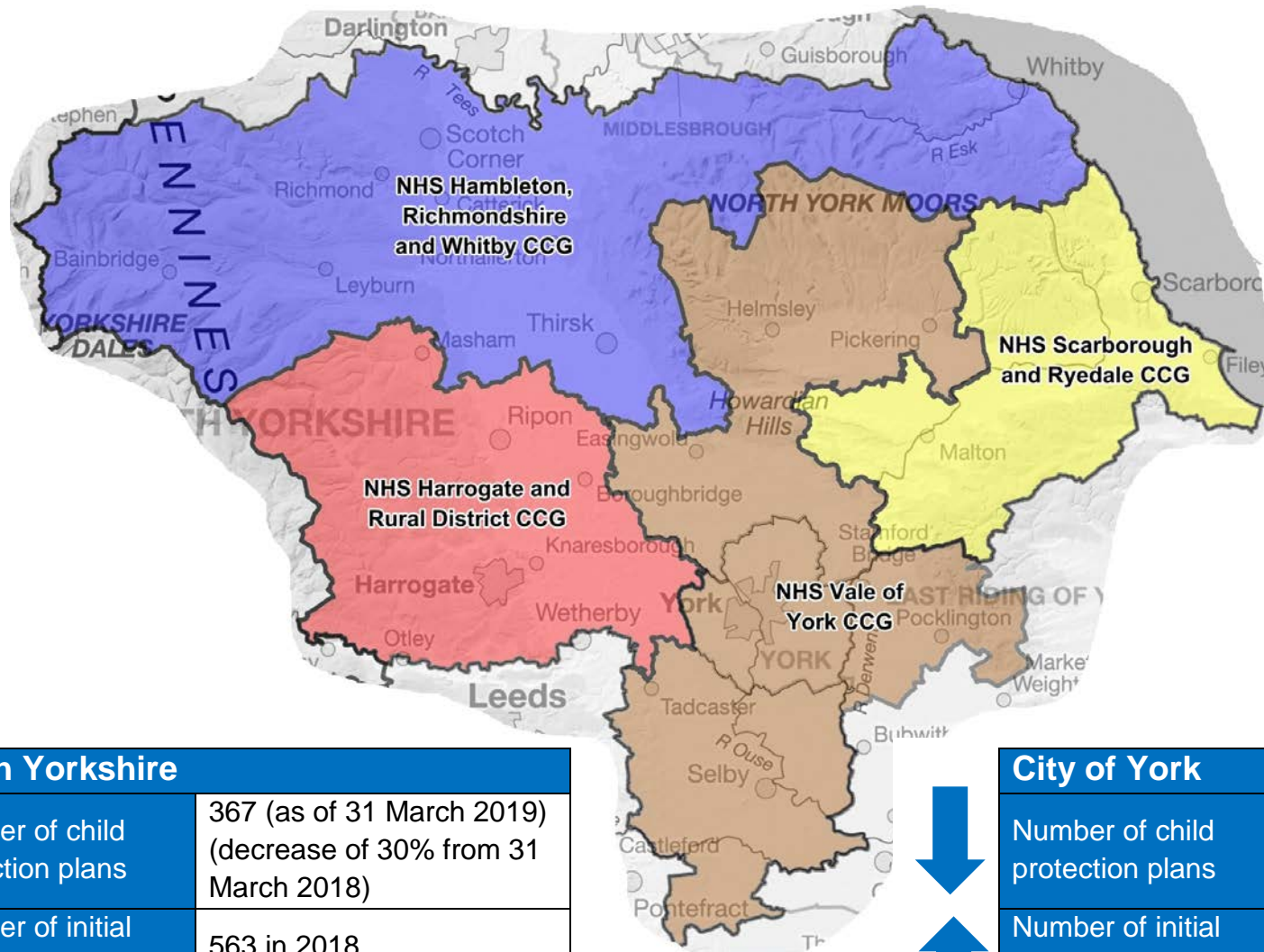
North Yorkshire	
Number of child protection plans	367 (as of 31 March 2019) (decrease of 30% from 31 March 2018)
Number of initial child protection conferences 2018	563 in 2018 (decrease of 13.0%)

City of York	
Number of child protection plans	159 (as of 31 March 2019) (decrease of 5% from 31 March 2018)
Number of initial child protection conferences 2018	228 in 2018 (increase of 8.6%)

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The role of CCGs is fundamentally about working with others to ensure that critical services are in place to respond to children who are at risk or who have been harmed, and delivering improved outcomes and life chances for the most vulnerable.

NHS England, 2015

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3.   How the team supports the delivery of statutory safeguarding functions

What we need	What we have
Employing or securing the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children, and a Designated Paediatrician for Unexpected Deaths in Childhood.	Under a continuing collaborative arrangement across the four North Yorkshire and York CCGs, there is a team of Designated Professionals as mandated in national guidance. The CCGs also have dedicated resource for primary care in a Nurse Consultant for Safeguarding Adults and Children and four Named GPs. Additional investment during 2018 was agreed by the CCGs to support a further nursing development post within the team.
CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.	All provider contracts are explicit in terms of safeguarding children requirements. Designated Nurses have ongoing involvement in the development of local quality requirements. Designated Nurses provide scrutiny of provider safeguarding children performance information and, where necessary, offer professional challenge and support. Designated Nurses sit on the majority of NHS provider governance committees to offer external expert scrutiny, advice and challenge.
Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs and Health and Wellbeing Boards.	CCGs are represented at LSCBs by the Executive Director for Quality and Nursing (NHS Vale of York CCG) / Executive Nurse (NHS Scarborough and Ryedale CCG) and by the Designated Professionals. The Designated Nurses are vice-chairs of the two LSCBs. Designated Professionals chair various Board sub-groups. Members of the Designated Professionals team are active members of all Board sub-groups. CCGs are represented on both Health and Wellbeing Boards.
Ensuring effective arrangements for information sharing.	During 2018-19, all four CCGs have signed up to the multi-agency partnership information sharing protocol.
Clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.	All four North Yorkshire and York CCGs have clear safeguarding children governance structures.

4. How the team supports safeguarding children across the health economy

Training

Simulation training further developed and research published

Training provided to pre-registration nursing students

Safeguarding training delivered to GP Speciality Trainees

IHA training delivered to paediatricians from provider organisations

Inaugural conference of SCHPN attended by 70 safeguarding leads in health and partner agencies

Primary care

700 Primary care staff received safeguarding training

Continued demand for support and advice on increasingly complex safeguarding children cases

Practice assurance processes further developed

Quarterly safeguarding leads meetings in each CCG

Quarterly Named GP meetings

Supported development of the Named GP Northern conference
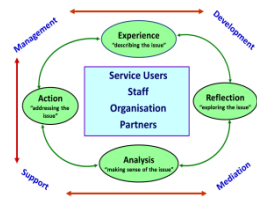
Supervision

Delivery of supervision skills training to NYY providers

Delivery of externally commissioned supervision skills training

Development and delivery of 'Training the Trainers' packages

Provision of individual supervision to safeguarding leads (64 sessions delivered in total)

SCHPN

Bi-monthly professional leadership meetings for safeguarding leads

Membership from 8 provider organisations

Educational component of meeting with subject experts

Member of Youth Voice presented work around access to mental health support

Development of new network logo by young people

Development and mentorship

Launch of development and mentorship programme for safeguarding children and LAC practitioners

Programme agreed across all NYY NHS provider organisations

First practitioners recruited onto programme

Programme shared with national steering group

Private providers

Mapping exercise completed of all private providers across the four CCGs

Safeguarding leads from private provider organisations identified

Bi-annual meetings established for safeguarding leads with an educational component at each session

5. How the team developed and embedded safeguarding children pathways and systems

Children in care

Membership of strategic partnerships in NY&Y

Working with young people to develop and introduce information leaflets about health assessments

Re-launch of health passports for children in care

Presentation of NY work at national Designated Professionals conference

Ongoing work around timeliness and quality of health assessments

MAPPA

Further development and embedding of processes between MAPPA and 'Duty to Cooperate' organisations in health

Guidance on management of MAPPA information in primary care

New process agreed for notifications of MAPPA closures
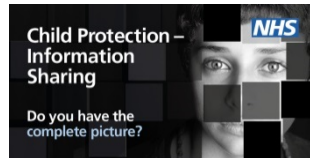
CP-IS

Child Protection Information Sharing Project now established across all NYY providers

Audit processes identified system issue – now resolved with local authority

Further audit commenced with report due summer 2019

Domestic abuse

Members of Domestic Abuse Commissioning and Operational Groups

Domestic abuse police notifications in place to midwifery (NY&Y) and 0-19 service (NY)

Notification audit commenced

MARAC processes developed to link MARAC meetings with primary care

Joint working with police around proposed MARAC processes

Working with MOD partners

Close working with MOD Healthcare leads to develop safeguarding processes

Identification of safeguarding children champions in key establishments

Development and piloting of assurance processes

Development and delivery of targeted training for military healthcare professionals

Work with NHSE regional forum

Primary care
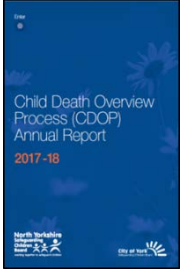
Midwifery information sharing processes further developed with move to electronic notification of booking of pregnancy

Supporting quality of safeguarding reports and referrals

Specialist training of administration staff and coding staff delivered to support effective management of safeguarding information in practices

Enhanced links between 0-19 service and GP practices

6. Influencing the development of partnership arrangements

North Yorkshire Safeguarding Children Board — working together to safeguard children	Following an early consultation exercise across all partner agencies in 2018, the three new safeguarding partners have drafted a proposal for the implementation of the new arrangements which is currently out for consultation. NYY CCGs were represented in these discussions by the Executive Nurse, SR CCG, supported by the Designated Professionals. It is anticipated that the final proposal will be submitted to the Secretary of State within the required timescales (end June 2019).
City of York Safeguarding Children Partnership	City of York Safeguarding Children Board was successful in a bid for National Children's Bureau 'Early Adopter Funding'. The focus of this project is engaging schools, colleges, early years services and children and young people in the new partnership arrangements. Throughout 2018 the CCG Executive Director of Nursing and Quality, supported by the Designated Nurse, worked with colleagues from the Local Authority and North Yorkshire Police to agree proposals for the new partnership arrangements. These were endorsed by the Chief Officers Reference Group in February 2019 and following consultation with relevant agencies, the new arrangements were published on the 1st of April 2019.
Child Death Overview Process (CDOP) Annual Report 2017-18	The Children and Social Work Act (2017) transferred the responsibility for the Child Death Overview process to CCGs and local authorities. Following discussions across the CCGs and local authorities in North Yorkshire and City of York, it was agreed that the Child Death arrangements will continue to be managed jointly across the two areas and will link into a wider geographical footprint in order to identify themes, trends and associated learning arising from child deaths.
	As we move into this important new phase of partnership working, the Designated Professionals will continue to provide expert advice and support to the CCGs, health providers and the multi-agency partnerships to ensure safeguarding arrangements for children across North Yorkshire and York continue to be strengthened.

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7. Inspections, reviews and significant incident processes

City of York Joint Targeted Area Inspection – Child Sexual Abuse in the Family Environment (September 2018)	JTAIs are carried out under section 20 of the Children Act 2004. The CCG received notification of the first JTAI for City of York on Monday 10th of September 2018. The theme for this Inspection was Child Sexual Abuse in the Family Environment (CSAFE). Vale of York CCG led the inspection on behalf of the health providers involved. The resultant report identified a number of areas of strength, including how the Designated Professionals Team demonstrate strong and effective leadership in developing safeguarding practice across the health economy and a recognition of the significant progress in developing safeguarding arrangements across Primary Care. A multi-agency action plan has been developed in order to address the areas for development, in particular management of harmful sexual behaviours in children and access to therapeutic support for children who have experienced abuse.
CQC Children Looked After and Safeguarding Reviews City of York (December 2016) and North Yorkshire (February 2017)	The detailed action plans arising from these two reviews are nearing completion and continue to be monitored by the Designated Nurses. Updates on progress are reported to the CQC, safeguarding partners and CCG quality structures. Outstanding actions all require significant system change (e.g. to electronic patient record systems) or capital projects (e.g. re-design of emergency departments).
'Jane' Significant Incident Investigation (CYSCB)	This investigation into events surrounding the death of a young child from York in January 2017 has been led by NHSE. There has been some delay in the progress of this investigation and the CCG continues to work with other stakeholders with the aim of concluding the investigation, establishing learning and implementing recommendations.

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Child P Learning Lessons Review (CYSCB)	This review was commissioned by CYSCB in July 2018. It involves a case of significant sexual assault by an older child on a much younger child. This review is now concluded with the final report and action plan due for submission to the new partnership in April 2019. Key areas of learning are in relation to the management of harmful sexual behaviours in children.
'Claire' Serious Case Review (NYSCB)	This review has looked at circumstances around the death of a teenager in a mental health setting in March 2017. The final report has been received but publication is now delayed until after the coroner's inquest. Key areas of learning are in relation to information sharing within and across agencies and the importance of considering all available information when undertaking assessments.
Learning Lessons Reviews (NYSCB)	Two further Learning Lessons Reviews are currently in progress in North Yorkshire. The first involved injuries to a small infant and the second relates to two teenagers who have been convicted of conspiracy to murder. Both of these reviews are due for completion in Summer 2019. The findings will be shared with the CCGs via the quality structures.
Significant Incident (SI) Processes	Over the past year, the Designated Nurses have worked with the CCG Significant Incident Teams and Quality Leads to strengthen and embed safeguarding children oversight of provider SI reports. This has supported the Designated Nurses to offer expert scrutiny and, where appropriate, challenge throughout the SI processes. Ultimately, the aim is to ensure that any safeguarding children issues arising from SIs are accurately identified and appropriate actions implemented to strengthen practice.

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8.   Summary and moving forward

This report demonstrates that there are robust arrangements in place to support the CCGs to deliver on their statutory responsibilities with regard to safeguarding children and children in care.

The Designated Professionals team have delivered on a range of initiatives to improve safeguarding children practice across the health economy and partnership working.

Key strategic priorities for the year ahead are summarised in the table opposite and these will be developed into an associated action plan by the Safeguarding Team.

Contextual safeguarding	New processes for managing cases where children and young people have been subject to criminal or sexual exploitation, trafficking or modern slavery need to be agreed and introduced.
Partnership arrangements	New partnership arrangements will need ongoing review to ensure they are robust and that all relevant partners across the health economy are actively engaged in their development and implementation.
Audit programme	A structured audit programme will be developed to gain assurance that practice innovations are embedded and effective.
City of York Front Door	Work with partner agencies to strengthen health input into the new 'Front Door' arrangements.
ICON project	This innovative project is aimed at helping parents manage normal infant crying and reduce the incidence of non-accidental head trauma. It is hoped to pilot this with providers in 2019/20.
Practitioner development and succession planning	The team will continue to work to develop safeguarding practitioners and to implement the succession plan for the Designated Professionals Team.
Primary care assurance	Developing work to improve assurance processes in primary care.
Updating policies	All CCG and primary care safeguarding policies will need to be updated to reflect the new partnership arrangements.
Integrated Care Systems	The Designated Professionals will work with colleagues across the three ICS footprints to ensure that safeguarding remains a key priority in the development of the new arrangements.

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9. References

Department for Education 'Working Together to Safeguard Children' (2018) accessible at: https://www.gov.uk/government/publications/working-together-to-safeguard-children—2

Department for Health 'Promoting the health and wellbeing of Looked After Children – statutory guidance for local authorities, clinical commissioning groups and NHS England' (2015) accessible at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

HM Government 'Children Act (2004)

HM Government 'Children and Social Work Act' (2017)

Kent Public Health Observatory 'Health Needs Assessment – Unaccompanied children seeking asylum' (2016 accessible at: https://www.kpho.org.uk/__data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf

NHS England 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' (2015) accessible at: https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

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10. Abbreviations

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CLAS	Children Looked After and Safeguarding
CP-IS	Child Protection Information Sharing Project
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
CYSCB	City of York Safeguarding Children Board
IHA	Initial Health Assessment
LAC	Looked After Children
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NYCC	North Yorkshire County Council
NYY	North Yorkshire and York
NYSCB	North Yorkshire Safeguarding Children Board
RHA	Review Health Assessment
SCR	Serious Case Review

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Report authors

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If you would like any additional information or detail in relation to this report email the team at scrccg.safeguarding-adminteam@nhs.net

Alternative formats of documents and information

Information contained in this report can also be requested in other languages. If you need this or if would like additional copies of this report email scrccg.safeguarding-adminteam@nhs.net

Image source courtesy of Unsplash images

Item Number: 13

Name of Presenter: Denise Nightingale

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Update on work relating to physical health checks for people with severe mental illness (SMI)

Purpose of Report *(Select from list)*
To Receive

Reason for Report
This paper is to inform the Governing Body of the requirements on Clinical Commissioning Groups to improve the physical health of patients with severe mental illness (PHSMI) to ensure that 60% of 'active' patients on the mental health Quality Outcome Framework (QOF) receive a comprehensive physical health check at least annually. This is included as an Improvement Assessment Framework (IAF) indicator in 2019/20.

The Vale of York Clinical Commissioning Group (VOY CCG) Executive Committee has approved funding to commission a Local Enhanced Service (LES) in primary care to deliver these health checks. This report provides background, an update on current activity to deliver the health checks in primary care and proposals for implementing a LES.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☒Legal ☒Primary Care ☒Equalities	

Emerging Risks

The risk of not implementing a local enhanced service in primary care is that no improvements will be made to the physical health of patients with severe mental illness and it is highly likely that the CCG would miss the target included within the Improvement Assessment Framework (IAF.) In addition this could further increase the differential between mortality and morbidity already recognised for those with a severe mental illness.

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment   ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

There may be disparity of service provision across some practices for patients with severe mental illness in accessing services.

CCGs have a legal duty to eliminate health inequalities

Recommendations

Members of the Governing Body are asked to note and consider the contents of this paper.

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title	Report Author and Title
Denise Nightingale, Executive Director of Transformation, Complex Care and Mental Health	Sheila Fletcher Commissioning Specialist, Adult Mental Health

Annex 1 Elements of the comprehensive assessment
Annex 2. 2019-20 Q1 return

GOVERNING BODY: 5 SEPTEMBER 2019

Update on work relating to physical health checks for people with severe mental illness (SMI)

1. Background and context

In 2016, the Five Year Forward View for Mental Health set out NHS England's approach to reducing the stark levels of premature mortality for people living with severe mental illness (SMI) by increasing early detection and expanding access to evidence-based physical care assessment and intervention in primary and secondary care.

Evidence shows that people with SMI die up to fifteen- twenty years younger than the average population; one of the greatest health inequalities in England.

Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. This disparity in health outcomes is partly due to physical health needs being overlooked, both in terms of identification and treatment.

A new target set by NHS England aims to increase the uptake of physical health checks for patients with SMI to 60% within 2019/20.

SMI refers to all individuals who have received a diagnosis of schizophrenia, or bipolar affective disorder, or who have experienced an episode of non-organic psychosis.

2. Transformation Funding

NHS England has set out the expectation that CCGs use transformation funds included in baselines to fund services to achieve the 60% target. NHS England guidance suggests service models, including the commissioning of a Local Enhanced Service (LES) as an addition to the core primary care contract.

In March 2019, the VOY CCG Executive Committee approved funding to implement a LES in primary care. It is proposed that this will result in people with SMI receiving a more comprehensive physical health check and the likelihood of identifying disease earlier, preventing ill-health and promoting wellbeing. It is proposed that this option also represents the best chance of achieving the 60% target set by NHS England.

3. Reporting requirement

Twelve elements are included within the new physical health assessments. These are outlined at Annex 1.

In October 2018, the new reporting requirement for CCGs was introduced, with a target of 60% of patients on the Quality Outcome Framework Mental Health Register receiving all of the first six elements of the physical health checks in primary care settings only.

4. Activity and Delivery in 2018/19

The table below outlines 2018-19 performance of people receiving all of the first six elements of the health check:

Quarter	No on SMI registers	All 6 PH checks	%
2	2629	356	13.2
3	2528	387	15.3
4	2631	463	17.6

5. Activity and delivery 2019/20

From April 2019, the reporting requirement includes a further six elements of the health check. CCGs are asked to report on the delivery of these relevant follow-up interventions where these are indicated by the health check. Data on interventions is to be captured to support local understanding of service delivery and benchmarking in 2019/20 **and does not form part of the core standard measure.**

The previous 2018/19 indicator asked CCGs to report quarterly on the delivery of physical health checks for people on the SMI register in primary care settings only. The updated 2019/20 indicator asks CCGs to report quarterly on the delivery of physical health checks for people on the SMI register in any setting, **primary or secondary care,** including the relevant follow-up interventions and access to national screening. Discussions are taking place with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) around sharing and exchanging of accurate and up-to-date information; for example shared test results.

5.1 Data collection

The first return to the 2019/20 collection took place in July 2019 and all elements of the physical health checks and subsequent intervention data has been collected nationally. The CCG is able to obtain data for all SystmOne practices via the Primary Care Data Quality Service commissioned from eMBED. EMIS practices are provided with a report template to run manually on their systems which are then sent to the CCG for collation. Unfortunately a number of EMIS practices were unable to return their queries in time for the CCG's submission to be included in the published figures.

5.2 Quarter 1 activity

The quarter 1 report is available at Annex 2. At the time of writing, data from three EMIS practices is not included. These are small practices and are not expected to significantly affect performance. The CCG is also awaiting SystmOne practice level data from eMBED. It is expected this will be tabled at the meeting.

In summary, performance **has increased to 26.2% from 17.6% in Q4 of 2018/19.** The number of patients identifying as having SMI has also increased by 72 to 2703 and is likely to slightly increase further once we have the remaining three practices' data.

The improved performance is largely due to genuine recording improvements for SystmOne practices. Also possibly due to a change to the coding of the EMIS report which has improved identification of recording of blood pressure and pulse checks.

6. Local Enhanced Service

The VOY and North Yorkshire CCGs have worked collaboratively to gain a consistent approach to commissioning a Local Enhanced Service. It is agreed that the physical health checks represent additional work over and above those included in the Quality Outcome Framework (QOF) but that the work is unlikely to result in an increase in the number of appointments as these patients are already invited for an annual health check. The view is that an estimated twenty minutes additional work is required to undertake the additional health checks over and above what is included in a QOF appointment which is expected to be 30 minutes.

6.1 Costings

The approach the CCGs have taken to costing this service is based on a mid-point band 6 nurse as follows:

- Mid-point band 6 hourly payment, with on-costs = £23
- Additional work required within nurse appointment = 20 minutes
- Additional administrative work following nurse appointment = 10 minutes
- Total additional time = 30 minutes
- £23 / 0.5 = £11.50

7. Negotiation with the YOR Local Medical Council

The VOY and North Yorkshire CCGs have consulted with the YOR Local Medical Committee (YORLMC) on the approach; however the YORLMC has not given their support to the pricing structure which is outlined below.

It is proposed that the LES will result in patients with a severe mental illness receiving a more comprehensive physical health check with the likelihood of identifying disease earlier, preventing ill-health and increasing wellbeing. This could, by virtue of prevention, reduce the volume of work in Primary Care later in the patients' journey as disease emerges or advances.

To say nothing of the benefits to people with a severe mental illness, the Yorkshire & Humber Academic Health Science Network (AHSN) has funded a cost effective analysis through York University to provide evidence of the long term benefits of this work which concluded: If we were to carry out 47,000 physical health checks across Yorkshire & Humber for people with SMI then the savings over the next 10 years would be £11.3 million to the local health economy.

Scarborough and Ryedale CCG are piloting the LES based on the cost outlined in 6.1 above and are updating the VOY CCG on progress as it is implemented across their practices.

8. Implementing the LES

To ensure buy-in and an understanding of the new service in the VOY CCG area some initial discussions have taken place with Primary Care Networks. South Hambleton & Ryedale Primary Care Network (PCN) has indicated their willingness,

in principle, to implement the LES and is awaiting a breakdown of SystmOne practice data and a draft service specification. A meeting with Selby Town PCN to outline the details of the LES is scheduled for 3 September.

It is expected that similar discussions will take place in other VOY PCNs.

9. The CCG will provide help with implementation through:

- **A standardised template**

Designed to make it easier to carry out high-quality checks for patients with severe mental illness, The Yorkshire & Humber Academic Health Science Network (AHSN) has led the scaling up and adoption of the Bradford Physical Health Review Template. A user-friendly template within SystmOne and EMIS web platforms, it systematically guides healthcare professionals to identify patients with conditions including high blood pressure, diabetes and cardiovascular problems.

- **Free training and pathway guidance for practices**

This will include supporting practices to load the template onto the system and educational and training events aimed at GPs, practice nurses and managers.

The AHSN has funded an E-Learning Module in order for clinicians to access this training on line, which is also Continual Professional Development (CPD) recognised. There are 1000 free places.

- **Information sharing**

TEWV will enable appropriate sharing and exchanging of accurate and up-to-date information; for example shared test results.

10. Recommendations

The Governing Body, which committed to mental health being a high priority, is requested to note and comment on this report.

NHS
Vale of York
Clinical Commissioning Group

Physical Health Physical health Checks in Severe Mental Illness (PHSMI)

The comprehensive assessment should include:

1.   A measurement of weight (BMI or BMI + Waist circumference)

2.   A blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)

3.   A blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)

4.   A blood glucose test (blood glucose or HbA1c measurement)

5.   An assessment of alcohol consumption

6.   An assessment of smoking status

7.   An assessment of nutritional status, diet and level of physical activity

8.   An assessment of use of illicit substance/non prescribed drugs

9.   Medicines reconciliation and review

10.   Indicated follow-up interventions

11.   Access to relevant national screenings

12   General physical health enquiry into sexual health and oral health

CCGs are asked to report on the delivery of the relevant follow-up interventions where these are indicated by the health check. Data on interventions 7-12 is to be captured to support local understanding of service delivery and benchmarking in 2019/20 and does not form part of the core standard measure.

Physical health checks for people with severe mental illness

	2019/20 technical guidance ref.	Number of patients	Percentage of patients receiving check	Time period
The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):	1.2.1	2,703		at period end
Of the above, patients who have had (Numerators):				
1. measurement of weight (BMI or BMI + Waist circumference)	1.4.1	1,467	54.3%	in 12 months to period end
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)	1.4.2	2,028	75.0%	
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	1.4.3	1,182	43.7%	
4. blood glucose test (blood glucose or HbA1c measurement)	1.4.4	1,430	52.9%	
5. assessment of alcohol consumption	1.4.5	1,847	68.3%	
6. assessment of smoking status	1.4.6	1,888	69.8%	
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	1.2.1	708	26.2%	

Note that an individual who has received all six physical health checks should **also** be reported against **each** physical health check, 1 to 6.

The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):		2,703		at period end
Of the denominator above, patients who have had (Numerators):				
7. assessment of nutritional status/diet and level of physical activity	1.6.1	223	8.3%	in 12 months to period end
8. assessment of use of illicit substance/non-prescribed drugs	1.6.2	81	3.0%	
9. medicines reconciliation or review	1.6.3	1,747	64.6%	

Follow-up interventions for people with a severe mental illness

The number of people on the General Practice SMI registers (on the last day of the reporting period), excluding patients recorded as 'in remission'	2,703

The number needing and receiving interventions (in line with individual numerator and denominator definitions in technical guidance) for:	2019/20 technical guidance ref.	Number of patients needing intervention i.e. number on GP SMI register meeting the threshold for intervention in line with technical guidance excluding those 'in remission' (denominator)	Number of patients receiving intervention i.e. of the denominator, the number receiving relevant intervention in line with technical guidance (numerator)	Percentage of patients receiving intervention
1. Weight management	1.8.1	1,043	162	15.5%
2a. Blood pressure (lifestyle intervention)	1.8.2	610	77	12.6%
2b. Blood pressure (pharmacological intervention)	1.8.3	610	220	36.1%
3a. Blood glucose (high-risk / prediabetic intervention)	1.8.4	200	46	23.0%
3b. Blood glucose (diabetic intervention)	1.8.5	212	180	84.9%
4. Alcohol consumption	1.8.6	217	37	17.1%
5. Smoking	1.8.7	741	658	88.8%
6. Substance misuse	1.8.8	37	0	0.0%
7. Other follow-up interventions related to blood lipid measurements and an assessment of nutritional status, diet and level of physical activity - Lifestyle	1.8.9	2,703	214	7.9%
8. Other follow-up interventions related to blood lipid (including cholesterol) - Statins	1.8.10	2,703	501	18.5%

Cancer screening for people with a severe mental illness

The number of people on the General Practice SMI registers (on the last day of the reporting period), excluding patients recorded as 'in remission'	2,703

Of the above, number eligible for, and receiving cancer screening tests	2019/20 technical guidance ref.	Number of patients eligible for cancer screening meeting in line with individual denominator definitions in technical guidance (denominator)	Number of patients receiving cancer screening, of the denominator	Period	Percentage of patients receiving cancer screening
1. Cervical cancer screening	3.4.1	1,079	601	in preceding 60 months	55.7%
2. Breast cancer screening	3.4.2	538	324	in preceding 36 months	60.2%
3. Bowel cancer screening	3.4.3	610	526	in preceding 24 months	86.2%

Item Number: 14

Name of Presenter: Phil Goatley

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – Audit Committee Annual Report 2018/19

Purpose of Report *(Select from list)*
To Ratify

Reason for Report

The purpose of the attached Annual Report is to review how the Audit Committee (the Committee) has met its Terms of Reference and fulfilled the role set out in relation to the financial year ended 31 March 2019.

The draft report was approved at the Audit Committee on 11 July for presentation to the Governing Body for ratification.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

N/A

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. N/A

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment   ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

Decision Requested (for Decision Log)

Ratification of the Annual Report

Responsible Executive Director and Title	Report Author and Title
Simon Bell Chief Financial Officer	Michael Ash-McMahon, Deputy Chief Finance Officer Caroline Goldsmith, Deputy Head of Finance

Audit Committee Annual Report 2018/19

1. Purpose of the Report

To review how the Audit Committee (the Committee) has met its Terms of Reference and fulfilled the role set out in relation to the financial year ended 31 March 2019.

2. Background

2.1 The Committee is established in accordance with NHS Vale of York Clinical Commissioning Group's (the CCG) constitution.

2.2 The Audit Committee membership is constituted from lay / independent members.

2.3 The Audit Committee has delegated responsibility from the Governing Body for the oversight of:

- Integrated Governance, Risk Management and Internal Control;
- Internal Audit;
- External Audit;
- Other Assurance Functions - Reviewing the findings of other significant assurance functions;
- Counter Fraud;
- Management - Reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management internal control and quality;
- Financial Reporting;
- Auditor Panel Provisions.

2.4 It is the responsibility of the CCG's Executive Team to establish and maintain proper processes for governance. The role of the Audit Committee is to provide the Governing Body with independent assurance on systems and processes through challenge and scrutiny of internal audit, external audit and other bodies.

3. Governance, Risk Management and Internal Control

Membership

3.1 Mrs Sheenagh Powell, Lay Member and Chair of the Audit Committee, was in place from April to 31 May 2018.

3.2 Mr Phil Goatley, Lay Member and Chair of the Audit Committee, was in place from 3 July 2018.

3.3 Mr David Booker, Lay Member and Chair of the Finance and Performance Committee, was in place throughout the financial year.

3.4 Dr Arasu Kuppuswamy, Secondary Care Doctor Governing Body Member, was in place throughout the financial year.

Governance

3.5 As at 1 April 2018, the CCG was subject to legal directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 with a number of provisions including the appointment of an Accountable Officer, changes to governance arrangements and the stabilisation of the financial position.

3.6 While the CCG has met the requirements of the directions with regard to the appointment of an Accountable Officer and the governance arrangements, the deficit total required under the directions forms part of a longer-term financial recovery plan.

3.7 The CCG has a series of financial controls to ensure appropriate governance arrangements are in place and these were subject to review via Internal Audit with significant assurance opinions provided for Conflicts of Interest, Governance Arrangements and Risk Management, Contract Management, Financial Recovery and QIPP and Data Security and Protection Toolkit. Budgetary Control and Reporting and Key Financial Controls were also reviewed by Internal Audit and received high assurance.

3.8 The finalised reports and agreed action plans from the internal audits are submitted to the Audit Committee. All audit reports contain action plans of work required as a result of the review findings. All actions are assigned to a senior manager with responsibility to complete within the designated timescales.

3.9 The revised statutory guidance on managing conflicts of interest for CCGs requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework. The CCG has carried out its annual internal audit review of conflicts of interest and received the view that significant assurance can be given to the CCG's arrangements.

3.10 The CCG had policies in place regarding conflicts of interest and business conduct, and published the declarations of interest for Governing Body members.

3.11 The Audit Committee continued to review its terms of reference and work plan taking account of the Healthcare Financial Management Association NHS Audit Committee Handbook.

Risk Management

3.12 A robust Risk Management Framework was in place throughout the year. Risks are grouped into four areas which enable staff to understand and monitor those areas which the organisation highlights as significant areas of risk for the organisation:

- Finance
- Quality and safety

- Compliance
- Service delivery

3.13 The CCG risk management process requires that an Executive Director is assigned to each risk contained on the register. Risks are escalated according to the score they receive and the escalation process is to committee and ultimately to Governing Body. The reporting lines and accountability are clearly set out in both the Risk Management Strategy and the Terms of Reference for each of the Committees.

3.14 A risk update report is presented to each meeting of the Governing Body to provide assurance that risks are strategically managed, monitored and mitigated. The Governing Body is well sighted on the risks facing the organisation, including the financial risks identified and which materialised during the year, through the Corporate Risk Register and via the Finance and Performance Committee. In 2018/19 the CCG put in place a Board Assurance Framework and a redesign of the Risk Register reporting.

3.15 Staff training was provided in relation to Risk following the production of the Risk Appetite Statement and Strategy.

3.16 The CCG has improved its risk profile and management of risk over the last twelve months, including a programme of actively archiving risks which have not been proactively managed for some time and have remained consistent in terms of the rating which they have been given.

3.17 The CCG has strengthened working links between the Quality and Patient Experience and Finance and Performance Committees and the Audit Committee throughout the year and this has been evidenced by the issues escalated which have resulted in the Audit Committee commissioning Internal Audit work.

4. Internal Audit

4.1 During the year the internal audit service was provided by Audit Yorkshire who are hosted by York Teaching Hospital NHS Foundation Trust.

4.2 The work of Internal Audit has continued to focus on the progress being made in designing, implementing and embedding core processes to underpin the delivery of the CCG's strategic objectives. As such the Audit Plan was structured around the following key responsibilities:

- Governance and Risk Management
- Quality and Safety
- Commissioning
- Stakeholders and Partnerships
- Financial Governance
- Information Governance

4.3 A total of 130 days were allocated for this work, of which 10 were carried forward from 2017/18. A total of 92 days were delivered in relation to completion of the internal audit plan. A total of 33 days will be carried forward to 2019/20 in relation to Primary Care Co-commissioning, CHC and S117, hosted services and contingency.

4.4 In May 2019 the Committee received the Head of Internal Audit opinion relating to the financial year 2018/19. This opinion confirmed that significant assurance could be given that there is a 'generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and / or inconsistent application of controls put the achievement of particular objectives at risk'. Where weaknesses have been identified, an action plan is in place to address the issue. The Head of Internal Audit Opinion was given in the context of the following:

The design and operation of the Assurance Framework and associated processes: A risk update report is presented to each meeting of the Governing Body to provide assurance that risks are strategically managed, monitored and mitigated. The Governing Body is well sighted on the risks facing the organisation, including the financial risks identified and which materialised during the year, through the Corporate Risk Register and via the Quality and Patient Experience and Finance and Performance Committees. In 2018/19 the CCG put in place a Board Assurance Framework and a redesign of the Risk Register reporting.

Internal Audit reviewed the CCG's governance arrangements during 2018/19 and gave it significant assurance. The audit found that the CCG implemented governance arrangements that support accountability, transparent decision making, management of potential conflicts of interest and management of risk. An effective framework had been developed for providing assurance to the Governing Body on the management of risk to its objectives.

4.5 The outcome of the audit reports presented to the CCG from the 2018/19 audit plan are summarised below.

Objective	Audit	Overall Opinion
Governance and Risk Management	Conflicts of Interest	Significant
	Governance Arrangements and Risk Management	Significant
Quality and Safety	Quality Impact Assessment	Significant
	Safeguarding	Significant

Commissioning	Primary Care Co-commissioning	Deferred to 2019/20
	Continuing Healthcare and s117	Deferred to 2019/20
	Community Paediatrics Commissioning	Limited
Stakeholders and Partnerships	CQC System Review	Audit cancelled
	York / Scarborough System Transformation	Limited
Financial Governance	Contract Management	Significant (draft report)
	Financial Recovery and QIPP	Significant (draft report)
	Budgetary Control and Reporting and Key Financial Controls	High
Information Governance	Data Security and Protection Toolkit	Significant
Pan Hosted Services	Contractual Arrangements for Hosted Services	Deferred to 2019/20

5.   External Audit

5.1   Mazars LLP are the External Auditors for all the North Yorkshire and York CCGs with Mr Mark Kirkham as Partner and Mrs Catherine Andrew as Senior Manager, managing the CCG contract and attending each Audit Committee meeting. They also hold regular liaison meetings with the Accountable Officer and Chief Finance Officer.

5.2   The fee to External Audit for work undertaken included auditing the CCG's financial statements, which incorporated a review of the Annual Governance Statement, Annual Report and auditing certain sections of the Remuneration report; and assessing arrangements for achieving value for money in the use of resources.

5.3   The audit fee was £51,540 for 2018/19. There were no additional pieces of work commissioned from the External Auditors during 2018/19 however NHS England has mandated an audit of the Mental Health investment Standard to be carried out by the auditors in 2019/20.

5.4   Mazars LLP carried out the audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law and delivered all expected outputs in line with the timetable established by the Department of Health and Social Care and NHS England.

5.5 Mazars LLP Independent Auditor's Report to the CCG made the following findings:

In our opinion the financial statements:
- give a true and fair view of the financial position of CCG's affairs as at 31 March 2019 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006 and the Accounts Directions issued thereunder.

5.6 The auditors issued a qualified (adverse) opinion on regularity on the following basis:

- The CCG reported a deficit of £18.6m in its financial statements for the year ending 31 March 2019, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraphs 223I (2) and (3) of Section 27 of the Health and Social Care Act 2012, to break even on its commissioning budget.
- The CCG has been unable to agree a financial plan for 2019/20 which aligns with those if its key partners. These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions and working with third parties effectively to deliver strategic priorities.

5.7 With the exception of breaching the above duty, the opinion of the External Auditor was that in all material aspects the expenditure and income reflected in the financial statements were applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

5.8 On the basis of their work, having regard to the guidance issued by the Comptroller and Auditor General in November 2017, Mazars LLP were not satisfied that, in all significant respects, NHS Vale of York CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

5.9 Mazars reported that:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the year for which the financial statements are prepared is consistent with the financial statements.

6. Local Counter Fraud Service (LCFS)

6.1 The Committee approved the 2018/19 work plan which included 8 days allocated as follows:

- Inform and Involve – 5.5 days
- Prevent and Deter – 2.5 days
- Hold to Account – days to be approved if required

6.2 In January 2019 NHS Counter Fraud Authority (NHS CFA) issued the updated *Standards for commissioners – fraud, bribery and corruption to LCFSs and Chief Finance Officers.* The standards are intended to outline an organisation's corporate responsibilities regarding counter fraud and the key principles for action. These are:

- Strategic Governance – this sets out the requirements in relation to the strategic governance arrangements of the organisation to ensure that anti-crime measures are embedded at all levels across the organisation.
- Inform and Involve - this sets out the requirements in relation to raising awareness of crime risks against the NHS, and working with NHS staff and the public to publicise the risks and effects of crime against the NHS.
- Prevent and Deter - this sets out the requirements in relation to discouraging individuals who may be tempted to commit crime against the NHS and ensuring that opportunities for crime to occur are minimised.
- Hold to Account – this sets out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes, and seeking redress.

The Counter Fraud plan for 2018/19 was structured and implemented in accordance with these principles, adapted to suit the requirements of the CCG.

6.3 The Local Counter Fraud Specialist, Mr Steven Moss, is a regular attendee at Committee meetings and provides regular updates on proactive and reactive counter fraud work in these areas.

6.4 In order for NHS CFA to derive a clear picture of the work conducted and assess compliance with the counter fraud standards, every NHS commissioner is required to submit a Self Review Tool (SRT). The SRT is intended to enable the organisation to produce a summary of the anti-fraud, bribery and corruption work it conducted over the previous financial year. Organisations are required to complete the SRT annually and return it with the annual report to NHS CFA.

6.5 The 2018/19 SRT was presented to the Audit Committee in May 2019 and identified that the CCG feels it has fully met 20 of the standards, partially met three of the standards and recorded a neutral response against three standards resulting in an overall assessment of green. This represents an improvement on the previous submission, where the CCG recorded full compliance against 18 standards and partial compliance against five.

6.6   The CCG recorded neutral in response to interviews under caution being conducted in line with the National Occupational Standards and the Police and Criminal Evidence Act 1964 as none were conducted on behalf of the CCG in 2018/19. The CCG recorded neutral in response to completing witness statements that follow best practice and comply with national guidelines as this was not required in 2018/19. The CCG recorded not applicable in response to the standard for maintaining appropriate anti-fraud, bribery and corruption arrangements and ensuring any recommendations made by NHS Protect are fully implemented as this did not apply to the CCG in 2018/19.

6.7   In regard to the Inform and Involve workstream, three anti-crime newsletters were circulated to relevant CCG staff and a fraud awareness presentation was given at the September 2018 staff briefing which covered:

- The definition of fraud
- Information on the Bribery Act 2010
- Examples of fraud against the NHS
- How to prevent fraud
- How and where to report suspicions of fraud

The Counter Fraud Team also met with the communications team to discuss how best to distribute counter fraud material within the CCG. As a result a specific counter fraud web-page was added to the CCG website.

6.8   In relation to the Prevent and Deter workstream, the CCG participated in the 2018/19 National Fraud Initiative, the output of which will be reviewed by the LCFS in June 2019. The Counter Fraud Team also circulated a number of intelligence bulletins issued by NHS CFA and produced a number of local fraud alerts. The CCG's Anti-Fraud, Bribery and Corruption Policy was reviewed in June 2018 to include additional information on the Fraud Act and Bribery Act and details the CCG's approach to recovering losses through fraud.

6.9   In relation to reactive counter fraud work there have been two investigations which the CCG has complied with:

- Medication investigation
- GP Surgery Referral

6.10   Information was shared as appropriate with regards to these and within the information governance and data protection regulations.

7.   Other Assurance Functions

7.1   Assurances were received from the CCG's commissioning support provider eMBED Health Consortium following the provision of the eMBED Assurance Report.

7.2   The report covered the following business assurance processes:

- Kier Safety, Health, Environmental and Assurance
- GDPR
- External Audit
- Internal Audit
- Contract Management
- Management Structure
- Services
- Business Continuity Plan

7.3 Preceding every Committee meeting, members of the Committee take the opportunity to have a discussion with the auditors without any officer of the CCG being present. The purpose of the discussion is to ensure that there are no matters of concern regarding the running of the organisation that should be raised with the Committee.

7.4 As at the 31st March 2019 the CCG recorded 22 administrative write-offs totalling £10,779 and a cash loss of £10,176. The administrative write-offs related to the CCG's share of overseas visitors' debts written off by York Teaching Hospital NHS Foundation Trust and the cash loss related to an overpayment made on a Personal Health Budget.

8.   Meetings and areas of note considered by the Audit Committee in 2018/19

8.1 The following table details the each meeting of the Audit Committee for 2018/19 and details areas of note from the Committee discussion.

Meeting Dates	Areas of Note from the Committee Discussion
28 April 2018	• Approved the Detailed Scheme of Delegation. • Received the draft Annual Report and Accounts 2017/18 (including the Remuneration Report, Annual Governance Statement and Head of Internal Audit Opinion). • Committee had pre-meet with External Audit at which no adverse issues had been raised, with External Audit noting that they had a good working relationship with CCG staff
23 May 2018	• Approved revised terms of reference subject to minor amendments. • Received the Annual Counter Fraud Report 2017/18. • Approved the updated Scheme of Delegation. • Received the 2017/18 Audit Completion Report from External Audit • Received the Head of Internal Audit Opinion. • Approved the Annual Report and Accounts 2017/18.
25 July 2018	• Accepted the work plan for 2018/19 noting that it was comprehensive and balanced across the year. • Requested more precision in reporting, particularly in relation to Internal Audit and External Audit actions and completion dates. • Approved the Local Antifraud, Bribery and Corruption Policy

	•	subject to a minor amendment.
	•	Approved the nomination of a third member of CCG staff to fulfil the role of local Sponsor for Registration Authority purposes.
	•	External Audit readily acknowledged that since publication of the 2017/18 Annual Audit Letter the CCG had made positive progress which External Audit would convey to any third parties if questioned.
27 September 2018	•	Agreed the work plan for the Audit Committee.
	•	Noted that Audit Yorkshire confirmed additional resourcing is giving greater assurance and that the 2018/19 Internal Audit Plan will be delivered in full.
	•	Noted that Internal Audit had completed their work on Quality Impact Assessments with an overall judgement of Significant Assurance.
	•	Noted that the Chief Finance Officer is working with Internal Audit on achievable delivery of timescales for all outstanding audit recommendations.
	•	Noted that the Chief Finance Officer is working with Internal Audit managers on a Working Together Protocol so CCG staff have clear expectations of their interactions.
	•	Approved the External Auditors Audit Strategy Memorandum for 2018/19.
29 November 2018	•	Received the approved constitution for the CCG.
	•	Focused on a number of areas - such as risk management, responding to internal audit, dealing with freedom of information requests, and maintaining information governance and counter fraud measures and security - in moving from narratives that explain activity to driving a culture of learning lessons from experience and demonstrable accountability for delivered outcomes.
	•	Noted that the development of a Business Assurance Framework is very positive and will provide a means to demonstrate how the CCG draws on various information sources to provide senior leaders with assurance that key outcomes both for patients and the organisation internally are being delivered.
	•	Noted progress being made to improve the accountability for and delivery of actions which meet the requirements of the agreed internal audit recommendations, so that these can be discharged.

| 28 February 2019 | • Noted that the Committee pleased to see that the organisation understands it is the Committee Members who own the Internal Audit Plan. A clear rationale for change needs to be given in order for Committee Members to approve changes to this Plan.
• Requested to see an established three year longer term planning regime for internal audit work before the start of the 2019/20 financial year.
• Supported the CCG's Internal Auditors taking a more challenging approach to the delivery of agreed audit recommendations by nominated Action Managers, allowing escalation to the Chief Finance Officer where necessary.
• Noted the development of a high quality Counter Fraud Plan that is supported by an Anti-Crime Newsletter for staff written in a clear and approachable style.
• Received the referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014from the CCG's external auditors.
• Noted the continuing development of a robust Board Assurance Framework (BAF) for implementation from the beginning of 2019/20. |
| 23 April 2019 | • Received the draft 2018/19 Annual Report and Accounts noting that considerable care had been taken to deliver both as accurate and up to date picture as could reasonably be expected and to present the information so that it was as accessible as possible to lay readers.
• Reviewed the schedule of losses and special payments in 2018/19 and agreed that the writing off of a PHB overpayment by decision of the Executive Committee was reasonable.
• Noted the Executive Team's responses to the 17 questions posed by the CCG's external auditors, Mazars. Committee concluded that these responses evidence that the CCG had throughout 2018/19 adequate arrangements to prevent and detect fraud. |

9.   Future Plans

9.1   The Committee is constantly looking to develop the way that it works and improve the efficiency of the internal control systems across the organisation. In 2019/20 the Committee will continue to take particular cognisance of the financial, quality and performance challenges facing the CCG, the transformational changes required to deliver this and the system and individual organisational form and structure alterations to support these arrangements taking assurance from the Auditors and the Finance and Performance Committee.

9.2   The Committee will continue to closely monitor assurance arrangements for the transition of commissioning support services from eMBED to an alternative provider

by the end of March 2020 as well as those put in place following the transfer of responsibility for services previously provided by the PCU back to the CCG.

9.3 The Committee will continue to review their Terms of Reference and will constantly seek the assurances required of the organisation that the systems of internal control are documented, fit for purpose and complied with consistently.

9.4 The Committee will also continue to review the Scheme of Delegation to ensure it is up to date and covers all relevant areas including the Primary Care Co-Commissioning arrangements.

9.5 The Committee will report to the Governing Body on a regular basis.

10. Recommendations

10.1 The Governing Body is asked to receive and note the Annual Report.

Appendix 1

Audit Committee Members Attendance April 2018 – March 2019

	Committee Membership	**Attendance**
Sheenagh Powell – Chair	From April to May 2018	2/2
Phil Goatley - Chair	From July 2018	6/6
David Booker	From April 2018	8/8
Dr Arasu Kuppuswamy	From April 2018	5/6

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Item Number: 15

Name of Presenter: Helena Nowell

Meeting of the Governing Body **Date of meeting: 5 September 2019**	**NHS** **Vale of York** **Clinical Commissioning Group**

Report Title – – Emergency Preparedness, Resilience and Response – NHS Vale of York CCG Arrangements

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

Reason for Report
Approval of nationally mandated Emergency Preparedness, Resilience and Response arrangements

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☒Legal ☐Primary Care ☐Equalities	

Emerging Risks

NHS organisations are mandated to plan for and be able to respond to a wide range of incidents and emergencies that could affect health or patient care. The Vale of York EPRR Policy; the Vale of York Business Continuity Policy and supporting procedural documentation are to ensure NHS Vale of York CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and relevant national policy and guidance as issued by the

Department of Health in our role as a Category 2 Responder.

The CCG has assessed itself as "Substantially" compliant overall, in relation to compliance with the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) which is part of the annual EPRR assurance process for 2019/20..

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment   ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

To approve the EPRR Self-assessment and compliance rating.

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam	Fliss Wood
Accountable Officer	EPRR and Performance Manager

Annexes (please list)

- EPRR Self-Assessment – including Action Plan
- Statement of Compliance
- EPRR Policy (with tracked changes)

Please select type of organisation: **Clinical Commissioning Group**

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	3	1	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
Total	43	42	1	0

Overall assessment:	Substantially compliant

Instructions:
Step 1: Select the type of organisation from the drop-down at the top of this page
Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
Step 5: Click the 'Produce Action Plan' button below

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	14	15	0	0
Long Term adaptation planning	5	4	1	0
Total	19	19	1	0

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
							Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.				
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	• Name and role of appointed individual	Phil Mettam is the Accountable Emergency Officer for VOYCCG and is a member of the Governing Body. David Booker is the lay member of the Governing Body who is responsible for overseeing Emergency Planning.	Fully compliant		Phil Mettam		
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation	Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	EPRR Policy Statement - Section 2 of EPRR Policy outlines how VOYCCG will meet the duties as a Category 2 Responder in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and NHSE Core Standards for EPRR and details the roles of key personnel . The document has a Version Control and references the associated policies/documents.	Fully compliant	Updated EPRR Policy to be approved by Governing Body September 2019	Fliss Wood	Sep-19	
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	Phil Mettam, Accountable Officer, includes EPRR updates on a bi-monthly basis in his report to Governing Body. Last update June 2019. Substantial Compliance Rating agreed by VOYCCG Governing Body in September 2018 and ratified by NHSE in October 2019. EPRR Self-Assessment 2019 and assurance to be presented to VOYCCG Governing Body September 2019.	Fully compliant	EPRR Self-Assesment to go to Governing Body - 5 Sept 2019	Phil Mettam		
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by: • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes.	Y	• Process explicitly described within the EPRR policy statement • Annual work plan	6.3 of EPRR Policy documents CCG commitments including regular review and testing of EPRR plan and the requirement to produce an annual work programme. VOYCCG has an EPRR work plan and action plan on 2019 EPRR self-assessment identifies current areas for improvement.	Fully compliant		Fliss Wood		
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group	EPRR Policy outlines how VOYCCG will meet the duties as a Category 2 Responder in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and NHSE Core Standards for EPRR and identifies the resources required to do this:- VOYCCG operates a 24/7 on-call Director rota Emergency Accountable Officer - Phil Mettam EPRR Manager - Fliss Wood - attended and passed HEP Award training in April 2015 and JESIP training facilitated by the Police in November 2016 and demonstrates an understanding of EPRR principles. Abby Coombes, Head of Legal & Governance, is responsible for overseeing Business Continuity Management and Risk reporting to Governing Body and demonstrates an understanding of BCM principles. CCG currently has 3 trained loggist and Jo Baxter is attending PHE Loggist training in Leeds in October 2019. Sharron Hegarty, Head of Communications & Media Relations, provides 'on-call' Comms support for EPRR. EPRR and BCM are standing agenda items on the Emergency Preparedness, Business Continuity and Information Governance Committee which meets on a bi-monthly basis.	Fully compliant		Phil Mettam		
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	• Process explicitly described within the EPRR policy statement	6.3 of EPRR Policy documents CCG commitments including regular review and testing of EPRR plan and the requirement to produce an annual work programme.	Fully compliant		Fliss Wood		
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	EPRR Policy Section 10 Risks - details the approach to risk assessment and identifies specific local risks for VOYCCG. Yorkshire & Humber LHRP Risk Register March 2018 identifies and assesses potential hazards and threats that would constitute an 'emergency' affecting the health or the provision of health services in Yorkshire & the Humber under the CCA 2014 or a 'major incident' for any NHS organisation. Risks are categorised in 5 sections:- Health, Business Continuity, Weather, Major Incidents related hazards and Threats.	Fully compliant		Abby Coombes		
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document	LHRP review and maintain the regional risk register. VOYCCG maintains a risk register which is reviewed by Leads on a monthly basis and is a regular agenda item on the Finance & Performance Committee. NHS Contracts require providers to evidence BCM policy and arrangements. VOYCCG received de-brief reports and confirmation that action had been taken by both EMBED and YHFT to address the lessons learnt from he Cyber Attack in May 2016.	Fully compliant		Abby Coombes		
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation plan for 2018/19 using the nationally agreed OPEL Escalation Levels. This document was developed and agreed with partners across North Yorkshire & York including NHSE, YHFT, NYCC, CYC, YAS, TEWV, Yorkshire Doctors Urgent Care, SRCCG and VOYCCG. VOYCCG has also worked with partners to produce the North Yorkshire & York Mass Treatment and Vaccination Plan.	Fully compliant	A&ED Board are currently reviewing the OPEL triggers and actions for STP footprint.	Andrew Lee supported by Karen Mazingham		
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	EPRR Policy outlines how VOYCCG will meet the duties as a Category 2 Responder in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and NHSE Core Standards for EPRR and identifies the resources required to do this:- VOYCCG operates a 24/7 on-call Director rota Emergency Accountable Officer - Phil Mettam EPRR Manager - Fliss Wood - attended and passed HEP Award training in April 2015 and JESIP training facilitated by the Police in November 2016 and demonstrates an understanding of EPRR principles. Abby Coombes, Head of Legal and Governance, is responsible for overseeing Business Continuity Management and Risk reporting to Governing Body and demonstrates an understanding of BCM principles. Sharron Hegarty, Head of Communications & Media Relations, provides 'on-call' Comms support for EPRR. Surge & Escalation Plans were tested throughout Winter 2018 when the York & Scarborough system operated at OPEL 3 Level - Severe Pressure on a number of days due to winter pressures. CCG on-Call Director available 24/7 and CCG responsible for leading the A&E Delivery Board response. Daily System calls were held with partner organisations to agree what actions needed to be taken to recover the position. CCG co-ordinated communications between partner organisations, GPs and NHSE.	Fully compliant		Fliss Wood		
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation plan using the nationally agreed OPEL Escalation Levels. This document was developed and agreed with partners across North Yorkshire & York including NHSE, YHFT, NYCC, CYC, YAS, TEWV, Yorkshire Doctors Urgent Care, SRCCG and VOYCCG and details the triggers/actions to be taken for OPEL 4 Level - Extreme Pressure. The CCG would notify NHSE of the system-wide alert status and involve them in decisions around support beyond the local boundaries. CCG would lead the Health & Care Resilience Board response to pressure surges on 24/7 basis, assess current risks, identify scope for mutual support and agree actions. CCG would also work with partners on contingency and recovery plans and inform staff, partner organisations, NHSE, GPs and the Public as necessary.	Fully compliant		Fliss Wood		
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	CCG complies with NHSE Heatwave Plan for England 2019. Recieve and action Heatwave Alerts from the Met Office 1 June - Sept 2019 and communicates public media messages – especially to 'hard to reach' vulnerable groups. Communicate alerts to GPs/staff and make sure that they are aware of heatwave plans. Implement business continuity. Increase advice to health and social care workers working in community, care homes and hospitals. Working with media to get advice to people quickly before and during a heatwave to raise awareness of how excessive heat affects health and preventative action people can take to stay cool. Use email to contact GPs and partner organisations and CCG website to inform the public both activated following Level 3 Heatwave alert in July 2019.	Fully compliant		Fliss Wood		
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation plan for Winter 2018/19 using the nationally agreed OPEL Escalation Levels. This document was developed and agreed with partners across North Yorkshire & York including NHSE, NYCC, CYC, YAS, TEWV, Yorkshire Doctors Urgent Care, SRCCG and VOYCCG. The CCG operate a 24/7 on-call Director rota and they would be the first point of contact should an emergency occur due to adverse weather and, if necessary, the Director on-call would escalate the incident as per the EPRR Policy.	Fully compliant		Fliss Wood		

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
							Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.				
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	NYCC Pandemic Flu Plan June 2018 approved by North Yorkshire & York Health Protection Group VOYCCG Pandemic Flu Plan	Fully compliant		Fliss Wood		
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	VOYCCG has been working with partner organisation to produce the Mass Treatment & Vaccination Plan for North Yorkshire & York. Workshop was held in May 2019 to test the Plan which is now going for final approval by the North Yorkshire Health Protection Group. CCG also involved with Measles outbreak in July 2019.	Fully compliant		Fliss Wood		
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation plan using the nationally agreed OPEL Escalation Levels. This document was developed and agreed with partners across North Yorkshire & York including NHSE, YHFT, NYCC, CYC, YAS, TEWV, Yorkshire Doctors Urgent Care, SRCCG and VOYCCG and details the triggers/actions to be taken for OPEL 4 Level - Extreme Pressure. The CCG would notify NHSE of the system-wide alert status and involve them in decisions around support beyond the local boundaries. CCG would lead the Health & Care Resilience Board response to pressure surges on 24/7 basis, assess current risks, identify scope for mutual support and agree actions. CCG would also work with partners on contingency and recovery plans and inform staff, partner organisations, NHSE, GPs and the Public as necessary.	Fully compliant		Fliss Wood		
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Documented in VOYCCG Business Continuity Plans which are on 'Y' Drive.	Fully compliant		Abby Coombes		
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Y	• Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.	VOYCCG operates a 24/7 on-call Director rota. On-Call Director is contacted via Flextel mobile number and links to EPRR Escalation Policy/Action Cards for Emergency Accountable Officer and VOYCCG on-Call Policy both policies approved by Governing Body in September 2019.	Fully compliant	EPRR Policy to be approved by Governing Body September 2019	Fliss Wood	Sep-19	
25	Command and control	Trained on-call staff	On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout.	Y	• Process explicitly described within the EPRR policy statement	VOYCCG On-Call Policy details role and responsibilities of the on-Call Director EPRR Policy has action cards for key roles:- EAO, Incident Emergency Planning Co-ordinator, Communications Lead and Loggist. TNA undertaken for all new on-Call Directors prior to joining 24/7 rota. EPRR Manager maintains a log of all EPRR Training and uses EPRR, On-Call and York & Scarborough A&E Delivery Board Escalation Framework to train on-Call Directors.	Fully compliant		Fliss Wood		
26	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Y	• Process explicitly described within the EPRR policy statement • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff	EPRR Policy has action cards for key roles:- EAO, Incident Emergency Planning Co-ordinator, Communications Lead and Loggist. VOYCCG on-Call Policy details the role and responsibility of the on-Call Director TNA undertaken for all new on-Call Directors prior to joining 24/7 rota. EPRR Manager maintains a log of all EPRR Training and uses EPRR, On-Call and York & Scarborough A&E Delivery Board Escalation Framework to train on-Call Directors. On-call Directors record any incidents/events in their log books.	Fully compliant		Fliss Wood		
27	Training and exercising	EPRR exercising and testing programme	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.	Y	• Exercising Schedule • Evidence of post exercise reports and embedding learning	EPRR Manager maintains a log of all EPRR training and exercises. Following Cyber Attack in May 2016, VOYCCG produced a de-brief report which identified issues that needed addressing. CCG subsequently received action plan and assurance from both YHFT and EMBED detailing actions taken following the Cyber attack. CCG contacted all GP surgeries and compiled list of emergency mobile phone numbers. 4 members of staff from VOYCCG participated in NHSE Table Top Exercise Accentus on 13 June 2018 and FW attended the subsequent de-brief on 27 June 2018 at Quarry House. VOYCCG attended the TEWV White Rose Exercise to test Command & Control over 3 sites on 7 June 2018. CCG participated in YHFT LIVEX Event to test the ED response to a Mass Casualty Event in July 2017. Feeback from the Casualties was provided for the de-brief report. Live Exercise - 22 May 2018 - YAS IT failure was notified by NHSE and CCG sent out communication to all VOYCCG GPs and partner organisations to advise them of the problem which was fixed and de-escalated later the same day. IT Systems failure at West Offices - 26 July 2019 due to a problem at the data centre at Brigg which impacted on sites across Y&H. Was resolved same day but VOYCCG had to implement BCM arrangements and use alternative mechanisms to access NHS mail. Heatwave communication to CCG staff, GPs and the Public re Level 3 Heatwave Alert - July 2019.	Fully compliant		Fliss Wood		
28	Training and exercising	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Y	• Training records • Evidence of personal training and exercising portfolios for key staff	VOYCCG has 3 trained loggists and Jo Baxter booked on PHE Loggist training in October 2019. 4 members of staff from VOYCCG participated in NHSE Table Top Exercise Accentus on 13 June 2018 and FW attended the subsequent de-brief on 27 June 2018 at Quarry House. VOYCCG attended the TEWV White Rose Exercise to test Command & Control over 3 sites on 7 June 2018. CCG participated in YHFT LIVEX Event to test the ED response to a Mass Casualty Event in July 2018. Feedback from the Casualties was provided for the de-brief report. Live Communications Exercise - 22 May 2018 - YAS IT failure was notified by NHSE and CCG sent out communication to all VOYCCG GPs and partner organisations to advise them of the problem which was fixed and de-escalated later the same day. PHE Community Infectious Disease Outbreak - Exercise Genevitis - September 2018 CYC Counter Terrorism Event at West Offices - November 2018 PHE Structured De-Brief Course - May 2019 NYCC Mass Treatment Workshop to test the Plan - May 2019 Telecoms Failure Workshop - Black Start - June 2019	Fully compliant		Fliss Wood		
30	Response	Incident Co-ordination Centre (ICC)	The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	• Documented processes for establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards	CCG would establish ICC in our POD at West Offices - this is has teleconf facility and is used on daily basis by CCG staff. VOYCCG is co-located with CYC and if there was a major incident it is highly likely that CCG staff would join the Category 1 Responders in York either at West Offices, Fulford Police Station or the Operations Room, 2nd Floor at York Hospital. EPRR Policy contains action cards for AEO, EPRR Tactical Lead, Comms Lead and Loggists. EPRR Lead maintains training log and exercise schedule for VOYCCG staff.	Fully compliant		Fliss Wood		
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Y	Planning arrangements are easily accessible - both electronically and hard copies	EPRR documents are located on the 'Y' Drive under Emergency Planning. All on-Call Directors are issued with a paper on-Call Pack which contains a copy of the EPRR Policy and Action Cards for AEO, York & Scarborough A&E Delivery Board Escalation Framework, On-Call Policy, Log Book, Emergency Contacts List and Flextel Instructions. EPRR Lead and Head of Legal & Governance.	Fully compliant		Fliss Wood		
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	• Business Continuity Response plans	BCP documents are filed on the 'Y' Drive and are accessible to all CCG staff. Governance Team keep a paper copy of all BCP Plans.	Fully compliant		Abby Coombes		
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Y	• Documented processes for accessing and utilising loggists • Training records	EPRR Manager maintains training log and exercise schedule for all VOYCCG staff including loggists. EPRR Manager has mobile phone number for loggists so able to contact out of hours if there was an emergency but they are NOT on-call.	Fully compliant	Jo Baxter attending Loggist training in Leeds in October 2019	Fliss Wood		

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34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	• Documented processes for completing, signing off and submitting SitReps • Evidence of testing and exercising	VOYCCG receives daily SitRep reports from York Teaching Hospitals NHS Foundation Trust.	Fully compliant		Fliss Wood		
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation processes with our partner organisations across York and North Yorkshire including York & Scarborough Hospitals, NYCC, CYC, CHC, Yorkshire Doctors, TEWV and YAS. System calls amongst partners are currently held weekly on Thursdays but in times of Severe or Extreme pressure calls are held on a daily basis and also include NHSE representatives. Standard proformas are used to record information/actions from the calls and SitRep data. The CCG Comms Team emails a weekly update to GP practices but in times of Severe or Extreme pressure daily updates are emailed to GP practices to advise of the OPEL level and current system pressures. LIVE Communications Exercise 22 May 2018 when CCG were advised by NHSE due to IT failure YAS were unable to respond to 999, 111 and PTS calls. VOYCCG sent immediate email to GP practices, SRCCG and partner organisations to advise colleagues of the IT failure and that calls were being diverted to EMAS. A further email was sent later in the day to advise that IT systems had been recovered and YAS services were again operating as business as normal. Where appropriate and necessary information is shared on a Confidential and Sensitive basis with Trusted/Named EPRR Leads only. Joint Decision Making principles are used to guide communication e.g incident at Yurt Station July 2018. VOYCCG staff must abide by the Internet and Email User Policy which includes advice on social media use as an employee of the organisation. http://www.valeofyorkccg.nhs.uk/data/uploads/publications/policies/i-g/ig-03-internet-email-and-acceptable-use-policy-v3.pdf.	Fully compliant		Sharron Hegarty		
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	• Have emergency communications response arrangements in place • Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation processes with our partner organisaitons across York and North Yorkshire using national OPEL level reporting. Following Cyber Attack in May 2016, VOYCCG has both an email distribution list and emergency phone contact list for all staff and GP practices so that we are able to contact key personnel. VOYCCG website is used to inform the public of events such as Heatwaves, Staying Safe in Cold Weather, Flu vaccination campaigns. VOYCCG Comms Team works with NHSE and partner organisations across York and North Yorkshire to ensure consistent messages are given to the public and NHS staff. e.g. Heatwave communications in July 2019.	Fully compliant		Sharron Hegarty		
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Y	• Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'	The CCG on-Call Director is available 24/7 and would be the first contact point during an incident/emergency. The Head of Communications & Media Relations leads and manages all contact with local and national media and, although she is not on-call, can be contacted via her mobile to assist in an emergency. Some members of the Governing Body and two of the CCG's Clinical Leads have been also been professionally media trained. VOYCCG is a Category 2 responder under the CCA and has a duty to co-operate, share information and collaborate with multi-agency partners, including NHSE, PHE and Local Authorities to facilitate a combined response to an incident. VOYCCG Comms Team works with NHSE and partner organisations across York and North Yorkshire to ensure consistent messages are given to the public and NHS staff.	Fully compliant		Sharron Hegarty		
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Y	• Minutes of meetings	Fliss Wood, Designated Deputy, has attended over 75% of LHRP meetings.	Partially compliant	Phil Mettam to attend LHRP	Phil Mettam		
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	• Minutes of meetings • Governance agreement if the organisation is represented	NHSE represents the CCG at the LRF.	Fully compliant		NHSE		
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escalation processes with our partner organisaitons across York and North Yorkshire using national OPEL level reporting. CCG would escalate any request for mutual aid to NHSE as per agreed process.	Fully compliant		NHSE		
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.	Signed Data Sharing Framework Contract with NHSE/NHS Digitial renewed in March 2019 for a period of 3 years. Signed up to North Yorkshire overarching ISP since November 2015	Fully compliant		Abby Coombes		
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the comitmement to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	Business Continuity Policy live on CCG website, updated January 2018 - see s.13 for BCMS implementation. - for renewal January 2020.	Fully compliant		Abby Coombes		
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • Stakeholders	See the Business Continuity Policy dated January 2018..	Fully compliant		Abby Coombes		
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	Documented process on how BIA will be conducted, including: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support.	Business Continuity policy updated to include annual review of BIA.	Fully compliant		Abby Coombes		
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	Confirmation from EMBED in March 2019 that 'Standards Met'.	Fully compliant		Helena Nowell		
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Business Continuity Policy live on CCG website, updated January 2018 - see s.13 for BCMS implementation. - for renewal January 2020.	Fully compliant		Abby Coombes		
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action is annually reported to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers	Accountable Officer to present EPRR Self- Assessment to VOYCCG Governing Body and agree compliance rating Sept 2019	Fully compliant	EPRR Self-Assesment to go to Governing Body - 5 Sept 2019	Phil Mettam		
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	Internal Audit of EPRR & BCM in October 2017 gave Significant Assurance.	Fully compliant	Internal Audit due to review BC Plans Q3 2019	Abby Coombes		
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	Action planning is included as part of the action log for the Governance Committee	Fully compliant		Abby Coombes		
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	CCG Contracting Team have copies of BCPs for Providers - evidenced at the Internal Audit.	Fully compliant		Liza Smithson		

Deep Dive - Severe Weather

Domain: Severe Weather Response

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG **Red (not compliant) =** Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
1	Severe Weather response	Overheating	The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions.	West Offices is a newly refurbished modern open-plan building with air movement devices to ensure air circulatin around the building.	Fully compliant				
2	Severe Weather response	Overheating	The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan.	West Offices is a newly refurbished modern open-plan building with air movement devices to ensure air circulation around the building.	Fully compliant				
3	Severe Weather response	Staffing	The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed)	Y	The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home	BCP Plans for each team detail arrangements for staff if they cannot attend work. Highly unlikely that CCG staff would need sleep over.	Fully compliant				
4	Severe Weather response	Service provision	Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alterative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc)		The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care		Fully compliant				
5	Severe Weather response	Discharge	The organisation has polices or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths	Y	The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge	Daily meeting between YHFT and Local Authorities re DTOCs. Mini MADE meetings held weekly on Wednesdays. 24/7 on-call Director arrangements across all partner organisations	Fully compliant				
6	Severe Weather response	Access	The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers	Y	The organisations arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service.	CYC own West Offices and have management responsibility for both re-active and PPM. CYC are a Highways Authority and therefore have access at all times to specialist equipment to deal with severe weather.	Fully compliant				
7	Severe Weather response	Assessment	The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary	Y	The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result.	Daily alerts from the Met Office advise on weather warnings. Close working relationship with the Local Authority who received Daily Air Quality Index reports and Flood Forecasts and will notify the CCG in the event of a cause for concern	Fully compliant				
8	Severe Weather response	Flood prevention	The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations.	Y	The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner	CYC own West Offices and have management responsible for both re-active and PPM. CYC are a Highways Authority and work closely with the Environment Agency and therefore have access at all times to specialist equipment to deal with severe weather/flooding.	Fully compliant				
9	Severe Weather response	Flood response	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan.	Y	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	CYC have map detailing flood plans for York.	Fully compliant				
10	Severe Weather response	Warning and informing	The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold.	Y	The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when.	Facilities Management for CYC have the contact details of CCG Senior Managers to update matters affecting West Offices. Head of Communications is able to provide 24/7 media support for VOYCCG	Fully compliant				

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11	Severe Weather response	Flood response	The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required.	Y	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s).	CYC have map detailing flood plans for York.	Fully compliant			
12	Severe Weather response	Risk assess	The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements.	Y	The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these.	The Organisation has an approach to risk which means that risk registers should not include matters which are not current risks or where mitigation has reduced the risk to a tolerable level. The CCG has therefore had a flooding event in 2015 which led to steps being taken to mitigate and manage this risk in future. This means that the risk is now at a tolerable level and therefore does not appear on the risk register as a result of the comprehensive plans in place.	Fully compliant			
13	Severe Weather response	Supply chain	The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these.	Y	The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintain the organisation has alternative documented mitigating arrangements in place.	BCPs are requestd from all suppliers as part of the procurement process for VOYCCG. CMB allow the CCG an opportunity to seek specific assurance where issues have been raised. E.g. burst pipes above the theatres at Nuffield, York.	Fully compliant			
14	Severe Weather response	Exercising	The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements.	Y	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.	Flood plans were updated following the floods in the City Centre of York in December 2015. These are reviewed annually. CYC employ a team of Flood Risk Engineers to monitor the flood risk in the City of York	Fully compliant			
15	Severe Weather response	ICT BC	The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk.	Y	The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services	CCG has access to an additional server at West Offices which is generator powered to provide contingency arrangements. CCG staff have access to remote working equipment and can work from home or alternative premises.	Fully compliant			
Domain: long term adaptation planning											
16	Long term adaptation planning	Risk assess	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Y	Evidence that the there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	Climate change is not currently documented on the organisation risk register however the organisation has an approach that where new projects and business cases are considered by the CCG a full impact assessment is carried out which includes sustainability and therefore climate change	Partially compliant			
17	Long term adaptation planning	Overheating risk	The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling higherachy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	West Offices is a newly refurbished modern open-plan building with air movement devices to ensure air circulation around the building.	Fully compliant			

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
							Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.				
18	Long term adaptation planning	Building adaptations	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events.	Y	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	The building is owned by City of York Council and has been renovated within the last 6 years. The building has facilities to manage the cooling and heating and is in a location which is not prone to flooding. The building has generator facilities to enable business critical services to remain online and the Council maintain responsibility for allowing the premises to remain open in adverse weather conditions. There are on call facilities that function and have been tested, in the event that the building cannot be occupied as a result of adverse weather or other event.	Fully compliant				
19	Long term adaptation planning	Flooding	The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks.	Y	Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS	Not applicable as West Offices is built in City centre location.	Fully compliant				
20	Long term adaptation planning	New build	The organisation considers for all its new facilities relevant adaptation requirements for long term climate change	Y	The organisation has relevant documentation that it is including adaptation plans for all new builds	Not applicable as West Offices is built in City centre location.	Fully compliant				

	Overall assessment:								
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2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	EPRR Policy Statement - Section 2 of EPRR Policy outlines how VOYCCG will meet the duties as a Category 2 Responder in accordance with the Civil Contingemcy Act 2004, the Health & Social Care Act 2012 and NHSE Core Standards for EPRR and details the roles of key personnel . The document has a Version Control and references the associated policies/documents.	Fully compliant	Updated EPRR Policy to be approved by Governing Body September 2019	Fliss Wood	Sep-19	
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	Phil Mettam, Accountable Officer, includes EPRR updates on a bi-monthly basis in his report to Governing Body. Last update June 2019. Substantial Compliance Rating agreed by VOYCCG Governing Body in September 2018 and ratified by NHSE in October 2019. EPRR Self-Assessment 2019 and assurance to be presented to VOYCCG Governing Body September 2019.	Fully compliant	EPRR Self-Assesment to go to Governing Body - 5 Sept 2019	Phil Mettam		

	Overall assessment:								
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9	Duty to maintain plan	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	York & Scarborough A&E Delivery Board Escalation Framework details the escalation and de-escaltion plan for 2018/19 using the nationally agreed OPEL Escalation Levels. This document was developed and agreed with partners across North Yorkshire & York including NHSE, YHFT, NYCC, CYC, YAS, TEWV, Yorkshire Doctors Urgent Care, SRCCG and VOYCCG. VOYCCG has also worked with partners to produce he North Yorkshire & York Mass Treatment and Vaccination Plan.	Fully compliant	A&ED Board are currently reviewing the OPEL triggers and actions for STP footprint.	Andrew Lee supported by Karen Mazingham		
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	VOYCCG operates a 24/7 on-cal Director rota. On-Call Director is contacted via Flextel mobile number and links to EPRR Escalation Policy/Action Cards for Emergency Accountable Officer and VOYCCG on-Call Policy both policies approved by Governing Body in September 2019.	Fully compliant	EPRR Policy to be approved by Governing Body September 2019	Fliss Wood	Sep-19	
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	EPRR Manager maintains training log and exercise schedule for all VOYCCG staff including loggists. EPRR Manager has mobile phone number for loggists so able to contact out of hours if there was an emergency but they are NOT on-call.	Fully compliant	Jo Baxter attending Loggist traiing in Leeds in October 2019	Fliss Wood		
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Fliss Wood, Designated Deputy, has attended over 75% of LHRP meetings.	Partially compliant	Phil Mettam to attend LHRP	Phil Mettam		
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Accountable Officer to present EPRR Self- Assessment to VOYCCG Governing Body and agree compliance rating Sept 2019	Fully compliant	EPRR Self-Assesment to go to Governing Body - 5 Sept 2019	Phil Mettam		

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53	**Business Continuity**	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Internal Audit of EPRR & BCM in October 2017 gave Significant Assurance.	Fully compliant	Internal Audit due to review BC Plans Q3 2019	Abby Coombes		
16	**Long term adaptation planning**	**Risk assess**	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Climate change is not currently documented on the organisation risk register however the organisation has an approach that where new projects and business cases are considered by the CCG a full impact assessment is carried out which includes sustainability and therefore climate change.	Partially compliant				

Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020

STATEMENT OF COMPLIANCE

NHS Vale of York CCG has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, NHS Vale of York CCG will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

_____

Date signed

_____   _____   _____
Date of Board/governing body   Date presented at Public Board   Date published in organisations
meeting   Annual Report

NHS
Vale of York
Clinical Commissioning Group

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

August 2019~~7~~

Authorship:	Performance & Improvement Manager/ Risk & Assurance Manager
Reviewing Committee:	CCG Executive
Date:	N/a
Approval Body	Governing Body
Approved date:	~~September 2017~~ tbc
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Equality Impact Assessment	Yes
Sustainability Impact Assessment	Yes
Related Policies	COR 18 On Call Policy COR 16 Business Continuity Policy OPEL Escalation Plan A&E Delivery Board Escalation Framework and Delivery Plan On-Call Pack COR 05 Mobile Working Policy HR 20 Home Working Policy
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No:	COR17
Version Number:	3.~~10~~

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

The best health and wellbeing for everyone.

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on ~~Intranet~~ **Website**
0.1	Performance & Improvement Manager	First Draft		
0.2 1.0	Policy & Assurance Manager Performance & Improvement	VOYCCG Policy Formatting Update to definitions Update to accountabilities and responsibilities Updates to Action Cards Checklists APPROVED	Governing Body December 2014	
1.1 1.2 2.0	Performance Improvement Manager	Remove NHSE tel. number Update NHSE Area Team ref. and incident level definitions to bring into line with NHSE published EPRR framework. SRG ref updated to A&E Delivery Board APPROVED	Governing Body: Oct 16 Chief Operating Officer: 11 Oct 16	
2.1 3.0	Performance Improvement Manager Risk and Assurance Manager	Replaced NHSE North Yorkshire & Humber with NHSE Area Team (North). Para 5.2: addition of reference to CCG Constitution emergency powers Formatting in compliance with CCG Policy on Policies Links to National Risks Update to National Threat Levels Updated risk assessments published by the North Yorkshire Resilience Forum	Governing Body, September 2017	
3.1 v 4.0 When Aproved	Performance Improvement Manager	Remove ref to LHRP Subgroup Replace A&E Delivery Board with Health and Care Resilience Board	Governing Body, September 2019	

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SECTION A-POLICY

1. INTRODUCTION

1.1. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

1.2. As detailed in NHS England's framework the emergency preparation, resilience and response role of CCGs is to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
- Support NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
- Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary emergency preparedness, resilience and response capacity and capability
- Fulfil the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
- Be represented on the LHRP
- Be represented at the LHRP sub-group
- Seek assurance that provider organisations are delivering their contractual obligation.

2. POLICY STATEMENT

2.1. This policy outlines how NHS Vale of York CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national risk register.

2.2. The aims of this procedural document are to ensure NHS Vale of York CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant national policy and guidance as issued by the Department of Health in our role as a Category 2 Responder.

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3. **IMPACT ANALYSES**

Equality

3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

3.2. A Sustainability Impact Assessment has been undertaken. Positive and negative impacts are assessed against the twelve sustainability themes. The results of the assessment are attached.

4. **SCOPE OF POLICY**

4.1. This policy applies to those members of staff that are directly employed by NHS Vale of York CCG and for whom NHS Vale of York CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Vale of York CCG or working on NHS Vale of York CCG premises and forms part of their arrangements with NHS Vale of York CCG. As part of good employment practice, agency workers are also required to abide by NHS Vale of York CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Vale of York CCG.

5. **PRINCIPAL LEGISLATION AND STANDARDS**

5.1. The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- The requirements for Emergency Preparedness, Resilience and Response Framework.
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS England's EPRR documents and supporting materials, including NHS England's Business Continuity Management Framework (service resilience) 2013, NHS England's Command and Control Framework for the NHS during significant incidents and emergencies (2013), NHS England's Model Incident Response Plan (national and regional teams) 2013, and NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

The CCG Constitution

5.2. The section in the CCG Constitution referring to emergency powers and urgent decisions applies

6.   ROLES / RESPONSIBILITIES / DUTIES

6.1. LHRP responsibilities

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
- Provide support to NHS England and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
- Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. The LHRP has no collective role in the delivery of emergency response.

6.2. NHS England EPRR Guidance 2013 outlines key Responsibilities as:

- the Accountable Officer is responsible for ensuring that the CCG has an incident response plan and is able to respond to an emergency;
- the board is regularly briefed with reports on the CCGs' preparedness;
- additional risks, training and exercises;
- an Accountable Emergency Officer is appointed;
- communications exercise should be carried out every 6 months;
- a table top exercise should be carried out yearly; and
- a live exercise should be carried out every 3 years.

6.3. CCG Commitments

- comply with the Civil Contingencies Act 2004 as a category 2 responder;
- comply with the NHS England EPRR guidance 2013;
- publish this plan and distribute it to key partners;
- provide appropriate resources for EPRR;
- undertake regular review and testing of the plan;

- ensure the NHS Trusts they commission health services from comply with NHS guidance and their duties under the Civil Contingencies Act 2004;
- attend the North Yorkshire Local Health Resilience Partnership;
- contribute to an annual report by the NHS England on the health sectors EPRR capability; and
- produce an annual work programme.

6.4. Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer.

The Accountable Emergency Officer

6.5. The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance
- Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the LHRP or Local Resilience Forum (LRF) – which locally is the North Yorkshire LRF.

Commissioning and Contracting leads

6.6. Commissioning and contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

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The Health and Care Resilience Board A&E Delivery Board

6.7.   The Health and Care Resilience Board A&E Delivery Board has responsibility for effectively managing Surge and Escalation within the area.

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7.   DISSEMINATION, TRAINING & REVIEW

Dissemination

7.1.   The effective implementation of this procedural document will support openness and transparency. NHS Vale of York CCG will:

- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.
- Communicate to staff any relevant action to be taken in respect of complaints issues.
- Ensure that relevant training programmes raise and sustain awareness of the importance of effective complaints management.

7.2.   This procedural document is located on the NHS Vale of York 'Y' Drive, in the Emergency Planning Policy folder.

7.3.   A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes. Staff are notified by email of new or updated procedural documents.

Training

7.4.   All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance.

Review

7.5.   As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Vale of York CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

7.6.   This procedural document will be reviewed every three years by NHS Vale of York CCG, and in accordance with the following as and when on a required basis:

- Legislatives changes / Case Law
- Good practice guidelines
- Significant incidents reported or new vulnerabilities identified
- Lessons identified from actual incidents or exercises
- Changes to organisational infrastructure
- Changes in practice

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7.7. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Corporate Assurance Reports.

SECTION B: IDENTIFYING SIGNIFICANT INCIDENTS OR EMERGENCIES

Overview:

7.8.   This procedure covers the CCG response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as 'emergency preparedness resilience and response' (EPRR).

Definition:

7.9.   A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;

a. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

b. An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

c. An emergency is sometimes referred to by organisations as a major incident. Within NHS funded organisations an emergency is defined as the above for which robust management arrangements must be in place.

Types of incident:

7.10.   An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident. Examples of these scenarios are:

- Big Bang – a serious transport accident, explosion, or series of smaller incidents.
- Rising Tide – a developing infectious disease epidemic, e.g. Pandemic Flu or Ebola; or a capacity/staffing crisis or industrial action.

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- Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- Headline news – public or media alarm about an impending situation.
- Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
- CBRN(e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.
- HAZMAT – Incident involving Hazardous Materials.
- Mass casualties.

Incident level:

7.11. As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below.

NHS England Incident levels	
1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

8. THE ROLE OF THE CCG WITHIN THE LOCAL AREA

8.1. The CCG is a Category 2 Responder and is seen as a *'co-operating body'*. The CCG is less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information. Although, as a Category 2 Responder, the CCG has a lesser set of duties, it is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.

8.2. A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally. When events like these happen, the CCG's

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emergency resilience arrangements will be activated. It is important that all staff are familiar with this procedure and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer. Departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

Major Incident Declared by an Ambulance Service

Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHSE Area Team whenever the service declares a 'major incident' or 'major incident standby'. NHSE Area Team is also responsible for advising the NHS England of any major incidents or other significant incidents.

Key

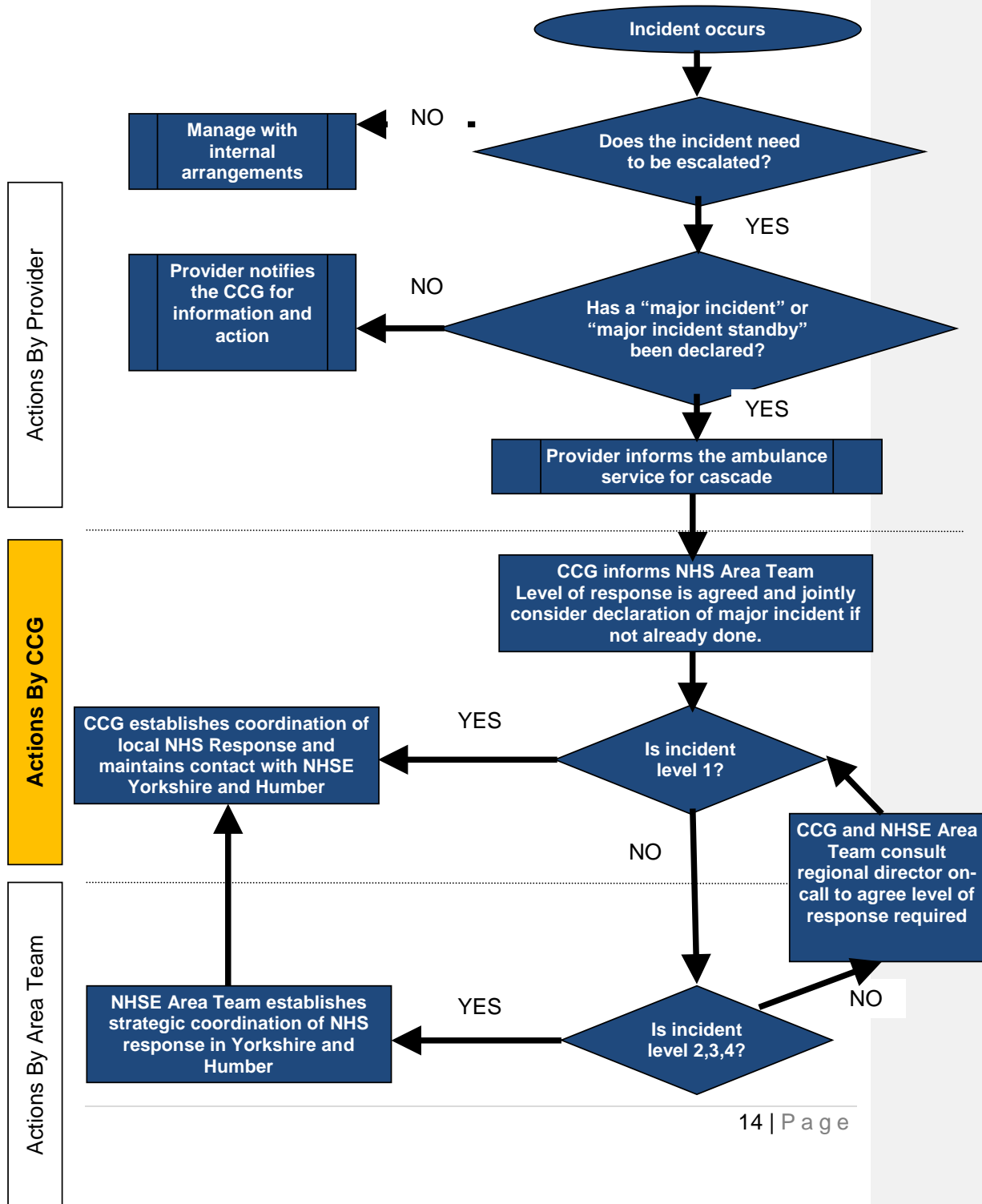| → | Direction of Information for all major incidents and major incident standby declarations |
| ⇢ | Direction of information flow to services and organisations only informed if scale and nature of incident requires it. |
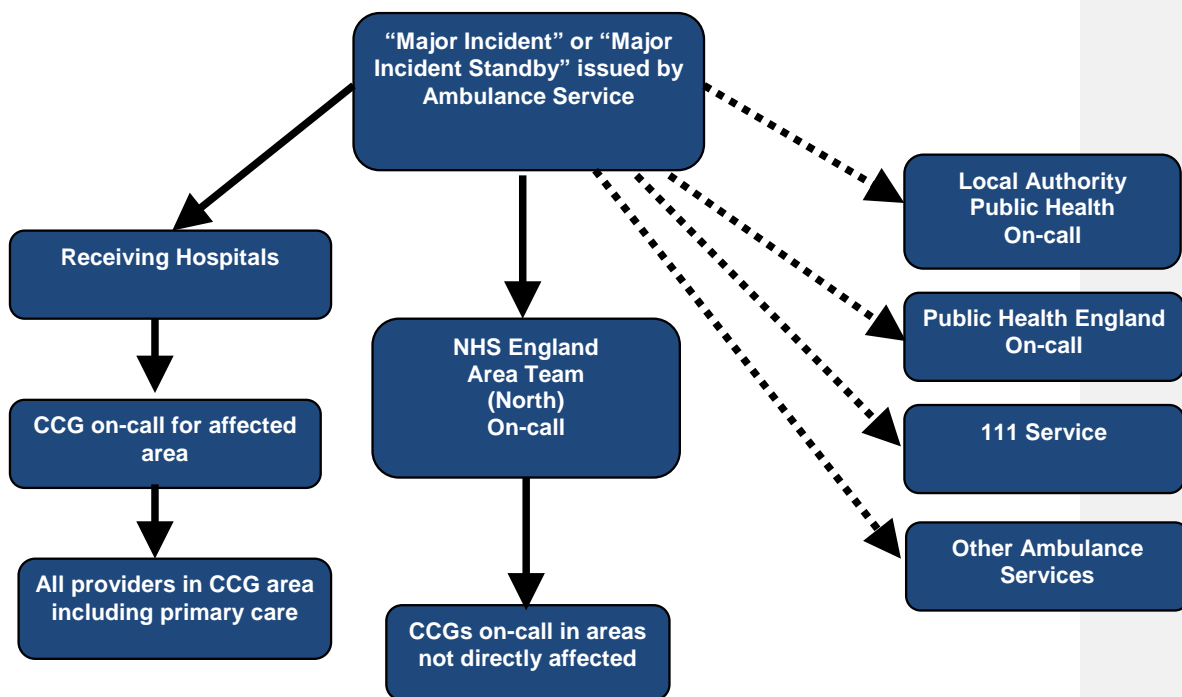
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Major Incident Declared By Provider

NHS funded organisations are responsible for informing their commissioning CCGs and the ambulance service whenever they are activated or declare a "major incident" or a "major incident standby."

The CCG will then inform NHSE Area Team.

Actions By Provider

- Incident occurs
- Does the incident need to be escalated?
  - NO → Manage with internal arrangements
  - YES
- Has a "major incident" or "major incident standby" been declared?
  - NO → Provider notifies the CCG for information and action
  - YES
- Provider informs the ambulance service for cascade

Actions By CCG

- CCG informs NHS Area Team. Level of response is agreed and jointly consider declaration of major incident if not already done.
- Is incident level 1?
  - YES → CCG establishes coordination of local NHS Response and maintains contact with NHSE Yorkshire and Humber
  - NO
- CCG and NHSE Area Team consult regional director on-call to agree level of response required

Actions By Area Team

- Is incident level 2,3,4?
  - YES → NHSE Area Team establishes strategic coordination of NHS response in Yorkshire and Humber
  - NO

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Major Incident Declared by NHS England

The NHS England Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area "major incident," "major incident standby," or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform Acute hospitals and the CCG will inform other providers.
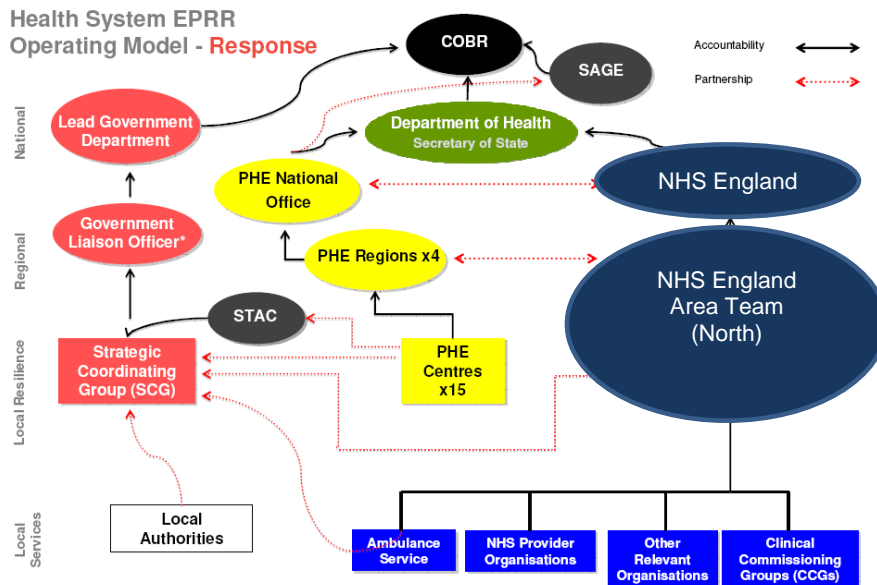
Top Down Cascade by NHS England

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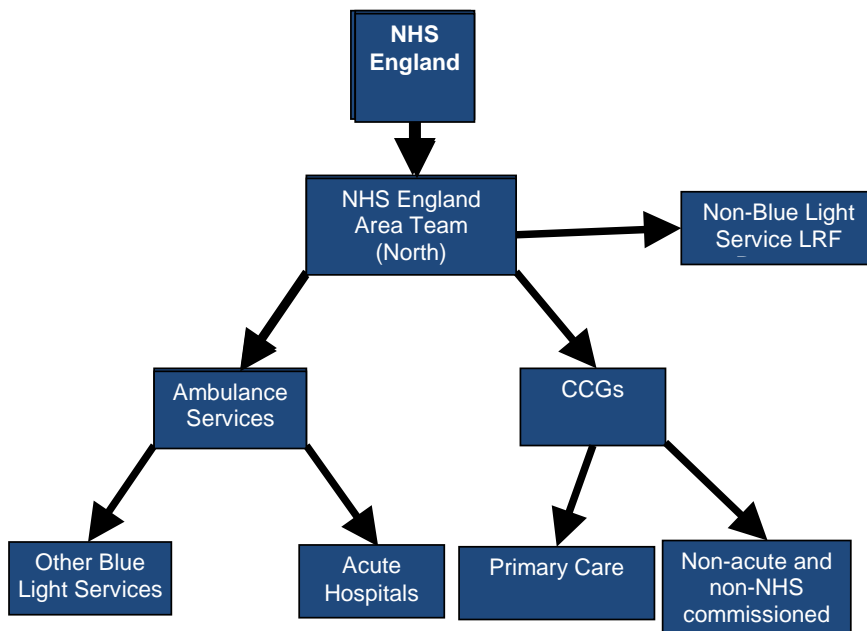
Independent Plan Activation

Any on-call manager may activate the Incident Response Plan regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.

9.   PLANNING AND PREVENTION

9.1.   *Action Card:* An Action Card detailing roles and responsibilities is appended to this procedure as Action Card 1.

9.2.   *Contracting responsibilities:* CCGs are responsible for ensuring that resilience and response is "commissioned in" as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by NHS England Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses the CCG as a route of escalation where providers are not meeting expected standards.

9.3.   *Partnership working:* In order to ensure coordinated planning and response across our area, it is essential that the CCG works closely with partner agencies across the area, ensuring appropriate representation.

- Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the NHSE Area Team.

- For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector's contribution to multi-agency planning through the Local Resilience Forum (LRF).

9.4.   The diagram below shows the NHS England's EPRR response structure and its interaction with key partner organisations.

Health System EPRR
Operating Model - Response

[Diagram: Health System EPRR Operating Model - Response, showing organizational levels National, Regional, Local Resilience, Local Services, with entities including COBR, SAGE, Lead Government Department, Department of Health Secretary of State, PHE National Office, NHS England, Government Liaison Officer*, PHE Regions x4, NHS England Area Team (North), STAC, Strategic Coordinating Group (SCG), PHE Centres x15, Local Authorities, Ambulance Service, NHS Provider Organisations, Other Relevant Organisations, Clinical Commissioning Groups (CCGs). Legend: Accountability, Partnership.]

10.   RISKS

LOCAL RISKS

10.1.   *Hazard analysis and risk assessment:* A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the North Yorkshire LRF Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

10.2.   A formal risk assessment of hazards and risks is undertaken by a multi-agency LRF risk assessment group every year as required by the Civil Contingencies Act 2004.

10.3.   *North Yorkshire Community Risk Register:* Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. The North Yorkshire Community Risk Register is available to download from: http://www.emergencynorthyorks.gov.uk/index.aspx?articleid=11778

10.4.   Nine risks have been identified per the Public Risk register published by the North Yorkshire Resilience Forum May 2017 (version 7) as "Very High Risk" (Very High Risks are classified as "primary or critical risks requiring immediate attention"), as follows:

- Pandemic Influenza.
- Flooding.
- Severe Weather
- Industrial Incident
- Marine Pollution.Disruption or Failure Electrical Network.
- Industrial Action.
- Animal Health.
- Hazardous Transport
- Cyber Security

More details have been published here: http://www.emergencynorthyorks.gov.uk/sites/default/files/files/Risk/NY%20Community%20Risk%20Register%20-%20May%202017.docx

National Risk Register

10.5.   The National Risk Register of Civil Emergencies July 2015 has been published and provides an updated government assessment of the likelihood and potential impact of a range of different civil emergency risks (including naturally and accidentally occurring hazards and malicious threats) that may directly affect the UK over the next 5 years.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015-NRR-WA_Final.pdf

National Threat level

10.6.   The level of threat from terrorism is under constant review by the Security Services.

- Low - an attack is unlikely
- Moderate - an attack is possible, but not likely
- Substantial - an attack is a strong possibility
- Severe - an attack is highly likely
- Critical - an attack is expected imminently

10.7.   The latest threat level can be viewed:

https://www.mi5.gov.uk/threat-levels

10.8.   *Specific local risks:* A number of specific risks that the CCG may potentially have are listed below alongside the planned response. Assurance will be obtained through the contracting route by the Head

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of Contracting or equivalent, and also via local partnership emergency planning within the local geographic area.

Fuel shortage	International and national shortages of fuel can adversely impact on the delivery of NHS services. The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.
Flooding	The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare. The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.
Evacuation & Shelter	Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises. The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.
Pandemic influenza	Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year. The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the ~~A&E Delivery~~Health and Care Resilience Board to manage unplanned care as a result of pandemic influenza and will manage normal local surge and escalation.
Infectious/ contagious diseases	E.g. Ebola and Marburg viruses. Alerts are received from NHS England and Resilience Direct. Yorkshire Ambulance Trust and York Hospitals Trust have trained staff

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	in containment of infectious diseases. CCG staff attended Ebola awareness event 4th November 2014.
Heat wave	The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather. The CCG will seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents. The CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the Health and Care Resilience Board A&E Delivery Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.
Severe Winter Weather	Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices. Winter brings with it many hazards that can affect people both directly or indirectly. Severe weather is one of the most common disruptions people face during winter. The CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the A & E Delivery Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.
Diverts	The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber locality. An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk. The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity. The CCG will monitor the generic email box VOYCCG.Emergencyplan@nhs.net and pick up issues on the next working day directly with Providers.

10.9.   The CCG is a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include:

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- NHS England Incident Response Plan
- York & Scarborough A&E Delivery Board Escalation Framework
- Business Continuity Plan
- Specific multi-agency plans to which the CCG is party such as Heatwave and Pandemic Flu.

10.10. Assurance in respect of CCG emergency planning will be provided to the CCG Governing Body via the Governing Body Assurance Framework.

11. ESCALATION, ACTIVATION AND RESPONSE

11.1. *Action Card:* An Action Card describing the activation process is appended to this procedure as Action Card 2.

11.2. *CCG:* As a Category 2 Responder under the Civil Contingency Act 2004, the CCG must respond to reasonable requests to assist and co-operate with NHSE or the Local Authority should any emergency require wider NHS resources to be mobilised. Through its contracts, the CCG will maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures. The Health and Care Reslience A&E Delivery Board work plans and meetings provide a process to manage these pressures and to escalate to NHSE Area Team as appropriate.

11.3. *NHSE North:* The NHSE operates an on-call system for Emergency Preparedness, Resilience and Response (EPRR). This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber. In respect of EPRR for incidents/risks that only affect the NHS, the NHSE Area Team covers the following North Yorkshire local authority areas:

- North Yorkshire County Council
- York City Council

11.4. In respect of EPRR for incidents/risks that affect all multi-agency partners, the NHSE Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF.

11.5. The initial communication of an incident alert to the first on-call officer of the NHSE Team is via any of the organisations. An additional role of the NHSE Team is to activate the response from independent contractors as required.

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11.6.   *Public Health England:* Public Health England will coordinate any incident that relates to infectious diseases.

11.7.   *NHS Property Services:* NHS Property Services has robust local contact arrangements which should be used in most cases for local out of hours issues that require the involvement or attention of NHS Property Services. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, messages can be sent via the single number PAGEONE service below

- Dial: 0844 8222888 for NHS Property Services On-Call Escalation
- A call handler will ask for a group code
- Ask for NHSPS04 and leave your message and contact details

11.8.   *Vulnerable People:* The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people. It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:

- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
- Those with mental health conditions or learning difficulties;
- Others who are dependent, such as children or very elderly.

The CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other healthcare services such as GPs and Social Care.

11.9.   *Communications:* From a multi-agency response perspective the Police would lead on the communications and media support. From a non-public health incident perspective, the NHSE Team would lead on the communications. Public Health England will lead on communications if the incident was public health related. The CCG role will be to liaise with the communication lead as appropriate, supply information as requested and cascade communications. See Action Card 1 for further information on roles and responsibilities.

Recovery

11.10. In contrast to the response to an emergency, the recovery may take months or even years to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases may not occur sequentially. Recovery should be an integral

part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

Debriefing and Staff Support

11.11. The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.

11.12. Any lessons learned from the incident will be fed back to staff and actioned appropriately.

Testing & Monitoring of Plans

11.13. The CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.

11.14. As part of the CCG's emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.

11.15. Live incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.

SECTION C: ACTION CARDS

ROLES AND RESPONSIBILITIES

These action cards describes the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

1. Action Card for Emergency Accountable Officer

Your role	**EMERGENCY ACCOUNTABLE OFFICER**
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for directing NHS Vale of York CCG's emergency response.
Your immediate actions	1. Obtain as much information as practicable and assess the situation. Complete an **Initial Risk Assessment,** (Template on next page) before implementing the required actions: is this an emergency. METHANE: **M**ajor Emergency Declared **E**xact Location **T**ype of Emergency **H**azards present and potential **A**ccess / Egress routes **N**umber and types of Casualties **E**mergency services present and required If the incident is assessed as an emergency, activate the plan. **SEE ACTIVATION / ESCALATION ACTION CARD.** 2. Assign ACTION CARDS in accordance with the key functions to support you. 3. Proceed to the Incident Control Room.
Ongoing management	Systematically review the situation and maintain overall control of the CCG response. • **S** urvey • **A** ssess • **D** isseminate Approve content and timings of press releases / statements and attend conferences if required.
Stand down	If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief. Continue to reassess the situation as further information becomes available and determine if any additional action is required In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.

2. Initial Risk Assessment completed by Emergency Accountable Officer

Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred/ongoing?	
What is the status of the incident?	
Under control	
Contained but possibility of escalation	
Out of control and threatening	
Unknown and undetermined	
What is the likely impact?	
On people involved, the surrounding area	
On property, the environment, transport, communications	
On external interests - media, relatives, adjacent areas and partner organisations.	
What specific assistance is being requested from the NHS?	
Increased capacity - hospital, primary care, community	
Treatment - serious casualties, minor casualties, worried	
Public information	
Support for rest centres, evacuees	
Expert advice, environmental sampling, laboratory testing, disease control	
Social/psychological care	
How urgently is assistance required?	
Immediate Within a few hours	
*Key √ = Yes X = no ? = Information awaited N/A = Not applicable	

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3. Action Card for Incident Emergency Planning Coordinator

Your role	Incident Emergency Planning Coordinator
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for coordinating the CCG's tactical response and ensuring all aspects of the plan are followed. You will establish and maintain lines of communication with all other organisations involved, coordinating a joint response where circumstances require.
Your immediate actions	1. Proceed to the Incident Control Room. 2. With the Incident Emergency Accountable Officer, assess the facts and clarify the lines of communication accordingly. 3. Call in Senior Managers as required. 4. Allocate rooms, telephone lines and support staff as required. 5. Notify and liaise as necessary with health community and inter-agency emergency planning contacts. 6. Record all relevant details of the incident and the response.
On-going management	Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response.
Stand down	Following stand-down, prepare a report for the Chief Officer. Arrange a "hot" de-brief for all staff involved immediately after the incident. Arrange a structured de-brief for all staff within a month of the incident.

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

NOTES FOR INCIDENT EMERGENCY PLANNING COORDINATOR

1. Review the status and resources of the local NHS
2. Plan rota
3. Ensure decision logs maintained
4. Monitor staff welfare
5. Confirm emergency contact arrangements to:
    - NHS England Team
    - Yorkshire Ambulance Service
    - Community & Mental Health Trusts
    - York Hospital NHS Foundation Trust
    - Neighbouring CCGs
    - Council Emergency Centres
    - City of York Council
    - Adult and Children's Services
    - Other relevant responding agencies.

6. Maintain regular contact with the NHS responding agencies
7. Plan for prolonged response and to start working shift
8. Ensure a Recovery Team starts to plan the strategy for recovery after the initial response is organised

Meetings
Meetings held hourly for 15 minutes, chaired by the Emergency Accountable Officer to an agenda with brief factual reports from each lead
Decisions
Key decisions logged in the decisions log

Equipment Availability
Television, Phone, Teleconference facility, Laptops
Use IS-BAR Briefing Tool

I	**Identify** Who you are.	Who is present? (Ensure you have all key personnel present for the briefing
S	**Situation**	What is the current situation? (If it is the initial brief then an overview of the incident will be required).
B	**Background**	Where are we up to? Each area gives an update on: • Risks • Staffing levels • Resource issues
A	**Assessment**	Assessment of needs / concerns.
R	**Recommendations**	Plan for the next 60 minutes. Be clear what is required of each area / person. Confirm time & location of next briefing (on the hour).

4. Action Card for Communication Lead

Your role	Communication Lead
Your base	West Offices, Station Rise, York. (unless a control room is located to another premise)
Your responsibility	You are responsible for preparing and disseminating media information by agreement with the Incident Lead Executive. If necessary, you will organise facilities for media visits and briefings.
Your immediate actions	1. Proceed to the Incident Control Room. 2. After briefing by the Incident Lead Executive, establish lines of communication with Communication Leads at other organisations involved in the emergency and work in conjunction with multi-agency communication leads as required. 3. Draft media releases for Incident Lead Executive approval. 4. Coordinate all contact with the media. 5. Ensure the nominated spokesperson is fully and accurately briefed before they have any contact with the media.
On-going management	Make arrangements for any necessary public communications.
Stand down	Participate in a "hot" de-brief immediately after the incident and any subsequent structured de-brief. Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.

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5. Action Card For Loggist

Your role	LOGGIST (Admin and Clerical support)
Your base	West Offices, Station Rise, York. (unless a control room is located to another premise)
Your responsibility	You will help to set up the incident control room, perform secretarial. Administrative or clerical duties as required by the Incident Control Team and ensure a record / log of the incident is maintained.
Your immediate actions	1. Proceed to the Incident Control Room as directed. 2. Report to the Incident Emergency Planning Coordinator for briefing 3. Assist in setting up the Incident Control Room with telephones, computers etc. 4. Arrange for all internal rooms to be made available as needed. 5. Maintain a log of decisions taken, communications, and actions taken by the incident control team. **NB.** The record must be made in permanent black ink, clearly written, dated and initialled by the loggist at start of shift. All persons in attendance to be recorded in the log. The log must be a complete and continuous (chronological) record of all issues/ options considered / decisions along with reasoning behind those decisions /actions. Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented. See Incident Log template overleaf.
On-going management	Provide support services as directed. All documentation is to be kept safe and retained for evidence for any future proceedings.
Stand down	Participate in a "hot" de-brief immediately after the incident and any subsequent structured de-brief. Following stand-down evaluate admin effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.

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Notes For Loggists

Completion of Logs

1. **Immediately the CCGs start to respond to an incident then a log of actions must be started by key officers and the organisation**

2. **Master Log – all information entering the information cell must be logged including all incoming phone calls and emails**

3. **Action log – must be completed by all key Action Card holders**

   - Logs will be issued to all Action Card holders who should keep a record of:
   - All instructions received,
   - Actions taken
   - Other information

4. **The log should be handed on and signed off if the holder is relieved during the incident and following stand-down it is to be returned to the Emergency Control Centre Co-ordinator for safe storage.**

5. **Decision log – records the key corporate decisions, the process for deciding and the considered alternatives. A decision log must be kept by the CCG incident commander.**

   The Emergency Accountable Officer MUST sign the decision log after each key decision is agreed.
   LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENTS ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE
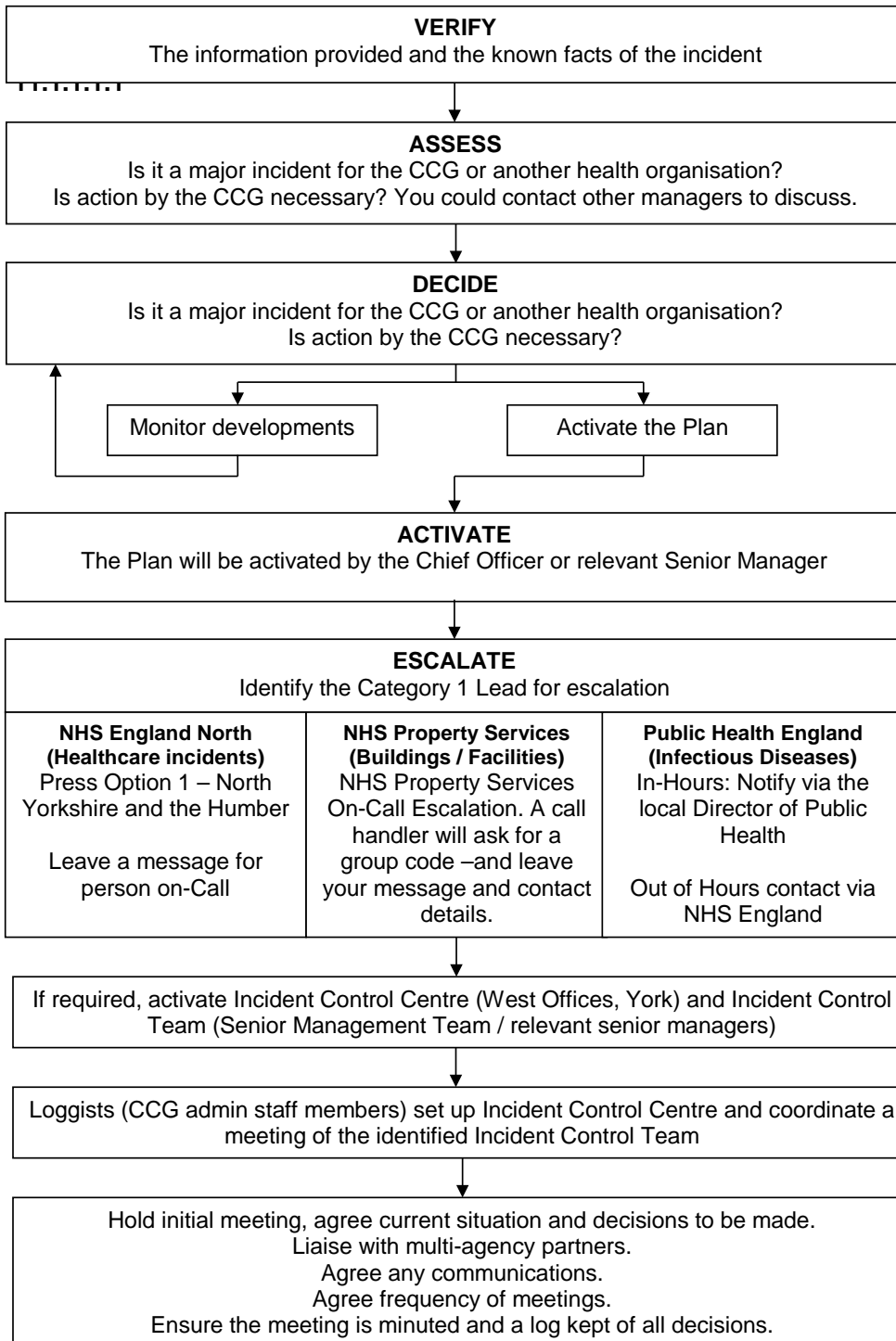
   Prepare Shift Arrangements

6. **In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Manager.**

7. **A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external (for example SCG) meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all**

shifts. During the first two shift changes 1-2 hours of hand over time is required.

12.   ACTIVATION / ESCALATION FLOWCHART

VERIFY
The information provided and the known facts of the incident

↓

ASSESS
Is it a major incident for the CCG or another health organisation? Is action by the CCG necessary? You could contact other managers to discuss.

↓

DECIDE
Is it a major incident for the CCG or another health organisation? Is action by the CCG necessary?

Monitor developments	Activate the Plan

↓

ACTIVATE
The Plan will be activated by the Chief Officer or relevant Senior Manager

↓

ESCALATE
Identify the Category 1 Lead for escalation

NHS England North (Healthcare incidents)	**NHS Property Services (Buildings / Facilities)**	**Public Health England (Infectious Diseases)**
Press Option 1 – North Yorkshire and the Humber	NHS Property Services On-Call Escalation. A call handler will ask for a group code –and leave your message and contact details.	In-Hours: Notify via the local Director of Public Health
Leave a message for person on-Call		Out of Hours contact via NHS England

↓

If required, activate Incident Control Centre (West Offices, York) and Incident Control Team (Senior Management Team / relevant senior managers)

↓

Loggists (CCG admin staff members) set up Incident Control Centre and coordinate a meeting of the identified Incident Control Team

↓

Hold initial meeting, agree current situation and decisions to be made. Liaise with multi-agency partners. Agree any communications. Agree frequency of meetings. Ensure the meeting is minuted and a log kept of all decisions.

13.   CONSULTATION, APPROVAL AND RATIFICATION PROCESS

13.1.   The following committees and individuals have been involved in the consultation and development of this policy:

- SMT
- Local Health Resilience Partnership (LHRP) The policy will be approved/ratified by the committees/CCG Governing Body, in line with the CCG's Policy on Policies.

14.   DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

14.1.   The previous version of this policy will be removed from the intranet and will be available if required by contacting the author.

15.   IMPLEMENTATION

15.1.   This policy will be circulated to all teams to be cascaded to individual members of staff. The document will be made available for staff and users and other stakeholders through the CCG website.

15.2.   The CCG has mechanisms in place in order to ensure that:

- staff can raise issues of concern with their manager(s);
- staff are consulted on proposed organisational or other significant changes;
- managers keep staff informed of progress on relevant issues;
- service users, their relatives, carers and advocates can identify points of concern or worry by using the complaints process or PALS service;
- the media are accurately advised of developments in the CCG.

15.3.   CCG policies are communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

16.   TRAINING & AWARENESS

16.1.   This policy will be published on the CCG's website.

16.2.   The policy will be brought to the attention of all relevant new employees as part of the induction process. Further advice and guidance is available from the Corporate Services Manager.

17.   MONITORING & AUDIT

17.1.   The CCG monitors and reviews its performance in relation to EPRR performance and the continuing suitability and effectiveness of the systems and processes in place.

17.2. The Executive Committee is responsible for monitoring the effectiveness of this policy/strategy and for providing assurance to the Governing Body.

17.3. Monitoring of this policy/strategy may form part of the Internal Audit review of governance compliance.

18. REVIEW

18.1. This framework will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

19. REFERENCES

- https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-guidance-chart-oct15.pptx
- https://www.england.nhs.uk/ourwork/eprr/gf/#summary

20. ASSOCIATED POLICIES/DOCUMENTS

- COR 16 Business Continuity Policy
- COR 18 On Call Policy
- OPEL Escalation Plan
- A&E Delivery Board Escalation Framework and Delivery Plan
- On-Call Pack
- COR 05 Mobile Working Policy
- HR 20 Home Working Policy

21. CONTACT DETAILS

Performance and Improvement Manager
Telephone: 01904 555774
Email: valeofyork.contactus@nhs.net
Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

22. LIST OF APPENDICES

Appendix 1: Equality Assessment
Appendix 2: Sustainability Assessment

Appendix 3: Abbreviations

23.   APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Risk Management Strategy and Policy
2.	Please state the aims and objectives of this work.
	To define and document the CCG's approach to risk and risk management to ensure: • risks within the organisation are identified, assessed, treated and monitored as part of the corporate governance of the CCG. • robust risk assessment and monitoring mechanisms are in place for all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	CCG staff, partner organisations (where applicable), public, patients and member practices. CCG managers and staff (and other providers and partners where applicable). If Risk management arrangements are not effective patients and service providers may be impacted.
4.	What sources of equality information have you used to inform your piece of work?
	NHS England
5.	What steps have been taken ensure that the organisation has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.

6.	Who have you involved in the development of this piece of work?
	Internal involvement: Senior Management team **Stakeholder involvement**: Consultation with Senior Managers **Patient / carer / public involvement**: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities (Refer to Table 1 - Embedding Equality into the Commissioning Cycle if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)

Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
N/a	
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc
N/a	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.

N/a	
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/a	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	

Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/a	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc
N/a	

8.	**Action planning for improvement** Please outline what mitigating actions have been considered to eliminate any adverse impact? Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty

Sign off
Name and signature of person / team who carried out this analysis *Helen Sikora, Policy and Strategy Manager* *Audit Committee*
Date analysis completed *December 2014*
Name and signature of responsible Director
Date analysis was approved by responsible Director

25.   APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Risk Management policy and Strategy
What is the main purpose of the document	To effective identify, manage and monitor risk within the organisation.
Date completed	November 2014
Completed by	Governance Team

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

26.   APPENDIX 3 ABBREVIATIONS

Term	Definition
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Groups
DPH	Director of Public Health
EPRR	Emergency preparedness, resilience and response
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
PHE	Public Health England
COMAH	Control of Major Accident Hazards
DPH	Director of Public Health
EPRR	Emergency Preparedness Resilience & Response
ICC	Incident Control Centre for Major Incidents
IMT	Incident Management Team
IRP	Incident Response Plan
MACA	Military Aid to the Civilian Authorities include - Military Aid to the Civil Communities (MACC) - Military Aid to the Civil Minitries (MACM) e.g. assistance in the event of industrial action - Military Aid to the Civil Powers (MACP), assistance to the Police
MACR	Major Accident Control Regulations
OOH	Out of Hours
PRC	Prepared Rest Centre Local authority organised centre for evacuees from an incident
RH	Receiving hospital A & E Hospital designated to receive casualties from a major incident
REPPIR	Radiation (Emergency Preparedness & Public Information) Regulations 2001
SCC	Strategic Command Centre
SCG	Strategic Coordinating Group
STAC	Science & Technical Advice Cell
TCG	Tactical Coordinating Group - Multi-agency group of operational managers leading the tactical response in North Yorkshire

NHS

Vale of York

Clinical Commissioning Group

Item 16

Chair's Report: Executive Committee

Date of Meeting	5 June, 5 and 17 July 2019
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee has reviewed a range of corporate issues. These included the Eligible Mileage Policy, staff survey, accommodation leases, the support from eMBED going forward, and developing talent management.

The Committee approved the harmonisation of a number of commissioning statements to mirror NHS Scarborough and Ryedale CCG. These included breast surgery and vasectomy.

Financial matters discussed included the in-year position, prescribing incentive schemes and capital funding for general practice.

The Committee considered a number of service issues including the GP out of hours contract, Health Navigator, complex rehabilitation, and how to respond to the priorities set at a national level for the next ten years.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Chair's Report: Audit Committee

Date of Meeting	11 July 2019
Chair	Phil Goatley

Areas of note from the Committee Discussion

- Audit Committee was pleased to hear from our internal auditors that significant assurance has been gained by them about the effectiveness of contract management processes in the CCG. There is a limited exception to this audit opinion with the provision of adequate contracting arrangements with continuing healthcare providers formerly reporting to Scarborough and Ryedale CCG. Here work is underway to establish NHS standard contracts for all nursing home and domiciliary care providers by September 2019. A similar level of significant assurance was also gained by our internal auditors on the systems and controls in place to deliver the QIPP programme.

- With the exception of the value for money conclusion due to the level of deficit in the CCG's Annual Accounts for 2018/19, we received a largely positive statutory Annual Audit Letter for 2018/19 from our external auditors. Amongst other things the external auditor told us that the audit for 2018/19 has provided evidence that:

  - The CCG acts in the public interest demonstrating and applying the principles and values of sound governance. No matters related to governance required a report by the external auditor or have been drawn to the Audit Committee's attention during the last year.
  - The CCG understands and uses appropriate and reliable financial and performance information to support informed decision making.
  - No significant internal control issues have been identified through the work of internal or external auditors.

- Audit Committee members approved the draft Audit Committee Annual Report for 2018/19 which sets out how the Audit Committee has met its Terms of Reference and discharged its responsibilities for the year ended 31 March 2019. This will be presented to the Governing Body for ratification.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

NHS
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Clinical Commissioning Group

Item 18

Chair's Report: Finance and Performance Committee

Date of Meeting	27 June and 25 July 2019
Chair	David Booker

Areas of note from the Committee Discussion

27 June

- The Committee requested continued reporting on the progress relating to the achievement of QIPP savings. A detailed narrative of progress, challenges and mitigation is required alongside financial reporting.

- Noting the deterioration in performance the Committee agrees the principle that the CCG should become more proactive in the understanding and management of referrals from primary care to the Emergency Department. AL and MC to action this.

- The Committee noted the risk to the CCG and wider system regarding the reprocurement of GP IT and Corporate IT services and supports the Executive Team to take positive action.

- The Committee sought assurance on the extent to which regulators would support a managed procurement process for GP IT and Corporate IT to avoid operational risk and system fragmentation.

25 July

- The Committee welcomed the analysis by Dr Andrew Lee of Emergency Department attendances, GP referrals, and diagnostic and disposal measures. The Committee also welcomed the determination of senior staff to devote leadership time and intervention to better understand and redesign the system.

- The Committee noted continuing concerns regarding the CCG's achievement of the required QIPP savings.

- The Committee recommended that the Governing Body approve the two year extension to the Tees, Esk and Wear Valleys NHS Foundation Trust Mental Health Contract.

- The Committee approved the extension of the existing contract with The Retreat for adult autism and attention deficit hyperactivity disorder assessment for an additional 12 months to allow for development of an all age strategy.

- The Committee reviewed options for commissioning support services and agreed direct award as the appropriate procurement option for GP IT and Corporate IT contract.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

NHS
Vale of York
Clinical Commissioning Group

Item 19

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	11 July 2019
Chair (Interim)	David Booker

Areas of note from the Committee Discussion

The Committee:

- Requested that the potential for establishment of a Joint Strategic Needs Assessment for the Vale of York be explored with City of York Council and North Yorkshire County Council. PM to lead on this.

- Emphasised that the Primary Care Estates Strategy should comprise key components of the CCG's aspirations to achieve the Ten Year NHS Plan working with partners.

- Noted that all requirements for the 1 July 2019 "go-live" date for the Network Contract Directed Enhanced Service had been met and expressed appreciation for this achievement to all involved.

- Expressed appreciation for the positive work undertaken by staff in support of primary care.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 20	
Name of Presenter: Dr Andrew Lee	
Meeting of the Governing Body **Date of meeting: 5 September 2019**	![NHS Vale of York Clinical Commissioning Group]
Report Title – Medicines Commissioning Committee Recommendations	
Purpose of Report *(Select from list)* **For Information**	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee: June and July 2019.	

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks ☐Financial ☐Legal ☐Primary Care ☐Equalities	**Risk Rating**
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. N/A

☐ Quality Impact Assessment

☐ Equality Impact Assessment

☐ Data Protection Impact Assessment

☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

For information only

CCG Executive Committee have approved these recommendations

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title	Report Author and Title
Dr Andrew Lee Director of Primary Care and Population Health	Faisal Majothi Senior Pharmacist

Recommendations from York and Scarborough Medicines Commissioning Committee June 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	Nil this month				
NHSE commissioned Technology Appraisals – for noting					
2.	TA578: Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation		Durvalumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD‑L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if they have had concurrent platinum-based chemoradiation	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA579: Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy		Abemaciclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)‑negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if exemestane plus everolimus would be the most appropriate alternative.	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA580: Enzalutamide for hormone-relapsed non-metastatic prostate cancer		Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned not approved by NICE.
5.	TA581: Nivolumab with ipilimumab for untreated advanced renal cell carcinoma		Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria.	RED	No cost impact to CCGs as NHS England commissioned.
6.	TA582: Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of cabozantinib for previously treated advanced hepatocellular carcinoma because Ipsen Ltd did not provide	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.

		an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.		
Formulary applications or amendments/pathways/guidelines				
7.	Topical Gabapentin Gel 6% 45g	The MCC recommended the use of Topical Gabapentin Gel 6% for vulvodynia only following a majority vote. Note this is unlicensed special with a very limited published evidence base, with the most evidence in the management of vulvodynia.	RED	YFT requested recharge to CCGs. Expect 20-30 patients per year Cost in secondary care = Gabapentin 6% Topical gel 45g £65.26 per tube (assume 1 tube lasts 28 days).
8.	Ciclosporin 1mg/ml eye drops (Verkazia®)	Approved for treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents as licensed alternative to unlicensed product that is currently used. Should be used during the VKC season. If signs and symptoms of VKC persist after the end of the season, the treatment can be maintained at the recommended dose (FOUR times a DAY) or decreased to one drop TWICE a DAY once adequate control of signs and symptoms is achieved. Treatment should be discontinued after signs and symptoms are resolved, and reinitiated upon their recurrence.	AMBER Specialist Recommendation	Estimate 3 patients per annum Cost per patient for 1 month QDS dosing = £288 Assume 3 months total (2 month in primary care) per patient = £576 Assume 12 month total (11 month in primary care) per patient = £3,168 Assume 12 months total (3 at QDS and then 9 at BD dosing) = £1,872
9.	Melatonin for Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Parkinson's Disease.	Approved by MCC for use in Parkinson's disease for this group of patients only subject to rating scale to assess outcome/benefit being developed. Recommended by NICE in NG71	AMBER Specialist recommendation	Anticipate approx. 20 patients per annum. As patients would generally failed clonazepam then it is anticipated this would be new cost and dependant upon the dose of melatonin used (2-6mg usual range) would be (£3,740 - £11,220) per annum for 20 patients
10.	Norethisterone and Medroxyprogestone to delay or defer menstruation during a forthcoming holiday or event	Agreed that MCC should not have formulary position on this but that each GP practice could have their own policy if they wished. Should be prescribed at GP discretion.	n/a	No significant cost to CCGs expected.

11.	Amidarone Shared Care Guideline	Update of expired shared care guideline approved. Changes as follows: • Opthalmology monitoring - Checked with Dr Gale and he is happy to continue not recommending annual ophthalmology screening. • Thyroid monitoring – minor change to frequency	Amber SCG	No significant cost to CCGs expected.
12.	Biologic Pathway for Psoriatic Arthritis	New pathway for use of Biologics in RA approved. Pathway follows NICE guidance and relevant NICE TAs. Noted all biologics are currently RED drugs	n/a	No significant cost to CCGs expected as all the proposals are current practice and promotes use of the most cost-effective biologics.
13.	Biologic Pathway for Ankylosing Spondylitis and Axial SpA	New pathway for use of Biologics in RA approved. Pathway follows NICE guidance and relevant NICE TAs. Noted all biologics are currently RED drugs.	n/a	No significant cost to CCGs expected as all the proposals are current practice and promotes use of the most cost-effective biologics.
14.	TEWV Valproate Shared Care Protocol to support Pregnancy Prevention Programme (updated)	Updated shared care from TEWV approved. Only change is update reference to new annual risk acknowledgement form to be used which now allows for exceptions for need to contraception if deemed other reasons that patient not at risk of pregnancy whilst on valproate containing medicines.	n/a	No significant cost to CCGs expected as all the proposals are current practice.

15.	TEWV Anxiety Medication Pathway for Adults	Updated pathway from TEWV approved. Changes are as follows:
		• Updated to reflect new NICE guidelines on PTSD (NG116):
		  o Mirtazapine, phenelzine and amitriptyline removed;
		  o Venlafaxine and fluoxetine supported by NICE (step 3);
		  o All the antipsychotics now supported by NICE (step 5);
		  o Added a note to step 4 options to indicate that, although not supported by NICE, may be useful options to avoid having to use antipsychotics
		• Removed clomipramine completely given its scarcity and probable demise at some point – no longer appropriate to initiate it
			n/a	No significant cost to CCGs expected as all the proposals are current practice.

		• Added fluoxetine to step 3 for OCD in place of clomipramine (licensed) • Removed imipramine and added venlafaxine (supported by Maudsley) at step 3 for panic disorder; step 4 changed from SNRI to duloxetine (as venlafaxine moved to step 3) • Added note to propranolol (step 1 adjunct) to warn patients of side-effects		
16.	TEWV Safe Lithium Prescribing and Shared Care	Updated shared care guideline from TEWV approved. Changes as follows: The changes are highlighted in the document attached and are as follows: • Addition of a flowchart (appendix 1) summarising the process for initiation; • Requirement to enhance patient information and understanding at initiation of the importance of 12 hour post-dose blood sampling (a request has also been made to enhance national patient information leaflets); • Added responsibilities for TEWV clinicians and GPs in reporting and/or documenting when blood samples are known to have been taken outside the recommended 12-14 hour post-dose window; • Definition of "stable" in relation to moving from weekly to 3-monthly monitoring of lithium levels; • Additional warning about switching dose equivalence if switching form tablets to liquid	n/a	No significant cost to CCGs expected as all the proposals are current practice.
17.	Deprescribing Proton Pump Inhibitors	New document to support primary care clinicians in deprescribing proton pumps inhibitors due to risks of inappropriate long-term PPI use approved.	n/a	May result in cost saving to CCGs if patients do not continue on PPIs longer than is necessary. Unable to quantify potential savings.

Recommendations from York and Scarborough Medicines Commissioning Committee July 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA583: Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes		Ertugliflozin with metformin and a dipeptidyl peptidase‑4 (DPP‑4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if: • the disease is uncontrolled with metformin and a DPP‑4 inhibitor, and • a sulfonylurea or pioglitazone is not appropriate. If patients and their clinicians consider ertugliflozin to be 1 of a range of suitable treatments, including canagliflozin, dapagliflozin and empagliflozin, the least expensive should be chosen.	GREEN	No significant cost to CCGs expected, this is because the technology is a further treatment option and is available at a similar price to alternatives.
NHSE commissioned Technology Appraisals – for noting					
2.	TA584: Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer		Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: • who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or • when targeted therapy for epidermal growth factor receptor (EGFR)‑positive or anaplastic lymphoma kinase (ALK)‑positive NSCLC has failed.	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA585: Ocrelizumab for treating primary progressive multiple sclerosis		Ocrelizumab is recommended, within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults. It is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.

4.	[TA586](#): Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib	Lenalidomide plus dexamethasone is recommended as an option for treating multiple myeloma in adults only if: • they have had only 1 previous therapy, which included bortezomib, and • the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
5.	[TA587](#): Lenalidomide plus dexamethasone for previously untreated multiple myeloma	Lenalidomide plus dexamethasone is recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if: • thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or • the person cannot tolerate thalidomide, and • the company provides lenalidomide according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	Melatonin in children with primary insomnia	The MCC recommend not to commission melatonin to treat primary insomnia in children where this is the sole indication. N.B. Remains AMBER shared care for treatment of sleep disorders in children with visual problems and learning difficulties, cerebral palsy, autistic spectrum disorders, complex neurodisabilities, and Chronic sleep disorders in children & young people with neurodevelopmental disorders.	BLACK	Potential cost saving to CCG if these patients reviewed and treatment stopped.
7.	Apomorphine (Dacepton) in Parkinson's Disease	Approved for treatment of motor fluctuations ("on-off" phenomena) in patients with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication as to alternative to Apo-go® brand of apomorphine which is already on the formulary. Dacepton has a longer expiry once opened, safer to use as a pump and the same price as APO-go. New patients will be started on Dacepton.	AMBER Shared Care	No significant cost impact to CCGs expected. PENS Drug purchase costs of APO-GO pen and Dacepton pen are similar (£123.91/5 vs £123/5). Savings will be achieved due to the ability to use the Dacepton pen for more than 24 hours (APO-Go pens have an in use expiry of 24 hours). The cost saving will differ in each patient according to their dose, with the greatest cost savings for patients who are prescribed doses between 3mg/day and 14mg/day. The savings for these doses will be between £3624.82/year and £332.52/year

			respectively per patient per annum.

			INFUSION Volume for volume, the drug purchase costs of APO-Go and Dacepton solution for infusion are similar. The cost of the consumables are also comparable or less if the Dacepton pump is changed every 2 days compared with daily with APO-Go (£105 vs £142).
8.	Semaglutide for type 2 diabetes	The MCC approved that semaglutide would replace exenatide once weekly on the formulary. Exenatide will be for continuation only. Semaglutide has established cardiovascular outcome data and one pen provides four doses, other GLP-1 receptor agonists have one dose per pen. Use would be in line with current Type 2 local pathway, but would be used specifically for the following cohort : • Use when the patient requires a GLP-1 receptor agonist and would prefer a weekly preparation and • Have established cardiovascular disease. (see application for evidence) or • The current GLP-1 receptor agonist has not achieved sufficient clinical response in terms of HbA1c or weight reduction or • Another GLP-1 receptor agonist has caused local skin reactions at the site of injection.	GREEN	No cost to CCG expected. Cost neutral. <table><tr><td>**Product**</td><td>**Monthly primary care cost**</td></tr><tr><td>Exenetide (Bydureon) 2mg prefilled pen (x4 pens)</td><td>£73.36</td></tr><tr><td>Dulaglutide 0.75mg (x4 pens)</td><td>£73.25</td></tr><tr><td>Dulaglutide 1.5mg (x4 pens)</td><td>£73.25</td></tr><tr><td>Semaglutide (Ozempic) 0.5mg and 1mg prefilled pen (x 1 pen with 4 doses)</td><td>£73.25</td></tr></table>
9.	Fixapost® (Latanoprost + Timolol P/F) for glaucoma	The MCC approved that the combination product Fixaprost® is cost saving in comparison to using the individual preservative free products. It is use will be in line with the current glaucoma pathway for patients with proven sensitivity to preservatives.	AMBER Specialist Recommendation	Reduction in cost for using combined product instead of separate preparation of preservative free eye drops Cost saving = £15.98 (as separate componets) - £13.49 (as combination product) = £2.49 per 30 unit doses
10.	Hydrochlorothiazide containing products – review of current	The MCC recommend to black list products containing hydrochlorothiazide. There was a DSU in Dec 2018 from the MHRA warning of a risk of non-melanoma skin cancer with	BLACK	No cost to CCG expected. Potential cost savings.

	prescribing	hydrochlorothiazide. There are no hydrochlorothiazide containing products currently listed in the formulary and there are currently no combination products for hypertension listed in the formulary.		Indapamide 1.5mg modified-release tablets x30 = £3.40 Indapamide 2.5mg tablets x28 = 93p Enalapril 20mg tablets x28 = £1.82 Enalapril 5mg tablets x28 = £1.64 Co-amilozide 2.5mg/25mg tablets x28 = £7.35 Co-amilozide 5mg/50mg tablets x28 =£1.67
11.	Hydrocortisone granules (Alkinid®) for children	The MCC recommended that Alkinid® should be first-line treatment for infants and young children with adrenal insufficiency aged from birth to less than six years of age for whom hydrocortisone must otherwise be individually prepared by manipulation such as by compounding (or crushing) or by production of special solutions in order to produce age-appropriate doses, or hydrocortisone given as off-label buccal tablets.	AMBER	Alkindi ® 8 to $15mg/m^2$/day in three to four divided doses (ie 6.5mg to 12mg daily) = £3,194 to £ 5,897 per year per patient. Hydrocortisone 10mg tablets 8 to $15mg/m^2$/day in three to four divided doses = £1,239 per year per patient Assume £2,000 to £5,000 additional cost per patient per annum.
12.	Monitoring following discontinuation of amiodarone	The MCC recommend that TFTs and LFTs should be monitored 6 months and 12 months after stopping amiodarone as per national guidance from the British Thyroid Foundation.	n/a	No significant cost to CCGs expected.
13.	CMPA & Baby Milk Guidance	The MCC agreed to remove updating the current local CMPA & Baby Milk Guidance from its workplan due to lack of resources currently to support this work and other current priorities.	n/a	Updating current CMPA & Baby Milk Guidance could potential lead to cost-savings to CCG due to more cost-effective use and choice of products.