Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

7 May 2020 9.30am to 10.45am

By Microsoft Teams due to Coronavirus COVID-19

AGENDA

STANDING ITEMS – 9.30am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3-10	Minutes of the meeting held on 2 April 2020	To Approve	All
4.	Verbal	Matters arising from the minutes		All
ASSURANCE – 9.35am				
5.	Pages 11-35	Quality and Patient Experience Report	For Decision	Michelle Carrington
6.	Verbal	Risk Update	To Note	Abigail Combes
7.	Email sent 6/4	CCG Annual Assessment 2019/20 and System Oversight	To Note	Phil Mettam
FINANCE – 9.50am				
8.	Pages 36-49	Financial Performance Report 2019/20 Month 12	To Receive	Simon Bell

CORONAVIRUS COVID-19 UPDATE – 9.55am				
9.	Verbal	Update	To Note	Michelle Carrington / Andrew Lee
NEXT MEETING				
10.	Verbal	9.30am on 4 June 2020 – *scheduled as a workshop*	To Note	All
CLOSE – 11.45am, Part II meeting to follow				

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 2 April 2020 by teleconference due to Coronavirus COVID-19

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
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 Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Sharron Hegarty (SH)	Head of Communications and Media Relations
Peter Roderick (PR) – for item 9	Specialty Registrar in Public Health, NHS Vale of York CCG / City of York Council
Michèle Saidman (MS)	Executive Assistant

Apologies

David Booker	Lay Member, Chair of Finance and Performance Committee

STANDING ITEMS

1. Apologies

As noted above.

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

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

3. Minutes of the Meeting held on 5 March 2020

The minutes of the meeting held on 5 March were agreed.

The Governing Body:

Approved the minutes of the meeting held on 5 March 2020.

4. Matters Arising from the Minutes

Update on establishing a local system approach for pertussis vaccination in pregnancy: MC reported that this work was ongoing but noted the context of Coronavirus COVID-19 pandemic.

Ethics Committee: AL confirmed that arrangements had been established.

Other matters would be carried forward to the time when "business as usual" resumed.

The Governing Body:

Noted the updates.

STRATEGIC

5. Humber, Coast and Vale Health and Care Partnership - Integrated Care System Status Application

In referring to the report, circulated by email on 9 March 2020 for Governing Body support, PM advised that Humber, Coast and Vale Health and Care Partnership's application for Integrated Care System status had been approved at a national level. The report fulfilled the associated governance requirements.

PM explained that, although not specifically in accordance with the priorities detailed, the approach described in the report was being implemented across the Humber, Coast and Vale system in response to the Coronavirus COVID-19 pandemic. He also noted that leaders across the Humber, Coast and Vale Health and Care Partnership had taken on system leadership roles.

The Governing Body:

Approved the Humber, Coast and Vale Health and Care Partnership's application for Integrated Care System status.

ASSURANCE

6. 2019/20 Annual Report and Accounts: Delegated Authority to Audit Committee on 21 May 2020

SB sought delegated authority for the Audit Committee to receive and approve the Annual Report and Annual Accounts at its meetings on 27 April for draft documents and 21 May 2020 for final versions.

The Governing Body:

Delegated authority to the Audit Committee to approve the Annual Report and Accounts on its behalf prior to national submission.

7. Interim Measures – Governance and Committee Meetings

MC presented the report that sought to release capacity, through reduced governance arrangements, for Governing Body members and CCG staff to support frontline healthcare colleagues in response to the Coronavirus COVID-19 pandemic.

Members sought and received assurance that monitoring of risk other than that associated with Coronavirus COVID-19, would continue although the Risk Policy and Strategy so far as it relates to reporting would be suspended for a period to be determined by the Governing Body and this decision will be reviewed quarterly with the first review in July 2020. PG, as Audit Committee Chair, agreed to liaise with the Head of Legal and Governance in respect of regular risk monitoring and to report any new risk, or significant change in risk, to the Governing Body. He confirmed that risk would be discussed by exception at the Audit Committee with no formal risk report being required until "business as usual" resumed. It would be assumed in the current circumstances that risks would be monitored and managed by the relevant Executive Director. For "business as usual" risks this would be through the usual Directors, for the purposes of COVID-19 specific risks this would be through MC and AL who share this responsibility.

Whilst capacity is stretched the risks reported will provide minimum detail and scoring to the Head of Legal and Governance and therefore once "business as usual" is restored there may be a short lag in returning to the required way of recording in accordance with the Policy and Strategy.

The Governing Body:

Agreed:

1. Reduced agendas and shorter meetings.
2. Remote meetings via online methods or conference call (with meetings in public on hold, for reasons of social distancing).
3. Reduced minuting, limited to action points and decisions.
4. Suspension of current corporate policies on risk reporting, Freedom of Information requests, Subject Access Requests and the annual declarations of interest renewal; the latter still requiring any new declarations of interest.
5. Chair has discretion to stand down meetings where necessary.
6. The minutes of Governing Body and committee meetings would be utilised to capture and monitor risk not related to Coronavirus COVID-19.

FINANCE

8. Financial Performance Report 2019/20 Month 11

PR joined the teleconference during this item

SB referred to the report that confirmed forecast achievement of the CCG's £18.8m deficit plan, which, though not meeting control total, had been set as stretching but realistic. He also confirmed that all recovery actions had been executed and noted that at the time of writing the report it had been expected the annual accounts would be drawn up on the basis of achieving the £18.8m deficit position.

SB explained that NHS England and NHS Improvement had recently announced additional resources for organisations that achieved their plan. This was in the form of Sustainability Funding for both CCGs and providers with additional resource if thereafter an organisation was within £10.0m of breakeven. The CCG would therefore achieve breakeven through the £14.0m Sustainability Funding and additional £4.8m additional resource which meant that the accounts would be prepared on the basis of break-even. SB noted that this position had not been achieved since 2014/15 and that, of the c.£118m additional resource into the North East and Yorkshire Region, c£29m would be received by Humber, Coast and Vale and of this c£27m would be received in the York system.

SB also explained that External Audit had indicated the new position may remove the modified regulatory opinion and the qualitifed value for money conclusion however this would be subject to national moderation. He noted there was no potential change to the CCG's legal Directions until "business as usual" resumed.

In respect of the annual accounts SB clarified that the additional resource was subject to all organisations in the North East and Yorkshire region delivering their month 11 position. He advised that the draft accounts would be prepared on this basis for consideration by the Audit Committee on 27, instead of 23, April and that he had agreed with External Audit, although submission of the final audited accounts could be delayed until 25 June, the CCG would maintain the 28 May submission date.

Members sought and received clarification in the context of the suspension of operational planning, potential risk that other organisations in the system may not achieve their month 11 position, and costs and impact relating to Coronavirus COVID-19.

PM additionally wished to record appreciation of the support of both the Finance and Performance Committee and the Governing Body in maintaining and achieving the Financial Plan, noting that this had been recognised by the regulators. He also noted that this significant achievement would be communicated to the Council of Representatives and to staff.

The Governing Body:

1. Received the Month 11 Financial Performance Report.
2. Noted the new deadlines for submission of draft and audited accounts.

COVID-19 UPDATE

9. Assessment of Current Position and Discussion of Risks

AL provided an update on the number of cases in York and North Yorkshire as at the previous day, 1 April.

PR highlighted aspects of the modelling data briefing circulated ahead of the meeting.

Discussion included:

- Potential impact on primary, community and secondary care from the expected surge in patients affected by COVID-19.
- Patients at risk of hospitalisation with particular reference to the context of age and co-morbidity.
- The Reasonable Worst Case Scenario.
- Potential for North Yorkshire and York, currently with comparatively fewer cases, to be further affected in the coming weeks.
- Opportunities for primary care to provide additional data to inform modelling. In this regard HE provided information on an Edenbridge APEX COVID-19 Tracker and AL would share a CCG COVID-19 Dashboard with PR.

AL explained a number of challenges as a result of COVID-19 including:

- National daily directives.
- The system perspective, noting the establishment of York COVID 19 Co-ordinating Group – Primary, Community and Social Care as per the presentation circulated in advance of the meeting.
- The need for a region wide ethics committee to be established.
- Immediate risk such as rapid discharge from hospital including absence of care packages; advance care planning; personal protective equipment issues; and limited testing capacity at York Hospital.
- The need for a recovery cell both at CCG and system level for the impact of exiting the current situation.

MC provided updates on:

- Swabbing, including local prioritising by York Hospital of swabbing for their staff; laboratory capacity at York Hospital; resumption of the ‘see and swab' service for NHS staff at Easingwold Health Centre; and potential for national arrangements for swabbing to be done by non NHS staff.
- Urgent discussion to take place with the Local Medical Committee regarding criteria and prioritisation of swabbing for primary care staff. MC requested that GP members consider initial principles in this regard.

- Challenges relating to personal protective equipment both in the NHS and other care settings, changing guidance and misunderstanding about its use. Recognition of staff feelings of vulnerability.

PR left the meeting

DN expressed concern that decisions made by or on behalf of vulnerable people through fear of COVID-19 may not be sustainable, e.g. stepping down of care provision which may not be easily stepped up again.

MC explained that a system approach to advance care planning was being developed to offer as support to primary care; some of the documentation was COVID-19 specific. MC also highlighted the need for consideration of a process for advance care planning that encompassed patients going into hospital. NW added that Dr Stuart Calder was chairing the recently established Ethics Committee where the advance care planning documentation was being reviewed for use in community and palliative care as well as primary care.

Discussion included:

- The need to ensure availability of services for non COVID-19 patients.
- Assurance in respect of safeguarding.
- Future Governing Body agendas to include learning, team and organisation perspectives, from working under the current challenges.

PM additionally reported imminent announcement of a field hospital in Harrogate which would become operational the following week. There would initially be up to 230 critical care beds with potential for 500 if required.

PM noted that, in view of current comparatively low occupancy levels at York Hospital, there may be opportunity to work proactively both in terms of advance care planning as discussed above and with specialties on system transformation. He asked members to consider potential areas to progress in this regard.

The Governing Body:

1. Noted the updates and associated actions.
2. Agreed to review learning from the challenges of COVID-19.

10. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 7 May 2020 by teleconference or other ‘virtual’ arrangement.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 APRIL 2020 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 January 2020 2 April 2020	Patient Story	• Update on establishing a local system approach for pertussis vaccination in pregnancy • Ongoing in context of the Coronavirus COVID-19 pandemic	MC	5 March 2020 Ongoing
2 January 2020 2 April 2020	Learning Disabilities Mortality Review	• Update on potential proposals and a stocktake of progress • Ongoing in context of the Coronavirus COVID-19 pandemic	MC	5 March 2020 Ongoing
2 January 2020 2 April 2020	Board Assurance Framework and Risk Management Policy and Strategy	• Risk Management Policy and Strategy to be presented for ratification	AC	2 April 2020 Deferred until "business as usual" resumed
5 March 2020	Primary Care Networks Update	• Further update in three months	AL	2 July 2020

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 April 2020	Interim Measures – Governance and Committee Meetings	• First quarterly review of suspension of Risk Policy and Strategy so far as it relates to reporting	PM / AC	2 July 2020
2 April 2020	COVID-19 update	• Review learning on the part of both teams and organisations	All	Ongoing

Item Number: 5

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 7 May 2020

NHS
Vale of York
Clinical Commissioning Group

Report Title – Quality and Patient Experience Report

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

Reason for Report
The purpose of this report is to provide the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provides an update on actions to mitigate the risks aligned to Governing Body.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☒Primary Care
☒Equalities

Risk Rating

Emerging Risks

Risks to quality and safety across all commissioned services due to the impact of Covid-19

Risks emerging from the SEND action plan and impact of Covid-19 upon the deliverables.

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:

N/A

Recommendations

For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.

Decision Requested (for Decision Log)

In the context of the separate strategic and operational work streams which manage the response and risks associated with Covid-19, Governing Body is requested to:

- determine whether members are assured of the measures in place to manage the CCG response and contribute to the system response to Covid-19
- determine whether members are assured of the work being undertaken to understand the quality and safety of commissioned services
- determine whether members are assured of the underpinning approach to patient engagement.
- determine whether members are assured of the actions to manage the risks aligned to Governing Body

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington, Executive Director of Quality & Nursing	Michelle Carrington, Executive Director of Quality & Nursing Paula Middlebrook , Deputy Chief Nurse

NHS
Vale of York
Clinical Commissioning Group

Quality and Patient Experience Report to Governing Body

– May 2020

1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Governing Body with an update on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks.

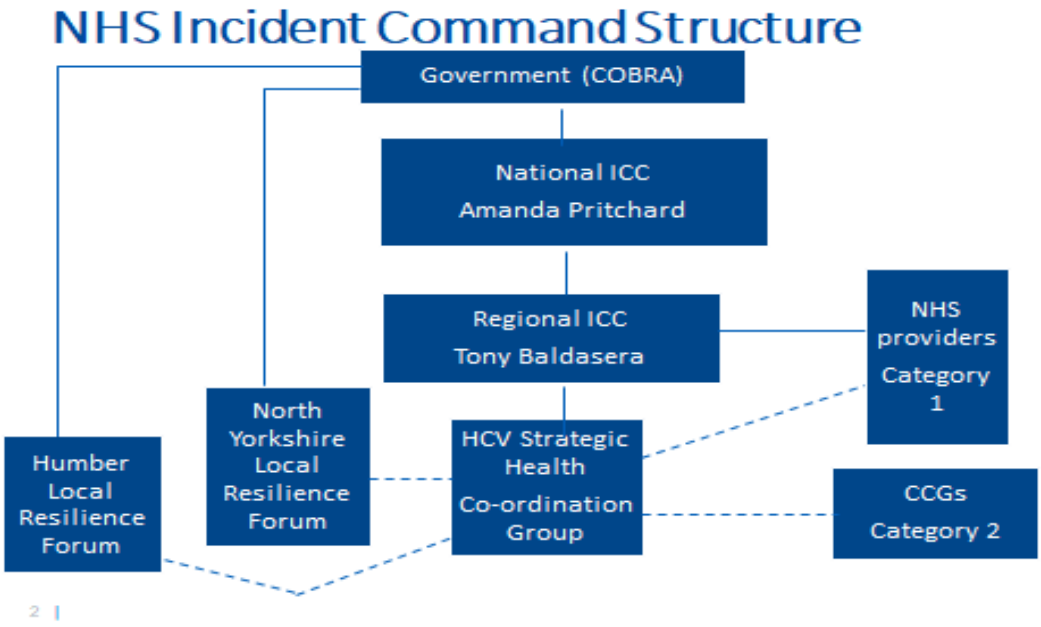
The overarching risk to quality and safety at present is the impact of the Covid-19 pandemic. This report will therefore aim to provide assurance to Governing Body of the systems and process in place to contribute to a system response and how we continue to seek assurance regarding the impacts upon the services we commission.

2. COVID-19

The overarching risk to quality and safety currently is the Covid-19 Pandemic not just the risks to patients and staff from the virus but also to those requiring support and care who do not have Covid-19 who may not receive services or where services are reduced. There is also a risk from patients not seeking help or presenting late in a deteriorated state due to perception or reality of services not being available or fear of leaving their homes.
The CCG is working with system partners to ensure a joined up approach across all providers across health and social care and respective stakeholders to plan for Covid-19 surge activity and meet need.

Covid-19 Command Structures:

National structure:



National and regional coordination cells:

Cells set up nationally and regionally to help progress and fast-track some key areas critical to the work on Covid-19.

NEY Regional Cells established across 10 key areas, there are also HCV representatives for each cell e.g. Phil Mettam, VoYCCG for the procurement cell, Simon Morritt, YHFT for Critical Care.

Cell
1. Clinical Advice
2. Critical Care
3. Workforce
4. Hospital Care
5. Info, analytics, finance and recovery
6. Procurement
7. Discharge, community and social care
8. Primary care
9. Ambulance service and patient transport
10. Mental health, LD and H&J
ICC and coordination director

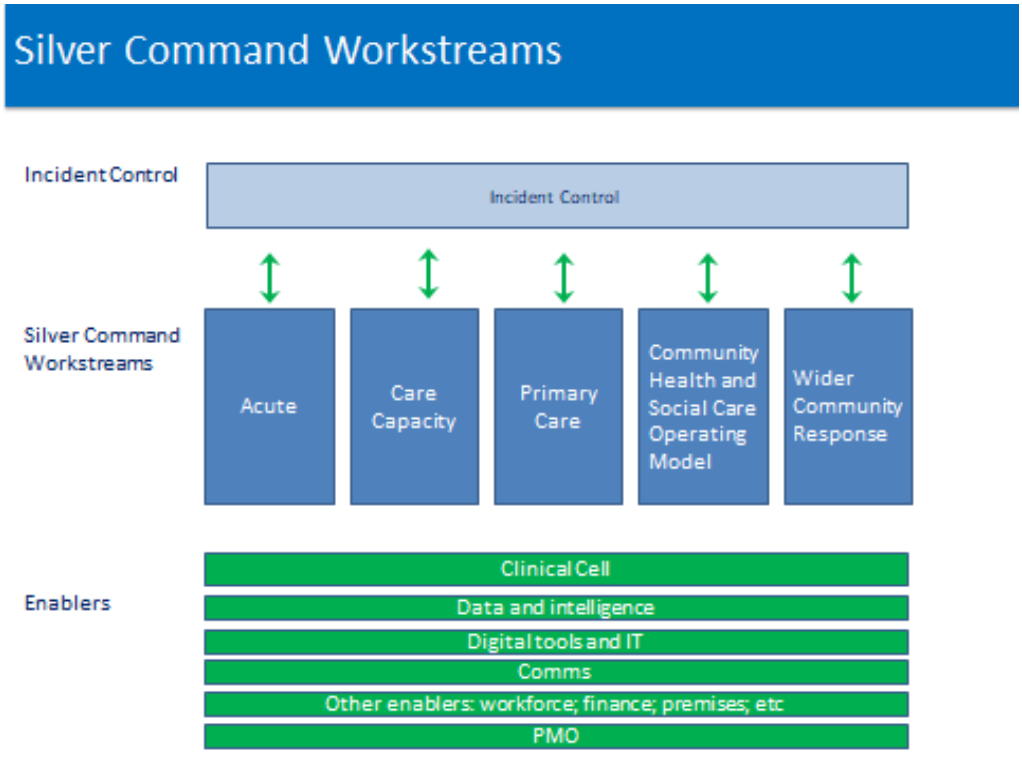
Gold Command – Humber Coast and Vale Strategic Co-ordination Group

Role of the group:

- Implementation of nationally directed response actions
- Coordination of surge arrangements across partners and places

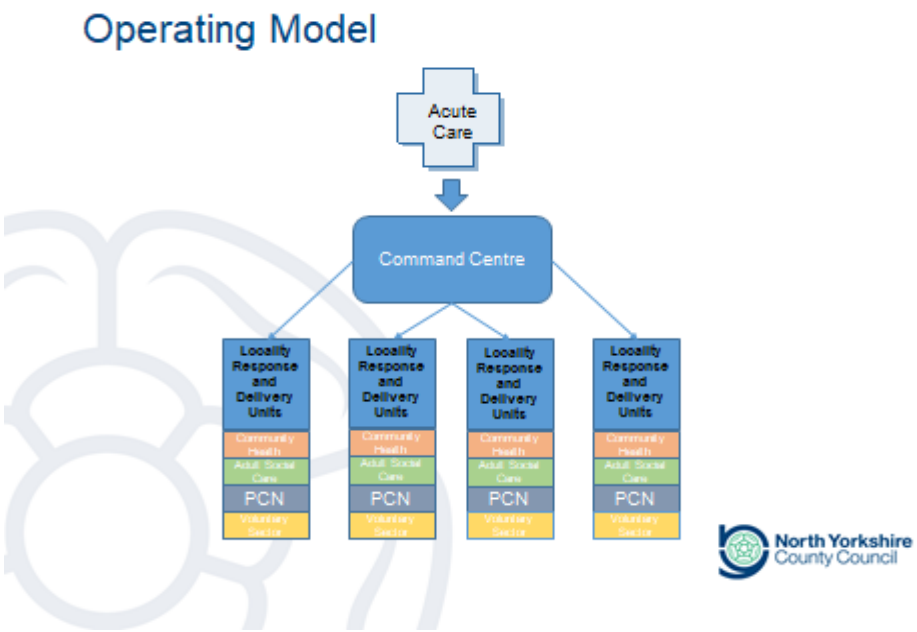
- Invoke mutual aid if required
- Propose actions to mitigate the impact of the epidemic in the health service in HCV
- Planning and co-ordination of urgent non-Covid healthcare such as cancer pathways
- Planning and co-ordination of “fragile” health services
- Escalation of agreed NHS issues to the regional and national Incident Control Centres
- Escalation of agreed partner issues to the Humber and/or the North Yorkshire Local Resilience Forums
- Assessment of the consequences of response actions in terms of the business as usual and recovery
- Sharing of new and transformational ways of working

Silver Command – North Yorkshire and York

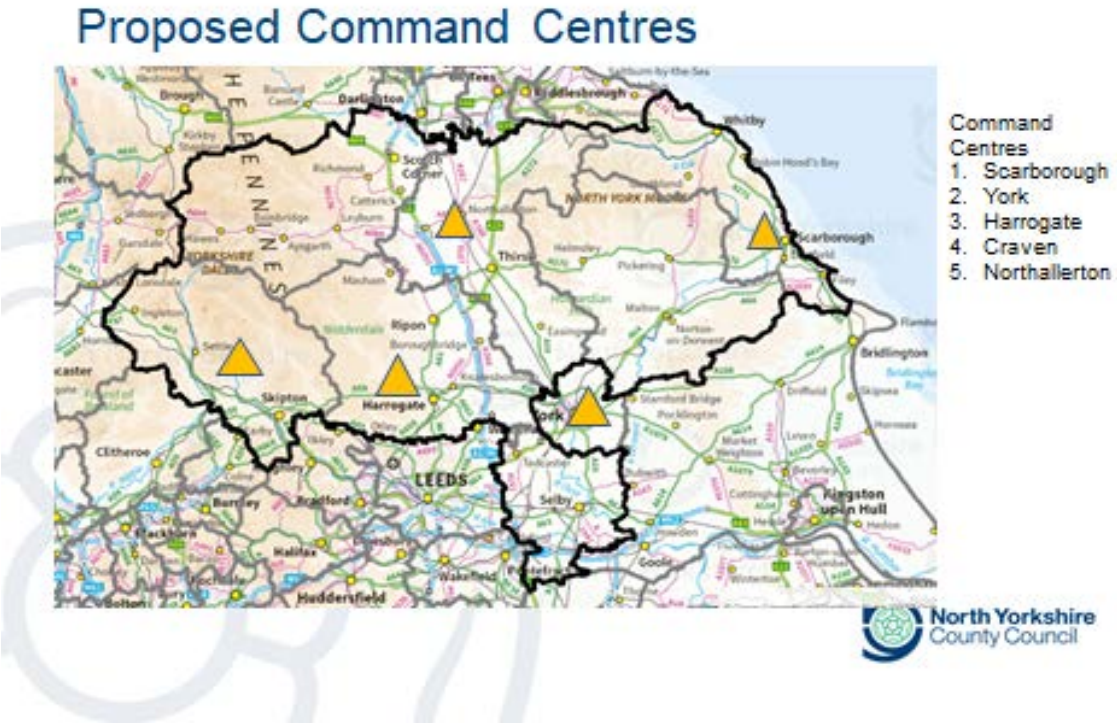


There are work stream leads for both North Yorkshire and Vale of York.

Then for each work stream there is an agreed operating model, example for acute care is below:



There will then be 5 local command centres:



In York the Command Centre is the Discharge Hub based at Archways and the strategic lead is City of York Council.

The Discharge Hub is managing the requirements of the national guidance which emerged a few weeks ago relating to expediting discharges from hospital to create capacity within acute services to manage Covid-19 surge.

This guidance can be found here:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/covid-19-discharge-guidance-hmg-format-v4-18.pdf

The work stream overseeing this work is the Covid Discharge Steering Group (see below)

'Bronze' Command CCG approach:

There are number of CCG meetings which are managing Covid-19 on a daily basis. This includes 2 teams working one week on and one week off on issues related to Covid-19, each team led by either the Executive Director for Population Health and Primary Care or by Executive Director for Quality & Nursing. Each team is supported by a Deputy Director plus others from teams across the CCG including loggists to manage actions and communications team. There is a twice weekly CCG Covid-19 team call and Executive Directors meet 3 times a week.

In addition to the CCG led meetings there is a newly formed 'York Covid-19 Co-ordinating Group – Primary, Community & Social Care' which meets weekly.

The role of this group is:

- Establish and maintain a 7 day extended hours primary, community and social care and equipment operating model including access points and information required for referral
- Highlight and manage any safety issues in relation to care with clarity about who does this and for which cohort (eg domiciliary care, lack of care , omissions etc) Agree how this is reported and shared
- Ensure Public Health modelling is understood across the system and capacity planning, operational planning and gaps escalated for joint discussion and risk assessment.
- Escalate any issues of workforce and/or equipment shortfall against modelled planning
- Agree any changes to 'normal' operating or guidance that is required to be able to respond during Covid across partners so impact understood and briefing can be facilitated
- Co-ordinate and target mutual support across sectors
- Escalate any issues of system break-down/blockage into Y&NY silver or gold command
- Assure the system that the project cells are effectively coordinating between each other and interface issues are captured

Local groups feed in to this Co-ordination group as described below.

Group	Remit	PCN	YFT	CYC	VCS	CCG
Primary Care Ops Group Chair: Dr Andrew Lee Organisation Lead: CCG	Focus on maintaining primary care service provision and resilience. Target are general population and those with mild illness. E.g. hot/cold clinics, remote consultations, total triage schemes.	•				•
Primary Care-Community Services Interface Group Chair: Lisa Marriott Organisation Lead: CCG	Focus on moderately ill patients not requiring hospitalisation but at risk of deterioration and requiring enhanced support and care. Community-centred / home-based care. Target include vulnerable high risk patients, e.g. comorbidities, frailty, care homes. Measures: mobile health and care teams?	•	•	•	•	•
COVID19 Discharge Planning Group Chair : Michael Melvin Organisation Lead: YFT	Focus on facilitating safe and rapid discharge from hospital back to the community with appropriate care package matched to needs.	•	•	•		•
End of Life Group Chair: TBC Organisation Lead: CCG as per national guidance	Patients at the end of life for whom hospitalisation is inappropriate. Focus on meeting the needs of patients in the terminal stages to facilitate a "good" death.	•	•	•	•	•
Advanced Care Planning Organisation Lead: PCN Clinical Lead: TBC	To develop advanced care plans for priority patient cohorts. Arrange cross sector and multidisciplinary integrated team approach.	•	•	•	•	•

Clinical Ethics:

A Clinical Ethics Committee has been established which covers the Humber Coast and Vale area. This group are not meeting to discuss individual cases but rather establishing pathways and guidance where possible to support professionals during the epidemic.

The group meets weekly and is made up of GPs, the Chief Nurse from VoYCCG and clinicians from the Acute Sector. The group is chaired by Stuart Calder who is a retired GP and has considered issues such as Advance Care Plans and pathways for discharge. It is anticipated that this group may consider matters such as PPE deployment in the event of shortages and guidance on accessing limited clinical equipment. Clinical pathways for admission and discharge of patients are also likely to be discussed in the group and this guidance disseminated across the HCV patch.

Changes to commissioned services.

An emergency bill (new laws) has been passed to strengthen the Covid-19 response. The Bill has a range of impacts across healthcare services to both reduce the burden upon front line staff and reduce the need for face to face contacts where practically possible.

Wide ranging changes to commissioned services have taken place as a result of national guidance and implementation options at a local level.

The aims of the changes are to ensure:

- Acute hospital capacity is freed in order to receive and respond quickly to the expected surge in Covid-19 patients
- That non urgent activity is paused to enable the system to cope with a reduced workforce and workforce can be focussed upon the collective Covid-19 response
- Prevention of the transmission / spread of Covid-19
- Protect our vulnerable / at risk residents

Whilst it would not be possible to describe all changes for the purposes of this report the following examples are provided.

Hospital Services

Routine outpatient care and elective surgery

To support the planning and redirection of acute hospital capacity for COVID surge planning and to support infection control in line with national guidance, acute Trusts were asked to cancel all face to face outpatient appointments and elective surgery for adults from the 15th April 2020 for a three month period from 23rd March 2020.

For all booked clinics and patients, local Consultants have reviewed upcoming clinic lists, assessed these patients and moved these appointments to either telephone or video consultation; deferred the appointment (with the hospital holding the patient until capacity is available for their appointment to be re-prioritised); discharged to GP (with the GP holding the patient for re-referral if required), or if deemed clinically necessary, scheduled a face to face appointment in line with current infection control guidelines for on-going delivery of non-COVID care from ‘clean’ sites/ areas.

Routine Referrals

GPs have been asked to not send routine referrals, and to advise their patients that they will be re-presented as soon as appropriate and safe for York FT to re-start routine outpatient care and supporting diagnostics.

There is advice and guidance available across all specialties for general practice teams as required to support GPs in managing decisions around referrals and supporting their patients while they are held before potential re-referral.

Fast track (2WW) and urgent referrals

Following national guidance York FT has ensured all 2WW and urgent related cancer and non-cancer activity was transferred to a ‘clean’ site either offsite (utilising IS capacity) or on-site in line with infection control guidelines.

All new 2WW referrals are triaged by Consultant and either downgraded (with agreement from GP), provided with a telephone call or where necessary a face to face appointment is scheduled.

Supporting diagnostics are provided for 2WW and urgent referrals in line with national guidance, with some diagnostics like endoscopy currently only provided for urgent and emergency cases. Clinicians are continuing to work to agree where investigations are safe and do not cause more harm to staff and patients than benefit.

Cancer Care and Treatment

At this point in time York FT are still providing a significant amount of cancer care, using remote consultation wherever possible to control risk of infection and only requesting patients to attend in person where this is absolutely necessary. To support this continued delivery of cancer care York FT have moved their oncology, haematology and chemotherapy outpatients and Breast, Skin, Gynaecological, Urological cancer day case surgery to the Nuffield hospital as a non-COVID delivery site. This is in line with the latest national guidance around clean sites.

These cancer services are supported by the phlebotomy services and some radiology diagnostics at the Nuffield.

Additionally some specialist diagnostics supporting cancer diagnosis are still available from other providers, including PET scans at Hull University Teaching Hospitals at Castlehill.

Communications to patients and general practice around where services have moved to ‘cold’ sites to ensure delivery in line with infection control guidance is available on both Trust and CCG websites.

The HCV Cancer Alliance is also working with all local Trusts and cancer teams to respond to national guidance to deliver cancer hubs across the HCV footprint which would deliver dedicated and centralised capacity for urgent cancer surgery.

There continues to be a significant volume of national guidance around the delivery of safe cancer care across the entire cancer pathway, from new fast track referrals to end of life during COVID as well as specialty and diagnostic specific guidance.

Our clinicians and operational teams will continue to refresh local arrangements for service delivery and support for patients in light of new national guidance and learning nationally around interim models of care and treatment being developed nationally and with Cancer Alliances.

Their focus remains the mitigation of risk of infection to both staff and patients, including those patients who are receiving on-going cancer treatment which means they are vulnerable and at high risk in relation to COVID, and changes to the way their diagnostics and treatment is delivered as they are shielded.

The impact of the local COVID response on cancer referral and attendance levels since the 1st March 2020 is now known with a 70% reduction in 2WW referrals for the same period in 2018/19. This is in line with reductions seen nationally and has understandably raised a risk around those patients who are not presenting in primary care in the first place during the pandemic period to date. This has prompted local and national communication campaigns to support and encourage patients in contacting their GPs if they have concerns. Referral rates and conversion rates will continue to be monitored to support local partners in understanding the impact of COVID on cancer diagnosis rates and staging.

Safety Netting

All partners are putting in place the necessary safety netting processes for holding and supporting patients who do not need to be seen urgently at this time, cannot receive diagnostics or treatment face to face as this presents too much risk to them or staff, or chose not to attend currently.

Restarting and expanding non-COVID care ('recovery')

As new guidance around delivery of non-COVID care during the pandemic is released this is reviewed by secondary and primary care clinical leads with the LMC, and the relevant response is jointly developed, including updates on new referral pathways, treatment pathways and communications for both general practice and patients.

Guidance around the re-starting of elective care and diagnostics including key areas such as endoscopy is imminent. This will require significant joint working across partners to assess and plan for delivery in the short-term with consideration of local PPE, the on-going protection of shielded and at-risk patients and workforce, on-going delivery of COVID surge capacity workforce and the availability of cold site/ estate capacity.

In the longer-term this will require re-designed access and pathways of care across primary and secondary care.

Preparatory work is already underway to consider how virtual consultation, early expert input for GPs (supported by increased sharing of information between primary and secondary care teams), patient-initiated follow-ups, one stop clinics and risk stratification of existing backlogs can support re-starting routine referrals and outpatient care.

All these service changes and improvements which have been used to support the COVID response here and now, will also provide a more effective and efficient way to delivery safer planned care to local people moving forward. This will be critical when health care capacity will be reduced for a potentially significant period of time as local services deliver care and rehabilitation to COVID patients alongside non-COVID care and social distancing continues.

Community and Primary Care Services

On the 12th March the Director of Community Health, NHS England & NHS Improvement wrote to all NHS providers and commissioners to provide details of all community services and which should be prioritised or paused. The guidance can be found here:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf

Primary Care services

Primary care have been responding to Covid-19 requirements moving to non face to face appointments and maximising triage.

They have been organising services based on requiring both 'hot' and 'cold' sites either in different locations or segregated within practices. Like other services they are experiencing staff shortages due to illness or self isolation and issues with PPE supply. Information provided by practices on a daily basis received into the LMC (Local Medical Committee) allows for early sight of concerns and opportunity for mutual aid and support. The opportunity to implement shared hot sites within the Vale PCN's, exploring the sharing of practice teams and caseloads, is proving helpful in testing shared ways of working with a focus on locality needs rather than individual practice demand.

Feedback from practices is that the 'new' ways of working virtually including video consultations and triage is being very well received and practices are keen to maintain these improvements as activity refocuses back to routine care and long term condition management.

Primary Care Covid Monitoring Hub

The Covid monitoring hub is a single point of access that all health and care providers can notify General Practice of confirmed and query Covid patients. Work is ongoing to ensure all sources of positive and query positive patients are coded and added to the GP record.

Nimbus are operating the hub and using their access to all central GP clinical systems (through Improving Access) to add the codes. The aim is for a live register of query and positive Covid pts to be held in General Practice which is shared with clinical teams as required. The other functional role of the hub is to deploy a volunteer workforce making regular welfare calls to pts on the live register to flag up patients at risk of rapid deterioration, with a process in place that allows the volunteer to make a referral to the GP practice using the practice direct number. A parallel piece of work is developing across the Vale PCN's in conjunction with wider

partners. This will link to work to ensure that partners are aware of any shielded patients on their current caseloads .

Practice Nurse/District Nurse Collaboration

Practice and Community Nursing leads started meeting at the outset of Covid with a view to developing how they can support each other and how to avoid patients receiving multiple calls and visits. This has resulted in identification of shared tasks, roles, and development of shared competencies. Both nurse teams are operating as 'normal' but the capacity they are able to create for each other can be stood up at short notice and will support ongoing collaboration.

The same approach is mirrored in the Vale with joint MDT's between practice and community nurses to review caseloads, and identify priority work for the most vulnerable patients.

In South Hambleton and Ryedale, this has resulted in development of a standard operating procedure for shielded patients which is being shared with wider partners to ensure that all provider caseloads have the same reference for vulnerable and shielded patients. A 3 hub model has been developed to reflect the geography of this rural population and include mental health and social care partners as well as community services. In SHaR, this includes a practice from the former Scarborough and Ryedcale PCN (Ampleforth) being part of the Ryedale hub.

Similar MDT's are taking place in Selby Town, and in Tadcaster and Rural – with the same aim of optimising clinical resource and supporting partner organisations under staffing or workload pressures on a daily and weekly basis. Sharing of caseload information is proving invaluable to developing closer working relationships. All three Vale PCN's are participating in the daily MDT's with social care partners and district councils.

To support partnership working a weekly Vale System group has been established with wide representation from primary and community care, mental health, North Yorkshire County Council and each of the three district councils of Ryedale, Hambleton and Selby. The focus of this group is now moving towards wider system recovery and future ways of working that build on the Covid-19 response of shared caseloads, information and wider health and wellbeing.

Continuing Healthcare

Key standards within the National Framework for Continuing Healthcare have been paused. The approach now implemented to support timely discharge from hospital is to utilise the 'Home First' and discharge to assess approach. Patients requiring a package of care are being discharged from hospital with the appropriate package or care home placement as required.

The Continuing Healthcare team have identified clients who are vulnerable to ensure their safety, appropriate level of care in place and contingency planning where possible.

Maternity services

For maternity services there is a reduction in the number of face to face appointments women now have. Booking appointments now take place over the telephone, and subsequent appointments reduced to the minimum whereby a physical assessment is required for mother and baby safety i.e blood pressure, bloods, urinalysis or physical examination.

Whilst face to face appointments are significantly reduced, these occur within established GP practices. Due to the risk of cross infection, practices are concerned and due to the layout of some practices have stopped outreach clinics taking place within their premises. This is currently posing a challenge to outreach services and options for alternative premises are being explored with urgency.

Other changes which are considered key requirements in line with National Maternity Frameworks have been paused on the grounds of a risk / benefit assessment.

The Local Maternity System (LMS) is providing weekly teleconference support with Trust Heads of Midwifery to ensure a regional approach to implementation of national guidelines, sharing of risks and mitigation actions.

Mental Health Services – Tees Esk and Wear Valleys NHS FT

TEWV have shared their business continuity plans and actions to minimise the risk of Covid-19 transmission. Priority is being given to ensure CRISIS teams are staffed to support telephone and acute hospital services urgent need.

The full range of community services has been reviewed to determine which services will be paused or adapted to reduce face to face contact, whilst aiming to support patients appropriately at home to prevent hospital admission.

As with Acute Trusts there is a suspension to hospital visiting, except on a case by case basis wherein there would be significant detrimental impact.

Care Homes

Care Homes are the homes of many residents who are significantly vulnerable to infection. The Quality and Nursing Team have adapted their approach to Quality Improvement in care homes during the present time.

The team have implemented telephone support calls to provide advice, troubleshoot and allay any anxieties. In one case the staff had high levels of anxiety, therefore a face to face visit was held by a member of the team to talk through concerns, and clarify misconceptions and through education reassure staff.

In addition the telephone calls enable the CCG to ensure we have early sight upon any homes which may be struggling.

A new teleconference tool utilising the Project ECHO platform (which was initially being developed to assist in Palliative and End of Life Care education) is currently being utilised twice weekly for virtual education sessions, questions, advice and support discussions. Providers are able to use the platform for sharing any concerns, ideas and good practice they have with peers and members of the CCG team.

Through the NY&Y Silver command there is a focus work happening to ensure there is a system wide 'one team' approach to prevention, monitoring, escalation, and support for care homes. This includes response and support where there is an outbreak of infection but also support and advice regarding, for example, PPE, workforce, IPC, advance care planning and swabbing of key workers and residents.

Safeguarding

In recognition of the potential unintended consequences, The Designated Professionals Team have agreed to extend the hours of working in order to ensure primary care colleagues have access to safeguarding advice between the hours of 8am and 6.30pm during the pandemic. With the national 'Stay at Home' advice there are concerns about how children will be safeguarded. The Designated Professionals at the request of Governing Body are pulling together a summary of all the support being offered to children by different agencies to minimise the risk of harm. This will be shared at the next Quality of Patient Experience Committee.

Contract Management Boards and Quality Assurance

National Guidance is being followed to minimise the burden of formal contract documentation and contract management processes, so that staff can focus fully on the Covid-19 response. Formal performance reporting through usual Contract Management Boards is therefore paused at present. Due to the CQC ratings there was a Patient Safety Board in place chaired by NHSE/I and this has been replaced Interim governance arrangements:-

During the Covid-19 pandemic and ensuring clinical and managerial effort is fully focused on the incident response, a single interim Quality and Risk Oversight Meeting has been put in place to ensure we are supporting organisations during these challenging times and help support progress towards wider resilience and improvement. Therefore, any planned regional management meetings and Patient Safety Groups have been reprioritised and paused during this time to enable the organisation to focus their attention on what is necessary.

The Quality and Risk Management Oversight will be the single interim arrangements for discussion with NHS England and Improvement (NHSE/I) and is accountable for gaining assurance directly from the trust and, where appropriate, the wider system for the delivery of the improvement programme. These arrangements should also be made aware of current issues and emerging risks to the delivery of the Trusts quality improvement plan, patient safety and unintended financial consequences.

It is anticipated that any concerns will be reported to NHSE/I Regional Executive Management Team and wider regulators by exception. The Chair will be the Director of Intensive Support from NHSE/I.

Year end CQUIN reconciliation has taken place for all providers. National CQUINs have been agreed in principle for 2020/2021, however monitoring and reconciliation will continue to be reflective of the Covid-19 impacts.

Quality Surveillance Groups (QSGs)

QSGs are being paused at the moment due to Covid-19 but concerns have been raised that concerns about providers may be missed if intelligence is not shared by all across systems. Therefore QSG 'hot spot' calls are being developed which the CCG Chief Nurse / Deputy Chief Nurse will join.

Capacity is being maintained within the CCG specifically by the Deputy Chief Nurse, Patient Experience and Senior Quality Lead for Children and Young people to respond to any service or patient concerns.

Serious Incidents (SIs)

The CCG has received confirmation form NHSE/I that there is no interim change to the SI Framework during the pandemic.

To monitor SI activity a weekly update is being circulated to relevant CCG leads.

3. INFECTION PREVENTION & CONTROL (IPC)

The main IPC issue relates to PPE (personal and protective equipment) supply. The CCG are working with partners up to Gold Command to resolve the issues and provide up to date advice regarding PPE.

4. CHILDREN'S SERVICES

Special Education Needs and Disabilities (SEND)

Collaborative work continues between the CCG and City of York Council (CYC) in the development of the Written Statement of Action (WSA).

A specialist project lead who is jointly funded by CYC and the CCG is leading this work which has been extremely helpful under the current circumstances of the Covid-19 pandemic crisis.

The Deputy Director for Education at CYC has written to Ofsted regarding flexibility of timescales for submission of the WSA and a response is awaited. The SEND

Improvement Board still aims to submit the WSA by the deadline of the 3rd June 2020, but in conjunction with a joint risk register regarding the deliverables within the plan and the impact operational activity re Covid-19 may or is likely to have.

The CCG has made CYC fully aware that despite 'best endeavours' there are no guarantees regarding commitment to delivering the plan within set timescales. The WSA will require CCG Executive endorsement prior to submission.

Covid-19 impact upon children's services

The new coronavirus bill has extended emergency powers to create flexibility in relation to statutory functions which includes those described in the Children & Families Act 2014, however it Is not yet clear what the impact will be. This will be monitored by the SEND improvement board.

The CCG is working with the children's continuing care team to establish how many children and young people currently have domiciliary care packages where aerosol generating procedures are required. This is necessary to plan for any enhanced PPE equipment needs should they develop Covid-19 symptoms , as private providers have advised they are currently unable to be supplied with these items. The potential impact would be that care packages would cease and the child or young person may have to be admitted to hospital unnecessarily (if symptoms mild).

The Healthy Child Service has also been impacted by the Covid-19 situation, work is underway to develop risk mitigation strategies for those children and young people most at risk. The CCG will monitor this situation through liaison with CYC and liaison with named nurse for safeguarding .

5. PATIENT EXPERIENCE UPDATE

Pausing the NHS Complaints Procedure

Due to the on-going Covid-19 pandemic NHS England and NHS Improvement are supporting a system wide "pause" of the NHS complaints process which will allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to Covid-19.

The initial "pause" period is recommended to be for three months with immediate effect. All health care providers can opt to operate as usual regarding the management of complaints if they wish to do so and this "pause" is not being enforced.

For CCG related complaints and concerns each case will be assessed on an individual basis and responded to if possible, or paused with an explanation. They will be reopened once normal business is resumed, if required. Cases will be

continue to be recorded, passed to the relevant manager in case of any immediate concerns or action required and monitored for any recurring themes or trends.

Contact to the Patient Relations Team during the early days of the self-isolation period has been mainly from people seeking reassurance and clarification of the government advice.

6. SAFEGUARDING ADULTS – CARE HOMES

Quality Monitoring in Care Homes

Safe and Well protocols are in place by local authorities to ensure that their statutory responsibility to deploy resources to ensure the safety of residents in the Care Home. Therefore this is the legal basis upon which safe and well visits are undertaken. Key partners including the CCG are involved. The Care Home holds ultimate responsibility for ensuring the safety of residents.

Neither the CQC, CCG or Adult Social Care will be providing routine quality monitoring during the Covid-19 pandemic. It is noted however by CQC that it may necessary to still use inspection powers in a very small number of cases when there are clear reports of harm.

7. SAFEGUARDING CHILDREN

Governing Body were provided with a report describing the support being offered during Covid-19 for children. This has been previously circulated for information and assurance.

8. ENGAGEMENT UPDATE

The 2019-20 engagement annual report is available on the website. It outlines all of our public and patient community work over the last year.

https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-reports/annual-engagement-reports/

9. RESEARCH AND DEVELOPMENT:

The National Institute of Health Research (NIHR) Clinical Research Network has paused the site set up of any new or on-going studies at NHS and social care sites that are not nationally prioritised Covid-19 studies. This will enable research workforce to focus on delivering the nationally prioritised Covid-19 studies or

enabling redeployment to frontline care where necessary.

Four urgent public health expedited studies are either open or in set-up at acute Trusts and two for Primary Care.

The Health Research Authority (HRA) are prioritising COVID-19 related research and have implemented a fast track review process; studies are being approved in as little as 24 to 78 hours.

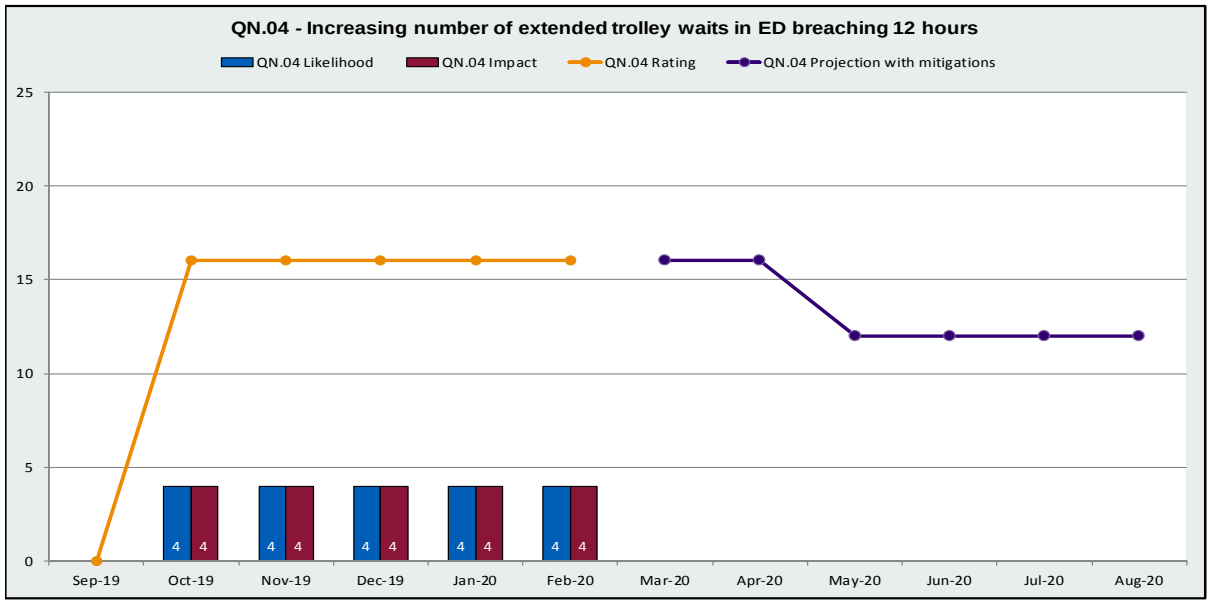
Locally we are ensuring that any communications regarding Covid-19 research in Primary Care are communicated through the Covid-19 Executive leads.

10. GOVERNING BODY RISKS

The following section provides an update regarding the Quality and Nursing risks aligned to Governing Body.

QN 04 Increasing number of extended trolley waits in ED breaching 12 hrs

Risk Ref	**QN.04**
Title	**Increasing number of extended trolley waits in ED breaching 12 hours**
Operational Lead	Sarah Fiori
Lead Director	Executive Director for Nursing and Quality
Description and Impact on Care	Deterioration in achieving the 4hr ECS has resulted in extended trolley waits on both York and Scarborough sites posing potential risk to patient safety and quality of care both to those patients and those waiting in ED yet to be assessed or treated.

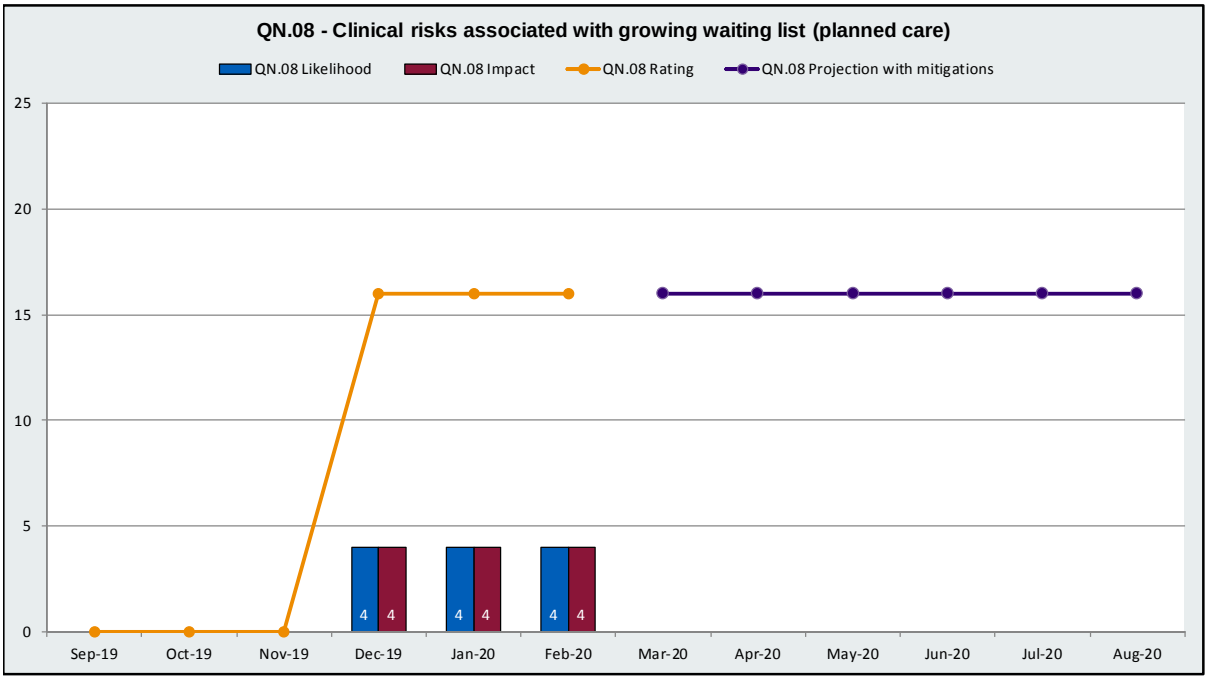


Mitigating Actions and Comments
Date: 28 April 2020
The impact of the Covid-19 pandemic has resulted in a significant reduction in Emergency department attendances and reduced bed occupancy for the Trust. This in turn has resulted in attainment of the Emergency Care Standards throughout this duration. This needs to be monitored carefully as services transfer into the 'recovery' period. Lessons from Covid new ways of working may assist in the recovery process, however there is the additional risk associated with patients not seeking medical advice during the 'lockdown' which may in turn result in subsequent renewed increased activity.

QN08 Clinical Risks associated with growing waiting list (planned care)

The risk below has not been formally updated due to the pausing of elective procedures during the pandemic. However work is underway to determine how existing backlogs will be risk stratified in line with the Trust preparing to restart elective services. A full update will be provided in the next risk report to Governing Body.

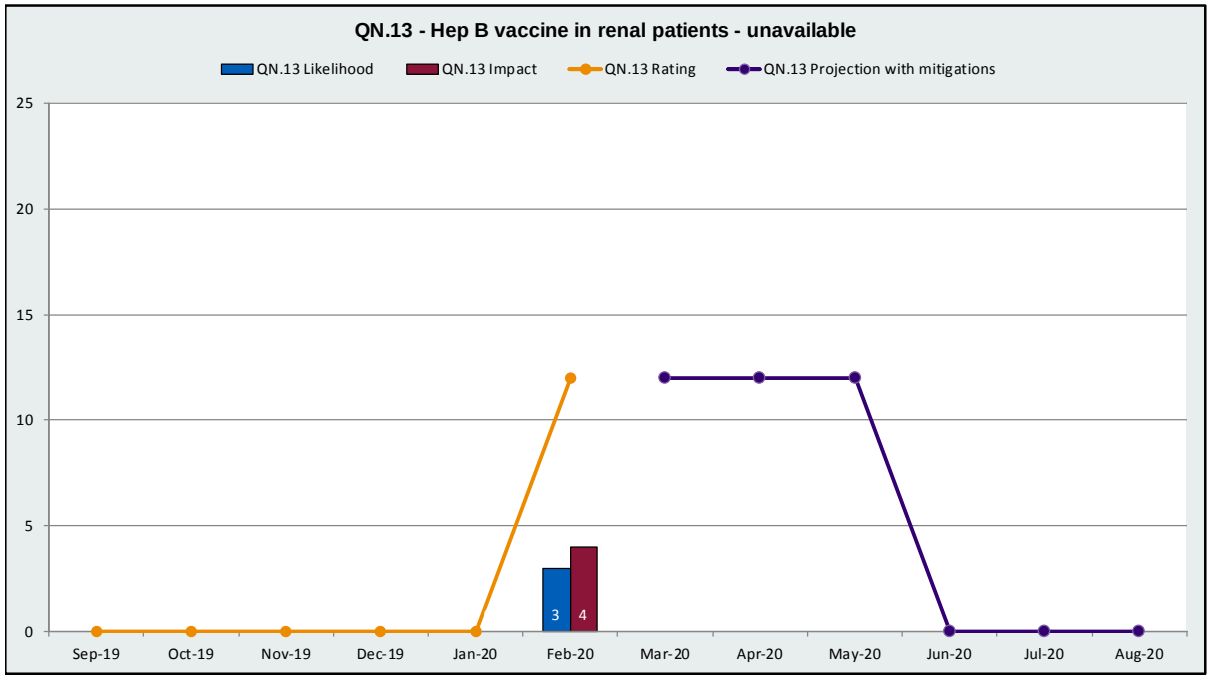
Risk Ref	**QN.08**
Title	**Clinical risks associated with growing waiting list (planned care)**
Operational Lead	Caroline Alexander
Lead Director	Executive Director for Nursing and Quality
Description and Impact on Care	Growing waiting list for planned care at YTHFT increasing the clinical risk to patients while waiting for procedure. Some evidence of harm already.



Mitigating Actions and Comments
Date: 6 February 2020
First assessment of the clinical risk of the backlogs undertaken by care groups has been received by the CCG. Monthly assessment and dashboard down to specialty level is being developed. Joint planned care board at the end of January agreed to mobilise joint secondary care and primary care clinical review of the backlog in the most pressurised specialties (respiratory, cardiology, pain, sleep). All patients overdue their surveillance appointments are being reviewed first but this will take 2-3 months to complete. It is anticipated that 60% of patients on surveillance list can be discharged under new guidelines which will significantly reduce the number of patients waiting.

QN.13 – Hep B vaccine in renal patients - Unavailable

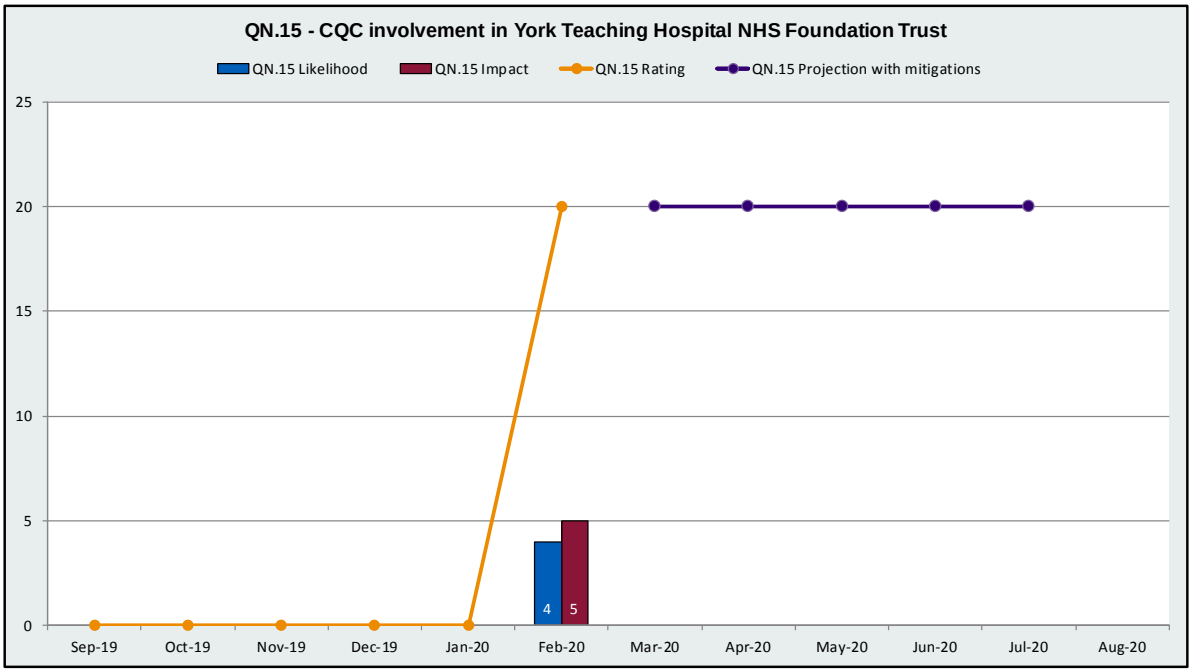
Risk Ref	QN.13
Title	Hep B vaccine in renal patients - unavailable
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	Patients with chronic renal failure potentially remain at increased risk of hepatitis B virus (HBV) infection because of their need for long term haemodialysis. Due to impaired immune responses, HBV infection in haemodialysis patients may be subclinical, and such patients may become carriers of the virus. NHSE wrote to both Primary Care and Secondary Care Trusts informing them that the responsibility for provision of Hepatitis B vaccinations was transferring from Primary care to Secondary care renal services from July 2019. Prior to this there was an affective process in place for Primary care to deliver the vaccinations. Due to lack of advance notice, YTHFT have informed the CCG that they are unable to meet this need due to the additional resource that is required in clinic capacity and personnel to deliver the service. Local GPs have stopped providing the vaccinations due to the NHSE notification that they are no longer commissioned to provide it. There is a risk that patients requiring the vaccine are currently not receiving it.



Mitigating Actions and Comments
Date: 28 April 2020
Dialogue has taken place with York Teaching Hospitals NHS Foundation Trust Clinical teams with an options paper developed which supports the need for the service to be delivered in the patient's local area. This has been discussed at Primary Care CommisCommittee and subsequently at the LMC on the 9 April 2020. A formal response from the LMC has been received and will be considered with an updatde position regarding vaccination activity required.

QN.15 – CQC involvement in York Teaching Hospital NHS Foundation Trust

Risk Ref	**QN.15**
Title	**CQC involvement in York Teaching Hospital NHS Foundation Trust**
Operational Lead	Michelle Carrington
Lead Director	Michelle Carrington
Description and Impact on Care	There is a risk that the current CQC involvement in services in the Acute Provider, on both sites, may result in CQC taking further regulatory action resulting in the potential closure of services significantly adversely affecting quality and safety of services across the system.



Mitigating Actions and Comments
Date: 28 April 2020
CQC have issued two regulation 31 notices and one regulation 29a and a regulation 64 notice in respect of services at York Teaching Hospitals NHS Foundation Trust. This may ultimately result in the closure of services and is impacting on the providers ability to deliver services where the focus is on responding to these notices. There is an existing Quality Improvement Board chaired by Chief Nurse CCG. From February 2020 there will be a patient safety group Chaired by the Chief Nurse North NHSE/I, concentrating on the 'must do' in the CQC action plan. The main areas for concern are staffing in ED (paediatrics) and medical wards on both sites, mental health assessments ED both sites. Due to the current Covid-19 pandemic NHSE/I have confirmed that they are establishing interim Quality Assurance meetings with the Trust for the duration of the pandemic.

11. RECOMMENDATIONS

In the context of the separate strategic and operational work streams which manage the response and risks associated with Covid-19, Governing Body is requested:

- determine whether members are assured of the measures in place to manage the CCG response and contribute to the system response to Covid-19
- determine whether members are assured of the work being undertaken to understand the quality and safety of commissioned services
- determine whether members are assured of the underpinning approach to patient engagement.
- determine whether members are assured of the actions to manage the risks aligned to Governing Body

Item Number: 8

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 7 May 2020

NHS
Vale of York
Clinical Commissioning Group

Report Title – Financial Performance Report Month 12

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of the CCG and achievement of key financial duties for 2019/20 as at the end of March 2020.

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

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)

Report noted.

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Michael Ash-McMahon, Deputy Chief Finance Officer Natalie Fletcher, Head of Finance

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

Finance and Contracting Performance Report – Executive Summary

April 2019 to March 2020

Month 12 2019/20

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
Financial position	The CCG delivered its overall planned deficit position of £18.8m. This, together with the strong financial control demonstrated throughout the year, was recognised by NHS England and as part of the Month 12 reporting process the CCG received an additional allocation of £18.8m thereby enabling the CCG to break-even in-year and for the first time since 2014/15.	
York Teaching Hospital NHS Foundation Trust (YTHFT)	In delivering the overall position, the CCG was able to contribute a further £150k to the system recovery plan which benefitted YTHFT. This contributed further to their overall position, supported delivery of their financial plan and ensured access to their own sustainability funding.	
Continuing Care	The CHC position has continued its strong performance throughout the year with the full release of the provision into the position and further improvements within the backlog FNC spend. In total this improved the outturn by a further £440k and continues to reflect the good work going on in these areas.	

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
Prescribing	The expected Prescribing QIPP delivery has deteriorated further by an additional £250k. Although there are some positive examples of delivery within PIB2, these are not consistent across all parts of the CCG and in some cases there has been deterioration in spend.	Prescribing data is two months in arrears, but it is not expected that we will see a change in the trajectory for PIB2 delivery from the trends thus far. This will need to be subject to review and consideration as required before any decision is made about continuing the scheme in future.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	2019-20 Outturn Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation	7.8	7.4	0.4	G
In-year total expenditure does not exceed total allocation (Programme and Running costs)	512.6	512.6	0.0	G
Better Payment Practice Code (Value)	95.00%	99.67%	0.00%	G
Better Payment Practice Code (Number)	95.00%	97.25%	0.00%	G
CCG cash draw down does not exceed maximum cash draw down	511.5	511.3	0.2	G

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure now matches the forecast outturn following the additional allocation of £18.8m thereby achieving an in-year break-even position

Financial Performance Summary

Summary of Key Financial Measures

Indicator	2019-20 Outturn Target £000	Actual £000	Variance £000	RAG rating
Running costs spend within plan	7.3	7.4	(0.1)	R
Programme spend within plan	505.3	505.2	0.1	G
Actual position is within plan (In-year)	(0.0)	0.0	0.1	G
Actual position is within plan (Cumulative)	(62.5)	(62.5)	0.0	G
Risk adjusted deficit	(0.0)	0.0	0.1	G
Cash balance at year end is within 1.25% of March drawdown or under £250k - whichever is lower (£000)	250	93	157	G
QIPP delivery	14.7	10.0	(4.7)	R

- 'Running costs spend within plan' – The CCG remained within its Running Cost allocation of £7.8m, but it planned to spend £7.3m. The overspend relates to the decision taken to write-off transferred assets at the Clifton Park site occupied by Ramsay the impact of which was £304k within the Running costs budget. This releases £76k per annum from the associated budget for depreciation starting in 2019/20, so a net £227k pressure in-year, but a saving going forward against plan.

- 'QIPP delivery' Year to Date (YTD) and Forecast Outturn (FOT) – the shortfall relates to prescribing indicative budgets and System Recovery Schemes as previously reported. These variances are included in more detail in the financial performance report narrative.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: March 2020

Financial Period: April 2019 to March 2020 (Month 12)

1. Month 12 Supporting Narrative

The CCG delivered its overall planned deficit position of £18.8m. This, together with the strong financial control demonstrated throughout the year, was recognised by NHS England and as part of the Month 12 reporting process the CCG received an additional allocation of £18.8m thereby enabling the CCG to break-even in-year and for the first time since 2014/15. Within this figure there are several variances which are explained in further detail in the table below.

QIPP delivery at Month 12 is £10.0m against a plan of £14.7m, representing a £4.7m shortfall against plan, but also the delivery of one of the largest overall QIPP savings in the CCG's history. The difference relates primarily to slippage on prescribing schemes and system recovery plans and is shown in more detail in section 7.

Reported financial position – variance analysis

Description	Value	Commentary / Actions
Reserves	(£3.85m)	This relates to the System Recovery Schemes. Year to date delivery of these schemes is reflected on the relevant expenditure line.
Primary Care Prescribing	(£3.07m)	This variance includes £2.0m of slippage on QIPP schemes with the remainder the Category M price increases and additional costs from No Cheaper Stock Obtainable items previously reported.
Contingency	£2.44m	The 0.5% contingency has been released to offset the System Recovery Schemes slippage.
Tees, Esk and Wear Valleys NHS FT	£2.03m	This includes an agreed reduction in contract value with no implications for service delivery.
Continuing Care	£1.98m	This is largely a result of not requiring most of the £1.5m contingency provided for in plan for high cost packages together with the increased control of baseline spend.
Other Acute Contracts	£0.67m	Several of the CCG's smaller acute contracts had lower activity than plan including Nuffield (£601k), Harrogate (£357k) and Mid Yorkshire (£319k).
York Teaching Hospital NHS FT	£0.47m	The delivery of System Recovery Schemes is now reflected on this line, as these schemes relate to reduced planned care costs at YTHFT.
Ramsay	(£0.40m)	Activity at Ramsay traded higher than plan.
Other variances	(£0.27m)	
Total impact on outturn	**£0.00m**	

2. Allocations

The allocation as at Month 12 is as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 11			£431.09m
GPFV – Reception and Clerical – STP Funding	Non-recurrent	Core	£0.00m
GPFV - PCN - STP Funding	Non-recurrent	Core	£0.03m
Digital First Primary Care Funding 19/20 transferred to NELCCG	Non-recurrent	Core	(£0.10m)
Q3 Flash Glucose sensor reimbursement	Non-recurrent	Core	£0.07m
Virtual Outpatient Funding	Non-recurrent	Core	£0.01m
Flash Glucose monitoring 19/20 Q4	Non-recurrent	Core	£0.07m
19/20 Armed Forces CCG OOH additional funding - inflation uplift on allocation transfer	Non-recurrent	Core	£0.00m
2019-20 CSF	Non-recurrent	Core	£18.80m
COVID-19 incremental costs	Non-recurrent	Core	£0.19m
Total allocation at Month 11			**£450.15m**

3. Underlying position

The underlying position reported at Month 12 is a deficit of £24.7m as detailed in the table below.

Description	Value
Planned in-year deficit	**(£0.05m)**
Adjust for non-recurrent items in plan -	
Commissioner Sustainability Funding	(£18.80m)
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)
Other non-recurrent items in plan	£0.19m
Underlying position in financial plan	(£18.13m)
Recurrent impact of System Recovery Scheme under delivery	(£3.49m)
Recurrent impact of QIPP under delivery	(£2.01m)
Recurrent overspends in forecast outturn	(£1.25m)
FYE of QIPP and investments	£0.40m
Reported underlying position	**(£24.48m)**

4. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31 March 2020. The CCG wrote-off the inherited assets at the Clifton Park site the impact of which was £304k within Running costs. This releases £76k per annum from the budget for depreciation starting in 2019/20, so a net £227k pressure in-year, but an annual saving going forwards.

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.

The CCG achieved its year-end cash holding target, despite some of the additional challenges around meeting some of the initial Covid response expenditure and this is testament to the strong financial controls in place in this area.

5. QIPP programme

		Year to Date			
Area	**Scheme**	**Plan**	**Actual**	**Variance**	**Comments**
Acute Commissioning	Anti-Coagulation Monitoring - move to Primary Care	30	30	0	Full year effect, delivered in 2019-20
	Biosimilar drugs (FYE)	2,384	2,384	0	Delivered in full through acute contract
	Cost reductions in contract	2,970	2,970	0	Delivered in full through acute contract
Complex Care	CHC Packages (FYE)	1,401	1,443	42	Delivered in full
	MH Out of Contract Packages (FYE)	237	224	(13)	Delivered in full
	Review of CHC Packages	1,377	1,135	(242)	Delivery is based on a detailed package by package savings report.
	Fast track post (investment)	(48)	(48)	0	
	MH Out of Contract Packages	0	189	189	This offsets the forecast shortfall in CHC to deliver the full level of planned savings across complex care.
Prescribing	Prescribing schemes	2,008	0	(2,008)	Although there are some positive examples of delivery within PIB2, these are not consistent across all parts of the CCG and in some cases there has been deterioration in spend.
Primary Care	Primary Care investment slippage	600	700	100	Slippage of £700k across Primary Care has now been identified.
System Recovery Schemes	Independent Sector	1,000	0	(1,000)	The forecast delivery of System Recovery schems has been confirmed by system partners. The overall delivery across the system is £3.2m against a plan value of £11.2m. This results in a £0.8m shortfall, of which £2.7m impacts the CCGs financial position.
	Cardiology prescribing - DOAC switch	700	0	(700)	
	Decommissioning non obstetric ultrasounds (YHS)	370	0	(370)	
	PTS - decommission saloon cars / tighten criteria	250	76	(174)	
	Management costs	180	0	(180)	
	Other acute cost reductions (YTHFT)	1,220	866	(354)	
		14,679	**9,969**	**(4,709)**	
			68%		

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services									
Acute Services									
York Teaching Hospital NHS FT	218,252	217,787	466	200,268	199,783	486	17,984	18,004	(20)
Yorkshire Ambulance Service NHS Trust	14,267	14,267	(0)	13,078	13,078	(0)	1,189	1,189	(0)
Leeds Teaching Hospitals NHS Trust	8,497	8,540	(43)	7,767	7,796	(29)	730	744	(14)
Hull and East Yorkshire Hospitals NHS Trust	3,320	3,620	(300)	3,035	3,202	(167)	285	418	(133)
Harrogate and District NHS FT	2,552	2,195	357	2,330	2,042	288	222	153	69
Mid Yorkshire Hospitals NHS Trust	2,119	1,800	319	1,939	1,708	232	179	92	87
South Tees NHS FT	1,422	1,422	0	1,303	1,303	(0)	118	118	0
North Lincolnshire & Goole Hospitals NHS Trust	369	397	(27)	338	354	(16)	32	43	(11)
Sheffield Teaching Hospitals NHS FT	293	312	(19)	268	268	1	24	45	(20)
Non-Contracted Activity	5,398	5,692	(293)	4,948	5,045	(97)	450	646	(197)
Other Acute Commissioning	1,489	1,306	183	1,317	1,135	182	172	171	1
Ramsay	4,820	5,220	(400)	4,402	4,962	(560)	417	258	160
Nuffield Health	3,574	2,973	601	3,266	2,802	464	308	171	137
Other Private Providers	1,415	1,108	308	1,297	1,032	266	118	76	42
Sub Total	**267,786**	**266,637**	**1,149**	**245,558**	**244,508**	**1,049**	**22,229**	**22,129**	**100**
Mental Health Services									
Tees, Esk and Wear Valleys NHS FT	44,113	42,082	2,032	40,399	40,377	22	3,715	1,705	2,010
Out of Contract Placements	7,353	7,801	(448)	6,740	7,102	(362)	613	699	(87)
SRBI	1,215	1,739	(523)	1,114	1,395	(281)	101	344	(243)
Non-Contracted Activity - MH	458	180	278	420	160	260	38	20	18
Other Mental Health	1,464	1,497	(32)	1,280	450	830	184	1,046	(862)
Sub Total	**54,604**	**53,298**	**1,306**	**49,953**	**49,483**	**469**	**4,651**	**3,814**	**836**
Community Services									
York Teaching Hospital NHS FT - Community	19,125	19,125	0	17,531	17,531	0	1,594	1,594	0
York Teaching Hospital NHS FT - MSK	2,336	2,336	(0)	2,142	2,142	(0)	195	195	0
Harrogate and District NHS FT - Community	2,905	2,847	58	2,663	2,637	25	242	210	32
Humber NHS FT - Community	2,156	2,157	(1)	1,976	1,977	(1)	180	180	(0)
Hospices	1,521	1,478	43	1,372	1,333	39	149	144	5
Longer Term Conditions	282	267	15	259	246	12	24	21	3
Other Community	2,603	2,868	(265)	2,380	2,606	(226)	223	263	(39)
Sub total	**30,928**	**31,078**	**(150)**	**28,322**	**28,472**	**(151)**	**2,606**	**2,606**	**0**

Other Services									
Continuing Care	26,889	25,319	1,570	24,741	23,376	1,365	2,148	1,943	205
CHC Clinical Team	1,303	1,161	142	1,154	1,032	122	149	129	20
Funded Nursing Care	4,052	3,821	231	3,715	3,491	223	338	330	8
Patient Transport - Yorkshire	2,234	2,128	106	2,048	1,916	132	186	212	(26)
Voluntary Sector / Section 256	560	539	21	513	494	19	47	45	2
Non-NHS Treatment	622	638	(16)	570	583	(13)	52	55	(3)
NHS 111	1,061	1,098	(36)	973	1,003	(30)	88	94	(6)
Better Care Fund	11,275	11,317	(42)	10,340	10,436	(96)	935	881	54
Other Services	790	1,146	(356)	674	1,091	(417)	116	55	61
Sub total	**48,788**	**47,167**	**1,621**	**44,729**	**43,424**	**1,305**	**4,059**	**3,743**	**316**
Primary Care									
Primary Care Prescribing	47,506	50,533	(3,027)	43,559	45,422	(1,863)	3,947	5,112	(1,165)
Other Prescribing	2,180	2,114	66	1,863	1,873	(10)	317	241	76
Local Enhanced Services	2,242	2,048	194	2,069	1,892	177	173	156	17
Oxygen	371	377	(6)	340	346	(6)	31	31	0
Primary Care IT	921	786	135	841	712	128	81	74	7
Out of Hours	3,254	3,331	(76)	2,976	3,040	(63)	278	291	(13)
Other Primary Care	2,893	3,127	(233)	2,487	2,646	(159)	406	481	(74)
Sub Total	**59,368**	**62,316**	**(2,948)**	**54,136**	**55,931**	**(1,796)**	**5,232**	**6,385**	**(1,153)**
Primary Care Commissioning	**45,265**	**44,844**	**421**	**41,484**	**41,067**	**417**	**3,781**	**3,777**	**4**
Trading Position	**506,738**	**505,340**	**1,398**	**464,181**	**462,886**	**1,295**	**42,557**	**42,454**	**103**
Prior Year Balances	0	(122)	122	0	(117)	117	0	(5)	5
Reserves	(3,845)	0	(3,845)	(3,206)	0	(3,206)	(639)	0	(639)
Contingency	2,443	0	2,443	2,051	0	2,051	392	0	392
Unallocated QIPP	0	0	0	0	0	0	0	0	0
Reserves	**(1,402)**	**(122)**	**(1,280)**	**(1,155)**	**(117)**	**(1,038)**	**(247)**	**(5)**	**(242)**
Programme Financial Position	**505,336**	**505,218**	**118**	**463,025**	**462,769**	**257**	**42,311**	**42,449**	**(139)**
In Year Surplus / (Deficit)	(49)	0	(49)	(17,279)	0	(17,279)	17,229	0	17,229
In Year Programme Financial Position	**505,287**	**505,218**	**69**	**445,747**	**462,769**	**(17,022)**	**59,540**	**42,449**	**17,090**
Running Costs	**7,337**	**7,405**	**(67)**	**6,686**	**6,634**	**51**	**651**	**770**	**(119)**
Total In Year Financial Position	**512,624**	**512,623**	**1**	**452,433**	**469,403**	**(16,970)**	**60,191**	**43,220**	**16,972**
Brought Forward (Deficit)	(62,471)	0	(62,471)	(57,265)	0	(57,265)	(5,206)	0	(5,206)
Cumulative Financial Position	**450,153**	**512,623**	**(62,470)**	**395,168**	**469,403**	**(74,236)**	**54,985**	**43,220**	**11,766**

Appendix 2 – Running costs dashboard

	YTD Position			YTD Previous Month			YTD Movement		
Directorate	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Joint Commissioning	247	162	85	165	113	52	82	49	33
Chief Executive / Board Office	1,162	1,000	162	872	769	103	291	231	60
Planned Care	947	892	54	732	703	29	214	189	25
Communication and Engagement	284	247	37	211	176	35	73	71	2
Contract Management	856	777	79	642	593	49	214	184	30
Corporate Governance	935	832	103	724	666	58	211	166	45
Finance	1,566	1,693	(127)	991	941	50	575	752	(177)
Medicines Management	126	108	19	95	90	5	32	18	14
Quality & Nursing	726	690	36	565	544	22	161	147	14
Risk (SI team)	31	30	1	24	23	1	8	7	0
RSS	320	343	(22)	240	249	(9)	80	94	(14)
Primary Care	711	630	81	494	405	89	217	225	(8)
Reserves	(575)	0	(575)	(431)	0	(431)	(144)	0	(144)
Overall Position	**7,337**	**7,405**	**(67)**	**5,324**	**5,272**	**51**	**2,014**	**2,132**	**(119)**