Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

2 May 2019 9.30am to 12.30pm

Please note venue: The Bedingfield Suite, Bar Convent,17 Blossom Street, York YO24 1AQ

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

FILM: *Recognising the value of General Practice Nursing across Yorkshire and The Humber*

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 5 to 19	Minutes of the meeting held on 4 April 2019	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Pages 21 to 27	Accountable Officer's Report	To Receive	Phil Mettam Accountable Officer
6.	Pages 29 to 37	Risk Update Report	To Receive	Phil Mettam Accountable Officer

FINANCE AND PERFORMANCE – 10.30				
7.	Pages 39 to 55	Financial Performance Report 2018/19 Month 12	To Receive	Simon Bell Chief Finance Officer
8.	To Follow	Financial Plan 2019/20	To Approve	Simon Bell Chief Finance Officer
9.	Pages 57 to 102	Integrated Performance Report Month 11	To Receive	Caroline Alexander Assistant Director of Delivery and Performance
ASSURANCE – 11.30				
10.	Pages 103 to 130	Quality and Patient Experience Report	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
11.	Pages 131 to 148 Present ation	Care Homes and Domiciliary Care: • Work Plan 2019/20 • 'React to Red'	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
12.	Pages 149 to 172	End of Life Care Strategy	To Ratify	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
RECEIVED ITEMS – 12.25pm **Committee minutes are published as separate documents**				
13.	Page 173	Chair's Report Executive Committee: 20 March and 3 April 2019		
14.	Pages 174	Chair's Report Finance and Performance Committee: 28 March 2019		
15.	Pages 175	Chair's Report Quality and Patient Experience Committee: 11 April 2019		
16.	Pages 177 to 178	Chair's Report Audit Committee 23 April 2019		
17.	Pages 179 to 183	Medicines Commissioning Committee: 13 March 2019		

NEXT MEETING				
18.	Verbal	9.30am on 4 July 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 April 2019 at West Offices, York

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, Audit Committee Chair
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Keith Ramsay (KR)	Lay Member, Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Caroline Alexander (CA) – for items 10 and 11	Assistant Director of Delivery and Performance
Jenny Brandom (JB) – for item 3	Deputy Chief Nurse
Dr Aaron Brown (AB)	YOR Local Medical Committee Liaison Officer, Selby and York
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

David Booker (DB)	Lay Member, Finance and Performance Committee Chair

There were four members of the public present.

The following matter was raised in the public questions allotted time. NW also noted that Siân Balsom, Manager, Healthwatch York, had been invited to come in to the CCG in response to questions submitted.

Gwen Vardigans, Defend Our NHS

York Defend our NHS (DoNHS) are concerned that residents in North Yorkshire and those living in Scarborough and Bridlington areas are experiencing a dearth of locally based NHS services. In Scarborough physiotherapy, dermatology, endoscopy, eye care and child care services are threatened with withdrawal and midwifery under review. The breast care oncology unit closed then reopened following local pressure.

Bridlington hospital is a very smart and spacious building currently offering some inpatient services and a comprehensive range of outpatient clinics but the clinical wards have reduced in number from nine to only six. These wards are not used for orthopaedic cases preferring to send these patients to private centres such as the Nuffield and Ramsay Care in York.

We also understand that pathology and cytology services at both York and Scarborough are under review and that there is a clinical waste issue in York since the transfer of facilities staff into a Limited Liability company.

Could the CCG explain why there has been such a reduction in service and will it continue? Where are patients in North Yorkshire who live some distance away from the York Foundation Trust expected to secure their health care? What services will change in York and how will this affect staff and patients?

We read the first part of the major review and sustainability that has been completed, but yet to give specific details and we do hope that there is meaningful consultation with the population involved and not just group engagement sessions as have happened in the past over major changes. The rural community deserve to have a voice and need reassurance.

Response

PM explained that concerns about services at Scarborough and Bridlington Hospitals should be raised with York Teaching Hospital NHS Foundation Trust Board but expressed appreciation of notification of the formal review of pathology and cytology services of which the CCG was not aware.

With regard to the concerns expressed on behalf of North Yorkshire patients PM explained that HE and RW, on behalf of the CCG's North and South Localities respectively, represented patients and would raise any concerns about inequality; there had been no areas of escalation to date. PM emphasised that the CCG would be actively involved on behalf of Vale of York patients in any proposals relating to Scarborough or Bridlington Hospitals which may impact on York Hospital. He also advised with regard to Scarborough Hospital that he and NW were part of the governance arrangements which provided assurance in terms of any potential impact on services at York Hospital. PM emphasised that there should be no detriment to services for Vale of York patients or any additional financial burden on its tax payers to subsidise Scarborough or Bridlington Hospitals.

Gwen Vardigans added that, in addition to the local population, consideration was required of access to services by tourists.

AGENDA

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.

JB joined the meeting

3. Patient Story

MC introduced a video made with Helen, a parent carer with whom JB had maintained contact. Information on follow-up to this is attached to the minutes; further reporting would continue through the Quality and Patient Experience Committee.

Members discussed aspects of the key role of communication, the "golden thread", across all parts of the system. HE additionally emphasised the need for progress to be made in care plans being digital in a format that can be shared across all platforms and organisations as required. This was recognised as particularly important for patients with complex needs and for those who did not have an advocate or whose advocate may not be immediately available.

In conclusion MC noted developments to date but with recognition that further work was required.

JB left the meeting

4. Minutes of the Meeting held on 7 March 2019

The minutes of the meeting held on 7 March were agreed.

The Governing Body:

Approved the minutes of the meeting held on 7 March 2019.

5. Matters Arising from the Minutes

Services in the Community; Improving Health and Tackling Inequalities: NW referred to SS's reference to City of York Council proposing to reduce its financial commitment, including to substance misuse services, and enquired whether any further information was now available. SS responded that City of York Council was not planning any further cuts to the public health budgets and had agreed to restore £100k for substance misuse for 2020/21 which would delay some of the planned

cuts. Further work was taking place in this regard and SS would keep members informed. SS additionally referred to the forthcoming local elections following which there would be a new four year planning cycle. She would ensure clinical and CCG engagement in the plans to develop the new commissioning intentions.

Quality and Patient Experience Report: NW commended the achievement by Fulford Nursing Home of 365 days without development of any pressure ulcers as a result of the 'React to Red' pressure ulcer prevention programme. MC explained that all care homes across the CCG had participated in this programme, c1700 staff were now trained and a 75% reduction in incidence of pressure ulcers had been recorded.

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; EU exit preparations; excellence in sustainability reporting; joint commissioning; Emergency preparedness, resilience and response; and strategic and national issues.

PM expressed confidence that the £18.6m forecast deficit position for 2018/19, an improvement on previous years, would be maintained. He noted however that this was a concern and that 2019/20 would potentially be more challenging. PM emphasised that the CCG nevertheless proposed to ensure the national primary care and mental health requirements were met and priorities remained in line with those identified through patient engagement, as confirmed in the Commissioning Intentions.

PM referred to the EU exit preparations and noted that at a national level the NHS was assured about the local arrangements as referenced.

PM expressed appreciation to colleagues who had contributed to the CCG's achievement of the Sustainable Development Unit's excellence in sustainability reporting award. He commented that the CCG was often recognised as excellent from a corporate and statutory perspective.

PM highlighted the discussion with City of York Council in terms of joint commissioning in 2019/20. Much of the joint programme of work would focus on children and young people addressing such concerns as those referred to in the patient story at the start of the meeting. PM additionally explained, in response to KR enquiring whether delayed transfers of care would be a priority in the system work with York, that the target was not a specific priority but working jointly to ensure best value local health and care services would assist addressing this issue.

PM referred to a number of the strategic and national issues. He proposed that outside of the meeting the CCG consider contributing to the NHS Long Term Plan vision for a fully integrated digital health and care system, also referring to the discussion on the patient story in this regard. In respect of the Five Year Forward

View for Mental Health commitment to expand Improved Access to Psychological Therapies Services, PM referred to the ongoing workforce concerns at a local level. With regard to the NHS Improvement launch of a national hygiene policy, MC commented that this should be business as usual.

In response to KR referring to the North Yorkshire County Council lead on reviewing the mass treatment and vaccination plan for North Yorkshire and York and seeking assurance of clinical involvement, SS explained that this was a joint Public Health led programme with Dr Kathryn Ingold, Public Health Consultant, leading the work which was overseen by the Local Health Resilience Partnership. SS noted she chaired that group and would seek clarification about clinical and GP engagement and inform members.

The Governing Body:

1. Received the Accountable Officer's report.
2. Noted that SS would seek clarification regarding clinical and GP engagement in the review of mass treatment and vaccination plan for North Yorkshire and York.

7. Risk Update Report

PM 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. All events had been reviewed by the relevant lead since the last Governing Body meeting and no new risks or events had been identified.

PM highlighted *PC.02 Primary care capacity over winter* and explained that the national assurance process had ended on Sunday 31 March but would be re-instated for the forthcoming Easter break which was often a time of pressure on services. He noted that concern about recent operational challenges at York Teaching Hospital NHS Foundation Trust due to infection and prevention control issues and ward closures had reduced but the risk rating had been maintained.

In response to HE seeking further information about planning for norovirus and infections, which were regular occurrences, MC explained that York Teaching Hospital NHS Foundation Trust did plan for these events but the issues were multi factorial, including staff capacity and compliance with good practice, building fabric and visitors attending with infections. She noted however that they were an outlier for norovirus and the CCG was providing support where possible. MC was also attending a norovirus review meeting the following week which would include identifying learning opportunities.

MC confirmed that *QN.02 Potential risk to quality of care and patient safety at Unity Health* required updating in view of the 'Good' rating from the Care Quality Commission's recent revisit to the Practice.

In response to concerns raised by AB regarding *JC.26b Children autism assessments* and an apparent gap between adult and children's services due to the delay DN responded that the CCG was commissioning a pathway by which anyone who turned 18 whilst on the children's assessment waiting list should maintain their place when transferred to the adult service. She also referred to recent reorganisation and staff changes within Tees, Esk and Wear Valleys NHS Foundation Trust. Following further discussion about capacity issues and the need for transparency with GPs in this regard, DN advised that she would follow up the concerns raised to ensure the commissioned pathway was provided and that a meeting would be arranged with HE and RW to further discuss this and other concerns.

AB also cited concerns about *JC.26c Children and young people's eating disorders* as the CCG did not commission monitoring of bloods and ECGs either from GPs or through the provider contract; this impacted on decision making by GPs as generalists. DN responded that it was not unusual for GPs to be asked to undertake the monitoring but there should be a named paediatrician as a contact point. She explained that, although Tees, Esk and Wear Valleys NHS Foundation Trust had funding to employ a named paediatrician for one session per week, attempts to purchase this service from York Teaching Hospital NHS Foundation Trust had to date been unsuccessful. The CCG had therefore asked that they look to employ an out of area paediatrician although this was not best practice in terms of coordinating local services. DN also noted that the adult eating disorder service was provided under new models of care not by Tees, Esk and Wear Valleys NHS Foundation Trust. Following further discussion MC proposed that alternative models for support to eating disorder services be explored. AB added that he would circulate the Local Medical Committee's letter to Tees, Esk and Wear Valleys NHS Foundation Trust regarding these concerns.

The Governing Body:

1. Reviewed the risks and noted the change required relating to Unity Health.
2. Agreed that alternative models of monitoring eating disorder patients be explored.
3. Noted that AB would circulate the Local Medical Committee's letter to Tees, Esk and Wear Valleys NHS Foundation Trust regarding the eating disorder service concerns.

STRATEGIC

8. Commissioning Intentions 2019/20

PM presented the CCG's Commissioning Intentions 2019/20 which had been discussed at both the meeting in public and supported at the subsequent Part II meeting in March. The Commissioning Intentions, which responded to priorities identified through comprehensive engagement, were also aligned with statutory requirements. PM explained that an accessible summary version would be produced following approval.

Discussion included commending the document as understandable, emphasis on the need for partnership support and varying views from discussion with partners and providers through development of the Commissioning Intentions. PM emphasised the challenge in delivering the patient priorities in the current constraining financial position.

It was agreed that *Part C – Conclusion and Next Steps* be amended to read '…describe stretching but realistic ambitions for 2019/20…'

Members expressed appreciation to Lisa Marriott, Head of Community Strategy, for her extensive work on the Commissioning Intentions.

The Governing Body:

Ratified the Commissioning Intentions 2019/20 subject to amendment at *Part C – Conclusion and Next Steps* as detailed above.

FINANCE AND PERFORMANCE

9. Financial Performance Report 2018/19 Month 11

SB reminded Governing Body the CCG had not achieved the £14m deficit plan in 2018/19 due both to issues relating to the aligned incentive contract with York Teaching Hospital NHS Foundation Trust and the legacy continuing healthcare position from NHS Scarborough and Ryedale CCG. However, the 2018/19 accounts would be submitted in line with the month 6 deteriorated £18.6m deficit position which continued the year on year improvement, albeit marginal.

SB referred to the CCG's achievement of c£7.7m QIPP (Quality, Innovation, Productivity and Prevention) highlighting savings in medicines optimisation, optimising outcomes from elective surgery and in particular commending the achievements of the continuing healthcare team as the extent of the improvements needed in the inherited position could not have been predicted. He also noted the delivery of £5.5m financial recovery actions and the fact that in total £13.2,m or 2.8% QIPP was the CCG's best achievement to date.

In response to AB referring to the £140k saving under Other Primary Care Prior Year Balances resulting from the review of £3 per head and Personal Medical Services monies, SB agreed to clarify how this money had been used.

Discussion ensued in the context of: the ongoing issues relating to the CCG's contract with York Teaching Hospital NHS Foundation Trust, the need to move away from the payment by results approach and to focus on working within fixed resources, clinically led improvement, and strategic investment into community, mental health, primary care and preventative services. PM noted however that, despite the concerns identified, across most measures the CCG population had among the best outcomes in Yorkshire, including for patient care and value for money of services; the CCG was also the most cost effective prescriber in North Yorkshire and in the top three within the Sustainability and Transformation Partnership footprint. The challenge was to continue to reduce costs of services without reducing quality through fixing and capping the resource.

The Governing Body:

1. Received the month 11 Financial Performance Report.
2. Noted the 2018/19 annual accounts would be submitted in line with the £18.6m forecast deficit position.
3. Noted that SB would clarify whether the £140k saving under Other Primary Care Prior Year Balances was ringfenced.

CA joined the meeting

10. Operational and Financial Plans 2019/20

Draft Financial Plan

SB explained that this item was in the form of a presentation, not a report circulated in advance, as the CCG was not in a position to submit a control total compliant plan, largely as a result of ongoing contract discussions with York Teaching Hospital NHS Foundation Trust and as such the NHS regulator was becoming increasingly involved in agreeing an outcome. He reminded Governing Body of the five year recovery plan discussed with members at previous meetings, which had as recently as 15 January been supported by the system. The CCG's original plan submission on 12 February had been prepared on that basis. Since then, following regulator requirements, SB advised that the draft plan now presented and due to be submitted later that day, was based on the CCG's assessment of a payment by results contract with York Teaching Hospital NHS Foundation after QIPP and contract challenges. This had the effect of further deteriorating the CCG's deficit position by £3million to £7million from control total. This plan would not be accepted by the regulators as it was not control total compliant and a system meeting with the regional team for the regulators along with Sustainability and Transformation Partnership and system partners was taking place the following day.

SB gave a presentation which comprised financial key points from planning guidance; summary of development of the plan; key metrics; inflation and growth assumptions; outturn to exit underlying position; growth and pressures and investment summary; investments and cost pressures; QIPP; 2018/19 month 11 forecast outturn to 2019/20 plan; the five year financial plan to recovery; the current position; system overview; and system cost reduction opportunities.

SB reported that negotiations were ongoing with York Teaching Hospital NHS Foundation Trust whose initial plan had been for £249m income from the CCG against the CCG's plan for £235m. York Teaching Hospital NHS Foundation Trust's latest plan indicated an intention to achieve their £20m deficit control total and an income assumption pre-QIPP from the CCG of £241.4m, an alignment gap of £3.3m to the CCG's figure of £238.1m. SB emphasised that the current iteration of their plan was unacceptable both to the regulators and the Governing Body.

SB explained that York Teaching Hospital NHS Foundation Trust continued to be supportive of working towards a different working relationship, namely a contract value fixed over a number of years. He noted that this was the basis of the approach

adopted in a number of systems around the country and locally in Humber system, which supported clinically led transformation. The approach was however dependent on culture change in the acute sector and a move away from payment by results.

Members sought and received clarification in the context of the Commissioning Intentions, particularly with regard to primary care investment and out of hospital activity, and expressed concern at the ongoing historic cultural issues and the contraction of primary care investment both as a result of national reductions in previously allocated funding, and locally planned slippage in investment plans.

SB emphasised the importance of replacing organisational control totals with a system control total to address the challenges and achieve financial recovery. He noted that the regulators had locally endorsed this approach and positive feedback had been received from the Sustainability and Transformation Partnership in this regard however the meeting the following day with the regional team would provide more clarity on whether this approach could be more formally supported.

Draft Operational Plan

Ratification was sought for the draft operational plan, supported by a suite of delivery plans, approved by the Executive Committee the previous day.

PM referred to the discussion above and expressed the view that acceptance of the proposed £238m, whilst deteriorating the CCG's financial position and increasing distance from the control target, may be the only way to achieve progress.

PM detailed the proposed two introductory slides, *2019/20 a year of transition, a year of focus,* in the context of the CCG's Commissioning Intentions, the NHS Long Term Plan, and ambitions and challenges at both national and local levels. Discussion and clarification including emphasis on development of Primary Care Networks, potential procurements and associated capacity requirements, and assurance that any service changes would be to improve quality and value for money.

PM reported that feedback from the recent annual stakeholder survey indicated improved confidence in the CCG. He did however feel obligated to recognise the potential for the CCG to return to a rating of 'Inadequate' in the NHS Improvement and Assessment Framework due to aspects of 2018/19 performance against constitutional targets and the financial position. In response NW emphasised the need for the three to five year recovery approach to be maintained and for the Governing Body as a whole to support the Executive Team in forthcoming difficult discussions.

CA explained that a further submission for a long term plan, which also took account of Better Care Fund guidance, was required in July 2019. She described the format of the draft plan and associated documents which would be subject to scrutiny by the Sustainability and Transformation Partnership in the context of their control total as well as by the regulators.

In addition to the two introductory slides the draft plan comprised sections on engagement; population health and inequalities; improvements in 2018/19 and

priorities for 2019/20; integrating care: delivering the Long Term Plan; finance plans 2019/20; activity plans 2019/20; performance 2019/20; and delivery and implementation. Members discussed aspects of the assumptions, activity and trajectories.

CA advised that a full review of current community services was taking place in the context of articulating out of hospital care and establishment of Primary Care Networks. Discussion ensued in relation to engaging with the local communities to inform primary care led development of integrated physical and mental health care, including non statutory organisations. In respect of Primary Care Networks HE highlighted the need for them to have an understanding of options but emphasised that there should be a one team approach, no duplication, the same digital platform and reduced bureaucracy.

PM sought discussion on governance requirements for approval of the draft plan both in terms of the meeting with the regulators the following day and the Council of Representatives. With regard to the latter PM referred to former issues and expressed apprehension on the part of the GP Governing Body members. Discussion included recognition that the appraisal presented was realistic and transparent, not a “fait accompli” as previously, and that the only alternative would be reprocurement of services which would take 18 months to two years.

In respect of the meeting with the regulators and the £235m in the CCG’s initial plan PM recognised that this would not enable the CCG’s control total to be met in 2019/20. PM proposed, and members agreed as a pragmatic approach, that the CCG submit a plan on the basis of a £238m contract with York Teaching Hospital NHS Foundation Trust under payment by results, however noted that this should be part of a longer term contract, fixed for five years with agreed inflationary growth. In moving to the Trust’s proposed figure of £241million, this would further deteriorate the CCG’s plan by £3million, £10million away from control total deficit of £14million. Again, if supporting this position in order to deliver acute performance levels, this must be done as part of an agreed system recovery plan intended to reduce system cost in 19/20, alongside a longer term recovery plan based on fixed system resource over that longer time period. In such an event PM agreed to inform members as appropriate and the option of an extraordinary meeting may be considered. He also advised in relation to potential procurements that notice periods for current services would be checked, but where significant changes were intended this was a minimum of 12 months. Unless progress was made on agreeing in-year aligned system recovery actions intended to reduce system cost which arrived at an acceptable plan position for the system, then the CCG would need to prepare for re-procurement of some acute services. This should be done to be supportive of the development of the emergent Primary Care Networks as well as providing cost reduction opportunities.

The Governing Body:

1. Agreed to the submission of the revised financial plan based on a nominal contract value of £238m to York Teaching Hospital NHS Foundation Trust for the 2019/20 contract based on payment by results. Further agreed that this plan should be part of a longer term plan, based on fixed system resource and

contracts, under-committing CCG growth over a number of years, and returning the system to balance per the original financial framework discussed in December 2018.

2. Ratified the draft Operational Plan 2019/20.

11. Integrated Performance Report Month 10

PM requested that members note receipt of the Integrated Performance Report advising that final performance information for 2018/19 would be available at the end of May.

PM reported that he, NW and the Executive Team had attended the formal 2018/19 year end review meeting with NHS England on 29 March. The letter would be presented to the Governing Body and published on the CCG website on receipt.

NW advised that the discussion had been positive with recognition of year on year improvement in respect of clinical engagement, outcomes and the financial position but with awareness of the 2019/20 challenges. SB welcomed the fact that the meeting had not been finance focused.

The Governing Body:

1. Received the month 10 Integrated Performance Report.
2. Noted that the NHS England letter on the CCG's 2018/19 performance review would be presented when available.

ASSURANCE

12. 2018/19 Annual Report and Accounts: Delegated Authority to Audit Committee on 23 May 2019

SB sought delegated authority for the Audit Committee to receive and approve the Annual Report and Annual Accounts.

The Governing Body:

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

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Audit Committee chair's report and minutes of 28 February 2019.

14. Executive Committee chair's report and minutes of 20 February and 6 March 2019.

15. Finance and Performance Committee chair's report and minutes of 28 February 2019.

16. Primary Care Commissioning Committee chair's report and minutes of 1 March 2019.

17. Quality and Patient Experience Committee chair's report and minutes of 14 February 2019

18. Medicines Commissioning Committee recommendations of 12 December and 13 February 2019.

Prior to closing the meeting NW expressed appreciation to PM for his leadership of the CCG and support to the Governing Body.

NW proposed that a workshop for members on 2 May should review progress and consider challenges.

19. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 2 May 2019 The Bedingfield Suite, Bar Convent, 17 Blossom Street, York YO24 1AQ. The change of venue was due to the local elections on that date and the fact that as a public body the CCG was not permitted to hold a meeting in public at a venue connected with elections.

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.

A glossary of commonly used terms is available at:

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 APRIL 2019

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 April 2019	Accountable Officer Report	• Clarification to be sought regarding clinical and GP engagement in the review of mass treatment and vaccination plan for North Yorkshire and York	SS	
4 April 2019	Risk Update Report	• Alternative models of monitoring eating disorder patients to be explored • Noted that AB would circulated the Local Medical Committee's letter to Tees, Esk and Wear Valleys NHS Foundation Trust regarding the eating disorder service concerns.	DN AB	
4 April 2019	Financial Performance Report 2018/19 Month 11	• Clarification to be provided as to how the £140k saving under Other Primary Care Prior Year Balances had been used.	SB	

Patient Story update - May 2019

The film you are about to see is a lady called Helen who is a parent carer describing her experiences of health and care services that her daughter Rosa receives. This story is important on lots of levels not least because it was the first presented at the CCG's Quality and Patient Experience Committee last year and really set the tone for patients' stories being an integral part of our discussion.

Key messages from the film identified:

- Good communication was absolutely paramount above all else and is the cornerstone to everything working well.
- Teamwork is essential to good planning, coordinating services effectively and prevents duplicity
- Keeping the child or young person as main focus of all service provision
- Creativity when planning services or provision

Getting it right can have a positive impact on::

- The child or young person's health and wellbeing
- Carer and Sibling wellbeing
- Good quality care and planning
- Access to education
- Inclusive experiences
- Family life (reducing need for crisis intervention)
- Transition – moving from children's to adult services

So what are we doing as an organisation in response to hearing this?

- The Nursing and Quality team have employed a Senior Quality Lead to lead the Children's and Young People's agenda
- Key aims and objectives are included in our commissioning intentions which are aimed at improving services for children with complex health needs and disability
- Strengthening relationships with key partners in children's services to work more collaboratively in meeting C and YP needs in a variety of settings. This will include
- The implementation of an integrated care pathway and policy between health services and social care. Partners include: York Teaching Hospital NHS Foundation Trust, City of York Council Disabled Children's Services, City of York Council SEND (Special Educational Needs and Disability) team, Special Schools, Therapies, Children's Continuing Care, Parent carer forums, Healthy child service, and NHS England.

With the outcome of:

- Bring services together and deliver a joined up approach for service delivery and support
- Eliminate barriers / bureaucracy between services

- Reduce the need for crisis interventions (if families are supported well)
- Develop processes/ systems which are more simplified , easier to access and are more efficient and timely
- Support Collaboration and Co – Production
- Promote inclusiveness and positive outcomes for children and young people which are meaningful and have a positive impact on their lives

Specific areas of service development include:

- Transition planning across services – Continuing care pathway
- Equitable continence service for children with disabilities
- Transformation of community children's nursing services (including special school nursing) which will develop and strengthen the service offer to support short breaks, care planning and case management for children with complex health needs and disability

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Item Number: 5

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 2 May 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
☐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

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

GOVERNING BODY MEETING: 2 MAY 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

1.1 The CCG's outturn position for 2018-19 of £18.6million was in line with the previously reported forecast deficit for the end of the financial year. The delivery of QIPP schemes valued at £7.8m and additional financial recovery actions of £5.2m have ensured that the CCG was able to deliver the forecast financial position.

1.2 The main variances from the CCG's 2018-19 financial plan related to the Aligned Incentive Contract and the completion of the Continuing Health Care reconciliation position by NHS Scarborough and Ryedale CCG, as previously reported.

1.3 The CCG is therefore able to report another year of stabilisation of the financial position. The 2018-19 deficit excluding the £1.4m of Commissioner Sustainability Funding received in Q1 was £20m, representing a modest improvement on the 2017-18 deficit of £20.1m.

1.4 Taking into account the full year effect of QIPP schemes delivered in 2018-19, the underlying position that the CCG takes into 2019-20 is a deficit of £20.5m. This is an improvement on the opening underlying position of a £21.7m deficit, which is an essential step in underpinning a realistic longer-term financial plan. The CCG leadership team continues the work to jointly develop a five-year financial recovery plan with NHS Scarborough and Ryedale CCG and provider partners across the Vale of York and Scarborough and Ryedale footprint, with the aim of bringing the local health economy back into financial balance by 2022-23.

1.5 The CCG submitted its 2019-20 Financial Plan on the 4 April 2019. However, across the York and Scarborough system there remains a significant in-year financial gap between organisations' financial plans and control totals. The CCG continues work with partners to identify opportunities and areas for a system cost reduction programme, with the aim of agreeing to work within a fixed financial envelope for the main acute provider contract.

2. Operational Planning

2.1 The CCG submitted its Operational Plan for 2019-20, as ratified by Governing Body, on the 4 April 2019 alongside the proposed performance trajectories for the next 12 months. The priorities and programmes of work captured in the operational plan are mobilising or have mobilised collaboratively with commissioner and provider partners across a variety of different footprints

locally and more widely across the Vale of York and the wider North Yorkshire and Humber, Coast and Vale Health and Care Partnership area.

2.2 The CCG will now work to further develop the longer- term plans for the next five years that will capture the transformation required to deliver the NHS Long Term Plan's ambitions and support the integration of care across health and social care. These will be developed alongside the emerging Primary Care Networks and North Yorkshire and York integrated care partnership and the requirement for the local York and Scarborough system to confirm and deliver an agreed multi-year financial recovery plan. The first submission of the local Long Term Plan will be in July 2019 following receipt of further guidance from NHS England and Improvement and the Humber, Coast and Vale Health and Care Partnership.

3. York Mental Health Partnership Board event

3.1 Pioneering mental health experts visited York to discuss Trieste's highly successful approach to community-based mental healthcare. The conference on 8 April 2019 at York St John University gave professionals from Europe and across the UK the opportunity to share experiences and good practice with a view to helping York's Mental Health Partnership to deliver improved care and support in the city.

3.2 The event brought together many organisations involved in the care and support to local people who have a mental health condition or require support for their well-being. The CCG signed a declaration, alongside the Chief Officers of Tees, Esk and Wear Valleys NHS Foundation Trust, City of York Council and the voluntary sector to commit to a learning partnership that will move the city toward a model of care and support exemplified in Trieste.

4. Primary care protected learning time

4.1 The second protected learning time event for primary care took place on the 11 April 2019. Nearly 300 professionals from our primary care community attended what has been viewed by many of the participants as a positive and very useful event. The plenary sessions discussed the new GP contract, the emergence of Primary Care Networks, the key messages from the recent Chief Nurse Summit and also highlighted the recent nominees and winners of the General Practice Nurse Award. Eleven workshop sessions followed the plenary giving participants a wide choice of different topics to choose from and add to their learning. The next session takes place on the 3 July 2019.

5. Joint commissioning and the Better Care Fund

5.1 The Better Care Fund (BCF) 2019-20 Policy Framework was published on 10 April 2019. In due course it will be supported by the release of detailed

planning requirements. Until then, the framework sets out the government's approach: 'The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care,' and 'the forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.' As yet the publication date for the green paper is unknown.

5.2 For 2019-20, there continues to be four national BCF conditions that are in line with the vision for integrated care:

- plans to be jointly agreed;
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution;
- agreement to invest in NHS commissioned out-of-hospital services, which may include seven day services and adult social care;
- managing Transfers of Care**:** A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans. (That is to say, as expected, the target for reducing DToC remains the same as last year).

5.3 BCF retains the requirement to pool CCG and council budgets through Section 75 Agreements, including the money which is directed towards councils through the Improved Better Care Fund, winter pressures funding and the Disabled Facilities Grant. Robust arrangements are in place between the CCG and its local authority partners.

5.4 There are four BCF 2019-20 performance metrics: delayed transfers of care, non-elective admissions (general and acute), admissions to residential and care homes and effectiveness of reablement. Plans will be developed locally in each health and wellbeing board area by the relevant local authority and CCG, and submitted using a national template. There will be one assurance round for the approval of plans. Further details on the future of BCF and the wider integration agenda, including the role of housing and health in the home will be published in the near future.

5.5 Locally, the York BCF quarter 4 return was submitted in line with requirements, as anticipated, with some performance measures reported as estimates due to the timing of the return. This is true for all areas. Several events are planned for the coming months to ensure stakeholders are

engaged in the continuing development of our approach to integrating health and social care. These include the annual evaluation of BCF schemes, the Capacity and Demand feedback session and the autumn initiation event for the annual planning process.

6. CCG 360° stakeholder survey 2018-19

6.1 The latest stakeholder survey was once again conducted by Ipsos Mori on behalf of NHS England and Improvement. The survey, that took place during February and March 2019, is an integral part of the CCG annual assessment and provides an opportunity for stakeholders to critique and provide comment to help the CCG further develop its work and relationships. 34 stakeholders (56%) completed the survey.

6.2 There have been significant changes to the survey this year, such as the removal, rewording and reordering of several questions therefore it is not possible to give a like for like comparison to previous results but the general headings and questions do have similarities. A high level summary of the results have highlighted the following:

- Overall engagement – an improvement of 12%
- Leadership and partnership – an improvement of 7.5%
- Effectiveness / commissioning – an improvement of 7.4%
- Commissioning / decommissioning – an improvement of 9.25%

6.3 The CCG is using the results of this survey to shape its organisational development plans.

7. EU Exit preparations

7.1 The Secretary of State for Health and Social Care has written to staff across the NHS to provide an update on the ongoing preparations for leaving the European Union (EU). The letter includes an update on: protecting the rights of EU health and social care staff, EU Settlement Scheme, recognition of professional qualifications and medicines and prescribing.

7.2 NHS England and NHS Improvement have published updated information on planning for continuity of supply of medicines in the case of a ‘no deal’ EU Exit. The nhs.uk website has also been updated with some patient-facing information on medicines supply.

8. Emergency, Preparedness, Resilience and Response Update

8.1 A verbal update on the resilience of the local health and care services throughout the Easter period will be provided to members at the meeting.

8.2 Following the delay in the UK's exit from European Union the until later this year, the daily SitRep reporting to NHS England has been stood down until further notice.

9. Governing Body membership changes

9.1 Our Lay Member Keith Ramsay is stepping down to take up the role as Chairman of the Mid Yorkshire Hospitals NHS Trust. Keith, who steps down May 2019, had lead responsibilities for Quality and Patient Experience and Remuneration had also previously held the position of Lay Chair and has sat on the Governing Body since the CCG's inception in 2013. Due to the end of his tenure as Secondary Care Doctor Lay Member, Arasu Kuppuswamy has also stepped down from his role. I'm sure the Governing Body will join staff in thanking both Keith and Arasu for their hard work, commitment and the enormous contributions they have made to help shape the Vale of York heath and care system.

10. Strategic and national issues

10.1 Joint NHS England and NHS Improvement Medical Director Professor Stephen Powis has written to CCG Directors of Quality, Nursing and Medicines Optimisation about two new antimicrobial resistance schemes supporting NHS acute providers to implement the five-year UK Antimicrobial Resistance (AMR) national action plan in 2019-20. The NHS Standard Contract now includes a target of reducing total antibiotic consumption by 1%, from the 2018 baseline, by the end of Q4 2019-20 Commissioning for Quality and Innovation indicators now includes improving the management of lower urinary tract infections in older people and improving appropriate use of antibiotic surgical prophylaxis in elective colorectal surgery.

10.2 NHS England and NHS Improvement have launched a new monthly podcast focusing on primary care networks, as part of the ongoing work to share learning and support the development of primary care networks across the country. The first episode, on the NHS England website is hosted by Dr William Owen, Clinical Fellow at NHS England and features an interview with Dr Charlotte Canniff the Clinical Chair of North West Surrey CCG and clinical lead for primary care transformation within the Surrey Heartlands ICS.

10.3 In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. NHS England has published 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs' which aims to provide a consistent, national framework for CCG use.

10.4 NHS England and the Ministry of Defence have launched the Integrated Personal Commissioning for Veterans (IPC4V Framework), which is a new

personalised care approach for the small number of Armed Forces personnel who have complex and enduring health conditions resulting from injury attributable to Service. IPC4V provides a framework for effectively planning and delivering Armed Forces aware care, underpinned by an improved discharge planning process. The framework brings together organisations at an earlier point in the care pathway to develop a personalised and integrated care plan with the individual, ensuring arrangements are in place as they transition to civilian life and beyond.

10.5 All GP practices in England are being connected to the NHS App before 1 July 2019. Patients can already download the NHS App from app stores and use it to check their symptoms and get instant advice. Once their GP practice is connected, they will be able to book and manage appointments, order repeat prescriptions, securely view their GP medical record, and more. Guidance has been developed for practices and CCGs and information is available explaining how the NHS App will improve the patient experience of using digital services and bring benefits to practice staff.

10.6 The opportunities to improve physical health and prevent cardiovascular disease (CVD) in people with severe mental illness within England are considerable. The new NHS RightCare toolkit provides local health systems with guidance on early detection, primary prevention, long term management of modifiable risks, and personalised care. In doing so, people with severe mental illness and at risk of CVD should achieve better health outcomes. The toolkit provides a national case for change and a set of resources to support local health systems to concentrate their improvement efforts where there is greatest opportunity to address variation and improve population health

10.7 Analysts from NHS England Operational Information for Commissioning (OIC) and NHS Improvement Information and Analytics teams have been working collaboratively to develop an initial suite of operational and performance reports in Tableau. These reports (phase 1) bring together existing NHS Improvement Tableau and NHS England Power BI reports. Reports covering A&E, 111, ambulance, cancer, diagnostics, and referral to treatment (RTT) are available on the NHS Improvement website. These will be configured to the new hierarchies. The next phase of reports will include areas such as public health, quality and assurance.

11. Recommendation

11.1 The Governing Body is asked to note the report.

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Item Number: 6

Name of Presenter : Abigail Combes

Meeting of the Governing Body

Date of meeting: 2 May 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Risk Update Report

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

Reason for Report

To provide assurance that risks are strategically managed, monitored and mitigated.

This report provides present details of current events and risks escalated to Governing Body by the sub-committees of the Governing Body for consideration regarding effectiveness of risk management approach.

All events have been reviewed by the relevant lead since the last 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

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

Governing Body is asked to receive the risk report.

Decision Requested (for Decision Log)

Governing Body to receive the Risk Report.

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Rachael Simmons Corporate Services Manager

GOVERNING BODY: 02 MAY 2019

Risk Update Report

All events have been reviewed since the last Governing Body.

The following event rating has decreased :

Reference	Description
QN.02	Potential risk to quality of care and patient safety at Unity Practice The effective domain is rated as requiring improvement and a focussed CQC inspection will occur in summer 2019. Unity Practice has, however, been taken out of special measures which recognises the significant improvements made to the quality of care provided by this service. Was likelihood 4; impact 4 – RAG 16 Now likelihood 3; impact 4 – RAG 12

The ratings for the following events have been reviewed and the ratings remain the same:

Reference	RAG	Key Points
JC.26a CAMHS long waiting lists	Likelihood 4; impact 4 RAG 16	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.
JC.26b Children autism assessments	Likelihood 4; Impact 3 RAG 12	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.
JC.26c Children and young people's eating disorders	Likelihood 4; impact 4 RAG 16	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.
JC.30 Dementia - failure to achieve 67% coding target in general practice	Likelihood 3; impact 4 RAG 12	It is expected that TEWV will be presenting options for funding improvements in the memory service and to support dementia identification and diagnosis to the next meeting of the CMB.

At the Quality and Patient Experience Committee in February, it was agreed that the following events would be managed through the Officer team and were, therefore, removed from the Committee's Risk Register :

- JC.26a Child and Adolescent Mental Health Services waiting lists and assessment
- JC.26b Children's Autism
- JC.26c Children and young people eating disorders

Would this also be relevant to Governing Body ?

The following events have not been reviewed this month :

ES.17 Failure to deliver 1% surplus in-year	Likelihood 4; impact 4 - RAG 16
ES.20 There is a potential risk of failure to maintain expenditure within allocation	Likelihood 4; impact 4 - RAG 16
PC.02 Primary Care; capacity over winter	Likelihood 3; impact 3 - RAG 9

CORPORATE ON-GOING EVENTS MANAGED BY GOVERNING BODY MAY 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
ES.17 There is a potential risk that the CCG will fail to deliver a 1% surplus in-year.	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point.	Failure to retain a surplus of 1% will not have an overall impact on patient care.	AIC including joint cost reduction programme. Joint System Transformation Board.	The CCG has submitted a 2018/19 plan that delivers the required in-year control total deficit of £14m against which it will be measured and for which it would then be able to access Commissioner Sustainability Funding of £14m, a technical adjustment that would mean an in-year break-even position. The CCG will, therefore, not deliver a 1% surplus in-year This is confirmed in the Month 10 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCG and YTHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan, however the specifics of this (in particular 2019/20 contract value) are still to be agreed.	Michael Ash-McMahon	Chief Finance Officer	4	4	16		15 February 2019
ES.20 There is a potential risk of failure to maintain expenditure within allocation	The scale of the financial challenge for the organisation is such that the CCG will not maintain expenditure within the in-year allocation.		Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Programme	This is confirmed in the Month 10 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCG and YTHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan, however the specifics of this (in particular 2019/20 contract value) are still to be agreed.	Michael Ash-McMahon	Chief Finance Officer	**4**	**4**	16		15 February 2019
JC.26a CAMHS: long waiting lists for assessment and treatment that significantly extend beyond	Continued sustained demand since 2015/16 has generated long waiting lists to be assessed and commence treatment. Long waiting lists may adversely affect response to treatment and outcomes.	Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience.	Governing Body strategic commitment to mental health investment as a priority for the CCG. Service action plan in place.	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	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	**4**	**4**	16		03 April 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
national constitutional standards	CYP and families experience longer periods of stress and anxiety waiting for appointments and treatment. Poorer or reduced outcomes may have effects on longer term emotional and mental health. There is potential detriment to CCG reputation, and effects on partnerships, e.g. local authority.		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.	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 percentage of referrals are being accepted into service than in 2018/19 which implies greater acuity and impacts on waiting lists and waiting times.							
JC.26b Children's Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic process	For the 5-18 pathway there is a long waiting list. Waits increase the strain and anxiety for families who do not always receive support for other agencies pending diagnosis. Issue is becoming more prominent in media enquiries and MP correspondence.	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings.	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	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	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	4	3	12		03 April 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
			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.	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.							
JC.26c Children and young people eating disorders. Non-compliance with national access and waiting time standards	Higher than anticipated referral rates into the NYY eating disorder service in York hampers TEWV in meeting access and waiting time standards. These patients are usually very ill and require intensive long term care and support. The high volume means patients may not receive early intensive treatment	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	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	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,	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	4	4	16		03 April 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
		training in schools and other community settings.	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.	with a working group over Q1 2019/2020.							
JC.30 Dementia - Failure to achieve 67% coding target in general practice.	Non delivery of mandatory NHS England targets. Lack of sufficient providers in some areas resulting in delayed transfers of care or limited choice available to patients. Meeting new standards.	Further pressure from NHS England to rectify this. 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.	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 rate decreased again in February to 58.7% from 59.1%. This was largely due to a number of patient deaths in one practice and also a number of patients moving out of area. It is expected that TEWV will be presenting options for funding improvements in the memory service and to support dementia identification and diagnosis to the next meeting of the CMB.	Sheila Fletcher	Executive Director of Transformation, Complex Care and Mental Health	**3**	**4**	**12**		10 April 2019
QN.02 Potential risk to quality of care and patient safety at Unity Practice	Unity Practice in NHS Vale of York CCG area has been assessed as 'Inadequate' by the CQC in all but one domain and placed in special measures. There is a risk the practice may not meet the required improvements when fully re-inspected in around six months' time leading to potential for the CQC to close the service.	Quality of patient care and patient safety may be compromised	Unity are continuing to fully engage with the CCG and are Responsive to all offers of support and subsequent improvement. There is a plan to recruit to a Nurse Leadership post in the future. Lou Johnson is attending the Yorkshire and the Humber Leadership Academy Practice Managers Programme 2018/19. Actively participated in the self-assessment process and support provided by Lynn Lewendon and Sarah Goode. Support from a GP appraisal lead from NHS England medical team who is supporting Unity review their clinical leadership.	Following a comprehensive inspection by CQC on Unity Practice had its recent inspection on 08.01.2019 and the CQC report published on 21.02.2019 with an overall rating of good. The Effective domain is rated as requiring improvement and a focussed CQC inspection will occur in Summer 2019. Unity Practice has been taken out of special measures. This recognises the significant improvements made to the quality of care provided by this service. Training needs of staff to provide adequate service provision being met e.g. LTC: diabetes, COPD. Recruitment for Nurse Lead, ANP and GPs being considered post recent CQC inspection.	Sarah Goode / Jenny Brandom	Executive Director of Quality and Nursing	**3**	**4**	12		28 March 2019
PC.02 Primary Care; capacity over winter	There are increasing signs that workforce numbers in primary care (GPs, Nurses and other staff) are impacting on capacity. With the	As capacity in general practice is limited by workforce, access to routine and urent appointments may	Practices are reviewing their provision to match demand to capacity. Access to locums is now limited and so other clinical staff are being asked	Tiger Team have taken their individual actions to make rapid and responsive changes to urgent and primary care projects. CoR have had two updates around the	Becky Case	Executive Director of Primary Care and Population Health	**3**	**3**	**9**		25 February 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
	additional challenges of winter there is a risk that services will not be maintained with consequent risks to patient safety.	deteriorate resulting in patients not accessing care, or accessing care inappropriately (e.g., unnecessary use of A&E). Patients may also not receive regular reviews through routine care as limited capacity switches to manage urgent. This could lead to more patients with long term conditions requiring hospitalisation.	to support tasks previously performed by GPs. Practices are beginning to work together to address long term capacity issues. On-going work to provide additional staffing progressing; both as an outcome of the January 2019 LTP which endorses and financially supports this approach, and as new schemes transferring staff from acute to community/primary care improve. Current examples include having a First Contact Physio in two practices, a session per week from a geriatrician working in the community and a new mental health team supporting low level problems. A new staff member has been appointed to support Central (York) GPs to evolve. Additional sessions for primary care to see unplanned patients were funded by the CCG in January 2019. Numbers being seen by the Improving Access work have increased and electronic consultations have commenced.	on-going resilience work, winter planning group meetings continue, and new lead for the Central locality has taken up post. Work to provide additional physio. support, and bids for funding to provide additional capacity are also on-going. Rollout of Improving Access has demonstrated some of the potential for working together in localities, and cooperative work is starting to grow. Improving Access is giving some pressure to OOH GPs which will need monitoring. Other trials are due to commence in April 2019, and the new Parkinson's Disease Specialist Nurse interviews will take place in March 2019.							

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Item Number: 7

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 2 May 2019

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 2018/19 as at the end of March 2019.

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
F17.1- ORG Failure to deliver 1% surplus
F17.2 – ORG Failure to deliver planned financial position
F17.3 – ORG Failure to maintain expenditure within allocation

Emerging Risks

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 for 2018-19.

Decision Requested (for Decision Log)

No decision is required

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Natalie Fletcher, Head of Finance

Finance and Contracting Performance Report – Executive Summary

April 2018 to March 2019

Month 12 2018/19

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
Prescribing	The CCG received an allocation in M12 for cost pressures relating to NCSO. As a result of this, the prescribing overspend was £532k lower than forecast at M11.	Continue to monitor the national situation regarding NCSO into 2019-20.
Transforming Care Programme (TCP)	The North Yorkshire and York Transforming Care Partnership position improved in M12 due to a revised allocation transfer from NHS England Specialised Commissioning. The impact for the CCG was a £188k reduction in net expenditure through the risk share arrangement.	

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
Property Services	NHS Property Services advised the CCG in M12 of the outcome of it's 2017-18 'true-up' exercise. The impact was a £320k increase in expenditure.	The CCG continues on-going discussions with NHS Property services to resolve payment of outstanding invoices relating to 2017-18 and 2018-19. The value included in the 2018-19 outturn reflects the assumptions the CCG have made regarding payment of these invoices.
Equipment and Wheelchairs	The CCG has provided for additional costs relating to the revised split of equipment costs between health and social care (£143k), and additional wheelchair purchases (£77k).	Continue to negotiate year end agreements with providers to reduce the risk of any further increases in activity and cost. Continue to investigate increases in activity to establish if there are areas of concern.

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. 2018/19 Annual Report and Accounts – The CCG's final outturn for 2018-19 was in line with the forecast of an £18.6m deficit. The CCG are now preparing the 2018-19 Annual Report and Accounts in line with national timetables. The draft Annual Report submission date is 18 April and draft Accounts will be submitted on 23 April ahead of the deadline on 24 April. Both submissions will be approved by Audit Committee– the Annual Report will be circulated to Audit Committee members prior to submission, and Accounts will be tabled at Audit Committee on 23 April.
The final audited Annual Report and Accounts will be approved by Audit Committee on 23 May before submission on 29 May.
At the time of writing there are no known issues with completion of the Annual Report and Accounts.

2. Multi-year financial recovery plan – The CCG submitted it's financial plan for 2019/20 on the 4th April, with a planned deficit of £21.0m, as approved by Governing Body. However, there is a significant further risk in the plan due to the different assumptions between the CCG and YTHFT. This resulted in a York-Scarborough system gap of £18.2m to achieving control totals.

The scale of the gap was such that the CCG escalated this to the STP and regulators for mediation. Following this meeting further work has been undertaken to close the system gap. Contract discussions with YTHFT are ongoing.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	2018-19 Outturn Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation	7.6	7.0	0.6	G➔
In-year total expenditure does not exceed total allocation (Programme and Running costs)	469.3	488.0	(18.6)	R➔
Better Payment Practice Code (Value)	95.00%	99.37%	4.37%	G➔
Better Payment Practice Code (Number)	95.00%	96.42%	1.42%	G➔
CCG cash draw down does not exceed maximum cash draw down *	488.0	443.8	44.2	G➔

* Note that actual cash draw down does not include £42.5m of payments made on the CCG's behalf for GP prescribing and Home Oxygen Therapy. These are non-cash transactions but must be covered by the CCG's maximum cash draw down.

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure is forecast to be £18.6m higher than the CCG's in-year allocation. This represents a £6.0m deterioration from plan.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	2018-19 Outturn Target £000	Actual £000	Variance £000	RAG rating
Running costs spend within plan	6.8	7.0	(0.1)	G
Programme spend within plan	475.1	481.0	(5.9)	R
Actual position is within plan (In-year)	(12.6)	(18.6)	(6.0)	R
Actual position is within plan (Cumulative)	(56.4)	(62.5)	(6.0)	R
Risk adjusted deficit	(18.6)	(18.6)	0.0	G
Cash balance at month end is within 1.25% of monthly draw down (£000)	528	130	398	G
QIPP delivery	14.5	7.8	(6.7)	R

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: April 2019

Financial Period: April 2018 to March 2019 (Month 12)

1. Overall reported financial position

The 2018-19 reported deficit is £18.6m, which is in line with the forecast deficit reported at Month 11. The forecast position represents a £6.0m adverse variance against the CCG's financial plan and includes the effect of the additional financial recovery actions which were agreed by Executive Committee and detailed in Section 7.

Excluding the receipt of Quarter 1 Commissioner Sustainability Funding (CSF), the CCG in-year deficit is £20.0m against a planned deficit of £14.0m. This represents a further year of stabilisation of the CCG's financial position when compared to the 2017/18 deficit of £20.1m.

For clarity, the table below shows the CCG's financial plan (YTD and forecast outturn) adjusted for CSF.

	2018-19 Outturn	
CCG planned surplus / (deficit)	(£14.0m)	As per submitted financial plan
CSF received	£1.4m	Q1 payment received, 10% of total value as per national quarterly profile
Planned surplus / (deficit) net of receipt of CSF	(£12.6m)	
Reported surplus / (deficit)	**(£18.6m)**	
Variance to financial plan	(£6.0m)	

2. Outturn Supporting Narrative

The reported deficit is £18.6m against a plan of £12.6m. Within this position are several variances from plan which are explained in further detail in the table below.

QIPP delivery of £7.8m has been achieved against a plan of £14.5m. This largely relates to schemes outside of the Aligned Incentive Contract (AIC) with York Teaching Hospital NHS Foundation Trust (YTHFT), and these are shown in detail in Section 6.

Reported financial position – variance analysis

Description	**Value**	**Commentary / Actions**
York Teaching Hospital NHS Foundation Trust (YTHFT) – Acute, Community and MSK	(£12.90m)	A year end position for the Aligned Incentive Contract has been agreed with YTHFT. The agreed amount has the risk share fully invoked, and includes the impact of the over trade on high cost drugs and devices, as well as the increase in unplanned activity. The AIC position is reported in more detail in Section 9.

Reserves	£5.15m	This includes the benefit from release of the 0.5% contingency (£2.32m), the additional QIPP contingency of £0.86m and prior year pressures of £0.67m.
Continuing Care	(£2.64m)	The reported position is based on information from the iQA system. This includes delivery of £2.1m of QIPP against a QIPP target of £2.5m. The YTD and forecast positions include the £1.2m cost pressure relating to the reconciliation work carried out by Scarborough and Ryedale CCG.
Tees, Esk and Wear Valleys NHS Foundation Trust	£1.97m	The contract position includes the agreed £2.0m reduction to the contract value in 2018/19.
Mental Health Out of Contract Placements	(£1.91m)	The overspend in this area has been reviewed and found to be due to a combination of corrections of coding of packages between budget lines by the PCU, the full year effect of placements agreed in 2017/18 and minimal placements ending in year. The outturn position also includes an estimated £0.5m for TCP patients discharged into community settings.
Other Primary Care	£1.44m	This includes financial recovery actions relating to £3 per head practice transformation funding and Improving Access – the value of these is £0.98m.
Ramsay	£1.36m	The acute contract with Ramsay has traded below plan throughout the financial year.
CHC Clinical Team	£0.77m	The position reflects the lower level of spend compared to the budget set to fund the former Partnership Commissioning Unit.
Other Mental Heath	£0.82m	The forecast has been updated to reflect the expected financial impact of Transforming Care Partnerships, which is offset by spend on packages under Mental Health Out of Contract Placements.
Non-Contracted Activity	(£0.70m)	Spend on non-contracted activity has continued to increase throughout the financial year.
Prescribing	(£0.51m)	The overspend on prescribing has improved from the M11 forecast (-£1.04m) due to an allocation for pressures relating to No Cheaper Stock Obtainable (NCSO).
Other variances	£1.11m	
Total impact on forecast position	**(£6.04m)**	

3. Allocations

Allocation adjustments have been received in Month 12, as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 11			£424.19m
Cancer 62 Day Performance Improvement Funding	Non-recurrent	Core	£0.08m
Prescribing - NCSO pressures / additional concessionary stock	Non-recurrent	Core	£0.72m
System Support	Non-recurrent	Core	£0.50m
Contribution to MHIS independent review fees	Non-recurrent	Core	£0.01m
Total allocation at Month 12			**£425.50m**

4. Underlying position

Following development of the CCG's draft plan model, the reported underlying position below now includes an adverse adjustment for the non-recurrent PbR discount achieved through the aligned incentive contract in 2018/19. The table below also shows the underlying position following adjustment for the full year effect of QIPP schemes.

Description	Value
Planned in-year deficit	**(£12.60m)**
Adjust for non-recurrent items in plan -	
Commissioner Sustainability Funding Q1	(£1.40m)
Primary Care £3 per head	£1.08m
Repayment of system support	£0.33m
Other non-recurrent items in plan	£0.13m
Forecast outturn variance from financial plan	(£6.04m)
Adjust for non-recurrent variances in forecast outturn	
Non recurrent impact of Aligned Inventive Contract with YTHFT	(£3.77m)
CHC legacy reconciliation	£1.00m
Non recurrent financial recovery actions	(£3.16m)
Other non-recurrent variances	£0.38m
Other full year effects	(£0.41m)
Reported underlying position	**(£24.46m)**
Full year effect of QIPP schemes	£3.96m
Underlying financial position	**(£20.50m)**

5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31 March 2019. The CCG's Maximum Cash Drawdown as determined by NHS England was updated in November for the expected value of depreciation and is now showing as being met in year.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target for 2018-19.

However, in month 12 the CCG failed on one target – the percentage volume of non NHS invoices paid in March was 94.5%, which is marginally below the target of 95%.

6. QIPP programme

			Year to Date (£000)			Forecast Outturn (£000)		
Area	**Ref**	**Scheme**	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Planned Care	2018/01	Trauma and Orthopaedics	2,250	0	(2,250)	2,250	0	(2,250)
	2018/02	Optimising Health Thresholds	1,000	2,355	1,355	1,000	2,355	1,355
	2018/03	General Surgery / Gastroenterology	1,000	0	(1,000)	1,000	0	(1,000)
	2018/04	Biosimilar high cost drugs gain share	632	582	(51)	632	582	(51)
	2018/05	Microsuction (ENT)	250	0	(250)	250	0	(250)
	2018/06	Cardiology	400	0	(400)	400	0	(400)
	2018/07	Ophthalmology	338	0	(338)	338	0	(338)
	2018/08	Back Pain PLCV	338	0	(338)	338	0	(338)
	2018/09	Neurology	300	0	(300)	300	0	(300)
	2018/10	PLCVs	282	0	(282)	282	0	(282)
	2018/11	General Medicine	156	0	(156)	156	0	(156)
Out of Hospital	2018/17	Reduce ED Attendances	151	0	(151)	151	0	(151)
	2018/20	Non Elective Admissions Management	1,169	0	(1,169)	1,169	0	(1,169)
	2018/21	Delayed Transfers of Care (DToC) Reduction	614	0	(614)	614	0	(614)
	2018/22	Community Beds Productivity Programme	700	0	(700)	700	0	(700)
	2018/23	Patient Transport project - reprocurement	150	304	154	150	304	154
	2018/24	Community Podiatry	26	37	11	26	37	11
		Continence Gainshare	0	17	17	0	17	17
Prescribing	2018/40	Minor Ailments Prescribing	75	0	(75)	75	0	(75)
	2018/41	Prescribing Schemes	1,500	1,395	(105)	1,500	1,395	(105)
	2018/42	Continence and Stoma Care	53	0	(53)	53	0	(53)
Primary Care	2018/31	GPIT - NYNET	113	113	(0)	113	113	(0)
	2018/32	Other Primary Care Indicative Budgets	125	0	(125)	125	0	(125)
Complex Care	2018/50	Complex Care - CHC and FNC benchmarking	2,500	2,068	(432)	2,500	2,068	(432)
	2018/51	Recommission MH out of contract expenditure	500	338	(162)	500	338	(162)
Running Costs	2018/60	Commissioning support (eMBED) contract savings	233	233	0	233	233	0
	2018/61	Vacancy Control	527	378	(149)	527	378	(149)
		Adjustment for identified schemes above in-year QIPP requirement	(859)	0	859	(859)	0	859
			14,524	**7,820**	**(6,704)**	**14,524**	**7,820**	**(6,704)**

In addition to the in-year QIPP delivery above, full year effects have been identified as follows and will contribute to QIPP delivery in 2019/20.

Scheme	FYE (£000)
Biosimilar high cost drugs	2,296
Complex Care – CHC	1,443
MH out of Contract expenditure	224
Total full year effects	**3,963**

7. Financial Recovery Actions

The CCG's Executive Committee agreed financial recovery actions with a total value of £3.8m on 27 September 2018, which are detailed below. These recovery actions are now built into the CCG's outturn position with the value of each action detailed below.

Action	Value agreed by Executive Committee (£m)	Value included in Outturn (£m)	Comments
Additional unplanned activity at YTHFT	1.00	1.00	The agreed AIC value with YTHFT does not include payment of £1.0m for additional winter costs.
Contract negotiations	1.37	2.59	The CCG has agreed non-recurrent reductions in contract values with a number of system partners.
Primary Care Underspends	1.10	1.48	The failure to procure improved access for the south locality means that although the service will be put in place, there has been some cost slippage against the original plan.
City of York Council Better Care Fund uncommitted funds	0.05	0.09	The CYC BCF fund currently has £50k of CCG contribution uncommitted. In addition, £38k of uncommitted iBCF funds have contributed to additional community equipment costs.
Vascular activity	0.30	0.00	The CCG has reviewed coding of vascular activity and concluded that charges are in line with guidance. This recovery action has now been removed from the CCG's forecast outturn.
Total identified recovery actions	**3.83**	**5.16**	

8. Aligned Incentive Contract with York Teaching Hospital NHS Foundation Trust

The detail of the reported position for the AIC is shown in the table below.

	Outturn £m	Comments
Contract value	219.32	This represents the value of the agreed contract.
Application of risk share above contract value	3.70	The agreed outturn value invokes the risk share related to non-delivery of QIPP schemes in full.
Excluded drugs and devices	0.83	High cost drugs and devices are included in the AIC as a risk / gain share, with the CCG and YTHFT sharing additional costs and benefits on a 50/50 basis.

Increased cost of additional unplanned activity	2.12	The AIC allows for quantified and agreed exceptional incremental costs of delivering unplanned care activity where this is over and above the baseline included in the contract value. The outturn figure included is based on YTHFT's assessment of additional cost.
Funding of winter schemes	1.00	The CCG did not commit to fund the £1.0m of winter schemes proposed by YTHFT over and above the additional unplanned activity costs.
Financial recovery action – additional unplanned activity at YTHFT	(1.00)	See Section 7 above.
Cardiac Resynchronisation Therapy Pacemakers	0.47	This service was not included in the original contract value due to uncertainty whether commissioning responsibility was CCG or NHS England Specialised Commissioning. The CCG have agreed to pay YTHFT for this activity following confirmation that CRTP is a CCG commissioned service.
Excluded drugs and devices QIPP schemes	(0.60)	Savings on biosimilar high cost drugs and continence products.
Total reported contract position	**225.83**	

9. Preparation of 2018-19 Annual Report and Accounts

The CCG is now preparing the 2018-19 Annual Report and Accounts in line with national timetables.

The draft Annual Report submission date is 18 April and draft Accounts will be submitted on 23 April ahead of the deadline on 24 April. Both submissions will be approved by Audit Committee– the Annual Report will be circulated to Audit Committee members prior to submission and Accounts will be tabled at Audit Committee on 23 April.

The final audited Annual Report and Accounts will be approved by Audit Committee on 23 May before submission on 29 May.

At the time of writing there are no known issues with completion of the Annual Report and Accounts.

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	191,891	204,247	(12,356)	176,018	187,250	(11,232)	15,874	16,998	(1,124)
Yorkshire Ambulance Service NHS Trust	13,110	13,035	76	12,018	11,942	76	1,093	1,093	0
Leeds Teaching Hospitals NHS Trust	8,604	8,348	256	7,874	7,660	214	730	688	41
Hull and East Yorkshire Hospitals NHS Trust	3,173	3,219	(46)	2,903	2,824	79	270	395	(125)
Harrogate and District NHS FT	2,283	2,456	(173)	2,088	2,262	(174)	195	194	1
Mid Yorkshire Hospitals NHS Trust	2,365	2,025	340	2,170	1,859	311	196	166	30
South Tees NHS FT	1,358	1,394	(36)	1,245	1,265	(20)	113	129	(16)
North Lincolnshire & Goole Hospitals NHS Trust	456	363	93	418	347	71	38	17	22
Sheffield Teaching Hospitals NHS FT	202	362	(160)	185	329	(144)	17	33	(17)
Non-Contracted Activity	4,313	5,010	(697)	3,953	4,606	(652)	359	404	(45)
Other Acute Commissioning	1,057	1,081	(24)	969	989	(20)	88	91	(3)
Ramsay	5,939	4,584	1,355	5,411	4,160	1,250	528	424	105
Nuffield Health	3,159	3,547	(388)	2,897	3,244	(347)	262	304	(41)
Other Private Providers	1,245	1,372	(127)	1,141	1,223	(82)	104	149	(45)
Sub Total	**239,157**	**251,044**	**(11,887)**	**219,290**	**229,959**	**(10,669)**	**19,866**	**21,084**	**(1,218)**
Mental Health Services									
Tees, Esk and Wear Valleys NHS FT	41,130	39,157	1,972	37,698	35,788	1,909	3,432	3,369	63
Out of Contract Placements	5,473	7,387	(1,914)	5,038	6,599	(1,561)	435	788	(352)
SRBI	1,689	1,189	500	1,549	1,063	486	141	126	14
Non-Contracted Activity - MH	412	577	(165)	377	538	(160)	34	39	(5)
Other Mental Health	1,044	220	824	947	392	556	96	(172)	268
Sub Total	**49,748**	**48,530**	**1,217**	**45,609**	**44,380**	**1,229**	**4,139**	**4,150**	**(12)**
Community Services									
York Teaching Hospital NHS FT - Community	18,031	18,625	(594)	16,587	17,097	(510)	1,444	1,528	(84)
York Teaching Hospital NHS FT - MSK	2,356	2,303	53	2,156	2,109	47	200	194	6
Harrogate and District NHS FT - Community	2,575	2,718	(143)	2,357	2,507	(150)	217	211	7
Humber NHS FT - Community	2,009	2,043	(35)	1,834	1,834	0	175	210	(35)
Hospices	1,271	1,272	(1)	1,165	1,166	(0)	106	106	(0)
Longer Term Conditions	422	277	145	386	254	133	35	23	12
Other Community	2,833	2,538	295	2,597	2,137	459	236	401	(165)
Sub total	**29,496**	**29,776**	**(280)**	**27,083**	**27,104**	**(21)**	**2,414**	**2,673**	**(259)**

	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
Other Services									
Continuing Care	25,667	28,309	(2,643)	23,632	26,052	(2,420)	2,035	2,257	(223)
CHC Clinical Team	1,873	1,099	773	1,716	1,006	711	156	94	63
Funded Nursing Care	4,334	4,009	326	3,973	3,630	343	361	379	(18)
Patient Transport - Yorkshire	2,015	1,996	19	1,847	1,857	(10)	168	139	29
Voluntary Sector / Section 256	503	497	7	461	462	(0)	42	35	7
Non-NHS Treatment	582	610	(28)	534	555	(22)	49	55	(6)
NHS 111	894	894	0	820	820	0	75	75	0
Better Care Fund	11,245	10,946	299	10,313	10,141	172	932	805	127
Other Services	1,641	1,348	293	1,510	1,348	162	131	0	131
Sub total	**48,754**	**49,708**	**(954)**	**44,806**	**45,870**	**(1,064)**	**3,948**	**3,838**	**110**
Primary Care									
Primary Care Prescribing	47,995	48,509	(514)	43,269	44,244	(975)	4,727	4,265	462
Other Prescribing	2,026	2,241	(215)	1,486	2,347	(861)	539	(106)	645
Local Enhanced Services	2,013	2,053	(40)	1,845	1,876	(31)	168	177	(9)
Oxygen	318	368	(50)	291	340	(49)	26	27	(1)
Primary Care IT	957	886	71	871	810	62	85	76	9
Out of Hours	3,193	3,265	(73)	2,927	2,946	(19)	266	319	(53)
Other Primary Care	3,225	1,789	1,436	2,612	1,345	1,267	613	444	169
Sub Total	**59,726**	**59,112**	**615**	**53,301**	**53,908**	**(607)**	**6,425**	**5,203**	**1,222**
Primary Care Commissioning	**43,718**	**43,471**	**246**	**40,077**	**39,738**	**339**	**3,641**	**3,734**	**(93)**
Trading Position	**470,599**	**481,641**	**(11,043)**	**430,166**	**440,959**	**(10,792)**	**40,432**	**40,683**	**(250)**
Prior Year Balances	0	(663)	663	0	(646)	646	0	(17)	17
Reserves	1,310	0	1,310	181	0	181	1,129	0	1,129
Contingency	2,318	0	2,318	2,318	0	2,318	0	0	0
Unallocated QIPP	859	0	859	859	0	859	0	0	0
Reserves	**4,487**	**(663)**	**5,151**	**3,359**	**(646)**	**4,005**	**1,129**	**(17)**	**1,146**
Programme Financial Position	**475,086**	**480,978**	**(5,892)**	**433,525**	**440,313**	**(6,788)**	**41,561**	**40,665**	**896**
In Year Surplus / (Deficit)	(12,600)	0	(12,600)	(11,433)	0	(11,433)	(1,167)	0	(1,167)
In Year Programme Financial Position	**462,486**	**480,978**	**(18,492)**	**422,092**	**440,313**	**(18,221)**	**40,394**	**40,665**	**(271)**
Running Costs	**6,843**	**6,991**	**(148)**	**6,272**	**6,406**	**(135)**	**571**	**584**	**(13)**
Total In Year Financial Position	**469,329**	**487,969**	**(18,640)**	**428,363**	**446,719**	**(18,356)**	**40,966**	**41,250**	**(284)**
Brought Forward (Deficit)	(43,831)	0	(43,831)	(40,178)	0	(40,178)	(3,653)	0	(3,653)
Cumulative Financial Position	**425,498**	**487,969**	**(62,471)**	**388,185**	**446,719**	**(58,534)**	**37,313**	**41,250**	**(3,937)**

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**
Chief Executive / Board Office	587	1,164	(576)	538	1,073	(534)	49	91	(42)
Primary Care	610	512	98	559	477	82	51	35	16
System Resource & Planning	1,133	1,090	43	1,038	1,003	35	95	87	8
Planning and Governance	1,079	977	101	989	895	93	90	82	8
Joint Commissioning	213	163	50	195	165	30	18	(2)	20
Medical Directorate	121	83	38	111	72	39	10	11	(1)
Finance	1,307	1,340	(33)	1,198	1,221	(23)	109	119	(10)
Quality & Nursing	730	616	115	669	541	128	61	75	(14)
Planned Care	1,060	1,017	44	972	932	39	88	84	4
Risk	3	29	(26)	3	27	(24)	0	2	(2)
Overall Position	**6,843**	**6,991**	**(148)**	**6,272**	**6,406**	**(135)**	**571**	**584**	**(13)**

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Item Number: 9

Name of Presenter: Caroline Alexander

Meeting of the Governing Body

Date of meeting: 2 May 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Integrated Performance Report Month 11 2018/19

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 York and Scarborough & Ryedale system and wider HCV Care Partnership to drive performance improvement.

The report captures validated data for Month 11 for performance and should be read alongside the Month 12 Finance Report (which incorporates planned QIPP targets for 2018/19 which may be supporting performance improvement as well as financial efficiency improvements).

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:

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 Governing Body being able to closely monitor the impact of all programmes of work the CCG and partners are undertaking.

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

Integrated Performance Report

Validated data to February 2019

Month 11 2018/19

NHS
Vale of York
Clinical Commissioning Group

CONTENTS

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION **Cancer 2 Week Wait** **Target: 93%**	Following a drop in January to 86.5%, Vale of York CCG saw a significant improvement in performance in February 2019 to 96.1%, returning to above the 93% target. This equates to 40 breaches from a cohort of 1,025 patients. York Trust's performance also saw a significant improvement from 85.4% in January 2019 to 95.66% in February.	The position in Skin is much improved with just 18 breaches in February (89% performance) compared to 93 in January (48% performance). In addition to the breaches in Skin there was 1 breach in Children's cancer from a cohort of 3. All other cancer types met target in January 2019.
CONSTITUTION **Diagnostics 6 Week Wait** **Target: 99%**	Performance for Vale of York CCG improved slightly in February 2019 to 91.4% compared to 88.9% in January, but still falls far short of the 99% target. This represents 357 patients or 8.6% waiting over 6 weeks from a cohort of 4,134. The largest volume of breaches continues to be in Gastroscopy with 95, although this is improved from 150 in January. This is followed by Echocardiography with 85 (up from 74 in January), Non Obstetric Ultrasound with 54 (up from 48 in January), MRI with 49 (down from 55 in January) and Colonoscopy with 48 (down from 118 in January) In total there were 11 specialties which failed to meet the 99% target in December from a total of 15. York Trust's performance also improved from 90.6% in January to 92.9% in February, or 7.1% of patients waiting over 6 weeks.	York Trust are reporting that pressures remain in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :		
Continuing Healthcare	Both of the key performance indicators were met in March. The target of More than 80% of referrals to decision on Decision Support Tool within 28 days was met in March meaning that the target was met in Quarter 4. The target No more than 15% of Decision Support Tools to be undertaken in an Acute Hospital was met in March and throughout the year.	The expectation is that the CHC performance indicators will continue to be met going forward.
IAPT Recovery **Target – 50%**	The local position was 51.4% in February which is an improvement from 46.3% and met target.	Further discussion to be had at the TEWV CMB regarding the sustainability of this position.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION & IAF **A&E 4 hr** **Target: 95%**	York Trust performance remained static in February 2019 at 81.5%, therefore not meeting the PSF planned trajectory of 82.5%. Provisional March data shows a performance improvement to 84.0%. There were 8 12 hour trolley waits declared in February, all occurred on the York site and were due to lack of capacity within the inpatient bed base. The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight for all but one day of the month.	Targeted actions reported by York Trust in January: • Ongoing implementation of the Single Improvement Programme for Scarborough Hospital emergency, elderly and acute medicine and Emergency Care Transformation Plan at York. • £950k capital works assessment area at Scarborough Hospital went live in January 2019. • System Winter plan in operation. • Detailed audit of end of life care patients requiring 'Fast Track' support completed by the Trust and Commissioners. • The Trust is working with the ECIST Ambulance Lead on the York site. Following a process mapping exercise that took place in March, a programme of work that builds on best practice from other areas has been agreed.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM **Cancer 62 day Treatment** **Target: 85%**	The CCG's performance against the 85% target deteriorated in February 2019 to 77.8% compared to 83.2% in January. York Trust's performance also deteriorated in February 2019 to 79.4%, from 82.5% in January. There were 20 breaches in February 2019 from a cohort of 90 patients. Breaches were split between 6 specialties which all failed the 93% target; Lung (6/10 – 40%), Lower Gastro (5/13 – 61.5%), Urological (5/21 – 76%), Haematological (2/4 – 50%), Upper Gastro (1/3 – 67%), Head & Neck (1/3 – 67%).	62 Day delays at YTHFT are broken down as follows: • 58% diagnostic tests or treatment plans/lack of capacity • 26% related to complex of inconclusive diagnostics • 16% patient unavailability or delays for medical reasons Diagnostics is a key focus of HCV Cancer Alliance transformational work in 2019 and a new radiology workflow solution is being rolled out across the STP footprint by June 2019. This will supporting faster reporting turnaround on breast, lung, prostate and colorectal pathways by March 2019. • YTHFT have introduced a revised criteria for prostate diagnosis internally, reducing the number of patients who will require an MRI scan. • One stop clinics for prostate patients are being held at both Malton (Thursdays) and York (Tues). • FIT testing for colorectal patients will also be introduced in August 2019.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

RTT 18 Week

Target: 92%

Vale of York's performance against the 92% target improved marginally in February 2019 from 84.0% to 84.3%.

The waiting list increased in February to 16,987 compared to 16,490 in January, now standing 514 patients over our March 2019 trajectory of 16,473.

There were 7 x 52 week breaches for Vale of York patients in February 2019, all of which were at Leeds Teaching Hospital in and Trauma & Orthopaedics. The CCG are in regular contact with the lead CCG in Leeds regarding these patients. This brings the YTD total for the CCG to 76 against an annual target for 2018/19 of 10.

York Trust's performance against the 92% target stands at 81.7% in February, a slight improvement from 81.1% in January.

The Trust saw a 3.3% increase in the total incomplete waiting list at the end of February, rising to 27,144 against target of 26,303 by end March.

The Trust are reporting that the backlog of patients waiting more than 18 weeks has marginally increased, an inevitable consequence of the planned reduction in elective activity in February. Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. A recovery plan is also in place for Maxillo-Facial

The Trust report the following targeted actions in February:

- Ophthalmology Action Plan implemented to address clinical risk in Glaucoma Follow Up patients and to address cataract backlogs through re-deployment of Trust resource. Treatment of high-risk patients has been included in Trust activity plan for 2019-20.
- RTT recovery plan in place to target clock stop activity within financial constraints – focus on 1st:FU outpatient switches and full incomplete RTT waiting list validation.
- Ongoing implementation of the programme structure and metrics for the core planned care Transformation Programmes: Theatre Productivity, Outpatients Productivity, Refer for Expert Opinion and Radiology Recovery.
- Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid a 52 week breach.

Performance Headlines

DETERIORATION IN PERFORMANCE :

Child and Adolescent Mental Health Services (CAMHS)	Performance has deteriorated in both key measures. % aged 17.5+ with transition plan has decreased to 66.1% from 71.9%. However the data collection is currently incorrect. % with a second contract < 9 weeks of referral has decreased to 56.7% from 60.3%. Breaches continue to predominately relate to staff capacity.	A change in the data collection has been made but the impact will not be evident until March reporting. An action plan is in place in regards to managing the impact of long and short term sickness and the process regarding managing the impact of annual leave is under review. Recruitment is underway for 2 Access Clinicians with interviews planned for the end of April.
IAPT Prevalence **Target – 15%**	Performance has deteriorated to 12.8% from 15.4% in January 2019 due to a downturn in referrals.	The service is now providing a stress control course within York College and the IAPT self-referral website is now live.

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:
1. The HCV Care Partnership Cancer Alliance has now agreed its 2019/20 priorities and refreshed programme of work. This will be reviewed alongside the local Cancer Improvement Plan for 2019/20 during April and alongside the agreed cancer transformational funding. Verbal update to be given at Committee by Caroline Alexander.
2. New DTOC baselines and performance improvement trajectories – verbal update further to discussion at Complex Discharge Group.

Performance Summary:
All Constitutional Targets 2018/19

Validated data to February 2019 (Month 11)

NHS
Vale of York
Clinical Commissioning Group

VoY CCG - NHS Constitution - 2018/19

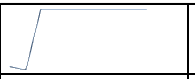
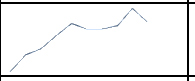
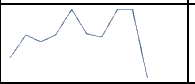
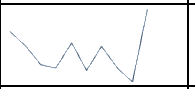
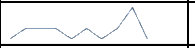
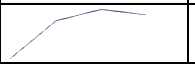
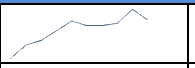
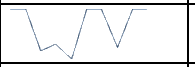
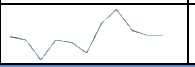
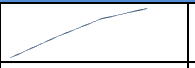
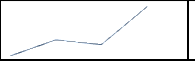
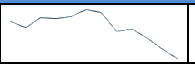
Generated on: 12 April 2019

no filter
ALL (Y,R,G)
Green
Red

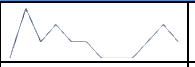
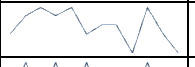
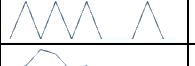
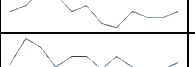
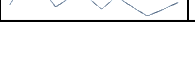
EMBED HEALTH CONSORTIUM

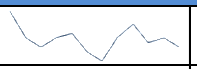
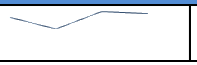
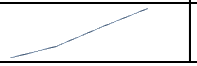
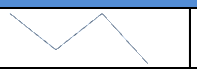
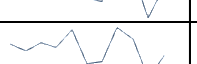
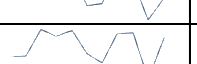
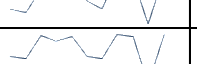
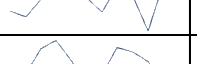
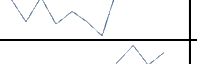
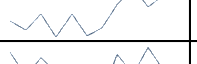
Indicator	Level of Reporting		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Planned Care																					
Referral to Treatment																					
Referral to Treatment pathw ays: incomplete	CCG	Actual	84.5%	85.0%	85.3%	85.1%	86.0%	85.4%	85.4%	85.4%	84.4%	84.1%	84.0%	84.3%	85.1%	85.6%	84.7%	84.0%	85.0%		↑
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
Number of >52 w eek Referral to Treatment in Incomplete Pathw ays	CCG	Actual	4	5	5	10	5	7	7	8	6	8	10	7	20	19	22	17	78		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total Incomplete Waiting List [comparison w ith March 2018]	CCG	Actual	16475	16817	17028	17329	17637	17505	17291	17312	17019	16831	16490	16980	17329	17291	16831	16980	16980		↑
		Target		16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475		
EM18: Number of Completed Admitted RTT Pathw ays	CCG	Actual	1191	1244	1390	1444	1474	1320	1357	1491	1478	1203	1330	1244	4078	4151	4172	2574	14975		↑
		Target		1314	1397	1365	1354	1368	1281	1488	1523	1234	1539	1367	4076	4003	4245	4365	16689		
EM19: Number of Completed Non-Admitted RTT Pathw ays	CCG	Actual	4575	4539	5044	4773	4912	4574	4777	5163	5257	4166	5302	4655	14356	14263	14586	9957	53162		↑
		Target		4357	4769	4683	4508	4367	4246	4845	4857	3803	4764	4136	13809	13121	13505	13271	53706		
EM20: Number of New RTT Pathw ays (Clockstarts)	CCG	Actual	7262	7246	7288	7446	7817	6900	7135	7354	7293	6598	7681	7475	21980	21852	21245	15156	80233		↑
		Target		6481	6936	6668	6992	6564	6203	7253	7257	5727	7054	6368	20085	19759	20237	20217	80298		
Diagnostics																					
Diagnostic test w aiting times	CCG	Actual	3.4%	4.4%	4.8%	3.1%	4.1%	6.3%	4.5%	4.4%	7.3%	11.0%	11.1%	8.6%	3.1%	4.5%	11.0%	8.6%	8.6%		↓
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
Cancer																					
All Cancer 2 w eek w aits	CCG	Actual	95.6%	95.9%	95.8%	94.9%	86.6%	89.6%	84.3%	91.4%	91.2%	95.9%	86.5%	96.1%	95.6%	87.0%	92.6%		91.7%		↑
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 w eek w aits	CCG	Actual	98.4%	96.9%	92.0%	93.3%	94.0%	97.3%	100.0%	100.0%	92.2%	88.6%	91.1%	93.1%	93.9%	97.0%	93.8%		94.2%		↑
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Cancer 31 day w aits: first definitive treatment	CCG	Actual	98.9%	98.4%	99.1%	99.1%	97.4%	96.8%	96.3%	94.4%	97.4%	94.6%	94.9%	97.3%	98.9%	96.8%	95.5%		96.9%		↑
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		
Cancer 31 day w aits: subsequent cancer treatments- surgery	CCG	Actual	100.0%	95.0%	93.9%	100.0%	95.6%	94.7%	90.0%	92.1%	96.4%	85.2%	88.6%	100.0%	96.4%	93.5%	92.5%		93.9%		↑
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
Cancer 31 day w aits: subsequent cancer treatments- anti cancer drug regimens	CCG	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		–
		Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
Cancer 31 day w aits: subsequent cancer treatments- radiotherapy	CCG	Actual	95.9%	98.1%	100.0%	100.0%	98.6%	100.0%	98.0%	100.0%	100.0%	97.4%	98.0%	98.0%	99.4%	98.8%	99.3%		99.0%		↑
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
% patients receiving first definitive treatment for cancer w ithin tw o months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	Actual	86.7%	78.7%	78.2%	83.2%	74.7%	76.1%	71.3%	78.0%	76.8%	78.3%	83.3%	78.5%	80.1%	73.9%	77.7%		78.0%		↑
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	94.7%	92.9%	83.3%	95.0%	81.3%	90.0%	92.3%	100.0%	75.0%	80.0%	100.0%	76.9%	91.3%	87.2%	83.3%		88.0%		↓
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	Nil Return	100.0%	Nil Return	Nil Return	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%		90.5%		–
		Target																			
Cancelled Operations																					
Cancelled Operations - York	YFT (Trust Wide)	Actual	6.1%			8.2%			5.7%			7.7%			8.2%	5.7%	7.7%		7.3%		↓
		Target	7.8%			11.7%			1.4%			1.0%			11.7%	1.4%	1.0%	7.8%	5.1%		
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mixed Sex Accommodation																					
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0.00	0.00	0.08	0.00	0.00	0.09	0.00	0.00	0.00	0.09	0.00		0.03	0.03	0.03	0.00	0.0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of MSA breaches for the reporting month in question	CCG	Actual	0	0	1	0	0	1	0	0	0	1	0		1	1	1	0	3		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Indicator	Level of Reporting		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Unplanned Care																					
A&E																					
A&E w aiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG w eighted)	Actual	81.3%	85.2%	90.1%	90.0%	88.1%	92.5%	90.4%	90.9%	89.6%	87.6%	81.6%	81.6%	88.5%	90.3%	89.4%	81.6%	88.1%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E Attendances - Type 1, SitRep data	% of YFHT activity (CCG w eighted)	Actual	4681	4661	5171	4885	5359	4102	5121	5248	5065	5135	5182	4772	14717	14582	15448	9954	54701		↓
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG w eighted)	Actual	68.4%	74.4%	83.3%	83.1%	79.8%	87.6%	84.1%	85.6%	83.5%	80.1%	70.7%	70.2%	80.4%	83.7%	83.1%	70.4%	80.3%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E w aiting time -% of patients seen and discharged w ithin 4 hours - CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	78.98%	86.21%	89.49%	86.82%	87.01%	93.91%	90.85%	88.79%	87.19%	85.21%	79.99%	80.59%	93.17%	92.81%	91.80%	91.07%	87.00%		↓
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
Trolley Waits																					
12 hour trolley w aits in A&E - Vale of York CCG	CCG	Actual	4	2	0	0	0	0	0	0	0	0	7	4	2	0	0	11	13		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley w aits in A&E - York	YFT (Trust Wide)	Actual	40	13	0	0	0	0	0	0	0	0	17	8	13	0	0	25	38		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ambulance performance - YAS																					
Category 1 - Mean	YAS (Region)	Actual	00:08:17	00:08:02	00:08:20	00:07:38	00:07:19	00:07:03	00:07:18	00:07:10	00:07:02	00:07:03	00:06:59	00:07:03	00:08:01	00:07:13	00:07:05	00:07:01	00:07:24		↓
		Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00		
Category 1 - 90th Centile	YAS (Region)	Actual	00:14:15	00:13:44	00:14:11	00:12:55	00:12:31	00:12:05	00:12:28	00:12:23	00:12:13	00:12:15	00:12:08	00:12:05	00:13:39	00:12:21	00:12:17	00:12:06	00:12:43		↓
		Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00		
Category 2 - Mean	YAS (Region)	Actual	00:25:38	00:21:39	00:22:54	00:21:30	00:20:29	00:19:26	00:20:19	00:19:58	00:20:29	00:21:03	00:19:49	00:20:02	00:22:02	00:20:05	00:20:30	00:19:55	00:20:41		↓
		Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00		
Category 2 - 90th Centile	YAS (Region)	Actual	00:57:34	00:45:53	00:48:43	00:45:08	00:42:40	00:39:47	00:42:10	00:41:37	00:42:36	00:44:17	00:41:16	00:41:50	00:46:35	00:41:32	00:42:50	00:41:33	00:43:13		↓
		Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00		
Category 3 - 90th Centile	YAS (Region)	Actual	02:25:24	00:54:00	02:24:07	02:12:53	02:07:31	01:59:28	01:57:25	01:57:34	01:58:25	02:15:22	01:58:10	01:53:11	02:14:27	02:01:28	02:03:47	01:55:41	02:01:45		↑
		Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00		
Category 4 - 90th Centile	YAS (Region)	Actual	03:17:37	01:06:51	03:37:09	02:43:11	03:12:55	02:45:47	03:51:53	02:47:56	03:44:04	03:38:33	03:52:38	03:25:18	02:54:07	03:16:52	03:23:31	03:38:58	03:58:40		↑
		Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00		
Ambulance Handover Time																					
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	37.5%	26.0%	22.2%	17.1%	27.4%	20.1%	19.7%	18.1%	21.4%	18.4%	29.4%	41.7%	22.0%	22.2%	19.3%	23.1%	23.8%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (Scarborough General Hospital)	Trust Site	Num	517	436	356	239	397	325	339	294	347	330	522	662	1031	1061	971	1199	4247		
Ambulance handover time - Total Delays (Scarborough General Hospital)	Trust Site	Den	1378	1679	1604	1401	1448	1613	1721	1627	1625	1792	1774	1589	4684	4782	5044	5191	17873		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	18.1%	13.6%	8.7%	5.5%	11.5%	6.1%	7.5%	5.5%	7.4%	4.7%	13.0%	20.8%	9.5%	8.3%	5.8%	8.4%	9.48%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (Scarborough General Hospital)	Trust Site	Num	250	228	139	77	167	99	129	90	120	84	231	330	444	395	294	435	1694		
Ambulance handover time - Total Delays (Scarborough General Hospital)	Trust Site	Den	1378	1679	1604	1401	1448	1613	1721	1627	1625	1792	1774	1589	4684	4782	5044	5191	17873		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	Trust Site	Actual	20.4%	8.4%	6.0%	7.6%	10.3%	4.6%	11.6%	7.9%	10.0%	14.4%	14.0%	17.0%	7.37%	8.91%	10.82%	12.80%	10.33%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	Num	398	193	119	137	179	91	264	183	239	362	334	364	449	534	784	935	2465		
Ambulance handover time - Total Delays (York	Trust Site	Den	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	2391	2147	6095	5992	7244	7305	23869		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	Trust Site	Actual	9.3%	3.3%	0.7%	1.9%	3.0%	0.2%	4.8%	1.8%	3.2%	4.0%	6.2%	6.5%	2.02%	2.74%	3.04%	4.48%	3.33%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	Num	181	75	14	34	52	3	109	42	77	101	149	140	123	164	220	327	796		
Ambulance handover time - Total Delays (York	Trust Site	Den	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	2391	2147	6095	5992	7244	7305	23869		
Mental Health/ IAPT																					
IAPT																					
% of people w ho have depression and/or anxiety disorders w ho receive psychological therapies	CCG	Actual	1.3%	1.2%	1.0%	1.2%	1.2%	1.3%	1.1%	1.3%	0.1%	1.39%			3.4%	3.6%	2.8%				↑
		Target	0.8%	0.9%	0.9%	0.9%	1.2%	1.2%	1.2%	1.4%	1.4%	1.4%	1.5%	1.5%	2.7%	3.5%	4.3%		10.6%		
Number of people w ho receive psychological therapies	CCG	Actual	405	380	300	385	390	400	350	410	30	435			1065	1140	875				↑
		Target	240	283	283	283	367	367	367	450	450	450	471	471	850	1100	1350		3300		
% of people w ho are moving to recovery	CCG	Actual	43.9%	48.6%	53.5%	49.0%	43.2%	47.6%	50.0%	45.8%	25.0%	36.4%			50.4%	46.7%	44.2%		47.1%		↓
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
The proportion of people that w ait 18 w eeks or less from referral to entering a course of IAPT treatment against the number of people w ho finish a course of treatment in the reporting period.	CCG	Actual	100.0%	100.0%	97.8%	98.2%	97.4%	[illegible]	[illegible]	[illegible]	[illegible]	100.0%			98.6%	99.1%	98.2%		98.8%		↑
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		

Indicator	Level of Reporting		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	98.8%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			99.5%	100.0%	100.0%		99.8%		–
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	79.5%	85.0%	87.0%	90.9%	94.9%	93.2%	93.1%	94.1%	100.0%	95.5%			87.9%	93.8%	94.5%		91.5%		⬆
		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%		
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	97.5%	98.7%	98.3%	98.7%	100.0%	98.8%	98.6%	100.0%	100.0%	96.6%			98.6%	99.1%	100.0%		98.7%		⬇
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period.	CCG	Actual	81.8%	72.5%	60.9%	58.2%	74.4%	56.8%	72.4%	58.8%	50.0%	95.5%			63.1%	67.0%	58.2%		65.8%		⬆
		Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
Average number of treatment sessions	CCG	Actual	5	6	6	6	5	6	5	6	8	5			6	5	7		6		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual	90.6%			96.5%			98.3%			97.2%			96.5%	98.3%	97.2%		97.2%		⬆
		Target	95.0%			95.0%			95.0%			95.0%			95.0%	95.0%	95.0%	95.0%	95.0%		
Early Intervention in Psychosis																					
Percentage of ended referrals that finish a course of treatment in period who received their first appointment within 6 weeks of referral	CCG	Actual	79.5%	85.0%	87.0%	90.9%	94.9%	93.2%	93.1%	94.1%	100.0%	95.5%			87.9%	93.8%	94.5%		91.5%		
		Target		75.0%	75.0%	75.0%	75.1%	75.1%	75.1%	75.0%	75.0%	75.0%	75.1%	75.1%	75.0%	75.1%	75.0%	75.1%	75.1%		
Percentage of ended referrals that finish a course of treatment in period who received their first appointment within 18 weeks of referral	CCG	Actual	100.0%	100.0%	97.8%	98.2%	97.4%	100.0%	100.0%	98.0%	100.0%	100.0%			98.6%	99.1%	98.2%		98.8%		
		Target		95.0%	95.0%	95.0%	95.1%	95.1%	95.1%	95.0%	95.0%	95.0%	95.1%	95.1%	95.0%	95.1%	95.0%	95.1%	95.1%		
Percentage of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of	CCG	Actual	48.5%	42.9%	15.4%	44.4%	40.0%	25.0%	66.7%	87.5%	57.1%	50.0%	50.0%		34.2%	43.9%	64.9%		47.90%		
		Target		55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%		
Improve Access Rate to CYPMH																					
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services	CCG	Actual																			–
		Target		32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%		
CYP Eating Disorder Services																					
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	CCG	Actual	24.3%			37.8%			50.0%			56.8%			37.8%	50.0%	56.8%		43.8%		⬆
		Target				96.8%			96.8%			96.8%			96.8%	96.8%	96.8%	96.8%	96.8%		
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	CCG	Actual	33.3%			42.9%			40.0%			62.5%			42.9%	40.0%	62.5%		41.2%		⬆
		Target				100.0%			100.0%			100.0%			100.0%	100.0%	100.0%	100.0%	100.0%		
Dementia																					
Estimated diagnosis rate for people with dementia.	CCG	Actual	60.5%	60.2%	60.7%	60.6%	60.7%	61.1%	60.9%	60.0%	60.1%	59.6%	59.1%	58.7%	60.6%	60.9%	59.9%	58.9%	60.1%		⬇
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		

HCAI and Quality

Hospital Infections																					
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	3	1	2	1	1	0	0	0	1	2	1	6	2	1	3	12		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	CCG ATTRIBUTED	Actual	6	8	9	8	9	6	7	7	4	9	6	4	25	22	20	10	77		⬇
		Target	6	7	6	8	4	7	6	7	5	8	7	6	21	17	20	13	71		
Healthcare acquired infections (HCAI): MRSA	YFT TRUST APPORTIONED	Actual	0	1	0	1	0	1	0	0	0	1	0	0	2	1	1	0	4		⬇
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	YFT TRUST APPORTIONED	Actual	3	4	7	6	3	4	1	0	3	2	2	3	17	8	5	5	35		⬆
		Target	5	3	1	3	3	2	1	3	2	8	9	5	7	6	13	14	40		
Healthcare acquired infection (HCAI) measure (E.Coli)	CCG ATTRIBUTED	Actual	23	34	30	22	26	27	25	26	22	18	21	24	86	73	66	45	270		⬆
		Target	19	3	21	24	20	27	25	20	26	27	25	26	48	72	73	51	244		

Indicator	Level of Reporting		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Serious Incidents/ Never Events																					
Number of Serious Incidents (NHS Vale of York CCG)	CCG	Actual	14	8	6	8	9	5	3	8	11	7	8	6	22	17	26	14	79		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of Never Events (NHS Vale of York CCG)	CCG	Actual	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3	3		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Smoking at time of Delivery																					
Maternal smoking at delivery.	CCG	Actual	11.9%			10.0%			12.9%			12.4%			10.0%	12.9%	12.4%		11.8%		↑
		Target	12.1%			12.1%			12.1%			12.1%			12.1%	12.1%	12.1%	12.1%	12.1%		
Primary Care																					
Percentage of CCG weighted population benefitting from extended access services.	CCG	Actual	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%		0.0%	0.0%	100.0%	100.0%	100.0%		–
		Target		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%		
Percentage of patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	CCG	Actual	9.2%			11.7%			16.0%			20.3%			11.7%	16.0%	20.3%		20.3%		↑
		Target				27.2%			27.3%			27.2%			27.2%	27.3%	27.2%	27.2%	27.2%		
Wheelchairs																					
Percentage of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	CCG	Actual	100.0%			97.0%			100.0%			95.8%			97.0%	100.0%	95.8%		97.4%		↓
		Target				100.0%			100.0%			100.0%			100.0%	100.0%	100.0%	100.0%	100.0%		
Personal Health budgets																					
Rate of PHBs per 100,000 GP registered population	CCG	Actual	7.1			7.0			9.2						7.0	9.2			9.2		–
		Target		39.0	39.0	39.0	47.4	47.4	47.4	55.7	55.7	55.7	64.1	64.1	39.0	47.4	55.7	64.1	64.1		
Activity																					
EM7: Total Referrals (General and Acute)	CCG	Actual	10059	9916	10548	10326	10818	9658	9538	10838	10567	8901	10123		30790	30014	30306		101233		↓
		Target		9887	10580	10172	10666	10013	9463	11063	11071	8737	10760	9714	30639	30142	30871	30836	122488		
EM7a: Total GP Referrals (General and Acute)	CCG	Actual	6108	5950	6137	6032	6437	5650	5690	6507	6214	5320	5851		18119	17777	18041		59788		↓
		Target		5169	5574	5204	5628	5117	4978	5879	5853	4632	5613	5173	15947	15723	16364	16263	64297		
EM7b: Total Other Referrals (General and Acute)	CCG	Actual	3951	3966	4411	4294	4381	4008	3848	4331	4353	3581	4272		12671	12237	12265		41445		↓
		Target		4718	5006	4968	5038	4896	4485	5184	5218	4105	5147	4541	14692	14419	14507	14573	58191		
EM8: Consultant Led First Outpatient Attendances	CCG	Actual	12657	12456	13820	13442	13930	13111	12617	14746	14470	11748	14685		39718	39658	40964		135025		↑
		Target		12888	14107	13855	13337	12918	12560	14334	14368	11251	14094	12235	40850	38815	39953	39262	158880		
EM9: Consultant Led Follow -Up Outpatient Attendances	CCG	Actual	20955	20804	23015	22477	22826	21004	20743	23129	22885	18351	23147		66296	64573	64365		218381		↑
		Target		21088	22073	21960	21586	21172	20337	23617	23776	18831	23734	21157	65121	63095	66224	67502	261942		
EM10: Total Elective Admissions	CCG	Actual	4179	4122	4506	4545	4604	4392	4212	4709	4534	3926	4701		13173	13208	13169		44251		↑
		Target		4167	4456	4334	4310	4335	4079	4749	4860	3907	4824	4325	12957	12724	13516	13772	52969		
EM10a: Total Elective Admissions - Day Cases	CCG	Actual	3782	3681	3991	4003	4130	4007	3775	4190	4031	3451	4306		11675	11912	11672		39565		↑
		Target		3681	3914	3824	3796	3835	3591	4170	4267	3458	4313	3831	11419	11222	11895	12232	46768		
EM10b: Total Elective Admissions - Ordinary	CCG	Actual	397	441	515	542	474	385	437	519	503	475	395		1498	1296	1497		4686		↓
		Target		486	542	510	514	500	488	579	593	449	511	494	1538	1502	1621	1540	6201		
EM11: Total Non-Elective Admissions	CCG	Actual	3443	3264	3445	3253	3345	3269	3164	3502	3487	3532	3467		9962	9778	10521		33728		↓
		Target		3050	3129	3119	3208	2991	3045	3237	3211	3266	3264	3017	9298	9244	9714	9600	37856		
EM11a: Total Non-Elective Admissions - 0 LoS	CCG	Actual	1171	1124	1205	1089	1204	1097	1133	1246	1336	1234	1301		3418	3434	3816		11969		↓
		Target		1088	1133	1123	1152	1031	1052	1169	1180	1203	1173	1137	3344	3235	3552	3565	13696		
EM11b: Total Non-Elective Admissions - +1 LoS	CCG	Actual	2272	2140	2240	2164	2141	2172	2031	2256	2151	2298	2166		6544	6344	6705		21759		↑
		Target		1962	1996	1996	2056	1960	1993	2068	2031	2063	2091	1880	5954	6009	6162	6035	24160		
EM12: Total A&E Attendances excluding Planned Follow Ups	CCG	Actual	8272	8403	9052	8947	9335	8[illegible]	[illegible]	[illegible]	[illegible]	8388	8535	8443		26402	26602	25750		87197		↑
		Target		7783	8361	8150	8720	8303	8094	8433	8025	7907	7555	7170	24294	25117	24365	22924	96700		

Programme Overview
- Planned Care
- Cancer Care
- Diagnostics

Validated data to February 2019 (Month 11)

Lead:
Caroline Alexander, Assistant Director for Performance & Delivery, NHS Vale of York CCG and Planned Care Lead for Acute Transformation

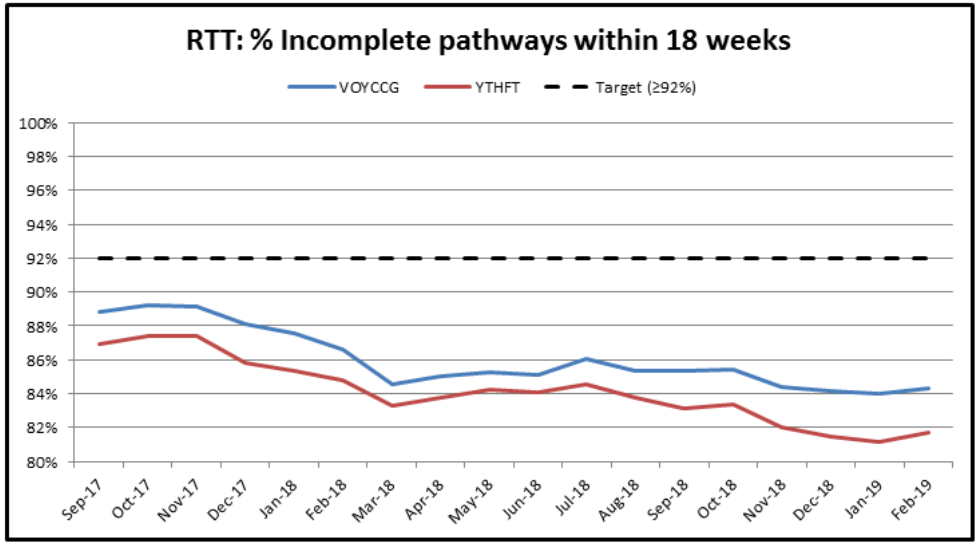
Clinical Lead:
Shaun O'Connell, GP Lead for Acute Transformation, NHS Vale of York CCG
Peter Billingsley, GP Governing Body, NHS Scarborough & Ryedale CCG
Dan Cottingham, Macmillan GP Cancer and End of Life Lead, NHS Vale of York CCG

Programme Leads:
Andrew Bucklee, Head of Commissioning and Delivery
Sarah Tilston, Programme Manager, Planned Care
Suzanne Bennett, Programme Manager, Planned Care
Laura Angus, Lead Pharmacist
Fliss Wood, Performance Improvement Manager (Cancer)
Michaela Golodnitski, Senior Delivery Manager, Cancer Alliance

NHS
Vale of York
Clinical Commissioning Group

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

RTT: % Incomplete pathways within 18 weeks (Target ≥92%)					
Vale of York CCG			York Trust		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
84.0%	84.3%	↑	81.1%	81.7%	↑



Treatment Function	Total VOYCCG Incomplete Pathways	No. of 18 week breaches	% VOYCCG pathways within 18 weeks	52 week breaches
Neurosurgery	14	-	100.0%	0
Cardiothoracic Surgery	5	-	100.0%	0
Geriatric Medicine	94	1	98.9%	0
Other	1,597	96	94.0%	0
General Medicine	238	17	92.9%	0
Gynaecology	927	78	91.6%	0
Neurology	526	47	91.1%	0
Trauma & Orthopaedics	1,913	233	87.8%	7
Cardiology	831	102	87.7%	0
Ear, Nose & Throat (ENT)	1,469	198	86.5%	0
Rheumatology	528	78	85.2%	0
Dermatology	1,126	186	83.5%	0
Gastroenterology	1,094	188	82.8%	0
General Surgery	2,112	394	81.3%	0
Plastic Surgery	160	30	81.3%	0
Urology	1,049	201	80.8%	0
Ophthalmology	2,720	645	76.3%	0
Thoracic Medicine	584	176	69.9%	0
Grand Total	**16,987**	**2,670**	**84.3%**	**7**

Vale of York CCG's performance improved slightly in February 2019 to 84.3% from 84.0% in January. This equates to 2,670 breaches of the 18 week target, from a cohort of 16,987 patients. There were 7 x 52 week breaches for Vale of York patients, all at LTHT relating to T&O patients. The CCG is in regular contact with LTHT regarding these patients. This brings the YTD total for VOYCCG 52 week breaches to 76 against an annual target of 10 breaches.

Only 5 specialties (Neurosurgery, Geriatric Medicine, Cardiothoracic Surgery, General Medicine and Other) met the 92% target in February, all other specialties fell below 92%. The most significant number of 18 week breaches continued to be in Ophthalmology with 645, followed by General Surgery with 394, Urology with 201 and ENT with 198.

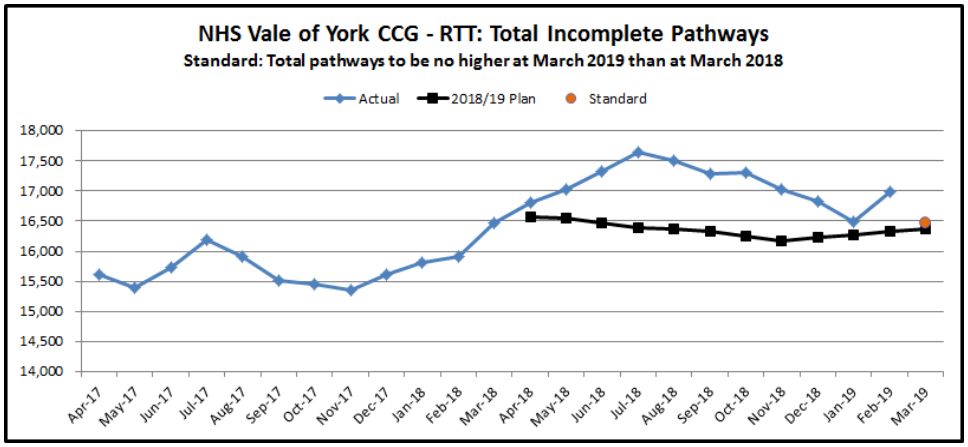
York Trust's RTT performance has remained quite consistent at between 81.1% and 81.7% for the last 3 months The Trust has seen an increase in the total incomplete RTT waiting list at the end of March rising to 27,536 which is 1,233 patients over the March 2019 target of 26,303.

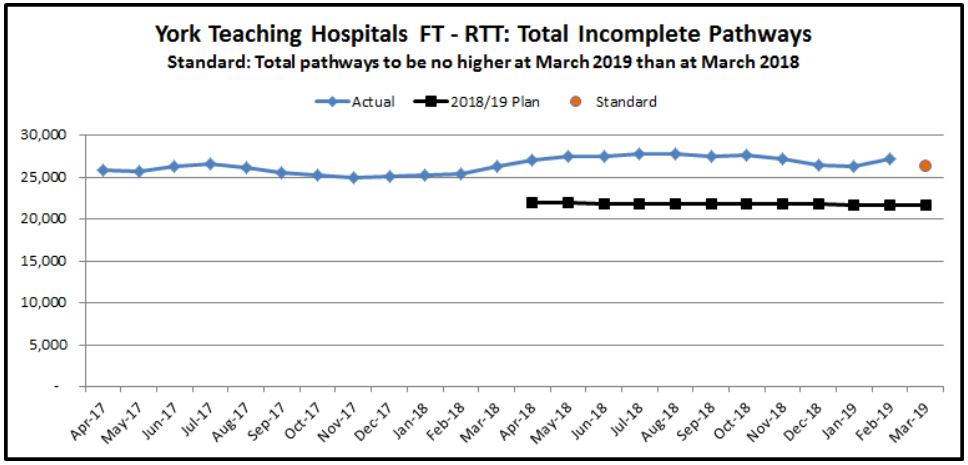
Ophthalmology action plan implemented to address clinical risk in Glaucoma follow-up patients and cataract backlogs. Treatment of high risk patients has been included in the Trust activity plan for 2019-20.

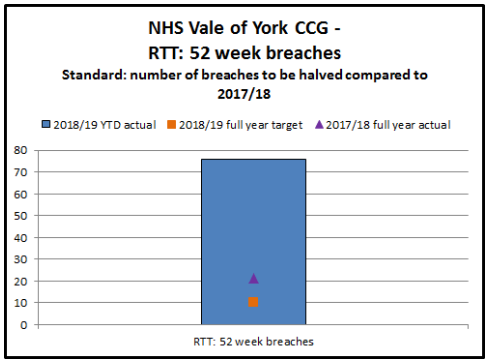
Implementation of the core planned care transformation programmes covering theatre and outpatients productivity, refer for expert opinion and radiology recovery.

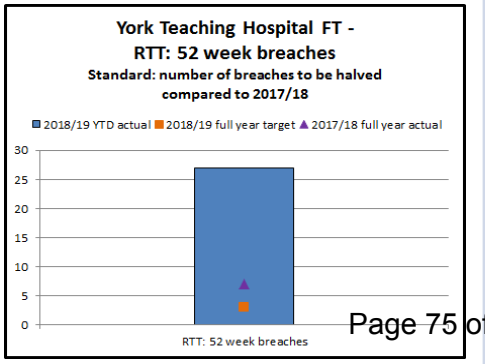
On-going monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid a 52 week breach.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)









Waiting list performance:

The Vale of York CCG waiting list saw an increase of 497 patients from 16,490 in January to 16,987 in February. This now stands 514 patients over our baseline target of 16,473 by March 2019.

The Trust has seen a 3.3% increase to the total incomplete waiting list in January, rising to 27,144 (841 above March 2019 target).

The rise in the waiting list in February is due to an increase in GP referrals in February which is likely to lead to a waiting list by end March 2019 of above planned level for both Trust and CCG. The CCG and Trust are working together to review the source and cause of this increase.

52 week performance:

There were 7 breaches of the 52 week target for Vale of York CCG patients in January, all at Leeds Trust in T&O relating to adult spines. The CCG are in regular contact with the lead CCG in Leeds regarding these patients.

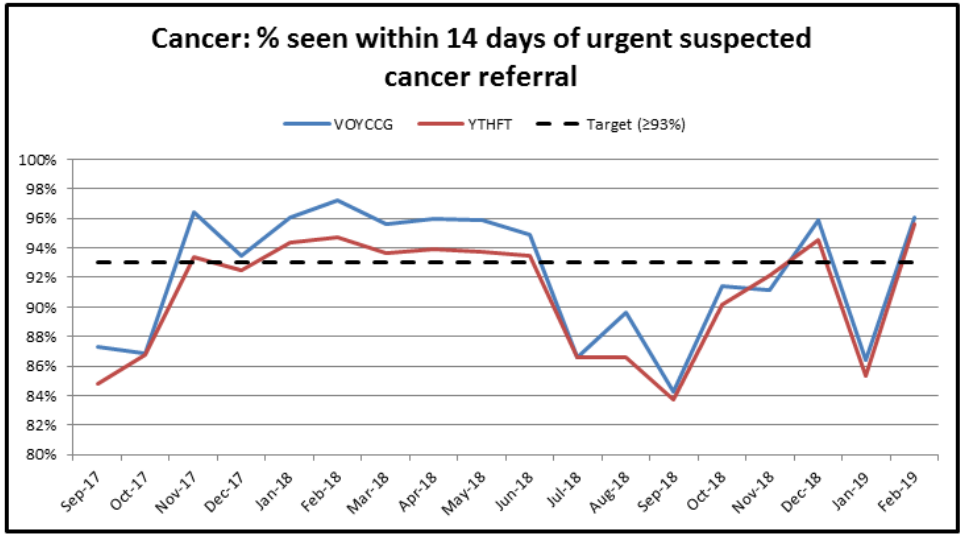
This brings the YTD total for the CCG to 76 against a 2018/19 full year target of 10.

York Trust declared no further 52 week breaches in January 2019.

This leaves the Trust's YTD total static at 27 against a full year target of 3.

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)					
Vale of York CCG			York Trust		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
86.5%	96.1%	↑	85.4%	95.7%	↑



Tumour Type	VOYCCG: Total Referrals	Number of 2WW breaches	VOYCCG: % within 14 days
Lung	23	0	100.0%
Testicular	1	0	100.0%
Haematological Malignancies	3	0	100.0%
Urological Malignancies	146	1	99.3%
Head and Neck	106	1	99.1%
Upper Gastrointestinal	60	1	98.3%
Breast	227	6	97.4%
Gynaecological	89	3	96.6%
Lower Gastrointestinal	208	9	95.7%
Skin	159	18	88.7%
Childrens	3	1	66.7%
Other Cancer	0	0	N/A
Sarcoma	0	0	N/A
Brain/Central Nervous System	0	0	N/A
Grand Total	**1025**	**40**	**96.1%**

Vale of York CCG 2WW Cancer performance saw a significant improvement in February at 96.1% from 86.5% in January, achieving the 93% target.

In total there were 40 breaches from a cohort of 1,025 patients.

All but 2 specialities achieved the 2WW target in February. Skin failed the target but achieved 88.7% with 18 breaches, a significant improvement on January performance which stood at 43.8%,. There was also 1 breach in Children's cancer out of a cohort of 3 patients so this speciality failed to meet target due to the small numbers.

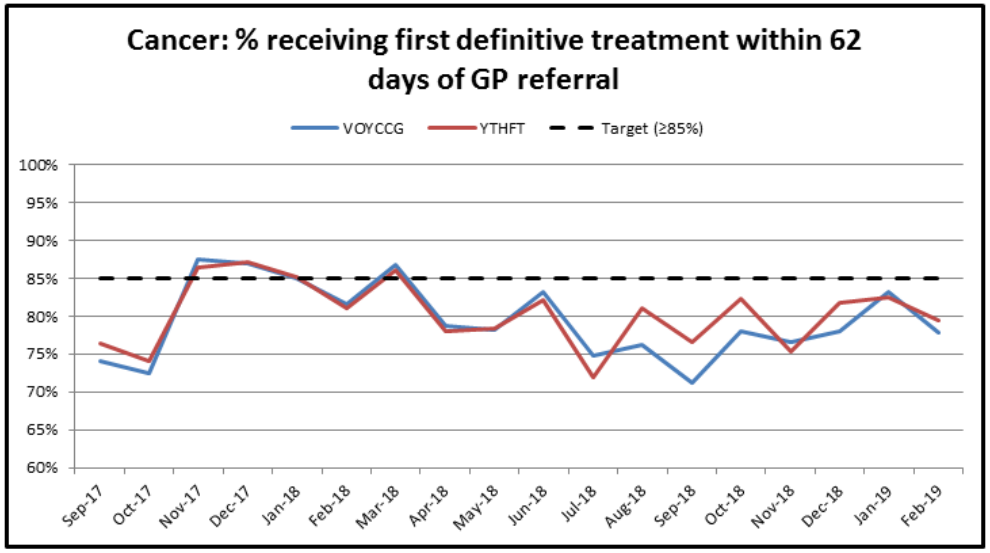
York Trust performance also improved in February and achieved 95.7%. 2WW clinics have now been centralised at Malton and York.

The Trust continues to experience high demand for cancer fast tracks and is undertaking more cancer activity as a result, and this does impact on the capacity available for routine outpatient appointments, particularly in Dermatology, Urology and Colorectal services.

A revised criteria for prostate diagnosis has been agreed internally, reducing the number of patients who will require an MRI scan. This will ensure that those who do require an MRI scan will receive it sooner.

PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)					
Vale of York CCG			York Trust		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
83.2%	77.8%	⇩	82.5%	79.4%	⇩



Tumour Type	VOYCCG: Total Treated	VOYCCG: 62 day breaches	VOYCCG: % within 62 days
Testicular	3	0	100.0%
Skin	14	0	100.0%
Gynaecological	7	0	100.0%
Breast	12	0	100.0%
Urological (Excluding Testicular)	21	5	76.2%
Head & Neck	3	1	66.7%
Upper Gastrointestinal	3	1	66.7%
Lower Gastrointestinal	13	5	61.5%
Haematological (Excluding Acute Leukaemia)	4	2	50.0%
Lung	10	6	40.0%
Brain/Central Nervous System	0	0	N/A
Acute Leukaemia	0	0	N/A
Sarcoma	0	0	N/A
Other	0	0	N/A
Grand Total	**90**	**20**	**77.8%**

Vale of York CCG's performance deteriorated in February to 77.8% against the 85% target, from 83.2% in January. There were 20 breaches from a cohort of 90 patients. There were breaches across a range of tumour sites with the highest number of breaches in Lung, Urological and Lower Gastrointestinal.

York Trust's performance also deteriorated in February 2019 to 79.4%, from 82.5% in January.

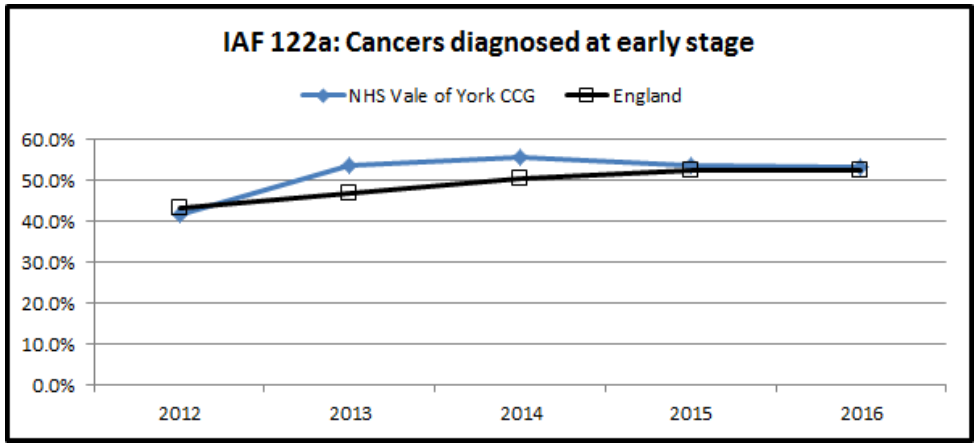
Prostate, Lung and Colorectal pathways are priority areas for the Humber, Coast and Vale Cancer Alliance and in November 2018 York Trust secured £242,000 additional funding for diagnostics to improve 62 day performance. The Trust utilised this funding to provide 959 additional scans and 362 additional endoscopy procedures by the end of March 2019.

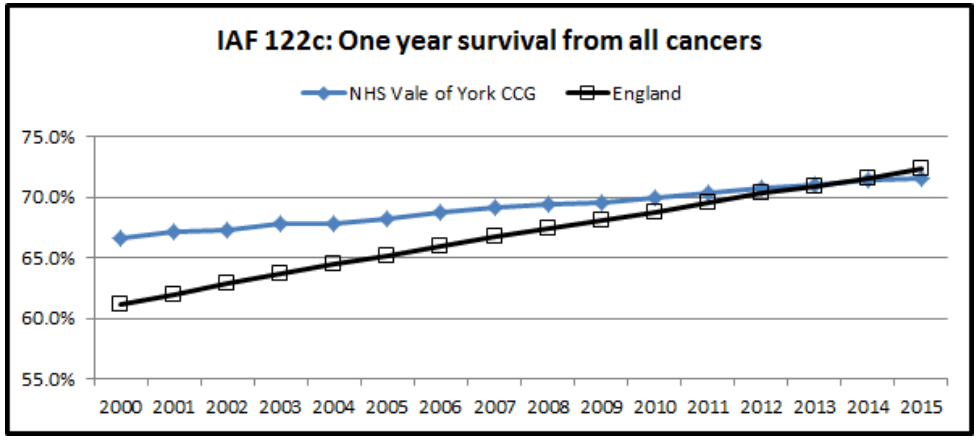
HCV Cancer Alliance funding allocation for 2019/20 is £2.9M of which:-
10% allocated to core team costs
15% mandated for Diagnostic Centre – this will be allocated against networked radiology/pathology systems
5% evaluation of cancer work programme.
Transformation work will focus on:-

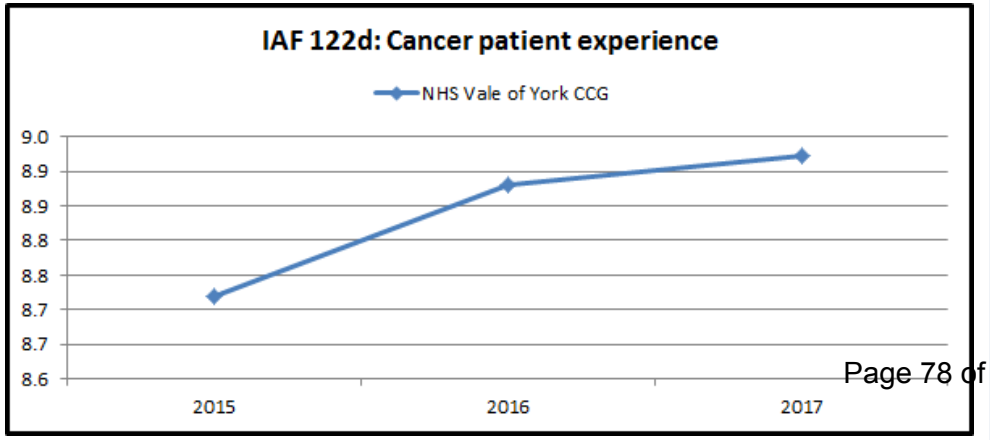
- Implementation of the new Radiology system across the patch and increased reporting capacity.
- Improving 62 Day performance by working with Clinical Leads to develop optimal care pathways for colorectal, prostate and lung cancers.
- Cancer Champions awareness programmes will a focus on increasing the uptake on Cervical Screening.

HCV Cancer Alliance have also been allocated £1.4M for the Hull Lung Screening project.

PERFORMANCE PLANNED CARE: CANCER – IAF INDICATORS







Cancers diagnosed at early stage

The CCG is performing well against peers in this measure based on the IAF dashboard assessment, however there has been a slight decline in performance for the past two years and the CCG has dropped from 55.8% in 2014 to 53.4% in 2016.

HCV Cancer Alliance has recruited 277 'Cancer Champions', 56 in the Vale of York, to educate the population in the signs and symptoms of cancer and to encourage patients to visit their GP asap if they have symptoms. Early diagnosis/staging will also help to improve the one year survival performance for our population.

One year survival from all cancers

As at latest published position of 2015, the CCG is performing at 71.6% which is 0.7% below the national average and desired trajectory of 72.3%. This performance ranks the CCG at 8/11 against peers and 121/207 nationally. Although under national average, the CCG's performance against this measure has marginally increased every year since 2000.

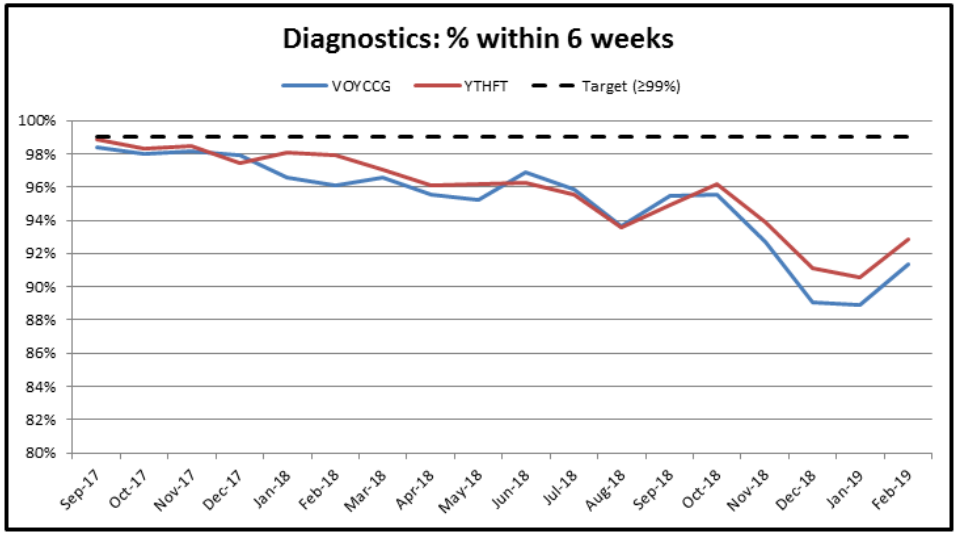
Cancer patient experience

Key findings from the National Cancer Patient Experience Survey 2017 were published in October 2018.

Patients were asked to rate their care on a scale of zero (very poor) to 10 (very good) and the average score for England and HCV was 8.8. Respondents gave ratings of 8.9 for both York Trust and VOYCCG, both above average performance, however SRCCG scored 8.7 in 2017 which represents a decline of 0.3 on their 2016 rating.

PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnostics: % within 6 weeks (Target ≥99%)					
Vale of York CCG			York Trust		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
88.9%	91.4%	↑	90.6%	92.9%	↑



Diagnostic Type	Total VOYCCG Waiting List	Total >6 weeks	% within 6 weeks
DEXA_SCAN	120	0	100.0%
AUDIOLOGY_ASSESSMENTS	354	0	100.0%
URODYNAMICS	23	0	100.0%
PERIPHERAL_NEUROPHYS	85	1	98.8%
CT	498	6	98.8%
CYSTOSCOPY	81	1	98.8%
BARIUM_ENEMA	30	1	96.7%
NON_OBSTETRIC_ULTRASOUND	971	54	94.4%
MRI	852	49	94.2%
FLEXI_SIGMOIDOSCOPY	91	8	91.2%
GASTROSCOPY	473	95	79.9%
COLONOSCOPY	222	48	78.4%
SLEEP_STUDIES	32	9	71.9%
ECHOCARDIOGRAPHY	302	85	71.9%
ELECTROPHYSIOLOGY	0	0	N/A
Grand Total	**4134**	**357**	**91.4%**

Diagnostic performance for Vale of York CCG improved from 88.9% in January to 91.4% in February 2019. This represents 357 patients waiting over 6 weeks from a cohort of 4,134 patients. In total, 11 specialties failed to meet the 99% target in December from a total of 15.

Gastroscopy (95) and Echocardiography (85) are the specialties with the largest volume of breaches in February.

York Trust's performance also improved in February to 92.9% from 90.6% in January 2019.

There are particular pressures in Endoscopy and Echo CT. Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate the pressures, repeated attempts at recruitment have so far been unsuccessful. Un-validated data for Echo in March shows an improvement.

The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January.

A revised criteria for prostate diagnosis has been agreed internally, reducing the number of patients who will require an MRI scan. This will ensure that those who do require an MRI scan will receive it sooner.

KEY QUESTIONS: PERFORMANCE PLANNED CARE

Are targets being meet and are you assured this is sustainable?	What mitigating actions are underway?
Diagnostics – No **Cancer 2 week waits – Yes** **Cancer 62 day standard – No** **RTT – No** **Waiting List non-deterioration – No** **52 week breaches 50% reduction target – No but zero tolerance moving forward**	**Diagnostics:** • Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. • The radiology recovery plan is in development and includes identification of a sustainable approach to the MRI GA, which are primarily for children. • Revised criteria for prostate diagnosis agreed by YHFT to reduced number of MRI scans. **Cancer:** • Successful bids through the Cancer Alliance to support cancer diagnostic delays have been mobilised; a new partnership for MRIs at Thorpe Park Clinic in Leeds has been set up as part of this work. • £2.9M funding allocation to HCV Cancer Alliance for 2019/20. • Implementation of networked radiology and pathology systems to increase capacity in 2019/2020. • Implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring has seen over 500 patients removed from the PTL. • Revised Cancer Governance implemented to strengthen lessons learned from Clinical Harm Reviews and specific performance review of Tumour Site recovery plans at Cancer Board • Assessment by directorate on options to increase 7 day Fast Track capacity, to inform the operational plan for 2019-20 • Review of sustainable provision of Dermatology pathways across the YTHFT and CCGs.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**

Programme Overview - Unplanned and Out of Hospital Care

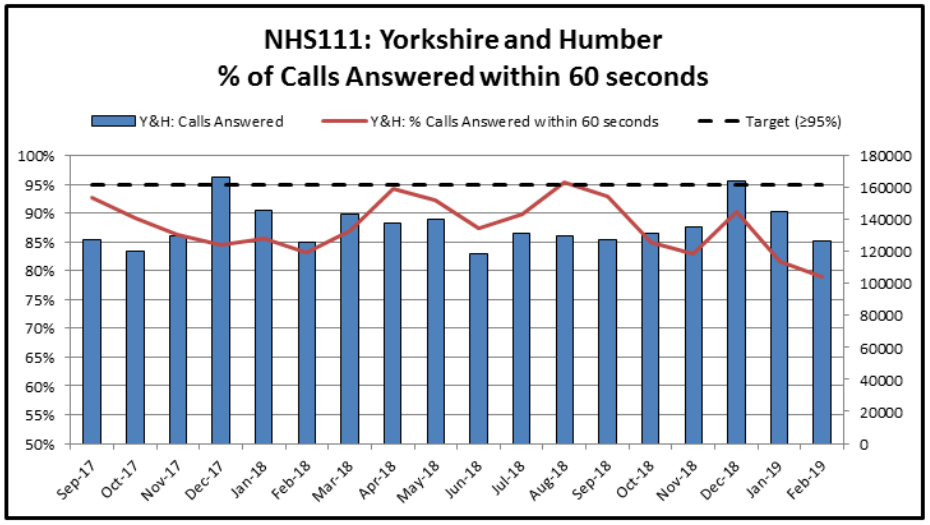
Validated data to February 2019 (Month 11)

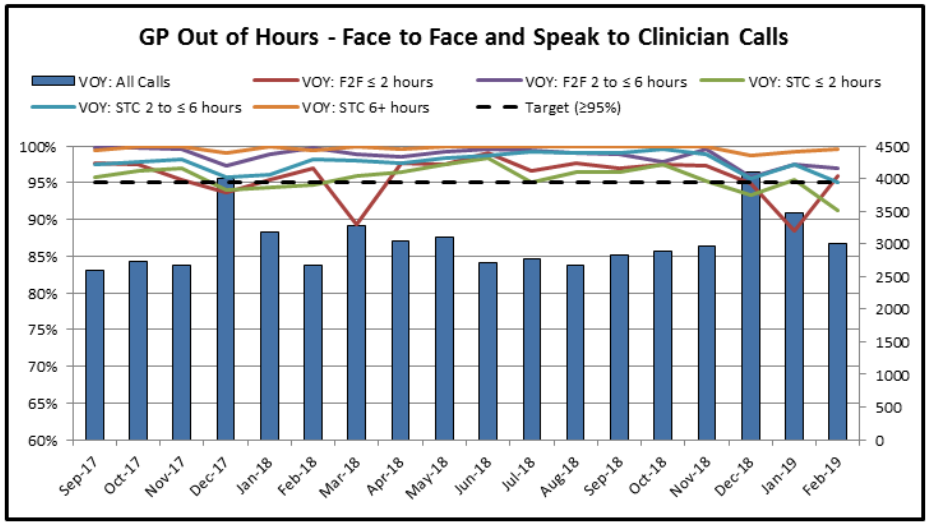
Executive Leads:
Simon Cox (Urgent & Emergency Care) and Denise Nightingale (DTOCs)
Programme Leads :
Fiona Bell, Assistant Director of Transformation & Delivery
Becky Case, Head of Transformation and Delivery - ECS
Locality leads: Shaun Macey (South), Becky Case (North) and Gary Young (Central)
Pippa Corner, Joint Commissioning Manager (VoY CCG and CYC)
Clinical Leads:
Peter Billingsley, GP Governing Body, S&R CCG

PERFORMANCE UNPLANNED CARE: NHS111, GP OOH, YAS and ED

NHS111: Yorkshire and Humber					
Calls Offered			% Answered within 60 seconds		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
144,696	126,380	↓	81.6%	79.0%	↓

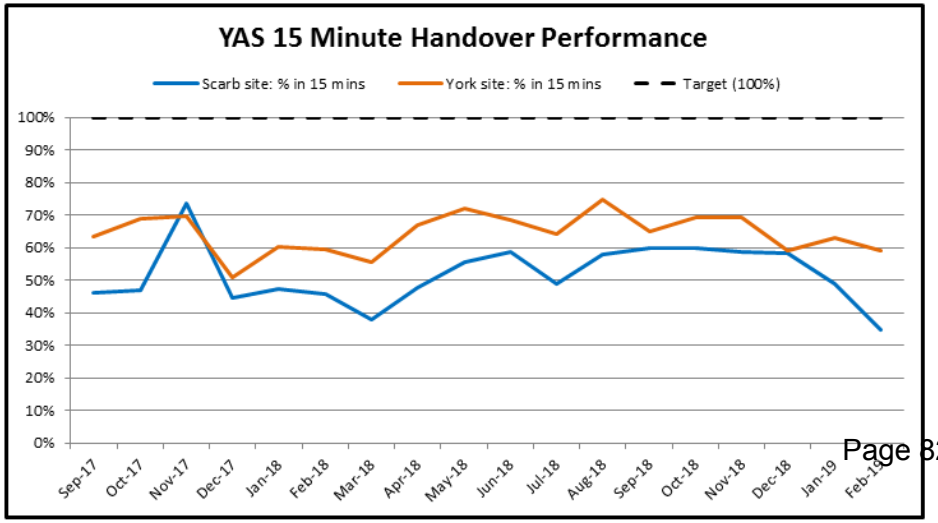
GP Out of Hours - Face to Face and Speak to Clinician Calls					
F2F calls within ≤2 hours (Target 95%)			STC calls within ≤2 hours (Target 95%)		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
88.5%	95.9%	↑	95.3%	91.3%	↓

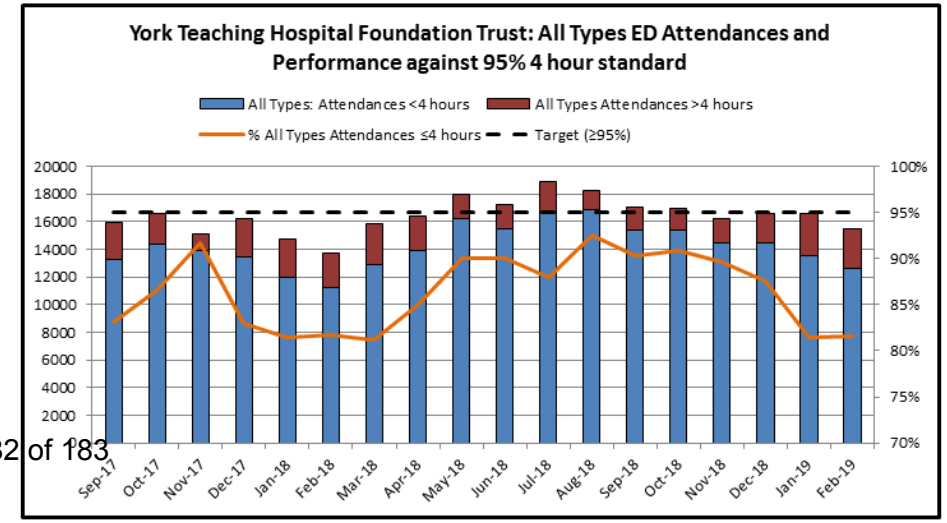




YAS 15 Minute Handover Performance					
Scarborough site (Target 100%)			York site (Target 100%)		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
48.8%	34.7%	↓	63.1%	59.0%	↓

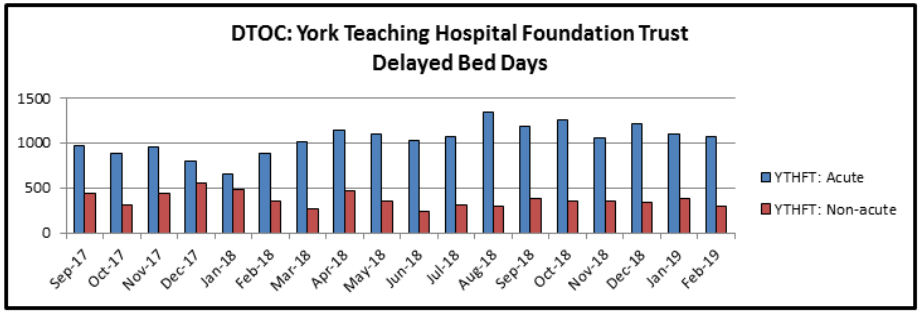
York Teaching Hospital Foundation Trust: ED 4 hour standard					
All Types Attendances			All Types % within 4 hours		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
16,575	15,500	↓	81.5%	81.5%	↑



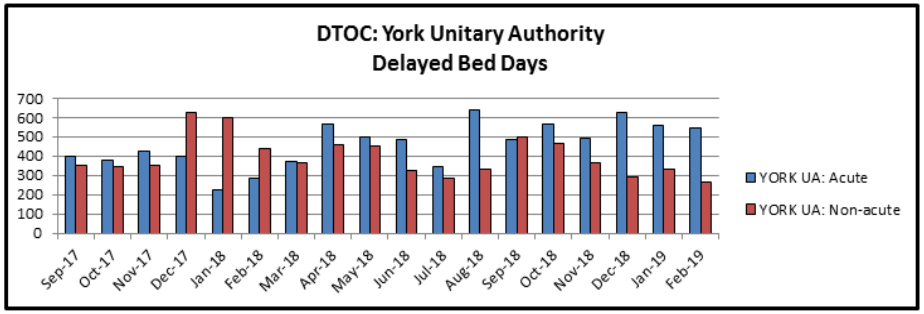


PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

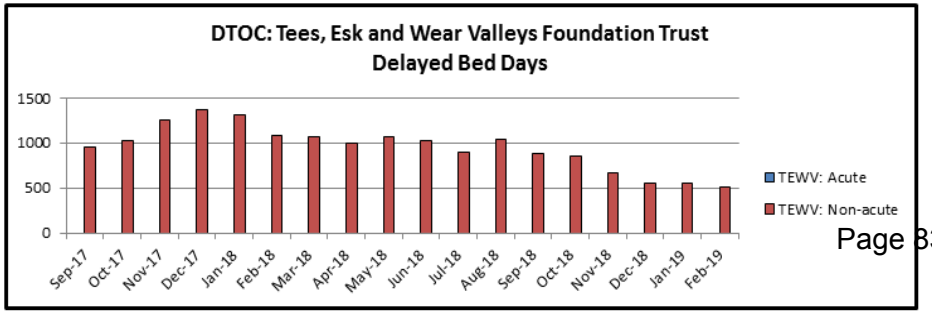
DTOC: YTHFT Delayed Bed Days					
Acute			Non-acute		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
1093	1067	⇩	385	295	⇩



DTOC: York UA Delayed Bed Days					
Acute			Non-acute		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
556	546	⇩	330	267	⇩



DTOC: TEWV Delayed Bed Days					
Acute			Non-acute		
Jan-19	Feb-19	DoT	Jan-19	Feb-19	DoT
N/A	N/A	N/A	557	506	⇩



The number of bed days for acute DTOCs at York Trust decreased from 1,093 in January to 1,067 in February. The number of bed days for non-acute DTOCs also decreased from 385 in January to 295 in February.
The revised DTOC baselines and improvement trajectories for 2019/20 are being reviewed by the Complex Discharge Group and will be confirmed in May performance reporting. These baselines have been reassessed in line with the new national technical guidance.

The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight for all but one day of the month. The Delayed Transfers of Care (DToC) position improved in February; however performance remains fluctuating and unpredictable. Delayed transfers have been affected by a lack of care home capacity and a shortage in the availability of packages of home care. The Trust is actively working to mitigate the pressures from increased demand through the Complex Discharge multi-agency group and to reduce delayed patients through the Winter Plan.

The CCG has submitted a joint analysis of the increase in stranded and super-stranded patients (particularly during February) to NHSE/I from ourselves and YTHFT. The analysis references the improving position up to September, then deterioration in York as two care homes closed during the early Autumn, again some improvement and then deterioration again in January/February in York as Norovirus hit and beds were closed.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

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

- **4-hour standard:** The 95% target was not met during this period, and there was underachievement against the local target
- **Ambulance Handovers**: These deteriorated in February on both sites due to the lack of flow across both local systems.
- **YAS response times:** February average response times for Cat 1 calls static at 7minutes and 3seconds, fractionally outside target. The 90th centile is also comfortably within the 15 minutes target at 12 minutes and 5 seconds – awaiting March data. Reviewing UCP support for these vs care home input.
- **OOH GP**: most performance markers are remaining steady although Vocare reports increasing difficulties in filling shifts as Improving Access requirements continue.
- **EDFD:** Ongoing discussions between key partners to agree pathways for further development of service (and use of UTC)
- **NHS111:** Good performance continued throughout February, new contract commenced from 1st April with better CAS in place

What mitigating actions are underway?

- **4-hour standard:** Ongoing pressures being managed by system in run up to Easter; resilience meetings continue.
- **Ambulance Handovers:** Continued work on pathways via the HCV sub-group; described as priority for 2019
- **YAS response times:** Cat1 and other targets continuously monitored. UCP contract discussions ongoing and new report seen and key priority areas now agreed.
- **OOH GP:** No mitigating actions required at present; monitoring continues.
- **EDFD:** Ongoing dialogue between YTHFT and Vocare led by CCG requirement.
- **NHS111:** No mitigating actions required at present. New contract has new KPIs from April 1st.

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

- **4-hour standard:** all system partners continuing to work together but seeing some high attendances and complex conditions presenting in March/April.
- **Ambulance Handovers:** Ongoing work against plan; confirmed improvements to S'boro environment will impact during 19/20.
- **YAS response times:** not applicable at present.
- **OOH GP:** not applicable at present.
- **EDFD**: not applicable at present.
- **NHS111**: not applicable at present.

Is further escalation required?

- **4-hour standard:** Escalation taking place locally and regionally via resilience meetings and lessons learnt work
- **Ambulance Handovers**: No – but regional observation will continue
- **YAS response times**: No
- **OOH GP**: No
- **EDFD**: No
- **NHS111**: No

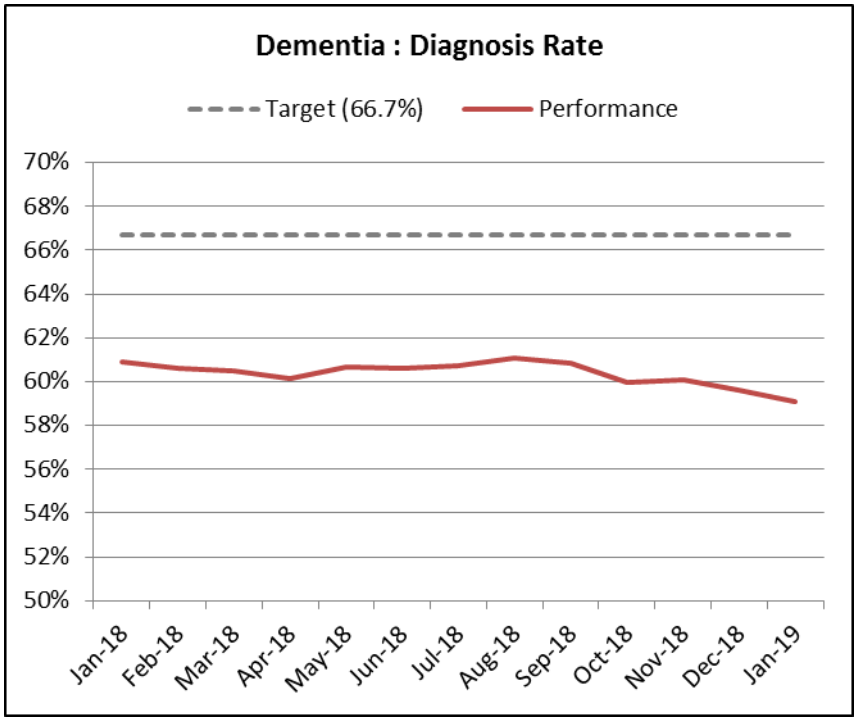
Programme Overview
- Mental Health, Learning Disability, Complex Care and Children's

Executive Lead and Clinical Lead:
Denise Nightingale, Executive Director of Transformation & Delivery Complex Care

Programme Leads :
Paul Howatson, Head of Partnerships and Integration (including BCF)
Bev Hunter, Head of CHC and Vulnerable People

PERFORMANCE : MENTAL HEALTH – DEMENTIA

Dementia			
Diagnosis Rate			
Dec-18	Jan-19	Feb-19	DoT
59.6%	59.1%	58.7%	⇩



Practice Name	Movement	Performance
Beech Tree Surgery	5	76.5%
Dalton Terrace Surgery	(1)	39.0%
East Parade Medical Practice	(1)	39.2%
Elvington Medical Practice	(1)	92.1%
Escrick Surgery	(2)	53.4%
Front Street Surgery	2	43.8%
Haxby Group Practice	(16)	60.4%
Helmsley Surgery	2	37.9%
Jorvik Gillygate Practice	(2)	56.1%
Kirkbymoorside Surgery	1	49.0%
Millfield Surgery	(3)	52.2%
My Health Group	(1)	58.6%
Pickering Medical Practice	0	58.4%
Pocklington Group Practice	(5)	42.3%
Posterngate Surgery	(3)	61.8%
Priory Medical Group	10	78.0%
Scott Road Medical Centre	1	105.3%
Sherburn Group Practice	(2)	66.5%
South Milford Surgery	1	38.8%
Stillington Surgery	1	44.6%
Tadcaster Medical Centre	(3)	43.8%
Terrington Surgery	1	26.6%
The Old School Medical Practice	(2)	41.0%
Tollerton Surgery	0	37.0%
Unity Health	0	56.4%
York Medical Group	2	**49.4%**
Total	**(16)**	

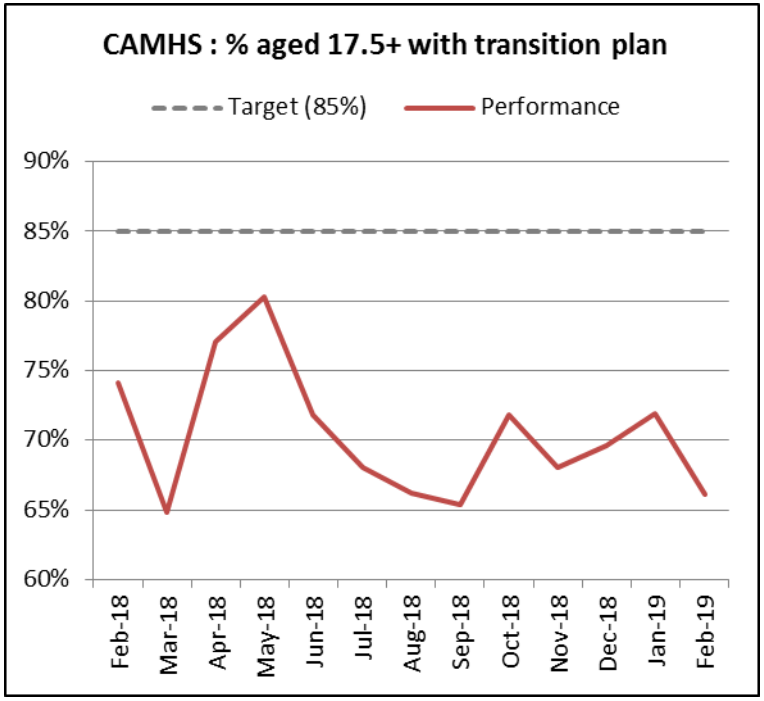
The diagnosis rate has decreased to 58.7% from 59.1%.

The number of registered patients fell by 16 against a static estimated prevalence rate. At the Haxby Group Practice there were 12 deaths and 4 patients moved out of area

March data will not be published until 30th April 2019.

PERFORMANCE : MENTAL HEALTH - CAMHS

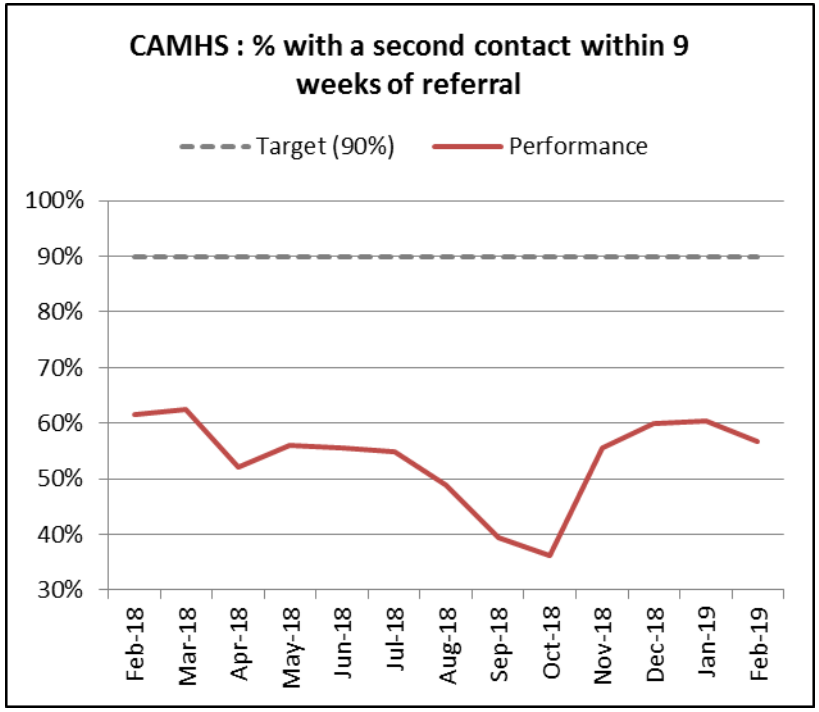
CAMHS			
% aged 17.5+ with transition plan			
Dec-18	Jan-19	Feb-19	DoT
69.6%	71.9%	66.1%	⇩



The position for February is 66.3%. This is attributable to 21 breaches out of 61 patients.

The indicator does not currently exclude patients referred in at 17.5 years and over. A change in the data collection method has been made but the impact will not be evident until the March reporting period.

CAMHS			
% with a second contact < 9 weeks of referral			
Dec-18	Jan-19	Feb-19	DoT
60.0%	60.3%	56.7%	⇩



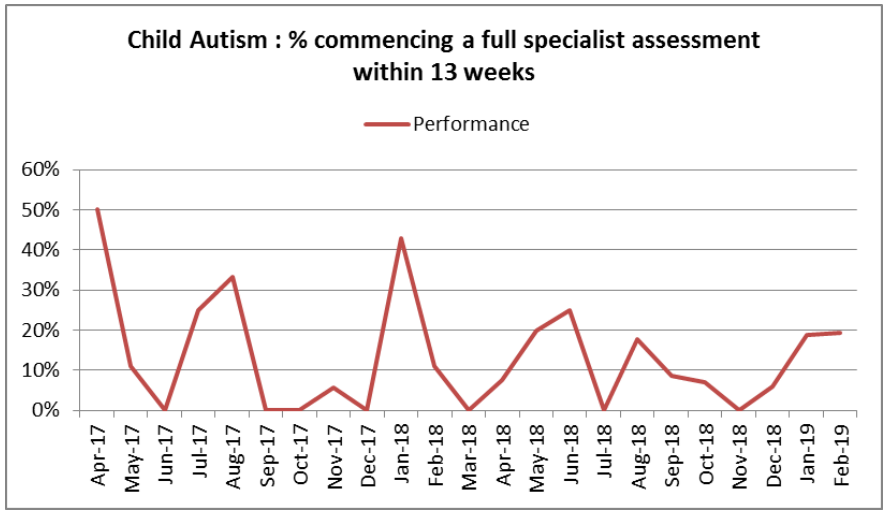
The position for February is 56.7%, which is attributable to 39 breaches out of 90 patients.

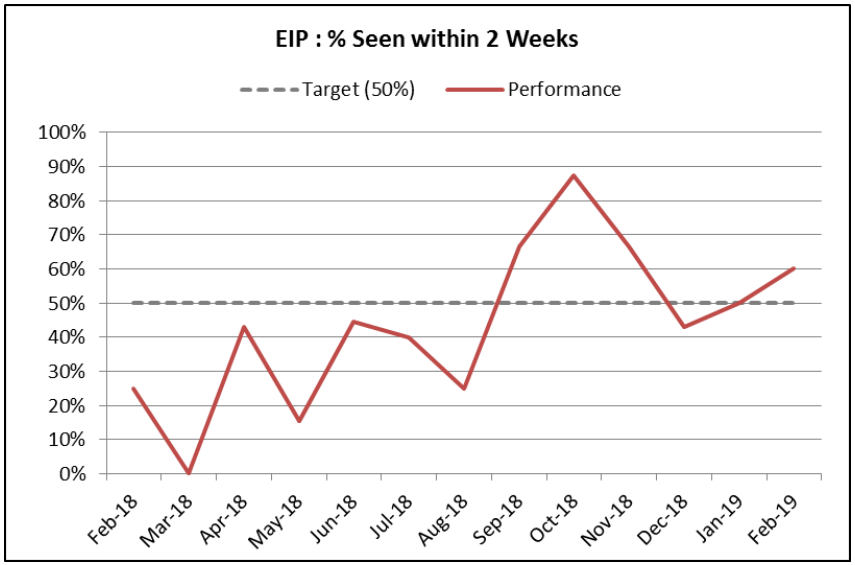
Breaches continue to predominately relate to issues with staff capacity. An action plan is in place in regards to the impact of long and short terms sickness and the process regarding managing the impact of annual leave is under review. Recruitment is underway for 2 Access Clinicians with interviews planned for the end of April.

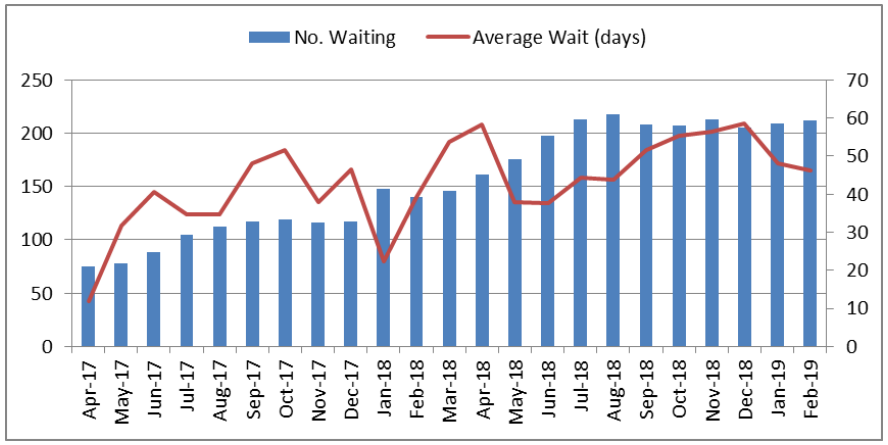
PERFORMANCE : MENTAL HEALTH – Child Autism & EIP

Child Autism			
% commencing full specialist assessment < 13 wks			
Dec-18	Jan-19	Feb-19	DoT
5.9%	18.8%	19.2%	↑

EIP			
% seen within 2 Weeks			
Dec-18	Jan-19	Feb-19	DoT
42.9%	50.0%	60.0%	↑







The performance position increased to 60% in February.. This represents 6 out of 10 attendances being seen within 2 weeks.

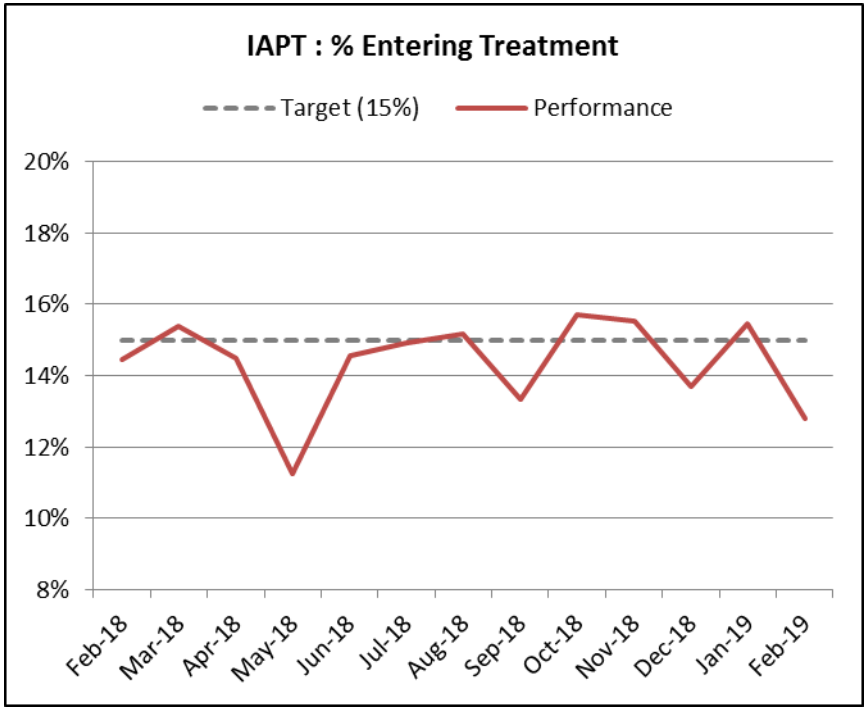
This measure fluctuates significantly due to the small numbers associated with this type of activity.

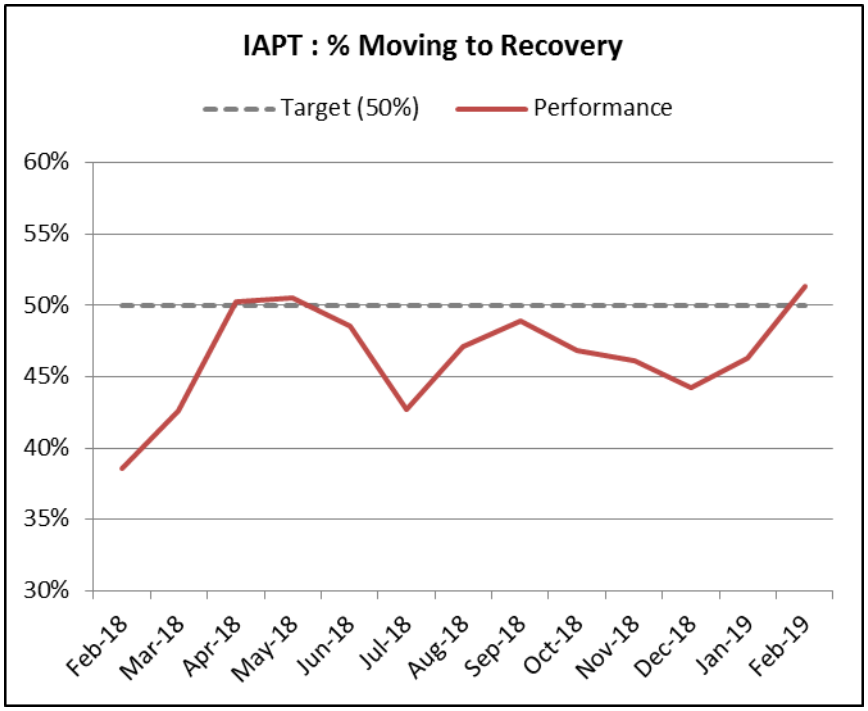
Of the 212 patients waiting 23 have waited beyond 52 weeks.

PERFORMANCE : MENTAL HEALTH- IAPT

IAPT			
Prevalence			
Dec-18	Jan-19	Feb-19	DoT
13.7%	15.4%	12.8%	↓

IAPT			
Recovery			
Dec-18	Jan-19	Feb-19	DoT
44.3%	46.3%	51.4%	↑





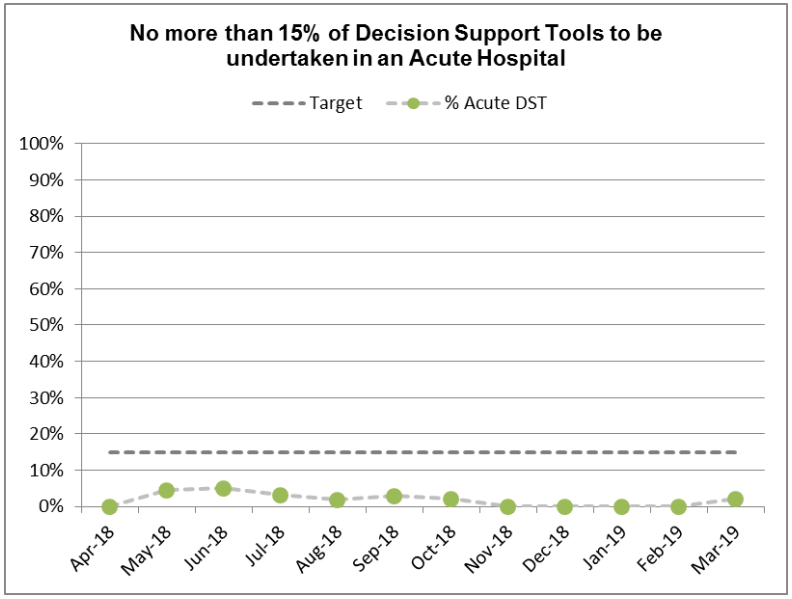
The local position for February is 12.8%.

The service has seen a reduction in the number of referrals received. The service is now providing a stress control course within York College and the IAPT self-referral website is now live.

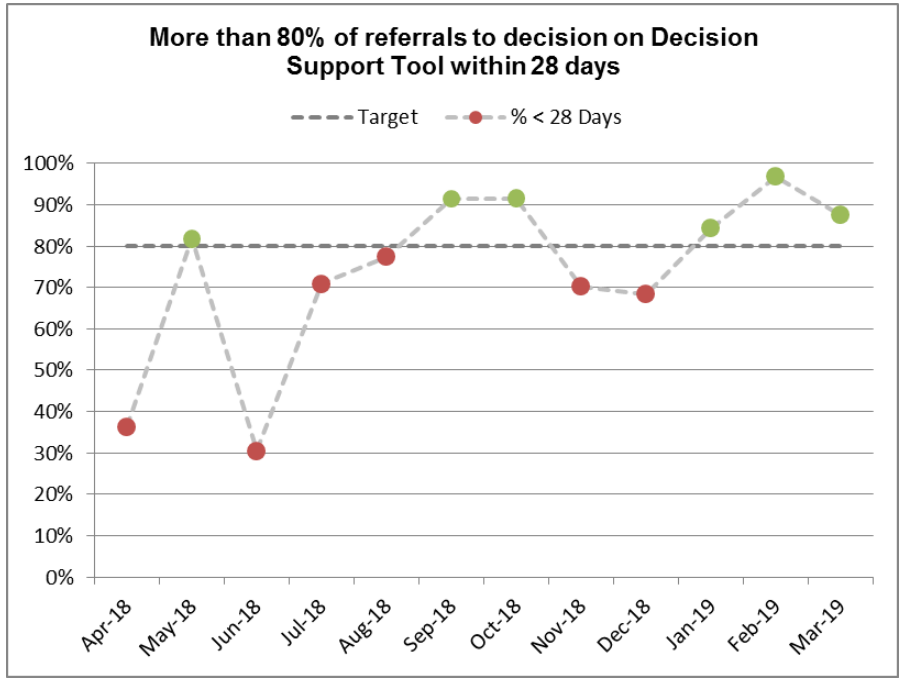
The local position for February is 51.4%

Of the 158 patients who completed treatment 76 have moved to recovery.

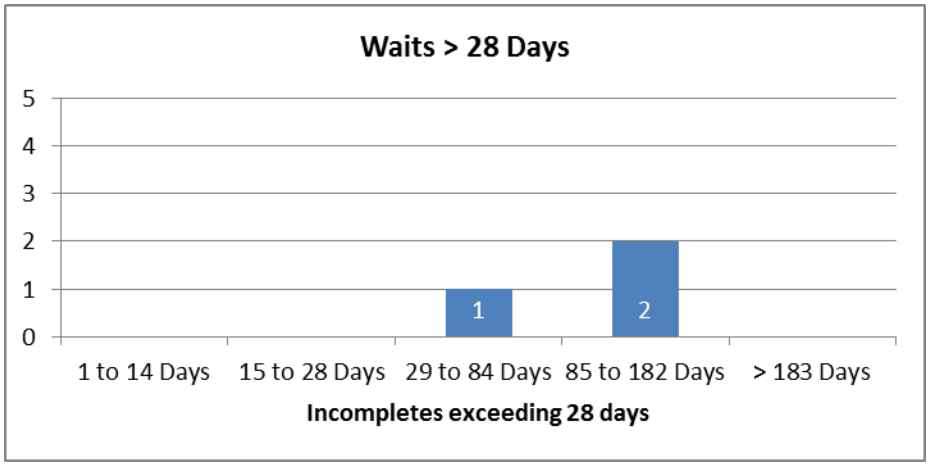
PERFORMANCE: CONTINUING HEALTHCARE (CHC)



Implementation of the discharge to assess approach has continued to deliver this target. All Acute Hospital DSTs are approved prior to assessment and occur due to patient need.



Performance stayed above target at 87.5% in March 2019.



As at the end of March there were 3 clients waiting beyond 28 days.

- Development and training associated with iQA continues and further modules are expected to be rolled out in the next few months.
- Staffing continues to be an issue. An Admin Team Manager has been placed to support the administration team and a further Band 3 post is advertised to fill a current vacancy.

The expectation is that performance will continue to meet the 80% target

KEY QUESTIONS: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
Mental Health **IAPT :** No **Dementia :** No **CAMHS :** No **EIP:** No **Continuing Healthcare** **Monthly Acute Hospital DST Activity :** Yes **Decision Support Tool 28 Days :** Yes	**IAPT :** The position has deteriorated in February as expected. TEWV have indicated that they were unlikely to meet the target in March and therefore we would not achieve the prevalence target overall for Quarter 4 A detailed discussion will be held at the contract monitoring board. **Dementia** : It is expected that TEWV will be presenting options for funding improvements in the memory service and to support dementia identification and diagnosis to the next meeting of the CMB on 18 April. The CCG with the support of the clinical network is providing training to nurses in CHC on the use of the DiADEM tool to support diagnosing advanced dementia in care homes Work is on going to reconcile GP dementia registers with TEWV records; also targeted support to GP practices with low diagnostic rates. **CAMHS** : Despite the additional assessments in Q4, performance against the 9 week target has deteriorated, it was suggested this was due to staff sickness and performance is March is expect to be low. **EIP :** Staffing appointments currently on track for improvement in performance in line with trajectory. **CHC** : Targets met in March and expectation is that performance will remain above target in April.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
IAPT : Trajectory agreed but is below national target. **Dementia :** The tasks in the action plan support progress towards delivery of the national target **CAMHS :** Action plan developed with TEWV to support meeting required performance targets **EIP** : Trajectory and investment for 18/19 agreed **CHC** : 28 day Performance is anticipated to meet target.	**IAPT recovery:** Verbal update to F & P Committee. **Dementia :** Verbal update to F & P Committee. **CAMHS :** Verbal update to F & P Committee. **EIP** : No further escalation at present, **CHC :** No escalation required at this stage.

CCG Improvement and Assessment Framework (IAF)

CCG Improvement and Assessment Framework

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.

Release of the 2018/19 Framework

The 2018/19 CCG Improvement and Assessment Framework (IAF) for 2018/19 was published on 08th November 2018. The updated framework covers 58 indicators, 51 of which have been carried over from 2017/18 with the addition of 7 new indicators for 2018/19.

The 7 new indicators are as follows:

- Proportion of people on GP severe mental illness register receiving physical health checks in primary care
- Cardio-metabolic assessment in mental health environments
- Delivery of the mental health investment standard
- Quality of mental health data submitted to NHS Digital (DQMI)
- Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View
- Patients waiting six weeks or more for a diagnostic test
- Expenditure in areas with identified scope for improvement

In addition to the new indicators, a number of the existing 51 indicators have been amended or updated.

The Quarter 2 2018/19 IAF dashboard was released to CCGs on 28th January 2019, and work is currently ongoing to assess our position against all indicators. Key headlines are that Finance has returned (as anticipated) from Amber in Q1 to Red in Q2, but Quality of CCG Leadership has improved from Amber in Q1 to Green in Q2. Of the 52 indicators currently in publication, the CCG's internal ranking rates 17 indicators as performing well, 13 indicators as mid-range, 9 as priority 2, and 13 as priority 1.

The Quarter 3 dashboard is anticipated for release by NHS England in late April 2019.

Future development

In addition to the newly released and refreshed 2018/19 Improvement and Assessment Framework indicators, the summary guidance published on 08th November 2018 included an update on future developments including a planned Integrated Oversight Framework, as outlined below.

> *NHS England and NHS Improvement are developing with STPs/ICSs a set of principles that will underpin oversight:*
>
> - *NHS England and NHS Improvement speaking with one voice, setting consistent expectations for local health systems;*
> - *greater focus on the performance of the local healthcare system as a whole, alongside the performance of individual providers and commissioners; and,*
> - *working with and through the STP/ICS leadership, wherever possible, to tackle problems in individual organisations or localities, rather than making uncoordinated national interventions. This will thereby stimulate the further growth of self-governing systems.*
>
> *This will be informed by a new integrated oversight framework that will form a key part of the regular performance discussions between NHS England, NHS Improvement and STPs/ICSs. Alongside this, NHS England, NHS Improvement and STPs/ICSs will continue to review trust-level data – and CCG-level data – to help agree when individual organisations need support or intervention and who should provide that support or intervention.*
>
> *We envisage that this new framework will evolve to reflect a population-based approach to improving health outcomes and reducing health inequalities. Development of this framework will be informed by the long-term plan for the NHS, due to be issued in the autumn, to ensure that the ambition described for the NHS is captured in the metrics that we use to assess and oversee CCGs and healthcare systems in the future.*

CCG Quality Premium

QUALITY PREMIUM UPDATE

2017/18 Quality Premium Update

Provisional Phase 1 2017/18 Quality Premium results were released by NHS England on 13th November 2018, for CCGs to review. The provisional results brought together the local Quality Premium measures along with the national data which is available. The CCG's Analytics Team reviewed the results and confirmed accuracy meaning there was no requirement to lodge an appeal with NHS England. Subsequently the appeals window closed at midday on Wednesday 21st November.

Although the provisional results indicate that the CCG achieved a number of the 2017/18 Quality Premium indicators with a potential financial value of over £1million, all three targets within the Constitutional Gateway were failed and with each carrying a penalty of 33.3% this represents a 100% reduction in any available funding.

On 12th December 2018 the Financial Gateway results were released for 2017/18 and the CCG has failed the gateway as anticipated. In addition to failing the Constitutional Gateways which had already removed any possibility of available funding, the failure of the Financial Gateway also renders us ineligible for any monetary achievement despite any achievement in other areas.

2018/19 Quality Premium

The table on the following slide summarises the potential funding available to Vale of York and Scarborough & Ryedale CCGs from the 2018/19 Quality Premium, broken down by section and indicator.

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 (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.

2019/20 Quality Premium

Guidance has not yet been published for the 2019/20 Quality Premium.

QUALITY PREMIUM 2018/19

Potential Funding for Quality Premium for Vale of York and Scarborough and Ryedale CCGs combined* **£2,387,010**

	Indicator	% of Quality Premium	Potential Value for Vale of York CCG	Potential Value for Scarborough and Ryedale CCG	Potential total value for VOY and S&R CCGs:
Emergency Demand Management Indicators	A1 - Type 1 A&E attendances	50.0%	£673,909	£227,306	£901,215
	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	£227,306	£901,215
	Total	**100.0%**	**£1,347,818**	**£454,612**	**£1,802,430**
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	£25,025	£99,378
	2 - Overall experience of making a GP appointment	17.0%	£74,353	£25,025	£99,378
	3a - % of NHS CHC referrals that have been completed within 28 days.	8.5%	£37,177	£12,513	£49,690
	3b - % of full NHS CHC assessments that were completed in an acute hospital	8.5%	£37,177	£12,513	£49,690
	4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME)	17.0%	£74,353	£25,025	£99,378
	4b - % of people accessing IAPT services aged 65+				
	5ai - Reduction in all E coli BSI reported	5.1%	£22,306	£7,508	£29,814
	5aii - Collection and reporting of a core primary care data set for all E coli cases	2.6%	£11,153	£3,754	£14,907
	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	£5,005	£19,876
	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	£2,503	£9,938
	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	£6,256	£24,844
	6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs	15.0%	£65,606	£22,081	£87,687
	Total	**100.0%**	**£437,372**	**£147,208**	**£584,580**

***Based on VOYCCG population of 357,038 and S&RCCG population of 120,364 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. £2,387,010 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. £292,290 impact per indicator or £584,580 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

QUALITY PREMIUM 2018/19

Q3 2018/19 update on Emergency Demand Management Indicators: Vale of York and Scarborough and Ryedale CCGs

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
A&E Type 1 Attendances	Plan	20,892	21,593	20,942	19,698	83,125
	Actual	22,165	22,315	22,051		66,531
	Variance	1,273	722	1,109		3,104
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	6,040	6,106	6,107	5,975	24,228
	Actual	6,116	6,400	6,493		19,009
	Variance	76	294	386		756

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Non-elective admissions - 0 LoS	Plan	3,399	3,264	3,557	3,543	13,763
	Actual	3,417	3,432	3,815		10,664
	Variance	18	168	258		444
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	961	998	1,056	943	3,958
	Actual	1,075	1,025	1,066		3,166
	Variance	114	27	10		151

	Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Non-elective admissions - 1+ LoS	Plan	5,961	6,031	6,199	6,087	24,278
	Actual	6,540	6,344	6,722		19,606
	Variance	579	313	523		1,415
	Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
	Plan	2,588	2,637	2,769	2,777	10,771
	Actual	2,873	2,749	2,896		8,518
	Variance	285	112	127		524

The table opposite shows the position as at end Q3 2018/19 against the three Quality Premium Emergency Demand Management Indicators, for both Vale of York and Scarborough and Ryedale CCGs.

In total these indicators are worth up to approximately £1.8million combined for the two CCGs. As at end Q3 both CCGs are adverse to plan on all three indicators.

It should be noted that these figures are based on national data which will be used in Quality Premium assessment and do not take into account local exceptions around the way activity is recorded in, for example, ambulatory care - therefore these figures may differ from those published in other CCG reports.

Financial Gateway

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.

Acronyms

2WW	Two week wait: Urgent Cancer Referrals Target
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactive Disorder
AEDB	A and E Delivery Board
AHC	Annual Health Check
AIC	Aligned Incentive Contract
CAMHS	Child and Adolescent Mental Health Services
CC	Continuing Care
CEP	Capped Expenditure Process
CGA	Comprehensive Geriatric Assessment
CHC	Continuing Healthcare
CIP	Cost Improvement Plan
CMB	Contract Management Board
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation (framework)
CRUK	Cancer Research UK
CSF	Commissioner Sustainability Funding
CT	Computerised Tomography Scan
CWTs	Cancer Waiting Times
CYC	City of York Council
CYP	Children & Young People
DEXA	Dual energy X-ray absorptiometry scan
DNA	Did not attend
DQIP	Data Quality Improvement Plan (in standard acute contract)
DTOC	Delayed Transfer of Care
ECS	Emergency Care Standard (4 hour target)

Acronyms continued

ED	Emergency Department
EDFD	Emergency Department Front Door
EMI	Elderly Mentally Infirm
ENT	Ear Nose & Throat
F&P/ F&PC	Finance & Performance Committee (CCG)
FIT	Faecal Immunochemical Test
FNC	Funded Nursing Care
FT	Foundation Trust
GA	General Anaesthetic
GI	Gastro-intestinal
GPFV	GP Forward View
H&N	Head and Neck
HCV	Humber, Coast & Vale (Sustainable Transformation Plan or STP)
HR&W	NHS Hambleton, Richmondshire and Whitby CCG
HaRD	NHS Harrogate and Rural District CCG
IAF	Improvement & Assessment Framework (NHS England)
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care Systems
IFR	Individual Funding Review (Complex care)
IPT	Inter-provider transfer (Cancer)
IS	Independent Sector
IST	Intensive Support Team
LA	Local Authority
LD	Learning Disabilities
LDR	Local Digital Roadmap
MCP	Multi-Care Practitioner
MDT	Multi Disciplinary Team
MH	Mental Health

Acronyms continued

MHFV	Mental Health Forward View
MIU	Minor Injuries Unit
MMT	Medicines Management Team
MNET	Medical Non Emergency Transport
MRI	Magnetic Resonance Imaging
MSK	Musculo-skeletal Service
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NYCC	North Yorkshire County Council
NYNET	NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity and broadband services to private and public sector sites)
ONPOS	Online Non Prescription Ordering Service
OOH	Out of hours
PCH	Primary Care Home
PCU	Partnership Commissioning Unit
PIB	Permanent Injury Benefit
PID	Project Initiation Document
PLCV	Procedures of Limited Clinical Value
PM	Practice Manager
PMO	Programme Management Office
PNRC	Procedures Not Routinely Commissioned
POD	Point of Delivery
PSF	Provider Sustainability Funding
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
QP	Quality Premium

Acronyms continued

RRV	Rapid Response Vehicle
RSS	Referral Support Service
RTT	Referral to treatment
SOP	Standard Operating Procedure
S&R / SRCCG	NHS Scarborough and Ryedale CCG
SRBI	Special Rehabilitation Brain Injury
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
STT	Straight to Triage
SUS	Secondary Uses Service (data)
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
T&I	Trauma and Injury
T&O	Trauma and Orthopaedics
TIA	Transient Ischaemic Attack
ToR	Terms of Reference
UCC	Urgent Care Centre
UCP	Urgent Care Practitioner
VoY	Vale of York
VoY CCG	NHS Vale of York CCG
VCN	Vale of York Clinical Network
WLIs	Waiting List Initiatives
YAS	Yorkshire Ambulance Service
YDUC	Yorkshire Doctors Urgent Care
Y&H	Yorkshire & Humber (region)
YTHFT/York Trust	York Teaching Hospital NHS Foundation Trust
YDH	York District Hospital
YHEC	York Health Economics Consortium

NHS
Vale of York
Clinical Commissioning Group

Item Number: 10

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 2 May 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Quality and Patient Experience Report

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

Reason for Report

To update Governing Body following the Quality and Patient Experience Committee:

- The Committee approved the Care Homes and Domiciliary Work Plan 2019/20
- The Committee received the Care Quality Commission Ready Programme report and noted the new regulatory regime
- The Committee noted the update on two Never Events
- The Committee approved the End of Life Strategy for ratification by the Governing Body (see item 12)

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	**Risk Rating**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

Impact Assessments
N/A 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

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**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Quality and Nursing Team

NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– April 2019

Contents

Purpose of the Report

The purpose of this report is to provide an overview of the Vale of York Clinical Commissioning Group in relation to the quality of services across our main provider services. In addition, it provides an update about the Vale of York CCG's Quality team's important work relating to quality improvements that affect the wider health and care economy.

Key pieces of improvement work that the team is involved include

- Special School Nursing Review as part of review of the 0 – 19 pathway
- Care Home Strategy development
- Maternity services transformation
- Workforce transformation

Patient Story

A Care Home manager attended the Quality and Patient Experience Committee (QPEC) in April and spoke about her experiences of being the Registered Manager of a Care Home in York. She spoke candidly about providing a responsive service for the residents and their families as well as recognising the considerable support that the home had received from the CCG.

Quality in Primary Care

CQC inspections
Beech Tree Surgery was inspected by CQC in December 2018 and the CQC report was published on 27 February 2019 with an overall rating of good. No breaches of regulations were found but it was noted that the provider should makes some small improvements.

Unity Practice was inspected by CQC in January 2019 and the CQC report was published on 21 February 2019 with an overall rating of good. The effective domain is rated as requiring improvement due to low QOF attainment. In response, special measures have been removed, recognising the significant improvements made to the quality of care provided by this service.

CQC Ready Programme

QPEC have received and welcomed the final report following roll out of the programme to all GP practices across the CCG. Key recommendations included

- All Practices should add "monitoring of compliance with Care Quality Commission core essential standards" as a standing agenda item to their clinical governance meetings, to ensure all staff are engaged in the process and that this is embedded as "business as usual".

- The CCG should explore how they can support practices to share the learning from incidents across the whole locality – this should include the learning from reviews of unexpected deaths.
- Practices should liaise with health visitors to ensure that there is a robust process in place to follow up children who are not brought for immunisation, and add this information to their child not brought policy, ensuring that all relevant staff are made aware of how this is managed.
- Practices should consider reviewing the infection control lead role and consider the most suitable person to undertake this role may not always be a qualified nurse. The programme had found variation in the statutory and mandatory training requirements across all Practices; time required to complete multiple courses as well as undertaking other roles within the Practice had considerable impact on staff availability to see patients.
- The CCG should consider how they can support Practices to have an agreed standardised statutory and mandatory training schedule.
- Practices should consider systems and processes they can implement to help them identify the 1% of patients expected to die in the next 12 months. This should include the consideration of a care coordinator role and implementation of the newly approved “Daffodil Standards” to improve end of life care for all patients.
- Practices should consider prioritising the employment of a specialist nurse with the right skills to support delivery of the enhanced service for patients with a learning disability, in order to increase the uptake of health screening for this cohort of patients.
- Practices should consider prioritising ways to identify and support carers. This should include developing staff to become Dementia Champions and consideration of adopting the best practice example of drop-in clinic sessions where patients can meet with a representative from the Alzheimer’s Society who can signpost them to further services and support they can access.
- Practices should consider ways in which they can encourage patients to agree to an enhanced summary care record. The use of a care coordinator had been shown to increase uptake of this.

Infection Prevention & Control (IPC) – reported by exception

Norovirus

Local norovirus overview

Norovirus has been prevalent this season which has caused serious impact on bed capacity and patient flow within York Teaching Hospital NHS Foundation Trust (YTHFT) as well as placing them as outliers with their peers. A well-attended multi-agency review meeting of the significant hospital norovirus outbreak in January and February has taken place which the CCG contributed to. YTHFT had prepared an

outbreak review report which acknowledged that the organisation had not responded quickly enough, nor recognised and escalated the infection prevention challenge and associated risks adequately. YTHFT recognised that it is was a 'hospital problem' and that whilst present out of hospital, was not a community issue. The trust's main focus in terms of learning will focus on the workforce. It was agreed that communications to the public needed to be heightened to stop people from coming into the hospital and that this needed to happen as early as possible but not so early that the message is forgotten.

Estates were also recognised as a big issue. Specifically being able to walk between wards, hand washing facilities not present near the front door of the hospital and staff changing areas shared between closed wards. YTHFT is currently reviewing being able to increase side rooms.

Actions identified were:

- The hospital Infection Prevention Team (IPT) should review its outbreak policy and expand it to include a specific section focused on viral gastroenteritis to include: outbreak meetings, management of closed wards, staff Infection Prevention and Control (IPC) practice, patient movements (admissions, transfers, discharges) and visitors.
- Management, storage and access of relevant resources for viral gastroenteritis through the hospital intranet.
- Development of a joint community and acute trust plan for managing norovirus outbreaks. There is a high standard template from Cumbria locality.
- Improve internal staff communications with staff
- Review possibilities for improving hand washing facilities at the entrance to wards.

Initial actions for the Vale of York Clinical Commissioning group include:

- Infection prevention to be a standing agenda item with specialist attendance at Partners In Care
- Appropriate specialist infection prevention representation at the Health Protection Committee
- Contribution to a review of the system response to an outbreak, including the adoption of learning from other areas, e.g. Cumbria.
- Patient narratives to be developed to support improved communication with Care Homes and Primary care when sending symptomatic patients to hospital

The CCG have a meeting arranged with the Harrogate Community Infection Prevention teams and the CCG Lead Infection Prevention Nurse to identify learning for the CCG and confirm the CCG role in gaining assurance and providing support going forward.

Serious Incidents (SIs) – reported by exception

Key Issues from Provider Trusts

York Teaching Hospital Foundation Trust

Serious Incident Learning (SI) - Update
Improvements in both CCG management of the SI process, YTHFT processes and engagement continues. Proposals are under discussion of ways for the CCG to gain assurance on completion of actions from Serious Incident investigations in more depth than receipt of an action plan marked as complete.
The Deputy Director for Patient Safety and Director of Healthcare Governance have plans to review internal SI processes including investigation allocation, training and support for investigators.

Never Events (NE)
Since the last report 2 further Never Events have occurred both relating to wrong site surgery. The CCG were alerted very early to these and have been kept constantly updated by The Deputy Director for Patient Safety. One case involved incorrect mole removal and correlation against recommendations from investigation into a previous Never Event identified that processes had not been followed, and immediate actions were taken to address this. The second case which was wrong site surgery is under investigation with initial indications suggesting human error. YTHFT were already exploring staff training on Human Factors and situational awareness.
The Head of Quality Assurance spent a day in orthopaedic theatres recently which was very positive with evidence of safe practices and healthy cultures seen.

Screening and Immunisations Update – reported by exception

The York and North Yorkshire (NY) Programme Boards are now planning to meet on a six monthly basis, with quarterly performance templates under development. The plan is to share good practice between Programme Boards to increase uptake.
The only meeting which has taken place is the York and North Yorkshire Immunisations Board where the information and data below was discussed.

The Operational Group covering NY and York is becoming well established. The groups look closely into practice level data. The group has an immunisation workplan for 2019/20 and one aim is to identify a practice level vaccine champion to be the link within the practice and champion all aspects of the vaccination schedule and be supported to monitor individual practice uptake through Immform. The group will also review any practice with an uptake less than 90% for any immunisation programme and offer support to understand the barriers and challenges as well as the sharing of good practice.

HPV for boys is another workstream with joint work planned between the CCG, Local Authority, School Immunisation Team and PHE Screening and Immunisation team to promote and support the new programme which is expected to commence in September 2019.

Influenza (Flu)
The last York and North Yorkshire flu meeting agreed that a look back of the season with broader representation was necessary. In order to review the District Nursing workforce's impact on vaccination uptake a questionnaire is to be sent to both Practice Nurses and District Nurses to obtain their opinions on how this worked and any suggestions for improvement. Anecdotal evidence presents differing views and the opportunity to improve for next season.

It was agreed that Communications teams worked well together across North Yorkshire and York with the consensus that the national campaign had been more conspicuous this year. The effect of this led to unexpected demand which combined with some practices' decision to under order vaccine supplies to minimise financial risk resulted in supply shortage. Despite this and national issues with supply for the over 65 year olds uptake in this cohort in the Vale of York was only 0.2% lower than 2017-18.

The table below presents the end of season uptake data for Vale of York and other local CCGs.

uptake %	65 and over		At risk - (6m - under 65 yrs)		At risk - (6mths to 2 years)				Children Aged 2		Children Aged 3		Pregnant Women - All	
	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	No.	Vac.	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
HRW	73.6	73.5	51.0	49.7	22.7	9.5	21	2	51.2	47.0	53.4	48.8	57.6	58.2
HaRD	74.6	74.6	50.3	50.0	30.8	42.1	19	8	59.3	60.7	57.1	60.5	54.0	55.1
SR	68.8	69.1	48.0	48.3	15.2	20.6	34	7	48.4	48.2	50.0	48.7	58.5	57.0
VoY	75.3	75.1	49.0	48.3	21.8	39.5	43	17	50.3	52.6	51.6	53.2	57.5	53.7

Staff Uptake of flu vaccination
YTHFT
4570 of 6820 Frontline healthcare workers (71.92% uptake rate)
5932 of 9309 All Trust employees (63.8% overall uptake rate)

Uptake rates for individual professional groups were:

Doctors	78.5%
Nurses	70.8%
AHP	75.0%
Support	70.4%

TEWV
The final flu vaccination uptake rate for York & Selby services in TEWV was 57.61%

Uptake rates for individual professional groups were:

Clerical staff average uptake across services:	57.14%
Clinical Support staff average across services:	61.11%
Qualified Allied Health Professionals (Therapy staff) average across services:	57.74%
Qualified nursing staff average across services:	58.22%

Maternity Voices Partnership (MVP)

Smoking at time of delivery is higher at Scarborough with the rate at 20% compared to York at 11.5% with on-going strategies in place to reduce this. Scarborough has had a reduction in the smoking rate in 2018.

On 27 March 2019 the first Maternity Voices Partnership (MVP) meeting was held with our new lay chair, Emily Pickard, in position.

Previously known as Maternity Services Liaison Committees, a Maternity Voices Partnership (MVP) is a group of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

The group shared information and updates about local MVP work across the Humber Coast and Vale and methods of collecting patient and service user feedback to improve services.

Medicines Management

PINCER - pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care

Prescribing errors in general practice are an important and expensive preventable cause of safety incidents, morbidity, hospitalisations and deaths. This is a significant quality and safety issue that is widely relevant to UK health care.

The intervention comprises core elements:

- Searching GP computer systems to identify patients at risk of potentially hazardous prescribing using a set of prescribing safety indicators
- Pharmacists, specifically trained to deliver the intervention, providing an educational outreach intervention where they meet with GPs and other practice staff to:
- Discuss the search results and highlight the importance of the hazardous prescribing identified using brief educational materials
- Agree an action plan for reviewing patients identified as high risk and improving prescribing and medication monitoring systems using root cause analysis (RCA) to minimise future risk
- Pharmacists (and pharmacy technicians) working with, and supporting, general practice staff to implement the agreed action plan

The PINCER quality improvement tool allows GP practices to easily interrogate their clinical data and identify patients who are potentially at risk of harm through prescribing errors or inadequate drug monitoring.

Practices can quickly access lists of patients identified as having been prescribed drugs commonly and consistently associated with medication errors.

Update on Progress
There has been good uptake by the practice pharmacists in the Vale of York. All of the 3 PINCER teaching sessions have now been completed. The Medicines Management Team (MMT) have run all of the searches for the practices involved, to identify high risk patients using the PINCER indicators.
The practice pharmacists are now able to identify potentially hazardous prescribing, review methods to minimise risk and implement changes that have been agreed with their practice prescribing leads. The PINCER team and the MMT will review the progress in 6 months and then re-run the searches to identify any changes in practice. The MMT will support the practices during this time. From April 2019, three of the PINCER indicators will be included in QoF, this will encourage safe prescribing. It is expected that more of these safety indicators will appear in QoF, in the subsequent years.

Self Care Campaign
A significant amount of GP consultation time is used for minor ailments and common conditions. As GPs need to spend more time treating patients with complex health problems and long term chronic illnesses, it is important that people are encouraged and empowered to self-care for minor ailments and common conditions with over-the-counter (OTC) medicines.

The CCGs within the Humber, Coast and Vale STP are working together to enable the effective management to empower and educate the public to purchase self-care items over the counter by the following:

- Communication and dissemination of guidance
- Support for practice reception teams to encourage active signposting
- Engagement with local community pharmacies
- Reviewing minor ailment schemes (where applicable)
- Agreement of STP position statement
- Agreement to use identical leaflets across the STP

Update on Progress
The STP elective group are funding the self-care campaign that will support the CCG's with communication materials. The CCGs will be working collaboratively to launch a campaign to promote self-care with the use of posters, leaflets and a social media strategy. The clinical content will be agreed by the MMT of the respective CCG's, to ensure a cohesive message throughout the STP.

Within our CCG, NHS England material around self-care has been sent out to practices as part of the national campaign. There has been a marked reduction in prescribing of common self-care medicines in a few of our central locality practices. The MMT aim to continually support the practices on this initiative.

Free Style Libre
Freestyle Libre (FSL) is a flash glucose monitoring system that measures glucose levels in people with diabetes. FreeStyle Libre measures glucose levels from a

sensor applied to the skin which can produce a near-continuous record of measurements which can be accessed on demand. Since March 2018, FSL has been available to patients through secondary care prescribers in York and Scarborough. To be eligible to receive the device, patients had to fulfil the CCG criteria, and a record of those initiated on FSL was requested to be maintained on an online tool called PharmOutcomes.

The NHS Long Term Plan announced that from April 2019 patients with Type 1 diabetes will benefit from access to flash glucose monitoring devices regardless of where they live in the country, and thus ending the current variation. NHS England has since commissioned Freestyle Libre for patients who fulfil their NHSe criteria from April 2019 onwards. This will enable more patients to have access to FSL.

There will be a small number of patients who would have been eligible for FSL under the Vale of York criteria but not under the NHSE criteria. Vale of York CCG may continue to offer FSL for these patients however would also need to take on the additional cost.

CROP – Campaign to Reduce Opioid Prescribing

The CCG is currently undertaking a range of transformational programmes to enable improved quality of care. One area highlighted has been the increase in prescribing of opioids for non-cancer pain management. There has been a significant increase in the prescribing of opioids since 2005 which is not explained by increasing population.

Opioids provide useful and effective analgesia in the short term for acute pain following trauma (including surgery) and cancer pain, however, the safety and efficacy of opioids for chronic non-cancer pain is uncertain. There is a lack of clinical evidence for use of doses >120mg per day of morphine (or equivalent). They can cause problems of tolerance, dependence and addiction. Opioids can be put in to two main categories in accordance with the BNF:

- **Weak-** e.g. codeine, dihydrocodeine
- **Strong-** e.g. morphine, fentanyl, tramadol, buprenorphine, diamorphine, oxycodone

The CCG has teamed up with West Yorkshire Research and Development (WYRD) to offer support to our GP Practices that aims to reduce opiate prescribing. The process involves WYRD extracting anonymised data from your practice, bi-monthly for a period of 12 months. The data searches are designed to understand the numbers of strong and weak opioid prescriptions issued in the past two months for chronic and non-cancer pain. From the data, a report will be generated and include references to the latest guidance, sample action plans, practice audit frameworks along with answers to questions relating to better pain management. The report would help the practice to identify areas where they can improve on their prescribing for opioids and essentially reduce their prescribing. The benefits of being in the Campaign to Reduce Opioid Prescribing (CROP) include:

- Fewer patients on opioids

- Better management of patients with chronic pain
- Savings made on prescribing budget
- Greater understanding of pain management for health care professionals

Update on progress
The MMT have been seeking permission from practices to access their computer systems for the data extraction. The plan is to start the data extraction once the MMT have access to all of the practices in York. The first set of CROP data and reports will be produced on the 24th April to all of the participating practices, this will continue every 8 weeks. The MMT will analyse the reports and support practices in reducing the overall opioid prescribing. It is expected that this will support a culture change in prescribing habits over the period of the campaign and improve overall outcomes for the patients within the Vale of York.
After delivering a successful opioid session at the previous protected learning time, the MMT will be delivering two more teaching sessions around the opioid campaign. One will be delivered to Registrars at the hospitals education session. This will allow the next generation of prescribers to understand the current clinical evidence around opioid prescribing. The second session will be delivered to the prescribers and staff at one of our engaged practices.

The MMT are currently working with the pain team at York Hospital to consider establishing a pathway to aid primary care prescribers, when faced with patients that have been prescribed high dose opioids. Also the team is looking at engaging with the substance misuse team, to establish if any support can be given to primary care and patients.

Community Pharmacy North Yorkshire and the MMT have been exploring possible services that could be delivered by community pharmacies to support the opioid campaign. Pharmacists could potentially provide an opioid medication review service to support the GP in this process.

Commissioning for Quality and Innovation (CQUIN) 2019/2020

It has been recognised that in the past some CQUIN schemes have attracted criticism for being too burdensome, costly to implement, imposed unfairly on providers or required action which was outside the control of a single organisation. As such CQUIN is being given a fresh clinical momentum, becoming less complex and are based on good practice that is already being rolled out across the country with the aim to adopt this best practice with greater speed and spread.

Alongside the new approach, the payment rules have been simplified, allowing for greater transparency over performance and earnings, based on achievement between the lower and upper adoption goals for each intervention.

In line with the Long Term Plan the indicators are broken down into the following areas:

- Prevention of ill health

- Mental health
- Patient safety and
- Best practice pathways.

There will be a maximum of 5 indicators for each CQUIN Scheme and the total value of the indicators should equate to 1.25% of the contract value. Detailed below are the agreed indicators for NHS Vale of York CCG providers:-

York Teaching Hospital NHS Foundation Trust

No.	Indicator	Weighting
CCG1	Antimicrobial Resistance	0.25%
CCG2	Staff Flu Vaccinations	0.25%
CCG7	3 High impact actions to prevent hospital falls	0.25%
CCG9	Stroke 6 month reviews	0.25%
CCG11	Same Day Emergency Care	0.25%

Clifton Park Hospital

No.	Indicator	Weighting
CCG2	Staff Flu Vaccinations	0.41%
CCG3	Alcohol and Tobacco Brief Advice	0.42%
CCG7	3 High impact actions to prevent hospital falls	0.42%

Nuffield, York

No.	Indicator	Weighting
CCG2	Staff Flu Vaccinations	0.41%
CCG3	Alcohol and Tobacco Brief Advice	0.42%
CCG7	3 High impact actions to prevent hospital falls	0.42%

Yorkshire Ambulance Service

No.	Indicator	Weighting
CCG2	Staff Flu Vaccinations	0.25%
CCG10	Access to Patient Information – Assurance Process	0.5%

CCG10	Access to Patient Information – Demonstration	0.5%

Patient Experience Update

Vale of York CCG Complaints

21 complaints were registered in the CCG during January and February 2019:

- 11 complaints related to the new questions being asked to establish eligibility for the Patient Transport Service (PTS) provided by the Yorkshire Ambulance Service (YAS).
  The criteria for patient transport has not changed (set by the Department of Health & Social Care), however, patients are now being asked a different set of questions to ensure that it is robustly applied so that resources are available for patients with a medical need. Each request for transport is assessed independently and, even if patients have received transport in the past, they may not be eligible for future journeys unless their circumstances change.

  The complainants provide additional information as to why they feel they do meet the criteria for NHS-funded transport and this is reviewed in conjunction with the initial PTS assessment. 8 complainants were found to be eligible and transport was re-instated, usually with re-assessment in three months. 2 complainants were not found to be eligible. 1 complaint is still open.
- 5 complaints related to Continuing Healthcare (CHC). 2 were partially upheld, 2 were fully upheld and 1 complaint was not upheld.
- 3 complaints were about the CCG's health optimisation policy (BMI and smoking criteria). 2 complaints were not upheld. 1 complaint remains open.
- 1 complainant was unhappy with the clinical assessment of their referral within the Referral Support Service – this was not upheld.
- 1 complaint related to Medicines Management and a black listed product – this was not upheld.

Parliamentary & Health Service Ombudsman (PHSO)

The CCG currently has 3 complaints that have been referred to the PHSO. 2 complaints related to CHC and 1 from a patient unhappy with the BMI policy for elective surgery. Copies of the complaint files and relevant records have been sent and we await decisions from the PHSO.

The PHSO notified the CCG in February of the outcome of 2 investigations. 1 case related to Section 117 funding and 1 was about the BMI policy. The PHSO did not uphold either of these complaints.

Vale of York CCG Concerns

194 concerns/enquiries were managed by the Patient Relations Team, these cover a wide ranging variety of topics, some of which may be relatively straightforward to answer or resolve, but many are more complex cases requiring investigation.

Recent contacts include:

- 95 contacts were from a persistent contactor which required no further action.
- 24 contacts related to concerns/enquiries about patient transport.
- 17 contacts were seeking information/clarification relating to the transfer of anti-coagulation services for some patients to a new provider, Intra-Health.
- 16 concerns/enquiries related to the CCG's BMI/smoking thresholds for elective surgery.
- 11 concerns/enquires about CHC.

CCG activity for all types of contact (excluding that received from persistent contacters) during January and February is shown in the pie chart at the end of this section.

Compliments

- The Patient Relations Team received a thank you from two complainants for their help and kindness through the complaint process.

- A relative thanked CHC staff for their assistance in accommodating their requests when arranging an assessment.

Records management system

The Patient Relations Team has recently acquired Ulysses, a customer service type of software which looks after the day to day management of complaints, concerns, comments, compliments and enquiries. It shows clearly the status of each case and what needs to be done next. It will also produce meaningful reports in a variety of ways.

The team are currently undergoing a programme of training and the intention is to start using it from April.

Action arising from complaints/concerns

- **Mental Health Crisis Team**

Concerns were raised by GPs about problems in contacting the Crisis Team and also raised issues with the some website pages not working. Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust who provide the service have carried out a telephone audit to help them better understand the demand. As a result they have implemented a telephone stacking system which they say has improved response times. A briefing document has also been published for staff explaining how to make referrals to the Crisis Team or Access Team as well as an expectation of service response. TEWV have also completed a website review. The CCGs Head of Quality Assurance will carry out a clinically led quality visit and, as part of this, will review these service improvements.

- **IVF referral process**

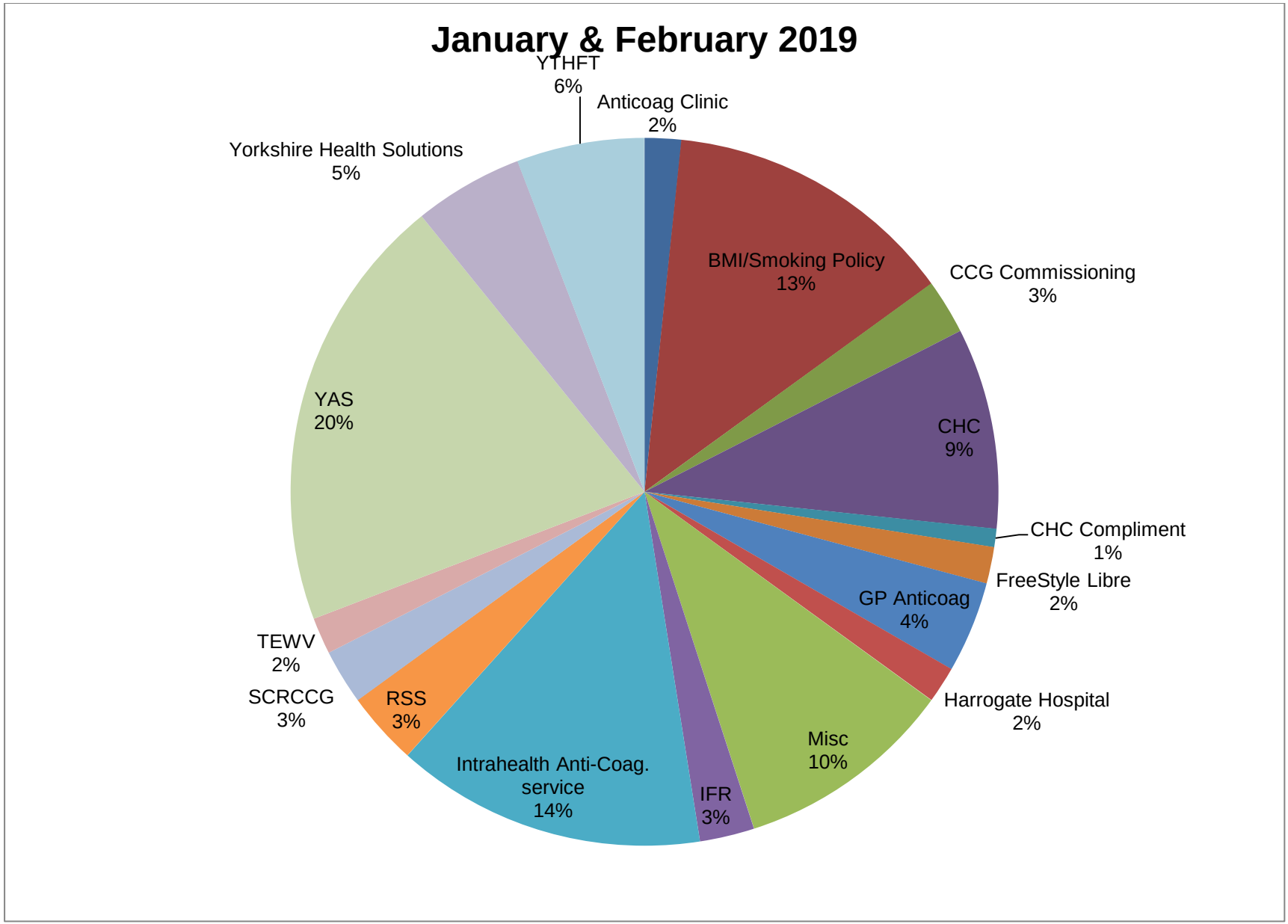
Following feedback from GPs it was identified that people reviewed in subfertility clinics and found to be eligible for IVF were being discharged back to their GP to be referred for IVF, creating an unnecessary, additional step. The RSS Clinical Lead contacted the organisation involved and advised them of the more direct process, which they have now implemented.

Other Sources of Patient Feedback

These include Healthwatch, Friends & Family Test, Care Opinion and the NHS Choices website. Providers (in primary and secondary care) review themes, trends or potential issues, in conjunction with formal complaints and concerns made directly to them, so that themes and trends can hopefully be identified early, escalated and resolved where possible.

Below are the current hospital ratings available at the time of writing, based on feedback by users on NHS Choices. Providers not listed have not yet been rated. GP Practices are listed individually on the website.

Hospital	Rating (out of a score of 5)	Number of ratings
York	4.5	216
Scarborough	4.5	100
Clifton Park	5	15
Whitecross Rehabilitation	5	1
Nuffield York	3.5	4


January & February 2019
YTHFT 6%
Anticoag Clinic 2%
Yorkshire Health Solutions 5%
BMI/Smoking Policy 13%
CCG Commissioning 3%
YAS 20%
CHC 9%
CHC Compliment 1%
FreeStyle Libre 2%
GP Anticoag 4%
TEWV 2%
SCRCCG 3%
RSS 3%
Harrogate Hospital 2%
Misc 10%
Intrahealth Anti-Coag. service 14%
IFR 3%

Adult Safeguarding Update

The Adult Safeguarding report was presented at the April QPEC. It provided an update on the Safeguarding Adults Team; Learning Disability Mortality Review programme; City of York and North Yorkshire Safeguarding Adults Boards; Prevent Duty; Internal Audit; and a number of current safeguarding reviews. Two appendices comprised respectively the Significant Assurance Internal Audit report on the CCG's safeguarding adult processes and the 2018/19 quarter four safeguarding adults work plan.

With regard to the Learning Disability Mortality Reviews CP assured members that the six month timescale would be met and advised that an annual report in this regard would be presented at a future Committee meeting. She also noted that any outstanding actions from the 2018/19 work plan would be carried forward into 2019/20.

Research and Development

Vale of York CCG website – new 'Research webpage goes live'
The research web page is now live. This will be updated regularly to promote local and national research events and provide information for our patients and staff.

Excess Treatment Costs
Issues continue with the new process for payment of excess treatment costs. The R&D Manager has attended local networking events to ensure we are up to date with how these are being processed and to understand the issues our local research teams both in primary and secondary care have so that on a local level we can provide the relevant support and advice.

Research Partnership Group (RPG) – Promotion of Partnership working
Work continues with the group to support a "Falls Prevention in Care Homes" workshop. The workshop will be facilitated by members of the University of York Research and Development office and will act as proof of concept in order to collect base line data and outcomes for action. A framework for the workshop is being prepared and will be circulated to the group for comments by the end of March with the ambition to hold the workshop in June. The group continues to attract those interested in research and we welcomed Dr Martin Vesey, Gastroenterologist from YTHFT to the recent meeting. Martin is keen to support the workshop and provide input around diet and frailty. Relationships through members of the group continue to grow and links to researchers from SPRU at the University of York have been fostered. A questionnaire project entitled Health Care Support in Care Homes will link directly with the workshop and contribute another perspective to discussions.

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Children and Young People

Special School Nursing & Community Children's Nursing Transformation Plan
All work themes described in the report relate to the wider transformation of this service provided by YTHFT. A significant element of the transformation plan includes the need for a service specification as there are currently no agreements in place between the CCG as commissioner and YTHFT as provider. Given the service sits within the hospital contract, the focus from the provider has been on acute services, meaning the community service has not developed in line with national community children's nursing profiles which now have a much broader remit. Given this past history, it is likely that this ambiguity has led to some of the more recent problems identified in previous reports.

A service specification has been developed, currently in draft format and has been circulated for comments internally within the CCG. Once this is agreed it will be shared formally with YTHFT for consultation in early April. The service specification describes in detail the requirements from the CCG to gain assurance that it is meeting its responsibilities from the services it commissions in line with legal frameworks, national standards and guidelines and also that services are of high quality. The service specification embodies integration and joint working with multi agency partners and focuses on the following 5 care groups:

- Acute and short-term conditions
- Long-term conditions
- Disabilities and complex health needs, including those requiring continuing health care
- Continence Care including assessment and review of children requiring continence products
- Life-limiting conditions including those requiring palliative and end-of-life care.

Internal Audit of Community Paediatrics and Specialist School Nursing
The CCG has requested an internal audit of the Community Paediatrics, specifically community children's nursing and special school nursing. The overall audit objective is to provide assurance on the adequacy of the CCG commissioning arrangements in place for community children's nursing & special school nursing to ensure value for money and quality of service. Control objectives include:

- The CCG has commissioned the service in line with legislation and relevant national standards which are linked to clear outcomes in place for delivery
- The CCG receives adequate assurance on the quality of services commissioned
- The funding for services commissioned is adequately ring fenced

Three key national standards for each part of the service will be selected for scrutiny against the control objectives. YTHFT has been notified and field work has begun. The Senior Quality lead for Children & Young People was interviewed on the 18th

March 2019 as part of the field work in relation to the CCG's response to the control objectives. The draft report will be made available mid-April 2019.

Community Paediatric Continence Service (CPCS)
The recruitment process for this post has begun. The Service Level Agreement has been submitted and YTHFT will report on how the KPI's will be reported back to the CCG. Jenny Brandom, Deputy Chief Nurse has been asked to present at conference in June 2019 (Association of Continence Advice) regarding the CCG/ provider journey in this service development. QPEC will continue to be kept updated on progress.

Short breaks for Disabled Children and Young People
Previous QPEC reports (December 2018 & February 2019) detailed concerns around the continuity of residential short breaks at 'the Glenn' following YTHFT's intention to withdraw health support for disabled children & young people. Concerns were raised regarding the quality of service that had been provided around health care planning and competency training delivered by the community nursing team for CYC carers at the Glenn.

This also extended to the quality of training delivered to foster and community short breaks carers. Following this, continued and regular face to face engagement with staff from YTHFT has taken place around this agenda and included integrated partnership planning meetings with CYC disabled children service chaired by the CCG. YTHFT agreed to purchase and implement a robust competency framework sourced by the CCG to manage this risk and agreed verbally to continue providing the service. Assurance was given to YTHFT by the CCG that this element of health provision would be described in a new whole service specification for community children nursing and special school nursing service which would be available in draft format at the end of March.

The CCG's Deputy Chief nurse and Senior Quality Lead for children & Young People met with the senior team at YTHFT on 16th April to discuss the way forward for supporting residential short breaks for children and young people with SEND . The meeting initially opened with the presenting issues of ongoing health support for residential short breaks with a focus on what ' the ask' was from the CCG to YTHFT as the current health provider for this service. The CCG response included a brief summary of the historical position and then focused on planning for the future, presenting a whole service redesign of which health support for short break forms part.

The CCG described how this redesign would release capacity in the service to meet the needs of children and young people accessing short breaks who require health interventions , including the delegation of care and associated training requirements of social care staff in health interventions. Examples were given such as enteral

feeding (gastrostomy care), airway management and administration of medicines. This description included the national context of community children's nursing services and the legislative framework (Children & families Act , 2014). The CCG also advised on the ongoing collaboration with the team leader for CCN and special school nursing and the matron for child health in developing the service redesign. This included the CCG leading and facilitating the discussions with education about changes. YTHFT were cautiously optimistic in their response but did express concern about staff resources, however as no current performance data is evident could not quantify this.

YTHFT agreed to review the new service specification which the CCG shared immediately and will then meet with the CCG again in approximately 6 weeks' time to discuss further. Jenny Brandom expressed that given the lengthy consultation over the service the CCG expect continued momentum and timely response.

Special School Nursing

As part of the community children nursing and special school nursing service transformation plan, engagement has begun with CYC education services and head teachers at York's two special schools – Applefields and Hob Moor Oaks. Preliminary indications are that all agree the service requires re design to improve governance and redeploy resources to be better utilised offering a much broader service provision for children & young people with SEND. This will include extending the service to offer after school visits and full year around provision, rather than term time only as it is at present. This will facilitate a more holistic needs led service rather than task orientated healthcare approach and will include:

- Complex case management – health assessment & care planning, co-ordinating health information and contributions to multi agency processes including EHCP
- Health promotion strategies in partnership with the Healthy Child service to keep children and young people well
- Support during school holidays which may have positive impact on the need to visit GP's or hospital
- Delivery of training to carers in school and community settings
- Less intrusive activity when children and young people are learning in the classroom

This service redesign will require engagement with current employees as job roles will change to reflect new processes with teaching assistants being trained to deliver health interventions and nursing assistants being trained in new skills to deliver the new service

A meeting is scheduled for 2nd April to discuss planning with head teachers. Following this, YTHFT will lead on communications to advise families of changes to the service and CYC will facilitate consultation through the parent carer forum.

Patient engagement & Transition
An update to governing body has been prepared following the patient story from a parent carer in caring for her disabled daughter. One specific piece of service development includes transition. Planning will begin next month on strengthening the transition pathway between children's continuing care and adult continuing care. All parties have agreed to meet and agree standards within the pathway for implementation operationally. Although concerns remain about capacity in both adult teams it is hoped early referrals will mean assessors can be allocated in good time.

Wheelchair service for children & Young People
The last QPEC report in February 2019 detailed the improved position of the waiting times experienced by children & young people for receipt of their wheelchairs. In terms of service impact the following email communication was received recently from the Specialist Children's Occupational therapy service at York Hospital
' *We have previously liaised about equipment within our region, and I have advised you about concerns our team had expressed around the wheelchair services seeming to be taking a long time to provide a wheelchair to a child of whom they've identified a need.*

'Since the New Year there has been a noticeable improvement within the wheelchair services' from reports from the families we work with, and also from feedback from colleagues. We have noticed that referrals seem to be actioned quickly, we get a response to acknowledge the receipt of the referral and then the absolute positive of families now reporting they are getting timely provisions (or are finally getting ones they have been waiting for).

I will continue to gather feedback from team members about their service user's experiences, and will ensure you receive any relevant comments (negative or positive) in a timely fashion'

SEND update
There is still no date for the joint SEND inspection for York and planning for the inspection is being led by Susan Du Val Commissioning Specialist for VOY CCG. The CCG continues to work closely with CYC disabled children's services with an aim to develop an integrated policy and care pathway which is also cited within the service specification for Community Children's Nursing & Special School Nursing detailed earlier in the report. The clinical team leader from YTHFT has also joined the planning group. It is the intention to also include the children's continuing care service in the pathway which will identify those children with most complex needs at an earlier stage who may be eligible for support. This should significantly improve service user experiences (parents/ carers) by reducing duplicity and delays in assessment processes.

Safeguarding Children and Children in Care

The Safeguarding Children and Children in Care report was presented at QPEC which provided an update on the North Yorkshire Safeguarding Children Board and City of York Safeguarding Children Partnership (an update from the East Riding of Yorkshire Safeguarding Board was not currently available); City of York Joint Targeted Area Inspections – Child Sexual Abuse in the Family Environment (24 to 28 September 2018); York Teaching Hospital NHS Foundation Trust's Safeguarding Children Team; Children in Care; highlights from quarter four of the Designated Professionals for Safeguarding Children Strategic Plan; and primary care.

Members sought and received clarification and assurance on a number of aspects of the report noting that system learning would be implemented as appropriate. Key learning from the City of York Joint Targeted Area Inspections were identified: identification and management of harmful sexual behaviors in children and the decision in principle that the three safeguarding partners (City of York Council, North Yorkshire Police and Vale of York CCG) would support the commissioning of the NSPCC to work with agencies across the City to implement a Harmful Sexual Behaviors Framework.

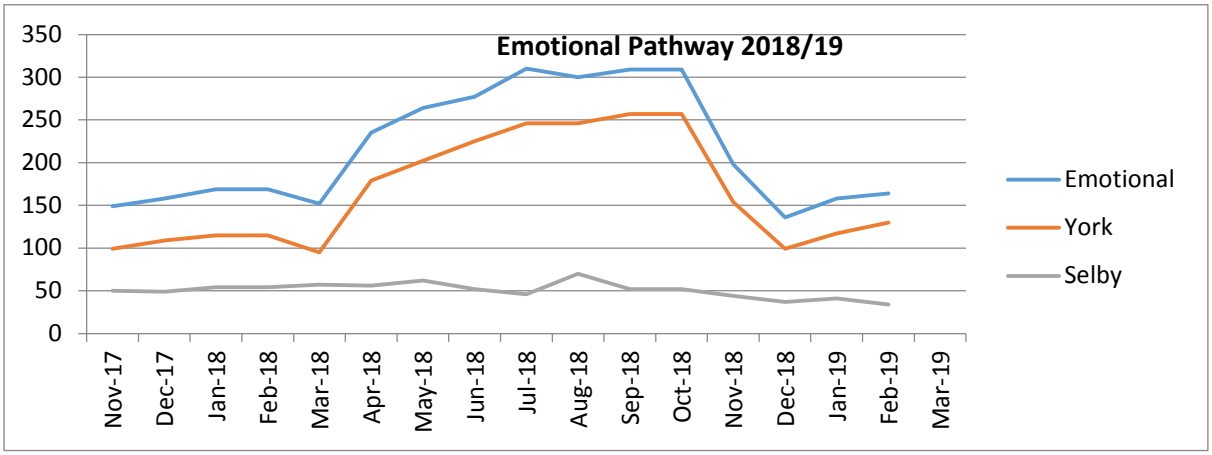
Children and Young People's Mental Health (CYPMH)

The CCG has agreed with TEWV the profile for funding, performance targets and monitoring for 2019/2020 to meet the national mental health investment standard. The agreed targets for 2019/2020 will be:

Indicator	2019/2020 performance target	Current performance to February 2019
% of 17 ½ year olds with a transition plan	85%	72%
% with a second appointment (for comprehensive initial assessment) within 9 weeks of referral	90%	59%
% urgent eating disorders referrals commencing treatment within 1 week of referral	75%	70%
% routine eating disorders referrals commencing treatment within 4 weeks of referral	60%	66%
% commencing treatment within 6 weeks of referral	TBA: new indicator	N/A

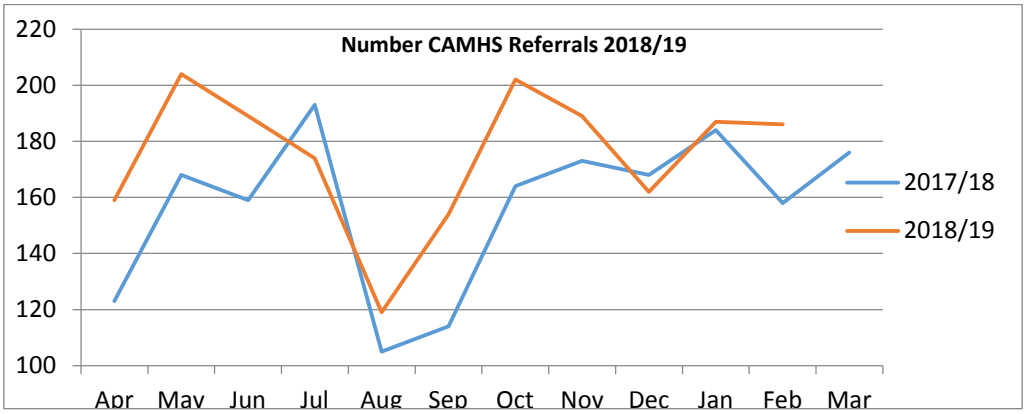
There will be new national indicators around recovery, with a baseline being set in 2019/2020. Details of these are awaited.

The group work for the emotional pathway is becoming embedded as the standard pathway for those with lower level emotional difficulties (anxiety/low mood).



It is notable that the demand for lower level interventions is also high within the voluntary sector, as the City of York counselling offer for the 16-25 year group, provided by Mind, has seen a very high level of demand since January 2019 and the Early intervention Sub Group working across agencies in City of York is reviewing the map of the local offer for emotional and mental well-being at universal and early targeted levels.

However, the contract reports show that numbers of referrals into CAMHS is increasing, and more referrals are being accepted, which implies greater acuity of cases. This change will require further investigation across the whole local system.



There is still a strong focus on the percentage having a comprehensive assessment within 9 weeks of referral. The overall percentage remains well under target, but as has been the position for the last few months, a high percentage of those missing the target are having their assessment within 10 weeks.

Performance against the national eating disorders target has improved, in February 2019, performance against both targets was 100%, and the breach report has shown that for the past year, the majority of referrals not meeting the target for starting treatment are due to families choosing to delay assessment or start of treatment. There remain challenges around the dosage for eating disorders, and TEWV is applying to NHSE for funding through New Models of Care to improve resource levels for eating disorders across the North East and North Yorkshire and York. The issue of ensuring that physical health checks are undertaken regularly is now being discussed as a local shared care agreement across North Yorkshire and York, with a task and finish group working on the framework.

The CCG has now received feedback for the Local Transformation Plan submitted in October 2018, and a copy of the letter is attached to the report. Overall, the letter is positive in its comments, noting in particular:

- Good example of a strategic and evidenced based plan, with mapping of your schemes against the THRIVE and CYP-IAPT principles, and clearly summarised key achievements.
- Positive examples of engagement with children and young people, inclusion of numerous indicators of impact, clear aspirations for the coming year, and how outputs and outcomes will be measured over time so trends can be monitored
- Focus on early intervention work with schools through the School Wellbeing Worker service in CYC and the Compass Buzz School Wellbeing service in North Yorkshire (NY)
- Noted system transformation of the emotional treatment pathway and the development of safe haven walk-in-service York for 16s and over in crisis.
- Strong links with AMS Liaison services for those aged 16-18. This is an important aspect of transition, particularly for young people coming into CAMHS shortly before their 18th birthday who face a particularly difficult situation, getting to know CAMHS for the first time, but then needing to transition quickly to another service.
- Clear alignment with wider policies and to the Humber Coast and Vale (HCV) STP and Health and Care Partnership (HCP) priority on children and younger people's mental health. Strong lines of accountability, reporting and governance were also demonstrated along with your commitment to partnership working and system wide stakeholder engagement.
- Performance and service measures are included in your LTP along with some data on prevalence and demographics.

The comments set out some areas where further information could be provided:

- More detailed information on crisis mental health care and reduction in in-patient admissions.
- Further information on the Early Intervention in Psychosis (EIP) pathway for 14-18 year olds.
- More information on transforming care group of children and young people.
- The panel were pleased to see reference to CYP IAPT but felt it would help improve your plan in this area if more detail on CYP IAPT, such as training numbers etc.

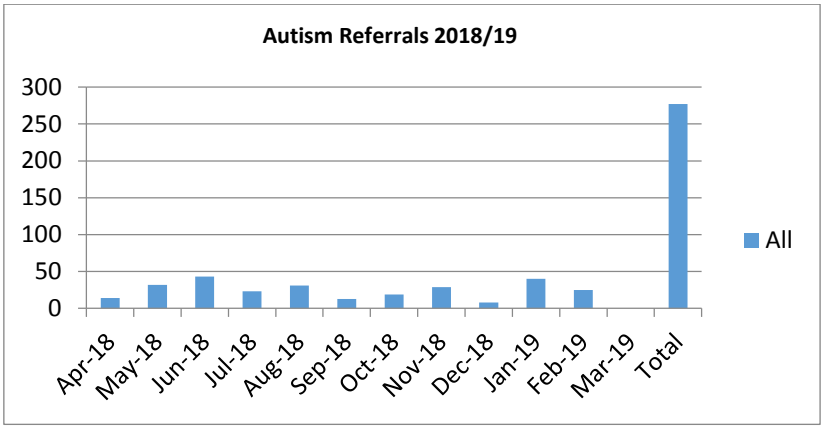
The Quarter 4 return is due for submission in mid-May 2019, and the return will offer further assurance to NHS England around the issues raised

The letter concludes that NHS England is partially assured that the Local Transformation Plan will deliver the outcomes envisaged in Future in Mind; the agreed profile for funding should enable a significant improvement in waiting times and hence recovery and discharge times. From May 2019 onwards, discussions will start with colleagues across the local system to prepare the 2019 refreshed plan and start planning for the post 2020/2021 plans for emotional and mental health.

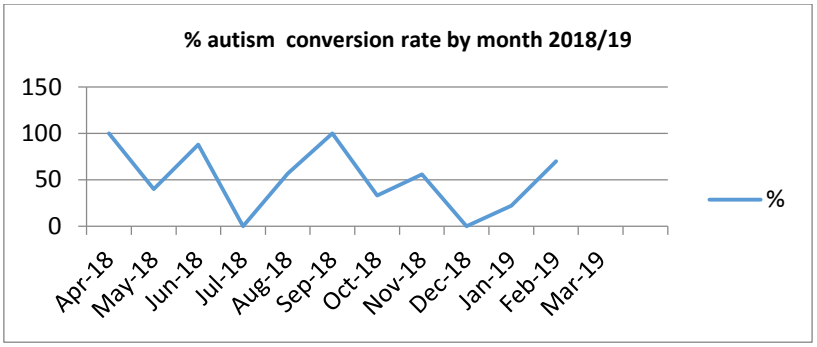
Autism

The additional funds investment by the CCG in 2018/2019 have enabled an additional 65 children and young people to be assessed, and an additional £25K granted by NHS England for winter pressures has enabled a further 10 urgent assessments to be accelerated.

Referrals into service remain high:



Work has continued with TEWV to review the conversion rate, which remains below 60%: the figure for February 2019 was 55.9% for the year to date with wide fluctuations month on month. There have been further discussions around the conversion rate, and TEWV are undertaking a manual check of records for the year to confirm the correct figure for conversion, and the position will be updated at the meeting.



The review of the pathway with the York Parent Carer Forum across the whole 0-18 assessment pathway has resulted in an action plan focused on communications with parents and across professionals to ensure consistency of messages and explanations around the pathway and what it means for families.

Item Number: 11

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 2 May 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Care Homes and Domiciliary Care Work Plan 2019/20

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

Reason for Report

To inform the Governing Body of the work plan for the Quality and Nursing Team pertaining to Care Homes and Domiciliary Care 2019/20 as approved by the Quality and Patient Experience Committee

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

N/A

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

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**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Sarah Fiori Senior Quality Lead

NHS
Vale of York
Clinical Commissioning Group

Vale of York CCG Care Homes and Domiciliary Care Work Plan 2019/20

"The NHS Vale of York CCG (VOY CCG) in partnership with stakeholders from Health, Social Care and the third sector, will support care homes and domiciliary care agencies to provide high quality, cost effective care for all residents within the Vale of York."

This paper aims to identify and describe the key work streams identified for 2019/20 by the VOY CCG Quality & Nursing Team.

The rationale for the identified work streams is based on a number of factors which have contributed towards this overall plan. These include

- engagement with care homes and domiciliary care agencies, listening to residents and staff feedback
- understanding local health and social care needs in conjunction with the national context
- consideration of the strategic developments at CCG, ICS and national level
- The need to embed and sustain current quality improvement programmes

In the UK 405,000 older people (aged 65 plus) currently live in care homes. This represents 16% of older people over the age of 85. The term care home includes homes both with and without nursing provision. Data from population and cohort studies suggest that older people living in care homes have complex healthcare needs. The average care home resident lives with multiple long term conditions, functional dependency and frailty. 75-80% of those people living in care homes have cognitive impairment. Residents are more likely to have better health outcomes if health services support these needs, with attention to comprehensive, multi-disciplinary assessment, case management and input from appropriately trained specialists in care of complex medical problems in later life.
(British Geriatric Society, 2016).

A significant number of individuals receive care at home from domiciliary care providers in the UK (2014/15). This was provided to 873,500 people, delivered by 629,400 employed carers, equating to 318 million hours, costing 4.6 billion (United Kingdom Homecare association 2016). It is also estimated that 7 million people are informal carers which equates to 1 in 10 people (Carers Trust, 2018). In the 2011 census 18,224 carers were recorded in York. These carers are pivotal in early recognition of changes in an individual's condition.

There are 71,361 patients aged 65 and over who are registered to VoY CCG GP practices (19.7% of the total registered population).

20.9% of the total registered female population is over 65 and18.5% are male. Across the Vale of York CCG there are a total of 79 care homes with a bed base of 2527. 53 are nursing and residential homes which contain 2273 beds. Care homes across the footprint rate higher than the national average CQC ratings. In line with the national picture care home beds are reducing, particularly those offering nursing care, which poses challenges for the support of older people in the home setting when care is required. Domiciliary care providers also have numerous challenges in meeting demand for a variety of reasons largely due to workforce issues such as recruitment and retention. The local statistics give an indication that there are many more people over the age of 65 who live in their own home rather than care home environments and a proportion of these may require care formally or informally provided from different sources.

The Five Year Forward View recognised the need for better integration between GP, community health, mental health and hospital services alongside care homes and domiciliary care. It is recognised that there is a need to improve collaborative working to support frail, older people to remain healthy and independent and avoid admission to hospital. The paper identifies the need to focus on the prevention of illness and to support a sustainable NHS.

The NHS long term plan launched in January 2019 builds on the commitment to support 'out of hospital' care. The paper further supports the work of the NHS Enhanced Health in Care Homes 'Vanguards' which demonstrated lower admission wellbeing (The Kings Fund, 2015).

The 'Framework for Enhanced Health in Care Homes' (NHS England, 2016), describes how commissioners and providers including the NHS, local authorities, the voluntary sector, carers and families worked together in a coordinated approach to overcome challenges. The challenges included care, finance and organisational barriers which affected the care of those living in care homes. Six designated areas supported by NHS England, known as Vanguards demonstrated changes that could be implemented that have had a system wide approach, resulting in improvements for residents well-being. The Enhanced Health in Care Homes Framework identifies key principles for successful care models;

- Person centred change
- Co-production
- Quality
- Leadership

These principles apply both to those living in a care home setting, those requiring support in the community and those at risk of losing their independence.

Learning from work within the vanguards, the principles of the Enhanced Health in Care Homes framework alongside commitments within the Long-Term Plan inform this programme for 2019/20.

Whilst the outcomes of the national work steams are worthy of recognition the work of the CCG's quality and nursing team's achievements through 2018/19 should be recognised. The Senior Quality Lead and small team have delivered the roll out of the React to Red programme, improved discharge flow through the implementation of the Capacity Tracker, led on the development of safety huddles for the identification of high risk residents across the care sector as well as early recognition and escalation of deterioration in residents.
This work plan aims to build on these achievements and continue to share the learning to embed different ways of working in developing sustainable high quality care. Residents of care homes and those in receipt of care from domiciliary care providers will continue to have access to these improvements to ensure that their health needs are met and services are supported to provide high quality, responsive care.

The Kings Fund (2017) advocate that enhanced health in care homes is realistically achievable across England and significant results can be achieved within months in some cases. Skilled leadership supported by communities of practice are identified as key to support and share learning. It is recognised that Local Authorities and Commissioning Groups (CCGS) can provide essential leadership in challenging obstacles and considering how working practices can transcend organisational boundaries. The Long Term Plan (2019) refers to the 'dissolving' of traditional divides between primary and secondary health services. This plan reinforces the need to support people to age well, carers to be recognised for their contribution, and increase the use of technology to support care and reduce 'avoidable' admissions by providing the most appropriate support in a timely manner according to resident's needs.

This work plan covers 2019/20 however it is acknowledged that for sustainability of change to be embedded additional time is often required, particularly when working across organisations. Some of the work streams identified originate from the 2018/9 plan and some will require longer term planning. There may also be additional programmes of work identified during the period which will be incorporated as necessary. Monthly reports on the progress of the work will be submitted to the QPEC Committee.

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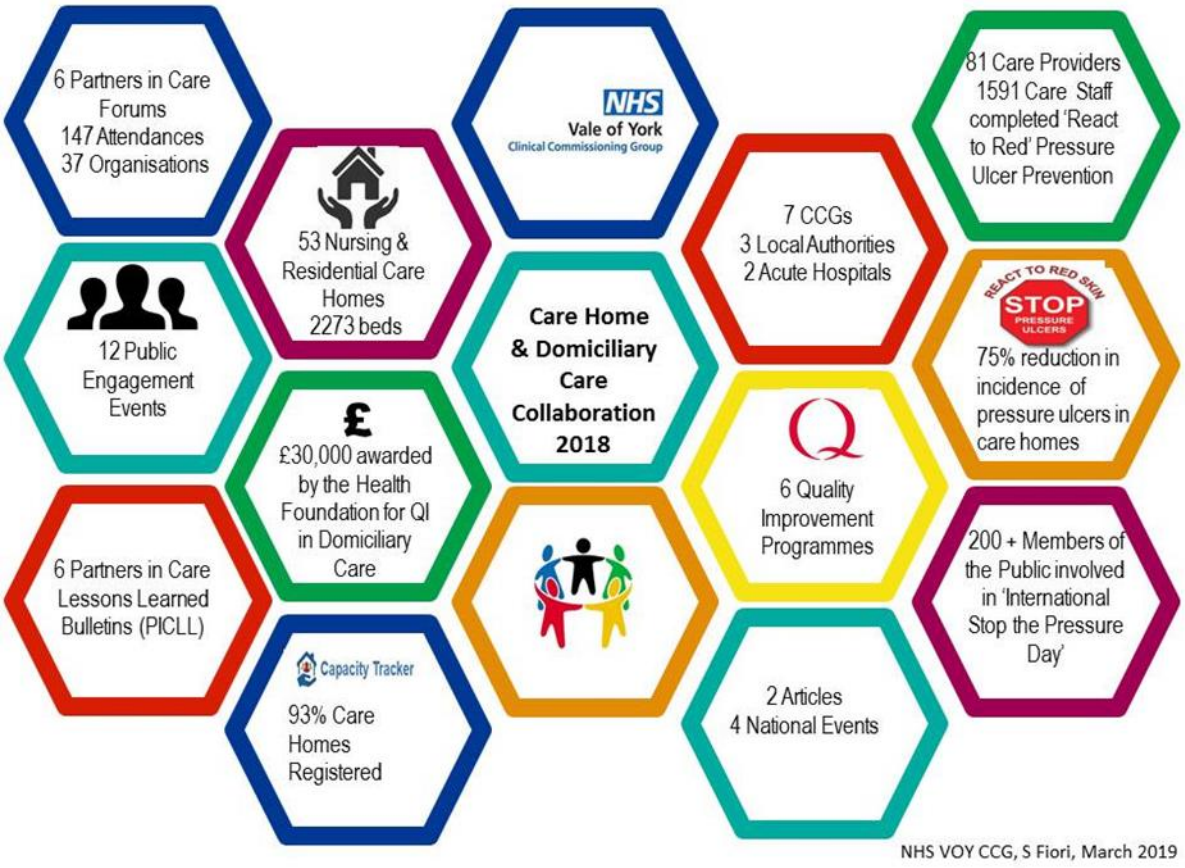
Please see below a summary of the **key achievements from the 2018/19** work plan. The culmination of this work has resulted in significant positive effect for residents within the NHS Vale of York CCG.



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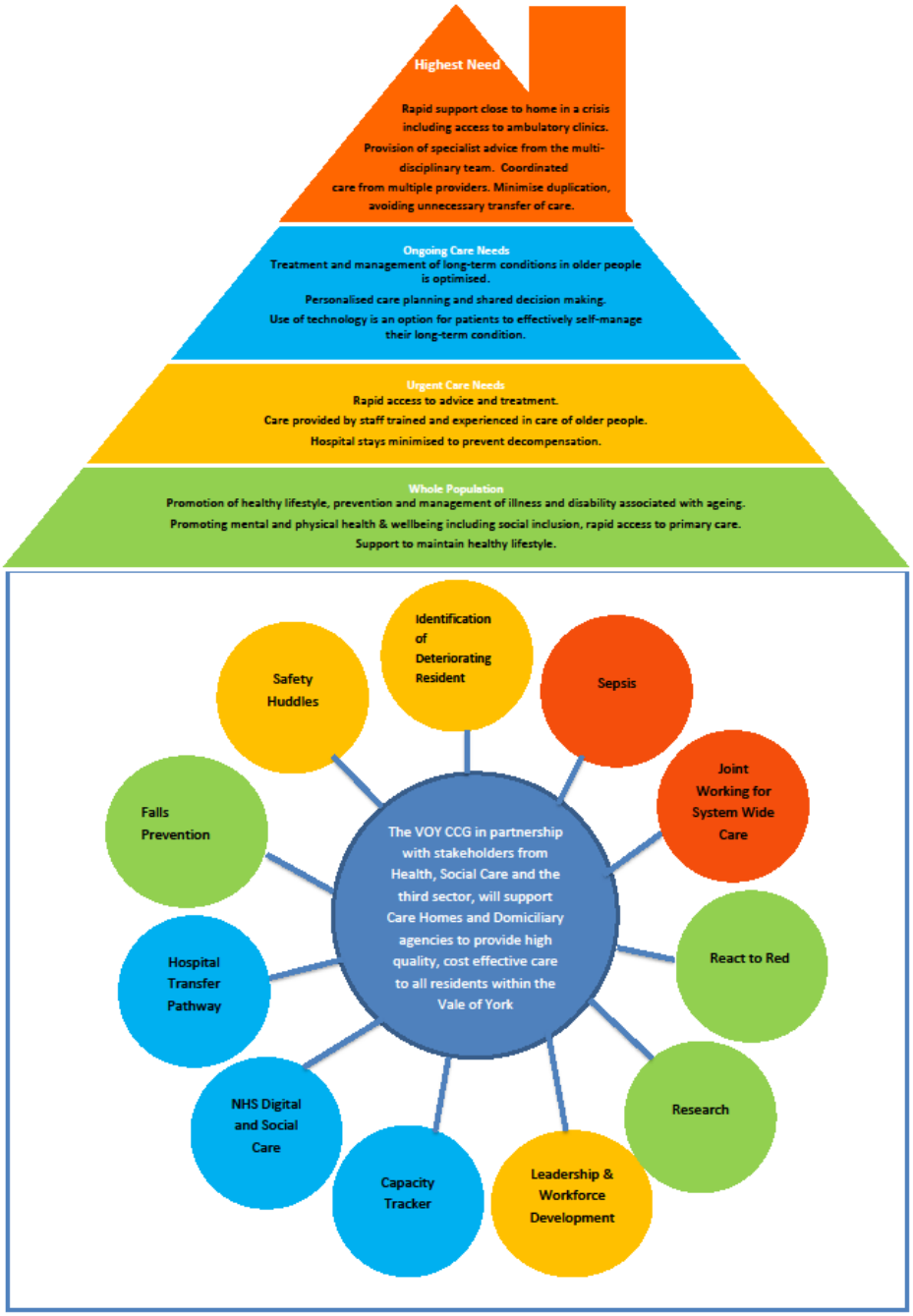
VOY CCG Care Home and Domiciliary Care Work Plan 2019/2020



VOY CCG Care Home and Domiciliary Work Plan 2019/20 SFIORI

2. Joint Working for System Wide Care

This aims to support care homes with a proactive approach and demonstrates joint working between health and social care in action, ensuring appropriate interventions can be facilitated in a timely manner, preventing homes entering special measures.

Quality Leads from NHS Vale of York CCG (VoY CCG) and Scarborough and Ryedale CCG (SRCCG) will continue to work together, supporting a joined up approach to engage all stakeholders in work pertaining to care homes and domiciliary care. Work plans will be aligned, identifying common themes to maximise impact. Aimed at preventing unnecessary admissions from care homes and promoting flow/ discharge, key schemes include the Capacity Tracker, mental health support, the hospital transfer pathway standards, 'React to Red', falls prevention, advanced care planning and identification of the deteriorating resident.

Work with stakeholders across health and social care including local authority, CQC and the CCG will aim to identify care homes or domiciliary providers where concerns exist and share joint plans to support action and improvement plans to prevent special measures and the loss of care provision. Participation in assurance visits and offers of support will complement this.

This aims to be proactive and supportive to the care providers, ensuring appropriate interventions are facilitated. The Quality and Nursing team have contributed to supporting care providers who have received poor CQC ratings as well as celebrating where teams have achieved success.

The Senior Quality Lead will continue to collaborate with the NYCC Quality Team. The reciprocal support for work plans are facilitating progress in supporting the sector.

Working alongside Skills for Care colleagues facilitates collaborative working with partner organisations and ensures quality education/ training provision and advice. Links with the University of York will develop in particular with the Social Policy Research Unit (SPRU) unit where academics and researchers are keen to progress joint working.

The Nursing and Quality Team will link with the York Teaching Hospital Foundation Trust (YTHFT) to explore and support opportunities for maximising pathways of care for residents from care homes and those receiving domiciliary care.
The Senior Quality Lead will work to facilitate improvements in support offered to care homes by GP practices.

The CCG work regarding frailty and dementia is integral to many of the identified programmes of work within this work plan. A system wide approach, linking with colleagues working on these work streams will be important to maximise impact and focus on sustainable models of care for residents.

Links with Health Watch and the local Carers organisations will continue to be developed.

Ensuring a joint approach between health and social care to any emerging work streams is vital for sustainability and fits with the wider context of evolving care systems.

3. Care Sector Engagement

The Senior Quality Lead continues with her engagement to understand the priorities of the different care homes and domiciliary care providers, identifying where support can be offered. This work ensures the care home and domiciliary care sector strategy continues to reflect residents and carer's priorities, sharing progress and celebrating achievements. Care managers are encouraged to contact the Senior Quality Lead for support when faced with challenges associated with the care of residents. These can relate to various issues including medication, training, discharge, equipment, referral pathways, CQC and safeguarding issues, safety alerts for example.

The Senior Quality Lead will link with the Head of Engagement to ensure resident's voices are heard. A number of focussed engagement events for care home staff and residents are planned to inform on the Care homes work across 2019/20.

In addition to this bimonthly 'Partner's in Care' meetings will continue be held. These forums lead on information sharing and discussion to bring stakeholders together in achieving the delivery of high quality care to residents.

4. Sharing learning and good practice

The Partners in Care forum is valued by all those who attend as an effective means of communication and building positive relationships. The Senior Quality Lead attends the NYCC Provider Engagement Events and is encouraged to contribute to the agenda which is positive in promoting joint messages and for supporting care sector staff across the CCG footprint.

The bimonthly Partners in Care Lessons Learned (PICLL) bulletin will continue embedded in the weekly Partners in Care electronic bulletin. This contains contributions from the social care sector to ensure it is relevant and appropriate to the audience. Information regarding all work relating to the Care Home and Domiciliary Work plan including lessons learned and safety alerts will be held on the VOY CCG Partners in Care website for ease of access and as a reference for all.

A conference supported by the Improvement Academy (IA) is planned for late 2019. This aims to bring together those in the care home and domiciliary care sector with a purpose of sharing good practice and recognising achievements. This conference will show case improvement programmes and development opportunities for staff in their place of work. This will be a regional event hosted in York with the support of the Chief Nurse for the VOY CCG. This conference will raise the profile for the sector and encourage engagement in the quality improvement work within health and social care.

5. Leadership and Workforce Development

The VOY CCG recognises the importance in supporting staff from the care sector at all levels in development. Workforce development will be a priority, working alongside providers for education in supporting care staff to acquire the relevant skills to equip them in their roles.

It has been recognised that developing leadership skills are vital particularly for those in senior positions within the care sector to ensure organisations are well led and effective. From engagement with care providers it is identified as important that managers are supported with the challenges they face and feel able to engage with the CCG to access support.

It is important that the Quality and Nursing team engage in strategic work at regional level which links with and informs on national workforce development. The Senior Quality Lead alongside colleagues will engage in work to ensure that the health and social care workforce are supported in appropriate education and role development. This is to provide a sustainable solution suitable for local need in accordance with the national context and evolving requirements of emerging roles across the sector.

On a regional level the IA aims to support the growth in capacity of staff with Quality Improvement skills and knowledge. Sustainability of the care home sector is recognised as a priority and engagement in strategic work to ensure this for the area will continue.

The Senior Quality Lead and the Skills for Care Locality Manager will support further development of the Registered Manager Network meetings. The aim is to provide leadership support and development in a safe environment by peer supervision and action learning. The Senior Quality Lead will support care home manage to address promotion of positive perceptions locally of the care sector with NHS colleagues and other stakeholders. This will link with the national recruitment campaigns and the Humber, Coast and Vale (HCV) Excellence Centre promoting health and social care sector as a positive working environment.

The VOY CCG has representation at the HCV Excellence Centre delivery group and the partnership forum. This helps shape development of the social care workforce across the region. The Senior Quality Lead is engaging in work to develop rotational apprenticeships which is a longer term programme of work.

Development of the Clinical Leadership Fellow posts will be supported by the VOY CCG over the next year. This is an innovative opportunity for an exciting development role which will increase capacity within the CCG and further increase the ability to progress improvement work, impacting on clinical outcomes.

The Senior Quality Lead will also link with the University of York to progress the opportunity for hosting MSc Internships within the organisation. This will expose undergraduate students to the commissioning environment, facilitating the development of leadership skills and the understanding of strategic decision making. This aims to expose students to the "behind the scenes" of the frontline to equip future leaders with a more in depth and strategic understanding of how the NHS functions.

6. Identification of Deteriorating Residents

A Quality Improvement project to trial the use of softer signs to identify resident deterioration alongside the use of Situation, Background, Assessment, Recommendation (SBAR) and National Early Warning Score (NEWS) scores in care homes will continue to spread. This project includes the use of a softer signs tool combined with NEWS and SBAR communication tool. Supported by the Improvement Academy it is anticipated to build on work published by Wessex Academic Health Science Networks (AHSN) and include sepsis awareness. It will focus on earlier identification of the deteriorating resident (physically and mentally) and the use of SBAR to improve communication and safety. It is believed that appropriate communication and escalation will assist in earlier intervention to prevent admissions to hospital and support care at home. Opportunities for developing referral and care pathways will also be explored.

Following the Senior Quality lead being successful at achieving a Health Foundation award in October to extend the scope of identification of deteriorating residents work into the domiciliary care setting the programme will continue into 2019. The use of these tools in the domiciliary care setting could have wider impact (not just response to deterioration) such as an aide to care review and planning, early detection of subtle changes leading to early referral to other agencies / services, supporting clients / residents to live well longer. It may also provide a robust and traceable communication process with all agencies, families, friends and carers which will be evaluated as part of the project.

It is anticipated that following evaluation this programme of work will spread to a wider audience.

7. Sepsis

Early intervention to identify and treat sepsis is vital. Escalation protocols and sepsis pathways to support care home staff will be developed for the early detection of a resident with potential diagnosis of sepsis and actions in response. This work will run in conjunction with the identification of deteriorating residents and a communication programme to ensure action is taken at the earliest opportunity when deterioration is recognised. Collaboration with stakeholders from primary and secondary care will ensure a joined up approach.

8. NHS Digital and Social Care

NHS Digital is offering opportunities for collaboration and support in developing digital connection between health and social care. Currently the numbers of social care providers linked on NHS Mail is minimal and developing the infrastructure for expansion would offer many benefits to the health and social care economy across the Vale of York. The possibility of how NHS Mail for social care providers might be achieved across the VOY CCG will continue to be explored and the adoption of the Information governance tool kit supported.

Connected Care Homes is funded by the Health System Led Investment Fund (HSLIF) and is a 2.5 year programme aimed at promoting connectivity in care homes across the VOY CCG. There appears to be an appetite for increased connectivity with the NHS from care home staff who have openly discussed enablers and challenges for the sector. This project is welcomed and is aligned with the NHS long Term Plan.

9. Capacity Tracker

This is described as a ‘web based capacity portal’ developed by NECS North of England Commissioning Support) in conjunction with NHS England North region and is aimed at reducing delayed transfers of care. The tool aims to enable care homes to share ‘real time’ bed availability with NHS providers and Local Authorities. The tool has been live since February 2018, progressing alongside implementation in the East Riding CCG (ERCCG) and SRCCG. The NHS VOY CCG is leading on this initiative for the Vale of York with support from colleagues in North Yorkshire County Council (NYCC), City of York Council (CYC), East Riding County Council (ERCC) and York. There is continuing work with stakeholders to embed the use of the tracker across the system. The VOY CCG will continue to contribute towards development of the tool and to support adoption and spread at a regional level.

10. Mental Health

Mental health support in care homes is important, particularly as there will be a loss of beds due to reconfiguration of services in 2020. The Mental Health Services for Older People Team are working with the Senior Quality Lead to shift the focus to prevention of hospital admissions for those experiencing mental health issues in care homes and explore how care homes can be better supported to care for residents at home. A workshop held in late 2018 was successful on informing how this could be achieved. Care home managers shared ideas for how they might be supported with caring for their residents and preventing unnecessary admissions.

This will be repeated as it was a valuable opportunity to have open conversations. It will inform on how the mental health service can best respond to the care homes challenges and prevent delayed transfers of care in and out of area. The Mental Health Services for Older People Team are a valued stakeholder who supports the work of the VOY CCG in engaging with care homes to promote care at home. The team actively support in many aspects of the care home work programmes and contribute towards project plans ensuring mental health of those in care homes and domiciliary settings is considered.

11. Hospital Transfer Pathway

Work in the Sutton Vanguard (NHS, 2016) has shown improvements in individualised care and reduction in length of stay for residents from care homes when the red bag is used. Although the red bag itself will not be adopted within the VOY CCG the communication element of the intervention bundle will. The CCG will work with stakeholders across the VOY to engage and plan implementation of this initiative. The Hospital Transfer Pathway initiative will be implemented alongside SRCCG to ensure the plan for adoption is safe, effective and sustainable across providers. This aims to ensure timely flow of information across the admission and discharge processes. The programme may require longer term planning as a system wide approach is required for success.

12. React to Red

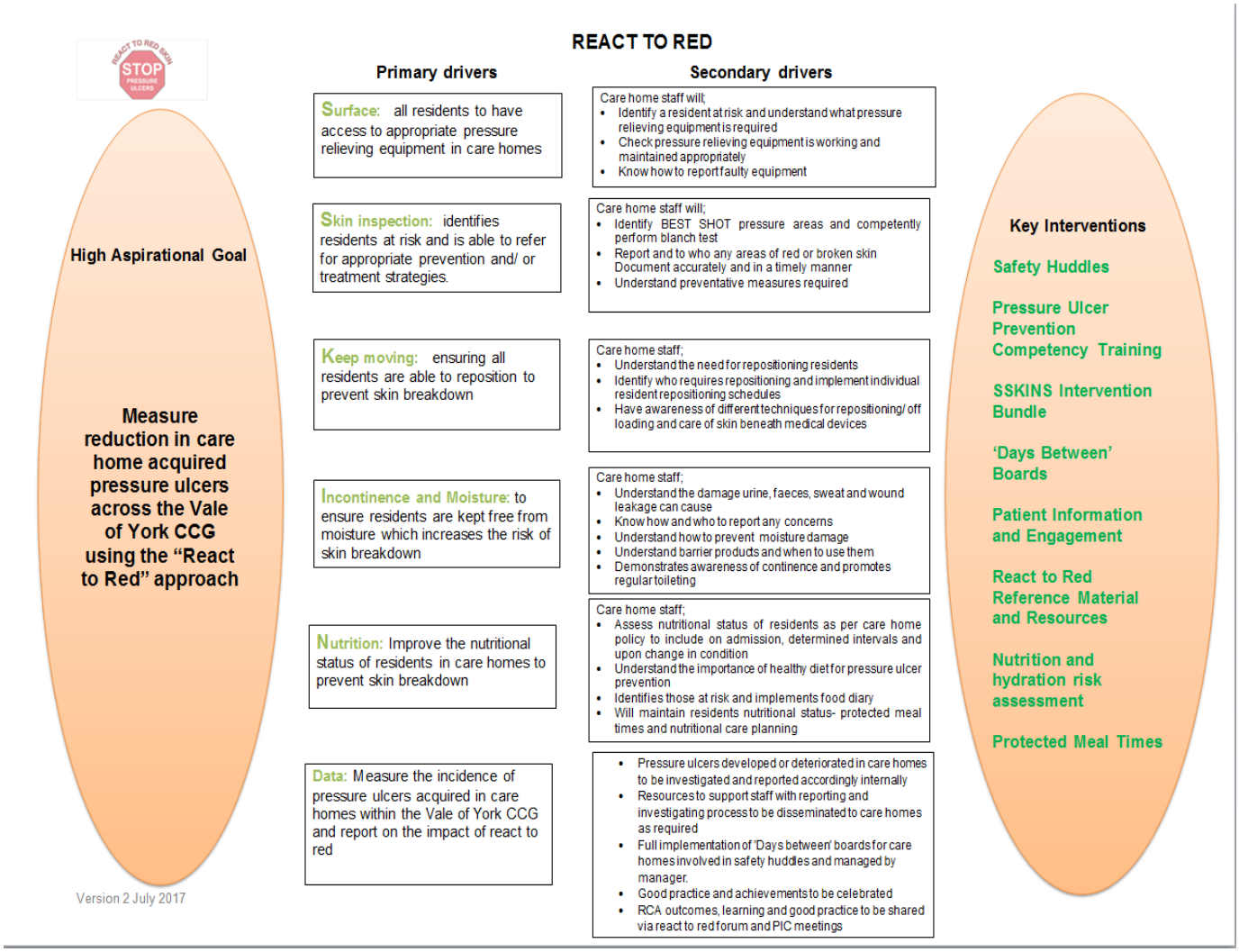
React to Red Skin is a pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.

The prevention of avoidable pressure ulcers in the community is one of the biggest challenges that care organisations face - a challenge which currently costs the NHS and care organisations in the UK around £6.5 billion per year. Pressure ulcers affect around 700,000 people in the UK every year and many of these will develop whilst an individual is being cared for in a formal care setting (hospital, nursing home or care home). Most pressure ulcers are avoidable if simple knowledge is provided and preventative best practice is followed (NHS England 2017)

This includes an education package and the use of a simple, yet effective framework which supports carers in recognising when an individual may be at increased risk of pressure ulcer development. The framework, known as SSKIN prompts carers to consider key areas important in maintaining skin integrity. The Vale of York CCG successfully implemented the NHS England React to Red Programme in 2018/19 to care homes, domiciliary providers and carers/ residents. Through React to Red opportunities relating to standard dressing stocks, homely remedies and mechanisms for prescribing and dispensing across care homes were identified.

A 75% reduction in the incidence of pressure ulcers was achieved across the care homes who participated. The Nursing & Quality Team will continue to support care providers in sustaining and embedding the education and deliver where appropriate as part of support plans.

React to Red Driver Diagram



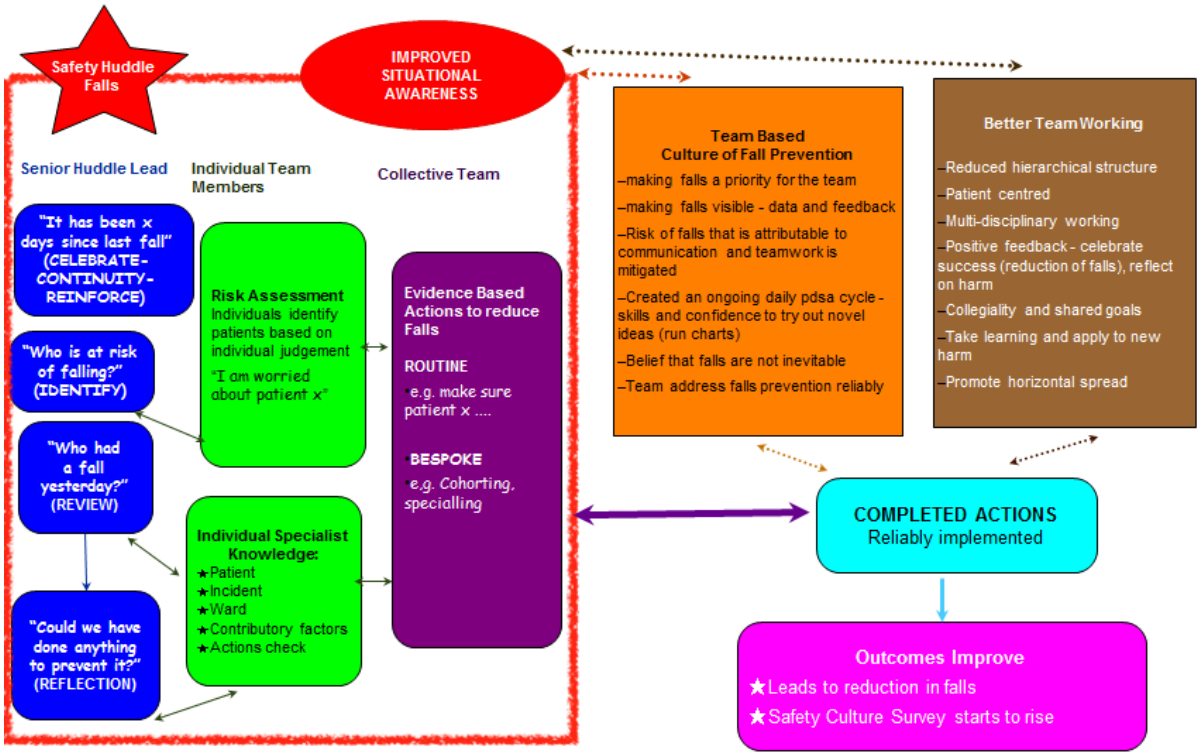
13. Nutrition and Hydration

Tool kits currently exist for VOY CCG care homes, validated by the AHSN community. For those homes who would like to engage with these resources they are available for use and can be implemented independently or supported by the Nursing & Quality Team. There is no large scale identified programme of work however as it is woven into the strands of improvement work such as react to red, identification of deteriorating resident, falls prevention, Safety Huddles prevention of UTI and within individual provider action plans. Nutrition and hydration awareness campaigns will be supported by the Nursing & Quality Team.

14. Safety Huddles

The Safety Huddles aim to motivate staff and promote a safer care environment through recognition of achievement and the sharing of learning from incidents and good practice. It is hoped the Safety Huddle will help in establishing a structure for further improvement work with care homes. A number of care homes involved in Safety Huddle work have incorporated a focus on falls alongside pressure ulcers or their own choice of harm. This is important work particularly as falls are known to currently account for the majority of reported patient incidents reported by care homes resulting in resident harm.

Safety Huddle Logic Model



15. Falls

This is work currently supported by Improvement Academy (IA) via the safety huddle programme. The CCG will analyse data from care homes and identify areas for focussed work with those who are engaged. It is recognised that falls account for a high number of conveyances to the Emergency department (ED) and there is a need for preventative action. Data also identifies a high number of falls within the older adult population of York who live independently.

Falls prevention is recognised as a priority for the prevention of avoidable harm. NHS England launched falls prevention resources called 'React to Falls' in March 2019. Opportunities are being explored for programmes of work relating to prevention of falls both within care homes and in the wider community in collaboration with stakeholders from the universities, Yorkshire Ambulance Service (YAS) and Public health. This will ensure the CCG are part of the falls work in community and good practice is shared across the patch.

16. End of Life Care

The VOY CCG will support collaboration with colleagues from the Hospice and the YTHFT to support provision of high quality end of life care. Provision of training from the End of Life care specialists will be provided to nursing staff and with domiciliary agencies where required. This aims to ensure training is accessible and content standardised to staff within social care.

17. Research and Audit within Care Homes & Domiciliary Care

A case study into the benefits of using the Mercury Hybrid mattress within a Nursing Home was published in early 2019. It is anticipated that the VOY CCG will support further similar case studies or audits in the coming year.

The VoY CCG will continue to support the University of York to look at how the research agenda within the Nursing Department can collaborate with care homes. This work is supported within the CCG Research and Development manager and the Research Partnership Group where opportunities and priorities for research are identified and facilitated.

The Quality team will continue to horizon scan for potential collaboration with academic institutions for appropriate research studies within the care home settings.

Item Number: 12

Name of Presenter: Michelle Carrington

Meeting of the Governing Body **Date of meeting: 2 May 2019**	NHS Vale of York Clinical Commissioning Group

Report Title – End of Life Care Strategy

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

Reason for Report

To receive the End of Life Care Strategy 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

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:

None

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**
Michelle Carrington, Executive Director of Quality and Nursing / Chief Nurse	Dr Victoria Turner, Public Health Registrar End of Life Care Group

Vale of York

End of life care strategy

2019-24

Contents

Background

Dying is a process that affects everyone. Not only do we have to face our own mortality, but the majority of us will also be involved in supporting at least one friend, family member or service user at the end of their own life, and face bereavement after their death. We will all therefore experience end of life care in some form and appreciate the lasting impact that good (or poor) care can have. This strategy sets out the local health and care system's approach to making sure that our population across the Vale of York receives the best possible end of life care in the manner that is most appropriate for each individual.

In developing the strategy, we wanted to have a real understanding of what matters to our patients, our local communities, our staff and our partners. We developed a range of engagement and involvement opportunities to gather views and the information we received was rich in personal experience. This has helped shaped the framework for the strategy and could not have been achieved without the honest and open conversations held with our community.

What is end of life care?

People are 'approaching end of life' when they are likely to die within the next 12 months (General Medical Council).[i] This includes people whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and coexisting conditions that mean they are expected to die within 12 months
- existing conditions and are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events[1]

End of life care in the UK

End of life care in the UK has improved since the first national strategy was published in 2008. However, the latest *National Survey of Bereaved People (VOICES)* has highlighted that although the majority of carers felt the overall quality of end of life care provided

[i] For more information on the differences between palliative and end of life care, see Marie Curie information page https://www.mariecurie.org.uk/help/support/diagnosed/recent-diagnosis/palliative-care-end-of-life-care

was good or better there were some areas still in need of improvement, such as getting hospital, GP and community services to work better together.[2]

The current national guidance for end of life care is set out in *Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*, which structures future improvements to end of life care provision around six key 'ambitions'. The guidance emphasises the importance of locally-driven actions based on a person-centred approach and provides the underlying framework for the Vale of York strategy.

The NHS Long Term Plan identifies the development of personalised care planning (including personal health budgets) as a priority for end of life care. It also recognises the importance of children's palliative and end of life care, with an increase in NHS funding expected over the next five years for areas who commit to increase their investment in local children's palliative and end of life care services.[3] The development of new local and regional bodies such as Primary Care Networks and Integrated Care Systems also provide an opportunity to fully integrate end of life care into the emerging health and social care systems.[ii] Integration will mean that the care for patients and their families is delivered holistically and in a more person-centred, co-ordinated way, to deliver outcomes and services that meet their needs.

Not all people have equal access to care at the end of life. The 2016 Care Quality Commission report *A different ending: addressing inequalities in end of life care* identified people at risk of receiving poorer quality end of life care. These included people with conditions other than cancer; older people (including those with dementia); people from black and minority ethnic groups; lesbian, gay, bisexual and transgender people; people with a learning disability or mental health condition; people who are homeless; people who are in secure or detained settings; gypsies and travellers.[4] Issues such as the availability of local services for those living in urban versus rural populations also create inequalities in accessing care. These must be addressed in order to provide end of life care that is equitable for the entire Vale of York population.

A summary of key national guidance and resources for end of life care is provided in the *Atlas of variation for palliative and end of life care in England*.[5] There are additional resources available that focus on palliative and end of life care for children (including Together for short lives resources[6] and NICE guideline NG61[7]) and groups at risk of inequalities in care (Gypsies and Travellers, LGBT+ community and people and people experiencing homelessness)[8].

[ii] Please see the following for more information on Primary Care Networks (https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/) and Integrated Care Systems (https://www.england.nhs.uk/integratedcare/integrated-care-systems/).

End of life care in Vale of York

Around one per cent of the UK population will die each year. In Vale of York (population 357,000) this is around 3600 people.[iii] Currently 48% of deaths across Vale of York occur in people's usual place of residence.[9] Overall trends in recent years have seen a decline in the proportion of deaths in hospital, with an increasing proportion dying at home or in care homes.[10]

The Vale of York population is forecast to rise by 7.6% to 388,500 by 2040, which will increase the number of expected deaths per year by around 300 people. In addition, the proportion of people across both York and North Yorkshire local authorities over the age of 75 is expected to increase; people are likely to be more elderly when they die, and are therefore more likely to have multiple long term conditions and be in need of greater care and support at the end of life. This demographic change is also likely to affect where people die; based on current trends, care homes will become the most common place of death in the UK by 2040.[11] Infrastructure supporting end of life care in care homes and the community will therefore need to increase to prevent unnecessary hospitalisations at the end of life.

There are only a small number of children approaching the end of life at any given time across Vale of York. It is not uncommon for children to return to greater stability following a period of serious decline and some conditions are so unstable that the realisation that death is imminent is difficult to predict.[12] Both of these can make commissioning and providing end of life care for children challenging.

Recent research into the end of life care needs in North Yorkshire recommended seven key areas as commissioning priorities: providing access at all times for all people, integrating end of life care into existing/future care pathways, staff training, recognising patient wishes (e.g. preferred place of death), community engagement, providing the appropriate level of care, and supporting carers and relatives.[13]

In addition engagement with local stakeholders and service users (detail in Appendix A) identified areas that were particularly important to them to enable people to have a 'good death'. These included:

[iii] Latest published figures for NHS Vale of York CCG = 3292 registered deaths during 2016, or 0.92% of the population (ONS data).

Focus on the individual	People wanted to be treated with dignity and respect, and helped to make their own choices and be in control of their own care	**Provide support for family and carers**	Including respite support and continued support after the death of a loved one
Ensure resources are available	There should be enough well-trained staff and funding available to provide high quality care, and individuals should be able to access services and products such as fast track care, mental health support and medications in good time	**Plan ahead**	Encouraging open discussions on death and dying, giving people time and support to arrange their affairs, and allowing individuals to express wishes and preferences for their care and how they wanted to live the remainder of their lives
Have supportive staff	Service users wanted staff to be caring, compassionate, respectful, and more open when discussion death and dying, and also to give them the time and right amount of information they needed	**Have co-ordinated care**	Importance of better joined up health, social and voluntary services including seven day working and improved IT systems, plus a single point of contact for accessing end of life services
Encourage the role of the community	The community can help promote wider awareness and discussion of death and dying, including through participation in local and national events, as well as providing support for individuals and their families and carers	**Treat everyone equally**	Making sure that groups that find it difficult to access care (e.g. people with dementia, LGBT+ community, people without family support) are particularly supported to get the care that they need.

Aim

Our vision is…for everyone requiring end of life care to have access to high quality, responsive services that meet their needs, at the time and place where they are needed.

In order to achieve this it is important that all people requiring end of life care are identified as early as possible, receive a timely prognosis and receive equitable access to end of life care.

Strategic vision

This section sets out our ambitions for improving end of life care for both adults and children across the Vale of York.

Foundations

We really value the feedback from those who shared their experiences with us. This information has been used to shape the strategy and a huge thank you goes to everyone that took part.

Information about our engagement and involvement work around this strategy is available on pages 16-19 of this document.

The main priorities and goals for Vale of York have been set out below in line with the six ambitions from the national framework. However, the *Ambitions* framework also sets out eight key foundations that the local health and social care system must provide in order for these ambitions to be achieved. The foundations are:

Personalised care planning	Everyone approaching the end of life should be given the opportunity to create a personalised care plan. This should cover their current and future preferences for care and should be made in conjunction with friends/family/carers where the individual chooses to do so.
Shared records	Local health record systems should allow for the a) recording and b) sharing of individual's preferences regarding end of life care.
Evidence and information	Services should provide qualitative and quantitative data for both local and national analysis that can be used to improve the quality, accessibility and effectiveness of services. Commissioners and services should make best use of the existing evidence base, and contribute to future research where possible.
Involving, supporting and caring for those important to the dying person	Whilst end of life care is centred around the dying person, it should also encompass their family, friends and carers both before and after their death.
Education and training	All professionals who provide any level of palliative and end of life care should have up to date knowledge and skills, as defined by a locally-recognised framework of training and development.
24-7 access	All people requiring end of life care should have access to appropriate support (e.g. urgent symptomatic relief) 24-7.
Co-design	Systems and services for end of life care should be designed with input from people who have personal and/or professional experience of palliative and end of life care.
Leadership	Good systems leadership is required to ensure organisations and staff know their roles and responsibilities in the system, and that the public know how to get access to care for themselves or for someone they care for. System leaders should champion a collaborative approach to commissioning services based on the needs of the population. Local providers should provide clear clinical leadership to ensure that the needs of service users are being met in the right way at the right time, delivering good quality care and support.

Ambitions

Our ambitions have been guided by national recommendations and feedback from the Vale of York community, including people providing and receiving end of life care support.

1. Each person is seen as an individual

We want	How we will do this
• Individuals to be treated with dignity and respect	• Produce a Citizen's Charter so people approaching the end of life know what they can expect from end of life care.
• To provide person-centred end of life care tailored to meet individual needs	• Make the best use of personalised health planning to tailor support to the needs of each individual
• Individuals to be at the centre of decision making, whilst also being able to involve those people who are important to them where they choose to do so	• Make sure everyone identified as being near the end of life has the opportunity to create a personal care plan
• People to have all the information they need to make informed choices	• Make sure that people have access to information, and that they are able, or helped, to understand it
• To recognise that decisions such as preferred place of death may change, particularly if someone is experiencing a crisis or deterioration	• Review individual's wishes to make sure documented preferences remain up to date
• To make sure that decisions are documented in a way that is accessible to everyone who may need to know about them	• Make sure that people who are approaching the end of life are appropriately identified in primary and secondary care records • Develop local IT systems so that all necessary partners can access each individual's end of life care records
• Everyone involved in, or receiving, end of life care feels able to have open, honest conversations about death and dying with professionals, friends, family members and carers • To enable these conversations to happen early, recognising that the right time may vary between individuals	• Staff have appropriate communications skills and feel confident discussing these important issues • Create an open culture across all care settings where both staff and service users feel comfortable initiating discussions around death and dying

2. Each person gets fair access to care

We want	How we will do this
• To reduce inequalities in accessing end of life care across the Vale of York	• Use local and national data to understand which parts of our population are at risk of not receiving good end of life care, and where there may be gaps in service • Specifically address the needs of populations known to be at risk of poor end of life care when commissioning, planning and delivering services
• To support people in vulnerable groups who may find it more challenging to access and navigate EOLC services	• Work in partnership with voluntary sector providers who support these populations to understand what their additional needs may be and how these could be addressed
• To make sure that information and services are provided in a range of accessible formats, including digital technology where appropriate	• Provide information on end of life care in a variety of formats, including those suitable for people with learning disabilities and sensory impairments • Use medical and communications technology to improve access to services

3. Maximising comfort and wellbeing

We want	How we will do this
• Effective symptom control to be available when it is needed	• Pre-empt the need for medication and equipment, and ensure these are accessible without delay
• Services and equipment to be available in a timely manner when required	
• People to be reassured that they know who to contact should they need advice, and are able to access someone whenever they need them	• Make sure individuals can always reach someone who will listen and respond at any time of day or night, every day of the week
• To support early access to palliative care whenever it is needed, not just in the final few hours of life	• Increase staff awareness of when to make early palliative care referrals
• Support to be available for family, friends and carers before and after the death of a loved one	• Support families and carers by providing respite, and working ahead to prepare for bereavement
• To recognise that people have other needs beyond medical and social care such as help with practical, everyday tasks or legal issues	• Educate staff so they are able to signpost to a full range of services that may be needed
• To provide holistic end of life care that considers the psychological, emotional, social and spiritual needs of an individual as well as their physical needs	• Staff will treat people as individuals, recognising people's priorities and wishes beyond just treating physical symptoms
• All staff to be able to recognise when individuals are experiencing distress, and to respond appropriately	• Make sure individuals are routinely reviewed for distress and other symptoms, and treated or referred on as appropriate
• To support people to identify what their goals and priorities are, and to work with staff, friends and family to achieve these	• Identify people's goals and priorities as part of their personal care plans

4. Care is coordinated

We want	How we will do this
• A single palliative and end of life care record that all services providing care can access • Care plans to have input from a range of professionals	• Work together to implement an electronic palliative care record that can be accessed and updated by colleagues from all relevant health and social care organisations
• Individuals to have a main point of contact for accessing coordinated care	• Make sure individuals have a single point of contact for accessing multidisciplinary specialists managing their care
• Routes into and between services to be clear and accessible	• Enable staff to provide clear signposting to relevant local and national services • Improve rapid access to needs based social care and fast track funding to prevent delays in accessing placements
• Good communication between services, and between services and service users	• Engage with families and carers when planning care • Promote integration and partnership working between relevant health, social and voluntary care services at local, city-wide, and system level
• To avoid people feeling overwhelmed by the involvement of multiple organisations, and having to co-ordinate between them	• Provide continuity of care where possible by engaging with nominated key staff member(s)

5. All staff are prepared to care

We want	How we will do this
• To recognise the wide variety of colleagues involved in end of life care, from domiciliary support to specialist palliative care teams	• Make sure that everyone who has any contact with people at the end of life or their carers feels confident to support their needs as appropriate
• To recognise that end of life care takes place in a variety of settings, and to provide high quality care in all locations	• Work with staff who take part in end of life care in hospitals, care homes, hospices, individual's own homes and in wider community settings to make sure they have the skills and resources available to provide high quality care.
• Everyone who provides end of life care to feel confident that they have the appropriate skills and expertise for their role, including communication skills	• Provide educational support for staff using the Yorkshire and Humber Learning Outcomes • Follow a joint educational and competency framework for end of life training to ensure all staff are competent to work at the appropriate level • Provide other relevant training to help support those with additional needs
• Staff to feel supported in their roles, allowing them to provide high quality, compassionate care	• Manage the health and social care workforce to ensure there are enough staff with enough time to provide high quality care
• Staff to recognise the limits of their own abilities, and to be able to refer people on to other sources of help when necessary	• Create an open culture where staff can seek help if they need support
• Staff to have access to care and support for themselves if they need it	

6. Each community is prepared to help

We want	How we will do this
• To encourage the wider community to be more open in discussing death and dying	• Participate in, and encourage communities to participate in, local and national events raising awareness of end of life issues • Actively encourage sharing 'patient stories' with a wider audience
• Communities to be part of the support network for people who are dying or people caring for those who are dying, including during bereavement	• Empower communities to provide emotional and practical support to people approaching the end of life and their carers • Continue to provide support for existing community activities run by specialist and non-specialist organisations • Recognise individuals as well as groups who may be helping someone at the end of life
• Voluntary sector partners to be involved in setting the agenda for future improvements to end of life care, including providing patient perspectives	• Include voluntary sector representatives in the Palliative Care and End of Life group
• To value and support volunteers already working with people approaching the end of life, and to encourage more people to get involved	• Help organisations to provide appropriate training and support around end of life for staff members and volunteers

Next steps

This strategy is the first of three linked documents setting out the priorities for end of life care in Vale of York 2019-2024 and how we will achieve them. The strategy will be used to produce two further documents to support delivery of our vision for end of life care:

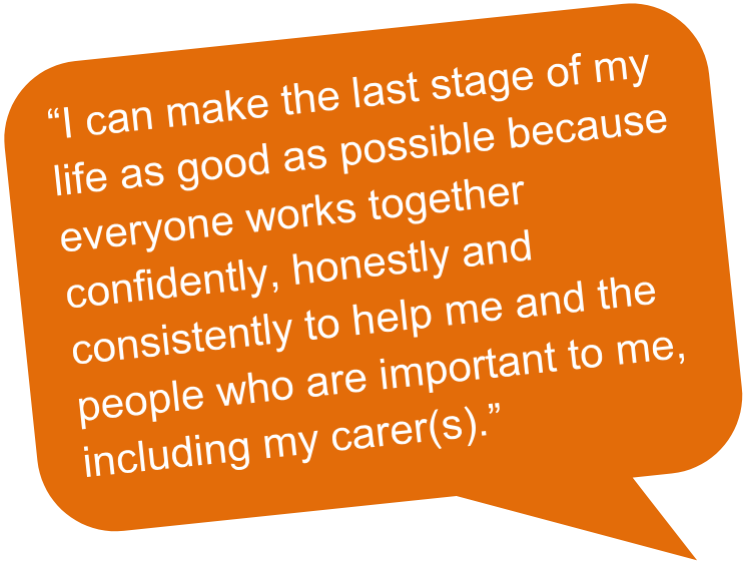
1. Action plan

The action plan will include detail on specific actions for achieving the strategic vision described above. This will include setting out time scales, who is responsible for each action, and who holds overall responsibility.
The action plan will also include details of outcomes to be achieved and how these will be measured so that progress can be evaluated.

2. Citizen's charter

The citizen's charter will set out for members of the public what they can expect from end of life care in Vale of York in a brief, easy to read document. The charter will show how Vale of York allows them to meet the ideal set out in *Every moment counts – a narrative for person centred coordinated care for people near the end of life*:[14]

This strategy will be shared with system leaders and relevant stakeholders across health, social and voluntary care sectors. It will also be available to the public so that individuals and their families can see how the Vale of York system is working to meet their needs around end of life care.



Acknowledgements

Thank you to everyone who took the time to provide feedback at our engagement events. Your views matter and have a played a central role in the development of this document.

The strategy was written by Dr Victoria Turner, Public Health Specialty Registrar and NHS Vale of York Clinical Commissioning Group.

With thanks to members of the Palliative and End of Life Care Group from across the Vale of York for their comments and feedback on the strategy drafts. Thanks also to St. Leonard's Hospice and NHS Vale of York CCG for hosting engagement sessions, and to staff and members of the public who attended these and/or completed the online engagement survey.

Appendices

a) Summary of engagement

Survey and focus groups

A survey was undertaken during August – September 2018 through patient and carers groups, stakeholder and internal e-newsletters, hospital e-newsletters and other professional channels (solicitors and funeral directors). 69 responses were received: 42 from clinical and professional colleagues, 19 from carers, family and friends and 8 from service users.

Key themes identified included the importance of individual choice, the desire for a 'good' death and encouraging advance conversations to support this, supporting family and friends after death, providing an adequate workforce, and ensuring the fast track service was available to all who needed it.

Focus groups were also held with clinicians (hospital, hospice, community services, GPs), care homes and carers groups. Feedback themes included:

- Availability and quality of carers
- Seven day working not fully supported
- Out of hours support for carers and care home managers
- Respite care: more needed for carers - especially when there can be long waits for care packages
- Mental Health support needed
- Increase capacity for community support: Joined up health and social care approach, Death Cafes, Dead Good Festival
- Improve communication with clinicians: needs to be easy to understand and respectful
- Treated as an individual, respect and dignity

Public engagement sessions

Public engagement sessions were held at St Leonard's Hospice (16 November 2018) and West Offices (22 November 2018).

Key themes from engagement at St Leonard's Hospice

- The importance of having a coordinated approach to care, and having a single point of contact
- Care and compassion of staff

- Support following a bereavement
- Companionship and sharing through the drop-in sessions
- Planning of affairs
- Ensuring that advanced care planning is in place
- Excellent work of St Leonard's hospice
- Dignity and respect
- Talking openly about dying and death
- Being given time by the staff
- Being treated as an individual

Key themes from the open public engagement session at West Offices

- Consider the needs of groups at risk of not receiving care: people with dementia (and their carers), people with diagnoses other than cancer, people with no children or family support, members of the LGBT+ community and people living in rural areas with reduced access to services.
- Factors that influence a 'good death': individuals being in control, timely access to services and products (e.g. continence, mobility beds), focus on preferred place of death (which may change over time and is not necessarily at home), advance care planning and integrated care.
- Communication: reluctance from professionals and public to discuss death directly (including issues around DNA CPR forms), individuals have different preferences on how and how much communication they receive, communication between services should be made easier (including more joined up IT services) and the need for wider public awareness of death and dying.
- Barriers to providing care: funding for services, lack of staff and lack of coordination.

b) Service overview

Currently, Palliative and End of Life Care services are provided to people in the Vale of York by the following organisations:

York Teaching Hospital NHS Foundation Trust (YTHFT)

YTHFT provides acute Specialist and General Palliative Care as well as Palliative Care in the community through district and community nursing teams. Team members primarily are either hospital or community based and are made up of consultants,

clinical nurse specialists in palliative care, physiotherapists, an occupational therapist and a family support worker. YTHFT provides a seven-day palliative service (out of hospital: 8:30am-4.30pm; in hospital 8am-4pm).

The team has recently recruited three End of Life educators who will work collaboratively with the Specialist Palliative Care Team to deliver education and support. This will help to ensure that high standards of care are delivered in accordance with people's wishes where possible.

St Leonard's Hospice (York)

St Leonard's Hospice is an independent charity, providing specialist palliative care and support for local people with life limiting illnesses. Services include an inpatient unit (20 beds), The Sunflower Centre (providing a range of services including drop in sessions and art therapy), and the Hospice@Home service. The team at St Leonards includes highly experienced doctors and nurses, as well as specialists in a wide range of roles including complementary therapy, lymphoedema care, physiotherapy, social work, bereavement, occupational therapy and spiritual care.

Marie Curie

Marie Curie offers free nursing care to all people with a terminal illness, as well as providing support for family and friends. Nurses generally provide one-to-one nursing care and overnight support (eight to nine hours) in people's own homes or other usual place of residence.

Macmillan

Macmillan funded the City and Vale GP Alliance to have a Band 4 Community Cancer Care Coordinator on a fixed term contract for two years from 2017, based at Millfield Surgery, Easingwold.

NHS Vale of York CCG receives funding from Macmillan to support a 0.4WTE GP Cancer Lead as well as project funding for a recovery project across the York Teaching Hospital NHS Foundation Trust footprint.

St Catherine's Hospice (Scarborough)

Some individuals from the Ryedale area of Vale of York may access Palliative Care services at St Catherine's Hospice in Scarborough.

St Catherine's Hospice provides services including an 18 bed inpatient unit offering 24-hour specialist symptom control and end of life care, a Hospice at Home nursing service, wellbeing services through the Wellbeing Centre and other specialist support including a care homes support team, lymphoedema clinic and Palcall, an out of hours nurse-led helpline.

The hospice team includes specialist nurses, doctors, physiotherapists, occupational therapists, bereavement counsellors, social workers, complementary therapists and spiritual care support. All areas of Saint Catherine's work are supported by a dedicated team of volunteers.

Primary Care

GPs and other primary care staff routinely care for people approaching the end of life. Their role can include identifying when people are approaching end of life (and initiating relevant pathways), conducting home visits, prescribing appropriate medications and liaising with specialty care when needed.

Community care

Palliative care in the community is routinely delivered by district and community nursing teams provided by York Teaching Hospital NHS Foundation Trust. Community based palliative care services are also provided by Marie Curie and Macmillan as well as the as the St Leonard's Hospice Hospice@Home team.

The York Integrated Care Team is a multidisciplinary team who are constantly looking at ways of working together across several agencies and refer patients to a variety of end of life care services including Hospice@Home, Macmillan and Marie Curie.

Additionally, Fast track Continuing Healthcare is delivered by a number of providers in both residential and own home settings.

Care Homes across the Vale of York support residents at the end of life care, Nursing homes deliver this care independently.

Children's end of life care

Martin House Hospice (Boston Spa) provides planned care, emergency care, symptom control and end of life care, both in the hospice and at home, to children and families across Vale of York. They also offer bereavement support to families. Community support is provided seven days a week but not overnight unless in an emergency. However, professionals and families can contact Martin House at any time for medical and nursing advice.

Other community teams such as the community children's nursing team and complex care nurses also provide community support.

Children with complex health problems will be under the care of a paediatrician. Leeds children's palliative care team can also offer support.

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[7] NICE (2016). End of life care for infants, children and young people with life-limiting conditions: planning and management. https://www.nice.org.uk/guidance/ng61

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Front cover image courtesy of Unsplash.com

Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Executive Committee

Date of Meeting	20 March and 3 April 2019
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee discussed a number of corporate issues, including:

- Alternative accommodation for staff
- The current service provided by eMBED for IT support and consideration of future options
- Preparation for the 2019/20 Operational Plan and the 2018/19 Annual Report

The Committee also considered and approved a number of commissioning issues. These included:

- A service specification to be developed for physical health checks for patients with a severe mental illness
- Harmonisation of the CCG policy with the national policy for Freestyle Libre
- Approach of commissioning statements for tonsillectomy and for minor surgery
- A review of improvements required in dementia diagnosis rates

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Finance and Performance Committee

Date of Meeting	28 March 2019
Chair	Keith Ramsay on behalf of David Booker

Areas of note from the Committee Discussion

The Committee:

- Noted the ongoing work to finalise the 2019/20 Financial Plan
- Emphasised the need for increased delivery of QIPP in 2019/20
- Noted the first iteration of the draft 2019/20 Operational Plan for which the final draft would be presented at the Governing Body Part II meeting on 4 April 2019

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 15

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	11 April 2019
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee:

- Approved the Care Homes and Domiciliary Work Plan 2019/20
- Received the Care Quality Commission Ready Programme report and noted the new regulatory regime
- Noted the update on two Never Events
- Approved the End of Life Strategy for ratification by the Governing Body

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

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Vale of York
Clinical Commissioning Group

Item 16

Chair's Report: Audit Committee

Date of Meeting	23 April 2019
Chair	Phil Goatley

Areas of note from the Committee Discussion

- The Draft 2018/19 Annual Report and Accounts present a very large amount of information about the CCG itself as well as the delivery, performance and financing of the services it commissions. The Audit Committee were very pleased to see 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. There is sensible use of graphical and tabular information as well as a written narrative that avoids jargon. The structure of the draft document allows people with particular areas of interest to access information on these easily. It also enables any reader to easily put down and pick up the Report and Accounts, thereby avoiding reader fatigue and promoting greater understanding of its contents. The Audit Committee commends the team involved in preparation of the Draft Report and Accounts for achieving this.

- Audit Committee reviewed the schedule of losses and special payments in 2018/19. The Committee concluded following discussion that, in the circumstances, the writing off of the most financially significant debt by decision of the Executive Committee was reasonable.

- Audit Committee members noted that the Executive Team had provided full and frank responses to the 17 questions posed by the CCG's external auditors, Mazars. Audit Committee concluded that these responses evidence that the CCG had throughout 2018/19 adequate arrangements to prevent and detect fraud. Committee Members noted that the CCG set a deficit budget and had incurred expenditure greater than income for the 2018/19 financial year. This had been the subject of a formal report to the Secretary of State by the CCG's external auditors under Section 30 of the Local Audit and Accountability Act 2014 by the CCG's external auditors. However with this exception, as a public body the CCG had plainly not acted ultra vires. That is, the CCG had demonstrably acted within the relevant framework of law and statutory regulations.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 17

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 2 May 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 recommendations from the Medicines Commissioning Committee – March 2019

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

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**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Faisal Majothi Senior Pharmacist

NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee March 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	Nil				
NHSE commissioned Technology Appraisals – for noting					
2.	TA560: Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer because no evidence submission was received from Roche.	BLACK	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.
3.	TA561: Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia		Venetoclax with rituximab is recommended, within its marketing authorisation, as an option for treating chronic lymphocytic leukaemia in adults who have had at least 1 previous therapy. 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.	TA562: Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma		Encorafenib with binimetinib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults. It is recommended only if the company provides encorafenib and binimetinib according to the commercial arrangements.	RED	No cost impact to CCGs as NHS England commissioned.
5.	TA563: Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer		Abemaciclib with an aromatase inhibitor is recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic, hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer as first endocrine-based therapy in adults. Abemaciclib is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
6.	TA564: Dabrafenib with trametinib for treating advanced metastatic BRAF V600E		NICE is unable to make a recommendation about the use in the NHS of dabrafenib with trametinib for treating advanced metastatic	BLACK	No cost impact to CCGs as NHS England commissioned and appraisal terminated by

<table>
<tr><td></td><td>mutation-positive non-small-cell lung cancer (terminated appraisal)</td><td>BRAF V600E mutation-positive non-small-cell lung cancer because no evidence submission was received from Novartis.</td><td></td><td>NICE.</td></tr>
<tr><td colspan="5">Formulary applications or amendments/pathways/guidelines</td></tr>
<tr><td>7.</td><td>Opicapone 50mg capsules</td><td>Adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on those combinations.
Application was approved for use second line subject to further clarification over the mechanism for defining criteria for success in the patient cohort. The development of a simple symptom improvement rating scale to be used for future formulary applications to be explored. In addition numbers of patients started on opicapone to be monitored to ensure use in line with application.</td><td>AMBER SR</td><td>15 patients per annum were likely to be suitable as identified by Neurology and Elderly Care physicians at YFT.
<table>
<tr><th>Product</th><th>Monthly primary care cost</th></tr>
<tr><td>Opicapone 50mg daily</td><td>£93.90 /30 days
(Drug Tariff)</td></tr>
<tr><td>Entacapone 200mg</td><td>£10.32 to £34.40 /30days
(assuming 3 to 10 tablets daily)
(Drug Tariff)</td></tr>
<tr><td>Generic brand of levodopa/carbidopa/entacapone
All strengths- 3 tablets daily</td><td>£62.38 /30 days
(Drug tariff)</td></tr>
<tr><td>Levodopa/carbidopa 100/25mg
3 tablets daily.
Plus
Opicapone 50mg once daily</td><td>£17.40 /90 tabs
Plus
£93.90/30 caps
= £111.30/ 30 days
(Drug tariff)</td></tr>
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<tr><td>8.</td><td>Algorithm for Management of Type 2 Diabetes</td><td>An updated local diabetes algorithm developed with the local diabetes team was approved. It has been updated to include an injectable pathway and guidance on management of diabetes in the over 75 age group. DPP4i agents were considered appropriate for use in elderly and frail patients.</td><td>n/a</td><td>No significant cost to CCGs expected as all the proposals are current practice.</td></tr>
</table>

9.	GPs guidance on monitoring of patients post-bariatric surgery	A guideline for GPs on monitoring of patients post-bariatric surgery based on BOSS guidelines was approved.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
10.	Guidance on Preservative Free Eye Drops	The guideline was approved. Concern raise over the potential numbers of patients who could be identified as suitable for preservative free formulations. However the guidance was accepted as explaining best practice with the opportunity to influence current prescribing practice.	n/a	Potential for cost saving as may ensure preservative free preparations as used more appropriately. (for example see cost comparison chart below)