Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

1 November 2018 9.30am to 12.30pm

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

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

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

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 5 to 22	Minutes of the meeting held on 6 September 2018	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Pages 23 to 31	Accountable Officer's Report	To Receive	Phil Mettam Accountable Officer
6.	Pages 33 to 41	Risk Update Report	To Receive	Phil Mettam Accountable Officer

FINANCE AND PERFORMANCE – 10.30am				
7.	Pages 43 to 61	Financial Performance Report 2018/19 Month 6	To Receive	Simon Bell, Chief Finance Officer
8.	Pages 63 to 68	Quarter 2 Financial control, planning and governance assessment	To Receive	Simon Bell, Chief Finance Officer
9.	Pages 69 to 110	Integrated Performance Report Month 5	To Receive	Phil Mettam, Accountable Officer
ASSURANCE – 11.30am				
10.	Pages 111 to 135	Quality and Patient Experience Report	To Receive	Michelle Carrington, Executive Director of Quality and Nursing / Chief Nurse
11.	Pages 137 to 171	Aligned Incentive Contract Governance Arrangements	To Approve	Phil Mettam, Accountable Officer
12.	Pages 173 to 197	Safeguarding Children Designated Professionals Annual Report 2017-18	To Receive	Michelle Carrington, Executive Director of Quality and Nursing / Chief Nurse
RECEIVED ITEMS – 12.15pm **The minutes of each Committee are published as separate documents**				
13.	Page 199	Chair's Report Audit Committee: 27 September 2018		
14.	Page 201 to 202	Chair's Report Executive Committee: 15 August, 5 and 19 September, 3 October 2018		
15.	Pages 203 to 204	Chair's Report Finance and Performance Committee: 23 August and 27 September 2018		
16.	Page 205	Chair's Report Primary Care Commissioning Committee: 11 October 2018		
17.	Page 206	Chair's Report Quality and Patient Experience Committee: 11 October 2018		
18.	Pages 207 to 212	Medicines Commissioning Committee: 12 September 2018		

NEXT MEETING				
19.	Verbal	9.30am on 3 January 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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Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 6 September 2018 at West Offices, York

Present

Dr Nigel Wells (NW)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member and Audit Committee Chair
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Keith Ramsay (KR)	Lay Member and Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Caroline Alexander (CA) – item 8	Assistant Director of Delivery and Performance
Michèle Saidman (MS)	Executive Assistant
Dr Chris Stanley (CS)	Local Medical Committee, Selby and York
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Fliss Wood (FW) – item 10	Performance Improvement Manager

Apologies

Dr Andrew Field (AF)	Central Locality GP Representative

There were five members of the public and a member of Healthwatch York present.

There were no questions from members of the public.

NW welcomed SB to his first meeting since his recent appointment as Chief Finance Officer and CS attending as Local Medical Committee representative. NW expressed appreciation to Michael Ash-McMahon for his contribution as Acting Chief Finance Officer.

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.

3. Minutes of the Meeting held on 5 July 2018

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

The Governing Body:

Approved the minutes of the meeting held on 5 July 2018.

4. Matters Arising from the Minutes

Safeguarding Children – business case for successions planning: MC referred to the Safeguarding Children requirement for the CCG to have 2.7 designated nurses. She reported that the Executive Committee had agreed the CCG's contribution to a further band 7 designated nurse to work across the footprint of NHS Vale of York and NHS Scarborough and Ryedale CCGs but advised that approval was still required through the governance processes of the other North Yorkshire CCGs. However if this was not forthcoming a local solution to mitigate the shortfall would be progressed.

Accountable Officer Report – Rollout of free wi-fi capability to GP Practices: SB reported from a recent meeting with eMBED that the roll out and implementation of GP IT wi-fi access for patients had been delayed for several reasons: a new governance structure both internally in eMBED and with the key suppliers, namely Daisy, The One Point and Virgin Media; rollout was progressing and 100% line status had been achieved but only 8% of sites were live; work was continuing to ensure surgeries were compliant with statutory requirements for asbestos management; additionally there were issues with the cabling contractors. KS added that the delay in this work was national. KR requested a detailed report to the Primary Care Commissioning Committee on 11 October on impact for Practices. HE noted that the 3G signal was variable in the North Locality and wifi would be helpful for demonstrating apps to patients.

Risk Update Report – Personality Disorder referrals: RW and DN were arranging a meeting scheduled to discuss RW's concerns about Personality Disorder referrals.

Healthier You: NHS Diabetes Prevention Programme – City of York Council Health and Wellbeing Board to be asked to add a report on health checks and associated concerns to the Forward Plan: SS reported on discussion with KS and the Local Medical Committee regarding the roll out of health checks and improving uptake in York. Additionally the City of York Council Assistant Director of Public Health had a discussion booked with the Primary Care Home in this regard. SS also advised that City of York Council had an in-house service delivering NHS health checks and a proposal was progressing to commission a call and recall system from GP Practices. Additionally increasing uptake of health checks had been identified as one of three key priorities by the Health Place Based York Improvement Board and SS would present a report to the Health and Wellbeing Board as part of the Living and Working Well update. CS added that the Local Medical Committee welcomed the clear reports that were being received on health checks from North Yorkshire County Council and they would continue to work with City of York Council in this regard.

Quality and Patient Experience Report – Availability of educational events relating to learning disabilities: MC reported that Sarah Goode, Quality Lead for Primary Care, was progressing this with primary care colleagues and would be in contact with RW in due course.

The Governing Body:

Noted the updates and associated actions.

5. Accountable Officer's Report

PM presented the report which provided an update on turnaround, the CCG's financial position and system recovery; the CCG's 2017/18 annual assessment; improved access to primary care services; Humber Coast and Vale Health and Care Partnership; engaging the Vale of York community; Better Care Fund; the CCG's fifth Annual General Meeting; Chief Finance Officer appointment; Emergency Preparedness, Resilience and Response; and national issues. The letter relating to the Government's decision regarding General Practice Pay Awards was attached as an annex; three further annexes comprised links to further information on engaging the Vale of York community.

PM highlighted that the financial position was on plan, the £1.4m Commissioner Sustainability Fund for Quarter 1 had been received and NHS England had approved the CCG's long term financial recovery plan. He noted the financial position would be subject to additional financial pressures, some known but some, like the Government's recent General Practice Pay Awards, unplanned.

In welcoming the CCG's 'Requires Improvement' outcome for the 2017/18 annual assessment PM noted that further progress was not only dependent on the financial position but also on improvement in clinical performance indicators, including cancer and A and E four hour targets, highlighting the importance of outcomes for patients in this regard. PM also advised that establishment of clinical leadership and the locality GP representatives on the Governing Body were significant in progressing to achievement of 'Good' in the 2018/19 annual assessment.

With regard to improving access to primary care services KS provided further information on this national initiative to increase capacity in the system between 6.30pm and 8pm weekdays and for services also to be available at weekends. He emphasised that the totality of the money would be utilised for these services. As described in the report contracts had been awarded in the North and Central Localities. The CCG was working with the South Locality to provide the additional hours as soon as possible as there had not been a successful procurement there. KS commended the work of Practices that had enabled the award of contracts locally.

Discussion ensued on the need for effective communication with patients to manage capacity in primary care and in the context of the differences between the new appointments, which would be pre-booked, and NHS 111 and Out of Hours. KS advised that uptake of the additional services would be monitored; availability would be informed by this and varied accordingly. He also noted that most of the NHS 111 and Out of Hours contracts were coming up for renewal over the next two years and would be reviewed in the context of the additional capacity in primary care.

CS reported that the Local Medical Committee had been involved in the improving access to primary care developments and welcomed both the investment and award of contracts.

PM highlighted the context of the CCG's engagement with the community in 2017 when better access to primary care services had been identified as the main theme. He referred to the second priority identified, access to mental health services, noting the CCG's engagement and response to the views expressed.

PM referred to the update on transformation through the Humber, Coast and Vale Care Partnership including in respect of resourcing issues for workforce, capital and estates, finance and digital technology. He explained that an approach was being developed for the CCG to work with York Teaching Hospital NHS Foundation Trust, NHS Scarborough and Ryedale CCG and General Practice to move towards establishment of a single system so that professionals could work together in a more co-ordinated way, both in and out of hours. A similar approach was evolving for funding of estate across the Humber, Coast and Vale Care Partnership which would include General Practice and community services having more proactive access to resources. PM agreed to follow up with Tees, Esk and Wear Valleys NHS Foundation Trust concerns raised by HE and RW regarding information flow between systems for patients with a mental health condition.

PM referred to the information on engaging the community across the Vale of York with regard to end of life care, autism and attention deficit hyperactivity disorder. He requested clinicians provide feedback on any issues not being reflected through reports to the Governing Body or committees.

In relation to the Better Care Fund update PM referred to the York Local System Review by the Care Quality Commission in the week of 30 October 2017 and their subsequent report issued in December. He advised that the Care Quality

Commission was planning a follow up visit in November 2018 to assess progress. Discussions were taking place across partner organisations to ensure demonstration of improvements. PM noted that key areas in this regard related to seven day care for the over 65 population and collaborative leadership working.

PM advised that the CCG's Annual General Meeting on 20 September would be an inclusive event focusing on quality of services and clinical issues.

PM expressed appreciation to FW for her work on Emergency Preparedness, Resilience and Response noting that the CCG's self assessment had retained a 'Substantial' compliance level for 2018/19. This was presented for approval at agenda item 10.

PM noted consideration was required regarding local response to the national issues detailed in the report. In this regard DB referred to the fact that in the previous year there had been 3,500 births and alarmingly 2,000 referrals to Child and Adolescent Mental Health Services in the York area and highlighting the recent decision by the Finance and Performance Committee that any available funds should be considered for utilisation to support Child and Adolescent Mental Health Services as a priority. He emphasised that the figures provided in this section of the Accountable Officer's Report should inform the CCG's planning and priorities.

In response to DB enquiring about support for parents of children with special needs MC advised that work was taking place in preparation for an expected SEND (Special Educational Needs and Disabilities) inspection and that new guidance was awaited on this agenda. She confirmed that information was provided for parents and that discussion was taking place with them to identify their needs. Additionally the CCG had appointed a Children and Young People's Senior Quality Lead who was taking up post week commencing 10 September and who was skilled in this regard.

HE noted in respect of musculoskeletal conditions that pilot work was taking place in the North Locality to integrate physiotherapists in Practices. KS advised that this required local agreement as a "one size fits all" commissioner approach was not always appropriate. He noted that funding from the improving access to primary care investment could be utilised for such a service but added that physiotherapists were not usually available during the 6.30pm to 8pm or weekend timescales.

In response to DB and KR referring to the need for a local response to the national ambition to reduce the number of long-stay patients in hospital by 25%, PM noted that the third priority area from the public engagement had been concern at the length of time spent in hospital.

HE responded to AK regarding digital triage advising that there was mixed success and noting that it discriminated against the most vulnerable including people with dementia and the frail. KS additionally noted that self care was now available from NHS 111 on line.

PM welcomed the clinical discussion generated by his report and expressed appreciation to Sharron Hegarty, Head of Communications and Media Relations, for putting it together.

The Governing Body:

1. Received the Accountable Officer's Report.
2. Noted that PM would arrange for concerns regarding information flow between GP systems and Tees, Esk and Wear Valleys NHS Foundation Trust systems for patients with a mental health condition to be addressed.

6. Risk Update Report

PM highlighted the increased risk rating, from 16 to 20, for 'Potential risk to quality of care and patient safety at Unity Health'.

KS explained that the Care Quality Commission had visited Unity Health over the summer and assessed the Practice as 'Inadequate' overall from the previous rating of 'Good'. The CCG had been working with Unity Health, who had also met with key stakeholders, and the Council of Representatives had been briefed.

The Practice had failed on a number of license regulations but there were further issues. A detailed action plan, shared regularly with the CCG, had been put in place to address the concerns and substantial progress had been made. KS noted, however, that there were still serious concerns which included staffing as recruitment was difficult in the current situation. The CCG continued to work with the Practice, had arranged access to resilience funding and was providing all support requested and more. The Local Medical Committee was also providing support and KS was in discussion with the NHS England Medical Director.

KS explained that the Care Quality Commission usually undertook follow up visits after six months but on this occasion they were visiting in mid September; the planned return in August had not been possible. KS advised that he anticipated the level of progress on the regulatory failures to allow patient registration restrictions to be lifted. He noted that the Practice had discontinued the on line triage service as the associated issues had emerged and had also changed the telephone system. KS commended the Practice for the progress and increased capacity noting that the issues had been at both personal and reputational cost. He emphasised that the CCG would continue to support the Practice once the registration restrictions were lifted but advised that risk from the predictable peak of students in September could not be mitigated. Additionally, the CCG was working with the Local Medical Committee and Vocare in terms of supporting recruitment to the Practice.

MC added that a number of CCG staff were providing support to Unity Health highlighting that the forthcoming Care Quality Commission visit would only focus on re-opening the list. A full inspection would take place in a further three months.

MC reiterated that Unity Health was to be commended on the progress to date and emphasised that patients were in general complimentary about the care provided. In terms of responding to and learning from complaints there was a backlog of 250 which were being dealt with as far as possible with the current staffing constraints.

In response to KR expressing concern about ensuring capacity both at Unity Health and Jorvik Gillygate Practice who were providing temporary support for patient registrations, KS explained that the CCG had funded additional capacity at Jorvik Gillygate Practice and all Practices in the area had seen an increase in registrations. He advised that the CCG was making plans for alternative provision in the event of the Care Quality Commission not lifting the registration restrictions, also noting that the assessment would remain 'Inadequate' and highlighting the need for the negative perception about Unity Health to be addressed to enable them to recruit.

PM commended the work invested by KS, MC and their teams to support Unity Health.

The Governing Body:

Received the Risk Update Report.

FINANCE AND PERFORMANCE

7. Financial Performance Report 2018/19 Month 4

SB reported that the year to date financial position of £3.3m deficit was on plan as per the expectations of the CCG and NHS England. He confirmed that the £1.3m Commissioner Support Fund for quarter 1 had been received.

SB referred to the forecast in-year financial position and emphasised that the c£6m variance with York Teaching Hospital NHS Foundation Trust at month 4 was a significant concern. He highlighted the importance of the underlying position information in the report to closely monitor the year on year progress of the CCG.

With regard to the QIPP (Quality, Innovation, Productivity and Prevention) programme SB advised that prescribing and continuing healthcare savings were on plan though the former was based on the previous two months as prescribing data was always two months behind. The forecast shortfalls in the planned and urgent non elective areas were in part due to the move from payment by results to the Aligned Incentive Contract.

SB referred to the variances in the finance dashboard at Appendix 1 noting that some variance from plan was to be expected, but not at the level of that reported for York Teaching Hospital NHS Foundation Trust at month 4. He emphasised that the CCG should be seeking to deliver an improved financial position on that of 2017/18 as a minimum as well as ensuring early agreement of a longer term financial plan further aligning commissioner and provider financial expectations and which seeks to deliver both financial and quality improvement.

SB explained the need for local contract agreements which enabled clinicians to focus on service improvement. This would mean going further than the current Aligned Incentive Contract and achieving greater alignment in plans.

Given the emerging financial risk, recovery options would be discussed by the Executive Committee on 19 September and then considered by the Finance and Performance Committee on 27 September. SB confirmed that NHS England was fully sighted on the challenge and commitment to deliver year on year improvement.

In terms of the issues relating to continuing healthcare SB advised that the Business Intelligence aspects were in progress and work was ongoing regarding responsible commissioner and other legacy accounting issues. In respect of the latter two SB emphasised that a full understanding was required and before that the CCG could not undertake any associated transactions in the current financial year.

SB assured members that proposed recovery plans to achieve the financial plan would be reported to the Finance and Performance Committee as well as the Governing Body. He also said that Audit Committee would want to have oversight of the continuing healthcare issues described. SB requested any feedback on the format of the Financial Performance Report from Governing Body members to ensure the report is fulfilling its purpose.

In response to CS seeking clarification about the Aligned Incentive Contract SB explained that the focus was now on reducing hospital costs but the available opportunities to achieve this to the level required without impact on hospital performance was a challenge that required a whole system approach. In order to do this additional development of General Practice and community services was needed at the same time. This posed a potential risk for the hospital reducing capacity while other services were still being established.

DB expressed concern about the significant system issues. He referred to the forthcoming change of leadership at York Teaching Hospital NHS Foundation Trust and the intention of NHS England and NHS Improvement to work together. PM responded that, although the regulators had requested preparatory information separately, a joint York and Scarborough system meeting was taking place on 11 September. He noted that the restructure of the regulators was scheduled to start in October; a national process to recruit a joint director was expected. Guidance on the restructure of regions was expected to be influenced by this appointment and therefore not expected before Christmas. PM added that further work was required regarding establishing joint commissioner and provider submissions for joint assessment by the regulators.

The Governing Body:

Received the Month 4 Financial Performance Report

CA joined the meeting

8. Integrated Performance Report 2018/19 Month 3

CA presented the report which provided a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2018/19 programmes. It captured validated data for Month 3 for performance and was presented alongside the Month 4 Financial Performance Report. CA also noted that the Governing Body workshop later in the day would include an update on the submissions to regulators on 5 September from both the CCG and York Teaching Hospital NHS Foundation Trust on delivery of the elective care expectations for 2018/19.

CA referred to the headlines on improvement in performance. With regard to the 95% 4 hour A and E performance target York Teaching Hospital NHS Foundation Trust had achieved 88.01% for July and, subject to validation, 93.2% in August. This meant that they had met the trajectory for access to the Provider Sustainability Fund so far in quarter two.

CA reported a slight improvement in diagnostic six week waits performance but noted that MRI continued to be the specialty with the highest number of breaches. She highlighted that radiology capacity was challenged both locally and across the Sustainability and Transformation Partnership noting that there had been GP complaints and one Serious Incident in relation to extensions in the routine reporting times beyond six weeks. NHS Improvement and NHS Elect were working with York Teaching Hospital NHS Foundation Trust to establish a radiology recovery plan, including demand and capacity modelling and workforce redesign, to optimise capacity locally. The Cancer Alliance had also confirmed that procurement of the new radiology reporting system for the Humber, Coast and Vale Sustainability and Transformation Partnership was progressing and this would be in place by January 2019

CA noted that the 93% performance target for cancer two week waits had at 94.9% been met for the eighth consecutive month. However there had been a significant number of breaches due to patient cancellation; the CCG's GP Clinical Lead for Cancer was working with primary care to address this through more effective patient engagement and understanding around the reasons and importance of urgent referrals. CA highlighted that dermatology capacity was a critical concern with particular implications for Scarborough and Ryedale patients due to workforce shortages at Scarborough Hospital. Consideration was being given to managing this through the on-going joint work with York Teaching Hospital NHS Foundation Trust with dermatology "deepdives".

With regard to 62 day cancer performance CA reported that the CCG's Executive Committee had considered proposals in response to a letter from the Chair of the Cancer Alliance regarding reduced funding and how the local Cancer Recovery Board across NHS Vale of York and NHS Scarborough and Ryedale CCGs would continue to deliver performance improvement with this reduction in funding. A formal response to the Sustainability and Transformation Partnership Cancer Alliance would be given in September.

CA noted the improvement in performance against the 16.5% Improving Access to Psychological Therapies performance target.

In respect of deterioration performance headlines CA advised that the deterioration in 18 week referral to treatment performance waiting list position would be considered by specialty in the Governing Body workshop later in the day. She noted however that as at week ending 30 August there had been an increase of 1718 patients on the non-admitted waiting list since 31 March 2018. CA noted that it was often the specialties with lowest capacity where there was also increase in urgent referral demand and this was driving the waiting list up. However, on a positive note the increase in urgent referrals had resulted in an increase in cancer diagnoses which was a good patient outcome.

With regard to 52 week breaches CA noted that the CCG and York Teaching Hospital NHS Foundation Trust had confirmed a zero tolerance to further breaches but confirmed that the original target to half 52 week breaches in 2018/19 had not been met by month four. However, the 52 week performance in York and Scarborough was far better than in the other places within the Humber, Coast and Vale Sustainability Transformation Partnership.

DN referred to the ongoing concerns about the performance of Child and Adolescent Mental Health Services and expressed appreciation for the focus by members on this area of risk. She advised that an improved understanding had been gained about the risks and investment requirements. DN confirmed that in the current financial year £120k of CCG investment had gone to Tees, Esk and Wear Valleys NHS Foundation Trust and they themselves had invested £50k in this area through development of joint working.

DN highlighted clinical discussion about the area of greatest risk in Child and Adolescent Mental Health Services, the Emotional Health and Wellbeing pathway, where the £120k would be invested. Assurance had been obtained through detailed discussion at the Quality and Patient Experience Committee. DN additionally noted that confirmation had been received regarding the ongoing funding for the City of York Council Schools Wellbeing Service which would assist addressing prevention.

DN referred to the support from the Finance and Performance Committee for any available CCG funding to be prioritised for investment in Child and Adolescent Mental Health Services. In this context £100k non recurrent monies from an underspend on another contract had been invested in Child and Adolescent Mental Health Services to reduce the autism and attention deficit hyperactivity disorder assessment waiting lists. DN explained that Tees, Esk and Wear Valleys NHS Foundation Trust had undertaken demand and capacity modelling noting that progress would be made but highlighted that this investment was non recurrent. DN also advised that the CCG had asked Tees, Esk and Wear Valleys NHS Foundation Trust to purchase non recurrent additional autism assessments to reduce waiting lists. However this would not result in performance being rated as ‘Green’ due to the scale of the pressure.

In response to HE enquiring about when measurable impact was expected from the investment DN explained that each autism assessment cost £2,000 to £2,500. Tees, Esk and Wear Valleys NHS Foundation Trust were currently trying to recruit to clinical posts and had expressed confidence in this being successful. Reduction in waiting times was expected by quarter 3.

DN explained that some of the delivery of preventative models for children differed between City of York Council and North Yorkshire County Council, both of which supported NHS Vale of York CCG patients.

In response to PM enquiring about the impact of radiology delays on General Practice, HE reported that she had requested feedback from GP colleagues in advance of attending the Governing Body meeting. They had highlighted delays in getting results for patients and waiting for appointments for diagnosis. There was typically a period of up to six weeks between seeing the GP, having the test and the result. HE emphasised the impact on the patient in terms of work and on the GP from the appointment perspective. CA responded that this was a capacity issue across the Sustainability and Transformation Partnership with some routine reporting periods of up to 13 weeks elsewhere. CA also noted the impact from equipment maintenance requirement pressures on top of the workforce shortages and the need for capital investment in MRI equipment. She added that there should be greater assurance through the local diagnostics recovery plan.

HE referred to the need for improved access to diagnostics and results in the context of winter planning and preventing escalation of admissions. CA responded that urgent referrals were prioritised. This should always focus on preventing admissions and prioritising cancer referrals but a system recovery plan and greater understanding between commissioners and providers were required to ensure that routine reporting did not deteriorate further. MC added that variation in diagnostic testing was complex and also noted issues of potentially inappropriate referrals.

PM agreed that a six week timescale from GP visit to diagnostic result was unacceptable and advised that the locality structure should be the means of leading a resolution. He committed to seeking possibilities to address these concerns outside of the Governing Body.

CA noted that the next Integrated Performance Report would link with the current CCG Improvement and Assessment Framework indicators to provide a detailed understanding both to the Governing Body and committee members. She added that potential areas of success would be highlighted and areas where the CCG performance was close to meeting an improved threshold would also be prioritised.

The Governing Body:

1. Received the Integrated Performance Report as at Month 3.
2. Noted that a resolution would be sought to address the up to six week timescale from GP visit to diagnostic results.

CA left the meeting

ASSURANCE

9. Quality and Patient Experience Report

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

MC referred to the earlier discussion about Unity Health and SEND.

With regard to patient stories, MC explained that NW and KR had agreed that this approach be extended to Governing Body meetings. The proposal was for a story to be presented at the Quality and Patient Experience Committee then to the Governing Body on the basis of 'You Said, We Did'.

MC referred to ongoing concerns about lack of assurance relating to Never Events and Serious Incidents at York Teaching Hospital NHS Foundation Trust. She noted that progress was being made in this regard following appointment of the Deputy Director of Patient Safety. Additionally, clinical visits by the CCG to such as theatres were being established.

MC highlighted the governance arrangements pertaining to quality in respect of the Aligned Incentive Contract. A new Quality Board would have responsibility for oversight of Quality Impact Assessments on any decisions relating to cost reduction programmes under the Aligned Incentive Contract; focus would be on opportunities for improvement and system working. The terms of reference and membership of the Quality Board were being finalised and the first meeting was taking place week commencing 10 September.

MC reported that the consultation about changes to services at The Retreat was still taking place and the future model had not yet been agreed. The proposed reduction in bed base was a concern to the system but the strengthening of services, including relating to dementia and complex mental health needs, was welcomed. Members of the Quality and Nursing Team were meeting regularly with The Retreat.

MC commended significant system planning taking place for 2018/19 'flu vaccination. York Teaching Hospital NHS Foundation Trust had made an offer under a Standard Operating Procedure to include housebound patients, even if not known to them, and patients on anti-coagulation who had previously been excluded due to a Patient Group Direction which had now been resolved. Work was taking place with regard to the 'flu wholesale licence for vaccinations which was currently with GPs. NW added that at his recent meeting with the Chair of York Teaching Hospital NHS Foundation Trust they had agreed the frail and elderly should receive their 'flu vaccination as a priority, not later in the year.

Detailed discussion ensued on 'flu vaccination including the practicalities of implementing the York Teaching Hospital NHS Foundation Trust offer, emphasis on the need for a system approach, national concern about ordering of vaccinations and, in the context of potentially avoiding sickness absence, offering free vaccination to all health and social care workers. With regard to the latter MC reported that the CCG offered vaccination to staff and there was good uptake. She also noted that there was a national Commissioning for Quality and Innovation (CQUIN) for providers in this regard. However vaccination of care home staff was variable and the identified gap was vaccination of carers. In response to KR highlighting that carers should be within the priority group, HE advised that coding was an issue. KS added that the national programme for 'flu vaccination had not yet been announced.

MC reported growing concern from carers, families and patients regarding continence products, particularly for children. Work was ongoing in respect of assessments, products and monitoring but a system wide pathway, including schools, was required. MC requested views from primary care in this regard.

MC referred to the statutory guidance Working Together to Safeguard Children noting that work was taking place on the required arrangements with City of York Council and North Yorkshire County Council. She also advised that guidance was expected in October on the transfer from Local Authorities to CCGs of responsibility for child death overview panels which, along with the Designated Doctors, were already funded through the Safeguarding Children Boards.

MC explained that the child death overview panels were joint City of York Council and North Yorkshire County Council arrangements as it was not viable for them to be separate due to numbers of child deaths. SS added that unless the guidance changed the chair of child death overview panels was required to be a Director of, or Consultant in, Public Health. Traditionally this role had been fulfilled by a North Yorkshire Consultant in Public Health but potentially a shared approach could be considered.

In respect of care homes MC highlighted progress with React to Red and the associated partnership working and national focus. However, care home bed availability was a major concern. Additionally, two care homes – Amelia House and Moorlands – were closing imminently with loss to the system of 140 beds and the requirement currently for 78 placements. MC advised that, although it was the Local Authority's responsibility to find the placements, the CCG had the responsibility for the continuing care funding and was working with partner organisations. MC noted the impact from shortage of beds related in particular to the needs of people with complex dementia adding that no communication had been received regarding Moorlands prior to the closure decision.

The Governing Body:

Received the Quality and Patient Experience Report.

FW joined the meeting

10. Emergency Preparedness, Resilience and Response – NHS Vale of York CCG Arrangements

PM referred to the detailed report advising that this was the process for statutory organisations to self assess business continuity plans and arrangements relating to local and major incidents. The CCG's assessment of 'Substantial' compliance for 2018/19 would be submitted to NHS England for ratification.

Discussion ensued in the context of Brexit. PM reported that discussions were commencing in the event of a 'no deal' scenario in terms of such as the supply chain for drugs, impact of delays at borders on entry of life saving equipment and workforce issues. He proposed that the Governing Body consider the implications as the position emerged. DB noted that this also needed consideration in the context of the risk register and advised that the Finance and Performance Committee would retain oversight.

The Governing Body:

Approved the CCG's Emergency Preparedness, Resilience and Response Assurance Self-Assessment for 2018/19 and the current overall compliance level of 'Substantial'.

FW left the meeting

11. NHS Vale of York CCG Constitution

In seeking approval of the CCG's constitution in accordance with NHS England guidance MC noted a further amendment was required as the Clinical Executive had been disestablished. She also highlighted that approval of the constitution would contribute to the CCG progressing to being assessed as 'Good'.

MC advised that there was the potential for a national CCG constitution noting that Rachael Simmons, Corporate Services Manager, would be attending a webex in this regard.

The Governing Body:

1. Noted the changes in the constitution.
2. Approved the constitution for submission to NHS England subject to further minor amendment.

12. Remuneration Committee Terms of Reference

KR noted that the Remuneration Committee had refined its terms of reference at the meeting on 26 July.

The Governing Body:

Approved the Remuneration Committee Terms of Reference.

RECEIVED ITEMS

The Governing Body noted the following items as received:

13 Audit Committee chair's report and minutes of 25 July 2018. PG highlighted that External Audit had acknowledged, and would reflect, progress made by the CCG since publication of the 2017/18 Annual Audit Letter.

14. Executive Committee chair's report and minutes of 20 June, 4 and 18 July and 1 August 2018.

15. Finance and Performance Committee chair's report and minutes of 3 and 26 July 2018.

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16. Primary Care Commissioning Committee chair's report and minutes of 26 July 2018.

17. Quality and Patient Experience Committee chair's report and minutes of 9 August 2018. KR highlighted the assurance in respect of Serious Incidents and Never Events as a result of the recent appointment of the Deputy Director of Patient Safety at York Teaching Hospital NHS Foundation Trust. He also noted the 'Outstanding' North Yorkshire Children's Services Ofsted Inspection Report.

18. Medicines Commissioning Committee recommendations of 13 June and 11 July 2018.

19. Joint Acute Commissioning Committee chair's report and minutes of 25 July 2018.

20. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 1 November 2018 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and Exclusion of Press and Public

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

Follow Up Actions

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

A glossary of commonly used terms is available at:

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 6 SEPTMENBER 2018 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 January 2018	Accountable Officer Report	• Confirmation to be provided as to whether the end of December 2017 target date for the rollout of free wi-fi capability to GP Practices had been achieved	TP	31 March 2018
5 April 2018		• Delayed – new projected completion date	MA-M	31 May 2018
5 July 2018				Ongoing
6 September 2018				Ongoing
5 July 2018	Risk Update Report	• RW to provide information regarding concerns about Personality Disorder referrals	RW/DN	
6 September 2018		• A meeting was being arranged to progress this		Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
6 September 2018	Accountable Officer's Report	• Concerns regarding information flow between GP systems and Tees, Esk and Wear Valleys NHS Foundation Trust systems for patients with a mental health condition to be addressed.	PM/DN	
6 September 2018	Integrated Performance Report	• Resolution to be sought to address the up to six week timescale from GP visit to diagnostic results.	PM	

Item Number: 5

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 1 November 2018

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 which have taken place since the last Governing Body meeting and 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: 1 NOVEMBER 2018

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

1.1 The CCG's financial position in September has reported a significant deterioration in the likely deficit at the end of the year. Following an extensive review of the forecast outturn position, the associated risks and additional financial recovery actions that the CCG will be required to take, the CCG is now forecasting an increased in-year deficit.

1.2 Although there are a number of variances in the position, this is primarily a result of the following key pressures:

- the aligned incentive contract savings schemes are not delivering cost reduction at the level required within the plan;

- the proposed charging for the additional costs of meeting unplanned care demand under the aligned incentive contract arrangements are above plan;

- the completion of the Continuing Healthcare reconciliation position by NHS Scarborough and Ryedale CCG has created an historic cost pressure in this year's position.

1.2.1 NHS England is fully briefed on this position.

1.3 The organisation is now focussed on the management of these cost pressures and the financial recovery actions that will be required to off-set them over the remainder of the year. The CCG is working with system partners and NHS England to ensure delivery and is grateful for the support already shown in this regard. Provided this continues the CCG anticipates it will be able to report another year of stabilisation of the financial position and will be no worse than the 2017-18 deficit of £20.1m excluding Commissioner Sustainability Funding.

1.4 Ensuring the CCG delivers the 2018-19 deficit is essential to ensuring it starts the next financial year in the best possible position.

1.5 A multi-year York-Scarborough System Plan between commissioners and York Teaching Hospital NHS Foundation Trust has been drawn up. It is essential that plans between these partners align much more closely, with realistic plans and timescales, to offer the best possible chance of delivering the transformation and financial sustainability needed.

2. Acute service transformation

2.1 The CCG continues to work with NHS Scarborough and Ryedale CCG and the York Teaching Hospital NHS Foundation Trust to develop and deliver the actions and longer-term programmes of work that support financial and performance recovery. The focus continues to be on bringing primary and secondary care clinicians together, whether locally or across the STP, to share, learn and challenge current ways of managing patients through our referrals, diagnostics and care pathways.

2.2 The workforce capacity shortages that all organisations are currently facing mean that it is hard to free up clinicians to lead the redesign that is needed. The CCG believes that strong shared pathways have to be founded on strong clinical networks and leadership and it continues to support colleagues to develop this work. The focus for our clinicians and service teams is to define local recovery plans for Dermatology, Ophthalmology and Radiology as well work with the Cancer Alliance to refresh the clinical strategy for cancer services.

3. Winter resilience

3.1 As we move into winter the local health and social care system has been reviewing the Resilience, Escalation and Winter Plan for 2018-19. Work on this commenced in March 2018, with reflections of work last winter and the lessons learned from this along with the collation of information from projects that help to manage peak times and demand.

3.2 The local system, including primary and secondary care, our mental health provider and the voluntary sector, partners in local authorities and care homes, have since met regularly to ensure this year's plans are as robust as possible and can achieve the best they can within the available resources.

3.3 Performance against the Emergency Care 4-hour standard improved last year and has also continued to improve over this year's summer period, despite the pressures that has brought, and the system is in a good place to move into winter.

3.4 Specific work this winter includes continued focus on the flow through the acute hospital; ensuring timely discharge to the most appropriate place and how we work with care homes, pharmacies and primary care to ensure medication and treatments are the best possible. GPs have commenced the provision of Improving Access; additional sessions into the evenings and weekends for routine appointments, and this will be monitored to see how this can free up more capacity for urgent requirements. There is also a lot of work ongoing with primary care and Yorkshire Ambulance Service to ensure vulnerable people have enhanced summary care records and, where clinically appropriate, are diverted elsewhere than the Emergency Department for any treatment they need.

3.5 The Governing Body and the Council of Representatives have discussed the plans during September and October 2018 and there have been a number of invitations to individual discussions to highlight priorities for specific practices. Suggestions arising from discussions with the Council of Representatives have been collated and the CCG is currently working through a number of ideas to establish the best ways to make rapid improvements. Outcomes from these discussions will be fed back to practices in the coming weeks.

4. Commissioning intentions 2019-20. Aligning our work with partners

4.1 The CCG's commissioning intentions for 2018-19 focus is to improve population health and patient outcomes. A refresh of the commissioning intentions, first published in January 2018, is now underway and will be published soon with the service priorities of mental health, primary care and caring for the most vulnerable members of the local community remaining a priority for the CCG.

5. Joint commissioning

5.1 The CCG and City of York Council have established a Joint Commissioning Strategic Group which is co-chaired by the CCG's Accountable Officer and the City of York Council's Chief Executive, Mary Weastell. Its inaugural meeting took place on 8 October 2018 and will meet on a monthly basis. The initial focus of the group will be to identify shared risks and priorities for joint commissioning and opportunities to accelerate integrated working.

6. Local System Review

6.1 The Care Quality Commission is returning to York in November 2018 as a follow up to its Local System Review in October 2017. The first review focused on the experiences of older people and the interface between health and social care. The visit in November 2018 is to learn about the progress made against the Improvement Plan, the enablers to local successes and to understand where the barriers have been.

7. Developing the long term plan for the NHS

7.1 NHS England is working on a long term plan that sets out national ambitions for improvement over the next ten years. Following scoping work that took place during the summer with local and national NHS leaders, clinical experts, patient representatives, front line NHS staff and the public, draft policy proposals have been drawn up for the plan which is due to be published in November 2018.

7.2 Staff, patients, the public and other stakeholders will have the opportunity to help local health and care organisations determine what the plan means for their area, and how best the ambitions it sets out can be met through engagement opportunities from December 2018 to March 2019.

7.3 More information about the long term plan and how to get involved is available at https://www.engage.england.nhs.uk/consultation/developing-the-long-term-plan-for-the-nhs/

8. Better Care Fund update

8.1 York

8.1.1 In October 2018 the government announced additional funding to local authorities to support the system to reduce delayed transfers of care by enabling weekend discharges, reducing lengths of stay and speeding up the process of assessing and agreeing what social care is needed for patients in hospitals.

8.1.2 On 17 October 2018, councils were notified of their allocations and while the detailed grant conditions are not yet published, it is likely that the funding will be channelled through the Improved Better Care Fund (iBCF), with an expectation that councils will work closely with the NHS to develop plans. Arrangements have been put in place for these discussions to take place through joint commissioning forums.

8.1.3 The Q2 Better Care Fund BCF / iBCF submission took place on the 19 October 2018.

8.1.4 Building on the multi-agency events that took place in May 2018, the Better Care Fund Performance and Delivery Group is planning a co-production event on 26 November 2018 which will once again bring together system leaders, members of the delivery group and scheme providers. There is a strong consensus among stakeholders who took part in the events in May 2018 that the York approach will continue to be focused on prevention, collaboration and building community capacity and individual resilience. This next event will explore how partners can use BCF funded schemes to transform the local system and improve patient outcomes.

8.2 North Yorkshire

8.2.1 Local action plans to deliver the North Yorkshire Dementia strategy are in place and include areas such as improved dementia diagnosis rates in primary care, shared care processes, better support post diagnosis with improved signposting and navigation to support services for patients and carers. Dementia Leads have been identified for each practice.

8.3 East Riding

8.3.1 A new Wellbeing and Social Prescribing Service is being delivered by partners at Humber NHS Foundation Trust, the Smile Foundation and Hull and East Yorkshire MIND. The service, which has had 919 referrals since the contract was awarded in May 2018, is also assisting NHS England with its development of the Social Prescribing Outcomes framework.

8.3.2 The Care Market Scheme encompasses a number of projects to support, develop, and enhance the quality, effectiveness and sustainability of the independent sector homecare and residential care market across the area. Stage one of the Innovation Fund resulted in a number of successful bids being progressed to support with technological developments in the care market. The Innovation Fund Project is now progressing into Stage Two. A workshop will be held with care providers in November 2018 to consider the use of the funds and identify where funding could be made available to support a sector wide initiative that will enhance quality and support sustainability across the full sector.

8.3.3 The Capacity Tracker provides a platform for care homes to update their vacancies in real time and helps to support safe and speedy hospital discharges. North East Commissioning Services (NECS) will be holding two master class sessions in November 2018 to further promote the tracker and how it works.

8.3.4 Workforce initiatives are also being further developed to support capacity and quality in the care home sector. The successful Leadership Training Programme, which was previously funded through European Social Funding, will continue using funds from the iBCF. The availability and scope of this training will also be widened to include training to registered managers, in addition to courses for aspiring managers.

8.3.5 The enhanced technology in care homes project, initially a pilot, has been successful in gaining additional funding to support roll out across the area. This means that over a two year period, all care homes will receive a dedicated laptop, secure wifi and a secure nhs.net email address.

8.3.6 A Care Recording app has recently been procured to pilot electronic care recording in The Old School House Care Home in Beverley. This will enable a simplified method of collecting resident information at the point of care delivery. This will support improved accuracy of resident records and rapid access to relevant information to enable managers and care staff to be more responsive to resident needs. This pilot project will inform the potential for further roll out of electronic recording of care.

8.3.7 To support people to remain at home, a home care system has been procured and is to be implemented in time for the new home care contract in April 2019.

9. Emergency Preparedness, Resilience and Response Assurance

9.1 The Emergency Preparedness, Resilience and Response (EPRR) self-assessment and assurance process for 2018 was presented to the Governing Body on 6 September 2018. Members agreed to the 'Substantial compliance' rating. The rating has now been submitted to NHS England for its approval which will take place on 16 November 2018.

9.2 The CCG took part in Public Health England's Exercise Genevitis on 27 September 2018 in Willerby. This was a regional event and involved local authority colleagues from the Yorkshire and the Humber area. The exercise focused on an outbreak of meningitis among a group of teenagers and tested Local Authority Outbreak Plans that are being updated to reflect the learning from the exercise.

9.3 York Marathon was held on Sunday 14 October 2018 and despite the poor weather, the event was a huge success with no incidents.

9.4 The Christmas 2018 and New Year 2019 on-call Director rota has been finalised and the appropriate cover has been agreed until 31 January 2019.

10. National issues

10.1 To secure the best outcomes from the recent funding investment 2019-24, NHS England and NHS Improvement are overhauling their policy frameworks. This includes conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning.

10.2 Imperial College Health Partners (ICHP) through the Patient Safety Collaborative (PSC),along with NHS Improvement and NHS England has launched the Suspicion of Sepsis (SoS) Dashboard. The dashboard, for the first time, provides clinicians and managers with an innovative, reliable and consistent tool to identify and analyse the impact of local improvement on deteriorating patients with SoS. Using Hospital Episode Statistics (HES), it provides an overall picture of hospital patients in the SoS category, allowing clinicians and managers to understand the level of sepsis and target interventions accordingly.

10.3 The delivery of physical health assessments for people with severe mental illness (SMI) in primary care will be tracked via a new Strategic Data Collection Service (SDCS) collection in 2018-19, in line with Five Year Forward View for Mental Health ambitions. The first collection will be due in October 2018, covering the 12 month period until end-September 2018. Subsequent reporting will be facilitated quarterly.

10.4 The Personal Health Record (PHR) Adoption toolkit is designed to help PHR development in England become easier, faster and more consistent. It aims to promote sharing and learning, encourage innovation and support interoperability. The ultimate goal is to develop a PHR landscape that empowers patients and the public, providing them with the PHRs they need to manage their health and care more effectively.

10.5 A new guide to social care is available on the NHS website. It contains information for people who might need social care, their families and carers, to help them understand their options and access services. Councils, NHS organisations and care providers can signpost people to the information.

10.6 As part of GP retention efforts, NHS England, working with the RCGP and BMA, has developed a GP Career Support Pack that sets out support available at different stages of a GP's career (e.g. first five, mid-career, nearing retirement, taking a career break). The pack is intended to signpost GPs to support available throughout their career with a view to supporting career and life choices.

10.7 A new Children and Young People Secure Estate National Partnership Agreement for 2018-2021 has been published. This will enable a more fully integrated approach to the commissioning and delivery of excellent health services for children and young people within the secure estate in England. While the number of children and young people in the secure estate has gone down, they are over represented in terms of their physical, mental, neuro disability and substance misuse needs. Meeting these complex needs requires whole system collaboration, which the increased partnership is seeking to achieve through high quality outcome and evidence based health services. CCGs have been asked to review this agreement, particularly in terms of whole system collaboration, which is key to helping to ensure continuity of care as CYP transition from the secure estate into community services.

10.8 NHS England, working with Health Education England, Skills for Health and partners from across health and care, has published a new Frailty Core Capabilities Framework which aims to improve the effectiveness and capability of services for people living with frailty. It looks at developing the workforce to ensure high quality, holistic, compassionate care and support is offered.

10.9 To support CCGs in their implementation of NHS England's guidance on conditions for which over the counter items should not routinely be prescribed in primary care, a series of patient materials have been published. The pack of resources includes a patient leaflet, an easy read version of the leaflet and a hand-out for GPs and other prescribers to give to patients during a

consultation. In November 2017 CCG guidance was also published on items which should not routinely be prescribed in primary care and a number of implementation resources are now also available.

10.10 NHS England has published an updated and fit-for-purpose new model CCG constitution and supporting notes. This is considerably shorter than the original version published in 2012 and identifies the minimum requirements to be included. The model sets out the rules and procedures that the CCGs should use to ensure probity and accountability and to ensure that decisions are taken in an open and transparent way. NHS England is currently facilitating a series of webinar workshops on the new model for CCGs.

10.11 A new guide to help GP practices register more students to use GP online services has been launched by NHS England Primary Care Digital Transformation. Promoting to students: A guide for Universities, GP Practices and CCGs, is aimed particularly at practices in student areas and includes information on how they can encourage more students to access their health care online.

11. Recommendation

11.1 The Governing Body is asked to note the report.

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Item Number : 6

Name of Presenter : Phil Mettam

Meeting of the Governing Body

Date of meeting: 1 November 2018

NHS
Vale of York
Clinical Commissioning Group

Risk Update Report

Purpose of Report
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

Covalent Risk Reference and Covalent Description
All corporate risks escalated to the Governing Body.

Emerging Risks (not yet on Covalent)

One emerging risk has been identified, relating to the winter capacity of primary care and is discussed in further detail within the report.

Recommendations
The Governing Body is requested to: • review risks arising and to consider risk appetite for events and high scoring risks.

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

GOVERNING BODY: 1 NOVEMBER 2018

Risk Update Report

A different way of recording risks / events has been trialed without the use of Pentana (Covalent). Risk / event owners and leads have also been asked to identify both the impact and the likelihood of each risk / event. This new process is proving successful.

All events have been reviewed since the last Governing Body.

The following event rating has increased:

Reference	Description
ES.20	There is a potential risk of failure to maintain expenditure within allocation. Likelihood 4 x Impact 4 - RAG 16

The following event has been de-escalated from the Governing Body risk update:

Reference	Description
PC.01	A problem with the Docman 7 system has resulted in results and correspondence from secondary care going to an unknown folder in a number of practices and therefore not being accessed Likelihood 3; impact 3 – RAG 9

The previous RAG rating was 12. Events rated below 12 are not escalated to Governing Body. All of the Practices have reviewed their files and where applicable completed the risk assessments with the exception of one practice, which has experienced some IT difficulties. To date none of the files that required a clinical review were of high risk.

The following new event has been declared:

Reference	Description
PC.02	There are increasing signs that workforce numbers in primary care (GPs, Nurses and other staff) are impacting on capacity. With the additional challenges of winter there is a risk that services will not be maintained with consequent risks to patient safety.

The ratings for the following events have remained the same:

Reference	RAG	Key Points
ES.17 Failure to deliver 1% surplus in-year	Likelihood 4x Impact 4 RAG 16	The CCG will not deliver a 1% surplus in-year and local modelling of the Medium Term Financial Strategy does not anticipate this being delivered until around 2020/21.
JC.26a CAMHS – long waiting lists	Likelihood 4 x Impact 4 RAG 16	Metrics to measure impact of investments (CCG £120k recurrently and TEWV £50k recurring) have been set but measuring the effect will take some time as current waiting times are long; project visible effect by end 2018/19, assuming demand remains static.
JC.26b children autism assessments	Likelihood 4 x Impact 3 RAG 12	Workshop on 05.10.2018 to map full pathway to provide greater transparency and highlight how agencies can work more effectively to support children with a view to reducing need for assessment in the long term.
JC.26c Children and young people's eating disorders	Likelihood 4 x Impact 4 RAG 16	Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse). Workshop on 13.09.2018 to review action plan across NYY area.
JC.30 Dementia - Failure to achieve 67% coding target in general practice.	Likelihood 4 x Impact 4 RAG 12	Diagnosis increased to 61.1% in August from 60.7%.
QN.02	Likelihood 5 x Impact 4 RAG 20	Potential risk to quality of care and patient safety at Unity Practice

NHS
Vale of York
Clinical Commissioning Group

CORPORATE NEW EVENTS MANAGED BY GOVERNING BODY

Risk Title & Ref	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 Reviewed
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 additional challenges of winter there is a risk that services will not be maintained with consequent risks to patient safety	As capacity in general practice is limited by workforce, access to routine and urgent appointments may deteriorate resulting in patients not accessing care, or accessing care inappropriately (eg 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.	Practices are reviewing their provision to match demand to capacity. Access to locums is now limited and so other clinical staff are being asked to support tasks previously performed by GPs. Practices are beginning to work together to address long term capacity issues.	Urgent Care Tiger Team established and actions agreed. NW to feed back to CoR this month.	Becky Case	Executive Director of Primary Care and Population Health	5	3	15	NEW	24 October 2018

CORPORATE ON-GOING EVENTS MANAGED BY GOVERNING BODY

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 Reviewed
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. Therefore the CCG will not deliver a 1% surplus in-year and local modelling of the Medium Term Financial Strategy does not anticipate this being delivered until around 2020/21. This has been confirmed as part of the Month 6 financial position as the CCG is now reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan.	Michael Ash-McMahon	Chief Finance Officer	4	4	16		09 October 2018
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	The CCG has submitted a 2018/19 financial plan that delivers the required control total deficit of £14m, although there are risks to the delivery of this. The CCG's local modelling does not deliver an in-year surplus until 2020/21. Further deterioration has been confirmed as part of the Month 6 financial position as the CCG is now reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. Additional financial recovery actions are being implemented, but they do not fully mitigate the in-year deterioration.	Michael Ash-McMahon	Chief Finance Officer	**4**	**4**	**16**		8 October 2018
JC.26a CAMHS: long waiting lists	Long waiting lists may adversely affect response to	Delays in assessment and diagnosis leading	Service Development Improvement Plan in place.	Waiting lists remain long reflecting the high levels of referral into	Susan De Val; Paul Howatson	Executive Director of	**4**	**4**	**16**		8 October 2018

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 Reviewed
for assessment and treatment that significantly extend beyond national constitutional standards	treatment and outcomes. 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 reputation, and effects on partnerships, e.g. local authority.	to delays in treatment and support options. Poor patient experience.		service despite the schools projects and the crisis team, all of which have reduced demand for support. The CCG is investing £120k recurrently into CAMHS services from 2018/19; TEWV will use this for additional support to the emotional and eating disorders pathways. Staff have been appointed and will be in post from October 2018. The CVs for this investment have set out measures to show effect on waiting times. Anticipate effect on waiting times by end 2018/19.		Transformation, Complex Care and Mental Health					
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. For both the 0-5 and 5-18 pathways, the diagnostic process does not comply with NICE guidance. Children and families can wait for long periods for assessment and diagnosis, with consequent strain and anxiety, and do not receive support from other agencies pending diagnosis. There are concerns around the pathway for formal diagnosis because of limited input across professional input into assessment.	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings.	Finalising action plan to address issues around waiting lists and diagnostic process	TEWV is investing an additional £50k recurrently in the service from 2018/19. Staff have been appointed and coming into post in October 2018. 24 further assessments being undertaken by a private provider. 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 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. Workshop on 06.11.2018 to map full pathway to provide greater transparency and highlight how agencies can work together more effectively to support children with a view to reducing need for assessment in the long term. With LA colleagues we are meeting with parents on 19.10.2018 to discuss issues around waiting times	Susan De Val; Paul Howatson	Executive Director of Transformation, Complex Care and Mental Health	**4**	**3**	**12**		8 October 2018

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 Reviewed
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 means TEWV does not meet access and waiting time standards. These patients are usually very ill and require intensive long term care and support. Although patients are seen outside the national waiting time standard, they generally do not wait long periods, but the high volume means patients are in treatment for longer than national standards recommend, and outcomes may be poorer and take longer to be apparent.	Delays in assessment and diagnosis: high referral rate leads to longer periods in treatment with potential for poorer outcomes.	Finalising an action plan to set out how TEWV will deliver to national standards.	Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment. TEWV has issued advice to GPs around physical health checks to monitor condition. Workshop on 13.09.2018 to review action plan across NYY area has identified need for shared care agreement with primary care for physical health monitoring.	Susan De Val; Paul Howatson	Executive Director of Transformation, Complex Care and Mental Health	4	4	16		8 October 2018
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/PCU leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified. Controls include: Programme meeting and TEWV CMB	Diagnosis increased to 61.1% in August from 60.7%. Recorded diagnosis rates for September will not be published until November. The CCG has secured a technical and data quality resource in primary care to assist with coding in practices with the lowest rates. Joint work is underway to map and develop a consistent dementia diagnosis pathway based on best practice and which clearly describes options for diagnosis in primary care where appropriate Targeted support for case finding in care homes and GP practices continues.	Sheila Fletcher	Executive Director of Transformation, Complex Care and Mental Health	3	4	12		10 October 2018
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 that their closed list may not re-open in time for 5000 new York University students who will need to register at the practice. There is a risk the practice may not meet the required improvements when fully re-inspected in around six	Quality of patient care and patient safety may be compromised	Unity engaging with M.Carrington, K.Smith and H.Marsh on a weekly basis. An RCGP GP, PM and nurse support Unity on a weekly basis. C.Lythgoe ½ day per week nurse manager support-action plan written. Lou Johnson attending the Yorkshire and the Humber Leadership Academy Practice Managers Programme 2018/19. Jorvik Gillygate Practice	Following a comprehensive inspection by CQC on 23.05.2018 the practice was rated as inadequate overall. The practice have closed their patient list. CQC will review on 18/09/18. CQC re-inspected Unity Practice on 18 September and the CCG. Improvements were noted and the practice were allowed to reopen their list to new registrations from 26 September 2018. The practice will be re-inspected within 3 months where there is opportunity	Sarah Goode	Executive Director of Quality and Nursing	4	4	16		28 September 2018

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 Reviewed
	months' time leading to potential for the CQC to close the service.		supporting new patients. Weekly submission of required CQC action plans	to impact on their rating which remains inadequate.							

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Item Number: 7

Name of Presenter: Simon Bell

Meeting of the Governing Body **Date of meeting: 1 November 2018**	NHS Vale of York Clinical Commissioning Group

Financial Performance Report Month 6

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 September 2018.

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☒Financial ☐Legal ☐Primary Care ☐Equalities	F17.1- ORG Failure to deliver 1% surplus F17.2 – ORG Failure to deliver planned financial position F17.3 – ORG Failure to maintain expenditure within allocation

Emerging Risks (not yet on Covalent)
Recommendations The Committee is asked to note the financial performance to date and the associated actions.

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

Finance and Contracting Performance Report – Executive Summary

April 2018 to September 2018

Month 6 2018/19

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
Ramsay	The plan anticipated an increase in activity in Month 4 on the basis that activity would rise as patients delayed by the threshold became eligible. Activity has continued at a lower rate in August data. This trend has now been reflected in the forecast outturn. The CCG is now forecasting a £708k underspend on the Ramsay contract (previously £357k at month 5).	Continue to monitor the Ramsay contract.
QIPP delivery	In-month the QIPP delivery has increased from £1.7m at Month 5 to £2.7m at Month 6. The continuation of those schemes in delivery and those planned to come in over the remainder of the year would deliver £8.3m at the end of 2018/19	Continue reporting and monitoring arrangements around QIPP delivery, in particular for those schemes outside of the AIC arrangements.

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
Deterioration in forecast outturn position	Following an extensive review of the forecast outturn position and associated risks, the CCG is now forecasting an in-year deficit of £18.6m which represents a £6.0m deterioration from plan. NHS England is fully briefed on this position.	Ensure delivery of the £3.83m financial recovery actions. These are detailed in Section 8 of the financial performance report. Early identification of any emerging risks so that these can be mitigated without resulting in further deterioration of the forecast outturn.
AIC contract with York Teaching Hospital NHS FT	The AIC contract with YTHFT is reported as if the risk share has been fully invoked within the contract position. The YTD and forecast positions also include the impact of the overtrade on high cost drugs and devices, and an estimated cost relating to the increase in unplanned activity. The incremental cost relating to this additional unplanned activity remains the only area of contract dispute.	YTHFT have been asked to quantify the exceptional, incremental cost relating to additional unplanned activity, so that all contract parties can work towards agreeing this and move away from the current assumption based on 20% of tariff cost.
Continuing Healthcare	Work is largely complete in terms of finalising and reconciling historic outstanding payments for this work and is now included in the CCG's forecast outturn as a £1.0m in-year pressure.	
Optimisation of elective capacity	In previous months the CCG had forecast that the impact of work to optimise elective capacity in the area would reduce costs by £2.7m. This assumption has been reviewed and removed from the forecast outturn.	

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Financial recovery actions – The financial recovery actions agreed by Executive Committee are shown in Section 8 of the financial performance report. Delivery of these actions will be reported on each month for the remainder of the financial year.

2. Multi-year financial recovery plan – The CCG has been working alongside system partners (YTHFT and NHS Scarborough and Ryedale CCG) to develop a system financial plan which delivers a break even in year position over four years and a 1% surplus across the system over five years. This high level plan will be shared with NHS England on 19th October and a verbal update will be provided for Finance and Performance Committee. This will then inform development of the CCG's detailed financial plan for 2019/20 onwards.

3. Continuing Health Care – Work is continuing to validate the data transferred from the PCU. This includes both the data cleanse process to identify the responsible commissioner and legacy issues with the PCU. The legacy issue has now been quantified in the forecast outturn at £1.0m. The responsible commissioner work will conclude when the CCG moves to the new QA+ system in January, and it has been agreed between North Yorkshire CCG's that any financial impact between them in 2018/19 will be neutralised, but corrected going forward from 2019/20 onwards.

4. Aligned Incentive Contract with YTHFT – Following the deterioration of forecast outturn reporting in Month 6, the CCG has been asked to undertake a 'lessons learnt' review of the Aligned Incentive Contract. Hull CCG have been asked to undertake this review and work is underway.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation					7.8	6.8	0.8	G→
In-year total expenditure does not exceed total allocation (Programme and Running costs)					466.8	485.4	(18.6)	R↓
Better Payment Practice Code (Value)	95.00%	99.19%	4.19%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	96.80%	1.80%	G	95.00%	>95%	0.00%	G
CCG cash drawdown does not exceed maximum cash drawdown					478.6	485.4	(6.8)	R↓

- '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.
- 'Maximum cash drawdown' – the target is calculated by NHS England and includes an arbitrary value for depreciation, £670k, that nominally reduces the MCD. This happens every year at this time and will be corrected later in the year on the basis of returns submitted by the CCG.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
Running costs spend within plan	3.4	3.5	(0.1)	A	6.8	6.8	(0.0)	G
Programme spend within plan	238.8	241.1	(2.4)	R	472.4	478.6	(6.0)	R
Actual position is within plan (in-year)	(5.6)	(8.0)	(2.4)	R	(12.6)	(18.6)	(6.0)	R
Actual position is within plan (cumulative)					(56.4)	(62.4)	(6.0)	R
Risk adjusted deficit					(18.6)	(18.6)	0.0	G
Cash balance at month end is within 1.25% of monthly drawdown (£k)	443	84	359	G				
QIPP delivery	6.0	2.7	(3.3)	R	14.5	8.3	(6.2)	R

QIPP Summary

QIPP Summary	£m
QIPP Target	14.5
Delivered at Month 6	2.7
QIPP Remaining	11.8

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: October 2018

Financial Period: April 2018 to September 2018 (Month 6)

1. Overall reported financial position

The Year to Date (YTD) reported deficit at Month 6 is £8.0m, and the forecast deficit for 2018/19 is now £18.6m. The forecast position represents a £6.0m adverse variance against the CCG's financial plan, and follows an extensive review of the CCG's forecast outturn. NHS England is fully briefed on this position and at a national level given the scale of the deterioration. The forecast includes the anticipated effect of several additional financial recovery actions which have been agreed by Executive Committee and these are detailed in Section 8 – the delivery of these actions will continue to be monitored in this report and via the Financial Recovery Board.

Excluding the receipt of Quarter 1 Commissioner Sustainability Funding (CSF), the CCG are forecasting an in-year deficit of £20.0m against a planned deficit of £14.0m. This continues to represent 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.

	Year to Date	Forecast Outturn	
CCG planned surplus / (deficit)	(£7.0m)	(£14.0m)	As per submitted financial plan
CSF received	£1.4m	£1.4m	Q1 payment received, 10% of total value as per national quarterly profile
Planned surplus / (deficit) net of receipt of CSF	(£5.6m)	(£12.6m)	
Reported surplus / (deficit)	**(£8.0m)**	**(£18.6m)**	
Variance to financial plan	(£2.4m)	(£6.0m)	

2. Year to Date Supporting Narrative

The reported YTD deficit is £8.0m against a plan of £5.6m. Within this position are several variances from plan which are explained in further detail in the table below.

QIPP delivery of £2.7m has been achieved, against a plan of £6.0m. This largely relates to schemes outside of the Aligned Incentive Contract (AIC) with York Teaching Hospital NHS Foundation Trust (YTHFT) which are shown in detail in Section 8.

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust (YTHFT)	(£5.47m)	The AIC contract with YTHFT is reported as if the risk share has been fully invoked within the contract position. The YTD position also includes the impact of the over trade on high cost drugs and devices and an estimated cost relating to the increase in unplanned activity. The actual incremental cost relating to this additional unplanned activity remains the only area of contract dispute and YTHFT have been asked to provide evidence of exceptional costs incurred to deliver it.
Contingency	£2.32m	The 0.5% contingency provided for in plan has been fully released in the YTD position.
Continuing Care	(£1.38m)	The reported year to date position is based on information from the QA system. The CHC plan includes £938k of YTD QIPP, actual savings of £317k have been delivered within the YTD position.
Mental Health Out of Contract Placements	(£0.87m)	The overspend in this area is being reviewed as part of the data cleansing work covering Complex Care to establish to what extent this is due to growth in patient numbers and to increased cost of placements. The contracting team are reviewing the arrangements between TEWV and Humber FT as the increased recharge from the latter is a large part of deterioration.
QIPP adjustment	£0.86m	The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k. This has been fully released in the YTD position.
Ramsay	£0.71m	The plan anticipated an increase in activity in Month 4 on the basis that activity would rise as patients delayed by the threshold became eligible. This rise did not occur and so there is a significant under spend in month.
Other Primary Care	£0.60m	The primary care £3 per head provided in plan was £538k for April to September and spend in this period has been minimal.
Other variances	£0.82m	
Total impact on YTD position	**(£2.41m)**	

3. Forecast Outturn Supporting Narrative

The forecast outturn of £18.6m represents a £6.0m deterioration against plan. The main variances within this forecast are detailed in the following table.

The CCG is not reporting any further risks to the forecast financial position, and all identified mitigations are now reflected in the reported forecast outturn.

Forecast in-year financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust (YTHFT)	(£12.09m)	The AIC contract with YTHFT is forecast with the risk share fully invoked. The forecast also includes the impact of the over trade on high cost drugs and devices, and an estimated cost relating to the increase in unplanned activity. The AIC position is reported in more detail in Section 9.
Contingency	£2.32m	The full value of the 0.5% contingency has now been released in to the forecast outturn position.
Continuing Care	(£2.03m)	The reported forecast position is based on information from the QA system. The forecast includes delivery of £1.88m of QIPP against a QIPP target of £2.50m. Scarborough and Ryedale CCG have now completed the reconciliation position for 2017/18 (excluding North Yorkshire County Council) which has identified costs which need to be picked up in this year. They are working with North Yorkshire County Council to close off the outstanding reconciliations up to 2016/17 and have recently received the information for 2017/18. It is forecast that this will equate to around a £1m pressure for the Vale of York CCG.
Mental Health Out of Contract Placements	(£1.66m)	The forecast overspend in this area is based on YTD expenditure patterns and forecast additional QIPP delivery. As expenditure is reviewed and data cleansing work progresses, this will be refined.
Ramsay	£1.80m	The CCG's financial plan anticipated an increase in activity in Month 4 on the basis that activity would rise as patients delayed by the threshold became eligible. However, this rise has not yet occurred and the CCG is now forecasting activity to remain at a similar level to that seen in the first half of 2018/19.
Reserves	£1.06m	This forecast includes additional system recovery actions of around £600k. This has been forecast through reserves as it is currently not known exactly where the cost reduction will be realised.
QIPP adjustment	£0.86m	The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k.
CHC Clinical Team	£0.75m	The forecast underspend is based on the YTD expenditure levels and reflects the lower level of spend compared to the budget set to fund the former Partnership Commissioning Unit.
Other Primary Care	£0.71m	This includes financial recovery actions' relating to anticipated underspends within primary care.
York Teaching Hospital NHS Foundation Trust – Community Services	(£0.63m)	The AIC included a planned £700k QIPP relating to community services, this variance represents the risk share element of non-delivery of this scheme.

Other acute services	£0.60m	The forecast underspend across various acute contracts is based on extrapolation of year to date SLAM data, using the standard forecasting methodology.
Specialist Rehabilitation for Brain Injury (SRBI)	£0.52m	The forecast underspend in this area is based on YTD expenditure patterns.
Other variances	£1.79m	
Total impact on forecast position	**(£6.00m)**	

4. Allocations

Additional allocations have been received in Month 6, as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 4			£422.79m
Insulin pumps & spinal outpatients – transfer from specialist commissioning	Recurrent	Programme	£0.03m
GP Out of Hours service - Military	Non-recurrent	Programme	£0.01m
Medicines Optimisation in Care Homes Quarter 3 funding	Non-recurrent	Programme	£0.10m
Total allocation at Month 6			**£422.92m**

5. Underlying position

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	£0.04m
Forecast outturn variance from financial plan	(£6.05m)
Adjust for non-recurrent variances in forecast outturn	
CHC legacy risk	£1.00m
Non recurrent financial recovery actions	(£2.94m)
Other non-recurrent variances	£1.56m
Underlying financial position	**(£18.98m)**

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 30th September 2018. One of the CCG's statutory requirements is that the cash drawdown in year must not exceed the Maximum Cash Drawdown as determined by NHS England. This is currently showing as red on the RAG rating however this is due to the NHS England calculation which includes an arbitrary value for depreciation and will be corrected later in the 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 in Month 6.

7. 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	844	0	(844)	2,250	0	(2,250)
	2018/02	Optimising Health Thresholds	500	1,118	618	1,000	2,709	1,709
	2018/03	General Surgery / Gastroenterology	333	0	(333)	1,000	0	(1,000)
	2018/04	Biosimilar high cost drugs gain share	316	0	(316)	632	564	(69)
	2018/05	Microsuction (ENT)	0	0	0	250	0	(250)
	2018/06	Cardiology	133	0	(133)	400	0	(400)
	2018/07	Ophthalmology	113	0	(113)	338	0	(338)
	2018/08	Back Pain PLCV	113	0	(113)	338	0	(338)
	2018/09	Neurology	100	0	(100)	300	0	(300)
	2018/10	PLCVs	94	0	(94)	282	0	(282)
	2018/11	General Medicine	39	0	(39)	156	0	(156)
Out of Hospital	2018/17	Reduce ED Attendances	76	0	(76)	151	0	(151)
	2018/20	Non Elective Admissions Management	584	0	(584)	1,169	0	(1,169)
	2018/21	Delayed Transfers of Care (DToC) Reduction	307	0	(307)	614	0	(614)
	2018/22	Community Beds Productivity Programme	0	0	0	700	0	(700)
	2018/23	Patient Transport project - reprocurement	60	90	30	150	270	120
	2018/24	Community Podiatry	13	37	24	26	37	11
Prescribing	2018/40	Dressings	38	0	(38)	75	0	(75)
	2018/41	Prescribing Schemes	750	699	(51)	1,500	1,628	128
	2018/42	Continence and Stoma Care	18	0	(18)	53	0	(53)
Primary Care	2018/31	GPIT - NYNET	56	56	(0)	113	113	(0)
	2018/32	Other Primary Care Indicative Budgets	42	0	(42)	125	0	(125)
Complex Care	2018/50	Complex Care - CHC and FNC benchmarking	938	317	(620)	2,500	1,880	(620)
	2018/51	Recommission MH out of contract expenditure	188	59	(129)	500	309	(191)
Running Costs	2018/60	Commissioning support (eMBED) contract savings	117	117	0	233	233	0
	2018/61	Vacancy Control	264	205	(59)	527	527	0
		Optimising elective capacity	0	0	0	0	0	0
		Adjustment for identified schemes above in-year QIPP requirement	(430)	0	430	(859)	0	859
			5,604	**2,698**	**(2,906)**	**14,524**	**8,269**	**(6,255)**

8. Financial Recovery Actions

The CCG's Executive Committee agreed financial recovery actions with a total value of £3.83m on 27 September 2018, which are detailed below. These recovery actions are now included within the CCG's forecast outturn, alongside additional unidentified recovery actions of c£600k. Progress in delivering these financial recovery actions will be reported monthly and shown in the table below.

	Value agreed by Executive Committee (£m)	Value included in FOT (£m)	Comments
Additional unplanned activity at YTHFT	1.00	1.00	The forecast outturn for the AIC with YTHFT includes an estimate of cost for additional unplanned activity, but this is currently based on 20% of tariff value. The CCG is disputing this as a basis and is challenging the need for additional Winter Planning costs over and above this.
Contract negotiations	1.37	1.37	The CCG has approached a number of providers to discuss non-recurrent in-year system support around contract values.
Primary care underspends	1.10	1.10	Various actions to maintain the currently anticipated underspends within primary care over the remainder of the year.
City of York Council Better Care Fund uncommitted funds	0.05	0.05	The CYC BCF fund currently has £50k of CCG contribution uncommitted.
Vascular activity	0.30	0.30	The CCG has commenced a review of YTHFT coding of vascular activity that may relate to specialist commissioning especially as it relates predominantly to amputations
Total identified recovery actions	3.83	3.83	
Additional unidentified financial recovery actions	0.00	0.62	
Total recovery actions	**3.83**	**4.44**	

9. 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.

	YTD £m	FOT £m	Comments
Contract value	110.37	219.32	This represents the value of the agreed contract.
Application of risk share above contract value	1.41	3.70	The reported position assumes that the risk share related to non-delivery of QIPP schemes has been invoked in full.
Excluded drugs and devices	0.42	0.84	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. YTD spend is higher than the contract value for this element, and it is assumed that this will continue for the remainder of the financial year.

Increased cost of additional unplanned activity	1.02	2.04	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. YTHFT have currently proposed that this impact is quantified based on 20% of the tariff value of additional activity. The CCG is disputing this as a basis and is challenging the need for additional Winter Planning costs over and above this.
Funding of winter schemes	0.00	1.00	The CCG has not committed 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	0.00	(1.00)	See section 8 above.
Total reported contract position	**113.22**	**225.90**	
Value of contract under PBR / block	116.48	234.09	These figures represent the value of the activity at YTHFT under the previous contracting arrangement. Acute activity is valued based on Payment by Results (PbR) tariff. Community and MSK services are included at their block contract values. Note that these figures do not take account of any challenges that the CCG might raise under a PbR contract, however, based on previous years it is unlikely that the CCG would successfully challenge more than £2m of activity.
Difference between AIC and PBR / block contact	(3.25)	(8.19)	

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services																		
Acute Services																		
York Teaching Hospital NHS FT	96,777	102,246	(5,468)	80,882	84,051	(3,169)	15,895	18,195	(2,300)	191,609	203,698	(12,089)	191,609	197,682	(6,073)	0	6,016	(6,016)
Yorkshire Ambulance Service NHS Trust	6,555	6,555	0	5,463	5,463	0	1,093	1,093	0	13,110	13,110	0	13,110	13,110	0	0	(0)	0
Leeds Teaching Hospitals NHS Trust	4,257	3,948	309	3,569	3,359	210	687	588	99	8,604	7,984	620	8,604	8,115	489	0	(130)	130
Hull and East Yorkshire Hospitals NHS Trust	1,608	1,512	96	1,351	1,239	112	257	273	(16)	3,173	2,986	187	3,173	2,912	261	0	74	(74)
Harrogate and District NHS FT	1,127	1,162	(35)	945	953	(8)	182	209	(27)	2,283	2,340	(57)	2,283	2,284	(1)	0	56	(56)
Mid Yorkshire Hospitals NHS Trust	1,186	1,078	109	990	881	109	197	197	0	2,365	2,151	214	2,365	2,110	256	0	41	(41)
South Tees NHS FT	679	706	(27)	566	629	(63)	113	78	35	1,358	1,447	(89)	1,358	1,500	(142)	0	(53)	53
North Lincolnshire & Goole Hospitals NHS Trust	228	209	19	190	189	1	38	20	18	456	362	95	456	386	70	0	(25)	25
Sheffield Teaching Hospitals NHS FT	101	205	(104)	84	188	(104)	17	17	0	202	306	(104)	202	306	(104)	0	0	0
Non-Contracted Activity	2,156	2,169	(12)	1,797	1,839	(42)	359	329	30	4,313	4,325	(12)	4,313	4,355	(42)	0	(30)	30
Other Acute Commissioning	529	550	(22)	428	430	(1)	100	121	(20)	1,057	1,113	(56)	1,028	1,032	(3)	29	81	(52)
Ramsay	2,744	2,035	708	2,240	1,884	357	503	152	351	5,939	4,140	1,799	5,939	4,982	957	0	(843)	843
Nuffield Health	1,573	1,611	(38)	1,323	1,354	(30)	250	258	(8)	3,159	3,180	(21)	3,159	3,155	4	0	25	(25)
Other Private Providers	622	709	(87)	519	607	(89)	104	102	2	1,245	1,417	(172)	1,245	1,457	(213)	0	(41)	41
Sub Total	**120,143**	**124,696**	**(4,553)**	**100,348**	**103,066**	**(2,718)**	**19,796**	**21,630**	**(1,835)**	**238,875**	**248,560**	**(9,685)**	**238,846**	**243,386**	**(4,540)**	**29**	**5,173**	**(5,144)**
Mental Health Services																		
Tees, Esk and Wear Valleys NHS FT	20,540	20,556	(15)	17,117	17,019	98	3,423	3,537	(113)	41,049	40,303	745	41,049	41,061	(12)	0	(757)	757
Out of Contract Placements	2,799	3,673	(874)	2,343	3,056	(713)	456	618	(162)	5,473	7,132	(1,659)	5,473	6,688	(1,215)	0	444	(444)
SRBI	845	576	269							1,689	1,166	523						
Non-Contracted Activity - MH	206	335	(129)	172	182	(10)	34	153	(119)	412	684	(272)	412	422	(10)	0	262	(262)
Other Mental Health	694	590	104	578	602	(24)	116	(12)	128	1,388	1,254	135	1,388	1,510	(122)	0	(256)	256
Sub Total	**25,084**	**25,729**	**(645)**	**20,210**	**20,858**	**(648)**	**4,029**	**4,296**	**(266)**	**50,011**	**50,539**	**(528)**	**48,322**	**49,680**	**(1,358)**	**0**	**(308)**	**308**
Community Services																		
York Teaching Hospital NHS FT - Community	9,366	9,366	(0)	7,805	7,805	0	1,561	1,561	(0)	18,031	18,661	(630)	18,031	18,381	(350)	0	280	(280)
York Teaching Hospital NHS FT - MSK	1,168	1,148	20	972	956	15	196	192	5	2,356	2,316	39	2,356	2,316	39	0	0	0
Harrogate and District NHS FT - Community	1,286	1,383	(97)	1,071	1,137	(66)	214	246	(32)	2,571	2,800	(229)	2,571	2,721	(150)	0	79	(79)
Humber NHS FT - Community	963	958	5	787	783	4	176	175	1	2,019	2,009	10	2,019	2,009	10	0	0	0
Hospices	636	636	(0)	530	530	(0)	106	106	0	1,271	1,271	1	1,271	1,272	(0)	0	(1)	1
Longer Term Conditions	211	152	59	176	189	(14)	35	(38)	73	422	311	110	422	439	(17)	0	(128)	128
Other Community	1,416	1,257	159	1,180	963	218	236	295	(58)	2,833	2,450	383	2,833	2,582	251	0	(132)	132
Sub total	**15,046**	**14,899**	**146**	**12,521**	**12,363**	**158**	**2,525**	**2,537**	**(12)**	**29,503**	**29,818**	**(315)**	**29,503**	**29,720**	**(217)**	**0**	**98**	**(98)**

	YTD Position			YTD previous month			YTD Movement			Forecast Outturn			YTD previous month			YTD Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Other Services																		
Continuing Care	13,146	14,522	(1,376)	11,007	11,663	(656)	2,139	2,859	(720)	25,667	27,698	(2,032)	25,667	26,189	(523)	0	1,509	(1,509)
CHC Clinical Team	936	543	393							1,873	1,124	749						
Funded Nursing Care	2,167	2,054	113	1,806	1,747	59	361	308	53	4,334	4,105	230	4,334	4,186	148	0	(81)	81
Patient Transport - Yorkshire	1,006	1,026	(20)	838	864	(27)	168	162	6	2,015	2,026	(10)	2,015	2,030	(15)	0	(5)	5
Voluntary Sector / Section 256	252	252	(0)	210	210	(0)	42	42	(0)	503	505	(2)	503	506	(2)	0	(0)	0
Non-NHS Treatment	291	302	(11)	243	262	(19)	49	40	8	582	603	(21)	582	616	(33)	0	(12)	12
NHS 111	447	447	0	373	373	0	75	75	0	894	894	0	894	894	0	0	0	0
Better Care Fund	5,652	5,552	99	4,705	4,655	50	947	897	49	11,245	10,881	364	11,293	11,163	130	(48)	(282)	234
Other Services	857	861	(4)	726	773	(47)	131	88	43	1,641	1,303	338	1,641	1,754	(113)	0	(451)	451
Sub total	**24,754**	**25,560**	**(806)**	**19,907**	**20,547**	**(639)**	**3,910**	**4,470**	**(560)**	**48,754**	**49,140**	**(386)**	**46,930**	**47,338**	**(408)**	**(48)**	**678**	**(726)**
Primary Care																		
Primary Care Prescribing	23,898	24,206	(308)	20,086	20,203	(116)	3,812	4,003	(191)	47,272	47,639	(367)	47,272	47,669	(397)	0	(30)	30
Other Prescribing	811	1,169	(359)	692	910	(218)	119	260	(141)	1,925	2,134	(210)	1,863	2,360	(498)	62	(226)	288
Local Enhanced Services	1,006	1,000	7	839	843	(4)	168	157	11	2,013	1,970	43	2,013	1,848	165	0	122	(122)
Oxygen	159	185	(27)	132	154	(21)	26	32	(5)	318	375	(57)	318	373	(55)	0	2	(2)
Primary Care IT	447	476	(29)	373	356	17	75	121	(46)	895	926	(31)	895	893	1	0	33	(33)
Out of Hours	1,596	1,611	(15)	1,327	1,356	(30)	270	255	15	3,193	3,251	(58)	3,184	3,242	(58)	9	9	0
Other Primary Care	768	164	604	550	84	466	218	80	138	2,757	2,046	711	2,757	2,908	(151)	0	(861)	861
Sub Total	**28,686**	**28,812**	**(126)**	**23,998**	**23,904**	**94**	**4,688**	**4,908**	**(220)**	**58,372**	**58,341**	**31**	**58,301**	**59,293**	**(991)**	**71**	**(951)**	**1,022**
Primary Care Commissioning	**21,666**	**21,590**	**76**	**18,013**	**18,007**	**6**	**3,653**	**3,583**	**70**	**43,388**	**42,951**	**437**	**43,388**	**43,075**	**313**	**0**	**(124)**	**124**
Trading Position	**235,379**	**241,287**	**(5,908)**	**194,997**	**198,745**	**(3,748)**	**38,601**	**41,423**	**(2,822)**	**468,904**	**479,348**	**(10,445)**	**465,289**	**472,491**	**(7,202)**	**52**	**4,567**	**(4,514)**
Prior Year Balances	0	(154)	154	0	93	(93)	0	(247)	247	0	(154)	154	0	93	(93)	0	(247)	247
Reserves	220	0	220	219	0	219	2	0	2	428	(637)	1,065	345	(2,529)	2,875	83	1,893	(1,810)
Contingency	2,318	0	2,318	2,318	0	2,318	0	0	0	2,318	0	2,318	2,318	0	2,318	0	0	0
Unallocated QIPP	859	0	859	859	0	859	0	0	0	859	0	859	859	0	859	0	0	0
Reserves	**3,398**	**(154)**	**3,552**	**3,396**	**93**	**3,303**	**2**	**(247)**	**249**	**3,605**	**(791)**	**4,396**	**3,523**	**(2,436)**	**5,959**	**83**	**1,646**	**(1,563)**
Programme Financial Position	**238,777**	**241,133**	**(2,356)**	**198,393**	**198,838**	**(445)**	**38,602**	**41,176**	**(2,574)**	**472,509**	**478,558**	**(6,049)**	**468,812**	**470,055**	**(1,243)**	**135**	**6,213**	**(6,078)**
In Year Surplus / (Deficit)	(5,600)	0	(5,600)	(4,433)	0	(4,433)	(1,167)	0	(1,167)	(12,600)	0	(12,600)	(12,600)	0	(12,600)	0	0	0
In Year Programme Financial Position	**233,177**	**241,133**	**(7,956)**	**193,960**	**198,838**	**(4,878)**	**37,436**	**41,176**	**(3,740)**	**459,909**	**478,558**	**(18,649)**	**456,212**	**470,055**	**(13,843)**	**135**	**6,213**	**(6,078)**
Running Costs	**3,421**	**3,479**	**(58)**	**2,851**	**2,932**	**(81)**	**570**	**547**	**24**	**6,843**	**6,843**	**(0)**	**6,843**	**6,843**	**(0)**	**0**	**(0)**	**0**
Total In Year Financial Position	**236,598**	**244,611**	**(8,014)**	**196,811**	**201,770**	**(4,959)**	**38,006**	**41,723**	**(3,717)**	**466,752**	**485,401**	**(18,649)**	**463,055**	**476,898**	**(13,843)**	**135**	**6,213**	**(6,078)**
Brought Forward (Deficit)	(21,915)	0	(21,915)	(18,263)	0	(18,263)	(3,653)	0	(3,653)	(43,831)	0	(43,831)	(43,831)	0	(43,831)	0	0	0
Cumulative Financial Position	**214,682**	**244,611**	**(29,929)**	**178,548**	**201,770**	**(23,222)**	**34,353**	**41,723**	**(7,369)**	**422,921**	**485,401**	**(62,480)**	**419,224**	**476,898**	**(57,674)**	**135**	**6,213**	**(6,078)**

Appendix 2 – Running costs dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
Directorate	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**
Chief Executive / Board Office	294	555	(261)	245	468	(223)	49	87	(38)	587	940	(353)	587	779	(192)	0	161	(161)
Primary Care	305	238	67	254	205	48	51	32	18	610	486	124	610	527	82	0	(42)	42
System Resource & Planning	566	567	(0)	472	483	(11)	94	83	11	1,133	1,105	28	1,133	1,122	11	0	(17)	17
Planning and Governance	529	484	45	441	417	24	88	67	21	1,059	1,045	14	1,059	1,073	(14)	0	(28)	28
Joint Commissioning	107	112	(5)	89	100	(12)	18	12	6	213	187	27	213	208	5	0	(21)	21
Medical Directorate	60	31	29	50	24	26	10	7	3	121	91	30	121	89	32	0	2	(2)
Finance	663	680	(17)	553	540	13	111	140	(30)	1,327	1,309	18	1,327	1,301	26	0	8	(8)
Quality & Nursing	365	289	76	304	245	59	61	44	17	730	629	101	730	652	78	0	(23)	23
Planned Care	530	508	22	442	436	5	88	72	16	1,060	1,023	37	1,060	1,062	(2)	0	(39)	39
Risk	2	15	(13)	1	12	(11)	0	2	(2)	3	29	(25)	3	29	(26)	0	(1)	1
Overall Position	**3,421**	**3,479**	**(58)**	**2,261**	**2,341**	**(80)**	**1,160**	**1,138**	**22**	**6,843**	**6,843**	**(0)**	**6,784**	**6,784**	**(0)**	**0**	**(0)**	**0**

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Item Number: 8

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 1 November 2018

NHS
Vale of York
Clinical Commissioning Group

Quarter 2 Financial Control, Planning and Governance Assessment

Purpose of Report
For Information

Reason for Report

On the 30 May 2018 NHS England wrote to all CCGs to request an update to the previously reported Financial Control Environment Assessment template that CCGs were first asked to populate in 2015.

The purpose of the new Financial Control, Planning and Governance assessment template is to provide 'early warning signs' of CCGs in financial distress and to provide assurance that there are adequately-designed and effective financial controls and governance processes in place to manage risk. There is a reference to the fact that for comparison purposes we have shared the Quarter 2 Yorkshire and Humber CCGs assessments in Annexe 2.

The self-assessment is designed to consider the overall control environment and covers financial control, planning and governance. The questionnaire has been completed based on the Month 6 financial position and revised forecast and has been signed off by the CCG Accountable Officer as required by NHS England. However, the assessment also needs to feature as part of the next available Governing Board meeting and so it is presented here in full as an Appendix with key exception areas as follows:

Domain	Q1	Q2	Q3	Q4	Annual
Detailed Financial Planning	100%	0%	0%	0%	82%
In year Financial Performance	100%	70%	0%	0%	100%
Contracts	67%	67%	0%	0%	N/A
System-wide Performance	100%	100%	0%	0%	N/A
Financial Control	71%	71%	0%	0%	100%
Risk Management	100%	80%	0%	0%	N/A
Audit	100%	100%	0%	0%	83%
Finance & Investment Committee	100%	100%	0%	0%	80%
Governing Body (GB)	100%	100%	0%	0%	100%
Capability and Capacity	75%	100%	0%	0%	100%
PMO Function (QIPP)	67%	83%	0%	0%	100%
CSU Support	100%	100%	0%	0%	N/A

The key areas of change from the Q2 return relate to the deterioration in the in-year financial position and relates to the following key questions and responses:

Domain	Question	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified
Detailed Financial Planning	8	CCG can confirm they have a high confidence that the plan is achievable and the CCG has the capacity and capability to deliver it?	Quarterly	No	As at Month 6 reporting the CCG is now forecasting a signficant deterioration in the planned financial deficit from £12.6m to £18.6m after receiving Q1 CSF. Although this will represent another year of stabilisation of the financial postion comapred to 17/18, it is £6m worse than planned. This is largely a result of the move to an Aligned Incentive Contract and a cost based approach to QIPP that has signficantly reduced the level of saving, the failure to deliver the requried repatriation of work from outside of core NHS capacity and the application of the terms of the contract with regards to the payment for unplanned care elements of activity. There have also been trading issues within Mental Health Out of Contract and a legacy issue with regards to CHC.	The CCG has already taken the following actions: - Development of additional Financial Recovery Plan actions to mitigate some of the in-year deterioration. - Commissioned an independent peer review of the terms of the Aligned Incentive Contract to ensure lessons learned for future agreements. - Development of mutli-year financial plan with main acute provider that creates certainty in the system and delivers joitn assessment of financial recovery timescales. - Review of all third party services in terms of assurances provided and given for hosting / risk share arrangements
In year Financial Performance	13	Is the CCG reporting FOT equal to or better than plan?	Quarterly	No	See response to Question 8	See response to Question 8
In year Financial Performance	14	Is the CCG's underlying position equal to or better than plan, i.e. no emerging deficit or deterioration in-year?	Quarterly	No	See response to Question 8	See response to Question 8
In year Financial Performance	19	Is year to date QIPP delivery in line with planned profile?	Quarterly	No	See response to Question 8	See response to Question 8
Risk Management	45	Where applicable, the CCG can confirm that risk sharing arrangements with other CCGs and trusts or other partners are fully documented and collectively agreed and the associated financial risks are evaluated monthly to inform CCG Forecasts.	Quarterly	Partial	As part of TCP guidance nationally, all CCGs are required to have risk share arrangements in place. The risk share arrangement across NY&Y have been agreed in principle, however, documentation is still to be finalised and signed off.	Harrogate CCG is the lead CCG for the TCP, it is expected the documentation will be progressed during Q3.

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** F17.1- ORG Failure to deliver 1% surplus F17.2 – ORG Failure to deliver planned financial position F17.3 – ORG Failure to maintain expenditure within allocation
Emerging Risks (not yet on Covalent)	
Recommendations The Governing Body is asked to receive and note the CCG's self-assessed CCG Financial Control Planning and Governance Self-Assessment_18-19_v4 in full, with specific awareness of the exceptional items noted above.	

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

CCG Financial Control, Planning and Governance Self-Assessment

Domain	#	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified
Detailed Financial Planning and Budget Setting	8	CCG can confirm they have a high confidence that the plan is achievable and the CCG has the capacity and capability to deliver it?	Quarterly	No	As at Month 6 reporting the CCG is now forecasting a signficant deterioration in the planned financial deficit from £12.6m to £18.6m after receiving Q1 CSF. Although this will represent another year of stabilisation of the financial postion comapred to 17/18, it is £6m worse than planned. This is largely a result of the move to an Aligned Incentive Contract and a cost based approach to QIPP that has signficantly reduced the level of saving, the failure to deliver the requried repatriation of work from outside of core NHS capacity and the application of the terms of the contract with regards to the payment for unplanned care elements of activity. There have also been trading issues within Mental Health Out of Contract and a legacy issue with regards to CHC.	The CCG has already taken the following actions: - Development of additional Financial Recovery Plan actions to mitigate some of the in-year deterioration. - Commissioned an independent peer review of the terms of the Aligned Incentive Contract to ensure lessons learned for future agreements. - Development of mutli-year financial plan with main acute provider that creates certainty in the system and delivers joitn assessment of financial recovery timescales. - Review of all third party services in terms of assurances provided and given for hosting / risk share arrangements
In year Financial Performance	13	Is the CCG reporting FOT equal to or better than plan?	Quarterly	No	See response to Question 8	See response to Question 8
	14	Is the CCG's underlying position equal to or better than plan, i.e. no emerging deficit or deterioration in-year?	Quarterly	No	See response to Question 8	See response to Question 8
	15	CCG to confirm that all identified risks have been fully quantified within the reported position? If no, please specify	Quarterly	Yes		
	16	Is the CCG reporting **nil** net risks? i.e. gross risks identified and quantified with fully identified mitigating actions that are clear and developed and fully off-set identified risks, .	Quarterly	Yes		
	17	The CCG to positively confirm that it is not relying on any unconfirmed outstanding allocations as in-year mitigation to deliver forecast? If unable to confirm, please specify type of allocation, amount and anticipated funding source?	Quarterly	Yes		
	18	Is the CCG unidentified QIPP less than 15%? if no, state value and actions being taken	Quarterly	Yes		
	19	Is year to date QIPP delivery in line with planned profile?	Quarterly	No	See response to Question 8	See response to Question 8
	21	Can the CCG confirm that there is consistency in financial reporting and that this is signed off by the CFO? (including but not limited to; internally and externally reported, across ledger system and related financial reporting such as agreement of balances and finance reports).	Quarterly	Yes		
	22	If the CCG is subject to a Financial Recovery Plan (FRP), the CCG can confirm that this is 'owned' by the whole CCG and not just finance? (potential evidence - as a minimum is an update provided to the Governing Body on a monthly basis, named leads)	Quarterly	Yes		
	23	Does the expenditure run rate triangulate with the cash run rate allowing for reasonable reconciling items? If no, state material causes	Quarterly	Yes		
Contracts	24	The CCG can confirm, all contracts signed for 2018-19 including; any MOUs, secondment agreements, BCF, pool agreements etc and any contract variations required for 2018-19	Quarterly	Partial	The East Riding BCF and the associated S75 agreement has not been updated and signed for 2018-19. The contract with Medequip for community equipment is not signed.	The CCG is working with East Riding Council to finalise and sign the S75 agreement. The Medequip contract will be signed by the end of November as it requires a numebr of associates to agree the recent amendments.
	25	The CCG can confirm they have no identified / outstanding contractual disputes (formal or informal)?	Quarterly	Yes	The CCG has not agreed the application of the unplanned care element of the AIC contract from YTHFT.	The unplanned care element has been built into the CCG's overall financial position, although system partners are discussing the approach to winter funding and the challenge around the assessment of clearly and transparently assessed additional costs to deliver additional unplanned demand as part of the AIC Management Group and System Transformation Board.
	26	The CCG can confirm that there are currently no Novel or contentious contract procurements planned (1-3 year pipeline)?	Quarterly	Yes		
System-wide Perform	27	The CCG can confirm that it has a positive working relationship with its key stakeholders? including main NHS providers, GPs and local authority/ies? If no, please specify	Quarterly	Yes		
	28	The CCG has strong engagement with it's main provider Trusts, including where the CCG is not the lead commissioner?	Quarterly	Yes		
	29	The CCG can confirm that it is operating within a system where the main providers have accepted their in-year control totals and are forecasting to deliver control total compliant plans? i.e. no providers are reported as 'off plan' or in special measures/financial recovery? If no, please specify?	Quarterly	Yes		
	30	The CCG is reasonably confident in the delivery of the reported financial position of its providers or partners including main NHS providers, independent sector, other partner organisations etc.? If no, please specify.	Quarterly	Yes		
Financial Control & Process	36	CCG undertakes and can provide evidence of a process of internal financial management? this should include (but may not be limited to) detailed monthly financial reporting to budget managers / owners and review, evidence of challenge with the 'owner', and a process to seek Recover Action actual performance is adverse to plan.	Quarterly	Yes		The CCG is reviewing the on-going financial management arrangements to ensure appropriate challenge and recovery actions can be put in place of all budgets, potentially through an enhanced Financial Recovery Board.
	37	The CCG can evidence that the balance sheet is reviewed every month with full reconciliations and sign off of all control accounts?	Quarterly	Yes		
	38	The CCG to confirm that robust processes are in place to support the completion of Agreement of balance returns and that they are completed on time and differences with NHS bodies are actively resolved?	Quarterly	Yes		
	39	Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body?	Quarterly	Yes		
	40	The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for?	Quarterly	No	The CCG has two key outstanding creditors, which have not been provided for as they are in formal dispute. These largely relate to Harrogate Foundation Trust and NHS Property Services.	Harrogate CCG are taking forward the historic invoices with Harrogate Foundation Trust. As part of the 2017/18 year-end process the CCG agreed a full and final settlement figure with NHS Property Services for 2015/16 and 2016/17 debts. This exercise continues with senior engagement for the 2017/18 onwards bills.
	41	All cash forecast and drawdown requirements are agreed and signed off with appropriate governance e.g. CCG CFO	Quarterly	Yes		
	42	The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid reoccurrence?	Quarterly	No	The CCG has made two supplementary cash draw downs in the last 12 months. The first at the 2017/18 year-end in line with additional allocation received and recently for Month 3 of 2018/19 as a result of increased CHC invoicing.	The first draw down was a business as usual adjustment. The second is a result of the recent in-housing of this service and it is anticipated this will improve throughout the year as the CCG gets to more accurately understand manage the associated expenditure flows.
Risk Management	44	CCG can confirm there are effective risk management processes in place? Including; the identification, quantification and mitigation of risk	Quarterly	Yes		
	45	Where applicable, the CCG can confirm that risk sharing arrangements with other CCGs and trusts or other partners are fully documented and collectively agreed and the associated financial risks are evaluated monthly to inform CCG Forecasts.	Quarterly	Partial	As part of TCP guidance nationally, all CCGs are required to have risk share arrangements in place. The risk share arrangement across NY&Y have been agreed in principle, however, documentation is still to be finalised and signed off.	Harrogate CCG is the lead CCG for the TCP, it is expected the documentation will be progressed during Q3.
	46	Where applicable, the CCG can confirm that financial controls are in place to ensure the CCG is not placed at undue financial risk as a result of CCG hosting/lead arrangements? e.g. where the CCG receives income for the provision of services commissioned by other organisations	Quarterly	Yes		

Domain	#	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified
	47	The CCG undertakes a Pro-active horizon scanning process with risks assessed in terms of likelihood and financial impact?	Quarterly	Yes		
	48	The CCG Governing Body financially assesses all risks on risk register on a periodic and timely basis, a process which is supported by a robust risk tracking and reporting system regularly reporting to the appropriate committee.	Quarterly	Yes		
Audit	54	Audit committee ensures responsibilities for implementing recommendations are appropriately assigned with timescales agreed and major items delivered on time.	Quarterly	Yes		
Audit	55	Audit Committee obtains direct evidence in key areas of concern where appropriate to reduce reliance on representations from senior management	Quarterly	Yes		
Audit	56	CCG can confirm it has no outstanding internal audit category 1 findings and recommendations and all lower level recommendations implemented on time and in full?	Quarterly	Yes		
Finance & Investment Committee	60	CCG can evidence through reporting that there is a clear audit trail of reporting activity performance and the financial implications?	Quarterly	Yes		
Finance & Investment Committee	63	The CCG can evidence that; the Finance & Investment Committee has met regularly as stipulated in terms of reference with agendas and minutes recording decisions, and robust monitoring and follow up of actions?	Quarterly	Yes		
Finance & Investment Committee	65	The Committee report clearly articulates: in year and forecast position, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, key financial and related operational performance, procurement plan, committee work plan etc	Quarterly	Yes		
Governing Body (GB)	66	The GB Finance report clearly articulates key financial performance information including; in year and forecast position, the budget is reconciled to the allocation, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, and key financial and related operational performance is evident?	Quarterly	Yes		
Governing Body (GB)	67	The CCG GB fulfil a role of constructive, focussed and relevant challenges with timely and robust monitoring and follow up of actions? This will include (but is not limited to) the reporting of the financial position of the CCG is a standing agenda item, there is sufficient time given to discuss finance, there is effective challenge, the whole of the GB takes collective responsibility for the finances and receive appropriate training	Quarterly	Yes		
Capability and Capacity	69	CCG to confirm finance roles are all filled by substantive appointments? If no, state % wte vacancy and proportion covered by interim staffing arangements	Quarterly	Yes		
Capability and Capacity	70	Are the Executive Team all substantive appointments with no vacancies? If no, state which roles are currently vacant	Quarterly	Yes	The Director and Transformation and Delivery is permanently employed by NHS Bassetlaw CCG on a two year secondment arrangement and the Director of Primary Care and Population Health is permanently employed by Public Health England, on a one year secondment arrangement.	
Capability and Capacity	72	The CCG staff turnover % based on the previous 12 months is 5% or less? If no, state the turn over % and whether the CCG considers this acceptable stating the rationale	Quarterly	Yes		
Capability and Capacity	73	CCG can confirm where relevant, shared management team recognises the organisational boundaries and allows sufficient time to focus on the separate issues of each constituent CCG?	Quarterly	Yes		
PMO Function (QIPP)	74	CCG can confirm there is a robust PMO function in place for QIPP delivery?	Quarterly	Yes		
PMO Function (QIPP)	75	CCG can confirm there is sufficient resource in place to ensure the delivery of the QIPP schemes?	Quarterly	Yes		
PMO Function (QIPP)	78	Can the CCG evidence clear clinical leadership and engagement in the development and delivery of QIPP plans?	Quarterly	Yes		
PMO Function (QIPP)	79	Can the CCG confirm and evidence that they have extensively reviewed the "Financial Resilience Support Site" and "Difficult Decision" paper taking necessary steps to fully implement identified opportunities?	Quarterly	Yes		
PMO Function (QIPP)	80	Can the CCG confirm that all QIPP schemes have associated, risk assessed business cases with key milestones identified for delivery?	Quarterly	Partial	Where relevant, schemes have business cases in place, however all schemes have a 'plan on a page' document with a project plan and key milestones.	
PMO Function (QIPP)	81	CCG can confirm that QIPP performance is monitored at least monthly at individual initiative level with QIPP performance figures reconciling to reported I&E performance?	Quarterly	Yes		
CSU Support	82	CCG can confirm it has robust contracting arrangements in place with commissioning support service provider? This includes; a signed contract detailing all services to be delivered and related standards of performance, regular meeting to review performance against the contract, CCG acts as an intelligent customer with clear specifications, division of duties and responsibilities with effective escalation and dispute procedures.	Quarterly	Yes		
CSU Support	83	The CCG is confident that the CSU provider is resillient and provides value add? i.e. Service provider delivers economies of scale and regularly demonstrates value for money. Service provider able to draw on support from a wider pool of commissioning support staff across a wider geography and not over-reliant on one or two key staff. Niche expertise available as required to address specific issues, rigorous approach, share and continuously implement best practice.	Quarterly	Yes		
CSU Support	84	CCG can confirm it has an excellent working partnership with the service provider? i.e. roles and working arrangements clearly defined, shared purpose, mutual trust, customer service is routinely monitored, open communications with constructive challenge and joint organisational development	Quarterly	Yes		
CSU Support	85	Commissioning support provider has the required Business Intelligence capability and capacity? i.e. capacity and expertise to handle and process large volumes of data and provide accurate, clean, relevant and timely information and intelligence. All data is stored and handled in accordance with required governance with full audit and tracking. Appropriate data and information held to support commissioning decisions	Quarterly	Yes		

CCG Self Assessment - Summary by Domain
October 2018

		Detailed Financial Planning		In year Financial Performance		Contracts		System-wide Performance		Financial Control		Risk Management		Audit		Finance & Investment Committee		Governing Body (GB)		Capability and Capacity		PMO Function (QIPP)		CSU Support	
		Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
03D	NHS Hambleton, Richmondshire and Whitby CCG	0%	100%	60%	78%	33%	33%	75%	100%	86%	86%	100%	80%	100%	100%	100%	100%	100%	100%	50%	50%	83%	83%	50%	50%
Humber, Coast and Vale																									
03Q	NHS Vale of York CCG	100%	0%	100%	70%	67%	67%	100%	100%	71%	71%	100%	80%	100%	100%	100%	100%	100%	100%	75%	100%	67%	83%	100%	100%
03M	NHS Scarborough and Ryedale CCG	0%	0%	90%	60%	67%	67%	50%	50%	43%	43%	80%	60%	100%	100%	100%	100%	100%	100%	100%	67%	83%	83%	75%	75%
02Y	NHS East Riding of Yorkshire CCG	100%	100%	90%	90%	100%	100%	100%	100%	71%	57%	100%	100%	100%	100%	100%	100%	100%	100%	67%	67%	100%	100%	25%	25%
03F	NHS Hull CCG	100%	100%	78%	100%	100%	100%	100%	100%	71%	71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	25%	25%
03K	NHS North Lincolnshire CCG	100%	100%	100%	100%	67%	67%	50%	50%	86%	86%	80%	100%	67%	100%	100%	100%	100%	100%	25%	25%	100%	100%	25%	25%
03H	NHS North East Lincolnshire CCG	100%	100%	78%	89%	100%	100%	50%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	67%	33%	33%
West Yorkshire																									
03E	NHS Harrogate and Rural District CCG	100%	100%	90%	70%	100%	100%	100%	100%	86%	100%	100%	80%	100%	100%	67%	100%	50%	100%	75%	75%	50%	83%	50%	50%
02N	NHS Airedale, Wharfedale and Craven CCG	100%	100%	100%	67%	100%	100%	100%	100%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	100%	50%	50%
02R	NHS Bradford Districts CCG	100%	100%	100%	89%	100%	100%	75%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	100%	50%	50%
02W	NHS Bradford City CCG	100%	100%	100%	100%	100%	100%	75%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	100%	50%	50%
15F	NHS Leeds CCG	100%	100%	100%	100%	100%	100%	75%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	67%	67%	50%	50%
02T	NHS Calderdale CCG	100%	100%	89%	89%	100%	100%	75%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	100%	50%	50%
03A	NHS Greater Huddersfield CCG	100%	100%	100%	80%	100%	100%	50%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	100%	N/A	N/A
03J	NHS North Kirklees CCG	100%	100%	100%	80%	100%	100%	75%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	100%	N/A	N/A
03R	NHS Wakefield CCG	0%	0%	90%	90%	67%	100%	100%	75%	86%	86%	100%	100%	100%	100%	100%	100%	100%	100%	25%	25%	100%	100%	N/A	N/A
South Yorkshire and Bassetlaw																									
02P	NHS Barnsley CCG	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%
03N	NHS Sheffield CCG	100%	100%	100%	78%	100%	100%	100%	100%	100%	86%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	83%	83%	100%	100%
03L	NHS Rotherham CCG	100%	100%	100%	100%	67%	100%	50%	75%	100%	100%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	N/A	N/A
02X	NHS Doncaster CCG	100%	100%	100%	100%	100%	100%	75%	75%	86%	86%	100%	100%	67%	67%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A
02Q	NHS Bassetlaw CCG	100%	100%	100%	100%	67%	100%	75%	50%	86%	100%	50%	100%	67%	100%	0%	100%	50%	100%	67%	67%	100%	100%	N/A	N/A

Item Number: 9

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Meeting Date: 1 November 2018

NHS
Vale of York
Clinical Commissioning Group

Integrated Performance Report Month 5 2018/19

Purpose of Report
For Information

Reason for Report

This document provides a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2018/19 programmes.

The report captures validated data for Month 5 for performance and should be read alongside the Month 6 Finance Report (which incorporates planned QIPP targets).

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

Risks are currently being refreshed by the CCG programme leads and Executive Leads for 2018/19.

Emerging Risks (not yet on Covalent)

n/a

Recommendations

n/a

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

Integrated Performance Report

Validated data to August 2018

Month 05 2018/19

NHS
Vale of York
Clinical Commissioning Group

CONTENTS

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION & IAF **A&E 4 hr** **Target: 95%**	York Trust's performance against the 4 hour target improved in August 2018 to 92.5%, from 88% in July. Monthly trajectory for August was 89.0% therefore continues to have been met every month since April despite the performance drop. There were no 12 hour trolley waits in August. Unvalidated September performance is 90.3% therefore meeting the Trust's trajectory of 90% for the month and the national Provider Sustainability Fund ask of 90% performance by September 2018. The Trust's planned trajectory is to sustain 90% throughout Q3 2018/19.	The improved position in August was supported by lower bed occupancy levels at York Hospital. For August York Hospital bed occupancy was below 85% on all days, in contrast to Scarborough which experienced much higher levels throughout the month. The seasonal profile for Scarborough Hospital sees the busiest months for ED through the summer period, due to population increases. There were a large number of ambulance handovers over 1 hour in August, as a consequence of ongoing pressure in ED. This is a focus for the Action on A&E programme and is a core priority for the Trust.
Continuing Healthcare **28 Days Performance**	Performance has improved to 91% surpassing the target of 80% and with the number waiting more than 28 days now down to 2	The position is being monitoring on an on-going basis to ensure that performance does not fall below target.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION **Cancer 2 Week Wait** **Target: 93%**	Vale of York CCG failed to meet the 93% two week wait target for the second consecutive month in August 2018 with performance of 89.6%, although this is an improvement from 86.6% in July. This equates to 116 breaches from a cohort of 1114. York Trust's performance dropped marginally from 86.57% in July 2018 to 86.55% in August.	The vast majority of Vale of York CCG patient breaches were in Skin, with 80 breaches from a cohort of 251 equating to performance of 68.1%. The only other cancer type to fail target was Childrens, with 1 breach from a cohort of 5 equating to performance of 80%. All other cancer types exceeded the 93% target.
CONSTITUTION, IAF & QUALITY PREMIUM **Cancer 62 day Treatment** **Target: 85%**	The CCG's performance against the 85% target improved slightly in August 2018 to 76.1% compared to 74.7% in July, however still falling far short of the 85% target. This equates to 21 breaches from a cohort of 87. The specialties which did not meet target individually were Lower Gastrointestinal (75%, 2/8 breaches), Urological (67%, 5/15 breaches), Haematological (67%, 1/3 breaches), Lung (63%, 3/8 breaches), Head and Neck (60%, 2/5 breaches), and Gynaecological (33%, 4/6 breaches). York Trust's performance saw a significant increase of 9% to 81.1% in August compared to 72% in July, however still falling short of 85% target.	The dip in July and August performance was anticipated due to York Trust's work with the NHSI Intensive Support Team around the Trust's longest waiting patients, in particular patients on Urological, Colorectal and Head and Neck pathways. The Trust has nominated a strategic lead for Cancer, working alongside the Cancer Clinical Lead, Cancer Manager and Lead Nurse to refresh the Cancer Strategy and supporting action plans to improve timed pathways. The Trust is working through the Humber, Coast and Vale Cancer Alliance Board to develop and support a holistic 62 day recovery plan.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

RTT 18 Week

Target: 92%

Vale of York's performance against the 92% target has deteriorated slightly in August to 85.4% compared to 86.0% in July.

In 2018/19 the key target set by NHS England is to maintain the waiting list so that in March 2019 the list is no larger than March 2018. The waiting list decreased in August 2018 to 17,505 compared to 17,637 in July, however this is still over 1,000 patients over our baseline trajectory of 16,473 in March 2018.

There were 7 x 52 week breaches for Vale of York patients in August 2018, all of which were at Leeds Teaching Hospital in Other (3), and Trauma & Orthopaedics (4).

York Trust's performance against the 92% target stands at 84% in August, with 4,517 patients waiting over 18 weeks but zero 52 week breaches.
The Trust's total waiting list improved slightly from 27,796 in July to 27,756 in August. This is due to a reduction in GP and total referrals into the Trust in August over the holiday period, however the waiting list remains higher than required to achieve the target of 26,303 by March 2019. This is particularly notable for General Surgery, General Medicine, Dermatology, Rheumatology and Ophthalmology.

The number of long wait patients (over 36 weeks) at York Trust has continued to decrease in August, down 10% from April 2018 following targeted validation and weekly meetings with directorates. However this remains a concern, with 195 patients waiting over 40 weeks at the time of York Trust's most recent performance report.

Leeds Teaching Hospitals NHS Trust (LTHT) continues to account for the majority of the CCG's 52 week breaches.

An update was received via Leeds CCG in late September 2018, stating that good progress is being made with Colorectal patients which includes offers of choice at Harrogate and District FT and Calderdale FT, exploring IS lists and additional lists in house. Spinal capacity is proving much more challenging, as the IS providers can only take a limited range of the cases waiting, leaving the specialised cases which require longer theatre time within LTHT. Discussions have been held to explore both shorter and long term solutions to providing sufficient capacity in this service.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION **Diagnostics 6 Week Wait** **Target: 99%**	Performance for Vale of York CCG in August 2018 deteriorated to 93.7% against 99% target compared to 95.9% in July. This represents 254 patients waiting over 6 weeks from a cohort of 4,021. MRI continued to be the specialty with the highest number of breaches for CCG patients in July with 142, followed by Non Obstetric Ultrasound with 62, then CT with 19 and Sleep Studies with 11. All other specialties with breaches were in single figures. York Trust's performance dropped 2% from 95.6% in July to 93.6% in August. The majority of diagnostic breaches were for Colonoscopy, Non-Obstetric Ultrasound and MRI.	There are particular pressures at York Trust in MRI, Non-Obstetric Ultrasound, Endoscopy at Scarborough and Sleep Studies (although this has seen significant improvement and recovery is anticipated for the end of September). The Trust is developing a comprehensive diagnostic recovery plan supported by NHSI Productivity Team and NHS Elect, along with the corporate teams.
Early Intervention in Psychosis (EIP)	Performance continues to be volatile due to the low number of patients involved in the service. Performance in August was 25% relating to 3 breaches out of 4 attendances.	Staffing appointments are on trak and an improvement in performance is anticipated when the staff are in place.
CAMHS - Second Contact < 9 weeks of referral.	The position for August is 52.27%, which is attributable to 42 breaches out of 88 patients. Breaches continue to predominately relate to issues with staff capacity	Confirm and challenge in October which has identified further work and performance review held by TEWV internally.

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. **ECS performance** achieved trajectory for Q2 and Trust accessed their Provider Sustainability Funding

2. **Winter Plan** – now agreed and submitted (to be tabled at Committee) and verbal update on funding position.

3. **Waiting List Recovery** – further validation work by Trust has reduced waiting list gap from 1718 to 600 patients. Further discussion with joint regulator team scheduled for 23/10/18.
RTT performance – update on north region RTT position (annex 3) to note alongside waiting list position.

4. **52 week breaches and long waiters** – LTH colorectal recovery plan mobilised but still no recovery plan for addressing spinal patients due to capacity gap.
To note: zero 52 week breaches at YFT but there are 195 patients waiting >40 weeks on the admitted waiting list backlog.

5. **Dermatology** – further deterioration in 2WW performance (especially in S&R CCG) and no short-term recovery plans which can support any significant performance improvement. YFT have notified CCGs of options paper to be presented in October outlining immediate options for managing performance. CCGs have clearly indicated need for redesigned service model based on community service.
Further update through performance group and in November F&PC.

6. **Urology** – additional national funding £10m and £2.7M for the north for support on diagnostics and treatment capacity for prostate urgent referrals. Cancer Alliance to co-ordinate bids for funding in STP.

7. **Cancer 62 Day** – work on-going with Cancer Alliance to define a refreshed clinical strategy (clinical workshop on 19/10/18) and with YFT to build a joint recovery plan locally based around the Cancer Stocktake (Annex 2). Annex 4 is the update provided to COR/ primary care from CCG Cancer and EOL clinical lead on 18/10/18.

8. **CHC 28 day** – significant improvement above target (91% > 80%) and full impact of new robust processes now being seen.

Performance Summary:
All Constitutional Targets 2018/19

Validated data to August (Month 05)

NHS
Vale of York
Clinical Commissioning Group

VoY CCG - NHS Constitution - 2018/19

Generated on: 18 October 2018

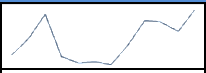
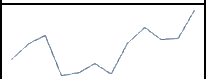
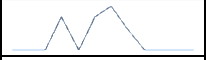
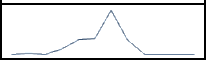
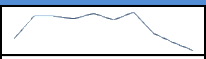
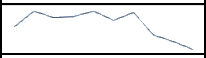
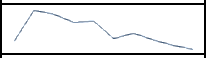
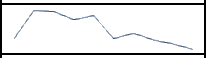
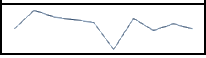
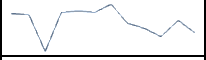
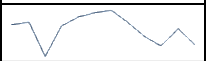
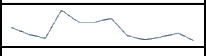
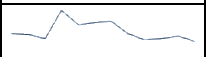
no filter
ALL (Y,R,G)
Green
Red

EMBED HEALTH CONSORTIUM

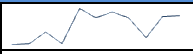
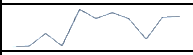
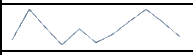
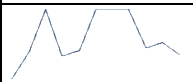
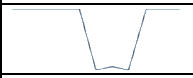
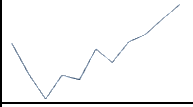
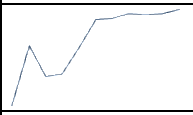
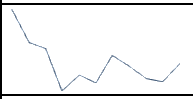
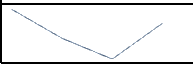
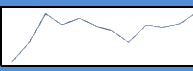
Indicator	Level of Reporting		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Planned Care																			
Referral to Treatment																			
Referral to Treatment pathw ays: incomplete	CCG	Actual	88.8%	89.2%	89.2%	88.1%	87.5%	86.6%	84.5%	85.0%	85.3%	85.1%	86.0%	85.4%	85.2%	85.7%	85.4%		↑
		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%		
Number of >52 w eek Referral to Treatment in Incomplete Pathw ays	CCG	Actual	0	0	0	3	5	6	4 *	5*	5	10	5	7	20 *	12	32 *		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Diagnostics																			
Diagnostic test w aiting times	CCG	Actual	1.6%	2.0%	1.8%	2.1%	3.4%	3.9%	3.4%	4.4%	4.8%	3.1%	4.1%	6.3%	3.1%	5.2%	6.3%		↑
		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%		
Cancer																			
All Cancer 2 w eek w aits	CCG	Actual	88.1%	86.8%	96.4%	93.5%	96.1%	97.2%	95.6%	95.9%	95.8%	94.9%	86.6%	89.6%	95.6%	88.1%	92.6%		↓
		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%		
Breast Symptoms (Cancer Not Suspected) 2 w eek w aits	CCG	Actual	100.0%	97.6%	91.3%	93.0%	93.2%	98.6%	98.4%	96.9%	92.0%	93.3%	94.0%	97.3%	93.9%	95.7%	94.6%		↑
		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%		
Cancer 31 day w aits: first definitive treatment	CCG	Actual	96.6%	95.2%	98.2%	98.3%	98.3%	97.6%	98.9%	98.4%	100.0%	99.1%	97.4%	96.8%	99.2%	97.1%	98.4%		↓
		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%		
Cancer 31 day w aits: subsequent cancer treatments- surgery	CCG	Actual	95.5%	85.1%	94.2%	97.1%	92.9%	100.0%	100.0%	95.0%	93.9%	100.0%	95.6%	94.7%	167.0%	95.2%	95.9%		↓
		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%		
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%	170.7%	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%		
Cancer 31 day w aits: subsequent cancer treatments- radiotherapy	CCG	Actual	100.0%	100.0%	100.0%	100.0%	98.4%	97.7%	95.9%	98.1%	100.0%	100.0%	98.6%	100.0%	170.3%	99.2%	99.3%		↓
		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%		
% 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	74.1%	72.5%	87.5%	87.0%	85.1%	81.8%	86.7%	78.7%	78.2%	83.2%	74.7%	76.4%	80.1%	75.5%	78.5%		↓
		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%		
Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	94.4%	88.9%	90.0%	86.7%	100.0%	90.9%	94.7%	92.9%	83.3%	95.0%	81.3%	90.0%	91.3%	84.6%	88.9%		↓
		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%		
Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	100.0%	Nil Return	100.0%	100.0%	Nil Return	Nil Return	100.0%	Nil Return	Nil Return	100.0%	100.0%	100.0%	100.0%	100.0%		
		Target																	
Cancelled Operations																			
Cancelled Operations - York	YFT (Trust Wide)	Actual	1.1%			0.4%			6.1%			8.2%			8.2%		8.2%		↑
		Target	1.4%			1.0%			7.8%			11.7%			11.7%	1.4%	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		–
		Target	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	0.00	0.00	1.10	0.10	0.00	0.00	0.08	0.00	0.00	0.09	0.03	0.04	0.0		↓
		Target	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	0	0	20	1	0	0	1	0	0	1	1	1	2		↓
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

- - 52 week breaches showing nationally published figures. However, the CCG is aware of 4 breaches incorrectly reported by Nuffield Trust in March 2018 and April 2018. These will be corrected in the NHSE 6 monthly refresh. Correct figures are:
- March 2018 – 2x 52 week breaches (21 in total for 2017/18)
- April 2018 – 3x 52 week breaches (30 in total for 2018/19 Year-to-date)

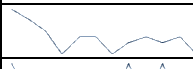
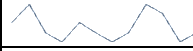
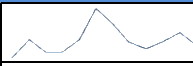
Unplanned Care

Indicator	Level of Reporting		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
A&E																			
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG weighted)	Actual	83.2%	86.7%	91.7%	83.0%	81.5%	81.9%	81.3%	85.2%	90.1%	90.0%	88.1%	92.5%	88.5%	88.1%	85.2%		↑
		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%		
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	71.2%	77.1%	86.3%	72.0%	69.4%	70.3%	68.4%	74.4%	83.3%	83.1%	79.8%	87.6%	80.4%	83.7%	81.7%		↑
		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%		
A&E waiting time -% of patients seen and discharged within 4 hours -CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	82.20%	85.80%	87.72%	78.66%	79.22%	81.29%	78.98%	85.88%	89.47%	86.85%	87.01%	93.57%	87.45%	90.23%	88.59%		↑
		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%		
Trolley Waits																			
12 hour trolley waits in A&E - Vale of York CCG	CCG	Actual	0	0	0	3	0	3	4	2	0	0	0	0	2	0	2		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - York	YFT (Trust Wide)	Actual	1	2	0	5	14	15	40	13	0	0	0	0	13	0	13		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ambulance performance - YAS																			
Category 1 - Mean	YAS (Region)	Actual	00:07:14	00:07:11	00:07:27	00:08:12	00:08:10	00:08:07	00:08:17	00:08:02	00:08:20	00:07:38	00:07:19	00:07:03	00:08:01	00:07:11	00:07:43 0		↓
		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		
Category 1 - 90th Centile	YAS (Region)	Actual	00:13:27	00:13:17	00:13:21	00:14:19	00:13:56	00:13:57	00:14:15	00:13:44	00:14:11	00:12:55	00:12:31	00:12:05	00:13:39	00:12:18	00:13:10		↓
		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		
Category 2 - Mean	YAS (Region)	Actual	00:22:07	00:20:28	00:21:20	00:27:58	00:26:57	00:25:08	00:25:38	00:21:39	00:22:54	00:21:30	00:20:29	00:19:26	00:22:02	00:19:58	00:21:12		↓
		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		
Category 2 - 90th Centile	YAS (Region)	Actual	00:47:16	00:43:56	00:45:18	01:00:47	00:59:30	00:55:13	00:57:34	00:45:53	00:48:43	00:45:08	00:42:40	00:39:47	00:46:35	00:41:14	00:44:23		↓
		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		
Category 3 - 90th Centile	YAS (Region)	Actual	01:52:18	01:33:56	01:45:02	02:41:47	02:31:51	02:24:28	02:25:24	00:54:00	02:24:07	02:12:53	02:07:31	01:59:28	02:14:27	02:03:29	02:09:49		↓
		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		
Category 4 - 90th Centile	YAS (Region)	Actual	03:15:04	02:57:47	02:46:03	04:22:05	03:45:02	03:33:15	03:17:37	01:06:51	03:37:09	02:43:11	03:12:55	02:45:47	02:54:07	02:59:21	02:58:42		↑
		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		
Ambulance Handover Time																			
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	31.4%	30.3%	8.3%	32.1%	33.2%	32.5%	37.5%	26.0%	22.2%	17.1%	27.4%	20.1%	22.0%	23.6%	22.6%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	12.83%	13.68%	1.85%	12.45%	15.51%	16.95%	18.14%	13.58%	8.67%	5.50%	11.53%	6.14%	9.5%	8.7%	9.17%		↑
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	Trust Site	Actual	13.88%	9.83%	6.95%	26.68%	17.66%	18.03%	20.42%	8.37%	6.02%	7.55%	10.31%	4.58%	7.37%	7.25%	7.32%		↓
		Target	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	245	192	128	544	356	336	398	193	119	137	179	91	449	270	719		
Ambulance handover time - Total Delays (York	Trust Site	Den	1765	1954	1841	2039	2016	1864	1949	2305	1976	1814	1737	1985	6095	3722	9817		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	Trust Site	Actual	4.48%	3.17%	1.79%	14.08%	7.69%	9.01%	9.29%	3.25%	0.71%	1.87%	2.99%	0.15%	2.02%	1.48%	1.81%		↓
		Target	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	79	62	33	287	155	168	181	75	14	34	52	3	123	55	178		
Ambulance handover time - Total Delays (York	Trust Site	Den	1765	1954	1841	2039	2016	1864	1949	2305	1976	1814	1737	1985	6095	3722	9817		

Mental Health/ IAPT

Indicator	Level of Reporting		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
IAPT																			
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	0.9%	0.9%	1.0%	0.9%	1.3%	1.2%	1.3%	1.2%	1.0%	1.2%	1.2%		3.4%	1.2%	4.6%		↑
		Target	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	2.7%	3.5%	4.5%		
Number of people who receive psychological therapies	CCG	Actual	270	275	325	275	420	380	405	380	300	385	390		1065	390	1455		↑
		Target	208	208	208	208	208	208	208	208	208	208	208	208	850	1100	1413		
% of people who are moving to recovery	CCG	Actual	41.7%	53.8%	46.8%	40.0%	46.3%	40.9%	43.9%	48.6%	53.5%	49.0%	43.2%		50.4%	43.2%	48.8%		↓
		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%		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	96.2%	97.6%	100.0%	97.4%	97.7%	100.0%	100.0%	100.0%	97.8%	98.2%	97.4%		98.6%	97.4%	98.3%		↓
		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%		
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	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	98.8%	98.7%	100.0%	100.0%	100.0%		99.5%	100.0%	99.7%		–
		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%		
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	84.6%	76.2%	70.0%	76.3%	75.0%	83.0%	79.5%	85.0%	87.0%	90.9%	94.9%		87.9%	94.9%	89.4%		↑
		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%		
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	75.9%	90.9%	83.1%	83.6%	90.5%	97.4%	97.5%	98.7%	98.3%	98.7%	100.0%		98.6%	100.0%	99.0%		↑
		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%		
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	123.1%	92.9%	88.0%	50.0%	63.6%	57.4%	81.8%	72.5%	60.9%	58.2%	74.4%		63.1%	74.4%	65.6%		↑
		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%		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual	98.8%			94.0%			90.6%			96.5%			96.5%		96.5%		↑
		Target	95.0%			95.0%			95.0%			95.0%			95.0%	95.0%	95.0%		
Dementia																			
Estimated diagnosis rate for people with dementia.	CCG	Actual	59.6%	60.2%	61.0%	60.7%	60.9%	60.6%	60.5%	60.2%	60.7%	60.6%	60.7%	61.1%	60.6%	61.1%	61.1%		↑
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	62.8%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		

HCAI and Quality

Indicator	Level of Reporting		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Q1 2018/19	Q2 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Hospital Infections																			
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	2	0	1	0	0	0	0	3	1	2	1	1	6	2	8		↓
		Target	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	14	12	10	6	9	9	6	8	9	8	9	6	25	15	40		↓
		Target	6	7	5	9	7	6	6	7	6	8	4	7	21	17	24		
Incidence of healthcare acquired infections (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	1	0	0	0	0	0	0	1	0	1	0	1	2	1	3		↓
		Target	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)	YFT TRUST APPORTIONED	Actual	5	7	4	3	5	4	3	4	7	6	3	4	17	7	24		↓
		Target	1	3	2	8	10	5	5	3	1	3	3	2	7	6	45		
Healthcare acquired infection (HCAI) measure (Escherichia Coli infections)	CCG ATTRIBUTED	Actual	19	33	25	33	26	15	23	34	30	22	26	26	86	52	138		↑
		Target	25	20	26	27	25	26	19	3	21	24	20	27	48	72	263		
Serious Incidents/ Never Events																			
Number of Serious Incidents (NHS Vale of York CCG)	CCG	Actual	3	9	5	5	9	19	14	8	6	8	11	7	22	18	40		↓
		Target	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	2	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		
Smoking at time of Delivery																			
Maternal smoking at delivery.	CCG	Actual	12.0%			7.5%			11.9%			10.0%			10.0%		10.0%		↑
		Target	12.1%			12.1%			12.1%			12.1%			12.1%	12.1%	12.1%		

Programme Overview
- Planned Care
- Cancer Care
- Diagnostics

Validated data to August (Month 05)

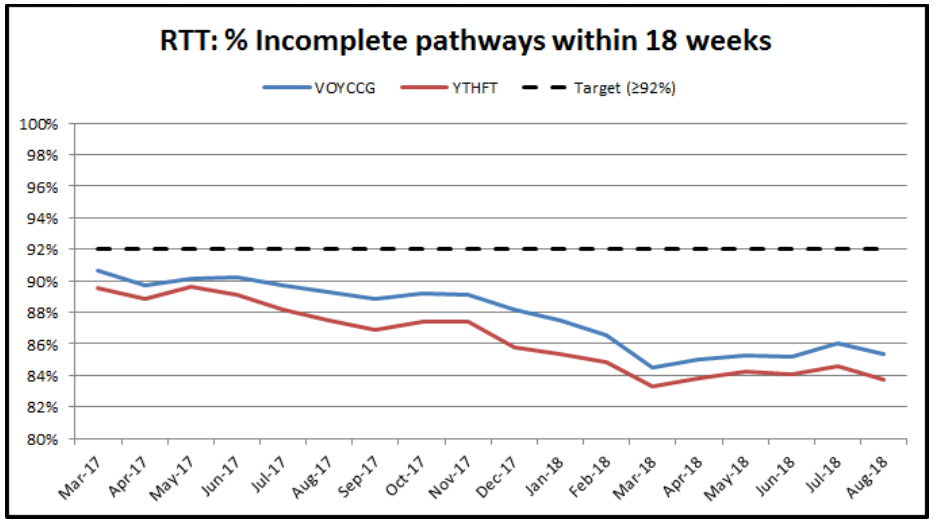
Executive Lead:
Simon Cox, System Transformation Chief Officer
Clinical Lead:
Shaun O'Connell, GP Lead for Acute Transformation, NHS Vale of York CCG
Peter Billingsley, GP Governing Body, NHS Scarborough & Ryedale CCG
Dan Cottingham, Macmillan GP Cancer and End of Life Lead, NHS Vale of York CCG

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		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
86.0%	85.4%	↓	84.5%	83.7%	↓



Treatment Function	Total VOYCCG Incomplete Pathways	No. of 18 week breaches	% VOYCCG pathways within 18 weeks	52 week breaches
Geriatric Medicine	94	3	96.8%	0
General Medicine	280	12	95.7%	0
Neurology	535	41	92.3%	0
Other	1,864	164	91.2%	3
Gynaecology	764	68	91.1%	0
Trauma & Orthopaedics	1,714	165	90.4%	4
Dermatology	1,333	143	89.3%	0
Rheumatology	497	57	88.5%	0
Cardiology	806	99	87.7%	0
Gastroenterology	924	122	86.8%	0
Plastic Surgery	197	28	85.8%	0
General Surgery	2,275	325	85.7%	0
Ear, Nose & Throat (ENT)	1,501	247	83.5%	0
Neurosurgery	16	3	81.3%	0
Urology	1,126	230	79.6%	0
Ophthalmology	2,902	661	77.2%	0
Thoracic Medicine	675	192	71.6%	0
Cardiothoracic Surgery	2	1	50.0%	0
Grand Total	**17,505**	**2,561**	**85.4%**	**7**

Vale of York CCG's performance deteriorated slighting in August to 85.4% from 86% in July 2018. This equates to 2,561 breaches of the 18 week target, from a cohort of 17,505.

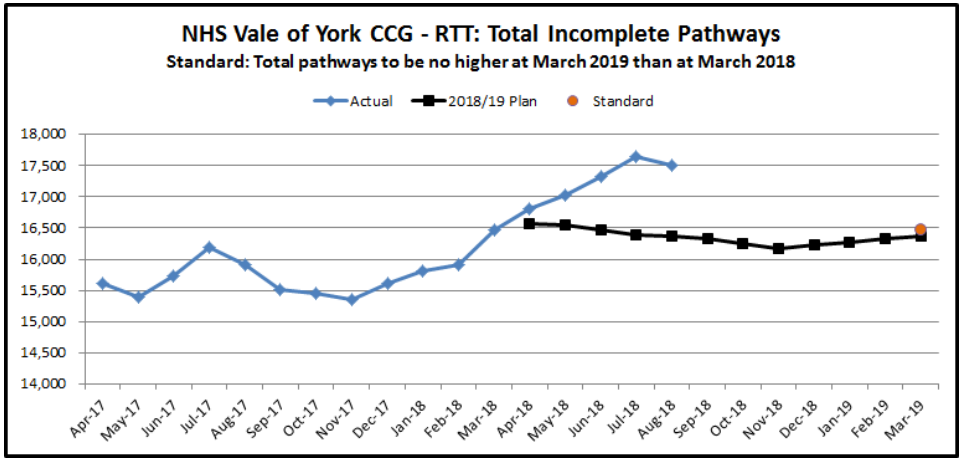
York Trust's RTT performance in August 2018 was 83.7% and saw a marginal reduction on July's performance of 84.5%. The total number of patients on the Trust's incomplete waiting list was 27,756 and remains higher than the target of 26,303 by March 2019. This is particularly notable for General Surgery, General Medicine, Dermatology, Rheumatology and Ophthalmology. Un-validated data for September shows performance at 83% against the 92% target.

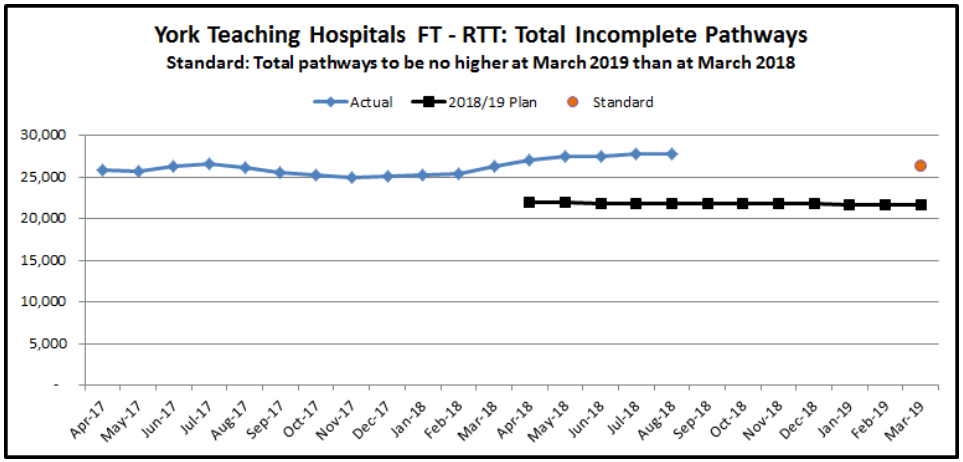
The number of patients waiting over 36 weeks decreased in August following targeted validation and weekly meetings with Directorates but there were still 195 patients waiting over 40 weeks at time of reporting.

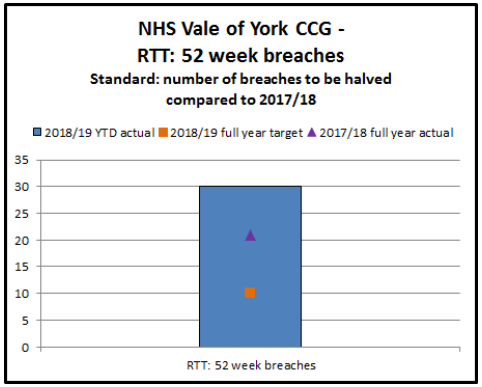
Targeted activity at YHFT in August included:-

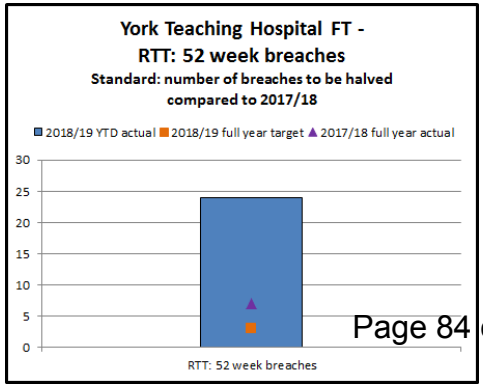
- Ongoing Theatre Utilisation Projects
- Comprehensive RTT stocktake completed by speciality including waiting list position, medical vacancies, premium cost work, referral changes, polling rate for first outpatient appointments and follow-up backlogs.
- Detailed analysis of progress against plan and pressures on the waiting list which identified a 'capacity gap'
- Outsourcing Glaucoma patients to HDFT
- Outsourcing Radiology reporting to reduce backlog
- Demand & capacity analysis of Radiology to support comprehensive recovery plan.
- PWC analysis of Endoscopy opportunities and ongoing implementation of the Endoscopy recovery plan.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)









Waiting list performance:

YTHFT recruited 4 Patient Trackers who will start work with the Trust on 12 November 2018 and will validate the incomplete waiting list with the objective of closing 1500 clocks. Trust plan to flip follow-up appointments and convert to first appointments. The specialties with the largest numbers of follow-up patients are Ophthalmology, Gastro, Cardiology and ENT. The Trust will also review Max Fax capacity.

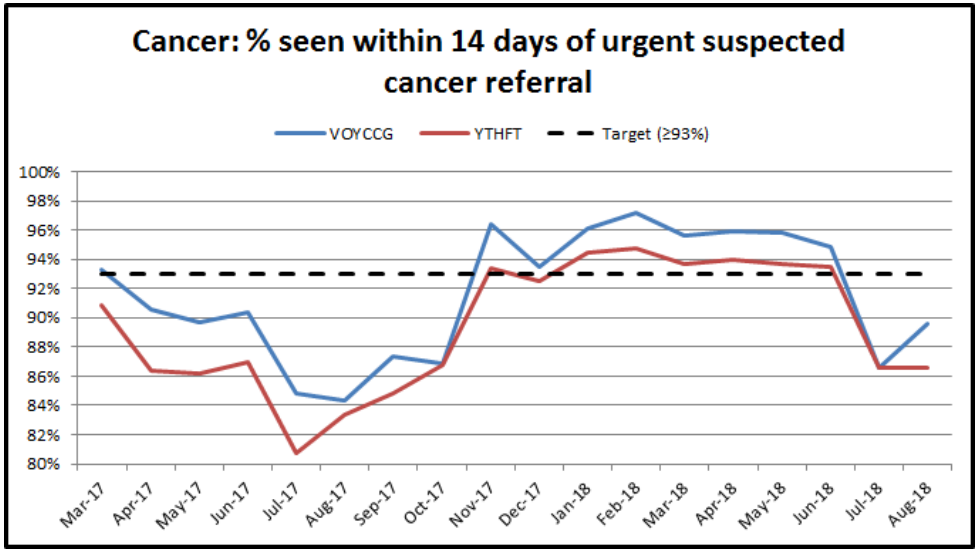
52 week performance:

There were 7 x 52 week breaches for Vale of York patients in August 2018, all of which were at Leeds Teaching Hospital – 4 x Trauma & Orthopaedics and 3 categorised as Other.

An update was received via Leeds CCG in late September 2018, stating that good progress is being made with Colorectal patients (falling under the Other category) which includes offers of choice at Harrogate and District FT and Calderdale FT, exploring IS lists and additional lists in house. Spinal (falling under T&O) capacity is proving much more challenging, as the IS providers can only take a limited range of the cases waiting, leaving the specialised cases which require longer theatre time within LTHT. Discussions have been held to explore both shorter and long term solutions to providing sufficient capacity in this service.

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)					
Vale of York CCG			York Trust		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
86.6%	89.6%	↑	86.6%	86.6%	↓



Tumour Type	VOYCCG: Total Referrals	Number of 2WW breaches	VOYCCG: % within 14 days
Testicular	4	0	100.0%
Other Cancer	5	0	100.0%
Lung	19	0	100.0%
Haematological Malignancies	4	0	100.0%
Gynaecological	68	1	98.5%
Urological Malignancies	154	5	96.8%
Breast	176	6	96.6%
Upper Gastrointestinal	57	2	96.5%
Head and Neck	130	6	95.4%
Lower Gastrointestinal	241	15	93.8%
Childrens	5	1	80.0%
Skin	251	80	68.1%
Sarcoma	0	0	N/A
Brain/Central Nervous System	0	0	N/A
Grand Total	**1114**	**116**	**89.6%**

Vale of York CCG failed to meet the 2WW Cancer Standard in August 2018 although performance increased to 89.6% against the 93% target from 86.6% in July. York Hospital missed the 2WW target for the second consecutive month, achieving 86.6% performance.

There were 116 Vale of York CCG patient breaches in August from a cohort of 1,114 patients. 80 breaches related to skin cancers due to medical staffing issues and inadequate clinic capacity in Dermatology. There were 15 Lower Gastro breaches - 7 were due to lack of outpatient capacity but 5 were due to patient choice – with the longest delay being 42 days.

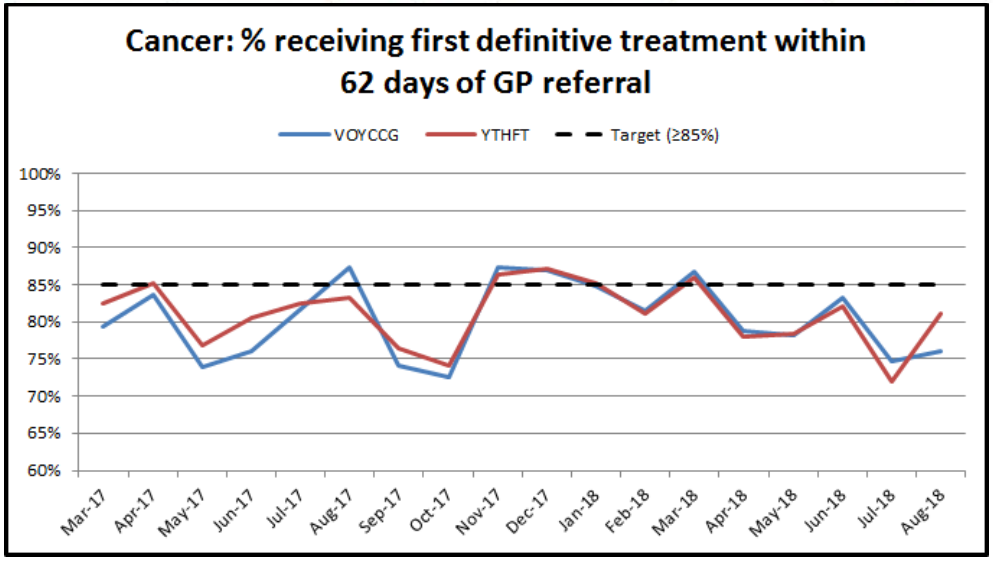
Referrals in Colorectal, Head & Neck, Urology and Dermatology have increased at YTHFT compared to 2017 and the conversion rate for Urology, Dermatology and Lung has also increased meaning that more cancers are being diagnosed from referrals. Whilst this is positive from a clinical outcomes perspective, it does place additional pressure on the Trust's capacity.

Clinical Team advised that there are now significant clinical risks for Dermatology patients and an options paper is being taken to YTHFT Corporate Directors/Trust Board in October to improve the current service. Options being discussed are turning off the Fastrack service at SGH, stopping routine referrals for a time and outsourcing work to private providers.

Colorectal 'Straight to Test' pilot was successfully completed in September 2018 and YHFT are now looking to rollout as 'business as normal' but this will take a couple of months to implement.

PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)					
Vale of York CCG			York Trust		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
74.7%	76.1%	↑	72.0%	81.1%	↑



Tumour Type	VOYCCG: Total Treated	VOYCCG: 62 day breaches	VOYCCG: % within 62 days
Testicular	1	0	100.0%
Breast	14	1	92.9%
Skin	23	2	91.3%
Upper Gastrointestinal	5	1	80.0%
Lower Gastrointestinal	8	2	75.0%
Urological (Excluding Testicular)	15	5	66.7%
Haematological (Excluding Acute Leukaemia)	3	1	66.7%
Lung	8	3	62.5%
Head & Neck	5	2	60.0%
Gynaecological	6	4	33.3%
Other	0	0	N/A
Grand Total	**88**	**21**	**76.1%**

Vale of York CCG failed to meet the 62 Day Cancer Standard in August 2018 achieving 76.1% against the 85% target, equating to 21 patient breaches. York Trust also failed to meet the 62 Day Cancer Standard in August 2018 but performance increased from 72% in July to 81.1%.

The Urology breaches are affected by delays in TRUS biopsies and significant delays in prostatectomies at Hull. Hull have now secured funding for an additional robot to increase treatment capacity.

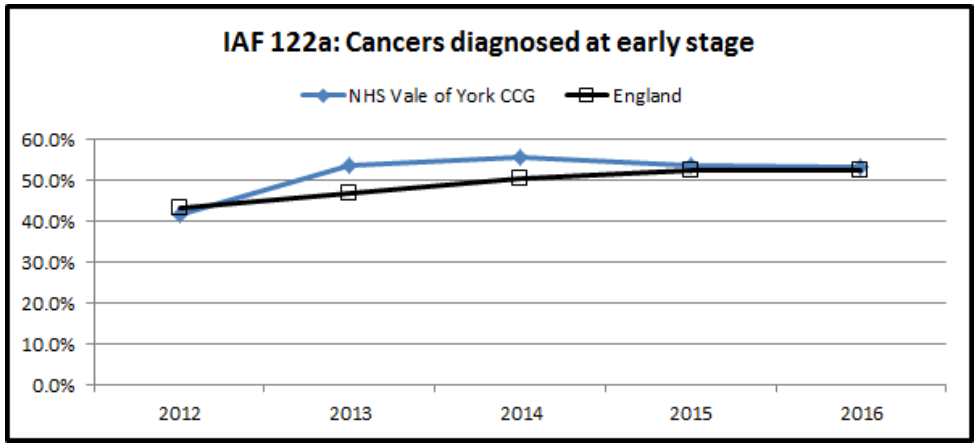
Targeted activity by YTHFT in August included:-

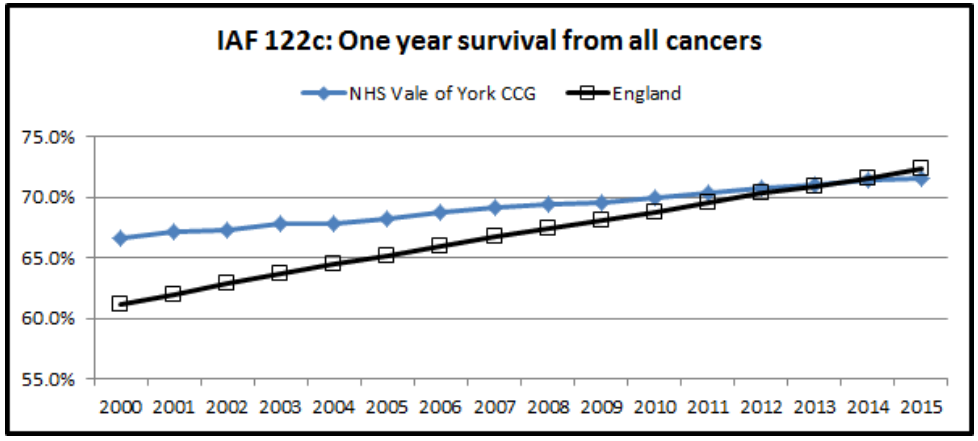
- Cancer Stocktake and refresh of actions to support 62 Day performance
- Review of SOP for removing surveillance patients from the waiting list in line with NHSI Support Team advice
- Review of Clinical Harm Review process and reporting arrangements
- Development of HCV Cancer Alliance 62 Day Recovery Plan

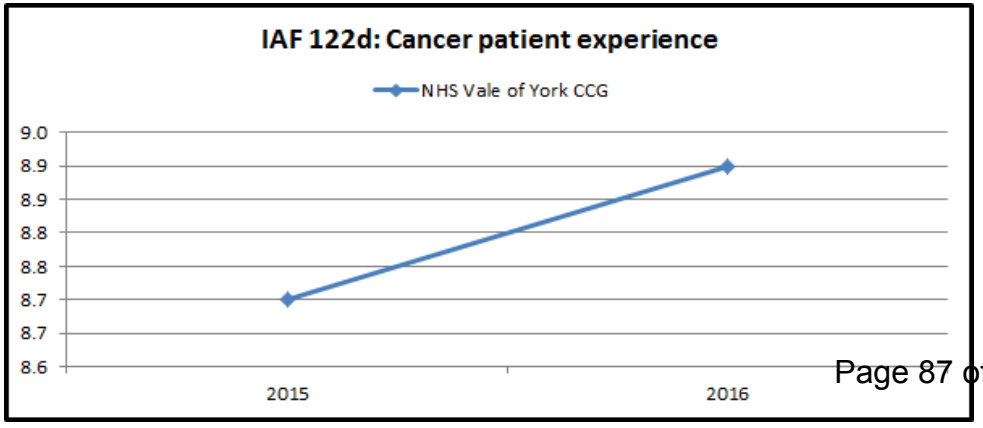
YTHFT and VOYCCG attended the HCV Cancer Alliance workshops to identify the reasons for the delays in both the Lung and Colorectal pathways and are signed up to an action plan to address identified issues. HCV Cancer Alliance are holding a further workshop for Lead Clinicians on 19 October 2018 to take this forward and discuss funding options.

NHSE advised this week that nationally £10m funding has been made available to support recovery of the 62 day performance target. North of England's share of these monies is circa £2.7 million and the current proposal 'on the table' is that these monies should be targeted to recover the position in urology and upper/ lower GI.

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 is recruiting 'Cancer Champions' 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.

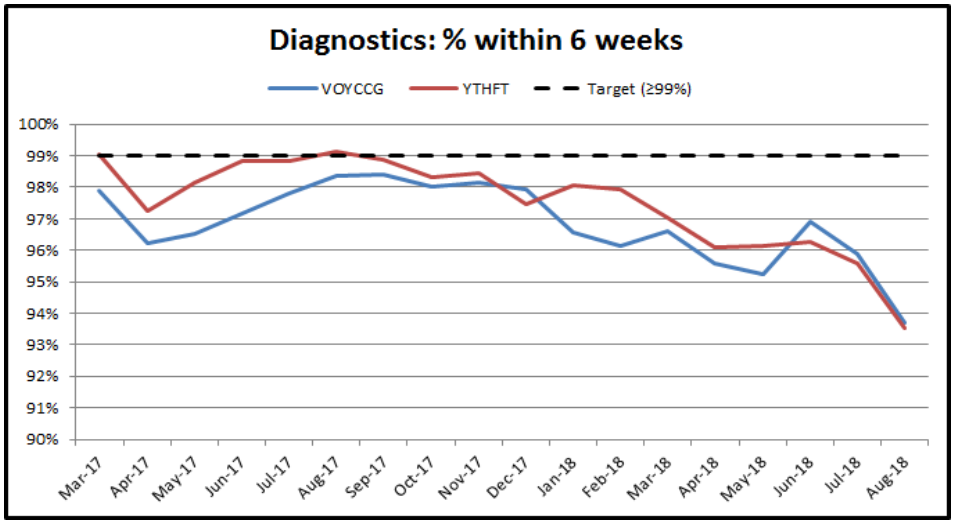
Cancer patient experience

Key findings from the National Cancer Patient Experience Survey 2071 were published in October 2017.

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 York Hospital and VOYCCG, both above average performance, but SRCCG scored 8.7 in 2017 a decline of 0.3 on their 2017 rating.

PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnostics: % within 6 weeks (Target ≥99%)					
Vale of York CCG			York Trust		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
95.9%	93.7%	↓	95.6%	93.5%	↓



Diagnostic Type	Total VOYCCG Waiting List	Total >6 weeks	% within 6 weeks
AUDIOLOGY_ASSESSMENTS	277	0	100.0%
DEXA_SCAN	96	0	100.0%
BARIUM_ENEMA	8	0	100.0%
CYSTOSCOPY	68	0	100.0%
GASTROSCOPY	266	2	99.2%
ECHOCARDIOGRAPHY	192	2	99.0%
FLEXI_SIGMOIDOSCOPY	81	2	97.5%
CT	633	19	97.0%
PERIPHERAL_NEUROPHYS	56	3	94.6%
COLONOSCOPY	164	9	94.5%
URODYNAMICS	31	2	93.5%
NON_OBSTETRIC_ULTRASOUND	860	62	92.8%
MRI	1241	142	88.6%
SLEEP_STUDIES	48	11	77.1%
ELECTROPHYSIOLOGY	0	0	
Grand Total	**4021**	**254**	**93.7%**

Vale of York CCG performance declined to 93.7% in August 2018 against the 99% target for patients waiting less than 6 weeks for a Diagnostic test. There were a total of 254 breaches out of 4,021 patients on the waiting list.

The majority of the breaches occurred at YTHFT where the position deteriorated again in August achieving 93.5%. The reasons for the delays at York remain the same and include capacity issues with MRI scans, sleep studies, colonoscopy and non-obstetric ultrasound.

There were 11 Sleep Studies breaches in August 2018 at York Hospital. The new equipment has arrived which will improve efficiency but the Trust experienced some staffing issues in July and August 2018 which has resulted in delays in clearing the backlog.

NHS Elect are currently working with the Trust to understand current and future Radiology demand and capacity. There is a shortage of Radiologists resulting in reporting delays. Cancer patients are being prioritised for Colonoscopy and Flexi-sigmoidoscopies which is pushing out routine work. The Trust is introducing new job plans in October and are hoping to rollout out 'straight to test' for colorectal patients by December 2018 – this will impact on demand for Endoscopy and Outpatients.

The Trust are currently outsourcing some radiology reporting and working with PWC to increase Endoscopy capacity and the ongoing implementation of the recovery plan.

HCV Cancer Alliance have had confirmation of funding and are currently procuring a networked diagnostic system across the STP footprint which should be available in January 2018.

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 – No** **Cancer 62 day standard – No** **RTT – No** **Waiting List non-deterioration – No** **52 week breaches 50% reduction target - No**	**Diagnostics:** Sleep Studies – New equipment arrived. Backlog should be cleared by end Oct 2018. YTHFT are outsourcing work to address radiology reporting backlog whilst a local recovery plan is developed. Lack of diagnostic capacity being raised by HCV Cancer Alliance to National Team on 20 September 2018. **Cancer:** HCV Cancer Alliance has undertaken a Demand & Capacity exercise to understand current and future demand for services across Humber, Coast & Vale STP. The workshop on 20 June 2018 identified gaps in both workforce and equipment to meet future demands. HCV Alliance is progressing the procurement of a new networked radiology system which will allow the sharing of images and reporting across the STP footprint and should improve capacity/performance – contract award January 2019. NHSI Intensive Support Team are working with York Trust to improve 62 Day process and clinical pathways for Lung and Haematology.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
YTHFT Transformational Plan is being refreshed based on the reductions in funding from Cancer Alliance 62 day performance underachievement.	HCV Cancer Alliance raising diagnostic capacity with National Team.

Programme Overview - Unplanned and Out of Hospital Care

Validated data to August (Month 05)

Executive Leads:
Kev Smith (Out of Hospital care), 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
Locality leads: Shaun Macey and Heather Marsh

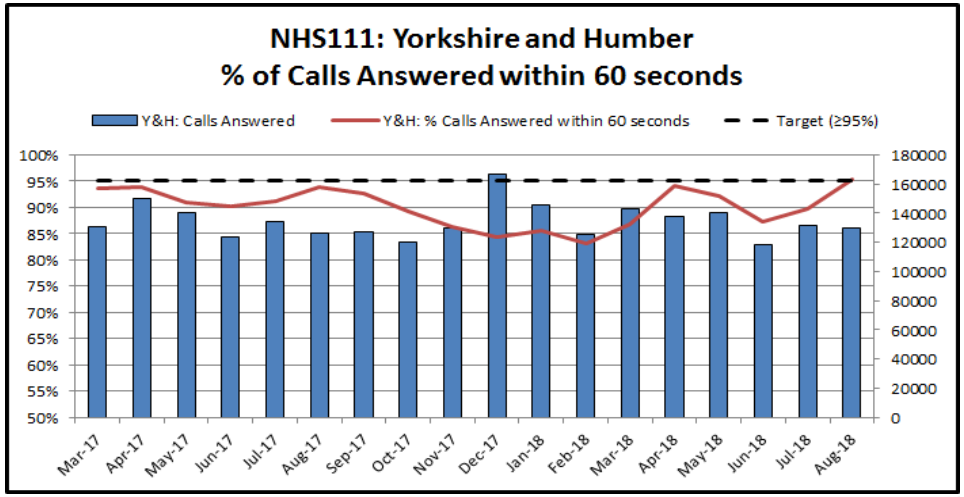
Clinical Leads:
Peter Billingsley, GP Governing Body, S&R CCG

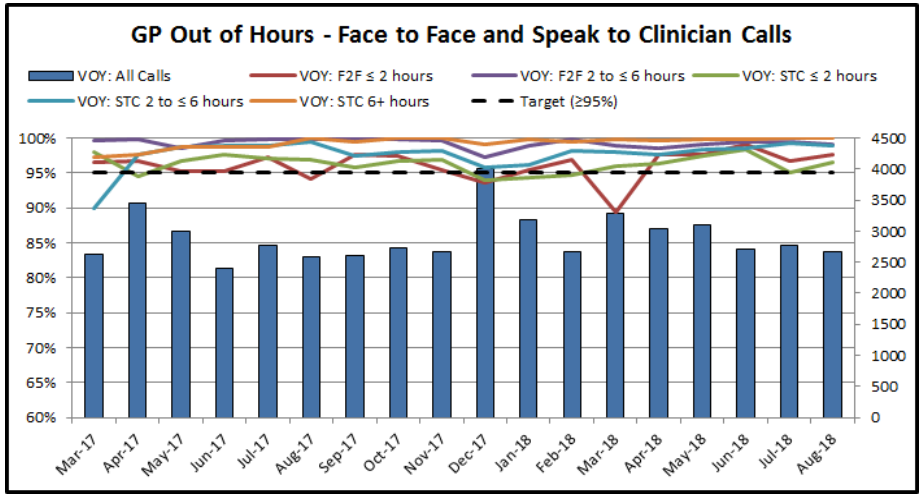
NHS
Vale of York
Clinical Commissioning Group

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

NHS111: Yorkshire and Humber					
Calls Offered			% Answered within 60 seconds		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
131,618	129,528	↓	89.8%	95.4%	↑

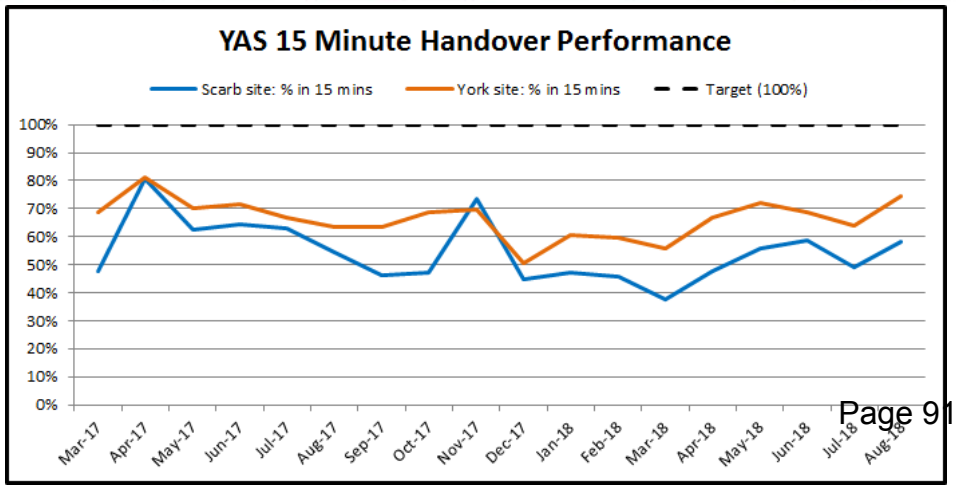
GP Out of Hours - Face to Face and Speak to Clinician Calls					
F2F calls within ≤2 hours (Target 95%)			STC calls within ≤2 hours (Target 95%)		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
96.6%	97.7%	↑	95.1%	96.5%	↑

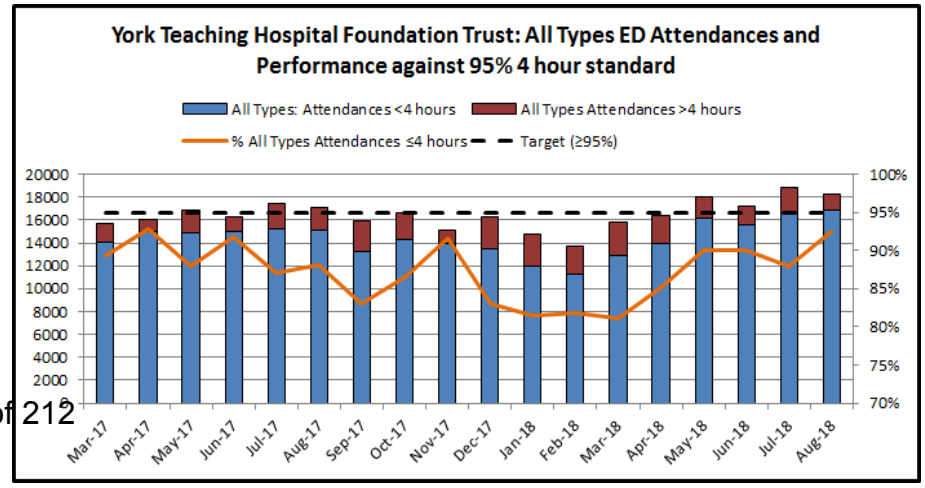




YAS 15 Minute Handover Performance					
Scarborough site (Target 100%)			York site (Target 100%)		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
49.0%	58.0%	↑	64.0%	74.7%	↑

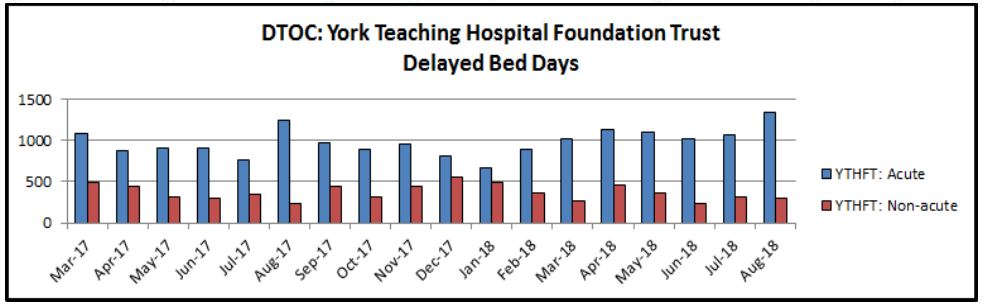
York Teaching Hospital Foundation Trust: ED 4 hour standard					
All Types Attendances			All Types % within 4 hours		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
18,903	18,215	↓	88.0%	92.5%	↑



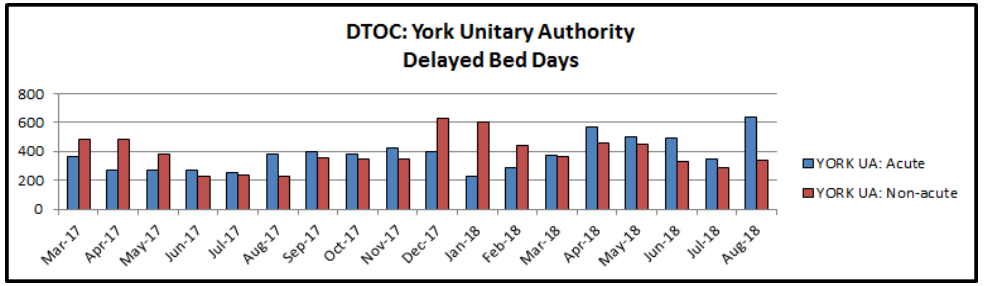


PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

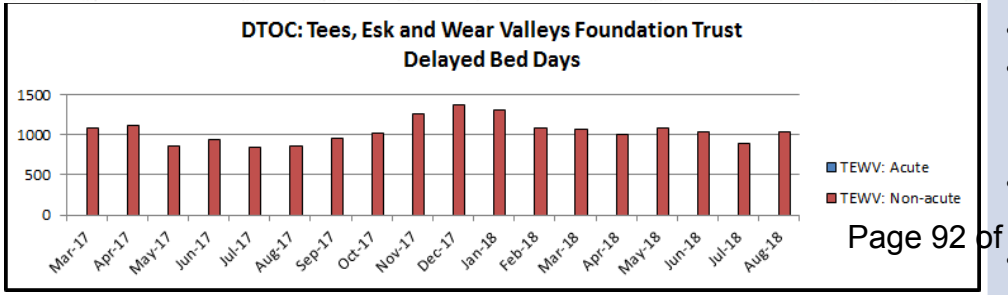
DTOC: YTHFT Delayed Bed Days					
Acute			Non-acute		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
1071	1336	⇧	307	301	⇩



DTOC: York UA Delayed Bed Days					
Acute			Non-acute		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
343	639	⇧	284	335	⇧



DTOC: TEWV Delayed Bed Days					
Acute			Non-acute		
Jul-18	Aug-18	DoT	Jul-18	Aug-18	DoT
N/A	N/A	N/A	894	1036	⇧



The number of bed days for acute DTOCs at York Trust has increased from 1071 days in July to 1336 in August 2018. The number of bed days for non-acute DTOCs decreased very slightly from 307 to 301.

The rise in DTOC days at York in August is primarily due to:-

- Patients waiting for packages of care at home – this impacts on both Re-ablement and Long Term Care
- HSG currently holding a waiting list for hospital and community.
- Staff shortages across all providers due to school holidays and staff taking annual leave.
- Closure of Amelia and Moorlands care homes impacting on capacity and staff having to look out of area for placements.
- Chocolate Works not taking any new residents until end of October due to residents from Amelia moving there.
- Delays with Care Home Managers assessing patients on the wards.
- CHC brokerage having difficulty sourcing placements for complex CHC and Fast track patients.
- CHC delays with signing off care packages.

Actions to address DTOCs include:-

- CYC have increased number of home care hours to 700 per week.
- Daily review of discharges by YTHFT Discharge Liaison Team and CYC/NYCC
- Weekly mini-MADE meetings with effect from October 2018
- YTHFT are holding daily 8.30am operations meeting to identify ‘gold ‘ patients and expedite patient discharges earlier in the day
- Social Workers and Discharge Liaison Team are working 7 days per week to facilitate discharges.
- Pilot with Fulford Nursing Home – 2 ‘time to think’ beds for self-funders.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

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

- **4-hour standard:** Performance in August above trajectory, with continued achievement in September. Continued focus on non-admitted breaches having a significant effect, which is currently sustainable.
- **Ambulance Handovers**: These continue to improve.
- **YAS response times:** Consistent reporting being maintained. Improvements towards all targets continue with particularly category 1 attendance now only 9 seconds outside the 7 minute target on average.
- **OOH GP**: Performance lifted again this month; targets are still being achieved.
- **EDFD:** Performance has improved slightly, there are higher numbers being booked from NHS111
- **NHS111:** Performance was on target in August.
- **DTOC**: Further issues with nursing home closures are making achievement of this target less likely. Considerable work continues to identify local beds.

What mitigating actions are underway?

- **4-hour standard:** August and September performance continues to be good. No mitigating actions required at present; monitoring continues.
- **Ambulance Handovers:** August and September performance continues to be good.
- **YAS response times:** August and September performance continues to be good.
- **OOH GP:** No mitigating actions required at present; monitoring continues.
- **EDFD:** Plan for next phase going to Exec on 17/10.
- **NHS111:** No mitigating actions required at present; monitoring continues.
- **DTOC:** Some continued concerns about availability of care home beds as closures and relocations continue. Scoping meeting for alternative community bed usage taking place 16/10. CCG and CYC discussion at CYC Senior Management meeting 17/10.

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

- **4-hour standard:** action plans against applicable projects have been shared with Complex Discharge Group and A&E Delivery Board as appropriate. The resilience and winter plan is now complete and submitted.
- **Ambulance Handovers:** key actions have been described against Action on A&E timeline, metrics have been agreed, monitoring underway.
- **YAS response times:** not applicable at present.
- **OOH GP:** not applicable at present.
- **EDFD**: not applicable at present.
- **NHS111**: not applicable at present.
- **DTOC**: Continued work around use of 'fast-track' beds and community beds ongoing; plan timed against known winter

Is further escalation required?

- **4-hour standard:** No
- **Ambulance Handovers**: No
- **YAS response times**: No
- **OOH GP**: No
- **EDFD**: No
- **NHS111**: No
- **DTOC**: Continued focus from Complex Discharge Group and associated programmes including CHC. AEDB aware of issues. CYC and CCG working together.

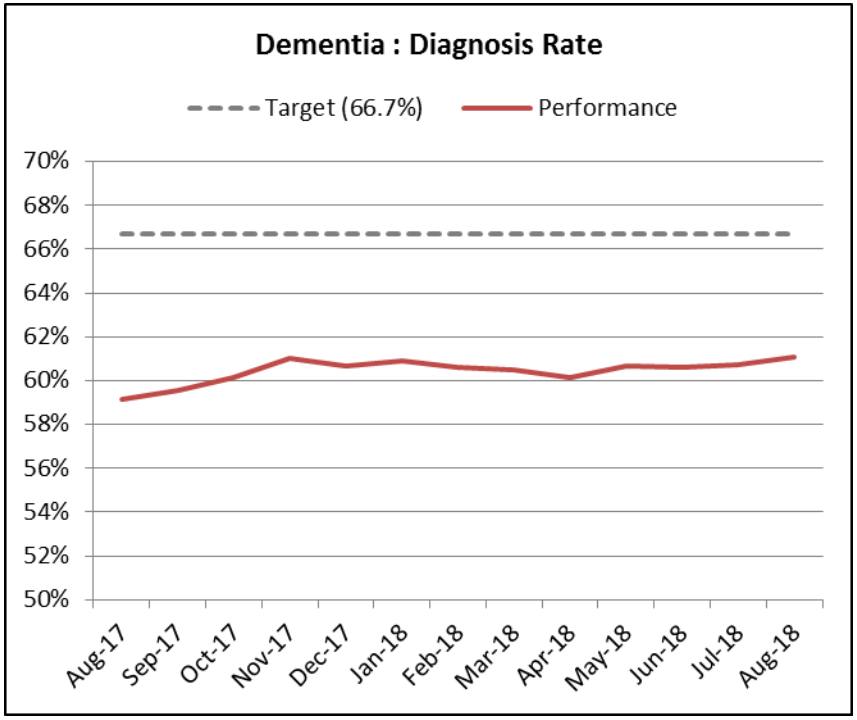
Programme Overview
- Mental Health, Learning Disability, Complex Care and Children's

Executive Lead and Clinical Lead:
Denise Nightingale, Executive Director of Transformation & Delivery (MH/LD/CHC)

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

PERFORMANCE : MENTAL HEALTH – DEMENTIA

Dementia			
Diagnosis Rate			
Jun-18	Jul-18	Aug-18	DoT
60.6%	60.7%	61.1%	↑



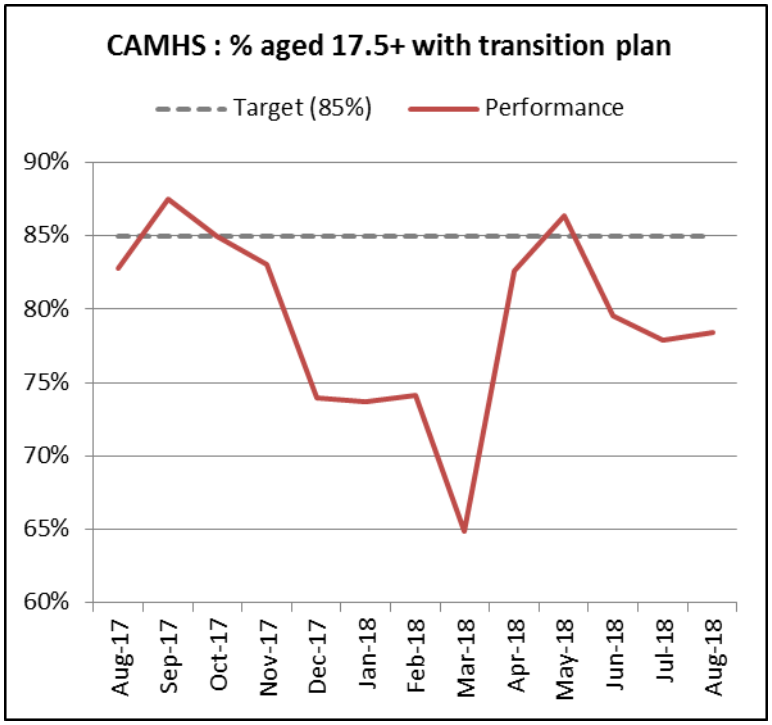
Publication of September data has been delayed until November 2018.

Practice Name	Movement	Performance
Beech Tree Surgery	1	74.3%
Dalton Terrace Surgery	2	45.5%
East Parade Medical Practice	0	46.2%
Elvington Medical Practice	4	85.2%
Escrick Surgery	0	58.8%
Front Street Surgery	3	48.4%
Haxby Group Practice	0	95.9%
Helmsley Surgery	(1)	43.6%
Jorvik Gillygate Practice	0	69.5%
Kirkbymoorside Surgery	(1)	56.7%
Millfield Surgery	0	60.6%
My Health Group	4	57.2%
Pickering Medical Practice	3	54.7%
Pocklington Group Practice	(2)	54.8%
Posterngate Surgery	(3)	58.3%
Priory Medical Group	17	68.2%
Scott Road Medical Centre	2	89.2%
Sherburn Group Practice	(2)	77.9%
South Milford Surgery	0	44.0%
Stillington Surgery	1	52.9%
Tadcaster Medical Centre	0	52.0%
Terrington Surgery	1	35.7%
The Old School Medical Practice	2	57.5%
Tollerton Surgery	(1)	29.5%
Unity Health	1	52.9%
York Medical Group	(5)	45.9%
Total	**26**	

Based on Primary Care Data		**63.5%**
Based on NHS Digital Data		**61.1%**

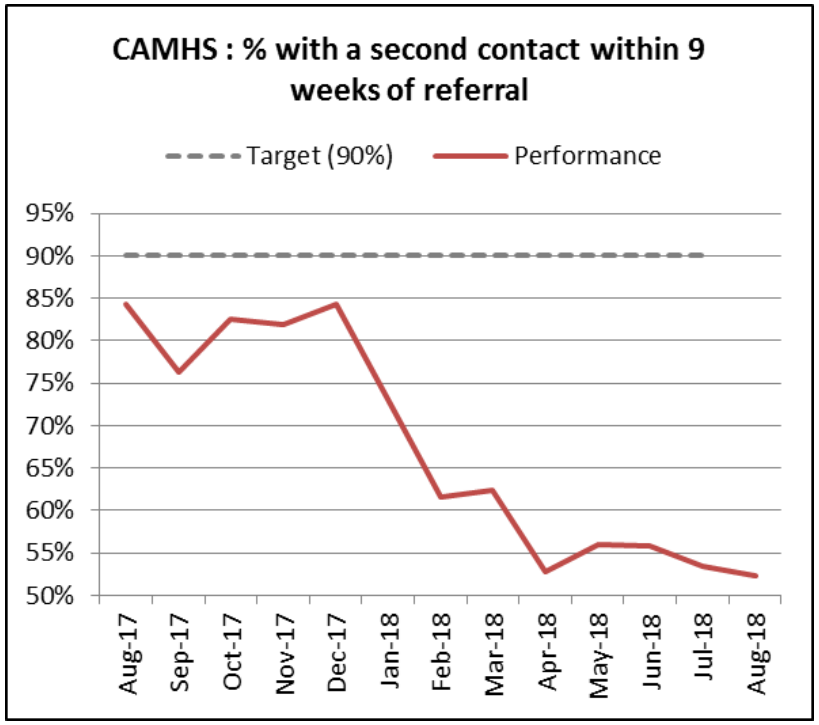
PERFORMANCE : MENTAL HEALTH

CAMHS			
% aged 17.5+ with transition plan			
Jun-18	Jul-18	Aug-18	DoT
79.6%	77.9%	78.4%	⇧



The position for August is 78.4%, which is attributable to 19 breaches out of 88 patients.

CAMHS			
% with a second contact < 9 weeks of referral			
Jun-18	Jul-18	Aug-18	DoT
55.8%	53.3%	52.3%	⇩

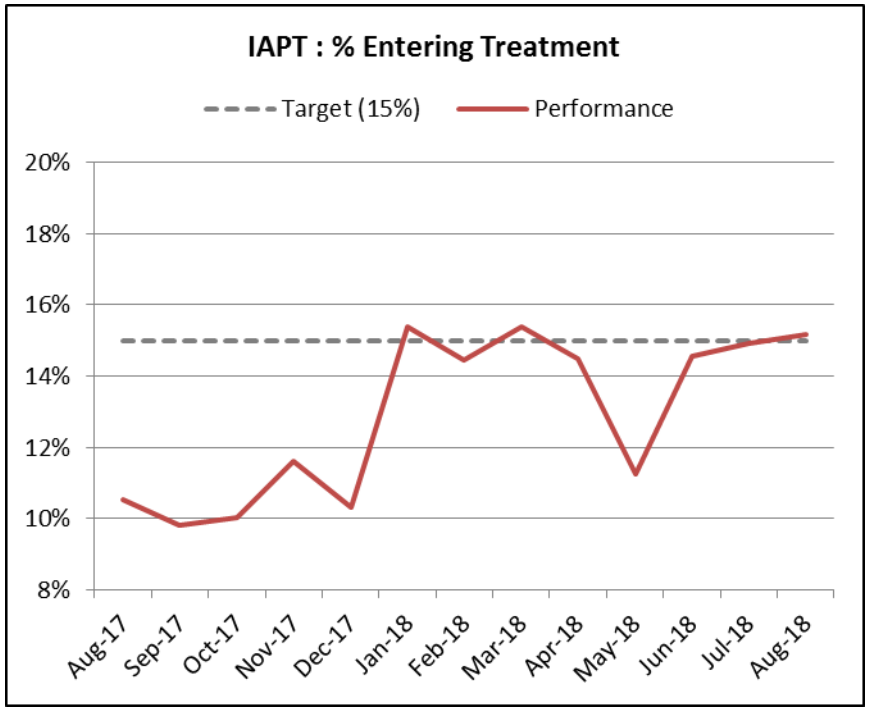


The position for August is 52.27%, which is attributable to 42 breaches out of 88 patients. Breaches continue to predominately relate to issues with staff capacity.

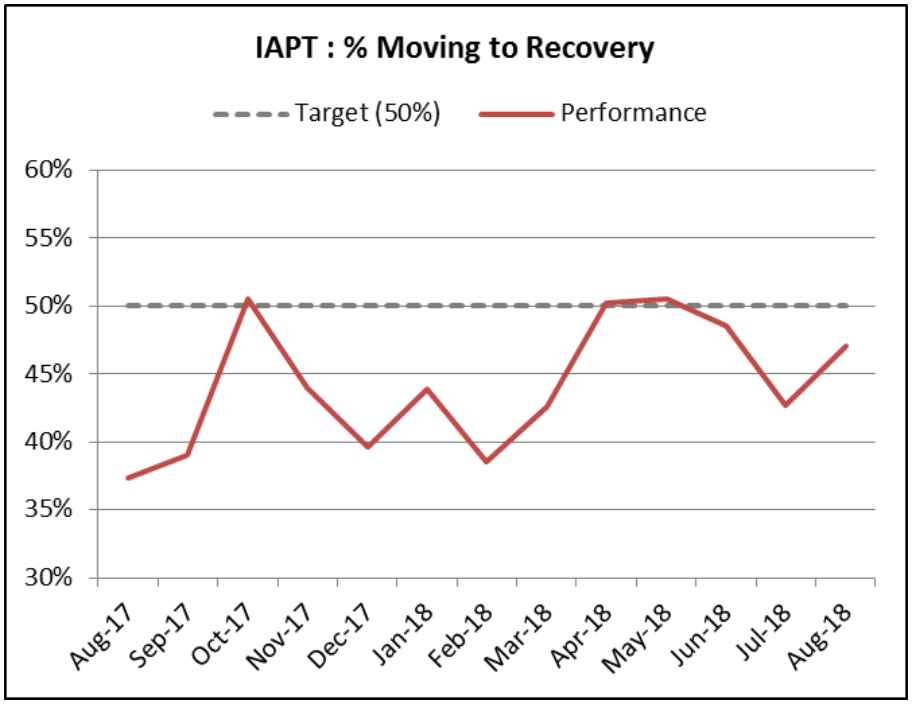
PERFORMANCE : MENTAL HEALTH

IAPT			
Prevalence			
Jun-18	Jul-18	Aug-18	DoT
14.6%	14.9%	15.2%	⇧

IAPT			
Recovery			
Jun-18	Jul-18	Aug-18	DoT
48.6%	42.7%	47.1%	⇧



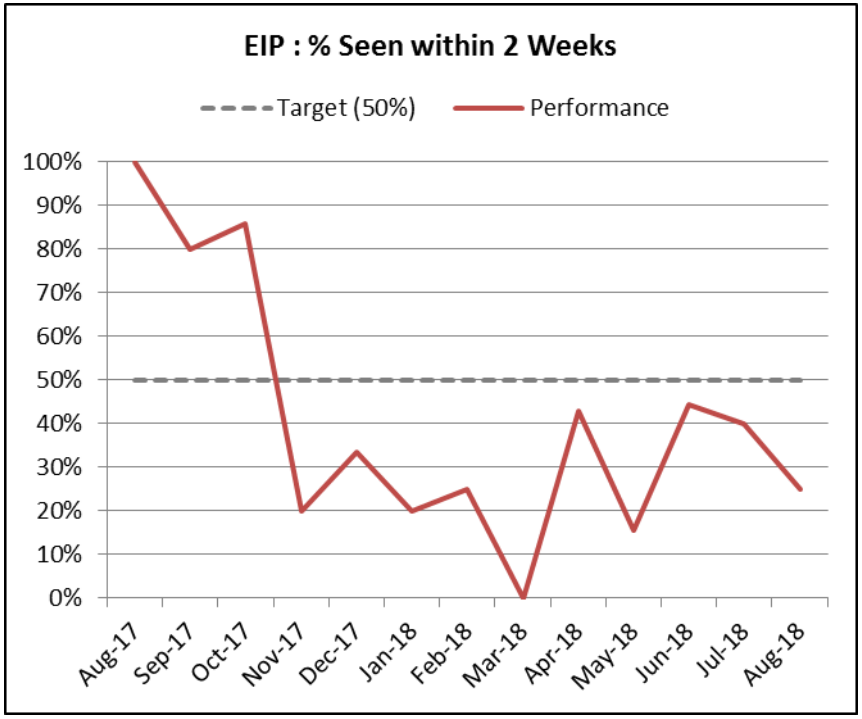
The local position for August is 15.2%.



The local position for August is 47.1%

PERFORMANCE : MENTAL HEALTH

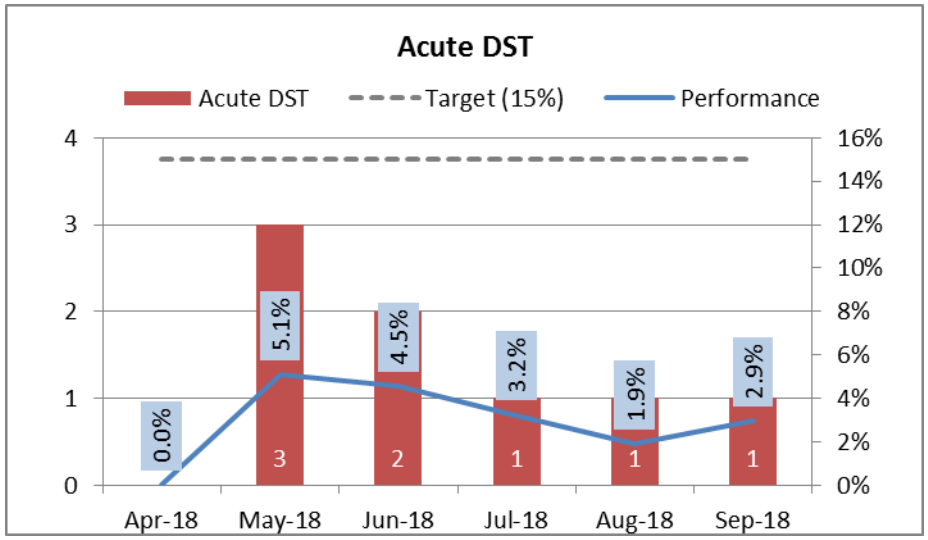
EIP			
% seen within 2 Weeks			
Jun-18	Jul-18	Aug-18	DoT
44.4%	40.0%	25.0%	⇩



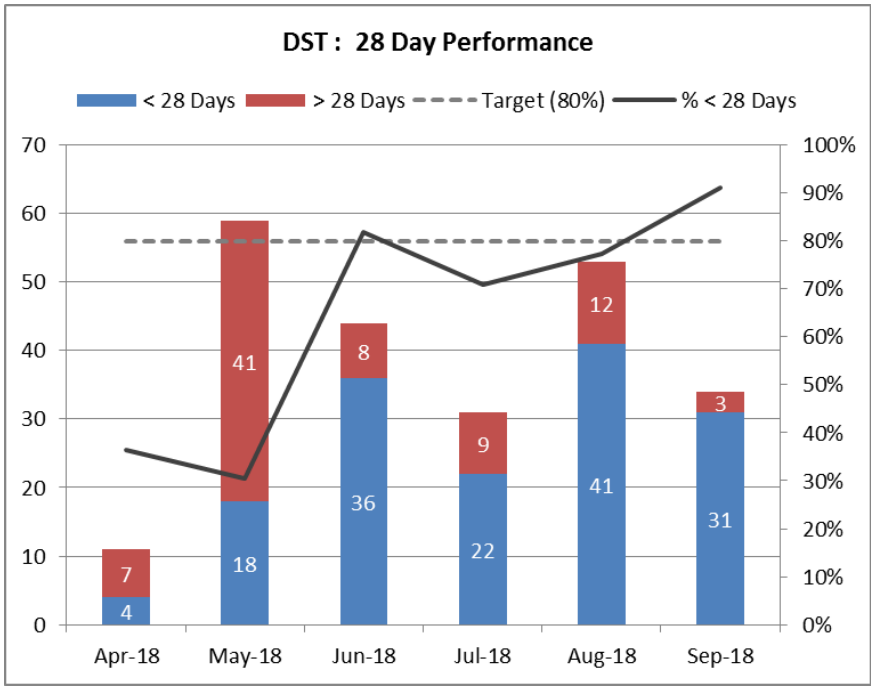
The position is attributable to 3 breaches.

- 2 due to staff capacity meaning there were no earlier appointments available.
- 1 due to staff capacity meaning there was a delay in allocating a care coordinator.

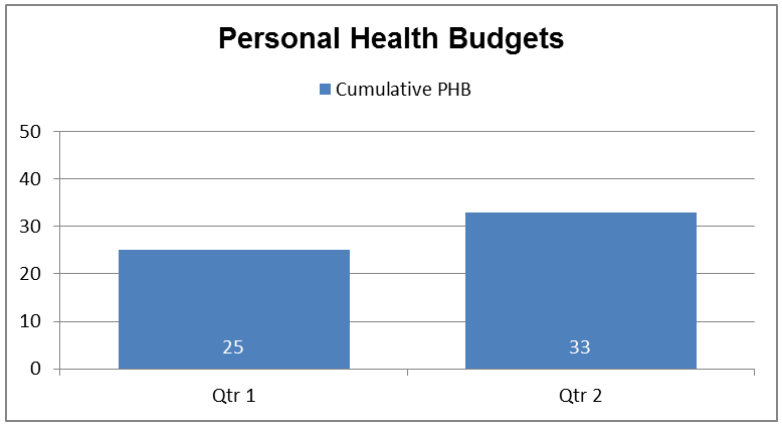
PERFORMANCE : CONTINUING HEALTHCARE



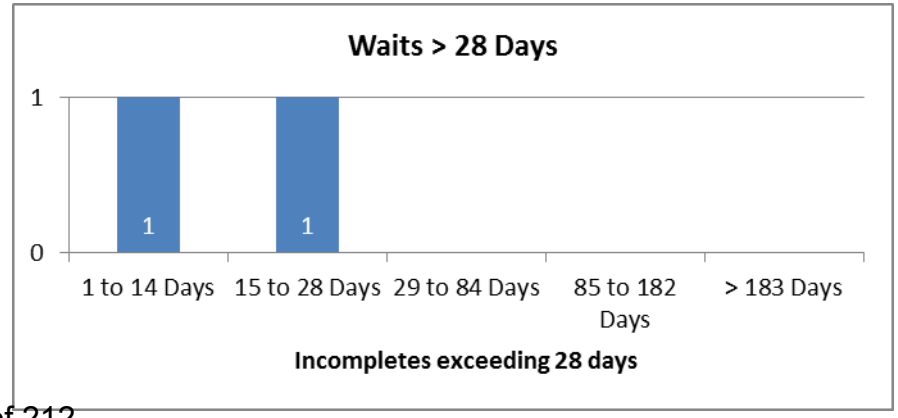
Implementation of the discharge to assess approach has continued to deliver this target. All Acute Hospital DSTs are approved prior to assessment and occur due to patient need.



Performance has improved to 91% surpassing the target of 80% and with the number waiting more than 28 days now down to 2.



The number of Personal Health Budgets increased by 8 from 25 to 33.



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 :** Intensive Support Team revisit on 15th October. Revised action plan to consider recovery developed. Confirm and challenge planned for CMB in Nov **Dementia** : Technical and data quality resource has been secured in primary care to assist with coding in practices with the lowest rates. Joint work is underway to map and develop a consistent pathway based on best practice and which clearly describes options for diagnosis in primary care where appropriate TEWV have agreed to support work regarding data validation of their clients to help performance improvement through patient identification. **CAMHS** : Confirm and challenge in October which has identified further work and performance review held by TEWV internally. **EIP :** Staffing appointments currently on track for improvement in performance in line with trajectory. **CHC** : 28 days performance target has now been met and the position is being monitoring on an on-going basis to ensure that performance does not fall below target.
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	**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, awaiting recruitment of new posts **CHC :** No escalation required at this stage.

CCG Improvement and Assessment Framework (IAF)

NHS
Vale of York
Clinical Commissioning Group

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.

At year end, each indicator is banded with a score from 0 (worst) to 2 (best). This is based on the indicators' deviation from a set point. This set point is either a national standard where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG's value is compared to the national average value.

Weightings are then applied to indicators in order for certain components of the IAF to be given greater prominence in the rating calculation. Weightings are determined by NHS England, and for both 2016/17 and 2017/18 were set as below:

- **Finance: 25%**
- **Leadership: 25%**
- **Other: 50%**

These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted score out of 2. Based on the 2017/18 scoring distribution, rating thresholds were set as below:

- **Inadequate**: Finance and Leadership both Red
- **Requires Improvement**: Finance and/or Leadership NOT Red, and overall score <1
- **Good**: Finance and/or Leadership NOT Red, and overall score ≥1
- **Outstanding**: Finance and/or Leadership NOT Red, and overall score ≥1.45

The IAF assessment for 2017/18 was based on 51 indicators, of which just one was excluded from final assessment due to lack of data availability. In **2017/18** the year end rating for **Vale of York CCG** improved from Inadequate in 2016/17 to **Requires Improvement**, based on an overall score of 0.576 out of the maximum 2.

Each of the 51 indicators which made up the 2017/18 framework was individually assessed using both its year end banding and in-year assessment including ranking against peers and national performance, in order to come up with a draft table of potential priority areas for 2018/19. The table on the following slide is an extract from the full IAF presentation which was submitted to Finance and Performance Committee in August 2018, and groups the indicators into areas performing well, within the mid-range, and those which may need to be prioritised for improvement in 2018/19.

IAF Assessment 2017/18 - Summary table - Vale of York CCG

The table below summarises the 2017/18 assessment of all indicators into those measures which are performing well, within the mid-range, and those which may need to be prioritised for improvement in 2018/19.

Performing Well		
Domain	Ref	Name
Other	102a	Percentage of children aged 10-11 classified as overweight or obese
Other	105c	Percentage of deaths with three or more emergency admissions in last three months of life
Other	107a	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care
Other	107b	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care
Other	121b	Provision of high quality care: primary medical services
Other	122d	Cancer patient experience
Other	125b	Women's experience of maternity services
Other	125c	Choices in maternity services
Other	128b	Patient experience of GP services
Other	128d	Primary care workforce
Other	162a	Probity and corporate governance
Other	166a	Compliance with statutory guidance on patient and public participation in commissioning health and care

Mid-Range		
Domain	Ref	Name
Other	103a	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
Other	103b	People with diabetes diagnosed less than a year who attend a structured education course
Other	104a	Injuries from falls in people aged 65 and over
Other	106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
Other	108a	The proportion of carers with a long term condition who feel supported to manage their condition
Other	121a	Provision of high quality care: hospital
Other	121c	Provision of high quality care: adult social care
Other	122a	Cancers diagnosed at early stage
Other	122c	One-year survival from all cancers
Other	123b	Improving Access to Psychological Therapies – access
Other	123d	Children and young people's mental health services transformation
Other	123f	Mental health out of area placements
Other	124a	Reliance on specialist inpatient care for people with a learning disability and/or autism
Other	124b	Proportion of people with a learning disability on the GP register receiving an annual health check
Other	125a	Neonatal mortality and stillbirths
Other	125d	Maternal smoking at delivery
Other	126b	Dementia care planning and post-diagnostic support
Other	127b	Emergency admissions for urgent care sensitive conditions
Other	127e	Delayed transfers of care per 100,000 population
Other	127f	Population use of hospital beds following emergency admission
Other	130a	Achievement of clinical standards in the delivery of 7 day services
Other	131a	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
Other	144a	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
Other	163b	Progress against the Workforce Race Equality Standard
Leadership	165a	Quality of CCG leadership

Potential Priority for Improvement		
Domain	Ref	Name
Other	105b	Personal health budgets
Other	122b	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
Other	123a	Improving Access to Psychological Therapies – recovery
Other	123c	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
Other	124c	Completeness of the GP learning disability register
Other	126a	Estimated diagnosis rate for people with dementia
Other	127c	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
Other	128c	Primary care access – percentage of registered population offered full extended access
Other	129a	Patients waiting 18 weeks or less from referral to hospital treatment
Other	132a	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG
Finance	141b	In-year financial performance
Other	163a	Staff engagement index
Other	164a	Effectiveness of working relationships in the local system

NHS
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Clinical Commissioning Group

2018/19 CCG Quality Premium

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QUALITY PREMIUM

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

Guidance for the 2018/19 CCG Quality Premium has been released, and the table opposite summarises the potential funding available to Vale of York and Scarborough & Ryedale CCGs 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.

The CCG are currently working on producing baselines and tracking for the 2018/19 Quality Premium and updates will be provided in this report as and when available.

QUALITY PREMIUM

Q1 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	22,214				
	Variance	1,322				
	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	6,136				
	Variance	96				

	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	3,413				
	Variance	14				
	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				
	Variance	114				

	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	6,539				
	Variance	578				
	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	2,883				
	Variance	295				

The table opposite shows the position as at end Q1 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 Q1 both CCGs are adverse to plan on all three indicators, however some are within relatively small margins so there is potential for recovery in future quarters.

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 Update

As at end September 2018, 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 Standards (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
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 Carington

Meeting of the Governing Body

Date of meeting: 1 November 2018

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 provide an update on the work of the quality and nursing team and includes the Safeguarding Children Annual Report.

Key Messages to Governing Body following October's Quality and Patient Experience Committee

- Expressed continuing concerns in relation to Child and Adolescent Mental Health Services
- Agreed that medicines management be incorporated in the Quality and Patient Experience Report
- Expressed continuing concern about timeliness of health assessments for Looked After Children
- Agreed a new approach for supporting Practices in terms of quality in primary care

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) N/A	
Recommendations **N/A**	

Responsible Executive Director and Title Michelle Carrington	**Report Author and Title** Quality and Nursing team

NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– October 2018

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 in include

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

Quality in Primary Care

Unity Practice
Unity Practice was rated inadequate following their CQC inspection on 23 May 2018. The CQC re-inspected the practice and the progress against their regulation breaches on the 18 September, 2018 and the imposed sanction of closing the practice's list to new patient registrations was lifted. The CCG has continued to work closely with the practice and this support has been recognised by all those involved. The CQC will carry out a full inspection in 3 months' time where the practice will also have the opportunity to improve their rating.

The CCG and Unity Practice also attended the City of York Council Health Overview and Scrutiny Committee in September 2018. A separate paper was included for the attention of the October Quality and Patient Experience Committee with a view to targeting practices most in need and offering support with preparing for CQC inspections. This approach was agreed and this will be communicated to all GP practices in the short term.

General Practice Nursing Awards 2019
Building on the success of last year, NHS England has announced that there will be a 2019 Award Ceremony celebrating the work of the General Practice Nurse community. The Quality Lead for Primary Care will take ownership in recognising local talent and successful nominees will then be invited to a York and Humber celebration final in March 2019**.**

Infection Prevention & Control (IPC)

The CCG IPC meetings continue to review cases and focus on increased collaboration with York Teaching Hospital Foundation Trust (YTHFT)

York Teaching Hospital Foundation Trust (YTHFT)

Multi Resistant Staph Aureus (MRSA)
MRSA remains a zero tolerance measure in 2018/19. Cases of MRSA are now assigned by time of infection onset as opposed to time of patient admission. Where the infection onset is greater than 2 days after admission these are assigned as hospital-onset cases; all other cases will be assigned as community-onset.

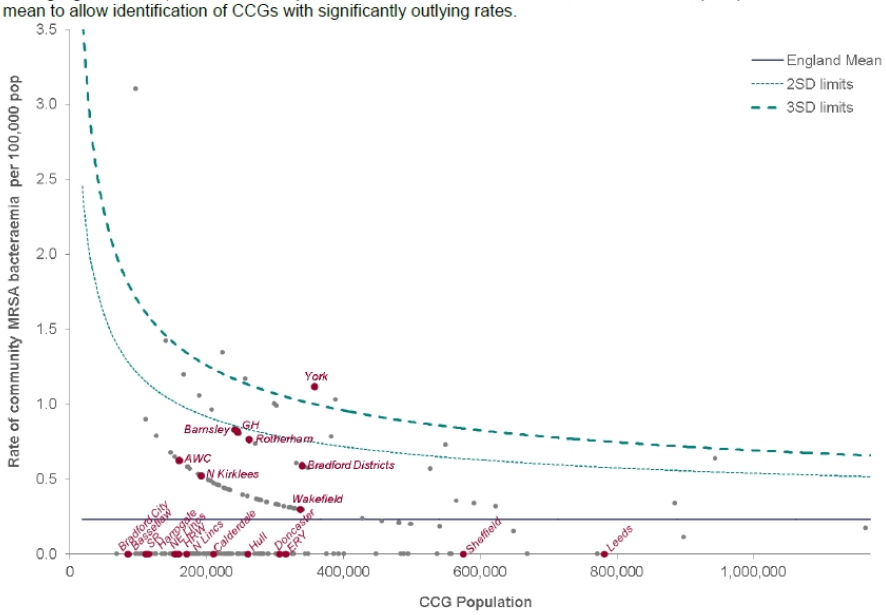
In April to June 2018, there were a total of 22 MRSA bacteraemia reported in Yorkshire and Humber including both Trust and Community assigned cases, 6 of which were Vale of York CCG patients.

Of the total 22 cases in the region, 6 were trust-apportioned, including 2 at YTHFT. No Yorkshire and Humber NHS acute trusts reported a trust apportioned incidence significantly higher than the national mean this quarter.

The incidence of community-apportioned MRSA bacteraemia in the Vale of York CCG (4 cases; 1.1 cases per 100,000) was significantly higher than the national average, as shown in the graph below. This was as a result of patients being discharged from the acute trust following appropriate identification and treatment of MRSA and having a secondary episode within a timescale which requires classification as a new case.

Figure 8: Community-apportioned MRSA bacteraemia rates in per 100,000 population for all England CCGs from April to June 2018

Source: HCAI Mandatory Surveillance; Data points represent CCGs in England. CCGs within Yorkshire and Humber are highlighted in red; Dashed lines represent control limits at 2 and 3 standard deviations (SDs) around the national mean to allow identification of CCGs with significantly outlying rates.



AWC = Airedale, Wharfdale and Craven; GH = Greater Huddersfield; HRW = Hambleton, Richmondshire and Whitby; SR = Scarborough and Ryedale

The above data covers the period to June 2018. YTHFT reported zero cases of MRSA bacteraemia in July 2018, and one case in August 2018. The CCG participated with the post infection review and no lapses in care were identified.

Clostridium Difficile Infection (CDI)

Following the amended guidance, a process for reviewing community and secondary care cases of clostridium difficile has been agreed and will start shortly. YTHFT's yearly threshold for clostridium difficile for 2018/19 stands at 47and 77 for Vale of York CCG. Although not regional outliers, the CCG continues to see a rise in cases with some months above trajectory for both the CCG and YTHFT. The medicines management team attend the meetings and provide opinion on compliance with prescribing guidance.

2018-19															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
Clostridium Difficile Infection															
Vale of York CCG Attributable Cases (All)	8	9	8	9	6								40		93
Objective	4	5	8	8	9	5	7	5	8	8	4	6		77	
Vale of York CCG Number of Lapses in Care (All)													0		
Scarborough Ryedale CCG Attributable Cases (All)	1	3	1	0	2								7		34
Objective	2	1	2	1	1	4	4	4	4	1	4	2		30	
Scarborough Ryedale CCG Number of Lapses in Care (All)															
YFT Attributable Cases (All)	4	7	6	3	4								24		45
Objective	4	4	4	3	4	4	4	4	4	4	4	4		47	
YFT Lapse in Care (All)													0		

To add some longer term context, the table below shows all CDI cases in patients by CCG from July 2017- June 2018.

NHS AT	CCG	2017		2018		Trend	Q2 vs Q1
		Q3	Q4	Q1	Q2		
North Yorkshire and the Humber	East Riding Of Yorkshire	15	12	12	23		
	Hambleton, Richmondshire & Whitby	13	6	7	6		
	Harrogate and Rural District	2	11	6	6		
	Hull	16	8	12	14		
	North East Lincolnshire	13	8	7	13		
	North Lincolnshire	17	11	8	11		
	Scarborough and Ryedale	5	6	5	5		
	Vale Of York	27	28	24	26		
	Total	**108**	**90**	**81**	**104**		

Serious Incidents (SIs)

Key Issues from provider Trusts

York Teaching Hospital Foundation Trust

Serious Incident Learning - Update

Previous updates have been provided highlighting challenges relating to YTHFT in both timely responses to queries raised by the CCG, completed SI reports and further assurance on embedding of actions. Significant progress has been made and the Deputy Director of Patient Safety attended the latest CCG SI panel. As the Deputy Director attends the Trust SI panel she was able to answer CCG queries as well as witness the detailed CCG review of reports and was able to understand the rationale behind the queries.

Never Events (NE)

Following the successful meeting in August multi-site assurance visits to theatres have been organised. No further Never Events have occurred.

Falls and Pressure Ulcers
CCG attendance at the falls and pressure ulcer panels continues. A peak in the number of cases, particularly pressure ulcers has required additional panels to be arranged. The CCG have highlighted concerns on the consistent themes evident from pressure ulcers in particular. In response, YTHFT are undertaking a detailed review that will consider all aspects of falls and pressure ulcers reporting.

The number of incidents that are de-logged (downgraded from a Serious Incident) following extensive investigation is also being reviewed. The Deputy Director of Patient Safety is leading this work with the aim of developing a process that will determine if an incident meets the SI criteria.

Aligned Incentive Contract (AIC)
The second meeting of the new Quality and Safety group to support the AIC agreement has taken place with YTHFT. The focus of the discussion will move away from being governed by the contract and shift to being patient focused.

Tees, Esk and Wear Valleys Trust (TEWV)

Mental Health clinical expertise
The CCG's Head of Quality Assurance and Maternity continues to attend or dial into Directors' panel where SI reports are reviewed and scrutinised before final submission to the CCG. The CCG no longer has a staff member to provide clinical mental health oversight of these cases and a proposal is planned for a new model with a specific post to provide this expertise on a very flexible basis. This continues to present some risk and has been added to the CCG risk register.

TEWV continue to be responsive to collaborative working, improved processes and providing assurance. The TEWV Head of Patient Safety attends the CCG SI panel on a quarterly basis and agreed for the Lead Clinical Investigator for York and Selby to dial into all CCG SI panels to discuss cases and answer any queries. This has proved incredibly positive and very few cases now exist with outstanding queries.

TEWV Quality Meeting
TEWV are responding to the draft report from their recent CQC inspection and an informal summary is expected at the next CCG led Quality meeting.

TEWV are on track to achieve all their Commissioning for Quality and Innovation targets (CQUINS) except for Communication with General Practitioners which will be raised at the Performance meeting with TEWV.

Waiting times for Children and Adolescents Mental Health Services (CAMHS**)** continues to be an issue impacting on patient experience and quality. The Quality meeting were updated on plans to deliver group therapies to reduce waits and increase access. The need to communicate this clearly with partner stakeholders was emphasised.

Quality Assurance from other providers

Primary Care Incidents
The CCG are being informed of incidents from primary care more frequently. Learning from Incidents Patient Safety Bulletin has recently been sent out to all practices to promote this and has been positively received.

Yorkshire Health Solutions
Quality concerns have been raised by the radiology department at YTHFT regarding the quality of images to avoid both duplicate investigations and allow appropriate onward treatment. There are some quality indicators in the contract which have not been enforced and a meeting with the company is scheduled to address this.

Screening and Immunisations Update

Influenza (Flu)
Preparations for the flu vaccination season have continued. Information about vaccination uptake by practice and by eligible cohort has been circulated to all practices. Subsequent visits to practices with high uptake have allowed the CCG to identify and share good practice as well as practice visits to those with low uptake to understand their challenges and offer support. A summary of these good practice tips has been produced and circulated.

The lack of availability of the adjuvanted trivalent vaccination for over 65 year olds has now been resolved by acquiring 400,000 additional vaccines. However this will not change the delivery schedule which has required services to prioritise eligible patients in line with the way practices will receive their supplies - 40% in October, 20% in November and 40% in December. It is anticipated that although the actual flu season does not commence until December, patients who are invited for later vaccination appointment dates may have some anxieties about this. Communication and explanation of this is vital to assure patients that they will be safely triaged and the CCG have worked with primary care to produce a video explaining this new programme for 2018/19. https://youtu.be/XPfEICSkqYk

Communication of the NHS England and Public Health England (PHE) decision to fund the flu vaccination for health and social care workers is welcome and will be communicated as a shared message from the CCG, Local Authority and PHE. The campaign aims to improve flu vaccination rates amongst residents and health and/or social care staff working in direct contact with vulnerable patients.

Concerns were identified about the wholesale licence agreement in relation to District Nurses, who are YTHFT employed, vaccinating housebound patients on behalf of GPs. Through persistent requests for a national solution, supportive guidance has now been issued. The CCG are working with the Senior Nursing team at YTHFT to ensure that this vulnerable cohort of patients receive timely vaccinations

and a local agreement to ensure that the District Nurses are working within their scope of practice is being finalised.

The school immunisation services across North Yorkshire and Humber are prepared to deliver flu vaccination to school children from reception to year 5, from September to December, with further sessions planned in January.

Maternity
Work to progress the Local Maternity System continues with the transformation funding now awarded after additional assurance was provided on implementation and financial modelling. The Head of Quality Assurance and Maternity represents the CCG on the working groups and the Executive Board. As there have been concerns about the Board the Head of Quality Assurance and Maternity attended the West Yorkshire and Harrogate LMS Board as it was identified through the Maternity Commissioners Forum that they were progressing well against their plan. A summary of this has been shared with the chair of the Board, the Project Management Officer and the Senior Responsible Officer.

Role of Medicines Management in Supporting Quality

The CCG's Strategic Lead Pharmacist attended October's QPEC to present the range of work streams that the Medicines Management team were involved in. The QPEC agreed to receive regular medicine management updates as part of the QPEC report going forward.

Patient Experience Update

Vale of York CCG Complaints
20 complaints were registered in the CCG during July and August 2018:

- 12 complaints related to the eligibility criteria for the Patient Transport Service (PTS). 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 provided additional information as to why they feel they do meet the criteria for NHS-funded transport and this was reviewed against the initial PTS assessment. Six of the 12 complainants were found to be eligible and transport was re-instated, usually with re-assessment in three months.

- 5 complaints related to communication/information and delays regarding Continuing Healthcare (CHC).

- 2 complaints related to the BMI (Body Mass Index) and smoking threshold policy for elective surgery.

- 1 complaint was about the wheelchair service.

Vale of York CCG Concerns
235 concerns/enquiries were managed by the Patient Relations Team including:

- 154 contacts were from a persistent contactor which required no further action. However, this is an unprecedented number of contacts in a two month period and follows the re-application of the CCG's Unreasonable and Persistent Complainants Policy to the individual. These contacts tend to be links to You Tube and Twitter, but they have to be checked to ensure there are no valid complaints for the CCG to respond to.

- 20 concerns/enquiries were about the anti-coagulation/warfarin monitoring service. Following consultation and discussions with patients, York Hospital and GP Practices, to understand how best to provide health services locally, the service is transferring from a clinic within York Hospital to GP Practices.
This means that patients will have a quick 10 minute appointment and they won't have to wait for blood taking. The new service does not involve taking blood from the arm, instead it is a finger prick blood test and the results are available immediately. Some of the patients who contacted us had been visiting the hospital clinic for a long time and were anxious about the change. The Patient Relations Team and/or GP Practice Managers have offered clarification and reassurance.

- 18 contacts were raising concerns and/or seeking clarity about the CCGs BMI/smoking thresholds for elective surgery.

- 7 contacts were in connection with the continence service provided by York Teaching Hospital Foundation Trust.

- 44 contacts were signposted to other organisations for help and advice.

CCG activity for all types of contact during July and August is shown in the pie chart at the end of this section.

Compliments
- The CHC Team received a letter from a family thanking them for their good experience of the CHC service.

- The Patient Relations Team were thanked for their involvement with a carer who had been concerned about the change in the anti-coagulation service and the impact on her husband. She described the team as the "human face" of the CCG.

Action arising from complaints/concerns
A GP raised a concern about an Independent Funding Request (IFR) which was declined for a patient with a BMI of over 35. An IFR is used to seek funding for procedures that are not routinely commissioned. The feedback from the GP was reviewed by the CCG and it was agreed that there was inequity in applying the orthopaedic clinical exceptions if patients have a BMI over 35. Therefore the BMI 35 policy is being amended.

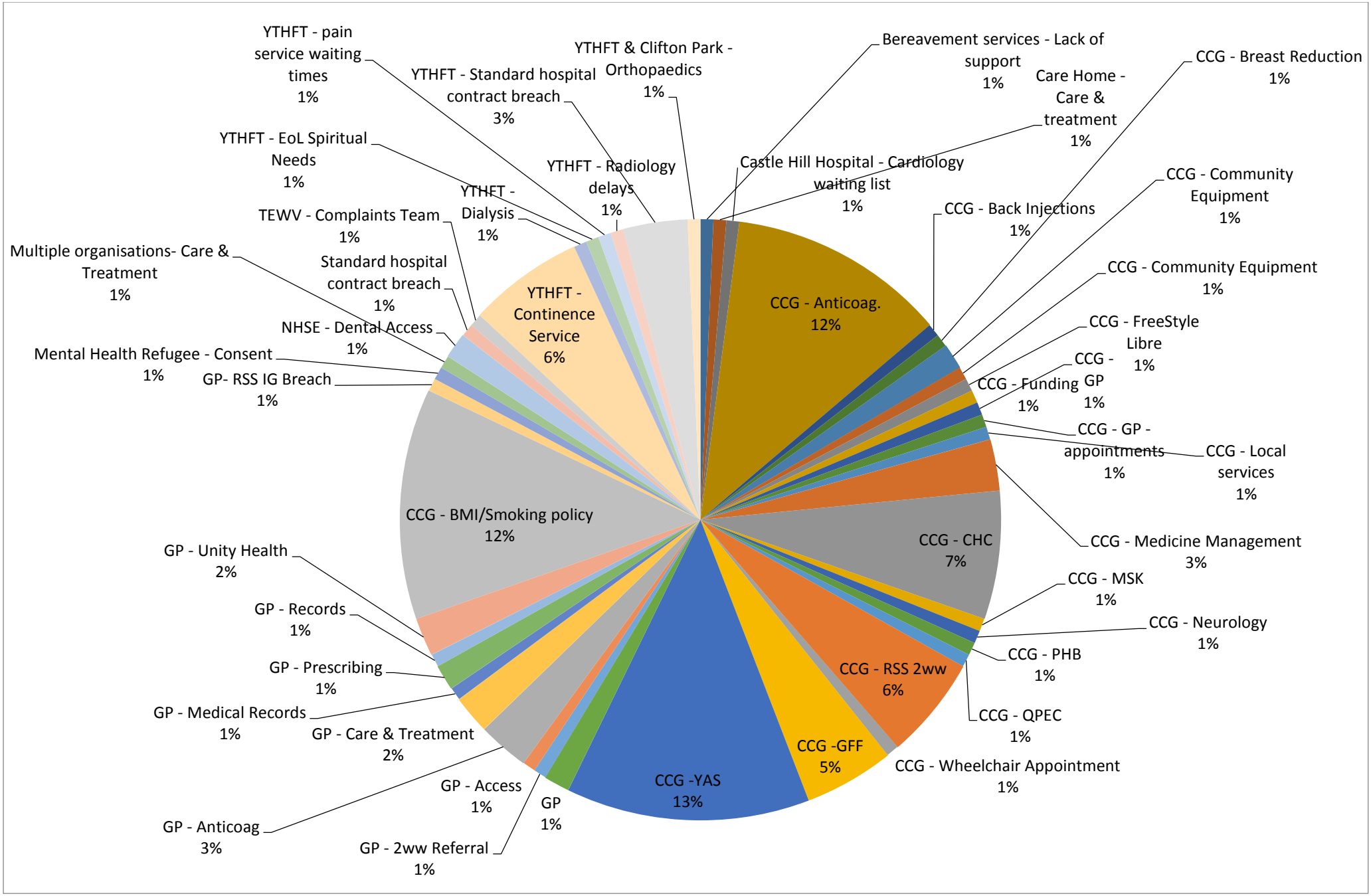
In the last report, it was recorded that negative feedback was starting to come through from service users and York Carers Centre (on behalf of local carers) about a recent change in continence products. On investigation, York Teaching Hospital NHS Foundation Trust has procured a new supplier. Some service users and carers are complaining that the items are an inferior quality and are causing pain and discomfort. The CCGs Deputy Chief Nurse liaised with the Trust's Operational Manager on these issues.

Following this, the CCGs Deputy Chief Nurse, Head of Engagement and Patient Experience Lead attended an event hosted by and held at York Hospital where issues raised by patients and carers were addressed face to face by the continence advisory team and staff from the provider (Hartmann). Samples of all like for like product types were brought along for patients and carers to view and give assurance that the quality is on a par with the previous supplier. It was a proactive and positive event and the CCG were reassured that any issues were being resolved swiftly.

Other Sources of Patient Feedback

These include Healthwatch, Friends & Family Test 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.

Hospital	Rating (out of a score of 5)	Number of ratings
York	4.5	230
Scarborough	4	100
Bridlington	4	2
Nuffield York	3	3
Clifton Park	5	6


YTHFT - pain service waiting times 1%
YTHFT - Standard hospital contract breach 3%
YTHFT & Clifton Park - Orthopaedics 1%
Bereavement services - Lack of support 1%
Care Home - Care & treatment 1%
CCG - Breast Reduction 1%
YTHFT - EoL Spiritual Needs 1%
YTHFT - Radiology delays 1%
Castle Hill Hospital - Cardiology waiting list 1%
CCG - Community Equipment 1%
YTHFT - Dialysis 1%
CCG - Back Injections 1%
TEWV - Complaints Team 1%
Multiple organisations- Care & Treatment 1%
Standard hospital contract breach 1%
YTHFT - Continence Service 6%
CCG - Anticoag. 12%
CCG - Community Equipment 1%
NHSE - Dental Access 1%
CCG - FreeStyle Libre 1%
Mental Health Refugee - Consent 1%
GP- RSS IG Breach 1%
CCG - Funding 1%
CCG - GP 1%
CCG - GP - appointments 1%
CCG - Local services 1%
CCG - BMI/Smoking policy 12%
CCG - CHC 7%
CCG - Medicine Management 3%
GP - Unity Health 2%
CCG - MSK 1%
GP - Records 1%
CCG - Neurology 1%
GP - Prescribing 1%
CCG - PHB 1%
CCG - RSS 2ww 6%
GP - Medical Records 1%
CCG - QPEC 1%
GP - Care & Treatment 2%
CCG -GFF 5%
CCG - Wheelchair Appointment 1%
GP - Access 1%
CCG -YAS 13%
GP 1%
GP - Anticoag 3%
GP - 2ww Referral 1%

Patient Engagement Update

End of life care strategy
This CCG is working with patients, partners, carers, family members and the public to create an end of life care strategy that strengthens its commitment to improve and develop end of life care and support services.

During August and September, the CCG conducted a series of engagement sessions and launched a survey to gather patients and stakeholder feedback around their experiences when in receipt of or delivering end of life care. The focus was on identifying what we do well as a health and social care system, and where there are gaps and improvements to be made.

The responses are being collated and analysed and will be used to inform the content of the strategy and create a Citizens' Charter that reflects the needs of people across the Vale of York.

Embedding engagement and communications within projects.
Following recommendations from an internal stakeholder engagement audit the comms and engagement team has hosted a number of refresher educational sessions for the PMO and transformation and delivery functions.

These sessions set out the guidelines and principles around the legal and statutory requirements for public and patient involvement. They also looked at how the CCG can improve the process for embedding communications and engagement within projects and how teams can conduct an effective stakeholder analysis. Sessions were held on 30 August and 27 September. The sessions will be shared wider across the CCG.

Patient story
As part of the next steps from our QPEC patient stories, we continue to follow the action plan and meet with those who have kindly given up their time to share a patient story.

Patient story: Continuing Health Care
In August the Deputy Chief Nurse and Head of Engagement met with the CHC nursing team to feedback our QPEC patient story and ensure that the experience was shared with those delivering care.

On 27 September we met with a family member and his mother who was going through the Continuing Healthcare assessment process. It was interesting to hear from the service user herself about her experience of services and her understanding of the funding process. The patient experience will be fed back through the CHC process and to teams involved.

Communications and engagement strategy 2019-22
Work has commenced on the participation element of the new engagement strategy. Meetings to gather feedback and input into the strategy are being held with key

stakeholders during September and October 2018. The strategy will be presented at the February 2019 QPEC for comment.

Upcoming engagement:

Engaging with the younger generation around mental health: In October and November City of York Council (CYC) is hosting two events aimed at secondary school pupils. We have the opportunity to hold a session with the students around experiences of mental health.

Self-Care week: 12-18 November is Self-Care week. The CCG is planning a campaign to raise awareness around this topic. We will be linking in with the themes of pledges that our population made as part of the NHS' 70th Birthday celebrations. The plan is to host an exhibition of pledges, focusing on self-care and keeping healthy and well.

Stop the pressure campaign: It is national stop the pressure day on 15 November 2018. The CCG is hosting an information stand on the day in Askham Bar Tesco from 10am-2pm, to raise awareness of identification and prevention of pressure sores.

Care Homes and Adult Safeguarding Update

Care Homes and Safeguarding
Two Care Homes across the Vale of York geography have announced closure; Amelia House and Moorlands. The Local Authority has led plans to ensure that all residents and families are kept up to date with plans to identify new homes for these people. The Designated Professional for Safeguarding Adults has briefed the Quality and Experience Committee and describes the risks associated with loosing these Care Home beds on the Risk Register.

Safeguarding Children

October's QPEC received a paper which included an update about any serious case reviews and an update about the local safeguarding children's board arrangements. The Safeguarding Children Annual Report is included for approval as part of the November Governing Body papers.

Safeguarding Adults

October's QPEC received a paper which included an update about the Learning Disability Mortality Review programme (LeDeR), an update about the local safeguarding adults boards current safeguarding reviews.

Quality in Care Homes

Complex Discharge Steering Group and Unplanned and Emergency Care Steering Group

Quality Leads from NHS Vale of York CCG (VoY CCG) and Scarborough and Ryedale CCG (SRCCG) continue to work closely, ensuring a joined up approach to engage all stakeholders in work pertaining to Care Homes and Domiciliary Care. Discussions to ensure work plans are aligned have been productive, identifying common themes to maximise impact and reduce duplication of work. Aimed at preventing unnecessary admissions from care homes and promoting flow/ discharge, key schemes include the Capacity Tracker Tool, the Red Bag initiative, 'React to Red', falls prevention, advanced care planning and identification of the deteriorating resident.

Engagement with Providers

The CCG's Senior Quality Lead has been invited by a GP in the South locality to be involved in considering different models of working to improve the efficiency of support offered to care homes by the practice. The identification of deteriorating residents work will be part of this offer to the care home and aims to link with the care home pharmacists once appointed. The use of softer signs tool and improving communication between health and social care staff also has the potential to be integrated in discharge process and with informal carers.

Care Home Engagement:

The CCG's Senior Quality Lead has continued visits to understand priorities of the different care homes and identify where support can be offered. This work ensures the care home strategy continues to reflect residents and carer's priorities, sharing progress and celebrating achievements.

The Senior Quality Lead will be supporting a local care home manager in establishing a task and finish group who aim to agree a charter of standards. The charter will articulate standards that can be expected from the home. This ambition is to address promotion of positive perceptions of the care home sector with NHS colleagues and other stakeholders. It links with the national recruitment campaign and the Excellence Centre promoting health and social care sector as a positive environment.

React to Red and Safety Huddles

All care homes across the Vale of York have now been contacted regarding React to Red training and to date 60/82 (approximately 75%) are engaged with the programme.

A total of 1234 care staff have been trained in React to Red to date.
25 care homes and 1 day care service provider have achieved full completion with all 694 staff trained and competent. Certificates have been awarded to recognise and celebrate the success.

Many of the care homes have now incorporated React to Red training as mandatory upon induction and annually thereafter. Post training evaluation continues to be positive with care staff reporting the training easy to understand, improving baseline knowledge of pressure ulcer prevention, recognition and interventions. Care home managers' report that staff feel more confident recognising risk, identifying skin changes and taking appropriate action.

Closer links have been established with the District Nursing teams who are supporting and encouraging the programme within Care Homes.

React to Red awareness sessions have been delivered to tenants, relatives and carers in 5 independent communities across the Vale of York.
Training has also been delivered to a domiciliary care agency and several council colleagues. There are plans for further work within the domiciliary care sector commencing in the next month.

Focussed support for reducing falls in a care home continues which includes Safety Huddles. A number of homes have expressed an interest in becoming involved in this work and the CCG's Quality and Nursing Team are working with them.

A nomination has been submitted to Skills for Health to recognise the superb work of Michaela Summers-Binns, Manager of The Grange Care Home in Selby. It has been fantastic to see how the React to Red framework can be successfully implemented by a committed, passionate, caring and compassionate leader that has actively contributed to the reduction of avoidable pressure damage. Reliably working to high quality standards and inspiring her team to provide outstanding care, undertaking innovations with a positive attitude and a desire to improve care, Michaela is a great role model and motivating leader; an inspiring example of leading change and adding value.

A poster previously accepted at the Tissue Viability Conference and Patient safety Congress earlier this year has been accepted for display at the Wounds UK conference in November 2018. This poster demonstrates the work of implementing React to Red through Safety Huddles in Care Homes across the VoY CCG. This event coincides with the international pressure ulcer awareness campaign which the Quality and Nursing team are currently planning activities to recognise.

Supporting Care Homes
The CCG's Senior Quality Lead aims to play an active role in work that prevents non elective admissions. This includes support for domiciliary care organisations as well as Care Homes.

A Quality Improvement project to support the early identification and communication of deterioration in care home residents has now started. This includes the use of a softer signs tool combined with National Early Warning Score (NEWS) and Situation, Background, Assessment, Recommendation (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. There are already early examples where the tool has supported early intervention for residents.

A bid for funding was submitted in June via the Q community and was amongst a final shortlist of 25 projects. Following a presentation and voting process by peers on September 19th the Health Foundation awarded 30K to support the work. The bid has generated interest from across the Q Community with a number of supportive messages continuing to be received recognising the value in this area of work. The bid hopes to achieve support for extending scope of identification of deteriorating residents work into the domiciliary care setting. Preliminary work has commenced, collaborating with a domiciliary care agency who employ 120 staff and have an education centre willing to support implementation. Offers of help to convert the tool into an app and support from across the country have been received. This work will aim to incorporate work regarding sepsis awareness amongst social care staff.

The Red Bag initiative is still in the planning phase due to infection prevention and control challenges. Discussions with stakeholders continue to ensure the plan for roll out is safe, effective and sustainable. It is anticipated that a solution will be in place by the end of November to ensure timely flow of information across the admission and discharge processes.

Joint work with colleagues from St Leonard's Hospice and York Teaching Hospitals NHS Foundation Trust to support provision of end of life care training is to progress. This aims to ensure training is accessible and content standardised to staff within social care.

Care Home Bed State Tool now called '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 has been procured by NHS England and is free. It aims to enables care homes to share 'real time' bed availability with NHS providers and Local Authorities. The tool is live and progressing alongside implementation in East Riding CCG (ERCCG) and Scarborough and Ryedale CCG (SRCCG). Vale of York 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 Teaching Hospitals NHS Foundation Trust (YTHFT). At the current time the uptake of homes is 65% (53 out of 81 using). Vale of York CCG is contributing towards a user group to inform on development of the tool and to support adoption and spread. Capacity reports which can be pulled from the system are not included in this paper as the data is not valid at the moment due to reporting anomalies. NECS aim to trial the tracker for use with domiciliary care agencies and potentially develop public access.

The Partners in Care Forum

The September meeting had a full agenda with good attendance from all stakeholders including colleagues from TEWV who will commence monthly standing agenda items alongside colleagues from York Hospital NHS Trust and the Continuing Health Care (CHC) Team. The Partners in Care Lessons Learned Bulletin continues bimonthly with contributions from the social care sector to ensure it is relevant and appropriate to the audience. The next meeting is scheduled for

November and a weekly bulletin continues to ensure updates for messages are communicated in a user friendly way.

Health and Social Care Joint Working
The CCG's Senior Quality Lead continues to link with local authority colleagues as required to support action and improvement plans or where concerns are raised. This continues to be supportive to the care homes; ensuring appropriate interventions can be facilitated. The Quality and Nursing team have contributed to supporting recent care home closures.

NYCC have appointed a Quality Improvement Team and opportunities for joint working are being actively explored. This is facilitating joint work and support for programmes such as identification of deteriorating residents.

Equipment Selection in Community
Work to ensure the quality perspective and good governance processes are integral in the commissioning agreements for equipment is being led by the Chief Nurse for Hambleton, Richmondshire and Whitby CCG.

Vale of York CCG's Senior Quality Lead is chairing a sub group of the Equipment Review Group (ERG) to consider provision of mattresses and seating. It is anticipated this should be for a period of 12 months to realise financial savings associated with the appropriate selection and use of mattresses which account for 50% of the spend. The first paper as an outcome of the initial meeting has been received by the ERG with the second meeting to be held the first week in October.

A case study looking at the benefits of using the Mercury Hybrid mattress within a Nursing Home commenced in December 2017. The findings have been written and a poster abstract has been accepted for display at the Wounds UK Conference to be held in Harrogate later this year. A care home setting has not published a study like this as yet and it is hoped will help inform on best practice.

Workforce Development within Social Care
As a result of Joint working with Skills For Care, training was delivered in September to social care staff to help support the development of resilience in their care setting. This was booked up immediately with a waiting list and may be supported again. Work with the Humber Coast and Vale Excellence Centre continues. The CCG's Senior Quality Lead is a member of the delivery group and the partnership forum. This allows representation of the CCG in the centre and helps to shape development of the social care workforce across the region. The Senior Quality Lead is engaging in work to develop the possibility of rotational apprenticeships. A conference is currently being planned for November to showcase the Humber Coast and Vale Excellence Centre.

Research and Development

Work to support research and development including all key stakeholders is progressing through the Research and Development Manager, providing a point of contact within the CCG.

National Institute for Health Research (NIHR) Research Capability Funding (RCF) 18-19

Following the successful recruitment of 500 participants to non-commercial studies conducted through the NIHR CRN during the reporting period 1 October 17 – 30 September 18, the Vale of York CCG qualified to receive the minimum allocation of £20,000 RCF. Application to receive RCF for 18 / 19 has been submitted. Use of this funding is through strict criteria. The Vale of York CCG must ensure that it fulfils their statutory obligations to support and promote research to ensure we receive this funding going forwards. The R&D Manager is working with the Comms Team to support and promote research within the Vale of York research community to fulfil this requirement.

Excess Treatment Costs (ETC)

New arrangements for reimbursement of ETCs are in process and as part of this the CCG provided information to NHS England on their commitments for reimbursement. From the 1st October 2018 the NIHR will manage the ETC budget on behalf of all CCGs. The R&D Manager is supporting local researchers to support a smooth transition.

Letters of Access (LOA)

The R&D Manager has put in place research governance processes and systems to fulfil the CCG requirement to provide LOA for researchers undertaking research within the CCG.

The R&D Managers role continues to grow: providing governance reviews for new research projects being undertaken within the Vale of York, supporting new researchers (PHD and NIHR Research Fellowship students) with their research applications, connecting with NIHR Yorkshire and Humber Clinical Research Network to understanding the research landscape and how research can be best supported and promoted within local research within the CCG.

Quality Impact Assessment

The Quality and Nursing team continue to carry out robust QIAs on any known commissioned service change to fully appraise the impact for patients. Internal audit carried out an audit of this work stream and the CCG attained significant assurance as an outcome. The action plan to ensure that the process remains as robust as possible in response to the audit will continue to be monitored and a list of QIAs will be presented to QPEC prospectively.

Children and Young People

Mental Health

CAMHs (Child and Adolescent Mental Health Services) and Community Eating Disorder Service

Regarding the additional in year and recurrent investment in CAMHS, the staff funded have been appointed and are expected to be coming into post at the beginning of October 2018: the additional staffing will be

- 2 x band 7 Clinical Psychologists
- 2 x band 4 Psychology Assistant posts
- 1 x band 6 CAMHS practitioner (re-configured monies from existing resources)
- 1 x band 3 admin post

The effect on clinical time will be:

- Emotional Pathway will increase by 11 clinician sessions per week (effectively 1.1 WTE)
- Eating Disorders Team will increase by 6 clinician sessions per week (0.6 WTE).
- Neurodevelopmental Pathway will increase by 4 clinician sessions per week
- (0.4 WTE).
- Family Therapy Service will increase by 2 clinician sessions per week (0.2 WTE).

Waiting lists will be monitored and an additional reduction of around 40 is expected in the numbers waiting for an autism assessment against the September numbers, as well as a reduction against the waiting times on the emotional pathway.
The Committee asked for a report on the capacity and demand gap analysis prepared by TEWV. This was considered at the TEWV Contract Management Board in August, and will now be used as the basis of consideration of any further funding for the service should funding become available in the next year. In summary, the analysis established the staffing gap between available clinic hours and the requirement to manage within national and contracted times:

	Pathway offer	**Number of WTE staff needed to clear the backlog of waiters**			**Number of WTE staff required to efficiently manage services and avoid a backlog recurring**
		6 months	**9 months**	**12 months**	**Additional staff**
Autism	Assessment ASCEND 30% ongoing monthly support	5.40 WTE	4.05 WTE	2.70 WTE	2.70 WTE 1 x band 8a 0.5 x band 7 0.8 x band 6 0.4 x band 6 (SALT)

Emotional Pathway	Assessment then intervention of 10 sessions x 1.5 hours (face to face + write up)	7.5 WTE	5.6 WTE	3.75 WTE	3.75 WTE 1 x band 7 Psychologist 1.75 x band 6 Practitioner 1 x band 5 Practitioner
ADHD	Assessment Parents workshop Medical reviews Psycho-social intervention	1.8 WTE	1.5 WTE	1.0 WTE	1.0 WTE 1 x band 6/7 NMP
Family Therapy	Assessment5 session model x 1.5.hours using 4 core staff members	0.8 WTE	0.6 WTE	0.4 WTE	0.4 WTE 0.4 x band 7
Learning Disabilities (excluding first cases)	Assessment and Psycho-social/behavioural intervention 3 hours per month	0.2 WTE	0.15 WTE	0.1 WTE Within existing resources (excluded from total below)	0.1 WTE Within existing resources (excluded from total below)
		15.7 WTE	**11.9 WTE**	**7.9 WTE**	**7.9 WTE**

The calculated costs of the additional staff are:

Pathway	**Summary funding**	
	WTE	**£**
Autism	2.7	166,588
Emotional Pathway	3.75	196,602
ADHD	1.00	62,108
Family therapy	0.40	24,843
Learning disabilities	0.10	6,211
TOTAL	**7.95**	**456,352**

Local Transformation Plan (LTP)
The CCG received NHSE feedback on its Q1 return for the Local Transformation Plan. This highlighted:

'The information submitted was found to be comprehensive, clearly evidencing key challenges and achievements and demonstrates work is being delivered to address all the Future in Mind recommendations. The layout was particularly good and the inclusion of a comprehensive risk report is helpful, as is the RAG rating incorporated into the action plan. Any challenges were clearly highlighted for each work stream.

The panel also felt the report clearly identified progress made during Q1 with a clear direction of travel.

The panel also noted a number of examples of positive working and achievements:

- Schools Wellbeing Service – The panel welcomed the CCG's commitment to continue recurrent funding of the SWS post-2020 and look forward to seeing the results of the SWS activity and outcomes data in the October refresh. The panel also noted that the Peer Support Mental Health Champion training had received a very positive evaluation.

- Compass Buzz – The panel felt the results of this work was very positive: 75% of schools in the VOY CCG area have now received level 1 training; formal feedback from CYP is that 91% report increased well-being, 78% achieved all the session goals; Buzz Us is well-used.

- CYP Waiting times – The panel noted the one-off data collection exercise with NHSE/NHS Digital showed 40% CYP treated. This is well in excess of the national target.

The panel also welcomed the information provided on the achievements and outcomes delivered in Q1.

The panel noted there is still a gap between the reported expenditure and your LTP allocation however as a result of this additional funding the panel now feel *partial confidence* of your progress in Q1, to deliver the Future in Mind (FiM) recommendations, based on the information contained in your report'

The 2018/2019 refresh of the Local Transformation Plan is currently being prepared, and focusing on joint working, embedding pathways of support across agencies to ensure early identification and intervention, and also ensuring that the most vulnerable groups are able to access improved support. The refreshed plan takes account of the feedback from NHS England above.

The Joint Targeted Area Inspection (JTAI) at the end of September highlighted the waiting times for CAMHS. The issue has been raised again with TEWV at the Quality and Performance Sub CMB groups, and will be escalated to CMB again. The additional investment will support reductions in waiting times, but this remains an area for close scrutiny. It is worth noting that the JTAI inspection team advised that an area inspection of CAMHS is likely in 2019.

Recent presentations by TEWV to GPs about the Single Point of Access and appropriate referral criteria were well received. Feedback from the presentations established a gap in information for GPs and other stakeholders around the referrals process and steps are being taken to revise the information on the RSS and from TEWV directly to primary care.

There has been feedback from parents via the York Parent Carer Forum with experience of the waiting times for autism referrals which have also highlighted the approach towards information about the assessment process and also the expected time on the waiting list. This has been discussed with TEWV. As with the CAMHS

feedback, we will look at how to work with TEWV on improving communications across the local system.

CCG staff have worked closely with City Council staff over their application for capital funding for the proposed Centre of Excellence to provide intensive short breaks for children and young people with autism or learning disabilities who exhibit challenging behaviours: the scheme works to prevent family breakdown and avoid long term residential school placements.

Special Educational Needs and Disabilities (SEND)
Preparations continue for the anticipated joint CQC/Ofsted inspection of City of York area inspection of SEND; this will examine the joint arrangements locally for SEND, providing high quality support, and improving outcomes for children and young people.

Our Senior Quality Lead for Children and Young People is now in post, and will provide strong support to the SEND work stream.

Additionally, the CCG is working with City of York Council on a joint commissioning strategy for SEND: this will cover areas of work including decisions on funding, workforce development, and alignment of strategic and individual commissioning.

Adult Mental Health

Improving Access to Psychological Therapies (IAPT)
The position for August is 15.17% of people have entered treatment against the level of need, which is an increase from 14.90% in July. The York and Selby element of the service achieved 15.50% prevalence. The North Yorkshire element of the service achieved 10.5%, which is an increase from July.

The position for August is 47.12% of people who have moved to recovery, which is an increase from 42.70% in July. Further actions are being developed following TEWV's deep dive into Focus on Recovery.

There are 144 patients waiting, of which 18 are waiting in excess of 28 days for their first treatment session. A validated waiting list is now available. This has been shared with the service to enable patients with the longest waits to assessment to be targeted across York & Selby to ensure that all patients are offered an appointment with the next available practitioner.

Early Intervention Psychosis
The position for August of the percentage of service users experiencing a first episode of psychosis who commenced a NICE concordant package of care within 2 weeks of referral is 25.00%, a decrease from 40.00% in July and is attributable to 3 breaches. The reasons for these are staff capacity. The team are currently seeing an unusually high number of referrals which is resulting in staff operating with a high caseload.

The team currently have 3 vacancies and a member of staff on long term sick. 3 new band 5 care co-ordinators are due to start end of September 2018
The team is using quality improvement methodology to examine assessment pathways to seek improvements.

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Item Number: 11

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 1 November 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Governance structure to support system financial and performance recovery under Aligned Incentives Contract (AIC) for York-Scarborough system

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

Reason for Report

The health organisations - NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust - signed an Aligned Incentives Contract (AIC) in July 2018.

The organisations, along with NHS East Riding of Yorkshire CCG, work together as a system with the aim to deliver financial and performance recovery outside of the Payment by Results (PbR) national payment framework through programmes of service improvement and transformation. These are delivered through a governance structure which has a System Transformation Board (STB) overseeing all work which is delivered through AIC working groups, as well as already established health and care forums and groups with wider partners.

The governance that supports this system work under AIC is captured in a draft Memorandum of Understanding for the AIC and associated Terms of Reference for each AIC working group. These Terms of Reference are attached alongside an overarching governance structure for reference.

The Memorandum of Understanding is still to be finalised by the System Transformation Board and will be shared with Boards in December 2018.

The respective Governing Bodies and Trust Board are asked to approve this governance structure and associated governance documents in support of each organisation working to deliver continued system financial and performance recovery.

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 Reference and Description** Risk is assessed at a project and programme level and all programme work within an agreed AIC Quality Impact Assessment (QIA) framework with oversight from the Quality and Safety Group.
Emerging Risks As above	
Recommendations The respective Governing Bodies and Trust Board are asked to approve this governance structure and associated governance documents in support of each organisation working to deliver continued system financial and performance recovery.	

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam, Accountable Officer NHS Vale of York CCG	Caroline Alexander, Assistant Director Delivery and Performance NHS Vale of York CCG

Annexes

Annex 1: Overarching AIC governance structure
Annex 2: Terms of Reference for all AIC working groups:

1. AIC Management Group
2. Performance Group
3. Quality and Safety Group
4. Planned Care Steering Group
5. Health and Care Resilience Board (formerly A&E Delivery Board)
6. Technical Informatics Group (TIG)

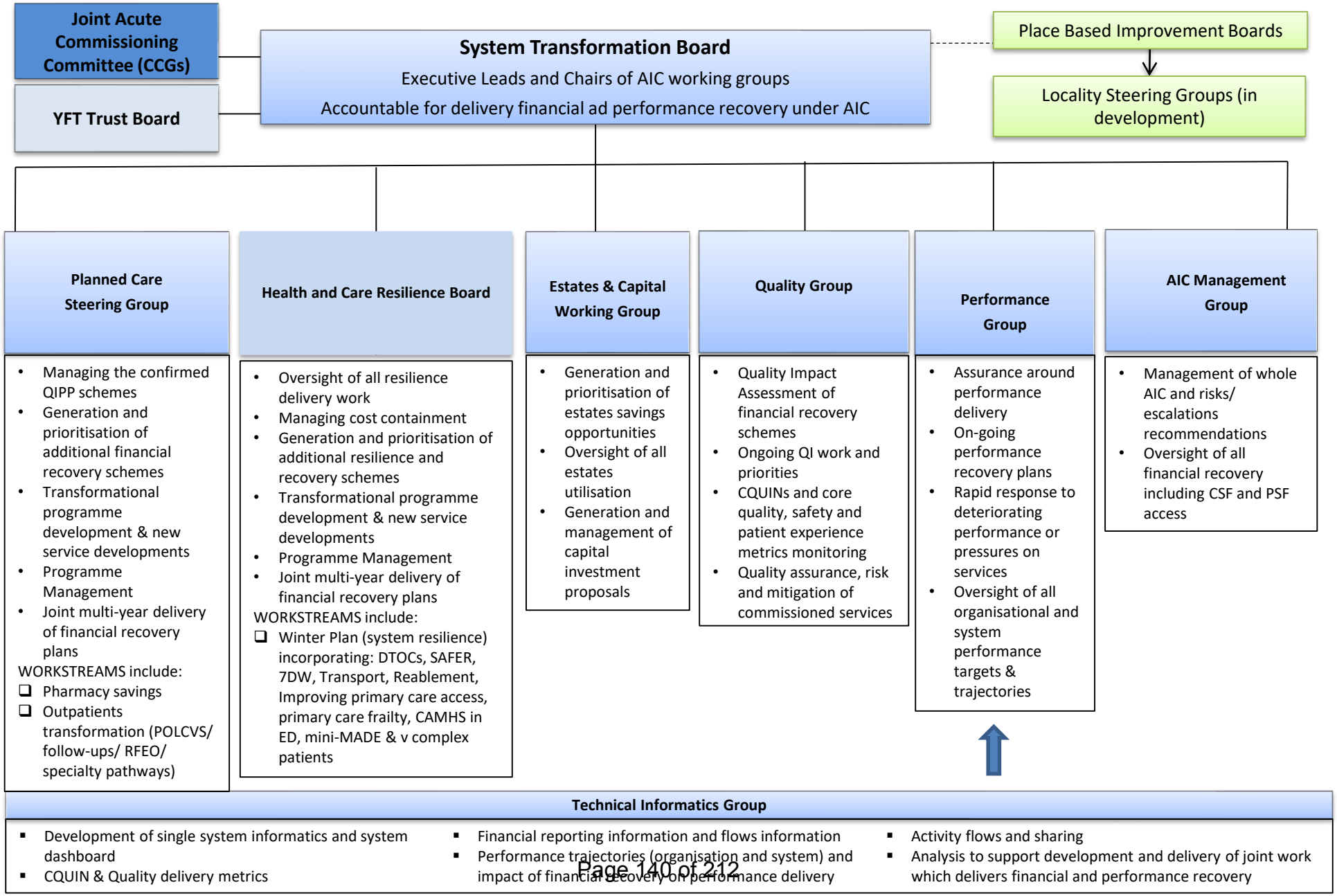
NHS Vale of York Clinical Commissioning Group
NHS Scarborough & Ryedale Clinical Commissioning Group
York Teaching Hospital NHS Foundation Trust

System Governance for Aligned Incentive Contract (AIC)

York and Scarborough Health Economy

October 2018

System Governance under AIC: York & Scarborough October 2018



YORK AND SCARBOROUGH HEALTH ECONOMY

AIC Management Group

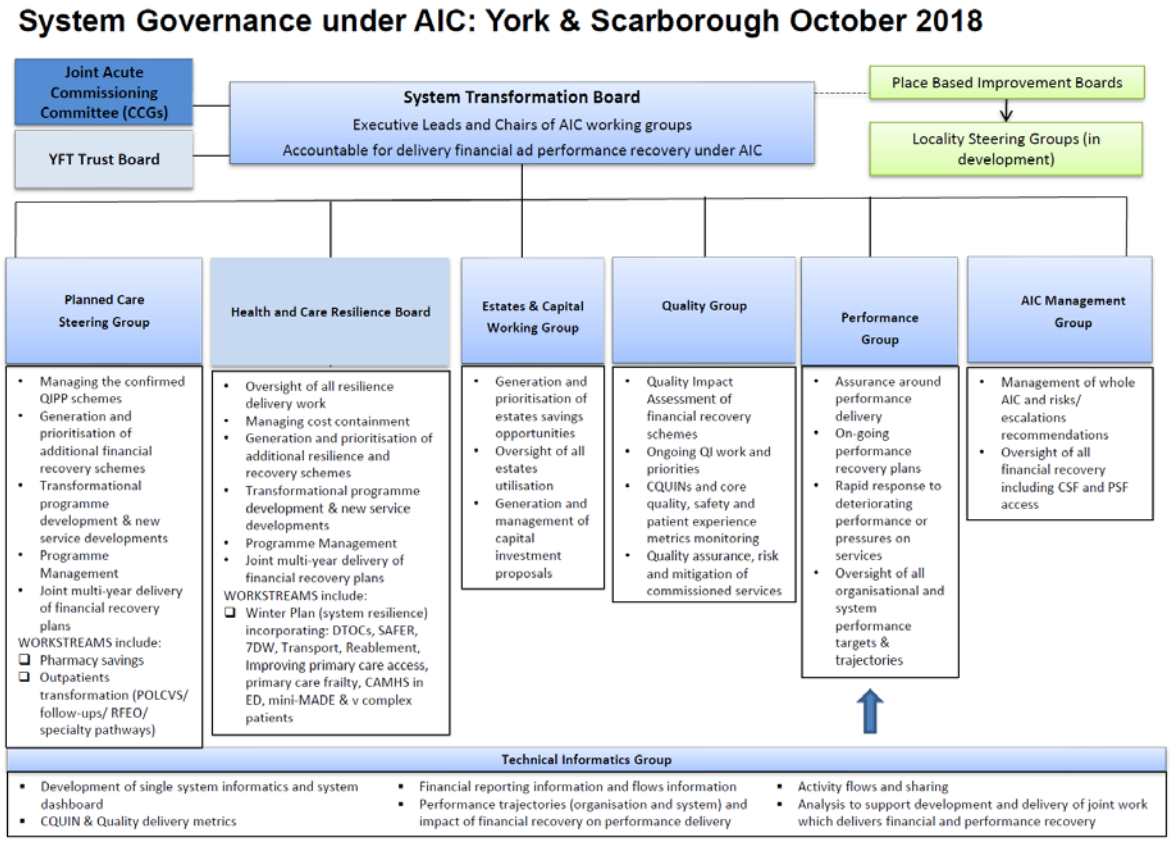
TERMS OF REFERENCE

1. Formation of the group

1.1 The AIC Management Group has been established as a working group of the York and Scarborough System Transformation Board (STB).

1.2 The STB works within a Memorandum of Understanding (MOU) which outlines the joint responsibilities of the four health partner organisations in the York and Scarborough health economy to work with each other, and wider care and local partners, to deliver the financial and performance recovery agreed with NHS England and NHS Improvement in the System Medium Term Five Year Financial Strategy (and associated individual organisation Financial Recovery Plans). The MOU captures the governance arrangements between the STB and the individual organisation and any collective Committees and Boards, including the processes for collective or individual decision-making relating to the programmes of work.

1.3 The AIC Management Group therefore sits within the following overall AIC governance structure as outlined below:



2. Purpose of the group

2.1 The main purpose of the AIC Management Group is to undertake the financial and contract management processes associated with the AIC agreement ensuring these are transacted consistently across the four health partner organisations.

2.2 This will require an overview of the impact and delivery of all the transformation and financial recovery work of the AIC Steering Groups, including the Planned Care, Pharmacy, Unplanned Care and Estates & Capital Steering groups. This will be through the detailed triangulation of all agreed activity, cost information as required.

2.3 The AIC Management Group will support the formal reporting around delivery of all aspects of the agreed AIC to System Transformation Board (STB). The group will also produce a consolidated system financial position and ensure the transaction of the associated cash flow arrangements.

2.4 The AIC Management Group will also oversee the annual financial planning and contract management cycle as required.

3. Core functions of the group

3.1 This will involve:

- Sharing and triangulation of the intended reported financial position to agree and ensure consistent reporting across all AIC organisations.
- Production of the overall system financial position for reporting to STB including each individual organisation's overall position and access to associated Sustainability Funding as well as the AIC position.
- Agreeing the AIC financial flows and, if applicable, the risk share adjustments in accordance with the provisions contained within the AIC.
- Discussion, interpretation, and agreement of key principles contained in the current AIC and as it evolves, leading a culture based on collaboration and the new way of working.
- Receiving the Planned, and Unplanned Care, and Estates & Capital dashboards and the oversight of the impact of the AIC from a financial perspective.
- General management of any contractual issues e.g. oversight of CV development when appropriate, ensuring the Contract is updated to reflect service changes, management of performance notices.
- Annual contract planning and negotiations.

4. Accountability and reporting

4.1 The main output of the group will be a formal monthly report to STB.

Membership

4.2 The membership is proposed as follows, though will require review at regular intervals as system working to deliver the AIC progresses. Other attendees will be requested as required.

Name	Role	Organisation
Simon Bell	Chief Finance Officer (Chair)	NHS Vale of York CCG
Andy Bertram	Director of Finance (Deputy Chair)	York Teaching Hospital NHS Foundation Trust
Richard Mellor	Chief Finance Officer (Deputy Chair)	NHS Scarborough and Ryedale CCG
Graham Lamb	Deputy Director of Finance	York Teaching Hospital NHS Foundation Trust
Michael Ash-McMahon	Deputy Chief Finance Officer	NHS Vale of York CCG
Tim Watts	Deputy Director of Contracting	York Teaching Hospital NHS Foundation Trust
Natalie Fletcher	Head of Finance	NHS Vale of York CCG
Tracy Parker	Assistant Director of Contracting	NHS East Riding of Yorkshire CCG

5. Quorum

5.1 The quorum shall be a minimum of one Chief Finance Officer and Director of Finance (or nominated deputy) from each partner organisation and the nominated Chair or one of the Deputies identified above all of whom been selected as members of the System Transformation Board.

6. Meetings

6.1 The group shall meet monthly and ideally timed to ensure this is aligned with the respective reporting cycles of each individual organisation. However, additional meetings of the group maybe convened to consider business that requires urgent attention.

6.2 The AIC Management Group will maintain a record of key decisions, actions and issues, and an action tracker will be maintained.

6.3 Feedback from the group will be provided through the escalation reports to be provided to the STB alongside the core monthly STB dashboard.

7. Confidentiality

7.1 Members of the meeting will respect the confidentiality of meeting papers and agree not to circulate exceptional papers to a wider audience without

the author’s approval. Members accept that routine reports may be shared with colleagues for assurance purposes where appropriate.

8. Review of Terms of Reference

8.1 The group will review its terms of reference at the end of March 2019 and then annually, thereafter.

Date Issued:
Date revised:
Review date:

VALE OF YORK/ SCARBOROUGH AND RYEDALE/ EAST RIDING OF YORKSHIRE CLINICAL COMMISSIONING GROUP's
AND
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

SYSTEM TRANSFORMATION BOARD
Performance Working Group

TERMS OF REFERENCE

1. Purpose and Chairing Arrangements

The Performance Working Group will support the System Transformation Board (STB) in delivering its key responsibilities and contractual obligations under the terms of the Aligned Incentive Contract. This will involve the detailed monitoring and management of all constitutional standards and planning performance trajectories across a number of key focus areas inclusive of secondary, children, community and maternity services.

This will include monitoring of the delivery of key performance recovery plans which support improvement of performance, deliver agreed performance trajectories and address deterioration.

The Chief Operating Officer of York Teaching Hospital Foundation Trust (YTHFT) is Chair of the Group and will be responsible for co-ordinating the agenda in discussion with the Heads of Performance across the Commissioners and YTHFT

2. Reporting arrangements

The group will formally support and report to the System Transformation Board. It also supports the required assurance function of CCGs and YTHFT in regard to performance to both regulatory bodies NHS England and NHS Improvement.

Items for escalation and discussion at System Transformation Board will be formally identified and agreed at the Performance Working Group.

Where appropriate and agreed the Performance Working Group may receive and provide feedback to system performance and service improvement groups via the Chair of the meeting. This will include any HCV STP reporting and assurance requirements.

3. Key Duties and Sub Group Focus Areas

The Performance Working Group (The Working Group) will discuss issues

relating to performance, supported by the Technical Information Group (TIG). The group will focus on the performance of, and impact on the NHS Constitutional Standards and planning requirements in relation to performance on behalf of both NHSE and NHSI, including the performance targets which are gateways to all organisations accessing sustainability funding (PSF) and Quality Premium for the system.

The Working Group will identify areas at risk of, or not currently achieving the required constitutional and other performance standards and receive assurance on risk mitigations and/ or progress towards achieving the standards where they are not met. This may include work with the other sub-groups of the System Transformation Board to develop and inform recovery plans, reports or shared plans between the provider and commissioners as required.

The Working Group will review and monitor the implications of significant service change (provider and/or commissioning) in respect of performance.

The Working Group will also receive and respond to any escalations from other working groups including the Quality group where there are concerns around actual or potential clinical risk or harm to patients.

Focus areas will include:

<u>Performance</u>

- Performance against all national Constitutional targets and local trajectories and associated action plans for recovery where performance is below national targets; agree any escalations to STB in order to apply contractual rules to performance failure/ success as required, including performance gateways for access to system sustainability funding for all partner organisations
- Impact and progress with delivery of recovery plans, action plans and mitigations, including those agreed at:

- A&E Delivery Board and its associated subgroups
- Cancer Alliance and associated Boards
- Planned care steering group
- Regulator assurance and planning submissions

Additional information may be requested to support assurance processes. Any requirements for additional datasets and/or information will be requested from the Technical Information Group (TIG). The Performance working group will oversee the requests for data and analysis made to the TIG from all AIC working groups and the prioritisation of the requests. The Head of Contracts will be the point of coordination for information requests for the Technical and Information Group.

4. Schedule of meetings

The Performance Working Group will meet monthly, prior to the respective STB

meetings and in line with deadlines for the provision of performance reporting as part of STB papers.

5. Membership

It is the responsibility of each organisation to ensure that the relevant members of staff have appropriate delegated authority in order to fulfil the requirements of the group. This will mean members from each organisation communicating effectively with their peers and colleagues to ensure that they are fully briefed on the matters to be discussed. With the permission of the Chair members may request that a colleague attends to present on more detailed or specialised subjects.

The membership will include representatives from the Vale of York Clinical Commissioning Group, Scarborough and Ryedale Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, and York Teaching Hospitals NHS Foundation Trust. Representatives of members will only be permitted following discussion with the Chair and on an exceptional basis for example annual or special leave or sickness.

The membership is as follows:-

Commissioner Representation

Vale of York CCG Assistant Director of Delivery and Performance
Vale of York CCG Head of Contracts
Vale of York CCG Performance Assurance and Quality BI Lead
Vale of York CCG Performance Improvement Manager
Scarborough and Ryedale CCG Head of Contracting
East Riding Of Yorkshire CCG Head of Quality and Integrated Governance
Other Associate Commissioner Representation as required or requested

Provider Representation

Chief Operating Officer (Chair)
Head of Operational Performance, or Deputy Chief Operating Officer
Assistant Director of Commissioning
Head of Information
Personal Assistant to Chief Operating Officer (Administrator)

Other representatives

Will be requested as required to discuss specific assurance and performance issues as needed, including:

- NHS England and NHS Improvement representation as requested/ required
- CCG GP Board members, CCG Clinical Leads and clinical equivalents in provider, to enable more clinically focused views to be taken into account on

specific matters as and when they arise, or to support them in effectively delivering their lead roles at other local, STP, clinical networks and ODNs

- Cancer Alliance Board and associated programmes
- HCV STP to represent collaborative programmes as required/ requested
- Yorkshire and Humber network representation as required/ requested

7. Quoracy

In order that the Performance Working Group meetings are quorate there must be a minimum of three members from the above list of Commissioner Representatives, plus two members from the above list of Provider Representatives.

A schedule of monthly meetings dates has been agreed in advance and these meetings should be treated as a priority.

To function effectively the group requires consistent membership at the right level of knowledge and experience. A membership and attendance log will be kept and reviewed on a quarterly basis.

8. Agenda and Papers

The agenda will be finalised 7 days prior to the meeting and items must be received no later than 5 working days before the meeting. All papers will be circulated no later than 2 working days before the meeting. The working group will clarify all reporting and joint datasets which support routine reporting and assurance around performance recovery plans with the TIG and the relevant PMO and programme leads, and co-ordinate this through the Administrator.

The Vale of York CCG will provide administration for the meeting with papers to be sent to Emma Lindley, Personal Assistant to Chief Operating Officer (Administrator) at emma.lindley@york.nhs.uk in line with agreed timescales

York and Scarborough Health Economy (VoYCCG, SRCCG and YHFT)

Quality & Safety Group (under AIC Governance Structure)

Terms of Reference

The purpose of the Quality and Safety Group is to enable membership drawn from both commissioners and providers to monitor areas of clinical quality together related to (but not exclusively) the programmes of work under AIC.

The Quality and Safety Group works on the principle of partnership and collaboration to support the development of the quality agenda between the commissioners and the providers.

Clinical commissioners will expect the Group to act as the key structured meeting to seek assurance in relation to specific areas of clinical quality.

The meetings will be administered by the commissioner and the chair rotated on a 6 monthly basis between commission and provider. A key expectation is that the Group will work in partnership and joint collaboration between the commissioners and provider.

The Group will form a core part of assurance and quality improvement in relation to quality monitoring linked to patient safety, clinical effectiveness, patient experience, contract management and performance.

The Quality and Safety Group will seek to understand any mitigation, plans for improvement and jointly identify areas for clinical service development and innovation.

Specifically the Quality and Safety Group will:

Have oversight of Quality Impact Assessments of any decisions related to AIC which might affect patients i.e. those which relate to service change and programmes of work designed to realise the efficiency benefits (cost avoidance, cost reduction, productivity gain and cash releasing). It is expected that the organisation 'responsible for the decision' as far as is practicable will undertake the QIA. In other circumstances the commissioner will lead the QIA working collaboratively with the provider.

The Quality and Safety Group will report to the STB monthly any exceptions to the quality impact of agreed joint work programmes, escalate known and emerging risks and associated mitigations where relevant.

The Quality and Safety Group is responsible for monitoring, reviewing and reporting on clinical quality in accordance with the terms and conditions of the NHS Standard Contract and provide an opportunity to hold more detailed discussion on key aspects of the quality of clinical care provided under the Aligned Incentive Contract (AIC) with the Trust. This will not be the only way quality is assured and improved, commissioners would still receive relevant reports as described in the terms of

reference and undertake clinical quality visits and be part of agreed meetings with providers where it makes sense to do so.

The Quality and Safety Group will take a pragmatic approach to the NHS Standard Contract and Quality Schedule, agreeing between providers and commissioner priority areas and how assurance is sought.

The Quality and Safety Group will be responsible for agreeing actions to be taken where quality standards are not met and working collaboratively and in partnership between the commissioner and provider. The Group will receive assurance on those actions being completed, as well as reporting to the AIC Management Group as necessary.

The Quality and Safety Group will provide a forum for the identification of quality priorities, and the development of new standards for incorporation in the Contract as appropriate. These will likely include such things as workforce and pressure ulcers.

The work and focus of the Quality and Safety Group will take direction from the overarching commissioner and provider quality strategies, quality schedule, CQUIN, national reports and any provider returns and reports in addition to collaborative conversations around quality.

The Quality and Safety Group will provide space and time for critical analysis and development of joint and collaborative solutions and learning to support improvements in patient safety, clinical effectiveness and patient experience.

The Quality and Safety Group may choose to use the meeting to seek greater formative understanding / ‘deep dive’ into specific areas/ services within the Trust.

The Quality and Safety Group may seek to establish sub groups to undertake more detailed work to understand or improve quality and would align existing groups where possible (ensuring both provider and commissioner representation).

The Quality and Safety Group is responsible for oversight and assurance of CQUIN achievement.
The Quality and Safety Group is responsible for oversight and assurance of serious incidents.

The Quality and Safety Group will expect to be appraised of any areas of performance and joint programmes of work under AIC which affect patients, namely that affect patient experience, patient safety or clinical effectiveness. This information / intelligence will flow from the other steering groups under the AIC governance structure and by ensuring the membership of those groups adequately reflect the need for effective communication.

The Quality and Safety Group also provides an opportunity for providers to show case areas of innovation, service improvements and notable successes.

Membership:

The membership will be made up of senior quality leads (Executive level or deputy) to include:

Michelle Carrington – Executive Director for Quality & Nursing, VoYCCG

Jennie Brandom – Deputy Executive Director for Quality & Nursing, VoYCCG

Debbie Winder – Head of Quality Assurance and Maternity, VoYCCG

Beverley Geary – Chief Nurse or Helen Hey - Deputy Chief Nurse, YHFT

Becky Hoskins – Deputy Director of Patient Safety or Head of Patient Safety or Helen Noble Head of Patient Safety, YHFT

Jo Newsome – Head of Quality and Integrated Governance or Philippa Boynton Quality & Clinical Governance Practitioner, ERCCG

Sue Peckitt – Deputy Executive Nurse or Mark Lagowski Service Improvement Manager, SRCCG

Medical Director level / Governing Body GP attendance from CCG – to be determined going forward

Secretariat provided by commissioners.

In attendance:

The Quality and Safety Group can call subject matter experts / leads to the group as and when appropriate e.g. senior HR leads for workforce, safeguarding personnel (Head of / Designated Professionals), Patient Experience Leads, Head of Midwifery, Performance etc.

Quoracy:

Chair or co-chair plus

one member from Vale of York CCG (Executive Nurse or Deputy or Head of Quality Assurance) plus

one other CCG member (Executive Nurse or Deputy level from either SRCCG or ERCCG) plus

one member from Patient Safety YHFT (Deputy Director of Patient Safety or Head of Patient Safety) plus

one member from Senior Nursing Team YHFT (Director of Nursing or Deputy or Head of Nursing).

Schedule of meetings:

Monthly

Reports to be received and frequency:

To include CQC action plans, other inspection action plans, relevant surveys, any information, notification or advice received from NHSI or CQC (regulators) and relevant others (such as National Screening Programme visits) which relates to, or has bearing on the Providers provision of services plus:

Performance report

Patient Safety and Quality report

Patient Experience information

Safeguarding reports

Agreed partnership meetings / visits for attendance by commissioners and providers:

Post infection reviews at YHFT

Collaborative Infection Prevention and Control Group (system wide)

Pressure ulcer panels at YHFT

Falls panels at YHFT

Safeguarding Governance at YHFT

Ward accreditation visits at YHFT

Safeguarding assurance visits at YHFT as determined at Safeguarding Governance meetings

Serious Incident Group at CCG

Visits as determined by commissioners in line with Quality Assurance Strategies / Quality Surveillance Group escalation processes / CQC and other relevant inspections

Michelle Carrington

Executive Director Quality and Nursing

NHS Vale of York CCG

YORK AND SCARBOROUGH HEALTH ECONOMY
PLANNED CARE STEERING GROUP

TERMS OF REFERENCE

1. FORMATION OF THIS STEERING GROUP

The Planned Care Steering Group has been established as a working group of the York and Scarborough System Transformation Board (STB).

The STB works within a Memorandum of Understanding (MOU) which outlines the joint responsibilities of the four health partner organisations[1] in the York and Scarborough health economy to work with each other, and wider care and local partners, to deliver the financial and performance recovery agreed with NHS England and NHS Improvement in the System Medium Term Five Year Financial Strategy (and associated individual organisation Financial Recovery Plans for 2018/19 – 2022/23). The MOU captures the governance arrangements between the STB and the individual organisation and any collective Committees and Boards, including the processes for collective or individual decision-making relating to the programmes of work held by the Steering Groups.

Underpinning the system financial recovery plans are the three CCGs' Commissioning Intentions. These clearly identify the population health improvement ambition required in each of the three local Places which needs to be delivered through transforming the services which health and wider partners deliver within the available system financial envelope.

The Group shall have terms of reference and be subject to conditions such as reporting back to the System Transformation Board on a monthly basis thought the Aligned Incentives Contract (AIC) Management Group.
This will extend in turn to reporting to the HCV STP and the regulator bodies NHS England and NHS Improvement as required, particularly in relation to system reporting against jointly agreed performance targets as required by NHS Constitution and national planning guidance.

2. ROLE

The Group is responsible for overseeing the development and implementation of a number of programmes of work designed to realise the efficiency benefits (cost avoidance, cost reduction, productivity gain and cash releasing) which support the local health economy to reduce the shared system health financial deficit in line with the agreed financial recovery plans from 2018/19 and which support the delivery of the agreed Aligned Incentives Contract value.

These programmes of work may also include performance recovery plans which address and mitigate pressures on current services and care pathways,

[1] York Teaching Hospital NHS Foundation Trust; NHS Vale of York CCG; NHS Scarborough & Ryedale CCG and NHS East of Riding CCG

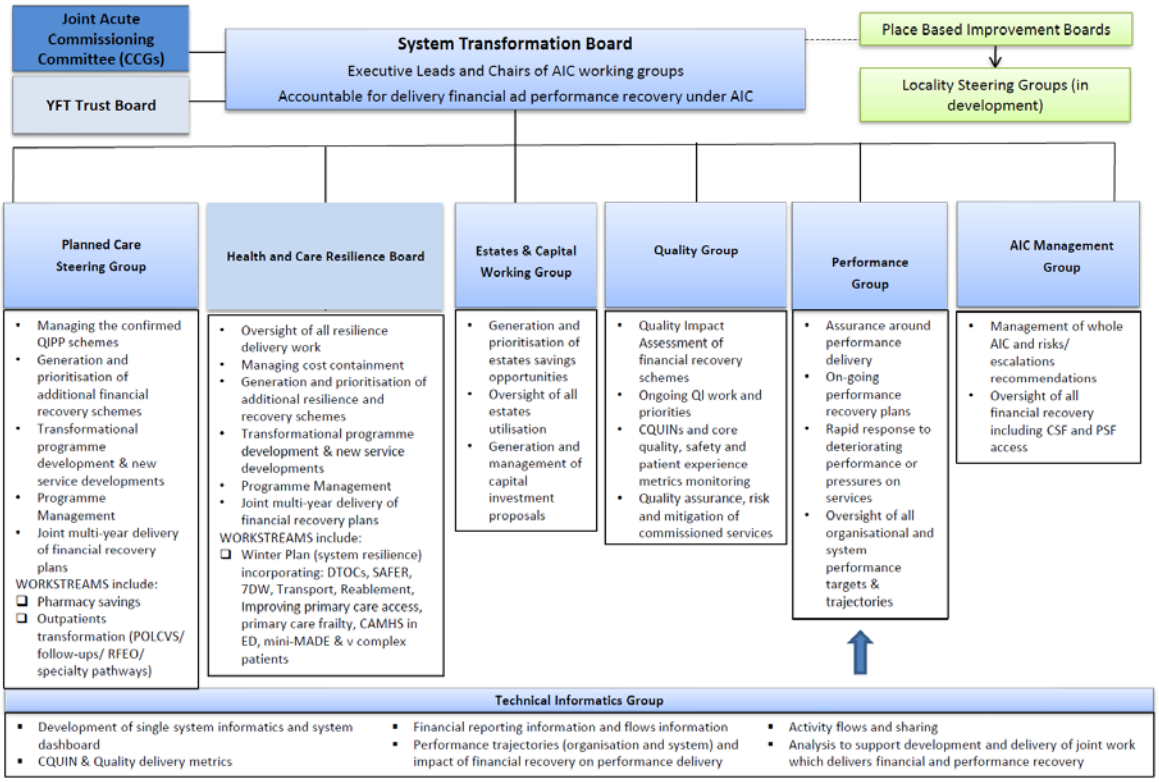
whether these are pressures from capacity shortages and/ or demand on services through referrals or direct access.

The Steering Group will have oversight of all recovery programmes, whether short-term or longer-term transformational, in all relevant services and pathways and ensure the impact on performance, patient experience and quality of service delivery is jointly understood by the STB and all partners.

The group will therefore work closely with the quality, performance and technical informatics representatives on the group and with their associated steering groups (see Annex 1) to undertake and triangulate any impact assessment of agreed actions and develop the joint dataset and reporting.

The AIC Management Group therefore sits within the following overall governance
structure as highlighted:

System Governance under AIC: York & Scarborough October 2018



They will also have oversight of, and proactively support, the interface between secondary care with primary care teams and services (including wider care partners), and ensure that the patient pathways and clinical networks between partners are strengthened and shared through the process of delivering system recovery and transformation. This may include using different workforce models and digital transformation to support sustainable future models of care.
To this end wherever necessary the Steering Group will work with the system Clinical Reference Group, the wider Yorkshire & Humber Clinical Senate and

relevant HCV STP clinical networks or transformational programmes to access their support and insight when developing new models of care or transforming patient pathways,

The specific responsibilities are to:

2.1 Respond to the system financial recovery plan and develop joint cost reduction and associated performance recovery programmes across health and wider partners.

2.2 Coordinate the implementation of the agreed programmes of work to realise efficiency gains required to deliver the AIC and live within the system financial envelope.

2.3 To provide assurance to the System Transformation Board (and other local Place based, regulatory and HCV STP Boards) on the progress with delivery of these programmes of work and the impact on jointly agreed system metrics under AIC which demonstrate they are delivering the agreed scale of financial and performance recovery. This will include representing the local system at the relevant HCV STP forums and collaborative programmes as required (e.g. Elective network and Humber Acute review).

2.4 To ensure all impact assessments, particularly Quality Impact Assessments are undertaken in a timely manner as proposals for recovery programmes are developed, and work with the system Quality group established to support delivery under AIC to monitor on-going impact on access, patient experience and service quality and safety.

3 MEMBERSHIP OF THE STEERING GROUP

The Steering Group shall comprise:

Planned Care Steering Group		
Name	**Organisation**	**Role:**
Simon Cox	S&R CCG	Chair and link to Health and Care Resilience Board
Jenny Hey	YFT	Deputy Chair
Caroline Alexander	VoY CCG	Performance Lead and link to Quality and Safety Group
Mark Hindmarsh	YFT	Programme lead: Outpatient Transformation

Sarah Tilston	S+R CCG	Programme Lead: RFEO & Outpatient Transformation
Andrew Bucklee	VoY CCG	Programme Lead
Michal Janik	VoY CCG	PMO
Sheena White	VoY CCG	Performance Analyst Support
Liza Smithson	VoY CCG	BI Lead (TIG Chair)
Natalie Fletcher	VoY CCG	Finance lead
Graham Lamb	YTHFT	Finance lead

It is expected that all members will attend at least 8 out of the 12 meetings per financial year. If members are unable to attend a meeting they will send a deputy who is authorised to act on their behalf or their direct reports and programmes of work.
All members work to the System Transformation Board and within the MOU in relation to monitoring the delivery of jointly agreed programmes of work, regardless of the organisation they are employed by.

Members may also actively lead and/or attend other system and place based Boards (e.g. A&E Delivery Board) and have a designated responsibility for aligning or maintaining oversight of programmes of work delivered through those Boards or working groups. This will be clearly captured in the full work programme for which this Steering Group has oversight of.

An attendance record will be recorded for information and action at each meeting.

4 CHAIRMAN OF THE STEERING GROUP

Simon Cox is the Chair and the SRO is the Vice Chair. The Chair attends the System Transformation Board and the Performance Lead attends the Performance Group. The Quality Lead attends the Quality Group and the BI Lead attends the Technical Informatics Group (TIG). The Finance Lead attends the AIC Management Group.

5. QUORUM

The quorum shall be a minimum of 75% of members and must include the Chair, the Finance Lead, Performance Lead and Quality Leads or their Deputies.

6. MEETINGS

The Group shall meet monthly and the regular meetings will be scheduled to support the agreed monthly flow of supporting technical information to each Steering Group, the timings of any related Place of system boards (e.g. Heralth

and Care Resilience Board, formerly A&E Delivery Board) and the agreed reporting timetable to System Transformation Board under AIC (see Annex 1). The Chair may at any time convene additional meetings of the Group to consider business that requires urgent attention.

7. ATTENDANCE AT MEETINGS

Other attendees may be invited to attend by the Chair, particularly when the Group is discussing an issue that is the responsibility of that employee or subject matter expert.

8. NOTICE OF MEETINGS

Meetings of the Group shall be set at the start of the financial year or the period from which the AIC is mobilised following formal agreement of the MOU and associated Terms of reference and membership for each Steering Group.

Notice of each meeting, including an agenda and supporting papers, shall be forwarded to each member of the Group not less than three working days before the date of the meeting.

9. AGENDA AND ACTION POINTS

The agenda and action points of all meetings of the Group shall be produced in the standard jointly agreed format of the System Transformation Board, which will be fit for purpose for single system onward-reporting to all other local Place, HCV STP and Y&H Boards and forums as required).

10. REPORTING ARRANGEMENTS

The agreed delivery highlights and escalations of each meeting shall be reported to the next meeting of the System Transformation Board following production of the Action Notes and agreed STB monthly reporting dashboard. The Chair of the meeting shall draw the attention of the Board to any issues that require disclosure or require further action.

The Group will also support any quarterly reconciliation processes which allow the STB to report to regulators on the joint delivery against Commissioner Sustainability Funding (CSF) and Provider Sustainability Funding (PSF) in line with national access criteria.

Additionally, the Group will also support and have oversight of any reporting and submissions (regular or as requested) to regulators, the Y&H regional networks and HCV STP collaborative networks and programmes and do this on behalf of the STB.

11. DUTIES AND RESPONSIBILITIES OF THE GROUP

The Group is required to fulfil the following responsibilities:

11.1 Meet the objectives of the Group as agreed with the Chair of the STB in line with the system financial recovery plan to deliver the AIC and working to the MOU for the local system;

11.2 Produce a co-ordinated programme of financial and performance recovery work in an agreed system format in line with the objectives set by the STB;

11.3 Report to the STB monthly any exceptions to the achievement of agreed joint work programmes, emerging risks and associated mitigations and business cases for service development or capital investment;

11.5 Produce a monthly system dashboard as required to the STB which effectively captures all requirements and metrics for assuring delivery and impact as planned in the work programmes. This will capture any requirements for assurance to both regulators and utilise one shared dataset.

12. AUTHORITY

The Group is authorised by the STB on behalf of all individual organisations to investigate any activity within its terms of reference. It is authorised to seek the information it requires from any employee, and all employees are directed to co-operate with any request made by the Group or STB.

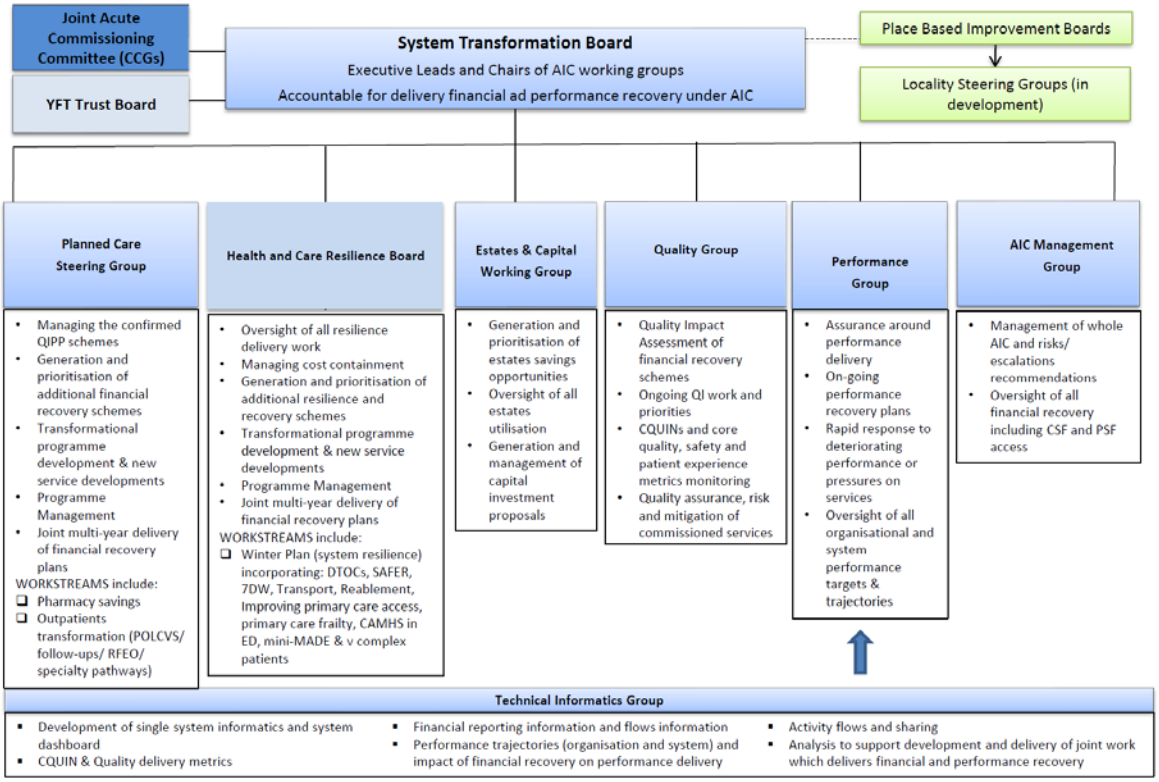
13. ADMINISTRATION

The Group shall be supported administratively by Michal Janik, PMO lead, who will agree the agenda with the Chair, collate all necessary papers, attend meetings to take minutes, keep a record of matters arising and issues to be carried forward, ensure all programme documentation including risk registers and QIAs are regularly reviewed and maintained, and generally provide support to the Chair and members of the Group.

Date issued: 26th October 2018
Review Date: 31st March 2019

Annex 1: Overarching AIC Governance Structure

System Governance under AIC: York & Scarborough October 2018



HEALTH AND CARE RESILIENCE BOARD (A&E DELIVERY BOARD)

TERMS OF REFERENCE

PURPOSE

The Unplanned Care Programme Board (A & E Delivery Board) is responsible for overseeing the development, implementation and monitoring of a programme of work designed to deliver high quality, effective and efficient urgent and emergency care services across the York and Scarborough system.

The programmes of work will also include plans designed to realise the efficiency benefits (cost avoidance, cost reduction, productivity gain and cash releasing) which support the local health economy to reduce the shared system health financial deficit. The programme may also include performance recover plans which address and mitigate pressure on current services and pathways.

OVERARCHING AIMS

The overarching aim of the Unplanned Care Programme Board (A & E Delivery Board) is to

- Support delivery of the national 9 priority work-streams (Appendix one) which will improve delivery of the 4 hour ED performance standard and improve experience and outcomes for patients
- Ensure a coordinated approach to the delivery of the urgent and emergency care agenda
- Ensure system partners are able to progress implementation, can hold each other to account by “signing up” up to the programme as a system, and agree clear lines of accountability.
- Work with each other and partners across the system to deliver the financial and performance recovery agreed with NHS England and NHS Improvement in the system Medium Term Five Year Financial Strategy.
- Have oversight of all recovery programmes, whether short-term or longer term transformational, in all relevant service and pathways and ensure the impact on performance, patient experience and quality of service delivery is jointly understood by the System Transformation Board and all partners
- Work closely with the quality, performance and technical informatics representatives on the group to undertake and triangulate any impact assessment of agreed actions and develop the joint dataset and reporting.
- Will also have oversight of, and proactively support, the interface between secondary care with primary care teams and services (including wider care partners), and ensure that the patient pathways and clinical networks between partners are strengthened and shared through the process of delivering system recovery and transformation. This may include using different workforce models and digital transformation to support sustainable future models of care.
- Will work with the system Clinical Reference Group, the wider Yorkshire & Humber Clinical Senate and relevant HCV STP clinical networks or transformational programmes to access

their support and insight when developing new models of care or transforming patient pathways,

CORE RESPONSIBILITIES

The Unplanned Care Programme Board will have a number of core responsibilities:

- Leading A&E recovery
- Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist
- Supporting whole-system planning (including local authorities) and ownership of the discharge process
- Supporting and participating in the planning and delivery of the local ambulance service transformation programme
- Participating in the planning and operations of NHS 111 services including oversight of local DOS development
- Making recommendations to CCG boards regarding the deployment of any winter monies
- Agreeing how money used via sanctions and incentives is deployed for maximum benefit of the system
- Working within the STP footprints (& UEC Networks) to deliver the UEC Strategy locally
- Leadership of the BCF will continue to be at local CCG / LA level but the Unplanned Care Programme Board will have an important role in helping to implement action plans, particularly in the case of BCF DTOC plans where they could help align the discharge elements of A&E plans and DTOC plans
- Review monthly updates on the Mental Health Crisis Care Concordat.
- Respond to the system financial recovery plan and develop joint cost reduction and associated performance recovery programmes across health and wider partners.
- Coordinate the implementation of the agreed programmes of work to realise efficiency gains required are within the system financial envelope of system partners and financial recovery and sustainability plans
- To provide assurance to the organisational boards (such as system transformation board, place based partnership boards, regulatory and HCV STP Boards) on the progress with delivery of these programmes of work and the impact on jointly agreed system metrics which demonstrate they are delivering the agreed scale of financial and performance recovery and demand management required. This will include representing the local system at the relevant HCV STP forums and collaborative programmes as required (e.g. Elective network and Humber Acute review).
- To ensure all impact assessments, particularly Quality Impact Assessments are undertaken in a timely manner as proposals for recovery programmes are developed, and work with the system Quality group established to support delivery for financial and performance recovery programmes to monitor on-going impact on access, patient experience and service quality and safety.

MEMBERSHIP

Each statutory body has a seat on the Unplanned Care Programme Board (A&E delivery board) and will be represented at Board level with the authority to commit to decisions on behalf of their organisation. The structure for the Board also includes associates for each organisation.

	Board Member	Associates
York Teaching Hospital NHS Foundation Trust	Wendy Scott	Melanie Liley Stephen Lord Ed Smith
Scarborough and Ryedale CCG	**Simon Cox (Chair)**	Karen Mazingham Vanessa Burns Peter Billingsley
Vale of York CCG	Phil Mettam	Fiona Bell Becky Case
East Riding CCG	Tracy Craggs	Emma Owen
TEWV	Adele Coulthard	Rachel Hogarth
Yorkshire Ambulance Service	Leaf Mobbs	Paul Mud
City of York Council	Michael Melvin	Belinda Jones
NYCC	Richard Webb	Louise Wallace Tina Simpson
NHS E/I		Owen Southgate Michelle Waugh
Vocare		Mike Connolly
City Health Care Partnership	Carol Waudby	

	Board Member	Associates
Humber Foundation Trust.		

The Board will be chaired by Simon Cox

REPORTING ARRANGEMENTS

The Unplanned Care Programme Board will have the following reporting responsibilities:

a. The minutes of the Board shall be formally recorded although there is no formal requirement to present to the individual organisations, the Board will by exception escalate matters it considers should be brought to the attention of member organisations
b. The Delivery Board will ensure that key issues and minutes are circulated to the Health and Well Being Board as appropriate.
c. The Delivery board members have a responsibility to report any escalations and issues via their own organisational reporting mechanisms.

FREQUENCY AND FORMAT OF MEETINGS

- The Unplanned Care Programme Board will meet monthly.
- The board may meet at more frequent intervals, as required by the status of the capacity plans and contributing programmes of work, or in response to acute pressures in the health and social urgent care system.

QUORACY

- The Boards role is to monitor delivery of unplanned and planned care capacity plans, and agree and review the progress against outcomes and KPIs included in contributing programmes of work. It is therefore essential that members attend every meeting as it is expected that decisions will be required to be made at each meeting. Each partner has a nominated board member who should arrange to send an agreed deputy in their absence. For quoracy purposes, 6 of the 9 organisations are to have representation.

REVIEW OF TERMS OF REFERENCE

- The Unplanned Care Programme Board Terms of Reference will be formally reviewed after 12 months.

APPENDIX ONE – 9 PRIORITY AREAS	
Area	**Detail**
1 - Front Door Clinical Streaming	Every hospital must have comprehensive front-door clinical streaming by October 2017, so that A&E departments are free to care for the sickest patients, including older people.
2 - Patient Flow By October 2017 every hospital and its local health and social care partners must have adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between their A&E clinicians and acute physicians, 'discharge to assess', 'trusted assessor' arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities.	Better and more timely hand-offs between A&E clinicians and acute physicians
	Discharge to Assess
	'trusted assessor' arrangements
	Streamlined continuing healthcare processes
	Seven day discharge capabilities
3 - Delayed Transfers of Care (DTOC)	Hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care. They need to: - ensure that the extra £1 billion provided by the Chancellor for investment in adult social care in the March budget is used in part to reduce delayed transfers of care, thereby helping to free up 2000-3000 acute hospital beds – the equivalent of opening 5 new hospitals – and regularly publish the progress being made in this regard. - ensure that 85% of all assessments for continuing health care funding take place out of hospital in the community setting, by March 2018. - Implement the High Impact Change Model23 for reducing DTOCs, developed by the Local Government Association, the Association of Directors of Adult Social Care Services, NHS Improvement and NHS England.
4 - Mental Health 'Core 24'	Specialist mental health care in A&Es: 74 24-hour 'core 24' mental health teams, covering five times more A&Es by March 2019, than now. The service will be available in more than a quarter of acute hospitals by March 2018 and reach nearly half by March 2019, compared with under

	one-in-ten today.
5 - Enhance NHS 111	Enhance NHS 111 by increasing from 22% to 30%+ the proportion of 111 calls receiving clinical assessment by March 2018, so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do this. GP out of hours and 111 services will increasingly be combined. By 2019, NHS 111 will be able to book people into urgent face to face appointments where this is needed. NHS 111 online will start during 2017, allowing people to enter specific symptoms and receive tailored advice on management.
6 - Evening and Weekend GP appointments	Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019.
7 - Care Home Support	Strengthen support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment.
8 - Urgent Treatment Centres (UTCs)	Roll-out of standardised new 'Urgent Treatment Centres' which will open 12 hours a day, seven days a week, integrated with local urgent care services. They offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. We anticipate around 150 designated UTCs, offering appointments that are bookable through 111 as well as GP referral, will be treating patients by Spring 2018.
9 - Ambulance Response Programme (ARP)	Working closely with the Association of Ambulance Chief Executives and the College of Paramedics, implement the recommendations of the Ambulance Response Programme by October 2017, putting an end to long waits not covered by response targets. Actions taken will be subject to the results of evaluation and approval from Ministers.

October 2018

YORK AND SCARBOROUGH HEALTH ECONOMY

Technical Informatics Group

TERMS OF REFERENCE

1. Formation of the group

The Technical Informatics Group (TIG) has been established as a working group of the Performance Group.

2. The Purpose of the group

The Technical Group has been established to support system transformation and system working.
The group will oversee the development of an effective suite of reports for presentation to the Performance Group. The Technical Group will also support the Planned and Unplanned care steering groups, the AIC Management Group and other delivery and working groups when required [see Annex 1 – AIC structure].

The group will also review demand, activity and operational performance at a system level in detail in order to understand and triangulate the impact of transformation, cost reduction schemes, pathway changes and to identify emerging pressures or performance deterioration areas which the steering groups and associated delivery groups need. The purpose of the group is to establish a common view of the available information and highlight key issues for escalation to the relevant groups, which may then decide to escalate to the STB when appropriate.

A representative from the Technical Group will attend Planned, Unplanned and Capital Steering Groups to present the monitoring reports and analysis, and provide feedback to the Technical Group to facilitate ongoing report and analytical development. The Chair of the Technical Group will attend the Performance Group to provide the informatics link and triangulation between the delivery work and overall delivery of the AIC and financial recovery plan.

3. Core functions of the group

The remit of the group will be to develop reports and review information at organisation (CCG and provider) and system- wide level in the following areas:

- Demand (referrals / ED & emergency admissions)
- Waiting list / times including non-admitted, admitted and follow-up waiting lists
- RTT performance
- Activity trends

- CCG activity and spend across all acute provides
- Trust SLAM monitoring (all commissioners within the VOY/YFT Contract)
- Performance (operational and metrics) for all organisations and all organisation and system performance trajectories agreed
- Productivity ratio monitoring
- Repatriation
- Impact of Cost reduction schemes (QIPP)
- Quality Premium Reporting

4. Role and Responsibilities of the group

- To develop routine dashboards, reports and tools to effectively monitor the system transformation.
- Review and interpretation of the suite of information (as described in section 3) to monitor the impact of AIC schemes and pathway changes to triangulate demand, activity, performance and cost at a system, provider and commissioner level. This will include oversight of other Acute Trusts, independent sector organisations, primary and community services.
- Understand any changes in demand/variances to trends that may cause significant financial or performance risks within the system.
- Support to planned care, unplanned care with dashboards, agreed metrics & exception reporting. Receive feedback on further actions to be undertaken.
- Increase efficiency through reviewing and ratifying the flow of information between organisations and eliminating duplication in the production of reports across partner organisations.
- Establish Data Sharing Agreements (DSAs) to allow each organisation to produce analytical work on behalf of partner organisations.
- Lead and develop IT solutions which support systems working, such as enabling staff to work from any site and shared network folders.
- Horizon scanning for potential cost reduction opportunities to drive potential work programmes in the other groups (Planned, Unplanned and Quality)
- Understand and monitor the impact of any new pathway changes, including those arising from discussions in the Planned/Unplanned Care groups.
- Understand and advise on counting and coding changes resulting from service and pathway changes. Agree how such activity will be recorded taking into consideration national guidance, reporting methodology and performance standards.
- Ensure that the information and IT systems are considered along with any proposed service changes, along with national reporting requirements.
- Consider and lead the development of information provision requests from other forums as required.

5. Accountability & Reporting

The Group is accountable to the Performance Group and will provide monthly reports to the Performance Group, with key issues escalated by exception, along with risks and actions being undertaken. The report will highlight any areas for escalation or decisions required.

6. Membership of the group

The membership is proposed as follows, though will require review at regular intervals as system working to deliver the AIC progresses.

Name – all TBC	Role	Organisation
Liza Smithson	Chair	VoY CCG
Tim Watts	Deputy Chair AIC Management Group Pharmacy Savings Group (reporting into Planned Care Steering Group)	YFT
Lynette Smith / Sheena White / Steve Jordan	Performance Leads	YFT, VoY CCG, S&R CCG
Nicky Slater/ George Scott / David Caphane / Gary Hardcastle / Tina Lyon / Annette Short / James Mearns	Analytics / Informatics Leads	YFT, VoY CCG, S&R CCG, ER CCG
John Turner	link to CCG QIPP	VoY & S&R CCGs
Carole Fairley	PMO/ Admin Lead	VoY CCGs

Associate Commissioners

The purpose of this group is specifically intended to support the system in delivering the transformation agenda and therefore the associate commissioners will not be invited to attend. The group will however deal with issues raised by associate commissioners and provide feedback as required.

7. Quorum

The quorum shall be a minimum of five members with at least two members representing the CCG and the Trust.

8. Meetings

The group shall meet monthly, however additional meetings of the group maybe convened to consider business that requires urgent attention.

Formal minutes will not be taken for the Technical Group but an action tracker will be maintained and notes taken. Feedback from the group will be provided through the escalation reports to be provided to the Performance Group and the Steering Groups along with any narrative and intelligence incorporated

into the monthly STB dashboard. Responsibility for compiling these escalation reports will be the Technical Group representative who attends each group.

9. Confidentiality

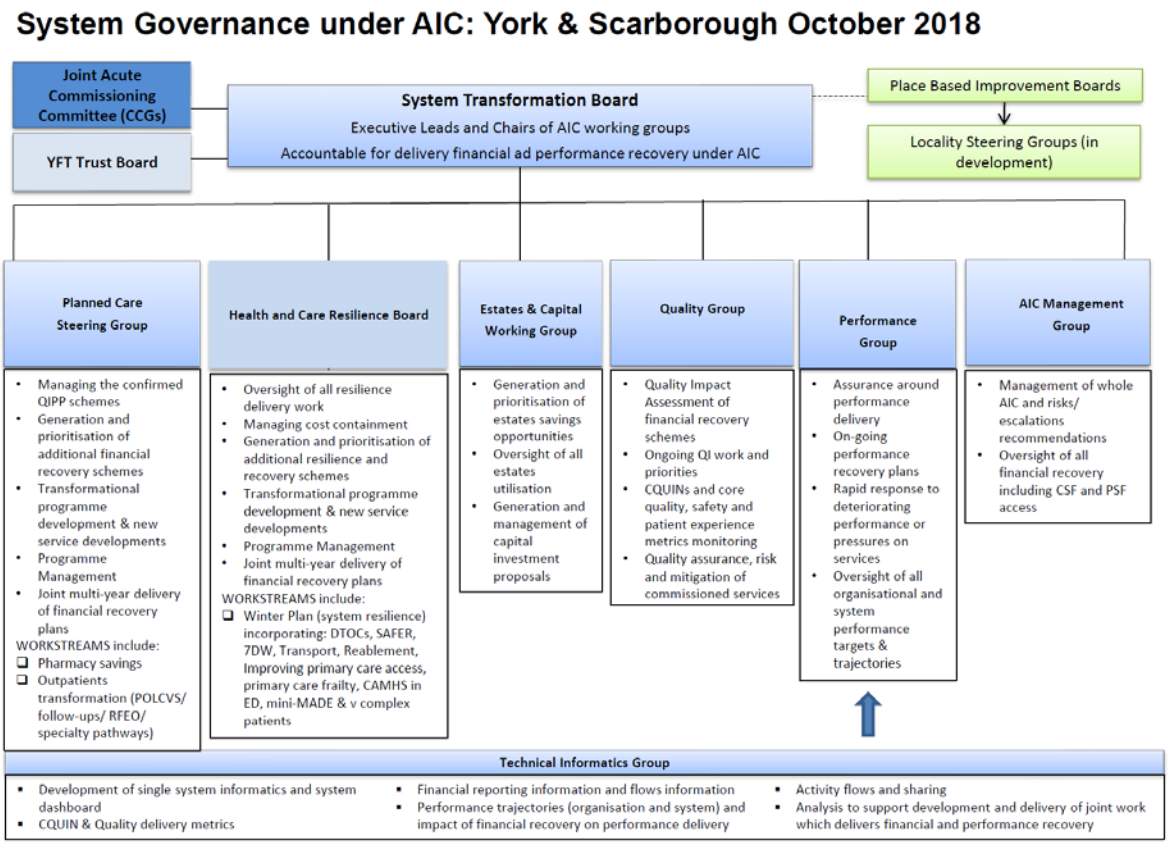
Members of the meeting will respect the confidentiality of meeting papers and agree not to circulate exceptional papers to a wider audience without the author's approval. Members accept that routine reports may be shared with colleagues for assurance purposes where appropriate.

10. Review of Terms of Reference

The group will review its terms of reference at the end of March 2019 and then annually, thereafter.

Date Issued: October 2018
Date revised:
Review date: March 2019

Annex 1: Overarching Governance Structure



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Item Number: 12

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 1 November 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Designated Professionals for Safeguarding Children Annual Report 2017-18

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

Reason for Report

This annual report describes some of the key national safeguarding children issues which have arisen during the year and provides an update on progress against the Designated Professionals Strategic Plan.

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)

N/A

Recommendations

N/A

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

SAFEGUARDING CHILDREN ANNUAL REPORT 2017-18

Scarborough and Ryedale CCG

Hambleton, Richmondshire and Whitby CCG

Harrogate and Rural District CCG

Vale of York CCG

Elaine Wyllie and Karen Hedgley

Designated Nurses for Safeguarding Children and Children in Care

Dr Natalie Lyth and Dr Sarah Snowden

Designated Doctors for Safeguarding Children and Children in Care

Dr Sally Smith

Designated Doctor for Child Deaths

Jacqui Hourigan

Nurse Consultant for Safeguarding (Adults and Children) in Primary Care

Contents:

Appendices:

1. Introduction

1.1 This sixth annual report will describe some of the key national and local safeguarding and looked after children developments during 2017-18 before going on to review progress against the Designated Professionals Strategic Plan.

1.2 The report will also describe the significant challenges and opportunities for 2018-19 as the CCGs prepare to become key partners in the multi-agency safeguarding arrangements across North Yorkshire and City of York which are being set up in response to a new legislative framework.

1.3 The Designated Professionals Strategic Plan for the coming year has incorporated any outstanding actions from the 2017-18 Plan.

2. National and local context

2.1 **The Children and Social Work Act –** this Act received royal assent on 27.04.17. The Act establishes fundamental changes to Local Safeguarding Children Board (LSCB) partnership arrangements, Child Death Overview Panels (CDOP) and processes for undertaking reviews of serious child safeguarding cases.

2.2 The new legislation requires that the safeguarding arrangements across a local authority area should be determined by three key agencies, namely police, the local authority and the CCG(s). Statutory guidance to the legislation was published on 29 June 2018, and the three key partners now have twelve months to agree and publish how they will '*work together and with any relevant agencies whose involvement they consider may be required to safeguard and promote the welfare of children in particular cases. They must also set out how their arrangements will receive independent scrutiny*.' (HM Government, 2018).

2.3 Work has already commenced across North Yorkshire and York to review current arrangements and start to draw up a new structure and format for the partnership delivery of safeguarding children work and arrangements for reviewing all child deaths across the county and city.

2.4 **Independent Inquiry into Child Sexual Abuse (IICSA)** - the Independent Inquiry into Child Sexual Abuse was opened in 2015 and is currently chaired by Professor Alexis Jay, OBE. The Inquiry is progressing through five work streams:

- Allegations of abuse by people of prominence in public life;
- Education and religion;
- Criminal justice and law enforcement;
- Local authorities and voluntary organisations;
- National and private service organisations.

2.5 As part of a particular work stream relating to child sexual exploitation in gangs, the CCGs were required to respond to a request for detailed information about how this issue is managed within the health sector. Responses were coordinated by the Designated Professionals and submitted within required timeframes.

2.6 In February, the Inquiry held the public hearing into allegations relating to the Benedictine Order, including Ampleforth Abbey. The report into the outcomes from this hearing is not yet published.

3. Local Safeguarding Children Boards and Case Reviews

3.1 City of York Safeguarding Children Board (CYSCB)

3.1.2 The Chief Nurse and Designated Professionals have continued to represent Vale of York CCG at CYSCB throughout 2017-18. The Designated Nurse and Nurse Consultant for Safeguarding in Primary Care also sit on several Board sub groups. The Designated Nurse has continued in her role as Case Review Group Chair.

3.1.3 As reflected in 2.3, during 2017-18 work began to develop revised partnership arrangements in line with the anticipated revisions to statutory guidance. The Chief Nurse has represented the CCG in discussions with senior colleagues in North Yorkshire Police and the local authority. The draft proposals for the new partnership arrangements have been shared with Board members and basic principles agreed.

3.1.4 **Case Reviews:**

- The actions arising from the Learning Review involving a young child who had experienced significant neglect were completed by all agencies by December 2017. The Designated Nurse has continued to support NHS provider organisations to embed actions specific to their organisation. It has also been agreed that the Case Review Group (CRG) will seek assurance and evidence from all agencies that actions are embedded in practice by the autumn of 2018.

- A NHSE-led Significant Incident Investigation into to the death of a young child from York has been ongoing throughout this year. The Chief Nurse and Designated Nurse receive updates on the progress of the investigation from NHSE. In her capacity as CRG Chair, the Designated Nurse shares these updates with CYSCB. The draft report arising from this investigation is expected in the summer of 2018.

- In January 2018, CYSCB agreed to commission a Learning Review into a case involving a young person who committed a serious sexual assault against a very young child. An independent author will lead this review. The learning and subsequent action plan will be reported to CYSCB and via VoY CCG Quality and Patient Experience Committee.

3.2 North Yorkshire Safeguarding Children Board (NYSCB)

3.2.1 The Chief Nurse and Designated Professionals have continued to represent the four North Yorkshire and York CCGs at NYSCB throughout 2017-18. The Designated Professionals and Nurse Consultant for Safeguarding in Primary Care also sit on several Board sub groups. The Designated Nurse has continued in her role as Vice-Chair of NYSCB and the Designated Doctor has taken on the chairing of the Safeguarding Practice Review Group.

3.2.2 **Case Reviews:**

- The actions from a Learning Review into the teenage perpetrator of a serious sexual assault have now been implemented across health organisations.

- A Serious Case Review has been commissioned by NYSCB. The final report from this review is expected in September 2018.

- A practitioner review was conducted into a case of a young child with a family background of chronic neglect. This review is in final draft stage.

- NYSCB has supported a review undertaken by the tri-service LSCB into allegations against a number of instructors at the Army Foundation College in Harrogate.

4. Statistical Information

Table 1: Summary of National and Local Statistical Information Table

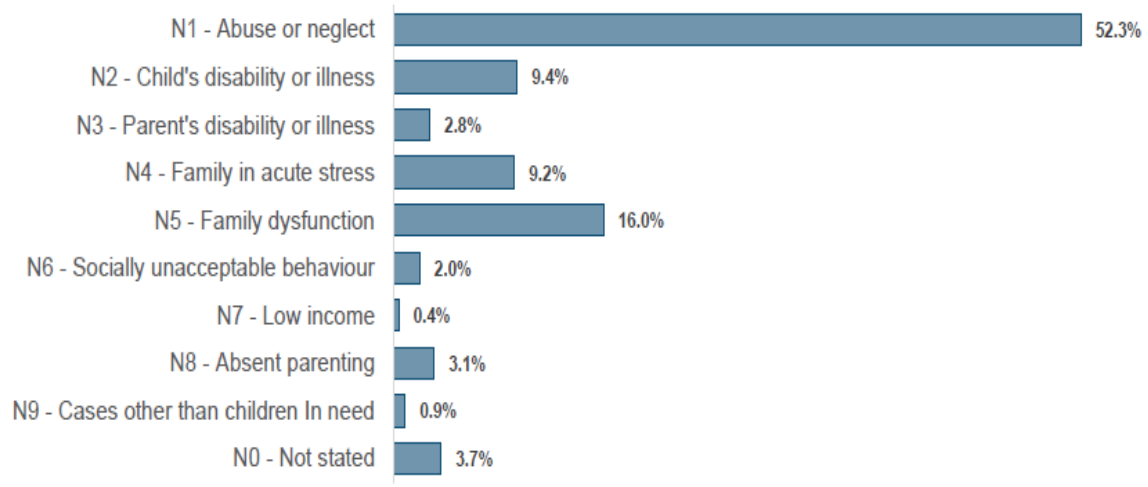
Category	England			North Yorkshire			City of York		
	2017-18 national data set not available until Oct 2018			As of 31.03.2018 (as 31.03.2015)			As of 31.03.2018 (as 31.03.2015)		
	14-15	15-16	16-17	2016 2015	16-17	17-18	2016 2015	16-17	17-18
Total number of children and young people	No data			118000 (130,000)	117,119	**117453**	36, 331 (36,331)	36,669 *	**36,705**
Number of children subject to Child Protection Plans	49,700	50,310	51,080	279 (410)	426	**515***	135 (124)	171 *	**167 ****
Prevalence of children with child protection plans/10,000 child population	42.9	43.1	43.3	23.6 (31.5)	36.3	**43.8***	38 (34.2)	46. 2 *	**45.14** (as above, snapshot on 31 03 18)
Children in receipt of Child in Need services	390,960	394400	389,430	2574 (2,015)	2553	**2662***	986 (1033)	Figures not available	Not yet available (as of 04 06 18)
Number of children receiving child in need/10,000 child population on 31st March ( ) = 2014-15	337	337.7	330.4	218 (155.0)	217.8	**226.6***	273.8 (286.9)	Figures not available	Not yet available (as of 04 06 18)
Looked After Children ( ) = 2014-15	69,540	70,440	72,670	415 (448)	425	**437***	191 (193)	204 *	**197****
Prevalence Looked After Children/ 10,000 child population ( ) = 2014-15	60	60	62	35.3 (34.5)	36	**35.1***	53 (55)	55.1 *	**53.24****)
Care Leavers 19-21	26290	26330	27010	186	170	**174***	100 (80)	107*	**24 *****
No of Looked After Children placed in North Yorkshire for whom North Yorkshire is not the responsible authority					232	**229***			Not yet available (as of 04 06 18)

*** 2017/2018 figures are unvalidated until Aug 2018 **Snapshot on 31st March 2018**
*****figure for age 17-21 during 01 04 17-31 03 18 – need confirmation of figure for 19-21 yr olds)**

4.1 Key Points from National Data

- The number of children in need at 31st March 2017 has decreased from 394,400 in 2016 to 389,430 in 2017 - a very small decrease of 1.3%. The number of children in need at 31st March has remained relatively stable over the last seven years.
- The number of child protection plans at 31st March increased in 2017, from 50,310 in 2016 to 51,080 in 2017, an increase of 1.5%.
- The number of child protection plans starting during the year has increased from 63,310 in 2016 to 66,410 in 2017. The number of children starting these child protection plans in 2017 was 66,180 (i.e. there were 66,180 children who started 66,410 child protection plans in the year ending 31st March 2017).
- The number of child protection plans ending during 2017 has increased from 62,750 in 2016 to 65,420 in 2017. The number of children subject to ending a child protection plan in 2017 was 65,200 (i.e. there were 65,200 children who ended 65,420 child protection plans in the year ending 31st March 2017).
- The number of child protection plans at any point during the year was 116,500 in 2017. The number of children subject to these child protection plans was 115,210.

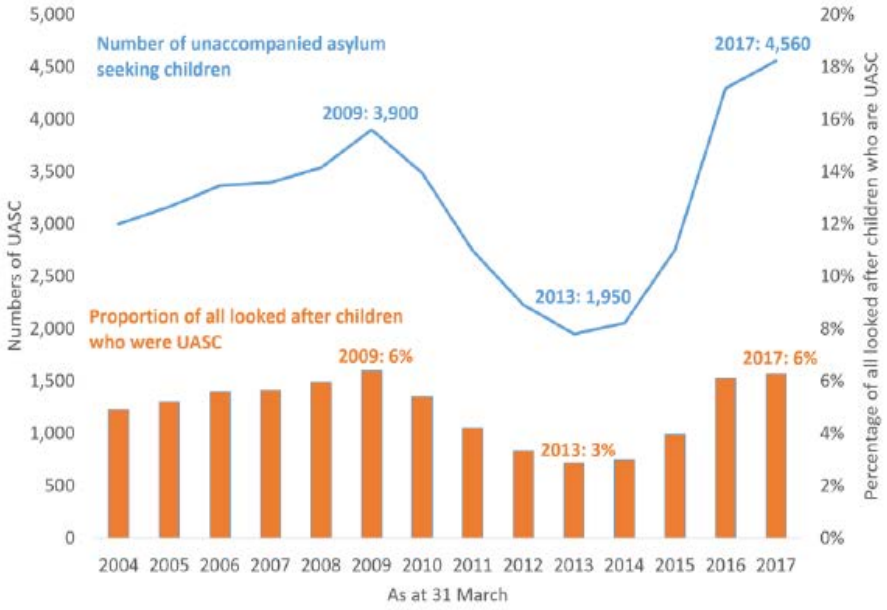
Figure 1: Percentage of children in need at 31 March 2017, by primary need at assessment England, 2017



- The number of Looked After Children continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 Looked After Children, an increase of 3% on 2016.
- The increase in Looked After Children reflects that more children started to be looked after in 2017 than ceased.

- For 2016 and 2017, the changes seen in the characteristics of Looked After Children, those who become Looked After and Care Leavers are influenced by the Unaccompanied Asylum-Seeking Children cohort who tend to be non-white British, older children, with a main category of need of absent parenting
- The number of Looked After Children at 31 March 2017 who were Unaccompanied Asylum-Seeking Children increased by 6% compared to the previous year, up to 4,560 from 4,300 in 2016, and up 134% from 1,950 in 2013.

Figure 2: Numbers and proportions of looked after children who were Unaccompanied Asylum-Seeking Children – England 2004 – 2017

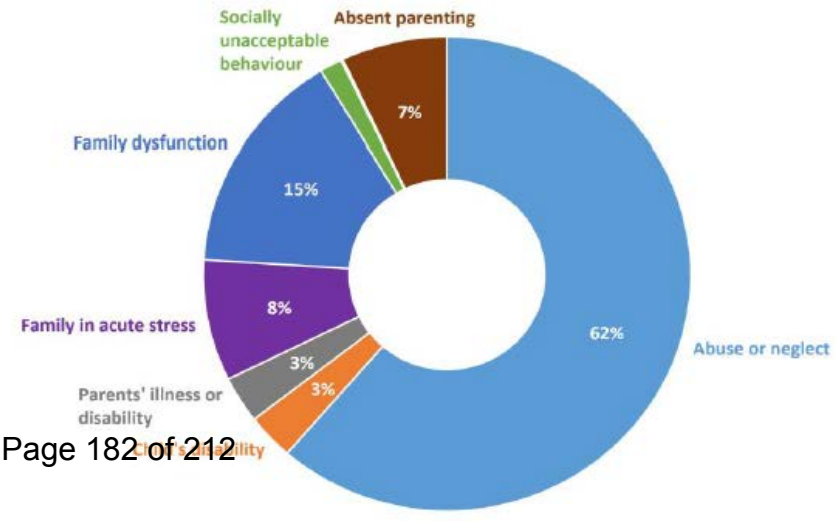


Source: SSDA 903

- **Reason for becoming looked after -** when a child is assessed by Children's Social Care, their primary need is recorded. For children who are looked after at 31 March 2017, the proportions of children in each recorded category of need is very similar to 2016. 61% (44,600 children) were looked after due to an initial need of abuse or neglect, 15% (11,150) family dysfunction, 8% (6,030) family in acute stress and 7% (5,100) absent parenting.

Figure 3: Proportions of looked after children at 31 March by category of need

England 2017



4.2 Key Points of Note from the North Yorkshire Data

- In contrast to the national picture, the number of children in need of services in North Yorkshire has increased from 2553 in 2016-17 to 2662 in 2018 - an increase of 4%.
- In line with the national picture, the number of children subject to Child Protection Plans has increased for the fourth year in succession from 426 in 2016-17 to 515 in 2017-18 - an increase of 20%. The prevalence for North Yorkshire (43.8 per 10 000) is now in line with the national prevalence (43.3 per 10 000) whereas previously it was below the national prevalence. This has a significant implication for the capacity required for health practitioners who carry out health assessments and support for these children and young people.
- The number of North Yorkshire children who are Looked After Children has increased from 425 in 2016-17 to 437 in 2017-18. However the number of Looked After Children and Young People placed in North Yorkshire for whom North Yorkshire is not the responsible authority has remained relatively stable: 232 in 2016-17 and 229 in 2017-18. The overall increase means that there will have been a requirement for an increased number of both Initial and Review Health Assessments.

4.3 Key Points of Note from the York Data

- The total number of children and young people in York has increased slightly from 36331 in 2015 to 36705 in 2017-18 (an increase of 1%).
- In contrast to the national picture, the number of children in need of services in York has increased from 986 in 2016 (figures not available for 2016-17 at time of writing report) to 1395 in 2017-18. This is a large increase of 29% over 2 years.
- In line with the national picture of the number of children subject to Child Protection Plans having increased for the fourth year in succession, in York the number has increased from 124 in 2015 to 171 in 2016-17, although it has remained relatively static in 2017-18 at 167. This is a general trend of an increase of 26% over the past 3 years. The prevalence for York (45.1 per 10 000 in 2017-18) is 4% above the national prevalence (data only available of 43.3 per 10 000 in 2016-17). This has increased from 34.2 per 10 000 in 2015, an increase of 24% which, as in North Yorkshire, has a significant implication for the capacity required for health practitioners who carry our health assessments and support for these children and young people.
- The number of York children and young people who are Looked After Children has decreased marginally from 204 in 2016-17 to 197 in 2017-18 (a decrease of 3.5% in a year, but a slight increase over 3 years from 193 in 2015 of 2%).
- The prevalence of Looked After Children per 10 000 child population is 53.2 which is below the national average of 62 per 10 000 recorded in 2016-17 (no

data available for 2017-18) but above that of North Yorkshire (35.1 per 10 000 in 2017-18).

- At the time of writing this report, data was not available about the number of Looked After Children and Young People placed in York for whom York is not the responsible authority. There were 6 Unaccompanied Asylum Seeking Young People placed in York in 2017-18. This data was not previously recorded.
- The overall increase in Looked After Children and Young People means that there will have been a requirement for an increased number of both Initial and Review Health Assessments.

5. Progress against Designated Professionals Strategic Priorities 2017-18

5.1 Strategic Priority 1: To further develop and embed robust assurance processes in relation to safeguarding children arrangements in CCG provider organisations.

5.1.1 Safeguarding Children Local Quality Requirements (LQRs) are now in place across all NHS provider organisations, with monitoring via sub-contract board quality structures and oversight from the Designated Nurses. Work continues with providers to strengthen safeguarding and looked after children reports.

5.1.2 Engagement work has now commenced with key private provider organisations commissioned by the CCGs to develop joint working around safeguarding assurance processes.

5.2 Strategic Priority 2: To continue to support and develop strong multi-agency partnerships across North Yorkshire and the City of York

5.2.1 As described in (2) above, discussions have commenced between safeguarding partners across the two local authority areas regarding how new statutory requirements will be realised in practice.

5.2.2 The Designated Nurse has led a piece of work to establish robust information sharing processes between YTHFT, TEWV, Vocare (Northern Doctors) and the Healthy Child Service in York. It is anticipated this piece of work will be completed by October 2018.

5.2.3 The Designated Nurse has continued to provide expert safeguarding children advice and support into the developments of the safeguarding children arrangements for the Healthy Child Service in York.

5.3 Strategic Priority 3: To further support robust arrangements across North Yorkshire and York in order to improve health outcomes for children in care

5.3.1 The Designated Professionals provide subject expertise and leadership across the health economy via the Looked After Children Health Professionals Network. This bi-monthly meeting offers key practitioners the opportunity to share practice, review new national and local guidance, and agree priorities for supporting work around the health needs of our most vulnerable children and young people.

5.3.2 The Designated Doctors have worked with colleagues in the HDFT Looked After Children Team to further develop the format of reports on timeliness of statutory health assessments for children in care. These reports now provide enhanced assurance regarding provider performance, and performance related to interagency processes. During 2017-18 CCGs agreed to receive these detailed narrative reports as part of safeguarding children updates to CCG quality meetings.

5.3.3 The HDFT Specialist Looked After Children Nursing Team Service Specification is in final draft form. This piece of work has been delayed due to unforeseen circumstances in the HDFT Team.

5.3.4 Work continues across the North Yorkshire inter-agency partnerships to support continued improvements in timeliness of health assessments.

5.3.5 The Designated Nurse has led a task and finish group of interagency partners across City of York to take forward the 'health' aspects of the Children in Care Strategic Plan. The work undertaken by the group has led to some improvements in performance related to timeliness of health assessments. Of particular note is the significant progress made by YTHFT in responding to requests for IHAs from City of York Council. In Q3 and Q4 the data identifies that in over 90% of cases the trust has offered appointments within 18 days of a request having been received.

5.3.6 The fourth annual audit of IHAs was undertaken by the Designated Doctors in conjunction with the HDFT LAC Team. This audit provided evidence of year on year improvement in IHA quality and demonstrates that the ongoing training programme for paediatricians delivering IHAs has been effective in driving up quality.

Letter from out of area paediatrician to NYY paediatrician:

'…I have seen your report on C from the assessment you did on …….I can only say this is probably the best report I have seen on a looked after child.

You have captured everything of relevance for C. Your descriptions are precise and contain a wonderful depth of detail that clarifies exactly what is happening for her. The health action plan is detailed and well-formulated.'

5.3.7 The Designated Nurses have worked with the HDFT LAC Specialist Nurses and a group of young people in care from City of York to develop information leaflets to support children and young people's engagement with health assessments. This builds upon previous work undertaken across the partnerships in NY and York to develop a 'Youtube' film clip promoting attendance for assessments. The information leaflets are planned to also be used across North Yorkshire.

5.4 Strategic Priority 4: Supporting Safeguarding Practice across the health economy in North Yorkshire and York

5.4.1 The Designated Professionals continue to provide expert support and professional leadership across the health economy. A key mechanism for this is the Safeguarding Children Health Professionals Network – a bi-monthly meeting involving nine different provider organisations which facilitates peer discussion and professional development.

5.4.2 The Designated Professionals have also have worked with partner agencies and provider organisations to establish some new systems and processes to support robust safeguarding children arrangements. This part of the report will describe some of these key systems and some of the direct outcomes for children and young people.

5.4.3 **Domestic abuse notifications**

This is a new information sharing process whereby colleagues in midwifery and the 0-19 services receive notification of domestic abuse incidents attended by North Yorkshire Police, where children and/or unborn babies are part of the household. The aim of this process is to ensure that relevant health professionals are fully aware of domestic abuse incidents, which then facilitates comprehensive assessment of risk to children and young people.

Safeguarding Story (YTHFT):

The domestic abuse notifications involving a pregnant woman highlighted the presence of domestic abuse that was previously unknown to midwifery practitioners. This escalated the concerns that professionals already had and led to a referral to Children's Social Care and to the Multi-Agency Risk Assessment Conference (MARAC) process.

The unborn baby was subsequently made subject to a Child Protection plan The recognition of domestic abuse was significant in terms of the decision-making in this case. The new information sharing process directly contributed to the protection of the unborn baby.

5.4.4 **Fabricated and Induced Illness** – the Designated Professionals have developed multi-agency practice guidance regarding the management of this highly complex form of abuse. This has been ratified by the Safeguarding Boards of both North Yorkshire and City of York and is now available for practitioners.

5.4.5 **Multi-agency Public Protection Arrangements (MAPPA)** – over the past year, revised MAPPA arrangements have been established across North Yorkshire and York to enable robust information sharing in respect of medium and high-risk offenders. This has been supported by a programme of training and awareness raising across providers and primary care. The outcomes from this process are more comprehensive risk management plans which involve primary and secondary care providers.

Safeguarding Story (Primary Care):

A young man aged 25 was discussed at a Level 3 MAPPA initial meeting and was considered to present a significant risk to children, adults and professionals. It was established at the meeting that he had particular behavioural issues indicative of an unmet mental health issue.

Following information sharing with the GP via the Nurse Consultant for Safeguarding, it was agreed that the young man would be offered a mental health and autism assessment which would support him to engage with risk management programmes. Importantly this has also facilitated safer engagement with professionals.

5.4.6 **Reflective Safeguarding Supervision**

Feedback from supervisee:

'…It was heavy and I was tired afterwards, but I've been able to discharge the young person as a direct result of the action plan. It was singularly the most effective supervision I've had in my career so thank you for facilitating it.'

The Safeguarding Children Nurses continue to offer reflective safeguarding supervision for safeguarding leads in provider organisations and primary care, with a total of 97 sessions being delivered over the year. They have also delivered a number of courses for new supervisors and are now developing 'training the trainers' programmes to ensure that there is a repository of training expertise across the health economy to take forward the supervision agenda. It is of note that all providers across North Yorkshire and York now use a single model for supervision.

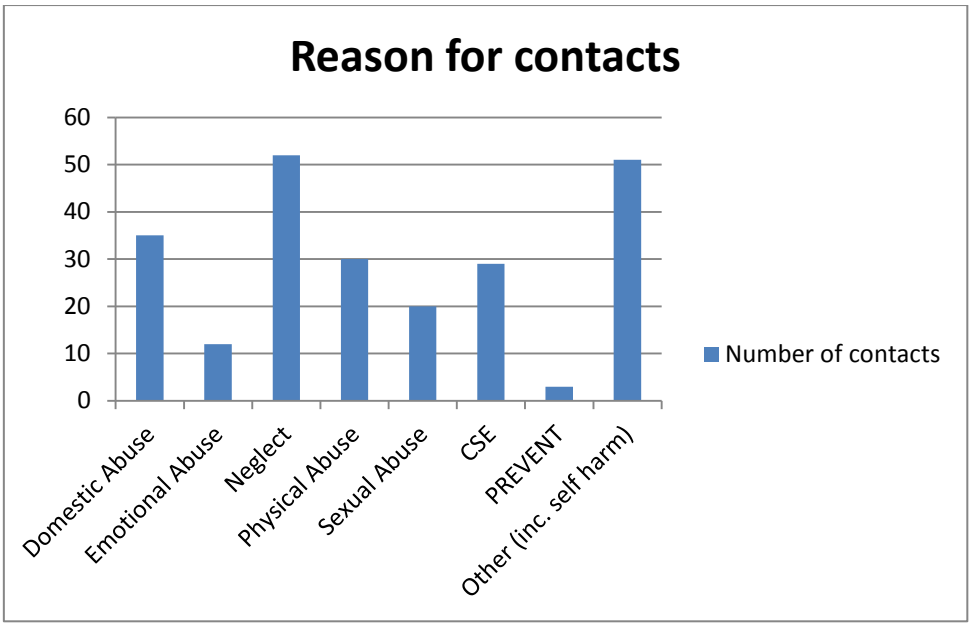
5.4.7 **Peer Review** – the Designated Doctors facilitate and take part in safeguarding peer review processes at both local and regional level.

5.4.8 **Safeguarding Simulation** – the model of safeguarding children training using mannequins with simulated injuries or signs of neglect has been developed in conjunction with undergraduate programme leads at the University of York. The success of this model has now been translated into post-registration practice and has been established particularly within the midwifery training programme at HDFT. Initial evaluations suggest that the approach resonates well with practitioners and is of value in driving up safeguarding knowledge and competencies.

5.4.9 **CP-IS –** the NHSE Child Protection Information Sharing Project (CP-IS) supports information sharing between certain secondary care services and local authorities regarding children or unborn infants who are subject to Child Protection Plans or who are looked after. To date, the majority of local NHS providers, North Yorkshire and City of York Local Authorities have 'gone live' with the project. The remaining NHS providers are due to come on stream later this year.

5.4.10 **Provision of expert advice and support** – a key function of the Designated Nurse/Nurse Consultant team is the provision of expert advice and support to primary care, provider safeguarding teams, other professionals, and partner agencies to support robust decision-making. During the past year, the team has completed **704** discussions around **237** separate cases - this represents a year on year increase in activity. Changes in the way data is captured around

these discussions has enhanced our understanding of the key safeguarding issues facing practitioners and the outcomes from discussions.



Of the 237 cases discussed, 50 went on to become the subject of a safeguarding referral. Many of the other cases were already open to services or could be managed by early intervention below the child protection threshold.

Safeguarding Story (Primary Care):

A Practice Nurse rang to request advice regarding a pre-school child who may be at risk of female genital mutilation (FGM). The young girl was booked into a travel clinic as the family planned to travel to Sudan, an area where the FGM is prevalent. The Practice Nurse could see from mother's records that a previous assessment had been undertaken as the mother had been the subject of FGM in her childhood.

This call resulted in a referral to Children's Services for assessment and appropriate measures were taken to safeguard the child. The practice nurse was supported to manage the conversation regarding referral sensitively with the family and provided with the most up to date information leaflet to share with the family.

5.5 Strategic Priority 5: Responding to recommendations arising from CQC CLAS Reviews and any other review process

5.5.1 The Designated Professionals have supported colleagues in the CCG and provider organisations to develop SMART action plans in response to recommendations arising from both the City of York and North Yorkshire Children Looked After and Safeguarding (CLAS) Reviews (December 2016/February 2017 respectively).

5.5.2 The Designated Nurses attend the majority of the NYY CCG provider internal safeguarding children governance meetings where progress against individual organisations' action plans is monitored. This provides an opportunity for the Designated Nurses to offer expert advice to support completion of the actions and, where required, challenge any delays in taking actions forward.

5.5.3 The Designated Nurses also request written updates against the action plans from providers and the CCG at an agreed frequency. The Designated Nurses then co-ordinate the submission of composite action plan updates to lead inspectors within the CQC. The NYY CCGs and both LSCBs receive highlight reports regarding progress against the action plans.

5.5.4 The Designated Professionals have completed all outstanding actions arising from the NHSE LAC and Safeguarding assurance visits which took place in 2016.

5.6 Strategic Priority 6: Continue to develop safeguarding children arrangements in Primary Care

5.6.1 **Safeguarding children assurance processes in Primary Care –** all GP practices have now completed the NHSE Safeguarding self- assessment audit, the results of which were shared with each CCG. Work is ongoing to support practices on areas of improvement and a re-audit will be undertaken in 2018. Work to develop an electronic assessment audit will be a strategic priority for the coming year.

5.6.2 **Reflective Safeguarding Supervision -** the offer of reflective safeguarding supervision to Named GP and Safeguarding leads is established across the CCGs. Safeguarding supervision is a standing agenda item at all safeguarding leads network meetings.

5.6.3 **Information sharing processes between 0-19 Practitioners and Primary Care -** agreed communication standards between 0-19 practitioners and GP Practices are in place in North Yorkshire and City of York. All practices have a named link 0-19 practitioner.

5.6.4 **Information sharing processes between midwifery services and Primary Care -** a process of information sharing between GP and Midwifery services is now agreed with all providers of Midwifery services across North Yorkshire and York**.** Work to develop an electronic information sharing process will be a strategic priority for the coming year.

5.6.5 **Develop MARAC (Multi-Agency Risk Assessment Conferences) information sharing processes so that GPs are informed of the pending MARAC meetings -** a process is now in place whereby the GPs of victims and any associated children routinely receive minutes of MARAC meetings. Progression to GP's being involved in sharing information into the MARAC process is being developed and will be a strategic priority for the coming year.

Safeguarding Story (Primary Care)

As a result of increased awareness of domestic abuse and the MARAC process, a GP referral to MARAC enabled the safeguarding of a vulnerable woman and identification of a repeat perpetrator of domestic abuse. In this case the GP was the only agency to have information with regards to current domestic abuse issues and associated risk.

5.6.6 **Standardise the process whereby GPs are invited to attend or contribute to child protection case conferences across NYY by establishing a secure electronic email -** all practices across NYY now receive electronic invitations to child protection conferences enabling enhanced engagement in the child protection process.

5.6.7 **Support practices with the management of safeguarding children information within individual practices –** guidance on management and coding of safeguarding information is available to all practices. Training to administration staff to support this process and coding guidance for records management will be a strategic priority for the coming year**.**

5.6.8 **Support the development of information sharing pathways between GP practices and the multi-agency VEMT (Vulnerable, Exploited, Missing and Trafficked) process across NYY -** the use and purpose of the NY Partnership Information Form has been shared with practices and included in

the Hot Topics training 2017-18 as part of updates around child sexual exploitation.

5.6.9 **Support with the introduction of CP-IS within Northern Doctors NYY-** Northern Doctors now have the CP-IS system in place**.**

5.6.10 **Develop effective information sharing processes between Northern Doctors and 0-19 service NYY-** information sharing process is now in place in North Yorkshire. A process has been developed across City of York and is awaiting agreement by the City of York team**.**

5.6.11 **Establish and develop links with the North Yorkshire Local Dental Committee to promote effective safeguarding practice -** due to lack of capacity, this objective has not been achieved. A business case has been submitted to address the issue of increased resource within the safeguarding children designated team

5.6.12 **Role of the Named GPs for Safeguarding Children** - the four Named GPs for adults and children for the North Yorkshire and York CCGs continue to work closely with the Nurse Consultant and drive forward the safeguarding children agenda across Primary Care. The CCG safeguarding leads meetings held quarterly and chaired by the Named GPs continue to be very well attended and provide education, updates on local and national agendas and peer support for the role of practice safeguarding leads.

5.6.13 The Named GPs have been instrumental in the planning of the 2nd Northern Safeguarding Named GP conference held in Leeds in November 2017. Their key involvement was evident in the clear North Yorkshire focus with speakers including Professor Nick Frost (Independent Chair of the North Yorkshire LSCB) presenting on the implications of the Wood Review, and Odette Robson (Head of Safer Communities North Yorkshire) showcasing the Graphic Novel for Prevent developed in North Yorkshire. Dr Joy Shacklock (Named GP, HaRD CCG) discussed her current role as the RCGP Clinical Champion Good Practice for Safeguarding, the development of the adult safeguarding toolkit and review of the recently published children safeguarding toolkit. Dr Peter Billingsley (Named GP, SR CCG) co-chaired the conference with Lisa Cooper (Deputy Director Quality and Safeguarding, NHS England North).

5.7 Strategic Priority 7: CDOP

5.7.1 Following discussions with the Coroner there has been a gradual improvement in the timeliness of post mortem reports provided for the CDOP Panel.

5.7.2 The Designated Doctor for Child Death has participated in discussions between partner agencies regarding the anticipated changes to CDOP arrangements following publication of the revised statutory guidance.

6. Challenges and opportunities for the forthcoming year

6.1 **New partnership arrangements** – as described in 2.1 above, there is a new legislative requirement to develop revised safeguarding children partnership arrangements. The legislation describes how 'Health' must have an equal voice in determining these multi-agency arrangements. The Designated Professionals will play an active role in supporting CCG leads to ensure that the voice of 'Health' is strong and, therefore, able to influence the contribution of health organisations to safeguarding children.

6.2 **CDOP** – until detailed statutory guidance is published, it is not clear how new CDOP arrangements will be delivered. Developing clear arrangements for the establishment of new processes, and the completion of current cases will be a priority for the Designated Doctor for Child Deaths in 2018-19.

6.3 **New commissioning arrangements** – the establishment of new partnership commissioning arrangements for secondary care services is developing across North Yorkshire and York. Over the coming year, there will be a real need to maintain a county-wide sustained focus on the needs of our child population, specifically including their safety and welfare.

6.4 **Focus on audit to evidence the effectiveness of new safeguarding processes** – over the past two years, much work has been undertaken across partnerships and systems to implement new processes and to strengthen existing arrangements. It has been agreed that the team should now focus on gaining assurance that this work is fully embedded in practice and is resulting in improved outcomes for children, young people, practitioners and multi-agency partnerships. An audit programme will be developed and implemented over the coming year with outcomes reported to CCGs as part of quality reports.

6.5 Succession planning and team resilience – in line with recommendations arising from the 2016 NHS E Safeguarding Assurance Process, a business case has been developed to enhance the team resource. The team will also focus on the development of a mentorship programme which aims to support safeguarding practitioners to develop the competencies and skills needed for more senior roles in provider and commissioning organisations

Appendix (i)

References:

Children and Social Work Act, 2017

DfE (2015) “Children looked after by local authorities in England: Guide to the SSDA903 collection 1 April 2015 to 31 March 2016” available at: https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide

DfE/DH (2015) “Promoting the Health and Wellbeing of Looked-After Children” available at: < https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children

HM Government (2018) “Working Together to Safeguard Children” available at: www.gov.uk/government/publications

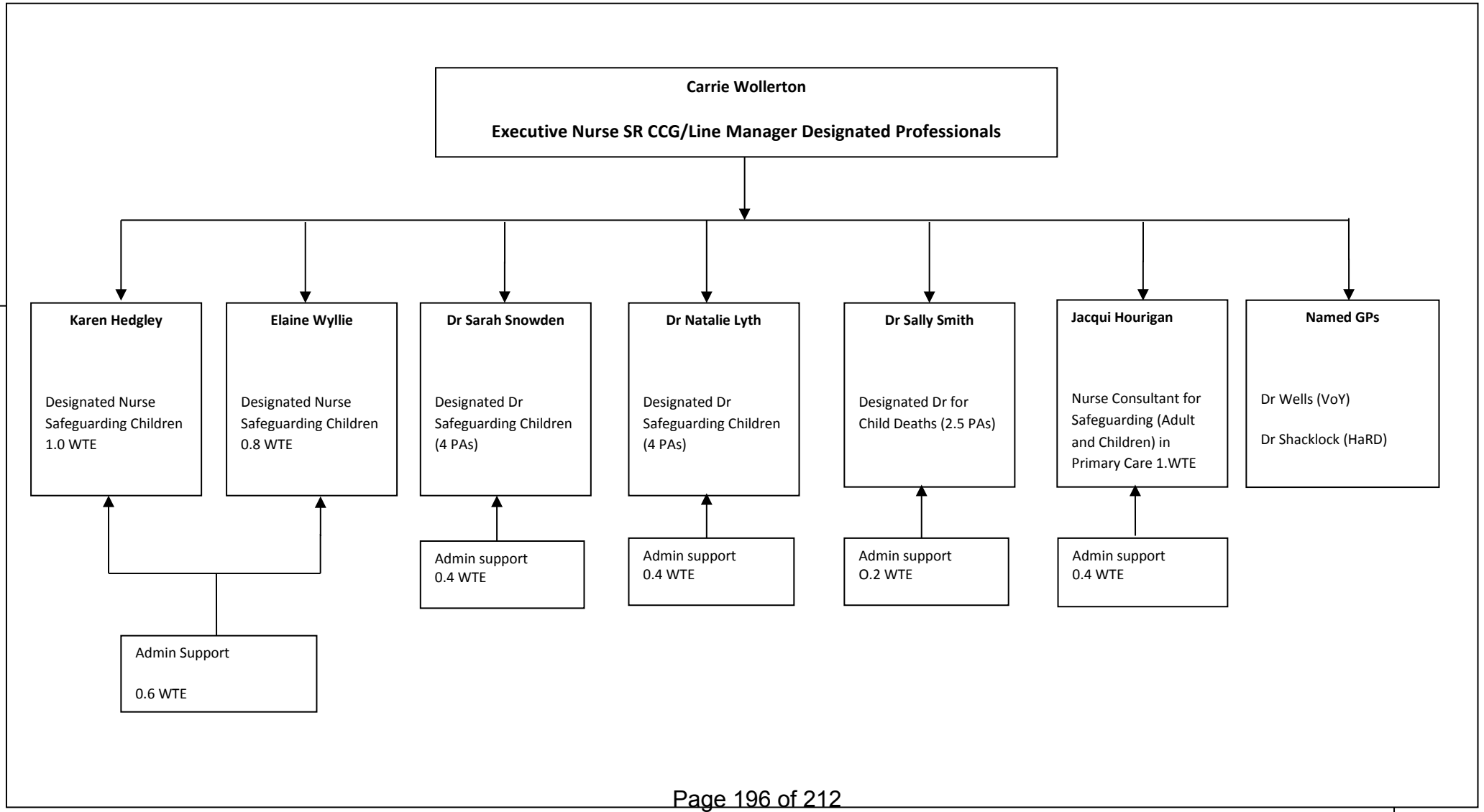
IICSA details available at: https://www.iicsa.org.uk/

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

RCPCH (2014) “Safeguarding Children and Young People: roles and competences for healthcare staff” available at: < http://www.rcpch.ac.uk

RCGP “Safeguarding Children and Young People: the RCGP/NSPCC Safeguarding Children Toolkit for General Practice” available at: http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx

Structure of CCG Safeguarding Children Team (hosted by SR CCG)



Appendix (iii)

Abbreviations used in this report:

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CLAS	Children Looked After and Safeguarding
CP-IS	Child Protection Information Sharing Project
CRG	Case Review Group
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
CYC	City of York Council
CYSCB	City of York Safeguarding Children Board
HaRD CCG	Harrogate and Rural District Clinical Commissioning Group
HRW CCG	Hambleton, Richmondshire and Whitby Clinical Commissioning
Group	
HDFT	Harrogate and District Foundation Trust
IHA	Initial Health Assessment
IICSA	Independent Inquiry into Child Sexual Abuse
LAC	Looked After Children
LQR	Local Quality Requirement
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NYCC	North Yorkshire County Council
NYSCB	North Yorkshire Safeguarding Children Board
RHA	Review Health Assessment
SCR	Serious Case Review
SR CCG	Scarborough and Ryedale Clinical Commissioning Group
TEWV	Tees, Esk and Wear Valley NHS Foundation Trust
VEMT	Vulnerable, Exploited, Missing and Trafficked
VoY CCG	Vale of York Clinical Commissioning Group
YTHFT	York Teaching Hospitals NHS Foundation Trust

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Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Audit Committee

Date of Meeting	27 September 2018
Chair	Phil Goatley

Areas of note from the Committee Discussion

The Committee:

- A comprehensive work plan for the Audit Committee was agreed.
- Audit Yorkshire confirmed additional resourcing is giving greater assurance and that the 2018/19 Internal Audit Plan will be delivered in full.
- Internal Audit have completed their work on Quality Impact Assessments with an overall judgement of Significant Assurance. This is very positive.
- The Committee was very pleased to learn that the new Chief Finance Officer is working with Internal Audit on achievable delivery of timescales for all outstanding audit recommendations.
- The Chief Finance Officer is also working with Internal Audit managers on a Working Together Protocol so CCG staff can have clear expectations of their interactions.
- The External Auditors presented their Audit Strategy Memorandum for 2018/19 which was approved by the Committee.

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 15

Chair's Report: Executive Committee

Date of Meeting	15 August, 5 and 19 September and 3 October 2018
Chair	Phil Mettam

Areas of Note from the Committee Discussion

The Committee has been focused on the 2018/19 financial position and the recovery actions required to hit the end of year forecast that has been agreed with the regulators.

A number of service pressures and developments have been under review. These have included:

- Adult autism
- MSK shared decision making
- York Mind Counselling Service
- York School Wellbeing Service
- Tier 3 obesity management service
- York Hospital Emergency Department
- Urgent Care Practitioners
- Parkinson's Disease Nurse specialists

Additionally the Committee has maintained oversight of the issues associated with pressures at the Unity Health Practice and the related Care Quality Commission review.

Wider developments and regional network issues considered include:

- The North Yorkshire and York Transforming Care (Learning Disability) Programme
- The Humber, Coast and Vale digital developments and how these can be progressed across the Vale of York and Scarborough footprint

Corporate matters under review have included the management of Individual Funding Requests for mental health services and accommodation arrangements for the Continuing Healthcare team.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Vale of York
Clinical Commissioning Group

Item 16

Chair's Report: Finance and Performance Committee

Date of Meeting	23 August and 27 September 2018
Chair	David Booker

Areas of note from the Committee Discussion

23 August

The Committee recorded growing concern in respect of overall system governance issues and financial outturn regarding the Aligned Incentive Contract. If current trends continued the CCG would not hold the quarter 2 position, with potentially serious consequences. The Committee requested a full update from the Chief Financial Officer at the next meeting.

27 September

- The Committee expressed deep concern regarding the ability or willingness of the regional health system to address the growing imbalance in the demands of the providers and the ability of commissioners to operate within planned budgets. The CCG was facing constant demand from York Teaching Hospital NHS Foundation Trust for additional funding to support the delivery of standards and to face winter pressures. Without a more balanced risk share and shared objectives across both commissioners and providers the CCG would not be able to meet its previously attainable targets.
- The Chair of the Committee will write to both regulators requesting contact with senior CCG staff to create joint understanding of the issues and to formulate a plan going forward.
- There should be an immediate and urgent review of the Aligned Incentive Contract led by the CCG's Chief Finance Officer and Accountable Officer to consider implied contractual issues and activation of the risk share. Renegotiation may be necessary.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 16

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	11 October 2018
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee:

- Confirmed that contractual penalties should be applied in the event of further delays to installation of public access wi-fi in GP Practices.
- Noted the need for Prescribing Indicative Budgets to focus on achieving further savings and that the Other Prescribing budget line would be discussed at the Finance and Performance Committee.
- Noted concerns about capacity in primary care.
- Welcomed the development of a self-assessment tool to assist Practices in managing Care Quality Commission and other regulatory requirements in light of Unity Health's experience.
- Received an update on Unity Health.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 17

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	11 October 2018
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee:

- Expressed continuing concerns in relation to Child and Adolescent Mental Health Services
- Agreed that medicines management be incorporated in the Quality and Patient Experience Report
- Expressed continuing concern about timeliness of health assessments for Looked After Children
- Agreed a new approach for supporting Practices in terms of quality in primary care

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 18 **Name of Presenter: Dr Kev Smith**	
Meeting of the Governing Body **Date of meeting:**	NHS Vale of York Clinical Commissioning Group
Report Title – Medicines Commissioning Committee Recommendations	
Purpose of Report **For Information**	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee – September 2018	
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 For information only CCG Executive Committee have approved these recommendations	

Responsible Executive Director and Title	**Report Author and Title**
Dr Kev Smith Director of Primary Care and Population Health	Jamal Hussain Senior Pharmacist

NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee September 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA534: Dupilumab for treating moderate to severe atopic dermatitis (30 day TA)		Dupilumab is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if: • the disease has not responded to at least 1 other systemic therapy, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are contraindicated or not tolerated • the company provides dupilumab according to the commercial arrangement. • Stop dupilumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is: • at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and • at least a 4 point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.	Red	Expect 15-20 patients per year across both York & Scarborough CCGs. Cost impact as an additional treatment after topical agents and oral DMARDs
2.	TA537: Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs		Ixekizumab alone, or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if: • it is used as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after the first 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal	Red	Expect 15-20 patients per year across both York & Scarborough CCGs. No cost impact expected as cost similar to alternative biologics, and is one of several biologic options.

		guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). • the company provides it according to the commercial arrangement. Assess the response to ixekizumab after 16 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria.eople whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response.		
NHSE commissioned Technology Appraisals – for noting				
3.	TA528: Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer	Niraparib is recommended for use within the Cancer Drugs Fund as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent course of platinum-based chemotherapy in adults, only if: • they have a germline BRCA mutation and have had 2 courses of platinum-based chemotherapy or • they do not have a germline BRCA mutation and have had 2 or more courses of platinum-based chemotherapy and • the conditions in the managed access agreement for niraparib are followed.	Red	No cost impact to CCGs as NHS England commissioned.
4.	TA529: Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer	Crizotinib is recommended for use within the Cancer Drugs Fund as an option for treating ROS1-positive advanced non-small-cell lung cancer in adults, only if the conditions in the managed access agreement are followed.	Red	No cost impact to CCGs as NHS England commissioned.

5.	TA530: Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy	Nivolumab is not recommended, within its marketing authorisation, for treating locally advanced unresectable or metastatic urothelial carcinoma in adults who have had platinum-containing therapy.	n/a	No cost impact to CCGs as NHS England commissioned and use not recommended by NICE.
6.	TA531: Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer	Pembrolizumab is recommended as an option for untreated PD‑L1-positive metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours express PD‑L1 (with at least a 50% tumour proportion score) and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations, only if: • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier in the event of disease progression and • the company provides pembrolizumab according to the commercial access agreement.	Red	No cost impact to CCGs as NHS England commissioned.
7.	TA532: Cenegermin for treating neurotrophic keratitis	Cenegermin is not recommended, within its marketing authorisation, for treating moderate or severe neurotrophic keratitis in adults.	n/a	No cost impact to CCGs as NHS England commissioned and use not recommended by NICE.
8.	TA533: Ocrelizumab for treating relapsing–remitting multiple sclerosis	Ocrelizumab is recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features, only if: • alemtuzumab is contraindicated or otherwise unsuitable and • the company provides ocrelizumab according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
9.	TA535: Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine	Lenvatinib and sorafenib are recommended as options for treating progressive, locally advanced or metastatic differentiated thyroid cancer (papillary, follicular or Hürthle cell) in adults whose disease does not respond to radioactive iodine, only if: • they have not had a tyrosine kinase inhibitor before or they have had to stop taking a tyrosine kinase inhibitor within 3	Red	No cost impact to CCGs as NHS England commissioned.

		months of starting it because of toxicity (specifically, toxicity that cannot be managed by dose delay or dose modification). • the companies provide them according to the commercial arrangements.		
10.	TA536: Alectinib for untreated ALK-positive advanced non-small-cell lung cancer	Alectinib is recommended, within its marketing authorisation, as an option for untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides alectinib according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
11.	TA538: Dinutuximab beta for treating neuroblastoma	Dinutuximab beta is recommended as an option for treating high-risk neuroblastoma in people aged 12 months and over whose disease has at least partially responded to induction chemotherapy, followed by myeloablative therapy and stem cell transplant, only if: • they have not already had anti-GD2 immunotherapy and • the company provides dinutuximab beta according to the commercial arrangement	Red	No cost impact to CCGs as NHS England commissioned.
12.	TA539: Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours	Lutetium (177Lu) oxodotreotide is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic, progressive, well-differentiated (grade 1 or grade 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours (NETs) in adults. It is recommended only if the company provides it according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
13.	TA492: Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (update)	Guidance updated because the EMA restricted the use of atezolizumab for untreated urothelial carcinoma to adults with high levels of PD-L1.	Red	No cost impact to CCGs as NHS England commissioned.
14.	TA522: Pembrolizumab for untreated PD-L1-positive locally	Guidance updated because the EMA restricted the use of pembrolizumab for untreated	Red	No cost impact to CCGs as NHS England commissioned.

	advanced or metastatic urothelial cancer when cisplatin is unsuitable (update)	urothelial carcinoma to adults with high levels of PD-L1.		
Formulary applications or amendments/pathways/guidelines				
15.	Ketotifen eye drops 250microgram/ml for seasonal allergic conjunctivitis (licensed) and perennial allergic conjunctivitis; atopic and vernal conjunctivitis (unlicensed)	Approved second line after cheaper products have been tried and failed.	Amber Specialist Recommendation	12 patients per year for atopic and vernal conjunctivitis. Kefotifen £7.80 per month per patient Ketotifen PF £13.90 per month per patient Olopatadine £4.68 per month per patient Otrivine Antistin £3.35 per month per patient Lodoxamide £5.21 per month per patient
16.	Ulipristal acetate (Esyma®) 5mg for uterine fibroids	Approved change in RAG status from Amber SI to Red following changes in product license and recently safety concerns re liver impairment.	Red	No cost impact to CCGs as tariff included
17.	Blephaclean wipes for cleansing eyelids and lashes without using soap	Agreed to make Black as not a cost-effective use of NHS resources and lack of clinical evidence to support use. May be bought OTC if required.	Black	No significant cost to CCGs expected.
18.	Jext® adrenaline autoinjector	Agreed to add to formulary in addition to Epipen® due to current supply issues with adrenaline autoinjectors.	Green Green	No significant cost impact to CCGs expected. Epipen 300 micrograms = £26.45 Epipen 150 micrograms = £26.45 Jext 300 micrograms = £23.99 Jext 150 micrograms = £23.99 Emerade 300 micrograms = £25.99 Emerade 150 micrograms = £25.99
19.	Emerade® adrenaline autoinjector			
21.	Valproate Shared Care Guideline	Approved. New shared care guideline produced by TEWV covering use in mental health to comply with new Valproate Pregnancy Prevention Programme.	n/a	Will result in an increase in referrals to secondary care on an annuals basis for annual review to be carried out as per terms of updated product license.
22.	Stoma Prescribing Guidance	Existing guidance from Scarborough & Ryedale CCG adapted for use in Vale of York.	n/a	No significant cost to CCGs expected. May result in cost savings if key recommendations around quantities to be prescribed are followed. VoY CCG currently spends £1.8 million a year on stoma products.