Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

6 April 2017, 9.30am to 12.15pm

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

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

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

AGENDA

The number of enclosures is indicated if there is more than one.

STANDING ITEMS – 9.50am				
1.	Apologies for absence	To Note	Verbal	Keith Ramsay
2.	Declaration of Members' Interests in the Business of the Meeting	To Note	Verbal	All
3. Pages 5-22	Minutes of the meeting held on 2 March 2017	To Approve	Enclosure	All
4.	Matters arising from the minutes		Verbal	All
5. Pages 23-29	Accountable Officer's Report	To Receive	Enclosure	Phil Mettam
6. Pages 31-44	Corporate Risk Update Report	To Receive	Enclosure	Rachel Potts

FINANCE AND PERFORMANCE – 10.30am				
7. Pages 45-57	Financial Performance Report Month 11	To Receive	Enclosures x2	Tracey Preece
8. Pages 58-85	Financial Plan 2017-19	To Approve	Enclosures x2	Tracey Preece
9. Pages 87-116	Performance Report	To Receive	Enclosures x3	Rachel Potts
ASSURANCE – 11.30am				
10. Pages 117-137	Consideration of 'Going Concern Status' 2016-17 Accounts and Director Declaration	To Approve	Enclosures x3	Tracey Preece
11. Pages 139-143	Quarter 3 Integrated Assurance Framework Assurance Feedback from NHS England	To Receive	Enclosures x2	Phil Mettam
RECEIVED ITEMS – 12.05pm				
12. Pages 145-150	Executive Committee Minutes: 15 February 2017		Enclosure	
13. Pages 151-166	Finance and Performance Committee Minutes: 23 February 2017		Enclosure	
14. Pag es 167-180	Medicines Commissioning Committee Recommendations: 16 November 2016 18 January 2017 15 February 2017		Enclosures x4	

NEXT MEETING – 12.15pm				
15.	9.30am on 4 May 2017 in the Riley Smith Hall, 28 Westgate, Tadcaster LS24 9AB	To Note	Verbal	All
16.	Close			
EXCLUSION OF PRESS AND PUBLIC				
17.	In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted.			

A glossary of commonly used terms is available at

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

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Vale of York
Clinical Commissioning Group

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 2 March 2017 at the Memorial Hall, Potter Hill, Pickering YO18 8AA

Present

Mr Keith Ramsay (KR)	Chairman
Mr David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Dr Emma Broughton (EB)	Clinical Director
Mrs Michelle Carrington (MC)	Executive Director of Quality and Nursing
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	Clinical Director
Mr Phil Mettam (PM)	Accountable Officer
Dr Shaun O'Connell (SOC)	Joint Medical Director
Dr Andrew Phillips (AP)	Joint Medical Director
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Mrs Caroline Alexander (CA) – for items 7 and 10	Interim Head of Planning and Assurance
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources and Performance
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council
Mrs Elaine Wyllie (EW)	Interim Director of Joint Commissioning

Apologies

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

Eight members of the public were in attendance.

KR welcomed everyone to the meeting.

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

1. Comment from Bill McPate

Child and Adult Mental Health Services Performance

The number of patients waiting longer than 8 weeks for 1st appointment is reported as 14 in the Performance Report (item 10) and 166 in the Quality and Patient Experience Report (item 11). It is to be hoped that the former is correct and that the CCG Board can be commended for taking the necessary action to rectify poor performance in this vital service for children and adolescents.

Response

EW advised that the information in the Quality and Patient Experience Report, which was November data, should read 'of the 166 people waiting, eight had waited in excess of eight weeks.' She added that in December there were 195 people waiting, of whom 14 had waited in excess of eight weeks. EW added that more children were coming through the service.

2. Question from Chris Brace

Item 4, item 3, page 51 of the Public Consultation Outcome Report states

Tees, Esk and Wear Valleys NHS Foundation Trust should progress the further detailed site / option appraisals guided by the preference stated by respondents.

If there are constraints by any of the criteria within the detailed site / option appraisal, the remaining options should be progressed in line with preferences in the feedback.

As the criteria constraints were known before and during the consultation, what other constraints are implied here?

Response

EW responded that there were no criteria other than those in the Public Consultation Outcome Report. The three site options for a new mental health hospital for the Vale of York met the criteria and each would be scored and assessed against them. The recommendation would be presented to the Governing Body in line with the agreed timescale.

AGENDA ITEMS

KR noted that the agenda would be considered in the following order.

1. Apologies

As noted above.

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

There were no declarations of interest in the business of the meeting. Members' interests were as per the Register of Interests.

3. Minutes of the Meeting held on 2 February 2017

The minutes of 2 February were agreed.

The Governing Body:

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

4. Matters Arising from the Minutes

Accountable Officer Report: SOC reported that he was meeting with SS on 10 March to discuss effective communication regarding weight management and smoking cessation support services. He would report back to the April meeting of the Governing Body.

Quality and Patient Experience Report: MC advised that an update on Attention Deficit Hyperactivity Disorder and end of life care was included in the report at item 11 noting that commissioning opportunities were being sought to resolve issues relating to treatment of adults. In respect of the medication issue discussed at the February Governing Body, MC reported that a contract variation had been implemented with the Tuke Centre. MC also reported, regarding the results of the Primary Care Quality Commission inspection, that a Quality Workshop session had been held at the February meeting of the Council of Representatives.

Performance Report: PM reported that, following consideration, the Executive Committee had agreed that Quality and Outcome Framework targets should not be suspended.

Safeguarding Children Annual Report 2015-16: MC reported that the need for additional support for work relating to children and young people had been identified. Options were being developed for consideration by the Executive Committee and would subsequently be reported to the Governing Body.

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

The Governing Body:

Noted the updates.

5. Accountable Officer's Report

PM presented the report which provided updates on turnaround, legal Directions and the CCG's 2016-17 financial position; the Operational Plan 2017-19; Council of Representatives meeting; working towards an accountable care system in the Vale of York; Better Care Fund; emergency preparedness, resilience and response; celebrating the integration of health and care; consultation to develop a new mental health hospital for the Vale of York; Advisory Board meeting and agreed outcomes; and national plans and strategic issues.

PM reported that he and KR had met with NHS England regarding the legal Directions. NHS England had reiterated recognition of the CCG's progress with the Improvement Plan in terms of capability, capacity, financial leadership and governance but the £28.1m forecast deficit for 2016-17 continued to be a concern. PM emphasised that NHS England considered the Medium Term Financial Strategy a robust approach to returning the system to balance but noted that the legal Directions would remain in place for the foreseeable future. He added that there was the potential for the CCG to receive additional capacity from national support to challenged CCGs and emphasised that work would continue to focus on both the in year financial position and the forward plan.

PM advised that NHS England had commended the Medium Term Financial Strategy noting the potential for its adoption as good practice to address the challenge across the health system. He congratulated everyone involved in its development.

PE explained that discussion at the Council of Representatives had included the Medium Term Financial Strategy, consideration of utilisation of the national GP Forward View funding, and how to work with the CCG on quality assurance in primary care.

PM referred to the first meeting on 1 March of the Accountable Care System Partnership Board which had been attended by health and social care leaders from across the Vale of York. He emphasised the significance of the agreement to work collaboratively noting that the next meeting of the Board would take place towards the end of April when discussion would include principles, values and outcomes for care across the Vale of York.

PM referred to the continuing concern regarding A and E performance at both sites of York Teaching Hospital NHS Foundation Trust and noted that a workshop was taking place to consider action across the system.

PM congratulated Priory Medical Group on development of the York Integrated Care Team which had been nationally recognised by the Integrated Care Pioneer Programme. He noted that a summary of CCG awards would be included in his next meeting report to demonstrate achievements despite the financial challenge.

In respect of national plans and strategies, SS noted that she and the North Yorkshire Director of Public Health would welcome working with the CCG in respect of the Collaborative Tuberculosis Strategy for England, and highlighted, with regard to the transfer to CCGs of commissioning responsibility for obesity services, the need for a Better Lives Strategy with a focus on prevention and aim of reducing surgery.

Regarding the waiting time for wheelchairs MC reported that the CCG's new wheelchair services contract was in place but there had been an unexpected backlog from the previous provider. The additional resources required to address this had been identified and agreed by the Executive Committee.

In response to SOC referring to the NHS RightCare osteoporosis care pathway the report and noting that a community bone protection service developed by the CCG was not achieving the expected potential, PE agreed to work with him to review this service in light of the National Osteoporosis Society data.

The Governing Body:

1. Noted the Accountable Officer report.
2. Commended everyone who had contributed to development of the Medium Term Financial Strategy.
3. Noted that PE and SOC would review the CCG's community bone protection service in light of the National Osteoporosis Society data.

6. Corporate Risk and Assurance Update Report

In presenting the corporate risk and assurance update RP noted that the CCG was now in the lowest quartile for 13 of the 42 indicators of the CCG Improvement and Assessment Framework. The associated mitigating actions were detailed. RP also noted that these performance issues were discussed in a number of forums.

Of the six corporate events reported, i.e. risks that had materialised, one was scored as "catastrophic" and five as "serious". The former related to the reorganisation of the Partnership Commissioning Unit which had been the subject of detailed discussion at meetings of the Governing Body, the Finance and Performance Committee and the Quality and Patient Experience Committee.

Four of the "serious" events had been regularly reported: Managing Partnership Commissioning Unit areas of spend; failing to achieve an assured position for the 2016-17 plan, breach of NHS England legal directions; failing to achieve 67% dementia coding target in general practice; and ongoing breach of the A & E 4 hour constitutional target. The fifth event related to insufficient resources allocated to the Estates and Technology Transformation Fund Strategy to enable the CCG to access funding streams, particularly in respect of primary care. A special meeting of the Executive Team had been arranged for 3 March to consider priorities, capacity and realignment of resources.

In response to PE seeking clarification about the primary care access indicator, TM explained that this related to an Enhanced Service agreed in the time of the former NHS North Yorkshire and York Primary Care Trust for GP Practices to offer a certain number of hours. There was currently variation across the CCG in this regard which should be addressed through the GP Forward View funding.

EW reported that risks relating to services provided by Tees, Esk and Wear Valleys NHS Foundation Trust would be addressed through the refreshed Contract Management Board which would be refocused on operational performance, quality and strategic issues. She noted that a Performance Notice had been issued in respect of Improving Access to Psychological Therapies.

The Governing Body:

Received the corporate risk report, noting the strategic and corporate risk portfolio and burden of risk in specific areas.

CA attended for items 7 and 10

7. Operational Plan 2017-19

CA explained that the two year Operational Plan brought together the Improvement Plan for the CCG in response to working under legal Directions as at 23 December 2016. It also provided the financial context for the CCG's refresh of the priority programmes of work required to deliver system change in the Vale of York locality and the wider Humber, Coast and Vale Sustainability and Transformation Plan footprint. The Operational Plan was as yet unapproved by NHS England due to the requirement for a final submission relating to finance and activity plans but was being launched in order to commence public engagement. Formal approval from NHS England was expected in April.

The Operational Plan comprised sections titled: Our Triple Aim, Our Population Needs, Our Financial Context, Our Improvement Plan, Our Transformation To Date, Our Plan on a Page, Our Priorities and Programmes, Getting Started, Our Governance, Our Must Dos, Our Financial Modelling, Our Activity Modelling, Our Contracting, and Annex 1 Our Existing Work.

CA described the three identified gaps – Health and Wellbeing Outcomes, Care and Quality Outcomes, and Financial Gap – and the six priority areas to address these triple aims, namely: Strengthening Primary Care, Reducing Demand on the System, Fully Integrated Out of Hospital Care, Sustainable Acute Hospital and Single Acute Contract, Transformed Mental Health, Learning Disability and Complex Care Services, and System Transformations. The CCG was working collaboratively with partner organisations in terms of development of the programmes of work. CA also referred to the establishment of Locality Groups and the emerging accountable care system and highlighted the focus on a local place based approach for patients.

JH explained that the CCG was working closely with York Teaching Hospital NHS Foundation Trust on the Planned and Unplanned Care (Out of Hospital) Programmes noting that the signed Heads of Terms included a joint contractual commitment to deliver.

TP tabled updated information on the Financial Plan following final submission on 27 February and advised that the Operational Plan, which was also currently unapproved, would be amended accordingly. She highlighted the six specific QIPP opportunities – elective orthopaedics, out of hospital care, contracting for outpatients, continuing healthcare and funded nursing care, prescribing and high cost drugs – and the fact that the Business Rule for 1% of allocation improvement for deficit CCGs was now being met.

KR expressed appreciation to CA and everyone involved in development of the Operational Plan emphasising the need to now focus on delivery.

Members welcomed the Plan and sought and received clarification on a number of aspects. In respect of communication of key messages RP reported that the CCG's Head of Communications and Media Relations was developing a plan that also aligned with the Medium Term Financial Strategy and noted that colleagues from Healthwatch were assisting in this regard. KR additionally requested that all members of the Governing Body support the engagement programme.

The need for sustainable system change to be clinically led was emphasised with recognition that there would be challenges in terms of resources, particularly in respect of moving to place based care; this would require a system approach. Primary care in the broadest sense would require support through the process of development of a robust accountable care system. Prevention and self care were discussed in the context of the reducing Public Health budgets.

In terms of both responding to the urgency of the work required and associated accountability, PM emphasised that system wide engagement was essential and highlighted establishment of the Accountable Care System Partnership Board as the key to system change noting that joint priorities and a performance framework were being developed. He also highlighted international evidence that such transformation would take in the region of nine years.

Further discussion included the requirement for a risk assessment of the Operational Plan and associated challenges, implications for the responsibilities of the Governing Body in view of their approval not being sought and in the light of legal Directions, and the fact that partner organisations were being asked to endorse the priorities. DB added that the Finance and Performance Committee would include consideration of the six priorities.

Members agreed to endorse the Operational Plan as an appropriate response to the discussion and noted the fact that legal Directions did not absolve the Governing Body from its statutory duties. PM confirmed that he would inform NHS England of the discussion.

The Governing Body:

1. Endorsed the Operational Plan 2017-19.
2. Expressed appreciation to CA and everyone involved in development of the Plan.

10. Performance Report

In referring to the Performance Report JH advised in respect of A and E, one of the areas of most concern, that a review by clinicians and with CCG participation was being undertaken; the outcome would be provided in due course. He also explained that the relevant concerns were addressed through the Referral to Treatment Recovery Group, A and E Delivery Board and Contract Management Boards and noted that the joint programme of work with York Teaching Hospital NHS Foundation Trust aimed to address performance as well as financial issues.

JH reported that, with the exception of A and E, most trajectories were on target for 2017-18. He noted that the Finance and Performance Committee had requested a single page summary and mitigating action for each area that was not delivering to plan.

Discussion ensued on the proposal from the A and E Delivery Board for York Teaching Hospital NHS Foundation Trust's A and E performance target for 2017-18 to be reduced to between 80% and 85%. Members noted that during one week in February performance had varied from 77% to 98%. The proposed realistic target was a system response to what was a system issue. AP additionally referred to the national Utilisation Management Team's review at York Teaching Hospital NHS Foundation Trust noting that recommendations for improvement of patient flow would be reported and that the CCG would participate in a workshop to consider the report. He also noted achievement of areas of the five national programmes of work for A and E Delivery Boards. MC added that the deaths reported in A and E in December were not due to poor care.

In respect of Improving Access to Psychological Therapies EW referred to the recent visit by the national Intensive Support Team. EW noted that early feedback was of significant improvement in a number of areas but she would provide further information on receipt of the report.

The Governing Body:

Received the Performance Report.

9. Financial Performance Report Month 10

TP advised that, as reported at month 9, the CCG was forecasting a £28.1m year end financial deficit. She noted that the Finance and Performance Committee had reviewed the report in detail and agreed that, although challenging, this was achievable. TP explained that the main risk related to the fact that a final year end agreement had not yet been reached with York Teaching Hospital NHS Foundation Trust but that work was taking place in this regard. She noted that NHS England supported the CCG's position, referred to the report, to be presented week commencing 6 March, from the independent review of resource utilisation and detailed contract management processes at York Teaching Hospital NHS Foundation Trust and advised that the £28.1m forecast deficit included assumption of system support from partners. TP confirmed that £28.1m deficit was the agreed final position and that no further formal risks were being reported to NHS England in this regard.

In respect of a prescribing year end adjustment included in the mitigation and discussed at the Audit Committee the previous day, TP explained that this was an accounting adjustment based on information from NHS England, noting that a similar approach had been taken at the end of previous financial years for other reasons and emphasising that there was no impact on patient care. TP advised that discussion about the current mitigation was taking place nationally between auditors, the National Audit Office and NHS England but that the CCG's auditors did not view it as material. Advice from NHS England was awaited as to whether to include this in the forecast was awaited.

TP referred to the QIPP dashboards for each current programme of work advising that these would be adapted for 2017-18. SP requested that consideration be given to simplifying the information presented in the dashboards.

In response to clarification sought JH reported that most 2017-18 contracts had been agreed. In respect of York Teaching Hospital NHS Foundation Trust the contract value

had been approved by NHS England and agreed at £194m, which was £9m above the CCG's financial plan. However, the CCG and York Teaching Hospital NHS Foundation Trust were committed to delivery of a joint programme of work, included in the agreed Heads of Terms, to reduce the contract to £185m. JH explained that specialty reviews were currently taking place to inform the joint programme of work emphasising the agreed contract had been set at a realistic level which would reflect actual activity supported by in year contract variation as necessary. In the event of the work not delivering as planned a review by NHS England and NHS Improvement would be triggered and remedial actions required.

SP referred to concern expressed at the Finance and Performance Committee regarding the signing of the contract at a higher level than the CCG's financial plan. She also sought clarification about governance and accountability as the Governing Body had not, as in previous years, been asked to approve a financial budget. JH responded that the CCG had signed the contract in accordance with direction from the NHS England Regional Team and TP noted the context of QIPP in the Heads of Terms which would form part of the contract schedules to reduce activity. She explained that the CCG being under legal Directions added complexity to the regular governance but members could gain assurance through the agreed joint programmes of work, the involvement of NHS England and NHS Improvement, detailed ongoing discussions, the system approach, and the contractual commitment to work towards the CCG's plan. TP also noted that signing an activity based, risk share plan did not mean commitment to full payment of the £194m. She explained that the joint programme of work to reduce the contract value required agreement by 31 March, a number of areas of work required incorporating in the 2016-17 full year effect QIPP schemes and advised of the potential for a mid-point contract model.

JH noted the detailed information would be included in the report to the April Governing Body. He agreed to provide a briefing to members on the discussion with NHS England regarding the Operational and Financial Plans.

Members welcomed the joint working but emphasised the need for assurance that contracts and capacity were aligned to ensure delivery.

The Governing Body:

1. Noted the Financial Performance Report as at 31 January 2017 and the ongoing work to address the associated challenges.
2. Requested that the information presented in the programme dashboards be simplified.
3. Noted that JH would provide a briefing on discussion with NHS England regarding the Operational and Financial Plans.

8. Vale of York Medium Term Financial Strategy: A new approach to commissioning

In presenting the Medium Term Financial Strategy TP explained the aim of articulating how the cumulative deficit of £28.1m in 2016-17 was forecast to become a year end deficit in 2017-18 of £44.1m and how progress would be made towards a sustainable

system. She noted the requirement to meet key statutory financial targets and business rules, highlighted that the Strategy was consistent with the CCG's vision and Operational Plan, and emphasised that this new approach to commissioning could not be delivered by the CCG alone but required support of the emerging accountable care system.

The Medium Term Financial Strategy described a new approach towards financial sustainability and incorporated population analytics and benchmarking, financial opportunity, next steps; appendices related respectively to four key components of commissioner allocations, acute need weighting, health inequalities compared to others in the Sustainability and Transformation Plan footprint, level of acute spend compared with patient need, the non elective spend profile, the non elective spend profile by GP Practice, and the Sustainability and Transformation Plan locality plan on a page.

TP highlighted a number of data sources that had informed development of the Strategy and identified areas where the CCG was an outlier. Further work would be undertaken to understand the reasons and look at potential opportunities to achieve savings.

TP explained that the CCG's population was comparatively healthy compared to the rest of the country and that, due to this, needed to spend 11% less per person in order to live within its allocation. Six key areas of opportunity, which had been subject to robust confirm and challenge, were being progressed immediately: elective orthopaedics, out of hospital care, contracting for outpatients, continuing healthcare and funded nursing care, prescribing, and high cost drugs; additional 'other' areas of opportunity had also been identified. TP confirmed that these opportunities totalled £47.7m, noted that detailed plans had not yet been developed for delivery, and referred to the next steps in terms of the accountable care system, the CCG's Financial Plan and the Sustainability and Transformation Plan. TP also advised that the CCG was part of a control total for 2017-18 for the Humber, Coast and Vale Sustainability and Transformation Plan.

Members commended the Medium Term Financial Strategy noting it was supported both regionally and nationally by NHS England. They congratulated TP and colleagues involved in its development.

In response to SS referring to the need for a better understanding of the GP Practice populations, the role of the three Locality Delivery Groups and the context of the Joint Strategic Needs Assessment, TP reported that the CCG would be working with York Medical Group to gain a better understanding of Practice cost and Practice need.

Further discussion included recognition of impact on activity from national health related campaigns, addressing capacity need in primary care and across the system, and that understanding of variance would inform discussion with partners to address financial and operational issues. TP also noted that approximately two thirds of the savings related to York Teaching Hospital NHS Foundation Trust noting that engagement with them would continue in this regard and that the six focus areas referred to above aligned with the Trust's identified pressures.

The Governing Body:

1. Approved the Vale of York Medium Term Financial Strategy: a new approach to commissioning.

2. Expressed appreciation to TP and colleagues involved in development of the Strategy.

JH left the meeting

11. Quality and Patient Experience Report

MC presented the report which provided an overview of quality across the CCG's main provider services. She noted that the CCG had met with NHS England in December 2016 to undertake a Quality Risk Profile for York Teaching Hospital NHS Foundation Trust; NHS Scarborough and Ryedale CCG were doing the same to triangulate the information.

In respect of Infection Prevention and Control MC highlighted the joint work with NHS Scarborough and Ryedale CCG to enhance governance arrangements.

MC explained that there was no concern about systemic issues with regard to the six cases of MRSA blood stream infection.

MC referred to serious incidents, reporting an improvement in respect of Tees, Esk and Wear Valleys NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust. She noted that retrospective serious incidents for York Teaching Hospital NHS Foundation Trust were beginning to be closed.

In terms of maternity MC highlighted the Nursing and Midwifery Council ruling that Independent Midwives did not have adequate indemnity cover during labour. She noted that this had given rise to concern about lack of choice and that providers needed to be aware of lobbying by Independent Midwives and private companies employing independent midwives on this basis.

MC referred to the patient experience information noting that the Health Ombudsman had upheld a complaint about continuing healthcare assessments in terms of lack of communication and information; transformation work was required in this regard. MC also noted positive feedback from users via the NHS Choices website.

MC highlighted that Commissioning for Quality and Innovation (CQUIN) were all national two year schemes.

MC reported that Louise Barker was in discussion with Tees, Esk and Wear Valleys NHS Foundation Trust regarding the waiting list for the Children's Autism Diagnostic and Assessment Service, currently at 43 weeks against the National Institute for Health and Clinical Excellence standard of 12 weeks.

MC advised that a single item additional meeting of the Quality and Patient Experience Committee had been arranged for 20 March due to concerns raised from City of York Council's report on development of the new Healthy Child Service at the Committee's first meeting in December.

Discussion included confirmation that all NHS Vale of York CCG 12 hour trolley waits had been de-logged with no suggestion of adverse effect on patients; an offer from the

CCG would be made to primary care for quality support following a thematic review of Significant Event Audits; and a potential for a smoking in pregnancy audit, commissioned by SS for City of York Council, to include the CCG footprint. SS also agreed to discuss with MC work relating to lessons learnt from real time suicide surveillance.

EW referred to the new Contract Management Board arrangements with Tees, Esk and Wear Valleys NHS Foundation Trust noting that there was a potential to formalise quality monitoring.

KR and PM noted the intention to consider agenda planning in terms of including more focus on quality aspects of the CCG's work.

The Governing Body:

1. Received the Quality and Patient Experience report.
2. Supported consideration of a greater focus on quality in agenda planning.

13. Committee Terms of Reference

RP referred to the report which comprised terms of reference for Governing Body Committees, namely: Audit Committee, Remuneration Committee, Quality and Patient Experience Committee, Finance and Performance Committee, Executive Committee, Clinical Executive and the Primary Care Commissioning Committee. RP noted that the respective meetings had agreed the terms of reference as presented with the exception of the latter where amendment under non voting membership had been requested. The 'in attendance' should now read: up to two GPs from each locality, Chair of Clinical Executive, LMC representative, Director of Public Health, Healthwatch Representative, Health and Wellbeing Board Representative and Practice Manager.

KR requested that the amended terms of reference for the Primary Care Commissioning Committee be circulated to the Council of Representatives for final agreement.

In response to SP noting that she had requested an update to the Scheme of Delegation as a matter of urgency, RP reported that a full review of the CCG's Constitution was currently taking place. This would be completed by the end of March and presented to the next meeting of the Audit Committee.

The Governing Body:

Approved the terms of reference for the Audit Committee, Remuneration Committee, Quality and Patient Experience Committee, Finance and Performance Committee, Executive Committee and Clinical Executive and the Primary Care Commissioning Committee, subject to final agreement of the latter by the Council of Representatives.

12. Public Health Services Report

SS advised that the Public Health Services update reflected her consultation with the North Yorkshire County Council and East Riding of Yorkshire Council Directors of Public Health but focused on City of York Council which was facing a greater level of challenge.

She referred to a number of mandated public health functions, non mandated functions that required delivery as a condition of the ring-fenced Public Health Grant and also a range of discretionary public health services.

SS described in detail the impact of budget cuts commencing in 2014-15 with continued reduction through to 2019-20 when public health would be funded through council tax and business rates. Local authorities therefore faced a challenge in terms of delivering both responsibilities and aspirations.

SS explained the context of the variation in per head funding for public health within City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council as a result of previous investment by Primary Care Trusts. She noted that the three local authorities had managed the cuts to their Public Health Grants in accordance with their local circumstances but highlighted national and local recognition of the impact on the NHS from these reduced budgets. She referred to consultations that proposed changes to service provision and staff contracts.

In terms of impact from the budget cuts SS highlighted the stop smoking service, with particular reference to the decision to stop routinely funding stop smoking medication, and changes in access to emergency contraception.

SS highlighted an example of joint commissioning in respect of long acting reversible contraception in primary care and advocated that learning from this be utilised for other services. However, the challenges faced about the future of public health services and the associated impact on health required recognition by the whole system.

Members expressed concern at the severity of the position described by SS. Discussion ensued on the need to work within the locality groups to address the impact on NHS costs, both current and future, from lack of public health services and inability to progress the prevention agenda. In respect of the student population in York SS advised that discussions were taking place with the University of York to mitigate associated pressure on services.

EB highlighted a number of concerns, including limited weight management resulting in impact on the service for diabetics and lack of health checks in c60% of the CCG's population resulting in missed opportunistic diagnosis. She also referred to reduced income in primary care affecting nurse numbers.

EB proposed that, in addition to the single item Quality and Patient Experience Committee referred to at item 11 above, the CCG should write to City of York Council detailing the concerns discussed, an approach welcomed by members.

Members recognised areas of collaborative working but emphasised the need for a system resolution to the issue of resources. KR highlighted the need for consideration to also be given to services commissioned through North Yorkshire County Council and East Riding of Yorkshire Council and RP noted that the issues raised would be added to the CCG's risk register with associated mitigating actions.

The Governing Body:

1. Received the Public Health Services update report.
2. Requested that PM work with the Clinical Executive to draft a letter to the Leader of City of York Council, copied to the Chief Executive and the Executive Member for Adult Social Care and Health expressing the CCG's concerns.
3. Noted that risks associated with Public Health would be added to the Risk Register together with mitigating actions.

14. Safeguarding Adults Annual Report 2015-16

The Governing Body:

Received the Safeguarding Adults Annual Report 2015-16.

15. Executive Committee Minutes

The Governing Body:

Received the minutes of the Executive Committee held on 18 January 2017.

16. Finance and Performance Committee Minutes

The Governing Body:

Received the minutes of the Finance and Performance Committee held on 26 January 2017.

17. Quality and Patient Experience Committee Minutes

The Governing Body:

Received the minutes of the Quality and Patient Experience Committee held on 8 February 2017.

18. Next Meeting

KR requested that the start time of meetings be brought forward to 9.30am.

The Governing Body:

Noted that the next meeting would be held at 9.30am on 6 April 2017 at West Offices, Station Rise, York YO1 6GA.

19. Close of Meeting and 20. 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.

21. Follow Up Actions

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

A glossary of commonly used terms is available at:

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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 MARCH 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
1 December 2016	Accountable Officer Report	• SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services	SOC/SS	
5 January 2017		• Update to be provided at next meeting	SOC	2 February 2017
2 March 2017		• Update to be provided at next meeting	SOC	6 April 2017
2 February 2017	Safeguarding Children Annual Report 2015-16	• Consideration as to whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people	MC	
2 March 2017		• Options were being developed for additional capacity	MC	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 March 2017	Accountable Officer Report	• CCG awards to be included in next meeting report • CCG's community bone protection service to be reviewed in light of the National Osteoporosis Society data.	PM PE/SOC	6 April 2017
2 March 2017	Financial Performance Report	• Briefing to be provided for Governing Body on discussion with NHS England regarding the Operational and Financial Plans	JH	
2 March 2017	Quality and Patient Experience Report	• Discussion of lessons learnt from real time suicide surveillance	MC/SS	
2 March 2017	Committee Terms of Reference	• Primary Care Commissioning Committee Terms of Reference to be circulated to Council of Representatives	RP	Completed 10 March 2017
2 March 2017	Public Health Services Report	• Letter to be drafted to the Leader of City of York Council, copied to the Chief Executive and the Executive Member for Adult Social Care and	PM and Clinical Executive	

		Health expressing the CCG's concerns about public health services • Public Health issues to be added to the Risk Register together with mitigating actions	RP	

Item Number: 5

Name of Presenter: Phil Mettam

Meeting of the Governing Body **6 April 2017**	NHS Vale of York Clinical Commissioning Group

Accountable Officer's Report

Purpose of Report
To Receive

Reason for Report

To provide an update on a number of projects, initiatives and meetings which have taken place since the last Governing Body meeting and any associated, relevant national issues.

Strategic Priority Links

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

Local Authority Area

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

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

Recommendations

The Governing Body is asked to note the report.

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

GOVERNING BODY MEETING: 6 APRIL 2017

Accountable Officer's Report

1. Turnaround, Legal Directions and the CCG's 2016-17 Financial Position

1.1 In line with legal Directions the CCG's Governing Body continues to work on implementing the Improvement Plan with regards to capability, capacity, financial leadership, governance, mobilising change and financial recovery.

1.2 The CCG has now finalised its draft Medium Term Financial Strategy following engagement with Council of Representatives, Finance and Performance Committee, Audit Committee and NHS England. It was approved by Governing Body at its meeting on the 2 March 2017 and has been shared widely with partners and stakeholders. This document underpins and informs the 2017-19 Financial Plan the final draft of which was submitted to NHS England on the 27 February 2017 in line with the national timetable. However, it also articulates that the plan to achieve financial sustainability will require planning beyond this period into 2020-21 when the organisation should be back into financial balance. In doing so the CCG has recognised the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability. This has required the CCG to undertake a fundamentally different approach to develop its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on. Nationally, the NHS has not submitted plans that stay within the control totals given and work is underway with local NHS England teams on the implications of this for the CCG's financial plan.

1.3 The CCG continues to report a forecast £28.1m deficit at the end of February. The CCG has received formal confirmation from NHS England of the release of the nationally required 1% uncommitted risk reserve into the bottom line in month 12, thereby increasing the surplus in the NHS Commissioner position nationally by £800m. With the release of the 1%, as anticipated, this will equate to an actual outturn (cumulative) deficit of £23.8m. However, for the avoidance of doubt, the figure before release of the 1% remains the figure to be used for performance monitoring delivery of plan in 2016-17, and was also used as the 2016-17 out-turn in the recent financial plan submission.

1.4 The Utilisation Management Unit review recently undertaken on York Teaching Hospital NHS Foundation Trust on behalf of NHS Vale of York, NHS Scarborough and Ryedale and NHS East Riding of Yorkshire CCGs concluded this month with a joint feedback session which was well received by all parties. Actions from this will be taken forward in the joint programme of work already in place with York Teaching Hospital NHS Foundation Trust and the CCGs through the contract.

2. Operational Plan 2017-19 and Assurance

2.1 The CCG submitted a final update to NHS England for the finance, activity and Sustainability and Transformation Fund trajectories for 2017-18 and 2018-19 on the 27 February 2017. Further to discussion at the Governing Body on the 2 March 2017, endorsement was given to move into mobilisation and delivery of the Operational Plan for 2017-18. The CCG, supported by NHS England, has now presented the two year Operational Plan and highlights from the Medium Term Financial Strategy in public at local Health and Wellbeing Boards and the Health and Adult Social Care Policy and Scrutiny Committee.

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

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

2.3 The CCG has focused on the mobilisation of our four programmes of work and a fifth enabling programme in readiness for delivery from 1 April 2017 through the new CCG organisational, governance and risk structures, including alignment with:

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

2.4 The CCG received strong feedback from NHS England following its Integrated Assurance Framework assessment in Quarter 3; the formal letter has been included in Item 11 of the agenda. The CCG will now prepare for its 2016-17 Annual Review and the Quarter 4 Integrated Assurance Framework meeting on the 21 April 2017 and reflect on progress against the CCG's Improvement Plan and work under legal Directions.

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

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

3. Council of Representatives meeting

3.1 Among the agenda items at its latest meeting on 16 March 2017, members received an update on work to achieve a local Accountable Care System. Members discussed quality assurance in primary care settings and the General Practice Five Year Forward View and also received a presentation from York Teaching Hospital NHS Foundation Trust.

4. Working towards an Accountable Care System in the Vale of York

4.1 Work to deliver an Accountable Care System in the Vale of York continues to progress well. Locality Delivery Groups are focusing their work on the delivery of place-based care that address the challenges and improve the health of the populations in the North, Central and South localities of the CCG's footprint.

5. Better Care Fund

5.1 The CCG awaits the national guidance which will set out the detailed requirements and assurance process for 2017-19 plans. In the meantime 2016-17 plans are being reviewed

5.2 The announcement of additional funding for social care in the government's Spring budget will see social care grant monies being made available over the next three years. The announcement of extra funding for the system is very positive and will be used to address health and care pressures and support the transformation of services to sustainable models of care.

6. Emergency Preparedness, Resilience and Response

6.1 The CCG and its partners from the local A and E Delivery Board are working closely to ensure that the system can meet the challenges of the forthcoming Easter bank holiday weekend. Inter-agency collaboration will help to ensure that all parts of the urgent and emergency care pathway, both in and out of hospital, are well prepared for this period. To support local resilience planning, we are confirming local measures to meet national expectations of preparedness and assurance during the Easter bank holiday break around key healthcare service areas including primary care, NHS 111, out of hospital urgent care and bed capacity.

6.2 The CCG is linking with its Local Resilience Forum partners to keep up to date on the current activities around the fracking site at Kirby Misperton. At this stage there are no known safeguarding issues.

6.3 Planning for day two of the Tour de Yorkshire on Saturday 29 April 2017 in Tadcaster is well underway and the CCG is working closely with local authority partners and Safety Advisory Group on the arrangements.

6.4 Easter on-call arrangements have been agreed with Executive Directors and the CCG has received assurance from providers that they have plans in place for the Easter Bank Holiday weekend.

6.5 The CCG attended the Local Heath Resilience Partnership meeting on 27 March 2017. Among the topics discussed was Emergo Training for York Teaching Hospital NHS Foundation Trust, the development of a North Yorkshire response to a localised Avian Flu outbreak.

7. Our award winning work

7.1 The CCG has won two more awards in 2017 for its commissioning work. The Medipex NHS Innovation awards, in the self-management and service improvement categories, were given for programmes of work that have showcased improvements in the quality, efficiency and sustainability of services delivered to patients.

7.2 The CCG won the Self-Management Award because it showcased innovation related to improving the self-management of long term conditions through its Proactive Health Coaching project that is run in collaboration with Health Navigator, Sweden, and York Teaching Hospital NHS Foundation Trust. By supporting patients who are currently high users of services with weekly coaching calls, the randomised control trial is showing high levels of improved patient experience and reduced attendances at A and E, fewer admissions to hospital and patients reporting more confidence in managing their conditions. Proactive Health Coaching facilitates:

- commissioners, acute providers and primary care being able to work together;
- a better quality of life for patients;
- a reduction of the burden on A and E and inpatient services;
- a more efficient use of health care resources.

7.3 Working in conjunction with York Teaching Hospital NHS Foundation Trust and the Yorkshire Academic Health Science Network, the Faecal Calprotectin project won the Service Improvement Award because of the benefits it provides not just to primary care but also for the positive impact it has on secondary care and patient experience. This care pathway supports, enables and empowers GPs to make more accurate referral decisions and therefore improving the experience of patients across the Vale of York.

7.4 These awards come on the back of two other projects that won awards in January 2017. Our Finance and Contracting Team won the awards at the Healthcare Financial Management Association Yorkshire and Humber Awards, an annual event that recognises the hard work of finance workers working within healthcare across the region. The awards celebrate excellence in finance, showcasing best practice and achievement in financial management and governance within the NHS. The team won the Innovation Award for the Community Equipment and Wheelchair Services Integrated Procurement and the Close Partnering and Collaboration Award for the Dermatology Primary Care Gain-Share Project.

7.5 The Vale of York Proactive Health Coaching initiative is also a finalist for acute sector innovation in the HSJ Value in Healthcare Awards 2017. The award winner will be announced in May 2017.

8. Developing a new mental health hospital for the Vale of York

8.1 Following the conclusion of the public consultation in January 2017 and the recommendations approved by the Governing Body at its meeting on the 2 February 2017, actions are on track to progress towards a new hospital by 2019.

8.2 Tees, Esk and Wear Valleys NHS Foundation Trust is progressing with an outline business case which will be considered by the Trust's Board in April 2017. The CCG expects to receive the outcome of the outline business case in time for the Governing Body's meeting on the 4 May 2017.

9. National plans and strategic issues

9.1 Dementia: Good Care Planning guide

Personalised care planning is crucial in supporting people living with dementia and their families and carers. The importance of having a high quality, regularly reviewed care plan is reiterated in the CCG Improvement and Assessment Framework as one of the dementia indicators. To support this, NHS England has developed a Dementia: Good Care Planning guide, with input from people living with dementia, their carers and health and social care professionals. The guide highlights key characteristics of a person-centred dementia care plan and is intended for primary care, commissioners and anyone tasked with writing and providing care plans and reviews.

9.2 Information to help vulnerable patient groups register with a GP published

NHS England has co-produced a series of leaflets which give advice to vulnerable patient groups on how to register with a GP. The groups are: asylum seekers and refugees, homeless people and Roma or traveller groups. The leaflets advise patients on how to find a GP practice in the local

area and assist in registering with the practice, and also state that if practices refuse to register a patient, an explanation is given to help advice and support workers to redirect the patient to another practice.

9.3 Publication of annual flu letter and National Flu Immunisation Programme plan 2017-18

NHS England, the Department of Health and Public Health England have published the annual flu letter. This provides information about the National Flu Immunisation Programme for 2017-18 and the National Flu Immunisation Programme plan for winter 2017-18 which sets out a coordinated and evidence-based approach to planning for, and responding to, the demands of flu across England. Both documents have been published as part of the Annual Flu Programme.

10. Recommendation

10.1 The Governing Body is asked to note the report.

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Item Number: 6

Name of Presenter: Rachel Potts

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

Corporate Risk Update Report

Purpose of Report
To Receive

Rationale

To present the corporate risk registers for review, as of the 17 March 2017, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives.

The risk reporting framework is being reviewed in conjunction with the Executive Team to align corporate risk with strategic priorities going forward in 2017/18.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities

Covalent Risk Reference and Covalent Description

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

Recommendations

This report presents the corporate risk portfolio for year-end 2016/17, residual risk remains high in some areas despite actions undertaken to mitigate risks. The Governing Body should consider the appetite for risk in key delivery areas and whether additional actions are required to maintain risks at an acceptable level. The Governing Body is requested to:

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

Responsible Executive Director and Title	**Report Author and Title**
Rachel Potts, Executive Director of Planning and Governance	Pennie Furneaux, Corporate Services and Assurance

Annexes

Annex A: Corporate Events Report
Annex B: Corporate Risk Matrix and Overview of Risks in Assurance Domains
Annex C: Detailed Corporate “Red” Risks Report

Governing Body

6 April 2017

1. Improvement and Assurance Framework Performance

1.1. The national Improvement and Assurance Indicators are published on a quarterly/annual basis. Year-End indicator performance is pending publication.

2. Lower Quartile Assurance Indicators

2.1. The CCG currently has thirteen national improvement and performance indicators falling into the lowest quartile as benchmarked against CCG performance nationally, as outlined below. An action update is provided.

- Diabetes, achievement of all three of the NICE-recommended treatment targets.
- Quality of Life of Carers
- Children's and Young People Mental Health Services
- Out of Area Placements
- Proportion of People with Learning Disability receiving Annual Health Check
- Diagnosis rate for people with dementia.
- A&E 4 hour Performance
- Delayed Transfers of Care per 1,000 population
- Population Use of Hospital Beds Following Emergency Admission
- Primary Care Access
- Outcomes in Areas Identified for Improvement
- Expenditure in Areas Identified for Improvement
- Effectiveness of working relationships in the local system

2.2. A full update of performance against all National IAF performance indicators will be provided in the next report to the Governing Body.

3. Risk Management

Events this Period (Annex A)

3.1. There are six events detailed on registers this month, (no change from last month).

A&E 4 hour standard

3.2. The A&E 4-hour standard has been under continual review and pressure to achieve both the national targets and the local STP trajectory for some time now. There was a significant step change in the time to assessment in July 2016 when the EDFD Primary Care streaming model was introduced and 100% was achieved on two occasions over the summer. However, this

improvement was directly linked to the management of those people with minor ailment and injury and hence performance deteriorated once Autumn/Winter commenced and a proportion of patients with higher acuity were seen. The ED streaming group commenced fortnightly meetings in January and focused on the management of ambulance handover and rapid streaming of patient through to the new assessment units provided by YTHFT.

3.3. Regular system calls took place throughout winter with OPEL escalation levels reviewed at least once daily and appropriate actions taken. Engagement with this was very high and hence the system escalation levels were escalated and de-escalated appropriately and additional resource deployed.

3.4. Performance across the system has also recovered quickly this year, with performance in March 2017 looking much improved. Resilience and flexibility of the teams involved continues to be addressed and strategy for the next year was reviewed at a workshop on 16th March 2017. Additional resource has reviewed patient flow and highlighted a number of areas for focus during the next financial year. The A&E delivery board will continue to support the various task and finish groups to maintain the current improvement.

Dementia Coding

3.5. Failure to achieve 67% coding target. Coding of dementia diagnoses across the Vale of York CCG remains below the national expectation of 67%. The current rate is 55.1%. The clinical and commissioning leads continue to work through the action plan with support from NHS England's regional dementia quality manager.

3.6. As the year end approaches the rate has not moved significantly; consequently, further assistance has been sought from the Intensive Support Team at NHS England. An initial scoping meeting is planned for April. A GP education evening is also being planned for 6 June 2017.

Estates and Technology Transformation Fund Strategy

3.7. Estates, Workforce and Technology are key to enabling transfer of activity into out of hospital services. There remains a lack of system wide vision to agree a Local Estates and IT Strategy at this stage and the CCG needs to allocate dedicated resource to these work streams.

Partnership Commissioning Unit areas of spend

3.8. Extensive work to address associated risks is in hand and direct ownership will be managed by the CCG.

CHC systems and processes are non-framework compliant

3.9. An Action Plan to mitigate risks is in hand.

CCG failure to achieve an assured position for the 2017/18-20118/19 2 Year Operational Plan.

3.10. Resources remain tight to deliver a significant programme of transformation and QIPP.

Corporate Risks (Annexes B and C)

3.11. The level of corporate risk remains high and increasing. There are a number of risks where it is unlikely that actions in hand to mitigate risk will achieve the level of mitigation expected in year.

3.12. An overview of risk by CCG National Improvement and Assurance domains is provided at Annex B, and details of corporate “red” risks are summarised in this report at Annex C in current risk score order.

3.13. Red risks relate to Public Health grant-funded services, PCU; delivery of CHC Fast Track services; Better Care Fund; delivery of QIPP and delivery of the Financial Recovery Plan.

3.14. Three risks are escalated to corporate from programme risk registers:

- Achievement of the Dementia coding standard (included as event);
- Lack of robust Estates and Technology Transformation Strategies (Included as event); and
- Achievement of national IAPT standard (Red Risk).

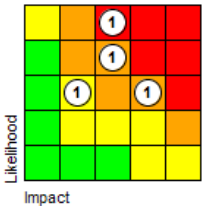
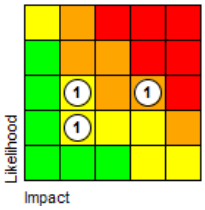
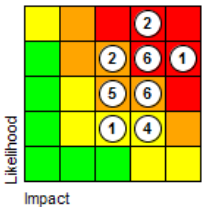
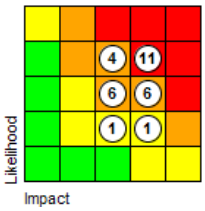
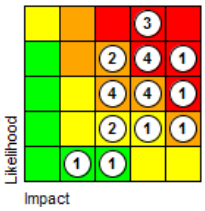
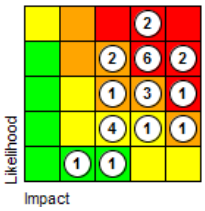
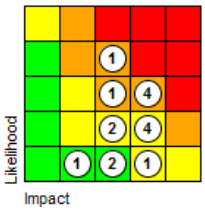
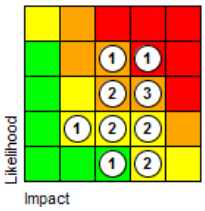
Events Report-Risks that Have Materialised

NHS Vale of York Clinical Commissioning Group

Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
There is a risk that CHC systems and processes are non-framework compliant	Jenny Carter	Michelle Carrington	Mitigating action plan agreed. Final confirmation of CHC team structure underway.	14 Mar 2017	4	
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	The CCG continues to expedite the work to improve the level of clinical coding for dementia diagnoses in primary care.	15 Feb 2017	4	
Estates and Technology Transformation Fund Strategy	Shaun Macey	Rachel Potts	Estates, Workforce and Technology are key enablers in shifting activity into out of hospital services - and system business intelligence and data are vital to enable strategic planning. There is a lack of system wide vision to agree a Local Estates and IT Strategy at this stage. The CCG needs to allocate dedicated resource to these workstreams, with senior level sponsorship across Provider organisations.	13 Jan 2017	4	
There is a potential risk of failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	Work is on-going across the North Yorkshire CCGs and the PCU with regards to the future configuration of these services. The outcome of this is subject to formal consultation and therefore it is unlikely that there will be a definitive position until early in the next financial year.	14 Mar 2017	4	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Becky Case	Dr. Andrew Phillips	There is an NHSE ambition to reach 89% by 31/03/2017 and a planned trajectory for 17/18 to return to 95%.	17 Mar 2017	4	
There is a risk that the CCG may fail to achieve an assured position for the 2017/18-20118/19 2 Year Operational Plan.	Caroline Alexander	Rachel Potts	The CCG remains under legal directions for 17/18 and the Operational Plan remains unapproved by the NHSE, but agreed for public engagement to start. The CCG continues to deliver it's Improvement Plan and has launched its Medium Term Financial Strategy alongside the Operational Plan. Full programmes for 17/18 will be ready for mobilisation on 01/04/17. Resources remain tight for delivering a significant programme of transformation and QIPP.	16 Mar 2017	4	

Corporate Risk Matrix Report

NHS
Vale of York
Clinical Commissioning Group

Area	Current Risk Matrix	Historical Matrix	Latest Note	Date
Better Health Risk Register 2016/17			A new “red” risk has emerged in this domain relating to gaps in public health support grant funded services. The management of population health will form an important strand of work for the emergent accountable care system, with the CCG working in conjunction with partners to develop means of preventing ill-health.	16 Mar 2017
Better Care Risk Register 2016/17			• BCF: National support resource in place as from 3/3/17 to undertake diagnostic phase during week beginning 6/3/17. Report expected week beginning 20/3/17 to inform local actions and/or further national resource. Discussions with NHSE DCO team ongoing regarding progression of plans for 2017/19 and development of narrative. • CHC/PCU: A written report has been received and discussed within the CCG. Improvement plan in development with the need to secure additional resource to deliver. CCG is not framework compliant and this risk has been added to the risk register. PCU consultation of phase one complete with initial resource agreed and allocated to individual CCGs. Staff expected to move into CCG accommodation as from 1/4/17 – initial project team discussion held to ensure smooth transition of individuals/work into existing CG teams. Accommodation being sourced for CHC staff. CHC remains of concern in relation to spend and capacity to meet workload. Deep dive report received and shared with other CCG AOs for action/information as relevant. Efforts to secure additional resource in hand to support transition and on-going function.	16 Mar 2017
Sustainability Risk Register 2016/17			The Vale of York CCG continues to face a significant challenge in achieving financial stability and is forecasting a £28.1m deficit in 2016/17, this includes the impact of the outcome of the arbitration process and an assessment of all other risks. The CCG has completed its Medium Term Financial Strategy which was approved at the March Governing Body . The 2017/19 financial plan covering the first two years of the MTFS, was submitted on the 27th February. This plan meets the requirements for deficit organisations in 2017/19 with a view to returning the CCG to financial balance over the medium to long term. QIPP schemes for 2017/19 have been through a confirm and challenge session with NHSE and where required included within the Heads of Terms with YTHFT as part of a joint programme of work to support delivery.	15 Mar 2017
Leadership Risk Register 2016/17			The CCG is implementing the Improvement Plan, following approval from NHSE. A full staff consultation concluded on 8 December on a proposed new Executive Structure and this was implemented on 1 February 2017. Work is on-going with alignment of resources to priorities set out in the CCG Operational plan. The Governance structures have been approved by Governing Body. Work is on-going with staff, Governing Body and the senior management team to develop and implement the organisational development plan. PMO arrangements are in place. Additional capacity has been secured for operational planning and on System Resource. Conflict of Interest processes are in place. This has seen an overall reduction in risk for this section. One significant risk remains on the CCG's assurance rating for 2016-17.	15 Mar 2017

Profile Report of Red Risks

NHS Vale of York Clinical Commissioning Group

Better Health Domain Risk Register 2016/17

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

Better Care Domain Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PCU17.11 There is a risk that the provider market does not have capacity or capability to meet the needs of emerging and increasingly complex needs of service users.	There is a need to work jointly with local authority colleagues and locality teams to ensure that the market develops appropriately to meet the needs of the local population.	Executive team to work with STP and local authority colleagues to better understand the local needs and stimulate the market accordingly.	Lack of specific areas of care provision within the local market, leading to delay in transfers of care, have initiated early conversations to progress market stimulation and development and this work now continues.	Paul Howatson	Elaine Wyllie	20	20	9		15-Feb-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
Q17.02 There is a risk that the CCG fails to function effectively due to PCU staff in transition following restructure	Staff redeployment will cause gaps in skills, knowledge and expertise		PCU staff allocated into VOYCCG organisational structures and risk areas caused by gaps have been identified.	Jenny Carter; Debbie Winder	Michelle Carrington	20	20	20		14-Mar-2017
SMT17.04 There is a risk that CHC systems and processes are non-framework compliant		Requested detailed external review identified significant areas that required improvement. A current restructure is underway to identify and appropriate team to ensure systems and processes to become framework complaint.	Mitigating action plan agreed. Final confirmation of CHC team structure underway.	Jenny Carter	Michelle Carrington	20	20	20		14-Mar-2017
JC17.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG. There is a potential risk that partners are unable to deliver agreed trajectories	Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.	Continue multi-agency approach to delivery. **Strategic** Accountable Care System (ACS) arrangements **Tactical** Locality Delivery Groups **Operational** City of York Council – Task Group North Yorkshire County Council – Integration and Performance Group Link to individual Health and Wellbeing Boards being considered within ACS reporting / accountability arrangements	Work continues to progress performance on the BCF metrics through the performance and delivery group and escalated.	Paul Howatson	Elaine Wyllie	16	16	9		15-Feb-2017
PCU17.2 CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions.	PCU Risk Register Ref: 1	External review requested and completed. Restructure underway to enable identification of an appropriate team to address systems, process and risks.	Mitigating action plan agreed. Final confirmation of CHC team structure underway.	Michelle Carrington; Paul Howatson	Michelle Carrington	12	16	16		14-Mar-2017
Q17.01 There is a risk that the CCG fails to function effectively due to re-alignment of PCU services to CCGs	The risk of realigning PCU to CCGs may negatively impact on the following, Loss of skills crucial to commissioning of service delivery Loss of appropriate specialist commissioning knowledge Risk of damage to CCG reputation Risk of failure to gain assurance regarding financial,	Local Action Plan under development	Agreement reached regarding redeployment of specified PCU staff into NHS Vale of York CCG structure and risk areas caused by gaps identified. A local action plan is being developed.	Michelle Carrington	Michelle Carrington	16	16	16		14-Mar-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	quality and performance targets									
SMT17.02 QIPP projects to reduce costs across the system fail to deliver the predicted saving.	Failure of projects to deliver savings associated with QIPP, impacting on the financial recovery plan.	Individual projects to address service improvement have an identified clinical lead and senior programme manager lead. Projects are monitored through the Delivery Assurance and Support Group, which has been recently refreshed to ensure specific focus on QIPP and finance. Monthly exception reports are provided to the Finance and Performance Committee.	Additional opportunities for QIPP have been scoped since October 2016 and presented to Executive Committee, Finance and Performance Committee and NHSE in December 2016. The NHSE menu of opportunities has been reviewed and a shortlist of possible opportunities presented to Finance and Performance Committee in December 2016. These have been subject to a rigorous confirm and challenge exercise with NHS England as part of the financial recovery plan in December 2016. Further NHSE analysis and reporting is underway at present. The potential for additional support is being explored.	Fiona Bell	Jim Hayburn	16	16	16		16-Mar-2017
SMT17.03 Failure to adequately collaborate and incorporate mental health and learning disability services into the wider hub models		Strategic discussions are underway to ensure that mental health and learning disability services are part of the future development of the "hub" models.	Mental health and learning disability services are in discussion with other partners regarding the development of place based locality care.	Dr. Louise Barker; Paul Howatson	Elaine Wyllie	16	16	9		15-Mar-2017
Tr17.01 There is a potential risk that QIPP - transformational changes fail to achieve target savings	Details of individual schemes contributing to QIPP are reported separately.	QIPP schemes in delivery are regularly reviewed at weekly assurance and delivery meetings, and at the monthly programme delivery steering group meetings. Where planned savings do not materialise the Finance and Contracting team raise a concern with the relevant project manager. Variations are reported and discussed, and escalated to both the weekly and monthly monitoring meetings.	Delivery of the 2016-17 QIPP plans is considered to be challenging. Very close monitoring of progress is reported through the Governance structure and the CCG is working to deliver additional schemes to contribute to the overall target.	Fiona Bell; Becky Case	Jim Hayburn; Tracey Preece	16	16	16		15-Feb-2017

Sustainability Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
CR.S.17.03 There is a potential risk that the CCG does not receive timely updates to the PCU risk register and may not be fully briefed regarding risk exposure	The CCG has commissioned the Partnership Commissioning Unit to manage a number of specialist commissioning areas on their behalf. If the PCU fails to provide timely updates to risks then the CCG may not be fully aware of it's risk exposure in specialised commissioning areas managed by the PCU as follows; Continuing Health Care; Children, young people and maternity; Vulnerable Adults (Learning Disabilities and Mental Health); Adult Safeguarding.	Meetings with PCU management, review of processes in place.	The CCG is reviewing the situation to ensure that there are robust systems and processes in place.	Jenny Carter; Debbie Winder	Michelle Carrington	12	20	8		14-Mar-2017
F17.1-ORG There is a potential risk of failure to deliver a 1% surplus	The CCG is unable to deliver the annual 1% surplus in-year or in future years	The financial plan agreed with NHS England includes a deficit plan for 2016/17. Development of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	This has already occurred for 2016/17 and the CCG's plans for 2017/19, whilst tackling the deficit, do not achieve this in the coming years.	Michael Ash-McMahon	Tracey Preece	20	20	5		14-Mar-2017
F17.3-ORG There is a potential risk of failure maintain expenditure within allocation	The CCG is unable to maintain expenditure within its notified allocations for Core CCG services, Primary Care or Running costs	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	This risk has already been realised in 2016/17. The CCG's financial plan for 2017/19, which is based on the MTFS, will not achieve this, although it will be in line with the national planning requirements for deficit organisations to deliver an in-year improvement equivalent to 1% of allocation.	Michael Ash-McMahon	Tracey Preece	20	20	5		14-Mar-2017
F17.9-OP There is a potential risk of failure to deliver the required QIPP savings	Savings and outcomes not delivered as planned	Programme groups implemented to support and co-ordinate integrated approach to delivering prioritised projects. Regular review and feedback to Governing Body, SMT and sub-committees of the Governing Body. Further deterioration in delivery will require added focus on the development of further schemes	There remains a shortfall on the 2016/17 schemes. The CCG is now focussed on delivering the QIPP as part of the forecast outturn. QIPP schemes for 2017/19 have all been through a confirm and challenge session with NHSE so that each area now has an agreed target for these years. Where	Michael Ash-McMahon; Tracey Preece	Tracey Preece	16	20	4		14-Mar-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		or mitigating courses of action. In addition, the CCG is developing a Financial Recovery Plan, designed to return the organisation to financial balance over the medium term. This will include the identification of longer term QIPP schemes.	required these have been included within the Heads of Terms with YTHFT, as part of a joint programme of work to support the delivery of the required savings. As part of delivering the MTFS there is currently £1.5m of unidentified QIPP in 2017/18, but 2018/19 has been identified.							
F17.2-ORG There is a potential risk of failure to deliver planned financial position	The CCG is unable to deliver the planned financial position in-year or in future years	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	In terms of 2016/17 the CCG remains on track to deliver the Month 9 forecast deficit position. The CCG's MTFS was agreed at the Governing Body at the beginning of March.	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Mar-2017
F17.6-ORG There is a potential risk that the CCG receives a qualified external audit opinion	The CCG's final accounts may receive a qualified external audit opinion depending on the financial performance of the organisation	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG will fail to manage expenditure within current allocation, it is likely that a qualified VfM audit opinion will be given in 2016/17 for failure to achieve financial duties. Work is on-going to return the CCG to financial balance over the medium term, but the MTFS means this is likely to remain the case throughout the 2017/19 contracting period.	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Mar-2017
F17.7-OP There is a potential risk of Acute (Incl. NCAs, AQP and YAS) overtrades	Additional, unplanned overspends with acute providers as a result of genuine activity growth and / or coding and counting changes	Robust contract management processes in place to enable management of overtrades. Any overtrades that cannot be mitigated through contract management, will require off-set by further delivery of QIPP programmes or constraint of spending in other areas. In addition the CCG is developing a Financial Recovery Plan to address the overall financial position with an aim to return the organisation to financial balance over the medium term.	The CCG is currently forecasting a number of overtrades in these areas as a result of genuine activity growth, coding and counting changes and non-delivery of QIPP. These are monitored in detail as part of the contract management process. The CCG has completed the arbitration process with York Teaching Hospital the results of which have been factored into the forecast outturn. Moving forward the 2017/19 contract and Heads of Terms includes trigger points and requires executive response should the contract value be exceeded.	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Mar-2017
SMT17.3.06 There is		1) Potential to request further	Following senior management	Michael Ash-	Tracey Preece	20	16	3		15-Feb-2017

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
a potential risk of failure to adequately control services and functions provided by other teams and agencies which are the responsibility of the CCG		involvement of North Yorkshire Audit Services into the operations and activities conducted at the PCU. 2) Management of agreed action plans through PCU CMB 3) Establish CMBs for eMBED and NECS	discussions across all four CCGs the PCU is now undergoing a restructure and staff consultation.	McMahon						
F17.11-PLAN There is a potential risk of inability to create sustainable financial plan	Financial modelling of allocation, demographics, tariff changes, business rules, investments, cost pressures, inflation and outturn creates an unaffordable financial challenge.	Development of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG has submitted the latest version of the financial plan at the end of February. This is in line with and supported by the Medium Term Financial Strategy that was formally approved at the Governing Body at the beginning of March and which will now be shared with external stakeholders and partners as part of the proposed engagement programme. There is currently £1.5m of unidentified QIPP within the 2017/18 financial plan, but all other years are balanced.	Natalie Fletcher; Caroline Goldsmith	Tracey Preece	20	15	5		14-Mar-2017

RISKS ESCALATED TO CORPORATE RISK REGISTER FROM PROGRAMME RISK REGISTERS

Mental Health & Learning Disabilities Transformation Risk Register Escalated to Corporate (Better Care)

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.10.01 Dementia - Failure to achieve 67% coding target in general practice	Without agreement to provide support for practices to run reports of patients with potential memory loss, cognitive impairment or dementia for clinical review and coding accordingly, it is unlikely that the target will be met.	CCG/PCU leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified.	The CCG continues to expedite the work to improve the level of clinical coding for dementia diagnoses in primary care.	Paul Howatson	Dr. Louise Barker	16	16	9		15-Feb-2017
MH.11.01 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	National IAPT targets which the provider needs to deliver sustainably.	Regular performance monitoring at formal CMB and Quality and Performance meetings. Provider is aware that failure to achieve will lead to a Performance Improvement Notice. Provider submits regular assurance, action plans and updates to the CCG. NHS England seek further assurance from the CCG on a monthly basis.	A date for the NHS England Intensive Support Team for IAPT has now been agreed as 23rd February 2017. Information requested by the IST has now been submitted to them in preparation for the review date. A performance improvement notice will be issued to the provider in relation to the lack of reliable and sustainable delivery of the IAPT targets.	Paul Howatson	Dr. Louise Barker	12	16	9		15-Feb-2017

Primary Care Reform Risk Register Escalated to Corporate (Better care)

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PrC.PROGRAMME.05 Estates and Technology Transformation Fund Strategy		Identify Executive leads for Workforce, Premises and Technology strategies to drive this programme forward	Estates, Workforce and Technology are key enablers in shifting activity into out of hospital services - and system business intelligence and data are vital to enable strategic planning. There is a lack of system wide vision to agree a Local Estates and IT Strategy at this stage. The CCG needs to allocate dedicated resource to these workstreams, with senior level sponsorship across Provider organisations.	Shaun Macey	Rachel Potts	9	16			13-Jan-2017

Item Number: 7

Name of Presenter: Tracey Preece

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Report Month 11

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of the CCG and achievement of key financial duties for 2016/17 (as at the end of February 2017).

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

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

Recommendations

Key actions detailed in the report require monitoring through the Finance and Performance Committee.

Responsible Executive Director and Title Tracey Preece, Chief Finance Officer	**Report Author and Title** Caroline Goldsmith, Deputy Head of Finance

Annexes (please list)

Appendix 1 – Finance Dashboard

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: March 2017

Financial Period: April 2016 to February 2017

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Achieve planned financial position	(12,234)	(30,383)	(18,149)	R ↓	(13,346)	(28,095)	(14,749)	R →
Programme expenditure does not exceed programme allocation	391,101	421,836	(30,735)	R ↓	432,336	460,756	(28,420)	R ↓
Running costs expenditure does not exceed running costs allocation	6,898	6,546	352	G ↓	7,525	7,200	325	G ↑
Risk adjusted deficit					(20,428)	(28,095)	(7,667)	R →
QIPP delivery (see section 8)	6,752	1,597	(5,155)	R ↓	12,200	1,954	(10,246)	R ↑
Better Payment Practice Code (Value)	95.00%	99.84%	4.84%	G	95.00%	>95%	0.00%	G
Better Payment Practice Code (Number)	95.00%	98.58%	3.58%	G	95.00%	>95%	0.00%	G
Cash balance at month end is within 1.5% of monthly drawdown	255	99	156	G				☐
CCG cash drawdown does not exceed maximum cash drawdown					467,956	467,956	0	G

The full finance dashboard is presented in Appendix 1

Key Messages

- **The CCG is operating under legal Directions issued by the NHS Commissioning Board (NHS England) effective from 1st September.** The CCG has finalised its Medium Term Financial Strategy and has started to share this with stakeholders following approval at the Governing Body on 2 March. This sets out the actions required to stabilise the current financial position and recover to a sustainable position for the financial year 2017/18 and thereafter.
- NHS England have formally communicated that CCGs are required to release the 1% non-recurrent risk reserve that was established under 2016-17 planning guidance. Nationally this creates £800m that will be used to offset the provider sector deficit, forecast at £873m at the end of quarter 3. CCGs are required to improve their year-end financial position by the amount of their risk reserve. The value of the 1% reserve for the CCG is £4.34m. The CCG therefore has an adjusted forecast outturn deficit of £23.8m. This adjustment will be reflected in month 12 reporting as required by NHS England.
- The CCG, alongside the NHS England Area Team, has undertaken a full review of the forecast financial position, including risks and mitigations. All risks and mitigations that the CCG expects to materialise are now included in the forecast outturn reported at month 11. Before the release of the risk reserve, the CCG is forecasting a £28.10m deficit, which is the same forecast deficit reported at month 10. The month 11 forecast outturn is £14.75m worse than the planned deficit of £13.34m. It represents the brought forward deficit of £6.30m from 2015/16 and an in year deficit of £21.8m.
- The year to date financial position is £18.15m worse than planned. This position includes several significant variances which are detailed in section 3.

- The QIPP forecast of £1.95m represents the latest assessment of the expected in-year delivery. Forecast delivery by scheme is detailed in section 8a.

1. Red / Amber financial measures

- *'Achieve planned financial position'* – year to date expenditure is £18.15m higher than plan, and forecast outturn is £14.75m higher than the planned deficit.
- *'Programme expenditure does not exceed programme allocation'* – programme expenditure is forecast to be £28.42m higher than allocation. This is offset by a forecast underspend on running costs of £0.33m.
- *'Risk adjusted deficit'* – The CCG's risk adjusted deficit is forecast at £28.10m, which is £7.67m higher than the £20.43m risk adjusted outturn in the 2016/17 financial plan.
- *'QIPP delivery'* – Year to date QIPP delivery is 21.1% of plan, and forecast delivery is 16.0%. The forecast delivery includes the impact of the £4m baseline difference on the YTHFT contract.

2. Key Actions

- The CCG has finalised and started to share with stakeholders the Medium Term Financial Strategy. This document outlines how the CCG will stabilise the current financial position, move towards recurrent balance and a sustainable financial position by 2020/21.
- The CCG finance team are preparing for the 2016/17 annual accounts process and are focusing on any areas of uncertainty to ensure that the year-end position is robust. The CCG have several outstanding queries and invoices with NHS Property Services which relate to the move to market rates, and are seeking to resolve this before year end.
- The CCG contracting team are working with providers to resolve any outstanding contract queries and agree forecast outturn positions before year end.
- The UM (Utilisation Management) review with York FT concluded with a final joint feedback session on 9 March. There are a number of actions which will be taken forward through the joint programmes of work for 2017-19 agreed in the contract with the Trust.

3. Reported year to date financial position

The CCG's year to date expenditure is £18.15m above plan. There are several key variances within this position which are detailed below.

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£3.67m)	This is identified within the forecast outturn. The contracting team continue to analyse the position and issue challenges where appropriate.
York Teaching Hospital NHS Foundation Trust – other variance	(£5.92m)	The over spend on the YTHFT acute contract has continued. Year to date Orthopaedic planned activity is £1.21m above plan offset by underspends on the Ramsay and Nuffield contracts of £1.31m.
Continuing Health Care	(£4.03m)	There continues to be a higher number of referrals compared to the same period in 2015/16.
Mental Health Out of Contract placements	(£1.94m)	The closure of Peppermill Court has led to an increase in out of contract placements.

Description	Value	Commentary / Actions
Other Acute contracts	(£1.80m)	There are overspends against all acute contracts with the exception of North Lincolnshire and Goole Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust. These include Leeds Teaching Hospitals NHS Trust (£0.59m), Hull and East Yorkshire Hospitals NHS Trust (£0.43m), Mid Yorkshire Hospitals NHS Trust (£0.41m) and Harrogate and District NHS Foundation Trust (£0.32m).
Funded Nursing Care (FNC)	(£0.95m)	The national rate for FNC has been increased from £112 per week to £156 per week. The financial plan only provided for an increase to £117 per week.
Systems Resilience Schemes	(£0.80m)	This variance represents the year to date cost of the systems resilience schemes currently in place. The financial plan did not include funding for these schemes.
Tees, Esk and Wear Valleys NHS Foundation Trust	(£0.44m)	This includes a cost pressure of £0.40m relating to the closure of Bootham Park Hospital and the requirement for an interim solution.
Primary Care Prescribing	(£0.29m)	Prescribing QIPP schemes were in plan at £1.79m for April to February; delivery is estimated at £0.70m (based on prescribing data for Apr to Nov and estimated delivery for Dec to Jan).
Primary Care – Other GP Services	£0.87m	Business rates at GP surgeries have undergone a review and have subsequently been reduced, resulting in an in-year benefit of £0.89m.
Ramsay and Nuffield Health	£1.31m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Reserves (Better Care Fund - BCF)	(£1.37m)	This variance represents the year to date impact of the gap between the BCF agreed schemes and available funding. BCF plans for CYC and NYCC have now been approved.
Prior Year Balances	(£0.12m)	Payments relating to 2015/16 but not provided for at year end.
Unallocated QIPP	(£0.53m)	Full year value of the unallocated QIPP is £0.58m.
Contingency	£2.00m	0.5% contingency provided for in plan.
Other variances	(£0.47m)	
Total impact on YTD position	**(£18.15m)**	

4. Forecast Outturn

The CCG's forecast outturn is £14.75m above planned expenditure. There are several key variances within this position which are detailed below.

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust – gap between contract and financial plan	(£4.00m)	This is the full value of the gap between contracted and financial plan values.

York Teaching Hospitals NHS Foundation Trust – other variance	(£6.61m)	The over spend on the YTHFT acute contract has continued.
Continuing Health Care	(£3.93m)	The forecast reflects a higher number of referrals year to date compared to 2015/16.
Mental Health Out of Contract placements	(£2.34m)	The closure of Peppermill Court has led to an increase in out of contract mental health placements.
Other acute contracts	(£2.01m)	Forecast overspends against all acute contracts except North Lincolnshire and Goole Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust. These include Leeds Teaching Hospitals NHS Trust (£0.62m), Hull and East Yorkshire Hospitals NHS Trust (£0.48m), Harrogate and District NHS Foundation Trust (£0.40m) and Mid Yorkshire Hospitals NHS Trust (£0.46m).
Funded Nursing Care	(£1.03m)	The full year impact of the increase to the national weekly FNC rate.
Systems Resilience Schemes	(£0.87m)	The full year impact of systems resilience schemes, which were not provided for in the financial plan.
Tees, Esk and Wear Valleys NHS Foundation Trust	£0.16m	This includes a cost pressure of £0.80m relating to the closure of Bootham Park Hospital which is offset by a support agreement with TEWV relating to risk sharing the increased cost to the system over the last year in relation to the closure of Bootham.
Ramsay and Nuffield Health	£1.34m	This is partly offset by an over spend on Orthopaedic planned activity at YTHFT.
Primary Care Prescribing	£1.53m	December's prescribing lower than forecast after a high month in November.
Better Care Fund	£2.07m	Includes £0.61m of CYC risk and £1.00m of system support from LA partners.
Reserves (Better Care Fund - BCF)	(£1.59m)	This variance represents the impact of the gap between the BCF agreed schemes and available funding. This is partly mitigated by the risk share with CYC.
Reserves (Other)	£0.92m	Includes £0.99m capital grant.
Prior Year Balances	(£0.12m)	Payments relating to 2015/16 but not provided for at year end.
Contingency	£2.18m	0.5% contingency provided for in plan.
Unallocated QIPP	(£0.58m)	The full year value of the unallocated QIPP is £0.58m.
Other variances	£0.13m	
Total impact on forecast position	**(£14.75m)**	

5. Risks and mitigations

All previously reported risks and mitigations have been reviewed, and where expected to arise in 2016/17 they are now included in the forecast outturn position. There are therefore no further risks or mitigations to formally report to the forecast position reported at month 11 as inherent activity risks are being managed within the reported position. Finance & Performance Committee have considered these in detail at their meeting on 23rd March.

6. Underlying Position

The underlying position reported at month 11 is detailed below.

Description	Value
Forecast Deficit at Month 11	**(£28.10m)**
Adjust for non-recurrent items in plan -	
Brought forward deficit	£6.30m
1% non-recurrent requirement	£4.34m
Continuing Health Care national risk pool	£0.40m
Other non-recurrent items in plan	(£0.85m)
Adjust for non-recurrent variances at Month 11 -	
Bootham Park Hospital closure cost pressure	£0.80m
Systems Resilience schemes	£0.87m
Year end system support	(£2.00m)
Prescribing year end adjustment	(£1.68m)
Capital grants	(£0.99m)
Primary Care rates adjustment	(£0.55m)
Other non-recurrent variances	(£0.30m)
Underlying financial position	**(£21.76m)**

7. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 28th February 2017 and all key metrics (see page 1) are green.

8. QIPP programme

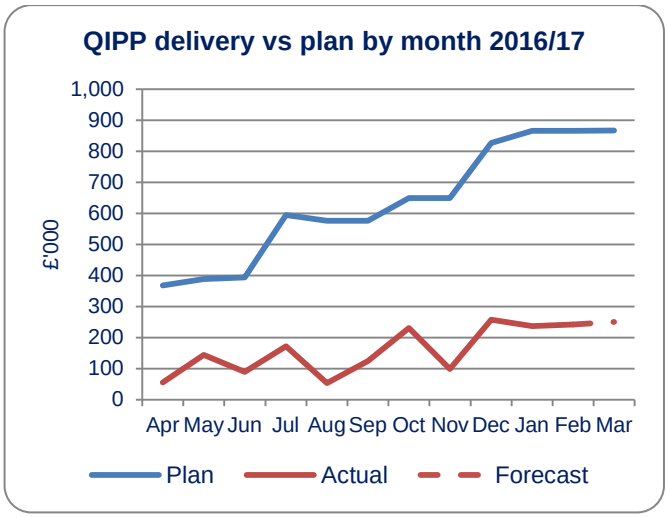
The QIPP forecast of £1.95m represents the latest assessment of the expected in-year delivery following the IP review with NHSE. Detailed PMO dashboards for each area are attached at Appendix 2.

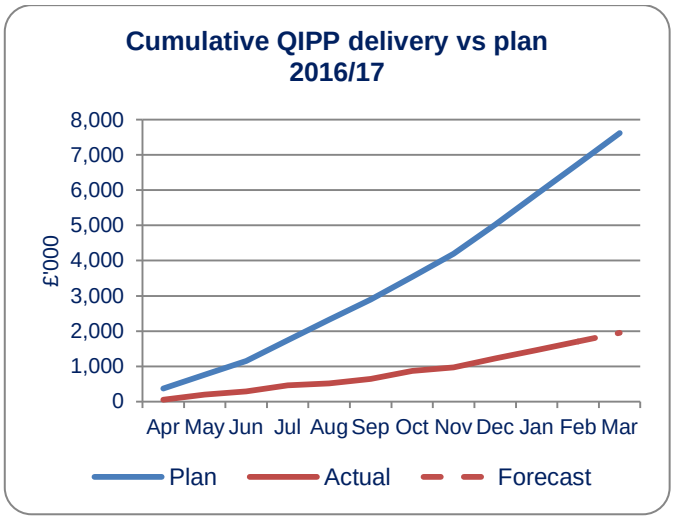
8a. QIPP progress table

			Year to Date		Forecast Outturn			
Scheme Name	Ref	Planned start date	Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Finance RAG rating	Comments
PRIMARY CARE								
Anti-Coagulation service	PC1	Nov-16	104	0	118	36	A	
URGENT CARE								
Non Contracted Activity	U4	Jul-16	237	0	267	0	R	
Paediatric Zero Length of Stay	U1	Oct-16	28	0	34	0	GA	Savings expected from October but cannot evidence in Oct data due to outstanding AQN on Paediatric 0 LoS activity. To be updated when AQN resolved.
RightCare - Trauma & Injuries	U6	Oct-16	31	0	37	0	R	
RightCare - Circulation (Heart Disease)	U7	Oct-16	58	0	70	0	R	
ED Front Door	U2	Jul-16	81	0	91	0	R	
Urgent Care Practitioners	U3	Apr-16	76	84	76	84	G	FYE Apr-Jul, no further updates required
INTEGRATION AND COMMUNITY								
Review of community inpatient services	IC2	Dec-16	250	0	333	0	R	
Integrated Care Team Roll-out	IC1	Dec-16	284	0	378	0	A	
Community Equipment Procurement	IC3a	Dec-16	48	115	72	153	G	
Community Wheelchair Procurement	IC3b	Dec-16	31	81	46	109	G	
Community Diabetes	IC9	Apr-16	137	0	149	0	R	
Community IV	IC7	Jun-16	45	0	50	0	R	
Patient Transport - contracting review	IC5	May-16	83	119	92	130	G	
PRESCRIBING								
Branded generics	PS2	Jul-16	461	0	519	0	A	
Therapeutic switches	PS1a	Apr-16	367	462	400	505	GA	
Repeat prescriptions	PS1b	Oct-16	367	0	400	0	R	
Gluco Rx - Diabetic Prescribing	PS3	Jul-16	272	47	297	52	GA	
Minor Ailments Prescribing	PS7	Oct-16	125	0	138	0	R	
Continence & Stoma Care	PS4	Jul-16	33	0	38	0	GA	
SIP Feeds	PS6	Apr-16	110	142	120	155	G	
Dressings	PS5	Oct-16	52	15	63	22	GA	
Rebate Scheme	TBC1	Oct-16	0	0	0	47	GA	

			Year to Date		Forecast Outturn			
Scheme Name	Ref	Planned start date	Planned savings £000	Actual savings £000	Planned savings £000	Actual savings £000	Finance RAG rating	Comments
PLANNED CARE								
DVT	PC3	Oct-16	14	0	17	0	**R**	
RightCare – Respiratory (COPD)	IC8	Oct-16	14	0	17	0	**R**	
Faecal Calprotectin	PC4	Oct-16	97	21	105	39	**GA**	
Dermatology Indicative Budgets	PC2	Apr-16	91	67	100	102	**G**	
High Cost Drugs & Devices Review	PL3	Apr-16	490	0	535	0	**R**	
YTHFT follow up ratio	PL13	Apr-16	644	0	703	0	**R**	
Biosimilar Etanercept (YTHFT)	PL5	Apr-16	263	125	287	162	**GA**	
Biosimilar Infliximab & Etanercept (LTH)	PL4	Apr-16	40	36	44	44	**G**	
RightCare - Diabetes	PL6	Oct-16	9	0	11	0	**R**	
RightCare - Orthopaedics	PL1	Oct-16	160	0	192	0	**R**	
ENT	PL2	Dec-16	51	0	58	0	**R**	
Thresholds – BMI and smoking	PL8	Jan-17	0	0	0	0	**GA**	
MENTAL HEALTH & CONTINUING HEALTHCARE								
Reduction in section 117 spend	M1	Apr-16	229	0	250	0	**R**	
Continence Supplies	C1	Sep-16	30	62	33	73	**G**	
CHC review panel decisions	070	Jan-17	0	0	0	0	**A**	
CHC review 1 to 1 care packages – Adult	C2	Apr-16	640	0	722	0	**GA**	
CHC review 1 to 1 care packages – Children	C3	Oct-16	11	0	12	0	**R**	
RUNNING COSTS								
Running costs review & financial controls	B1	Apr-16	688	222	750	242	**G**	
Total identified QIPP			**6,752**	**1,597**	**7,620**	**1,954**		
Additional YTHFT schemes				0	4,000	0	**R**	
Unidentified QIPP				0	580	0	**R**	
Total QIPP requirement			**6,752**	**1,597**	**12,200**	**1,954**		

8b. QIPP delivery graphs



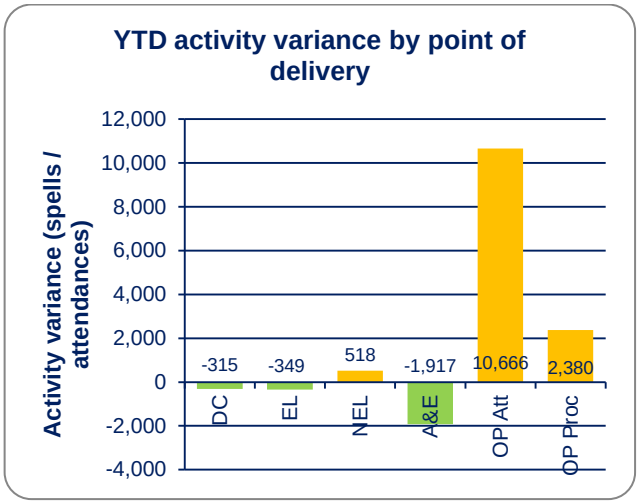


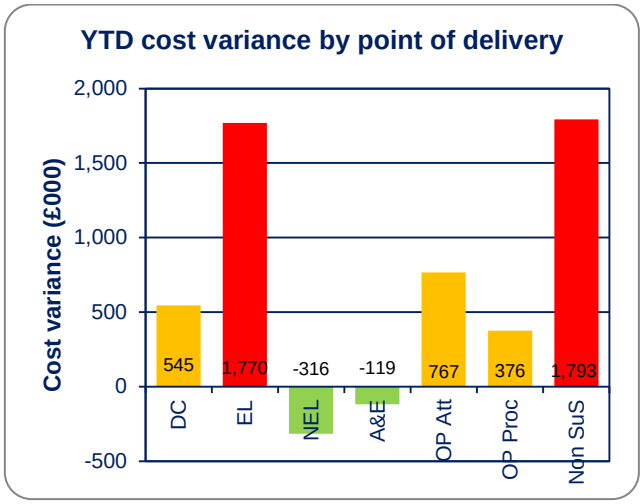
9. Secondary Care activity

9a. York Teaching Hospital NHS Foundation Trust

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

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





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

Non elective is under spent against plan by £0.32m, which corresponds to 1% below the activity plan. Outpatient procedures are 9% above plan with an over spend against plan of £0.38m and outpatient attendances are 4% above plan with an over spend of £0.77m. Accident and Emergency attendances are 2% below plan with an under-spend against plan of £0.12m. Non SUS expenditure is £1.79m above plan. This includes an over-spend of £0.42m on Critical Care, largely a result of one high cost patient, of which £0.30m of this was accrued at the 2015/16 year end as an incomplete spell, and has been released to offset the expenditure in 2016/17. Excluded drugs are £1.00m above plan which partly relates to the high cost drugs and devices QIPP of which £0.45m is not in delivery. Direct Access Diagnostics are £0.29m above plan.

9b. Other secondary care providers

Other secondary care providers are showing a YTD over spend of £1.00m in the April to February financial position, however this is made up of an underspend on Ramsay and Nuffield contracts relating to planned Orthopaedic activity (£1.31m) and over spends on other acute contracts of £2.31m, detailed below.

	YTD Apr-Feb			
	Plan	Actual	Variance	Comments
Leeds Teaching Hospitals NHS Trust	8,206	8,796	(591)	Over trades in Non-Elective Care (£85k) and Critical Care (£435k).
Hull and East Yorkshire Hospitals NHS Trust	2,050	2,4847	(434)	Over trades in Elective Care (£156k) associated with high cost / low volume activity and Emergency Care (£80k).
Harrogate and District NHS Foundation Trust	1,485	1,810	(324)	Over trades across planned care (£283k). Relates to the fact that the 2016/17 plan did not capture an increasing trend in planned activity evident in the latter part of 2015/16.
Mid Yorkshire Hospitals NHS Trust	1,751	2,159	(408)	Over trades in Non-Elective Care (£93k) and an on-going long stay attendance in Critical Care (£202k).
South Tees NHS Foundation Trust	1,080	1,176	(96)	Over trades in Day Cases (£54k) and Non-Elective (£47k).
North Lincolnshire & Goole Hospitals NHS Trust	656	584	73	
Sheffield Teaching Hospitals NHS Foundation Trust	224	243	(19)	
Non-Contracted Activity	3,109	3,352	(243)	Planned QIPP on NCA expenditure of £237k YTD not in delivery.
Other Acute Commissioning	317	669	(352)	£419k impact of ED Front Door service provided by Yorkshire Doctors. Partly offset by reductions in A&E attendances at YTHFT.
Ramsay	8,131	7,061	1,069	Continuing under trade as a result of increased T&O planned activity at YTHFT.
Nuffield Health	3,287	3,044	243	Continuing under trade as a result of increased T&O planned activity at YTHFT.
Other Private Providers	1,007	926	81	
Total	**31,302**	**32,303**	**(1,001)**	

Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services						
Acute Services						
York Teaching Hospital NHS FT	164,624	174,216	(9,592)	180,500	191,111	(10,611)
Yorkshire Ambulance Service NHS Trust	11,820	11,820	(0)	12,895	12,895	(0)
Leeds Teaching Hospitals NHS Trust	8,206	8,796	(591)	8,965	9,591	(626)
Hull and East Yorkshire Hospitals NHS Trust	2,050	2,484	(434)	2,252	2,735	(483)
Harrogate and District NHS FT	1,485	1,810	(324)	1,630	2,030	(400)
Mid Yorkshire Hospitals NHS Trust	1,751	2,159	(408)	1,910	2,368	(458)
South Tees NHS FT	1,080	1,176	(96)	1,208	1,305	(96)
North Lincolnshire & Goole Hospitals NHS Trust	656	584	73	720	641	80
Sheffield Teaching Hospitals NHS FT	224	243	(19)	244	265	(21)
Non-Contracted Activity	3,109	3,352	(243)	3,383	3,654	(270)
Other Acute Commissioning	317	669	(352)	353	748	(395)
Ramsay	8,131	7,061	1,069	8,978	7,860	1,118
Nuffield Health	3,287	3,044	243	3,632	3,364	268
Other Private Providers	1,007	926	81	1,098	1,010	89
Systems Resilience	0	796	(796)	0	870	(870)
Sub Total	**207,746**	**219,136**	**(11,390)**	**227,769**	**240,446**	**(12,677)**
Mental Health Services						
Tees Esk and Wear Valleys NHS FT	35,236	35,674	(438)	38,439	38,281	158
Out of Contract Placements and SRBI	2,550	4,683	(2,132)	2,782	5,350	(2,568)
Non-Contracted Activity - MH	410	387	22	447	415	32
Other Mental Health	97	97	(0)	131	131	(0)
Sub Total	**38,293**	**40,842**	**(2,548)**	**41,799**	**44,177**	**(2,378)**
Community Services						
York Teaching Hospital NHS FT - Community	18,391	18,403	(12)	20,063	20,086	(23)
York Teaching Hospital NHS FT - MSK	1,509	1,431	78	1,665	1,573	92
Harrogate and District NHS FT - Community	3,994	3,697	297	4,325	3,943	383
Humber NHS FT - Community	949	949	(0)	1,035	1,035	0
Hospices	1,104	1,096	9	1,204	1,195	9
Longer Term Conditions	321	426	(106)	350	462	(112)
Other Community	169	645	(476)	184	771	(587)
Sub total	**26,437**	**26,647**	**(210)**	**28,827**	**29,066**	**(239)**
Other Services						
Continuing Care	20,739	24,770	(4,031)	22,588	26,515	(3,927)
Funded Nursing Care	3,473	4,421	(949)	3,788	4,820	(1,032)
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,774	1,824	(50)	1,936	1,993	(58)
Voluntary Sector / Section 256	828	730	98	904	781	123
Non-NHS Treatment	760	712	48	826	797	29
NHS 111	691	715	(24)	754	778	(24)
Better Care Fund	11,043	10,919	124	12,058	9,991	2,068
Other Services	2,374	2,375	(1)	2,588	2,537	51
Sub total	**41,682**	**46,467**	**(4,785)**	**45,442**	**48,212**	**(2,770)**

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care						
Primary Care Prescribing	45,319	45,610	(291)	49,518	47,993	1,525
Other Prescribing	297	423	(126)	324	467	(142)
Local Enhanced Services	1,605	1,386	219	1,755	1,508	247
Oxygen	213	233	(20)	233	254	(21)
Primary Care IT	962	1,061	(98)	1,050	1,146	(96)
Out of Hours	3,135	2,941	195	3,421	3,214	206
Other Primary Care	144	204	(60)	188	260	(72)
Sub Total	**51,676**	**51,857**	**(180)**	**56,489**	**54,842**	**1,647**
Primary Care Co-Commissioning	**37,962**	**36,580**	**1,381**	**41,411**	**40,064**	**1,347**
Running Costs	**6,146**	**6,546**	**(400)**	**6,710**	**7,200**	**(491)**
Trading Position	**409,942**	**428,074**	**(18,133)**	**448,446**	**464,007**	**(15,561)**
Prior Year Balances	188	307	(119)	188	307	(119)
Reserves	(1,360)	0	(1,360)	2,977	3,642	(665)
Contingency	1,995	0	1,995	2,177	0	2,177
Unallocated QIPP	(532)	0	(532)	(580)	0	(580)
Reserves	**291**	**307**	**(16)**	**4,761**	**3,949**	**812**
Financial Position	**410,232**	**428,381**	**(18,149)**	**453,207**	**467,956**	**(14,749)**
Surplus / (Deficit)	(12,234)	0	(12,234)	(13,346)	0	(13,346)
Overall Financial Position	**397,999**	**428,381**	**(30,383)**	**439,861**	**467,956**	**(28,095)**

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Item Number: 8

Name of Presenter: Tracey Preece

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

Financial Plan 2017-2019

Purpose of Report
For Approval

Reason for Report

To brief members on the current draft of the Financial Plan submitted to NHS England on 27 February.

To request approval of the *draft* plan and authorisation for continued commitment of resource in line with this plan. This applies particularly for running costs to allow posts to be recruited to and invoices to be paid in line with the budgets set and programme costs, for payments to be made to providers in line with contracts.

Members are asked to note that this remains a draft plan, unapproved by NHS England, and discussions are continuing in relation to moving to an approved plan. A next submission is due by 31 March so a verbal update on this can be given in the meeting.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

Recommendations
The Governing Body is asked to approve the draft plan as at 27 February, acknowledging that it is draft and subject to continuing discussions with NHS England.

Responsible Executive Director and Title	**Report Author and Title**
Tracey Preece, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

Annexes

Financial Plan summary presentation

NHS
Vale of York
Clinical Commissioning Group

Financial Plan 2017-19
(27 February submission)

Governing Body
6 April 2017

Summary

- The Financial Plan is rooted in the Medium Term Financial Strategy, approved at Governing Body on 2nd March.
- Financial planning assumptions and the development of the plan have been discussed in detail and agreed with NHS England finance colleagues, in Finance & Performance Committee meetings and in Governing Body.

- The current forecast position for 2016/17 is £28.1m.
- The Underlying deficit position of £22.4m along with inflation and growth of £14.0m have been applied .
- This is against allocation growth of £8.7m.
- A QIPP saving of £15.9m (3.5%) has been applied to the plan.
- This results in a 2017/18 cumulative deficit of £44.1m and £53.9m by 2018/19.

Summary Financial Plan – Key Metrics – 27 February Submission

	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s	2020/21 £000s
Surplus/Deficit	(28,096)	(44,149)	(53,907)	(54,542)	(38,057)
In year Allocation		449,675	458,826	470,892	487,948
In year Surplus/Deficit	(21,801)	(16,054)	(9,758)	(546)	16,394
Improvement of in-year position		**5,746**	**6,296**	**9,212**	**16,940**
Actual % improvement		**1.3%**	**1.4%**	**2.0%**	**3.5%**
1% of allocation – required Improvement		4,497	4,588	4,709	4,879
Business Rule for 1% of allocation improvement for Deficit CCG met					
QIPP Target		15,900	14,300	13,900	14,400
QIPP % (on recurrent in-year allocation per NHSE model)		3.5%	3.0%	3.0%	3.0%

Summary Financial Plan – 4 Year Expenditure - 27 February Submission

	2017/18 Plan £000s	2018/19 Plan £000s	2019/20 Plan £000s	2020/21 Plan £000s
York Teaching Hospital NHS Foundation Trust	185,268	180,584	176,258	173,902
Other Acute Commissioning	45,472	47,438	51,166	52,444
Mental Health Services	44,868	44,927	44,832	45,374
Community Services	29,920	31,370	31,473	31,840
Continuing Care	26,839	26,947	27,123	27,841
Funded Nursing Care	4,998	5,198	5,406	5,622
Other Commissioning	20,936	21,316	21,115	17,084
Primary Care Prescribing	51,459	52,120	54,333	56,639
Primary Care	48,714	51,649	52,699	53,774
Running Costs	7,256	7,033	7,033	7,033
Total Expenditure	465,729	468,583	471,438	471,553
Allocation	**421,580**	**414,677**	**416,985**	**433,496**
Surplus / (Deficit)	**(44,149)**	**(53,907)**	**(54,452)**	**(38,057)**

Financial Opportunity – Updated for Final Financial Plan Submission 27 February

- The CCG identified 6 key areas of financial opportunity based on the population analytics and health benchmarking findings.
- These opportunities have been subject to an NHS England Confirm and Challenge process with the relevant executive director, clinical, operational and finance and contracting leads signing up to schemes that deliver close to the same overall amount, phased differently. Although the overall opportunity still exists, it is the confirm and challenge numbers that have been used in constructing the CCG's financial plan.
- The CCG and partners are now actively mobilising the Vale of York accountable care system (ACS) based around a three locality delivery model. The intention is that joint programmes of transformation will be developed based on the specific local needs and priorities of these locality populations that will best address the current gaps in funding, health and social care in outcomes for the VoY population.

		Initial Assessment					Confirm and Challenge Assessment				
Section reference	Opportunity	Total potential spend reduction (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	20/21 (£m)	Total potential spend reduction (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	20/21 (£m)
(4.2)	***1) Elective orthopaedics***	4.2	1.3	1.0	1.0	1.0	3.0	0.8	2.3	0.0	0.0
(4.3)	***2) Out of hospital care***	21.3	0.0	9.1	7.2	5.0	15.0	3.6	4.5	4.3	2.5
(4.4)	***3) Contracting for outpatients***	5.0	3.0	2.0	0.0	0.0	2.0	1.0	1.0	0.0	0.0
(4.5)	***4) Continuing healthcare and funded nursing care***	9.3	3.1	2.5	2.5	1.2	9.6	1.8	2.5	2.5	2.8
(4.6)	***5) Prescribing***	6.2	1.7	1.5	1.5	1.5	6.2	1.6	1.6	1.5	1.5
(4.7)	***6) High cost drugs***	2.0	0.2	0.6	0.2	1.0	2.1	0.3	0.6	0.2	1.0
	Other	0.0	0.0	0.0	0.0	0.0	9.8	6.8	1.8	1.0	0.2
	Total	**50.0**	**9.4**	**16.7**	**12.4**	**9.6**	**47.7**	**15.9**	**14.3**	**9.5**	**8.0**

Business Rules

- CCGs should plan for in-year break-even 
- CCGs should plan to spend 1% of allocation as non-recurrent expenditure 
- Deficit CCG to delivery a in-year breakeven position or deliver 1% of allocation improvement 
- 0.5% of non-recurrent expenditure should be uncommitted as a risk reserve 
- CCGs should plan for 0.5% Contingency 

Inflation and growth

- Inflation accounts for £5.2m of the overall £14.0m inflation and growth.
- Inflation has been applied in line with national tariff inflation . With the exception of continuing care and Primary care where PCU levels and nationally assumed primary care levels have been used.
- The growth levels that account for £8.8m are based on STP assumptions for growth levels, with the exceptions of continuing care and primary care where PCU levels and population growth have been used.
- An extensive process of challenge and review took place between NHS England and the CCG on the STP and PCU growth assumptions.

Summary Dashboard

	FOT	Plan	
	2016/17 £000	2017/18 £000	2018/19 £000
ALLOCATION	**437,194**	**421,580**	**414,677**
EXPENDITURE			
Acute Services	240,579	230,603	227,882
Mental Health Services	43,960	44,535	44,393
Community Health Services	29,098	29,909	31,360
Other Services	45,613	47,330	47,273
Primary Care	55,125	58,426	60,847
Primary Care Co-Commissioning	39,972	41,758	42,933
Running Costs	7,209	7,256	7,033
Contingency	0	2,248	2,294
Reserves	3,615	5,164	6,065
Unallocated QIPP	0	-1,500	-1,500
Prior Year Balances	119	0	0
Total expenditure	**465,289**	**465,729**	**468,580**
CUMULATIVE DEFICIT	**-28,095**	**-44,149**	**-53,902**

York Teaching Hospital NHS FT - Acute

	£000
2016/17 Outturn	**191,492**
Underlying position	190,906
Inflation	1,216
Growth	4,553
Cost pressures and adjustments	(1,724)
2017/18 plan (before QIPP)	**194,952**
QIPP target	(9,702)
207/18 Plan	**185,250**

Comments –
2016/17 outturn is based on Contracting position at M09 and includes the impact of arbitration over contract challenges.
The underlying position is adjusted for FYE of reduction in A&E attendances due to the EDFD scheme.
Inflation is included in line with national guidance - 2.1% uplift less 2.0% efficiency (net 0.1%) plus 0.5% uplift in CNST premium.
Activity growth is included at 2.37% in line with the national IHAM model.
Cost pressures assume a reduction in contract value based on local analysis for the HRG 4+ and IR rules allocation adjustments.

Other Acute providers (NHS)

	£000
2016/17 Outturn	**18,882**
Underlying position	18,882
Inflation	120
Growth	450
Cost pressures and adjustments	(1,868)
2017/18 plan (before QIPP)	**17,585**
QIPP target	(378)
207/18 Plan	**17,207**

Comments –
2016/17 outturn figures are based on Contracting position at M09.
Inflation is included in line with national guidance - 2.1% uplift less 2.0% efficiency (net 0.1%) plus 0.5% uplift in CNST premium.
Activity growth is included at 2.37% in line with the national IHAM model.
Cost pressures assume a reduction in contract value based on local analysis for the HRG 4+ and IR rules allocation adjustments.

Non Contracted Activity

	£000
2016/17 Outturn	**3,691**
Underlying position	3,684
Inflation	23
Growth	88
Cost pressures	(39)
2017/18 plan (before QIPP)	**3,755**

Comments –
2016/17 outturn figures are on M10 data.
Inflation is included in line with national guidance - 2.1% uplift less 2.0% efficiency (net 0.1%) plus 0.5% uplift in CNST premium.
Activity growth is included at 2.37% in line with the national IHAM model.
Cost pressures assume a reduction in contract value based on local analysis for the HRG 4+ and IR rules allocation adjustments.

ISTC Acute Providers

	£000
2016/17 Outturn	**10,999**
Underlying position	10,999
Inflation	11
Growth	261
Cost pressures	(1,308)
2017/18 plan (before QIPP)	**10,233**
QIPP target	(587)
207/18 Plan	**9,646**

Comments –
2016/17 outturn figures are based on Contracting position at M9.
Inflation is included in line with national guidance - 2.1% uplift less 2.0% efficiency (net 0.1%).
Activity growth is included at 2.37% in line with the national IHAM model.
Cost pressures assume a reduction in contract value based on local analysis for the HRG 4+ and IR rules allocation adjustments.

Tees, Esk and Wear Valley NHS FT

	£000
2016/17 Outturn	**38,148**
Underlying position	38,665
Inflation	39
Growth	0
Cost pressures	0
2017/18 plan (before QIPP)	**38,694**

Comments –
Inflation on the TEWV block contract is included at 0.1% in line with the national acute uplift.
The full year value of the schools project is included in plan figures.

Mental Health Out of Contract

	£000
2016/17 Outturn	**5,813**
Underlying position	5,822
Inflation	208
Growth	110
Cost pressures	0
2017/18 plan (before QIPP)	**6,141**
QIPP Target	**(300)**
2017/18 plan	**5,841**

Comments –
Includes Out of Contract placements, Specialist Rehab Brain Injury, Mental Health NCAs.
Inflation is included at 4% for OOC and SRBI, and 0.1% for NCAs.
Growth is included at 1.9% for all areas.
2016/17 forecast outturn includes £107k of non recurrent prior year costs.

Community Services

	£000
2016/17 Outturn	**26,325**
Underlying position	26,430
Inflation	26
Growth	0
Cost pressures	167
2017/18 plan (before QIPP)	**26,624**
QIPP Target	**(739)**
2017/18 plan	**25,885**

Comments –
YFT Community contract - Inflation is included at 0.1% in line with the national acute uplift.
Includes Harrogate and Humber community contracts - Inflation is included at 0.1% in line with the national acute uplift.
Includes long term conditions (Medtronic, Nutricia etc), other community contracts (CIC, Equipment and Wheelchairs).

York Teaching Hospital NHS FT - MSK

	£000
2016/17 Outturn	**1,578**
Underlying position	2,222
Inflation	2
Growth	53
Cost pressures	0
2017/18 plan (before QIPP)	**2,277**
QIPP investment	**500**
2017/18 plan	**2,777**

Comments –
Inflation is included at 0.1% in line with the national acute uplift.
Activity growth is included at 2.37% in line with national IHAM modelling for acute activity.

Continuing Healthcare and Funded Nursing Care

	£000
2016/17 Outturn	**31,469**
Underlying position	31,021
Inflation	1,241
Growth	1,581
Cost pressures	0
2017/18 plan (before QIPP)	**33,843**
QIPP Target	**(2,007)**
2017/18 plan	**31,837**

Comments –
Includes CHC and FNC.
Includes inflation at 4% for both areas and activity growth at 5.8% for CHC only.

Other Commissioning

	£000
2016/17 Outturn	**15,340**
Underlying position	17,292
Inflation	234
Growth	0
Cost pressures	(589)
2017/18 plan (before QIPP)	**16,937**
QIPP Plans	(197)
2017/18 plan	**16,741**

Comments –
Includes Patient Transport, NHS 111, Hospices, Marie Curie, BPAS and Marie Stopes and Children's Safeguarding, voluntary sector contracts and section 256 agreements with local authorities.
BCF includes spend on health schemes and social care contributions. Inflation on BCF is assumed at 1.79% as per expected increase in minimum BCF contribution.
YAS PTS contract includes inflation of 0.1% in line with national acute tariff assumptions.

Primary Care Co-Commissioning

	£000
2016/17 Outturn	**39,972**
Underlying position	40,805
Inflation	732
Growth	221
Cost pressures and adjustments	(182)
2017/18 plan (before QIPP)	**41,758**

Comments –
Includes inflation of 2.0% on GMS, PMS and premises and 1% on QOF and Enhanced Services.
Activity growth of 0.6% in line with projected population growth is included on all lines except premises.
The £3 per head investment is identified as investment in Primary Care within the CCG's financial plan and is reliant on additional savings being made to generate it.

Other Primary Care

	£000
2016/17 Outturn	**6,349**
Underlying position	6,036
Inflation	(47)
Growth	91
Cost pressures	0
2017/18 plan (before QIPP)	**6,080**
QIPP Investment	887
2017/18 plan	**6,967**

Comments –
Local Enhanced Services - inflation at 1.0% and growth at 0.6%. Includes Vasectomies, Health Assessment claims, Gainshare to Alliances under Dermatology Indicative Budgets. Includes GP Out of Hours, Minor Injury service at Malton and the Yorkshire Doctors Minor Illness service provided through the ED Front Door model. GP Out of Hours includes a 2.20% price efficiency and a 2.44% increase in activity as per the original tender bid.111 Includes inflation at 0.1% in line with national acute tariff assumptions.

Prescribing

	£000
2016/17 Outturn	**48,776**
Underlying position	50,319
Inflation	1,359
Growth	1,396
Cost pressures	0
2017/18 plan (before QIPP)	**53,073**
QIPP Target	**(1,614)**
201/18 plan	**51,459**

Comments –
2016/17 forecast outturn includes a £1.68m non recurrent year end benefit relating to prescriptions dispensed in advance.
Includes GP prescribing, Home Oxygen, Medicines Management team and other prescribing e.g. York House, The Retreat.
Inflation and growth is included at a total of 5.4%.

Yorkshire Ambulance Service

	£000
2016/17 Outturn	**12,895**
Underlying position	12,895
Inflation	13
Growth	0
Cost pressures	(140)
2017/18 plan (before QIPP)	**12,768**

Comments –
Inflationary uplift mirrors national guidance for acute contracts - 2.1% inflation less 2.0% efficiency.

Running Costs

	£000
2016/17 Outturn	**7,209**
Underlying position	7,380
Inflation	0
Growth	0
Cost pressures	137
2017/18 plan (before QIPP)	**7,517**
QIPP Target	(261)
2017/18 plan	**7,256**

Comments –
Running costs before QIPP are included in plan at £7.52m in line with allocation.

QIPP Plan

2017/18 QIPP Summary

	£000s
Acute	10,666
Mental Health	300
Community Services	239
Continuing Healthcare & FNC	2,007
Better Care Fund	0
Prescribing	1,614
Primary Care Co-commissioning	0
Other Primary Care	(887)
Other services	197
Running Costs	261
Total identified schemes	**14,396**
Unallocated QIPP	1,500
2017/18 QIPP target	**15,896**

- QIPP of £15.9m has been built into the plan.
- This equates to 3.5% of the overall allocation as a target.
- The confirm and challenge process has been undertaken since the draft submission of the financial plan to firm up the QIPP target. This process used the full value of the schemes identified in the pipeline and the FYE of schemes that commenced or that are due to commence in 2016/17.

Risks to Delivery of 2017/18 Financial Plan

- **Contracting** – the main acute contract with York Foundation Trust has been signed on a Payment by Results basis so is inherently open to activity related risk. The CCG is in discussions regarding non-PBR funding mechanisms and risk share arrangements for specific contract areas for 2017/18.An issue also remains relating to issue of rehab bed days for 2017/18 onwards following the arbitration on 2016/17.
- **Activity and growth assumptions** – these are based on STP & national planning assumptions but there remains a difference in assumptions between the CCG and York FT on the expected level of growth which will create an activity based cost pressure if it materialises.
- **HRG4+ & IR allocation changes** – currently based on local modelling but the impact of these changes will be seen with actual activity flows. There is therefore potential for these changes to be a cost pressure.
- **Cost pressures & critical investment** – the CCG is aware of areas of cost pressure and potential critical investment which it is reviewing with system partners.
- **QIPP** – there is considerable risk to the delivery of the QIPP plan related to the unidentified element (£1.5m) and capacity to deliver the identified plans.
- **BCF** – the minimum amount required is in the plan but discussions are still to take place with the local authorities and guidance is yet to be published (at the time of writing).
- **CHC** - Although funding for growth has been included, this remains a volatile area.
- **Running costs** – increasing the capability and capacity of the CCG has resulted in a fully committed running cost allocation.
- **Control Total –** the Humber, Coast & Vale STP control total is not yet met so there remains considerable risk to the current plan if the CCG is required to contribute to closing the gap.

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Item Number: 9

Name of Presenter: Rachel Potts

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

Performance Report – February 2017

Purpose of Report
For Information

Reason for Report

This report provides narrative against our key performance measures, including constitutional targets. It highlights where there are movements from performance targets or trajectories, and our mitigating actions to improve performance.

A series of detailed briefings is attached for our key performance measures, including constitutional targets, where the CCG is underperforming. It highlights the key drivers for low or under-performance and gives a detailed summary of all mitigating actions to improve performance. The purpose of these briefings is to provide a more detailed year-end summary position in preparation for setting trajectories for recovery and improvement in 2017/18 and to inform members of assurance levels around key performance areas.

The briefings are presented in summary tables in line with the format produced for NHS England in December 2016 to support the CCG's Integrated Assurance Framework quarterly review.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks ☐Financial ☐Legal ☐Primary Care ☐Equalities	**Covalent Risk Reference and Covalent Description** Q+P 17.07 – 8 Minutes Response Q+P 17.02 – 4 hour A&E Q+P 17.04 – Diagnostics Q+P 17.03 – 18 Week Referral to treatment Q+P 17.5 - Cancer 2 Week Wait Q+P 17/15 – Cancer 62 day Wait
Recommendations N/A	

Responsible Executive Director and Title	**Report Author and Title**
Rachel Potts Executive Director of Planning and Governance	Gordon Masson, Quality and Performance Analyst Caroline Alexander, Interim Head of Planning and Assurance

Vale of York
Clinical Commissioning Group

NHS Vale of York Clinical Commissioning Group Performance Report

Report produced: March 2017

Latest validated data: January / February 2017

Summary

This month 10 performance report is supplemented with briefings for each NHS Constitution target area where the CCG is currently underperforming. These provide a more detailed summary of current mitigations for each area to support the Committee in fully understanding the year end position for these areas, and as the CCG transitions into its 2017/18 programmes of work and refreshed approach to both programme and performance management (including an emerging approach to performance management at STP level in some areas such as cancer).

Performance has improved in A&E 4 hour, RTT, cancer and diagnostics in February 2017 as the system comes out of the winter period and the acute Trust Performance Improvement Programme is implemented alongside their drive to return to standard operational procedures. There has also been significant work across all system partners to augment the A&E Delivery Board workplan with additional actions to further improve resilience in delivering the key ECS targets. This has supported the Delivery Board in responding to a requirement by NHSE for each system to reconsider its trajectory for A&E 4 hr delivery improvement to 31st March 2017 and confirm a return to target by March 2018. This is set within the context of NHS Improvement (NHSI) and NHSE clarifying the approach for total performance control totals and penalties in relation to providers and STF monies for 2017/18.

Overview

Section	Measure	Relates to	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Yorkshire Ambulance (YAS) Response Times	Category A (Red) 8 minute Response Time	Vale of York	75%	72.1%	70.9%	65.7%	70.2%	74.9%	62.5%	76.4%	68.3%	61.9%	62.4%	
Yorkshire Ambulance (YAS) Handover Times	15 min Target	York Trust	100%	57.2%	57.2%	53.3%	60.3%	56.4%	61.0%	54.4%	50.2%	47.7%	40.7%	
		York		65.2%	57.2%	60.3%	70.0%	70.8%	70.2%	62.2%	54.5%	49.9%	45.8%	
		Scarborough		46.0%	57.0%	44.1%	47.0%	37.0%	47.7%	41.6%	43.3%	44.3%	33.1%	
Emergency Department	% meeting 4 hour target	Vale of York	95%	86.8%	87.9%	87.2%	92.7%	90.6%	91.0%	85.5%	81.9%	81.2%	78.3%	
		York Trust		86.7%	86.7%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	
	Sustainability & Transformation Fund	Trajectory	-	85.0%	86.0%	87.0%	88.0%	89.0%	89.5%	90.0%	90.5%	91.0%	91.0%	
	Number of Attendances	York Trust		15,129	16,979	16,091	17,709	17,385	16,371	16,491	14,904	15,414	14,524	
	Number of 4 hour Breaches	York Trust		2,008	2,059	2,063	1,303	1,647	1,486	2,398	2,711	2,908	3,168	
	Waiting more than 8 Hours	York		182	285	221	47	71	39	222	377	543	664	
		Scarborough		208	35	114	100	198	136	257	289	177	412	
		York Trust		390	320	335	147	269	175	479	666	720	1,076	
	Non-Elective Admissions	York Trust		4,029	4,297	4,319	4,305	4,464	4,413	4,412	4,098	4,287	4,227	
Out of Hours	Urgent face to face consultations within 2 hours	Vale of York	95%	94.7%	94.3%	94.7%	92.3%	90.9%	93.4%	95.2%	94.2%	89.7%	93.7%	92.1%
	Less urgent face to face consultations within 2-6 hours			96.1%	97.5%	97.5%	94.7%	94.2%	98.0%	96.9%	98.9%	94.6%	97.4%	97.8%
	Speak to the Clinician within 2 hours.			95.9%	96.5%	94.1%	92.3%	94.0%	100.0%	98.5%	96.6%	90.8%	95.4%	96.7%
	Speak to the Clinician within 2-6 hours.			84.6%	88.7%	86.8%	83.9%	83.5%	89.7%	91.4%	91.9%	77.8%	87.7%	86.0%
	Speak to the Clinician within 6+ hours.			94.4%	95.3%	97.7%	95.8%	94.3%	97.7%	94.8%	96.5%	89.6%	94.4%	93.3%
Diagnostics	Patients Waiting Greater than 6 weeks	Vale of York	99%	98.6%	99.2%	99.0%	98.7%	98.6%	99.1%	98.7%	98.8%	98.3%	98.2%	
		York Trust		99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	
18 Week Referral to Treatment	Incomplete pathways seen < 18 weeks from referral	Vale of York	92%	92.4%	92.9%	92.4%	91.8%	91.5%	91.6%	91.5%	90.8%	90.6%	90.3%	
		York Trust		92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	89.9%	81.1%	88.9%	
	Sustainability & Transformation Fund	Trajectory	-	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
	Admitted Backlog	York Trust		+66	-38	+167	+212	+152	+305	-	-	-		
	Theatre Lists Cancelled	York Trust		-	26	27	36	19	47	-	-	-		
Cancer	Patients seen < 14 days of an urgent suspect Cancer referral	Vale of York	93%	94.9%	94.1%	94.9%	94.7%	91.1%	94.5%	88.1%	92.1%	98.1%	90.2%	
		York Trust		92.6%	93.3%	92.3%	89.6%	88.7%	92.7%	86.2%	89.8%	94.0%		
	Patients seen < 14 days of an urgent referral with Breast Symptoms, Cancer not initially suspected	Vale of York	93%	96.2%	100%	95.0%	94.1%	93.9%	96.2%	96.7%	98.2%	95.5%	95.7%	
		York Trust		94.4%	98.3%	96.1%	90.0%	94.0%	95.8%	97.6%	97.8%	96.0%		
	Patients seen < 31 days of Cancer Diagnosis and package of care agreement	Vale of York	96%	99.4%	99.3%	100.0%	99.5%	98.3%	96.2%	98.0%	96.2%	98.5%	96.3%	
		York Trust		99.2%	99.0%	100.0%	99.2%	99.6%	98.0%	98.2%	97.1%	98.8%		
	Patients seen < 31 days for second or subsequent Cancer Treatment - Surgery	Vale of York	94%	97.8%	90.9%	98.0%	97.2%	100%	92.1%	97.5%	86.7%	84.8%	97.1%	
		York Trust		100%	88.5%	98.0%	100%	100%	92.7%	100%	83.3%	97.1%		
	Patients seen < 31 days for second or subsequent Cancer Treatment - Drugs	Vale of York	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		York Trust		100%	100%	100%	100%	100%	100%	100%	99%	100%		
	Patients seen < 31 days for second or subsequent Cancer Treatment - Radiotherapy	Vale of York	94%	100%	97.3%	100%	100%	100%	100%	100%	100%	97.4%	100%	
		York Trust		-	-	-	-	-	-	-	-	-	-	
	Patients seen < 62 days to first definitive treatment following an urgent referral for suspected	Vale of York	85%	85.4%	89.3%	85.1%	84.5%	91.3%	71.8%	75.0%	77.1%	81.7%	82.2%	
		York Trust		86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%	80.2%	84.8%		
	Patients seen < 62 days to first definitive treatment following referral from a NHS Cancer	Vale of York	90%	83.3%	100.0%	88.9%	90.0%	92.9%	83.3%	96.0%	84.6%	94.2%	94.7%	
		York Trust		90.0%	93.3%	89.7%	91.7%	93.2%	92.6%	94.9%	93.4%	89.8%		
Delayed Transfer of Care (York UA)	Acute	NHS		247	135	162	122	141	182	203	221	200	120	
		Social Care		246	222	105	102	53	125	47	101	79	111	
		Both		0	0	0	0	0	0	0	9	14	0	
		Total		493	357	267	224	194	307	250	331	293	231	
	Non-Acute	NHS		130	239	232	276	354	428	458	346	294	231	
		Social Care		144	97	373	472	387	208	235	340	301	148	
		Both		29	10	126	0	0	39	57	104	76	0	
		Total		303	346	731	748	741	675	750	790	671	379	
Dementia	Estimated Diagnosis rate for People with **Dementia**	Vale of York	66.7%	51.1%	50.8%	53.1%	54.2%	52.7%	54.7%	55.3%	55.7%	55.1%	55.2%	55.1%
Improving Access to Psychology Therapies (Unvalidated)	% of people entering treatment against the level of need in the general population	Trajectory	-					11.5%	11.9%	13.1%	14.2%	13.8%	15.0%	
		Vale of York	15%				8.6%	11.5%	12.7%	14.1%	13.1%	10.1%	12.7%	
		TEWV					8.3%	11.3%	12.9%	14.3%	12.9%	10.2%		
		Humber					13.9%	16.5%	8.7%	8.7%	18.3%	9.6%		
	% of people not at caseness at their last session.	Trajectory	-					45.0%	46.0%	47.0%	48.0%	49.0%	50.0%	
		Vale of York	50%				49.6%	43.3%	46.1%	43.9%	56.6%	44.0%	46.3%	
		TEWV					50.5%	42.4%	48.8%	41.9%	55.9%	43.0%		
		Humber					44.4%	53.3%	21.4%	80.0%	63.6%	62.5%		
	6 Week Finished Treatment	Trajectory	-					65.0%	67.0%	69.0%	71.0%	73.0%	75.0%	
		Vale of York	75%				66.1%	76.0%	79.6%	77.6%	81.3%	93.6%	88.1%	
		TEWV								75.9%	80.5%	93.2%		
		Humber								100%	90.9%	100%		

Headlines

The key items to be noted this month (January 2017) are:

- **Yorkshire Ambulance Response** Category 1 performance is reporting at 62.4% against 75% target.

- **Yorkshire Ambulance Handover times** continue to fail to achieve target and have fallen to a low of 40.7% in January

- **Emergency Department** performance continues to be an issue. Performance has continued to fail to achieve the 95% target and is now at 78.3% (though there has been improvement in February and on some days performance at the York hospital ED site has reached/ exceeded 95%)

- **Out of Hour** performance for February shows no marked difference from that in January

- Aggregated **18 Week Referral to Treatment** – incomplete pathways has continued to fail to achieve target. YTHFT performance in January has improved although it continues to fail the target.

- Two **Cancer** measures failed to achieve target. Patients seen < 14 days of an urgent cancer referral has failed at 90.2% and Patients seen < 62 days to first definitive treatment has improved to 82.2% but continues to fail to achieve the 85% target

- The estimated diagnostic rate for people with **Dementia** has shown no movement from last month

- **Improving Access to psychology therapies** performance has improved but remains short of the agreed trajectories

Yorkshire Ambulance Service (YAS) Response Time

Current Performance

- The most recent validated data for Vale of York CCG is January 2017
- Vale of York performance for Category 18 minute response time was 62.4% against a 75% target.

Current issues impacting on performance:

- York Hospital average bed capacity remained high during February, with this only starting to fall during March 2017. This meant continued difficulties with flow, which impacted on all parts of the system.
- There was continued high pressure across Scarborough Hospital which meant ambulance crews continued to wait for long periods across both sites and patients awaiting handover and transfer impacted on the number of crews available.
- Continued nurse staffing issues across YTHFT and higher levels of sickness absence also impacted on patient flow.

Mitigating actions include:

- Support from YAS during February has continued to be good and their interaction with the system calls during the difficult periods has been productive
- Diverts to other regional partners have been arranged on occasions when the pressure on the system has been greatest; these were minimal in February
- Discussions are ongoing around the use of UCPs to manage early morning visits with community teams and GPs; agreement has been reached to trial this from mid-April onwards with York Medical Group
- No additional transport options have been required in this period.

Finance and Contracting implications:

- No known implications.

Yorkshire Ambulance Service (YAS) Handover Times

Current Performance

- The most recent validated data for Vale of York is January 2017.
- Performance for YTHFT combined was 40.7% (target 100%); this is a decrease from December performance of 47.7%. York hospital site performance was 45.8%, and Scarborough hospital site was 33.1%.
- The most recent **unvalidated** data for Vale of York is week ending 12th March which shows handover performance of 56% combined, 68% at York hospital and 39% at Scarborough.

Current issues impacting on performance:

- Significant problems in ambulance hand-overs at Scarborough have meant YTHFT is a national outlier. The working relationships between the YTHFT and YAS are improving and progress is being made, but is slow. Pathway reinforcements are being refreshed and a piece of work around AMM in Scarborough is on-going.
- Nursing and queue management staff have been under pressure due to sickness, half-term holiday and ongoing vacancies.
- Outstanding reminders to staff around self-handover and PINs for patient transfers are still being communicated.
- A number of actions have been identified by the project group with representatives from the Vale of York CCG, YTHFT, YDUC and YAS; this group continues to meet fortnightly.

Mitigating actions include:

- YAS has deployed Clinical Supervisors to work in the Emergency Department to assist with clinical handovers and used these during periods of pressure
- The issue of Ambulance Handover has been highlighted as a key priority for the Emergency Department Streaming programme during Q4 of 2016-17. All actions from the ED streaming work are continuing to be progressed, with the support of partners.
- YAS are promoting self-handovers to all crews at York Hospital and picking up individuals who are not working to the protocol for training
- YTHFT continued to embed the Ambulance Assessment area although staffing remains variable. Staffing of this area is prioritised wherever possible.
- YTHFT are also using queue nurses to assess patients at Scarborough Hospital.
- The CMB on 25th January outlined a number of actions for the YTH and YDUC teams to work on together to understand how the clinical navigator can be used with the ambulance service to improve ED flow; work is on-going.

- ❖ All actions from the ED streaming work are continuing to be progressed, with the support of partners

Finance ad Contracting implications:

- ❖ No known implications.

Emergency Department (ED)

Current Performance

- ➢ The most recent validated data available for Vale of York is January 2017.
- ➢ Performance against 4 hour target for Vale of York was 78.3% (target 95%). This is a decrease from the December figure of 81.2%.
- ➢ The most recent **unvalidated** figures for YTHFT are for week ending 12th March 2017 and show a performance of 80.96%.
- ➢ YTHFT failed to achieve the Sustainability and Transformation Fund Trajectory for January with a performance of 78.2% against a trajectory of 91%.

Current issues impacting on performance:

- ❖ In January 2017 there were 14,524 compared to 15,662 in January 2016 (7.3% decrease evidence of impact from front door streaming). YTHFT had total of 3,168 breaches (2,031 admitted, 1,137 non-admitted) across all sites in January. The number of patients waiting over 8 hours in A&E was 1,076 (York 664; Scarborough 412); an increase of 356 (49.4%) on December.
- ❖ January 2017 saw a conversion rate of 33.3% at York Hospital, and 52.8% at Scarborough General Hospital.
- ❖ YTHFT experienced surge pressures in the first week of January, against a background of increasing non-elective demand and high bed occupancy. The winter pressures have continued through January, with increased acuity contributing to high bed occupancy throughout the month. There was only one day where bed occupancy dropped below 90% at Scarborough and no days in January where bed occupancy was below 94% at the York site, significantly above the upper control limit of 85%.
- ❖ Infection control issues leading to ward and bay closures further impacting flow within the hospital.
- ❖ The winter plan and escalation actions have been implemented throughout January. The ability to divert was limited due to the local and national pressures and unplanned escalation areas were opened to manage pressures. In line with escalation plans, daily system calls and 2 hourly operational meetings in place throughout January. YTHFT continues to experience high pressure and is

prioritising discharges supported by the community teams, to move back to planned escalation levels.

- An in-depth review of non-admitted breaches is underway to support actions on streamlining and triage and YTHFT has established a task and finish group to review implementation of the actions to support flow to reduce admitted breaches and reduction of long waits.
- The 4 hour pathway protocol has been refreshed and additional escalation to Directorate Managers has been implemented to target and reduce long wait patients. A full capacity protocol has been drafted in line with OPEL escalation levels. A business case to support nurse staffing across ED has been approved. ECS performance improvement remains a top priority, and a high risk for the STF funding for Quarter 4.
- 2 x 12 hour breaches were reported at York Hospital in February 2017.

Mitigating actions include:

- The numbers of attendances have decreased across January, however acuity has been high in the patients presenting. The hospital has experienced flu within wards, impacting on flow and both contributing to high bed occupancy. This has continued through January.
- A key focus has been to ensure early discharge. This has included reallocating medical capacity from outpatients to support early discharge. The reduction in length of Delay Transfers of Care indicates the work to improve discharge. The Assessment areas have continued to embed through January and a review of their impact has commenced to ensure this capacity is maximised to support flow and reduce long waits for admission.
- A review of the streaming and triage at ED has been instigated to maximise the clinical navigation and escalate work on transfer to primary care services.
- A review of the 'flow' processes has commenced to learn lessons from the winter pressures and enhance current processes. Recruitment of Senior ED Consultants is ongoing.
- The Community Response Team continues to increase to full capacity by end of January and early indications are that they are managing more patients within their case load.
- There is an A&E Delivery Board working being held on 16th March 2017.

Finance and Contracting implications:

- No known implications

Out of Hours (OOH)

Current Performance

- The most recent validated data available for Vale of York is February 2017
- Urgent Face to Face consultations within 2 hours are at 92.1% and less urgent within 6 hours 97.8%, both against target of 95%
- Speak to clinician calls within 2 hours are at 96.7%, within 2 - 6 hours at 86.0%, and within 6 hours+ at 94.3% , all against a target of 93.3%.

Current issues impacting on performance:

- Targets were met in February and the picture was much improved from the start of the year; with support being provided to other services such as NHS111 and YTHFT
- The additional staffing overnight for four weekends was implemented; however, this was not well used and will not be continued.

Diagnostics

Current Performance

- The most recent validated data available for Vale of York is January 2017.
- 98.2% of diagnostic tests took place within 6 weeks, a decrease from the prior months performance of 98.3%

Current issues impacting on performance:

- Vale of York CCG did not meet the 99% Diagnostics target in January 2017 with performance of 98.2%. This equates to 55 patients waiting over 6 weeks for a Diagnostic test.
- 33 of these breaches were at YTHFT, with an additional 15 at Hull and East Yorkshire Hospitals, 3 at Leeds Teaching and Mid Yorkshire and 1 at Nuffield Health.
- The largest numbers of breaches were in MRI with 12 at York and 7 at Hull, 9 breaches related to CT at Hull and in Sleep Studies at York.
- YTHFT met the 99% target in January 2017 with performance of 99.0%.
- While the diagnostic target has been met in YTHFT the trajectory has been decreasing in cystoscopy, MRI and sleep studies. The one-stop Urology service commenced at the end of February, which will change the pathway for cystoscopy and may have an impact on overall performance due to reporting methods.
- Sleep studies have increased demand against currently capacity and a service improvement project is underway to review the pathway, an additional 5 reports a week are scheduled from mid-January with recruitment on-going.

Finance and Contracting implications

- ❖ No known implications

18 Week Referral to Treatment (RTT)

Current Performance

- ➢ The most recent validated data available for Vale of York is January 2017
- ➢ 90.30% (target 92%) of patients on incomplete pathways have been waiting no more than 18 weeks from referral, a decrease from 90.61% in December 2016
- ➢ Sustainability and Transformation Fund Trajectory has not been achieved by YTHFT at 88.9% against a trajectory of 92%

Current issues impacting on performance:

- ❖ Vale of York CCG did not achieve the incomplete target on an aggregate level for the sixth month in a row. This equates to 1,511 out of 15,510 patients waiting over 18 weeks.
- ❖ The areas which did not meet target on a speciality level were Urology (80.52%), Thoracic Medicine (83.40%), Plastic surgery (85.37%), General Surgery (86.63%), Rheumatology (88.71%), Trauma and Orthopaedics (89.03%), Gastroenterology (89.52%), Gynaecology (89.86%)
- ❖ YTHFT failed to achieve the 92% target for December delivering 88.85% and therefore YTHFT failed to meet the Q3 STF trajectory. The Q4 trajectory has a 0% tolerance and as such the current forecast is not to achieve for January, however the trajectory remains to recover the position by the end of Quarter 4.
- ❖ The position has been significantly impacted by the urgent pressures across YTHFT with 191 of the cancelled operations in January related to bed shortages and 185 cancelled clinics within 14 days. This is a significant increase on previous months.
- ❖ Due to the surge in Acute pressures unplanned escalation areas were opened in addition to the winter plan, which included elective wards.

Mitigating actions include:

- ❖ At YTHFT the recovery plan agreed in October remains in place with sustained performance improvements in Ophthalmology in January (93.4%). Further work has been completed on additional improvement actions, including accessing additional funding to target the admitted backlog and long waits. The CCG and YTHFT has mobilised NHSE backlog funding to deliver through February and March, which will improve the backlog position. Additional waiting lists have been established across strained specialties, both funded through this NHSE funding and YTHFT funded.

- Revised thresholds have been implemented by CCGs and early indications have seen a reduction in referrals across a range of specialties (verbal updates from YTHFT in WC 13/3/17 suggested a reduction in referrals to T&O of up to 50% and overall a reduction across the Trust in referrals for all specialities of 12%). In the short term this may have a negative impact on the performance position as the number of patients under 18 weeks reduces.
- A specific recovery plan has been developed for MaxFax to address the significant backlog working with NHSE due to the regional pressures on max fax capacity
- There was a sustained reduction in requested lists through January in line with the Winter plan and a number of lists were cancelled due to winter pressures. Of requested lists to date only 4.8% were not delivered, a further improvement from December and no lists were cancelled due to staffing shortages. The recruitment drive has continued with University visits in January and an open day in February.
- As reported previously, the new theatre plan is in place which aims to cut out variation in requests and improved utilisation. This has enabled YTHFT to flex capacity to specialties with significant admitted backlogs. Work continues with surgical directorates to reduce late starts and to fully utilise the theatre lists.
- YTHFT are anticipating a further decline in February 2017 but anticipate the non-admitted backlog will be more sustainable by the end of March and forecast 93% (verbal updates from YTHFT in WC 13/3/17 suggested the admitted backlog had reached 950 patients and considered to be 'sustainable' though the pressures on the non-admitted pathway remained high)
- Outpatient activity is harder to model and concerns about the impact of the new tax changes on Locum Doctors and how this may impact on the capacity.
- YTHFT are monitoring waiting times and are aware of the number of patients waiting 30+ weeks and 1 patient will breach 52 weeks in March 2017 at York Hospital.

Finance and Contracting implications

- Slight under-delivery against planned backlog plans utilising NHSE funding from £450K to £381K (this will be finalised early in April to calculate a confirmed financial cost).

Cancer

Current Performance

- The most recent validated data available for Vale of York is January 2017
- Performance against the 14 day target of 93% was 90.2% for All Tumour Types. Breast Symptomatic performance was at 95.7%

- Performance against the 31 days targets - subsequent treatment surgery of 94% was 97.1%. The other 31 day targets achieved their targets.
- 62 day treatments following urgent GP Referral against a target 85% was 82.4%. 62 day treatments following Screening Referral achieved 94.7% against a 90% target.

Current issues impacting on performance:

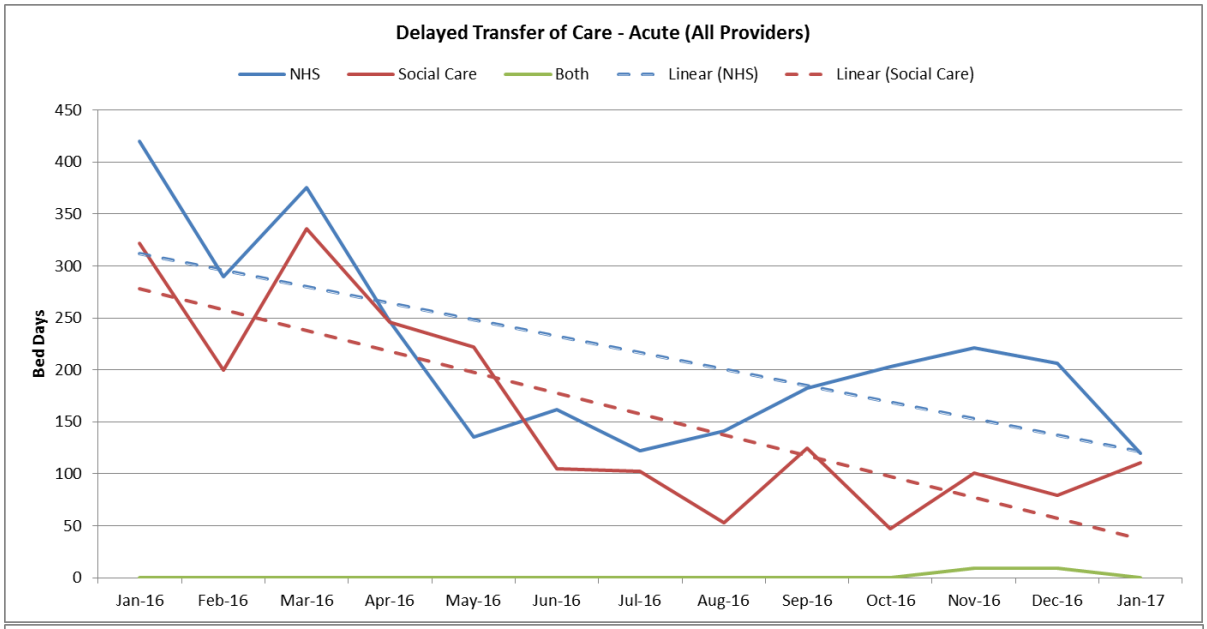
- Vale of York CCG failed two targets this month.
- Performance against the 14 day target for urgent suspect Cancer referral failed at 90.2% against a target of 93%. This represents 76 of 779 patients being treated beyond 14 days. The current 'polling' for some patients is now 21 days (dermatology)
- Performance against the 31 days target for second or subsequent surgery improved to 97.1% against a target of 94% from 84.8% last month. This represents only 1 out of 35 patients being treated beyond 31 days.
- Performance against the 62 days treatment following urgent GP referral failed at 82.2% against a target of 85%. This represents 16 out of 90 patients being treated beyond 62 days.
- YTHFT met 5 out of 7 targets for December 2016, with significant improvements in the 14 day fast track target.
- 62 day 1st treatment from urgent GP referral is at 84.8% (against a target of 85%). This is further improved from November at 80.2%
- 62 day screening is at 89.8% (against a target of 90%). This is the first time performance has dipped since June 16, but is based on very low numbers, so a small number of breaches result in significant performance swings. This performance equates to 3 breaches in December 2016
- Whilst significantly improved, there are on-going challenges to the 62 day standard from referral to first treatment at specialty level. Specialties underperforming include, Colorectal, Haematology, Skin, Head and Neck, lung, Gynaecology and Urology. This is due to a combination of factors, including increased demand for specialties, vacancies and tertiary capacity, complexity of cases and patient choice.
- The Quarter 3 performance was not achieved for the 14 day fast-track (89.9%) and 62 day 1st treatment (80.8%). The YTHFT trajectory remains to recover and achieve performance for Q4.
- A Dermatology Consultant has also resigned at Scarborough which will impact on 2WW even further
- The Trust uses Locums for clinic based waiting list initiatives and are now concerned about how the new tax changes may impact of capacity.

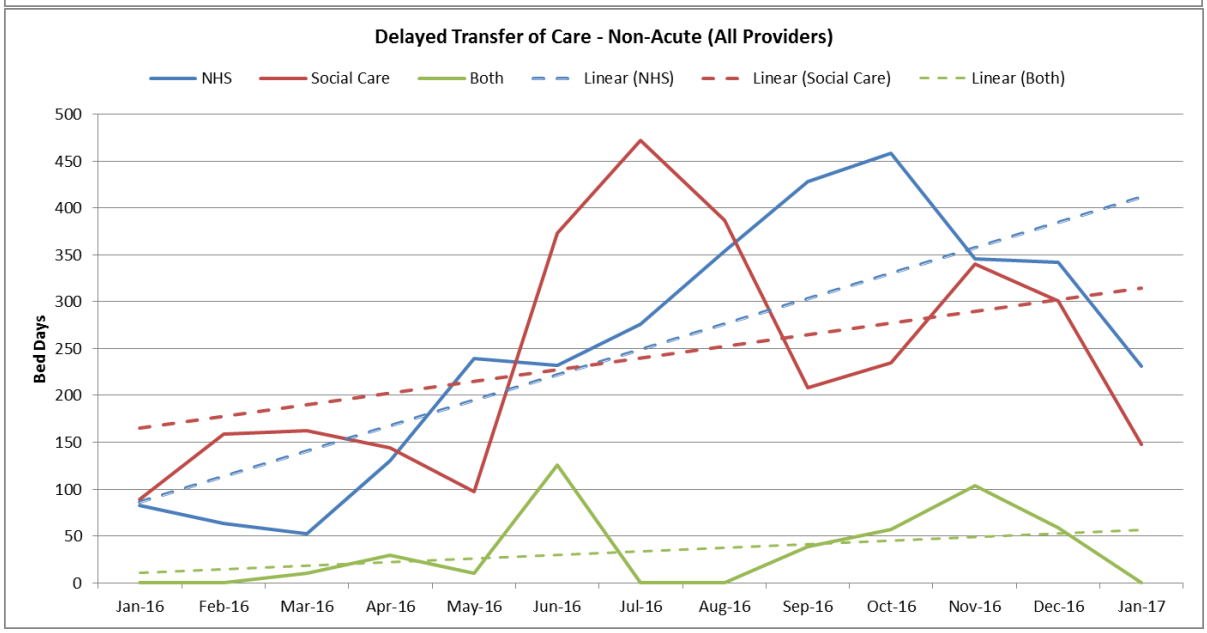
Mitigating actions include:

- Root Cause analysis is carried out for all 62 day breaches and Clinical Harm reviews completed for patients over 104 days. These are reviewed through weekly patient level tracking meetings, by directorates and the Cancer Operational Board. Dermatology remains a risk area due to vacancies in medical staffing.
- The Cancer Operational Board in January reviewed performance improvement actions and the approach to sustainable performance.
- The Cancer Alliance Executive Board is now working with the Trust to produce an action plan to provide assurance at an STP level around the approach the Trust takes to managing breaches and improvement plans. This will be formally reported in March 2017 to the Exec Board and it is anticipated that cancer performance will be monitored at STP level in future.

Delayed Transfers of Care (DTOC)

Current Performance





Current issues impacting on performance:

- Supported Discharge is working well with increased capacity in the Community and is helping to reduce acute DTOCs.
- Majority of Social Care delays relate to patients waiting for home care packages.
- CYC are utilising step down beds at Woolnough House to get patients out of acute beds whilst waiting for home care packages.
- NHS delays re due to patient choice and patients waiting for nursing home placements.

- There is a lack of Dementia Nursing beds in North Yorkshire and the City of York and often the only placements available for these complex patients are in Hornsea which is not ideal for families or patients.
- North Yorkshire County Council is reporting a shortage of home care packages.
- Acomb Gables opened mid-February and there has been an increase in the number of non-acute delays (4 patients).
- In February/March there has been delays with CHC/VP assessments due to capacity problems.

Mitigating actions include:

- Vale of York CCG and the Partnership Commissioning Unit are currently working together to address the shortage of EMI dementia beds across North Yorkshire and York.
- Weekly DTOC meetings are being held with Vale of York CCG, North Yorkshire County Council, City of York Council, CHC and Tees, Esk & Wear Valleys NHS Trust to understand and expedite delays the Mental Health delays.
- Weekly DTOC meetings are also held with York Hospital, Community Services, CHC and CYC to expedite DTOCs.
- Complex Discharge Programme Task & Finish Group, chaired by Wendy Scott, has been established and will report to the A&E Delivery Group on the timely discharge of patients across the system.
- Supported discharge process is working well with increased capacity in Community Services and is helping to rehab patients and reduce DTOCs.
- YTHFT and CYC teams and being co-located at Archways in April 2017.

Healthcare Associated Infections (HCAI)

Current Performance – financial year to date

- The most recent published data available for Vale of York is for January 2017.
- MRSA bacteraemies stands at 7 year to date and C-Difficile at 52 year to date across all providers.
- YTHFT for Week Ending 5th March 2017 were assigned 7 MRSA bacteraemias incidences year to date against a 0 trajectory and 41 C-Difficile infections year to date against a full year trajectory of 43

- No themes or trends have been identified from the MRSA reviews but non-compliance with Trusts MRSA policy led to a policy update and clearer process. To embed the new policy staff across the organisation has received refresher training

- Robust post infection review processes continue to identify any potential lapses in care and any learning identified is embedded.

Dementia

Current Performance

- The most recent data available for Vale of York is February 2017 and current performance is at 55.1%

- With the additional support of the regional GP Lead for dementia, Vale of York CCG will work with practices to provide support and improve performance towards the achieving the dementia diagnosis target.
- Vale of York CCG is working with the Council of Representatives to explore the primary care approach to diagnosis and this will be supported by some further additional resources provided by NHSE. Although progress remains slow, this will need close management and supervision.

Improving Access to Psychological Therapies (IAPT)

Current Performance

- Access levels in January are at 12.7%, up from 10.1% in December, which is below the planned trajectory and target of 15%.
- Recovery rates in January are at 46.3% up from 44.0% in December. This is below the planned trajectory and national target of 50%.
- The 6 week finished treatment target in January is at 88.1% down from 93.6% in December. This is above the planned trajectory and national target of 75%.

- The Intensive Support Team (IST) locality visit took place on 23rd February, with the objective to identify solutions which will ensure reliable and sustainable delivery of all the national performance metrics for IAPT services. Their report is now being reviewed and additional actions will be agreed based on their recommendations.

- There has also been a STP Transformation Funding bid developed and submitted via the STP to NHS England, and the CCG awaits for the outcome of that bid before the 31st-March.

Child and Adolescent Mental Health Services

Current Performance

- From the validated waiting list dated 31st January 2017 there were 195 waits for 1st appointment, of which 14 were in excess of 8 weeks.

- Further validation work was undertaken on those waiting for their second appointment and this was reported to Governing Body on the 2nd March.
- The CCG is currently working with TEWV to identify additional capacity across all sectors to target this backlog, as part of the NHS England funded Waiting List Initiatives project.

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RTT 18 WEEK PERFORMANCE: Briefing for Finance and Performance Committee March 2017

Q3 Vale of York CCG RTT PERFORMANCE:
Dec 2016: 90.6% Nov 2016: 90.8% Oct 2016: 91.5%
LATEST PERFORMANCE:
Jan 2017: 90.3%
YHFT Q3 RTT PERFORMANCE: 89.4%

Dec 2016: 89.4% Nov 2016:90.0% Oct 2016: 90.9%

LATEST YHFT RTT PERFORMANCE:
Jan 2017: 88.9% Feb 2017: 89.19% (improving)

Non-admitted backlog at YHFT as at 5/3/17 was 1,699 patients of which 118 patients have now waited more than 18 weeks without a decision to admit. There are also 1,019 patients who will breach in the next 3 weeks.

Admitted backlog is 1,325 as at 5/3/17 of which 541 are due to breach in the next 3 weeks. Update on 17/3/17 shows admitted backlog now reduced to approx. 950 patients (this is considered to be a more sustainable position)

Main specialties failing at YHFT against: total 1171 breaches

- Gastro 89.25% (over budget against contract position)
- Gen Surgery 86.77%
- Gynae 89.25%
- Rheum 87.24%
- Urology 79.64%

Key causes:

- 92% Bed Occupancy in January resulted in 191 cancelled operations and 185 cancelled clinics
- Reduced theatre lists in line with Winter Plan
- Closed wards due to flu and Norovirus

Key mitigations:

- RTT regional NHSE backlog funding since 21/12/16 to deliver ISP outsourced activity to reduce backlog
- YHFT return to standard operational delivery

Confirmed 2 year trajectory:
Return to sustainable position at 92%: June 2017 within forecast activity model (growth related to managing the current backlog will be excluded and managed discretely through system RTT recovery plan)
Maintenance from Q2 2017/18 and throughout 2018/19

RECOVERY PLAN:
Short-term (Q4 2016/17)

- ✓ YHFT internal recovery plan – recruitment to theatre and key specialties in progress; improved theatre capacity planning; roll validation 14 wks+ non-admitted waiting lists; streamlining validation; additional OP clinics; RTT management tightening; subcontracting to Nuffield (urology), Ramsay (gynae & MaxFax) and Clifton (ortho); specific ophthalmology action plan
- ✓ Work with Clinical Exec at CCG to drive any further primary care-led demand management (e.g. dermatology)
- ✓ On-going impact/ expansion of RSS and reduction on referrals and OPAs with focus on 2WWs (link to cancer recovery)
- ✓ Management of growth in demand through impact of clinical thresholds policy from March 2017 (currently being assessed)
- ✓ NHSE review: confirmed CCG has robust approach to demand and capacity management
- ✓ Discussions with NHSE re: maxfax (dental) – shortages of capacity region

Medium-term (Q1&2 2017/18)

- ✓ Planned Care joint programme of work CCG & YHFT (Heads of Term approach) mobilising and includes:
  - Pathway review including Rightcare: MSK, gastro, circulatory/ cardiology, neuro, resp med, rheum, ophthalmology
  - Outpatients transformation
  - RSS and clinical advice and guidance
- ✓ VoY CCG working with S&R CCG to explore their planned care transformation programmes and share learning/ impact with YHFT and collaborate/incorporate as appropriate
- ✓ Explore extension of devolved indicative budgets to primary care - gynaecology, ENT and gastroenterology

approach post-winter ▪ Impact of clinical thresholds (initial) reduction of 50% in T&O referrals from VoY GPs compared to YDT 15/16 (12% reduction overall in referrals to YHFT)	✓ YHFT do undertake demand and capacity modelling and to include assumptions around impact of both CCG programmes – demand management ✓ STP funding bid for diabetes
SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK: **Local Place:** Planned Care Recovery Group (system) includes RTT, cancer and diagnostic **STP**: Collaborative planned care workstreams including Rightcare areas – ophthalmology/ gastro etc **CCG:** Planned Care Programme and reporting to Finance & Performance Committee **SYSTEM LEADS:** **Exec lead (CCG):** Exec Director of System & Resources **Clinical Lead (CCG):** Shaun O'Connell **Programme Lead (CCG):** Andrew Bucklee **Performance lead (CCG):** Fliss Wood	
Resources and mitigations required: 1. Additional funding via NHSE to support subcontracting out to other regional providers - only supports admitted pathway backlog not non-admitted pathway 2. System review by YHFT of RTT through demand and capacity modelling refresh by speciality to inform Planned Care recovery group.	

AE 4HR PERFORMANCE: Briefing for Finance & Performance Committee March 2017

PERFORMANCE:
Dec 2016: 81.2% (CCG) & 81.1% (YHFT)
Qtr 3: 82.9%

LATEST PERFORMANCE:
Jan 2017: 78.3% CCG & 78.2% YHFT

WE 12th March: 84.2% (lowest daily in week 80.1%)

Front door (FD) ED schemes: have seen a reduction in attendances in ED of 2.1% between July 2015-July 2016. Ongoing work to improve streaming percentage from 15% current level to 23% anticipated level.

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
Local Place: Unplanned care programme Joint CCG & YHFT (Heads of Term)
COG: A&E Delivery Board & Steering Group
STP: Y&H UEC network
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: Pat Crowley, Chief Executive, YTHFT
Clinical Lead (CCG): Andrew Phillips, Medical Director
Exec lead (CCG): Jim Hayburn, Executive Director; Systems & Resources
Programme Lead (CCG): Becky Case, Head of Transformation & Delivery

Confirmed 2 year trajectory:
NHSE requested achievement of 89% by end March 2017.
Return to 93% in Q3 2017 (September) within forecast activity model.
Maintenance at 93% throughout rest of 2017/18 and 2018/19.

RECOVERY PLAN:

Short-term (Q4 2016/17)

- Continued delivery of FD schemes and Ambulance handover concordat action plan. In place: Ambulatory Care, see and treat via Urgent Care Practitioners, Out of Hours services integrated with NHS111, York Integrated Care Team rollout for all York GPs, Primary Care support in A&E to support minor ailment streaming, clinical navigator, and supported staffing levels for effective queue management in ambulance assessment area. Ongoing: ARP pilot, Discharge to Assess pathway rollout, Frailty management, Frequent Attender review.
- Continued focus on patient flow endorsed by A&E Delivery Board. Utilisation review conducted during February/March 2017 endorsed concerns about static levels of bed days and increased zero LOS without proportionate decrease in 1 day+ patient management. To implement SAFER bundles of actions (focus on AMUs, acute elderly, discharge status and lounge) to mitigate ongoing increase in admissions. Supported by Primary Care 7-day working future ambitions.
- Address high levels of stranded patients (over 7 days in hospital) to reduce from 58% to national average of 30%; commissioning review of contracting for assessment units required.

Medium-term (Q1&2 2017/18): ongoing as above, and in addition:

- Delivery of full A&E Board Delivery Plan based on National 5 Imperatives
- Agree impact of S&R ED Medical Assessment Model on reporting and delivery of 4 hour target across the AEDB footprint
- STP funding bid for liaison psychiatry; still awaiting outcome but progressing planning for a successful outcome

Long-term (2017-18 and onwards)

- Ongoing support for Care Homes Urgent Care Management
- Involvement in development of Clinical Advisory Hub with YAS/NHS111

Resources and mitigations required/to be agreed:

1. System decision on funding/supporting acute, medical and surgical assessment units
2. Further utilisation of Ambulatory Care Unit from December 2016 onwards
3. Locality priorities in relation to three key CCG themes of Frailty/Long-term conditions/Frequent attenders
4. Approach to delivering and impact of the new NHSI provider A&E scorecard from April 2017

MENTAL HEALTH IAPT: Briefing for Finance and Performance Committee March 2017

LATEST PERFORMANCE:
November 2016:

- Access levels 13.4%, down from 14.3% in Oct against a national target of 15%
- Recovery rates 56.3% up from 42.7% in Oct, against a national target of 50%
- 6 week finished treatment 73.4% up from 69.6% in Oct, against the national target of 75.0%

Improvement has been variable but now approaching the 2016/17 targets

Reasons for past poor performance:

- historic lack of funding and access
- new patient administration system (PARIS) led to a number of data quality issues
- data quality has been improved
- workforce development issues/counsellor contracts

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
Local Place: MH programme in ACS
STP: Collaborative STP MH programme
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO/ STP: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson

Confirmed 2 year trajectory:
Sustainable position: improving from Q1 2017
Maintenance throughout rest of 2017/18 and 2018/19

RECOVERY PLAN:
Short-term (Q4 2016/17)

- ✓ New contract with clear expectations, outcomes and KPIs to work towards sustainable delivery of improved performance & managed robustly through CMB and Q&P, with clear commitment by the provider executive team to drive system improvements & ensure sustainable delivery of all metrics/KPIs
- ✓ Increased collaboration with the provider to develop and agree joint plans to address the non-achievement of KPIs and trajectory
- ✓ Initiatives include:
  - more straightforward referral forms, clearer referral criteria are driving the number of increased referrals and the provider now actively encourages self-referrals
  - using a combination of different channels and methods of delivery to increase the choice and uptake for service users, including one-to-one, group and web-based sessions
- ✓ The provider reviews workforce, workload and distribution by practice to ensure any variability is understood and referral patterns are acted upon
- ✓ The local services are monitored by the CCG & supported by additional inputs from the Assurance & Delivery, Clinical Strategy and Intensive Support Teams at NHSE
- ✓ The Intensive Support Team at NHSE have reviewed local services and their report out is due in April.

Medium-term (Q1&2 2017/18)

- ✓ Development of VoY Locality Mental Health Strategy
- ✓ Provider and commissioner to work through new action plan informed by the findings and recommendations report from NHS England's Intensive Support Team.

Resources and mitigations required:

1. Impact of/ on current option appraisal of PCU/ joint commissioning for NY CCGs
2. Seasonal referral variations/ workforce pressures in counselling capacity in locality
3. NHS England IST report may identify other issues which the CCG should be aware of.

MENTAL HEALTH CAMHS: Briefing for Finance and Performance Committee March 2017

LATEST PERFORMANCE - Dec 2016:

- First appointment – 195 waiting their initial assessment or first treatment appointment with 14 waiting more than 8 weeks.
- Second appointment – 101 waiting an average of 178 days down from 247 days in Quarter 2. 64.36% (65) are waiting to be seen for more than 12 weeks compared with 89.71% (61) in Quarter 2.

Reasons for past poor performance:

- increased rates of referrals to services from across the children and young people's age ranges &higher degrees of acuity
- a new patient administration system (PARIS) was implemented & data quality issues
- workforce challenges due to there now being two different providers fulfilling the two commissioned contracts - TEWV now fulfils the CCG contract whereas Leeds York Partnership Foundation Trust fulfils the NHS England inpatient CYPMHS contract

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
STP: Collaborative STP MH programme
CCG: Finance & Performance Committee
SYSTEM LEADS:
SRO: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson
STP: TBC

Confirmed 2 year trajectory:
Sustainable position: from Q1 2017
Maintenance throughout rest of 2017/18 and 2018/19

RECOVERY PLAN: **Short-term (Q4 2016/17)**
Vale of York CCG Waiting List Initiative with CAMHS TEWV
CCG have requested that TEWV lead on and provide capacity to reduce the waiting list and improve access for children and young people.
TEWV to ensure that the range of interventions offered to reduce the waiting list are in line with the Thrive model in providing services for 'getting help' and 'getting more help' cohorts. Project plan in development as follows:

Other:

- ✓ new contract clear expectations, outcomes and KPIs included to drive performance through CMB and Q&P
- ✓ clear commitment by the provider's executive team to drive system improvements thereby ensuring sustainable delivery of all metrics and KPIs
- ✓ increased collaboration with the provider with jointly agreed plans to address the non-achievement of the KPIs
- ✓ development of a single point of access early in 2017
- ✓ additional inputs from NHSE Assurance & Delivery and Clinical Strategy
- ✓ CCG to prepare further General Practice & primary care MH special bulletins

Medium-term (Q1&2 2017/18)

- ✓ Development of VoY Locality Mental Health Strategy
- ✓ Work in collaboration with local authority colleagues to build on local Future in Mind initiatives.

Resources and mitigations required:

1. Additional funding for action plan to support further cohorts of children on waiting list
2. Additional staffing resource from the restructure of PCU to be focussed on children's and young people.

MENTAL HEALTH DEMENTIA: Briefing for Finance and Performance Committee March 2017

Q3 PERFORMANCE:

55.3%

LATEST PERFORMANCE:

February 55.1%

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
Local Place: MH programme in ACS
STP: Collaborative STP MH programme
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson
STP: TBC

Confirmed 2 year trajectory: to achieve and maintain 67%
Return to sustainable position: this needs to be revisited with NHS England and is now more likely to be Q3 2017/18, subject to NHS England's Intensive Support Team visit and findings/recommendations report.

RECOVERY PLAN:
Short-term (Q4 2016/17)
- ✓ Requested NHS England Intensive Support Team to review local offer and make recommendations

Medium-term (Q1&2 2017/18)
- ✓ Development of VoY Locality Mental Health Strategy
- ✓ Incorporate dementia as part of a wider 'ask' of primary care for support in prevention, access and early diagnosis
- ✓ Improve existing memory monitoring and dementia assessment pathway
- ✓ GP education event 6th June 2017
- ✓ TEWV to develop 9am to 9pm access to older people's clinical support service 7 days a week.

Resources and mitigations required:
1. GP and primary care engagement to increase and sustain coding rates in line with national expectations
2. Broader engagement with primary care including via CoR and practice visits
3. NHS England Intensive Support Team invited to direct and channel support to the CCG
4. Memory monitoring/dementia assessment pathway to be improved by provider
5. Additional staffing resource from the restructure of PCU to be focussed on dementia

CANCER PERFORMANCE: Briefing for Finance and Performance Committee March 2017

Q3 CANCER PERFORMANCE:
Dec 2016:
YHFT achieved 5 out of 7 cancer targets.
Failed:
62 day 1st Treatment 84.8% (target 85%)
62 day Screening 89.8% (target 90%)
This performance equates to 3 breaches in December
On-going challenges with 62D treatment in Lung, Head & Neck, Colorectal, Haematology, Skin, Gynae and Urology.

LATEST PERFORMANCE:
Vale of York January 2017:
Achieving 5 out of 8 cancer targets.
Failing:
14 days: 90.2% (target 93%) (Dermatology)
62 days: 82.2% (target 85%)

NB. 2WWYork hospital site now back on track with dermatology workload management & locum capacity now in place but Scarborough still experiencing delays

Issues impacting on performance:
Dermatology Consultant has resigned at SGH – further exacerbates pressures on dermatology 2WW
Clinic based waiting list initiatives using Locums
patient's choosing to delay appointments

Trajectory in Q4:
Predicting 2WW 91.7% in February 2017.

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
Local Place: Planned Care Recovery Group (system) includes RTT, cancer and diagnostics
COG: York & Scar Cancer Locality Group
STP: Cancer Alliance via SPAM /Cancer Exec – for

Confirmed 2 year trajectory:
Return to sustainable position: Q1 2017 within forecast activity model.
Maintenance throughout rest of 2017/18 and 2018/19

RECOVERY PLAN:
Short-term (Q4 2016/17)

- YHFT Performance Improvement Plan incorporates Cancer Recovery plan being finalised and focuses on 4 key areas around operational resilience:
    - Breach analysis weekly
    - Data validation and tracking
    - Refreshed demand and capacity modelling including diagnostics capacity (NB. This needs to be done regionally to share resources and enable the more radical service redesign that is needed to create sustainable change
    - Clarification and training to support roles and responsibilities
    - Timed pathways to reduce diagnostic end of pathway from 31 days to 28 days
- There are then a range of proposed task and finish groups for targeted actions in response to breach analysis to address:
    - Pathway redesign (including one stop clinics)
    - Bed modelling
    - Ward configuration
    - Theatre optimisation
    - Breach allocation & inter-provider transfer processes to specialist centres
    - RCA work with Hull and Leeds around theatre cancellations
    - RCA work with tertiary centres re: delays in diagnostics
- There is ongoing work to improve head and neck pathway
- The draft plan now needs to be augmented to reflect the wide range of additional activities which incorporate the cancer transformation work within the Y&H region through both the HCV STP and the West Yorkshire STP (both delivered via the Cancer Alliances). The Trust Cancer Board and relevant YTHT leads are involved in this work both indirectly through reporting mechanisms and directly through involvement in a range of alliance work streams; and there are significant implications and benefits for YHFT local operational delivery through STP collaborative programmes around: pathway

monitoring and work streams for taking action
CCG: Planned Care Programme and reporting to Finance & Performance Committee
Clinical Lead (CCG): Dan Cottingham
Exec lead (CCG): Exec Director System Resource & Delivery
Programme Lead (CCG): Paul Howatson
	development, workforce management and sharing resources (including regional diagnostic capacity modelling). The Scarborough and York cancer strategy meetings also provide the local delivery focus for this collaborative work on local pathways.
	• Additionally, there are a number of areas where the CCG needs to provide support and input to ensure the YHFT recovery plan is developed into a system recovery plan, including:
	  • Confirmation of all assumptions and a joint approach for undertaking the refreshed demand and capacity modelling
	  • Understanding the variation in primary care referral and conversion rates
	  • How the RSS can be further used to support management of demand on cancer pathways and capacity (e.g. identification of fast track patients and straight to test)
	  • Further use of dermatoscopes by primary care to support skin 2WW; other areas of focus for 2WW are upper GI and head & neck pathways – GPs need to ensure patients are aware of urgent referral, safety netting and using audit tools
	  • Link to prevention and screening campaigns
	  • Cancer Alliance submitted bid for Cancer Transformation monies in December 2016 which focuses on three areas: Early diagnosis, Recovery Package, Risk Stratification
	
	Medium-term (Q1&2 2017/18)
	  • Continued demand management schemes (RSS both VoY & S&R), improving digital images and work with Clinical Exec at CCG to drive any further primary care-led demand management
	  • Regional Cancer Alliance Work plan drafted 18/1/17 & start delivery of Cancer Alliance work plan through ACS and STP – includes regional diagnostics capacity model including shared radiology; pathway streaming. This will aim to reduce cancer incidence over time through healthy lifestyles, early pick up of pre-cancerous and early cancer, transform the diagnostic landscape and reduce OP pressure through risk stratification.
	  • Established system Planned Care Recovery Group for RTT, cancer & diagnostics
	  • Development of YHFT assurance/ recovery plan for Cancer Alliance as precursor to full Cancer Alliance cancer improvement plan (March 2017)

Resources and mitigations required: 1. Mobilisation and delivery of Cancer Alliance work plan in VoY locality 2. Map actions that sit with CCG, locality group, trust and alliance work streams to ensure full coverage and alignment	

DIAGNOSTICS PERFORMANCE: Briefing for Finance and Performance Committee March 2017

Q3 DIAGNOSTIC PERFORMANCE: January 2017
Vale of York: 98.2% (target 99%)
YHFT: 99.0%

Vale of York CCG did not meet the 99% Diagnostics target in January 2017 with performance of 98.2%.

- Equates to 55 patients waiting over 6 weeks:
  - 33 breaches at YHFT
  - 15 at Hull and East Yorkshire Hospitals
  - 3 Leeds Teaching
  - 3 Mid Yorkshire and 1 at Nuffield Health.

- Including 19 MRI breaches & 9 CT breaches
- While the diagnostic target has been met in YTHFT in January 2017 the trajectory has been decreasing in cystoscopy, MRI and sleep studies

SYSTEM & PERFORMANCE IMPROVEMENT FRAMEWORK:
Local Place: Planned Care Recovery Group (system) includes RTT, cancer and diagnostics
STP: Cancer Alliance Board (was Y&H Cancer network) undertaking diagnostics review regionally (including radiology)
CCG: Planned Care Programme and reporting to Finance & Performance Committee
Clinical Lead (CCG): Shaun O'Connell
Exec lead (CCG): Exec Director System Resource & Delivery
Programme Lead (CCG): Andrew Bucklee
Performance Lead (CCG): Fliss Wood

Confirmed 2 year trajectory:
Return to sustainable position: April 2017 and maintain throughout 17/18

RECOVERY PLAN:
Short-term (Q4 2016/17)

- The one-stop Urology service has commenced at the end of February 2017
- MRI scans are being outsourced to Nuffield, York
- S&R CCG working with HEYHT to explore issues with MRI and CT
- Increased demand for Sleep Studies at York – therefore currently reviewing pathway and additional reporting is now in place. Will discuss this at Planned Care Recovery Group on 17/3/17
- Radiology and diagnostics review to be included in Phase 1 of the joint Planned Care Programme of work (Heads of Terms) between VoY CCG and YHFT – scope to be agreed by 31/3/17

Medium-term (Q1&2 2017/18)

- Cancer Alliance work plan includes regional diagnostics capacity model including shared radiology; pathway streaming
- STP cancer transformation fund bids includes early diagnosis – explore impact on diagnostics

Resources and mitigations required/to be agreed:

1. Further work with YTHFT to understand demand and capacity modelling and implications for diagnostics
2. Further work with NHSE, Cancer Alliance and YTHFT to understand outputs from regional diagnostics review (radiology focus)

Item Number: 10

Name of Presenter:Tracey Preece

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

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

Purpose of Report
For Approval

Reason for Report

For the financial year ended 31 March 2017, the CCG's external auditors, Mazars, are required to ask management and those charged with governance (including the CCG Governing Body) about the arrangements the entity has put in place to prevent and detect fraud and comply with applicable law and regulations.

The purpose of the report is to propose a response to the questions and request agreement on a collective response from the Governing Body.

In addition, the request and this report also cover the appropriateness of the going concern assumption.

The audited Accounts and Annual Report must be submitted to NHS England to by the 31st May 2017. However, they must be agreed prior to this to enable any technical amendments to be made during the final part of this process. As in previous year, due to timing issues, approval is being sought to delegate the approval of the Accounts and Annual Report from the Governing Body to the Audit Committee. An additional Audit Committee is scheduled for 24th May 2017 to enable this to happen.

Strategic Priority Links

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

Local Authority Area

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

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

Recommendations

It is recommended that the Governing Body approve the preparation of the annual accounts for 2016-17 on a going concern basis and consider the declarations they are required to make given the evidence in this paper.

The Governing Body is asked to approve that the Audit Committee be delegated with the sign off of the Accounts and Annual Report during May 2017, in accordance with the DH Group Accounting Manual 2016-17.

Responsible Executive Director and Title	Report Author and Title
Tracey Preece Chief Finance Officer	Caroline Goldsmith Deputy Head of Finance

Annexes

Annexe 1 – Request for Declarations 2016-17
Annexe 2 – Consideration of ‘Going Concern Status’ 2016-17 Accounts

Directors' Declarations

For the financial year ended 31 March 2017, the CCG's external auditors, Mazars, are required to ask management and those charged with governance (including the CCG Governing Body) about the arrangements the entity has put in place to prevent and detect fraud and comply with applicable law and regulations. This is set out in the Request for Declarations 2016-17 (see Annexe 1). The purpose of this report is to propose a response to the questions and request agreement on a collective response from the Governing Body.

Questions about arrangements for preventing and detecting fraud

How does the Governing Body assess the risk that the financial statements may be materially misstated due to fraud?

The Governing Body (bi-monthly) and Finance and Performance Committee (monthly) receive detailed finance reports throughout the year which outline the current position, forecast outturn and all risks. The reports also highlight reasons for any variances and all movements from one month to another. This gives a high degree of assurance that the financial position reported in the financial statements is consistent with that reported throughout the year and is not subject to material misstatement due to fraud.

Internal Audit conduct audits during the year on all key financial control systems and no material issues regarding potential fraud have been raised.

All finance and contracting staff are trained and qualified to an appropriate level and work to detailed financial reporting guidelines. All CCG staff can also access the Healthcare Financial Management Association e-learning package as an introduction to NHS finance.

The CCG are required to report monthly to the NHS England Area Team who has full access to the CCG general ledger.

During the second half of 2016/17 the CCG has been operating under legal Directions and has been agreeing monthly financial reporting and planning information alongside the NHS England finance team.

Is the Governing Body aware of the management's process for identifying and responding to the risks of fraud generally and specific risks of misstatement in the financial statements?

The process for identifying and responding to such risks is managed through the Audit Committee which is clear in the terms of reference of the committee, the CCG policy and the governance arrangements for the CCG which all Governing Body members are aware of.

Is the Governing Body aware of the arrangements in place for management to report about fraud to the Governing Body?

All fraud reporting is done through the Audit Committee which is clear in the terms of reference of the committee, the CCG policy and the governance arrangements for the CCG which all Governing Body members are aware of.

Is the Governing Body aware of the arrangements management have in place, if any, for communicating with employees, lay members, partners and stakeholders regarding ethical governance and standards of conduct and behaviour?

The CCG has a 'Standards of Business Conduct' policy which is available to all staff, partners and stakeholders on the website. The subject is also covered in the induction process and any relevant issues communicated to staff through the weekly team brief. Governing Body and committee members regularly discuss relevant issues, in particular in relation to conflict of interests, and these are recorded in the relevant minutes.

Does the Governing Body have knowledge of actual or suspected fraud, and if so is it aware of what actions management is taking to address it?

It is outlined in the Annual Counter Fraud Plan 2016/17 that the Local Counter Fraud Specialist (LCFS) will provide updates for the Audit Committee on counter fraud work, including updates on current and concluded fraud investigations and proactive counter fraud work undertaken. The update reports identify the outcomes from fraud investigations, what - if any - sanctions were obtained and details of any system weaknesses exploited by fraudsters and the action taken by management to address them. Audit Committee minutes and a summary report are provided to Governing Body.

What arrangements are in place for the Governing Body to oversee management arrangements for identifying and responding to the risks of fraud and the establishment of internal control?

The arrangements for identifying and responding to the risks of fraud are enshrined in the Local Anti-Fraud, Bribery and Corruption Policy and the Audit Committee has oversight of the processes from the update reports and Annual Counter Fraud Report provided by the LCFS. The Audit Committee provides assurance to the Governing Body that the business of the CCG is being conducted in line with the policy.

Questions about arrangements for preventing and detecting fraud

Has management provided a clear statement which confirms its consideration of relevant laws and regulations and its compliance with them?

The principal legal requirements were embodied in the Health and Social Care Act 2012 which significantly amended the NHS Act 2006. The CCG adopted the model constitution which itself contained the legal requirements and was published by the NHS Commissioning Board (NHS England). Where appropriate and necessary, specific advice is sought on any given matter that arises.

The CCG has complied with the requirements of the legal Directions in place from NHS England effective 1st September 2016 and has provided the Governing Body with regular updates.

How does the Governing Body satisfy itself that all relevant laws and regulations are being complied with?

The Audit Committee and Governing Body receive and approve an Annual Governance Statement in addition to regular reports on any non-compliance. The CCG also complies with the various reporting requirements as directed by NHS England.

Is the Governing Body aware of any instances of non-compliance with laws or regulations?

The CCG management are not aware of any instances of non-compliance with laws or regulations.

Has management provided a list of litigation and claims?

No new claims have been made since the CCG was established.

Has as assessment been made of the outcome of the litigation or claim and its estimate of the financial implications, including costs involved?

Not applicable.

Has the reasonableness of management's assessments been considered and additional information provided to the auditor where necessary?

Not applicable.

Questions about the appropriateness of the going concern assumption

Has a report been received from management forming a view on going concern?

A draft going concern paper was presented to and considered by the Audit Committee in March 2017. The paper has been updated to reflect the latest position and is attached in Annexe 2 for Governing Body consideration and approval.

Are the financial assumptions in that report (e.g. future levels of income and expenditure) consistent with the strategic business plan and the financial information provided to the Governing Body throughout the year?

The financial assumptions within the report are wholly in line with the CCG's Medium Term Financial Strategy and the Financial Plan information presented to the Governing Body throughout the year and as part of the annual planning process.

If not, does the report contain a clear explanation, with supporting evidence, for the assumptions used, and are those assumptions appropriate? This should include written evidence of agreed income and expenditure for major funding streams.

Not applicable.

Are the implications of statutory or policy changes appropriately reflected in the business plan, financial forecasts and report on going concern?

The going concern paper is prepared on the basis of the CCG complying with all statutory and policy changes. However, given the financial position the CCG finds itself with and the scale of recovery required the plan does not meet all the business rules in 2017/18 and is currently proposed with a four year recovery period.

Have there been any significant issues raised with the Governing Body during the year (e.g. adverse comments raised by internal and external audit regarding financial performance or significant weaknesses in systems of financial control, or significant variances to activity levels compared to those planned), which could cast doubts on the assumptions made?

There have been no significant issues, adverse or otherwise, raised by internal or external audit with regards to financial control.

However, a letter was sent from the CCG's auditors, Mazars, on 15 March 2017, to the Secretary of State for Health which was a report under Section 30 of the Local Audit & Accountability Act 2014 for the anticipated or actual breach of financial duties. This is noted in 'Note 1.1 Going Concern' of the CCG's Accounting Policies but does not affect the CCG preparing the accounts on a going concern basis. This position has been further reinforced by NHS England who has confirmed that the CCG's deficit outturn does not affect its ability to operate as a going concern.

Has an analysis been undertaken of the CCG's projected or actual performance against its financial plan? If so, is it robust and does it identify any areas of potential concern?

The Governing Body (bi-monthly) and Finance and Performance Committee (monthly) receive detailed finance reports throughout the year which outline the current position, forecast outturn and all risks. The reports also highlight reasons for any variances and all movements from one month to another.

NHS England commissioned a "Capacity & capability review at Vale of York CCG" from PricewaterhouseCoopers (PwC). The report received in January 2016 clearly states that the CCG has produced good quality underlying analysis of its forecast outturn which demonstrates a good understanding of the key drivers. This forecast outturn was used as the starting point for the construction of the 2016-17 financial plan.

The CCG was put into Special Measures by NHS England and received Legal Directions from the NHSE Commissioning Board on 1 September 2016. The Legal Directions included the requirement for VoY to:

- produce an Improvement Plan that set out how it would ensure that the capacity, capability and governance of the CCG was made fit for purpose including agreeing with the NHSE Commissioning Board how it would strengthen its financial leadership;
- provide for the implementation of the recommendations of the CCG Capability and Capacity Review.

In response to Legal Directions, the CCG developed a Financial Recovery Plan ('FRP') with an independent assessment of facts, figures and projections. This included a full review of QIPP schemes and risks and mitigations. The FRP also outlined plans to develop the capacity and capability of the CCG through strengthening of the senior team, a new management structure and revised governance processes. It was submitted to NHSE on 6th October 2016 and included a plan to achieve an in-year deficit of no more than £7m (£13.3m cumulative) although recognised the high level of risk in delivering this.

The CCG's financial plan for 2017/19 has been presented in detail to the Finance & Performance Committee and Governing Body for review, consideration and final sign-off (of the draft submission as at 27th February) including a number of key areas of concern:

- The significant level of further deterioration in the overall position;
- The scale of QIPP required;
- The level of risk within the QIPP requirement, both in terms of the unidentified amount and the risk of delivery against those schemes that have been identified;
- Better Care Fund plans have not yet been agreed with Local Authorities;
- Degree of alignment with acute providers contracts with regards to growth and activity assumptions and resolution of technical issues;
- The STP control total not being met and the CCG's financial plan being a component of this.

Where there are potential concerns what action is being taken to address those areas of potential weakness?

The CCG continues to work on a number of plans to address the concerns above:

- The CCG has reduced the overall deterioration between 2016-17 and 2017-18 since the original draft plan submission as far as possible and now meet the business rules for deficit organisations. This is represented in the latest version of the financial plan;
- A joint programme of work has been set up with the main acute provider to prioritise delivery of 2017-18 QIPP savings;
- On-going discussions with local authorities to review all Better Care Fund schemes with a view to decommissioning or increasing the associated benefits.

Does the organisation have sufficient staff in post, with the appropriate skills and experience, particularly at senior management level, to ensure the delivery of the organisation's objectives? If not, what action is being taken to obtain those skills?

The PwC report highlighted the fact that the structure and availability of the Executive Team did not allow sufficient capacity to address the needs of an organisation in turnaround. There was recognition that CCG capacity needed to be increased, especially within the finance team.

The FRP outlined plans to develop the capacity and capability of the CCG through strengthening of the senior team, a new management structure and revised governance processes. This included the creation of four new executive posts.

The CCG has taken the following actions to ensure the delivery of the organisational objectives:

- A new Accountable Officer has been appointed (in post from 3rd October) to oversee the rapid organisational change required and inject challenge.
- Two new Medical Directors have been appointed.
- A complete organisational restructure has taken place through a formal consultation with staff;
- Interim resource has been allocated to two of the new executive posts for 2016/17;
- The finance team has appointed a Deputy Chief Finance Officer to provide additional senior finance capacity and capability.

Request for Declarations

NHS Vale of York CCG

March 2017

MAZARS

Contents

Purpose of this document

International Auditing Standards require auditors to ask management and those charged with governance about arrangements the body has put in place:

- to prevent and detect fraud; and
- to comply with applicable law and regulations.

This requirement applies each year subject to audit.

For NHS Vale of York CCG, we consider the Governing Body, supported by the Audit Committee, to be those charged with governance, in line with the scheme of delegation in the Constitution. We request your responses to the questions detailed below and would be grateful for a response prior to the start of our final accounts audit on 26 April 2017.

Our request also covers the appropriateness of the going concern assumption.

Questions about arrangements for preventing and detecting fraud

- How does the Governing Body assess the risk that the financial statements may be materially misstated due to fraud?
- Is the Governing Body aware of the management's process for identifying and responding to the risks of fraud generally and specific risks of misstatement in the financial statements?
- Is the Governing Body aware of the arrangements in place for management to report about fraud to the Governing Body?
- Is the Governing Body aware of the arrangements management have in place, if any, for communicating with employees, lay members, partners and stakeholders regarding ethical governance and standards of conduct and behaviour?
- Does the Governing Body have knowledge of actual or suspected fraud, and if so is it aware of what actions management is taking to address it?
- What arrangements are in place for the Governing Body to oversee management arrangements for identifying and responding to the risks of fraud and the establishment of internal control?

Questions about arrangements for complying with law and regulations responsibilities

- Has management provided a clear statement which confirms its consideration of relevant laws and regulations and its compliance with them?
- How does the Governing Body satisfy itself that all relevant laws and regulations are being complied with?

- Is the Governing Body aware of any instances of non-compliance with laws or regulations?
- Has management provided a list of litigation and claims?
- Has as assessment been made of the outcome of the litigation or claim and its estimate of the financial implications, including costs involved?
- Has the reasonableness of management's assessments been considered and additional information provided to the auditor where necessary?

Questions about the appropriateness of the going concern assumption

- Has a report been received from management forming a view on going concern?
- Are the financial assumptions in that report (e.g. future levels of income and expenditure) consistent with the strategic business plan and the financial information provided to the Governing Body throughout the year?
- If not, does the report contain a clear explanation, with supporting evidence, for the assumptions used, and are those assumptions appropriate? This should include written evidence of agreed income and expenditure for major funding streams.
- Are the implications of statutory or policy changes appropriately reflected in the business plan, financial forecasts and report on going concern?
- Have there been any significant issues raised with the Governing Body during the year (e.g. adverse comments raised by internal and external audit regarding financial performance or significant weaknesses in systems of financial control, or significant variances to activity levels compared to those planned), which could cast doubts on the assumptions made?
- Has an analysis been undertaken of the CCG's projected or actual performance against its financial plan? If so, is it robust and does it identify any areas of potential concern?
- Where there are potential concerns what action is being taken to address those areas of potential weakness?
- Does the organisation have sufficient staff in post, with the appropriate skills and experience, particularly at senior management level, to ensure the delivery of the organisation's objectives? If not, what action is being taken to obtain those skills?

Contact details

Please let us know if you would like further information on any items in this report.

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Appendix 2 - Going Concern

1. Introduction

The annual accounts of the CCG are prepared on the basis that the organisation is a 'going concern' and that there is no reason why it should not continue in operation on the same basis for the foreseeable future. Within the accounts, the CCG is required to make a clear disclosure that the management and those charged with governance have considered the position, and that preparation of the accounts on this basis is, in their opinion and given the facts at their disposal, correct. Where management are aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the CCG, these should be disclosed.

The Department of Health Group Accounting Manual 2016/17 includes the following with regards to going concern.

The Government Financial Reporting Manual (FReM) notes that in applying paragraphs 25 to 46 of International Accounting Standard (IAS) 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

- *For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. However, a trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.*

- *Sponsored entities whose statements of financial position show total net liabilities should prepare their financial statements on the going concern basis unless, after discussion with their sponsors, the going concern basis is deemed inappropriate.*

- *Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.*

- *Where a Departmental Group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern of the entity, these uncertainties should be disclosed.*

- *Should a group body have concerns about its "going concern" status (and this will only be the case if there is a prospect of services ceasing altogether) it should raise the issue with its sponsoring authority as soon as possible.*

2. Criteria

IAS 1 requires management to make an assessment of the entity's ability to continue as a going concern when preparing the financial statements. The standard stipulates that in

assessing if the going concern assumption is appropriate management should take into account all available information about the future.

The period of review covered should be at least 12 months from the date of approval of the financial statements, but it should not be limited to the same. The assessment of the validity of the going concern assumption involves judgement about the outcome of events and conditions which are uncertain. The uncertainty increases significantly the further into the future a judgment is being made about the outcome of an event or condition. Therefore, usually the 12 month period from the balance sheet date is considered appropriate.

Financial statements should not be prepared on a going concern basis if management determines after the end of the reporting period either that it intends to liquidate the entity or to cease trading or that it has no realistic alternative to do so. In these circumstances the entity may, if appropriate, prepare its financial statements on a basis other than that of a going concern.

The Financial Reporting Council, in their publication 'Guidance on the Going Concern and Basis of Accounting and reporting on Solvency and Liquidity Risks Liquidity 2016,' sets out a number of areas Boards, or in CCGs, Governing Bodies, may wish to consider. Those relevant to CCGs in the NHS are as follows:

- Forecast and budgets;
- Timing of cash flows;
- Contingent liabilities;
- Products, services and markets;
- Financial and operational risk management.

Where there are particular points to report or risks, these areas are reported to the Finance and Performance Committee, as part of the monthly reporting and Governing Body, at the public meetings through the year, but some further assumptions for the future are described below.

3. Financial Assumptions for 2016/17

3.1 Outturn

The forecast financial outturn for 2016/17 at month 11 is a deficit of £28.1m, which equates to 6.4%, significantly away from the original plan of a deficit of £13.3m. However, NHS England have formally communicated that CCGs are required to release the 1% non-recurrent risk reserve that was established under 2016/17 planning guidance. The value of the 1% reserve for the CCG is £4.34m which means that the CCG has an adjusted forecast outturn deficit of £23.8m.

This position has been reached primarily as a result of activity being significantly above contract at the CCG's main acute Trust, York Teaching Hospitals NHS Foundation Trust. This is mainly with regards to non-elective admissions as a result of both the under-delivery of QIPP savings and higher levels of growth than planned for. The CCG has continued to experience a higher than planned spend on Mental Health Out of Contract placements, although it has reduced compared to previous years. Finally, there have been significant

overspends in both Continuing Healthcare and Funded Nursing Care as a result of increased activity and complexity of packages and, in the case of Funded Nursing Care, the impact of the nationally negotiated rates.

The CCG was formally placed under Legal Directions on 1st September 2016 as a result of its financial position. A letter was sent on 15th March 2017 from the CCG's auditors, Mazars, reporting to the Secretary of State for Health under Section 30 of the Local Audit & Accountability Act 2014 for the anticipated or actual breach of financial duties, but this does not affect the CCG preparing the accounts on a going concern basis.

3.2 Financial Plan 2017/19

The CCG submitted the first draft financial plan for 2017/19 on 23 December 2016 in line with national guidance. The latest draft of the plan was subsequently submitted on 27th February 2017 and includes a number of assumptions that should be taken into account:

3.2.1 Business Rules

There were a number of business rules published in the planning guidance for 2017/19 which have been built into the financial plan as follows:

- Deficit CCGs unable to achieve at least breakeven position in-year, must improve their in-year position by 1% of allocation per year plus any above average allocation growth
- 0.5% Contingency
- 1.0% Non-Recurrent spend (0.5% of which must remain uncommitted, 0.5% to support transformation and change implied by STPs)

3.2.2 Revenue Resource Limit

The CCG based its plan on the following notified allocations.

Allocation	**2017/18** **£'m**	**2018/19** **£'m**
Core	403.5	411.4
Primary Medical	40.9	42.1
Sub-total	**444.4**	**453.5**
Running Cost allowance	7.5	7.5
Total Notified Allocation	**451.9**	**461.0**
Non-Recurrent Allocation	(2.2)	(2.2)
Total In-Year Allocation	**449.7**	**458.8**

The overall Revenue Resource Limit is therefore £444.4m in 2017/18 and £453.5m in 2018/19.

The CCG has four years of allocations notified, two fixed and two indicative which allows the organisation to plan in the longer term.

3.2.3 Planning Assumptions

The following requirements for 2017/18 have been built into the financial plan based on a combination of the planning guidance and local decisions:

	Assumption for uplift 2017/18		
	Demographic %	Pay and Prices %	Efficiency %
Acute	2.4	2.1	(2.0)
Mental Health – Contract	0.0	2.1	(2.0)
Mental Health – Out of Contract	1.9	4.0	0.0
Mental Health – NCA	1.9	2.1	(2.0)
Ambulance Service	0.0	2.1	(2.0)
Community	0.0	2.1	(2.0)
Hospices	0.0	2.0	0.0
Primary Care Services	0.6	1.0	0.0
Prescribing	0.6	2.7	0.0
Continuing Healthcare	5.8	4.0	0.0
Funded Nursing Care	0.0	4.0	0.0
Other NHS Services	0.6	2.1	(2.0)
Primary Care Commissioning – PMS and GMS	0.6	2.0	0.0
Primary Care Commissioning – Premises	0.0	2.0	0.0
Primary Care Commissioning – Enhanced Services, QOF and Other Services	0.6	1.0	0.0
Better Care Fund	0.0	1.8	0.0
GP Out of Hours Service	2.4	0.0	(2.2)

The following requirements for 2018/19 have been built into the financial plan based on a combination of the planning guidance and local decisions:

	Assumption for uplift 2018/19		
	Demographic %	Pay and Prices %	Efficiency %
Acute	2.4	2.1	(2.0)
Mental Health – Contract	0.0	2.1	(2.0)
Mental Health – Out of Contract	1.9	4.0	0.0
Mental Health – NCA	1.9	2.1	(2.0)
Ambulance Service	0.0	2.1	(2.0)
Community	0.0	2.1	(2.0)
Hospices	0.0	2.0	0.0
Primary Care Services	0.6	1.0	0.0
Prescribing	2.2	2.2	0.0
Continuing Healthcare	5.5	4.0	0.0
Funded Nursing Care	0.0	4.0	0.0
Other NHS Services	0.0	2.1	(2.0)
Primary Care Commissioning – PMS and GMS	0.6	2.7	0.0
Primary Care Commissioning – Premises	0.0	2.0	0.0
Primary Care Commissioning – Enhanced Services, QOF and Other Services	0.6	1.0	0.0
Better Care Fund	0.0	1.9	0.0
GP Out of Hours Service	0.0	0.0	0.0

3.2.4 Cost Pressures and Investments

There are minimal cost pressures and investments included in the financial plan with the only one of note in 2017/18 as follows:

Description	£'m
Increase to non-medical prescribing (York Community)	0.2

3.2.5 Financial Sustainability

The current plan shows a cumulative deficit of £44.1m for 2017/18 and £53.9m for 2018/19.

The scale of this is such that the CCG has therefore had to consider and plan for a much longer phased recovery and has developed a Medium Term Financial Strategy (MTFS) to articulate a plan which addresses the underlying causes of financial deficit and identifies a path to sustainability by 2020/21, whilst delivering the required business rules. The CCG has undertaken a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on.

This plan is premised on delivering savings equating to £15.9m (3.5%) in 2017/18 and £13.7m (3%) in 2018/19, this will result in the CCG reporting in-year deficits of £16.1m and £9.8m in 2017/18 and 2018/19 respectively.

The MTFS has now been finalised and shared with Council of Representatives and NHS England prior to approval at Governing body and the implementation of a formal engagement plan for the organisation's key stakeholders. Early feedback is that there is strong support for the approach the CCG is taking and the principles being applied as the MTFS seeks to:

- **outline a plan** for how the CCG can reach a balanced and sustainable financial position;
- **align with existing system plans**, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan (which the CCG is a partner to);
- **meet key statutory financial targets and business rules**;
- **be consistent with the CCG's vision** and support the delivery of the CCG objectives;
- recognise and meet **the scale of the challenge** in the Five Year Forward View;
- **deliver operational and constitutional targets**.

3.3 Accountable Care System

The CCG and partners have come together in an emerging accountable care system (ACS). The CCG recognises that the development of an accountable care system for the population of the VoY will require an iterative and phased approach to mobilising alongside all health and care partners. This process has started and the ACS Partnership Board and three Locality Delivery Groups have all met in March 2017.

4. Cash Flows and Liquidity

The cash position is reported to the Finance and Performance Committee monthly and Governing Body at each public meeting. In addition, detailed cash flow monitoring and forecasting is in place with NHS England on a monthly basis. The CCG has met its cash requirements for 2016/17 so far and is planning to continue this on an on-going basis.

There are no anticipated risks with regards to cash or the overall liquidity position of the CCG as a result of the pressures outlined earlier in this report.

5. Contingent Liabilities

There have been no known contingent liabilities in 2016/17 and this is expected to be the case for the remainder of the year.

6. Services

The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is important evidence of going concern.

The CCG is not aware of any plans that would fundamentally affect the services provided to an extent that the CCG would not continue to be a going concern.

7. Risks and Adaptability

The CCG is now reporting risk within the financial position and therefore there are minimal risks attached to the delivery of the financial programme in the Financial Plan. The detailed financial risks are captured and monitored in the Covalent system and are regularly reviewed and updated.

Area of Plan	Risk	Mitigation
QIPP	QIPP under delivery Although plans have been identified and developed a number of these remain at a high level and there is an element unidentified £1.5m in 2017/18 only.	The CCG's approach to QIPP is described in the MTFS and the Heads of Terms agreed with York Teaching Hospital NHS Foundation Trust that articulates a joint programme of work and risk shares non-delivery as appropriate to mitigate this risk. However, within the financial plan the CCG could use the 0.5% contingency if required.

These are not significant enough to impact on the CCG's ability to trade for the foreseeable future as a going concern. Adaptability is the organisation's ability to alter its plans to enable it to take effective action to respond to unexpected needs or opportunities. The CCG has robust policies and procedures in place, alongside a very high proportion of its expenditure covered by contractual arrangements. This gives the CCG considerable protection against unexpected events.

8. Documentation

The Finance and Performance Committee and Governing Body receive regular reports on the financial performance of the CCG which gives considerable assurance and documentary evidence of performance. Other documentation includes risk register reviews, Draft Financial Plan, Final Financial Plan, monthly QIPP reports and ad-hoc reports and information as required. The CCG also submits monthly information to NHS England as part of the CCG assurance process.

9. Recommendation

Having considered the position as set out above, it is recommended that management prepare the annual accounts for 2016/17 on a going concern basis.

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Item Number: 11

Name of Presenter: Phil Mettam

Meeting of the Governing Body

6 April 2017

NHS
Vale of York
Clinical Commissioning Group

Quarter 3 Integrated Assurance Framework Assurance Feedback from NHS England

Purpose of Report
For Information

Reason for Report

The final feedback from NHS England on the CCG's Quarter 3 2016/17 Integrated Assurance Framework (IAF) is provided for information. It provides an update on assurance around the CCG's delivery of 2016/17 programmes of work including the CCG QIPP programme, the CCG Improvement Plan and the development of the CCG 2017/18 programmes and progress with contracting.

The CCG Quarter 4 NHS England IAF Annual Review for 2016/17 is scheduled for 21 April and will provide a formal end of year position for the CCG in relation to both progress with the CCG Improvement Plan and any approval of the CCG's Operational Plan. This formal year-end position will be provided to the Governing Body in May 2017.

Please note that there is planned refresh of national Sustainability and Transformation Plan planning guidance due in early April, including updates on proposed new models of care, which may require further operational plan and/or associated planning submissions.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	Covalent Risk Reference and Covalent Description
☒Financial ☒Legal ☒Primary Care ☒Equalities	All indicators included in the IAF are incorporated in the CCG Covalent system. All CCG risks are currently being refreshed to align to delivery and performance requirements for the 2017/18 programmes of work.
Recommendations N/A	

Responsible Chief Officer and Title	Report Author and Title
Phil Mettam, Accountable Officer	Caroline Alexander Head of Planning and Assurance (interim)

Annexes

Letter providing feedback from Q3 IAF CCG assurance meeting February 2017

Ref: NY&H SJ/KB

NHS England – North (Yorkshire & the Humber)
Unit 3
Alpha Court
Monks Cross North
York
YO32 9WN

March 2017

Phil Mettam – Interim Accountable Officer
Vale of York CCG

Dear Phil and Rachel,

RE: Improvement and Assessment Framework Checkpoint Meeting

Thank you and your team for meeting with us on 9th February for your Quarter 3 CCG checkpoint meeting. The purpose of this letter is to provide a summary of our discussion, capturing the main issues and areas for improvement.

We commenced with a short discussion around your final Operational narrative Plan and activity submission which was submitted on 23rd December 2016. NHS England sent feedback to the CCG following submission with ongoing discussions to monitor the submitted plans in year.

We then proceeded to go through the comprehensive PowerPoint presentation prepared for the meeting, with a particular emphasis on the key areas. We started with the Improvement Programmes 2016/17 and how these were being progressed which included Right Care, Demand Management, Service & Pathway Improvements, Urgent Care, Prescribing and Quality & Patient Experience. The robust programme management approach being taken was commended during the course of the discussion.

Next we discussed your progress within your CCG Improvement plan, with a particular emphasis on what has happened within the last 6 weeks. Your contract position was touched on and the delivery of contract in line with the Heads of Terms. We discussed that a definitive steer was required from NHS England and Jon Swift before full sign off. You also advised that the delivery of your current financial position seemed strong with early indication for Month 10 being met.

Performance delivery was discussed in particularly with Referral to Treatment (RTT) and Cancer. You advised there is a draft Performance Delivery plan for York Teaching Hospital which was being augmented with system recovery work.

Next we discussed your ongoing work regarding the four programmes of work which includes Primary Care; Unplanned Care; Planned Care and Mental Health and the 6 priorities. Meetings are being held fortnightly including discussion on how to develop

and utilise the work streams with CCG consultation and re-structure. We requested that Vale of York Clinical Commissioning Group (CCG) continue to make NHS England aware of ongoing progress.

We touched briefly on the Utilisation Management (UM) Report which picked up a number of issues particularly around the flow of patients. A data analysis has been completed following the review and proved positive. We requested involvement in the feedback session or at least a copy of the final report.

We also touched briefly on the Accountable Care System (ACS) and your current progress to date. You advised engagement with the Hospital trust and the Council was ongoing though not without its challenges.

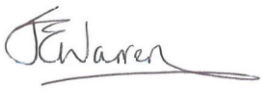
Finance & Quality, Innovation, Productivity & Prevention (QIPP) for 2016/17 – Deterioration recognised for Month 8 and 9 which included a more realistic assessment of risk. Legal directions required. Month 10 is looking in line and no deterioration for results of arbitration. You advised the deficit is forecasted at £28.10m which is deterioration from the £24.11m risk adjusted deficit reported at month 8. The QIPP 2017/18 identified savings in total is £13.3m. The financial medium term plan is included within the Operational plan and further meetings have been scheduled with NHS England to review in more detail. Jon Swift praised the CCG regarding their medium term financial plan advising it is articulated well and backed up well with evidence but a conclusion was required in order to share with partners.

Next, we mentioned Mental Health and the consultation on York Bootham site which concluded on 16th January 2017 and outcome report received. 8 recommendations are set out within the report and a quality assessment has been completed to address all issues. We also discussed Dementia and acknowledged the improvement with support from the Regional dementia lead. You also advised Tees, Esk and Wear Valley to provide secondary care diagnosis and will review this within Primary Care also. And finally, we discussed the end of contract from 27th February for contract management with the Partnership Commissioning Unit (PCU). Elaine Wyllie to chair future meetings which will include Operational, Quality, Tactical and Strategic issues to be covered with commencing these in February 2017.

Finally, I on behalf of NHS England recognised and praised Vale of York CCG on their continued hard working efforts and confirmed we will continue to support Vale of York CCG regarding their current and ongoing financial difficult position. Vale of York CCG thanked NHSE England for their helpful support.

Please do not hesitate to contact me should you wish to discuss this letter, or require any further information.

Yours sincerely



Julie Warren
Locality Director – NHS England North (Yorkshire and the Humber)

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Vale of York
Clinical Commissioning Group

Item 12

Minutes of the Executive Committee, meeting held on 15 February 2017 at West offices, York

Present

Phil Mettam (PM)	Accountable Officer
Rachel Potts (RP)	Executive Director of Planning and Governance
Elaine Wyllie (EW)	Interim Executive Director for Joint Commissioning
Jim Hayburn (JH)	Interim Executive Director of Systems Resource ad Delivery
Michelle Carrington (MC)	Chief Nurse
Dr Andrew Phillips (AP)	Interim Medical Director
Dr Shaun O'Connell (SO)	Interim Medical Director
Tracey Preece (TP)	Chief Finance Officer *(In attendance via telephone for Items 4.1, 4.3 and 13.2)*

The agenda was discussed in the following order.

1. **Apologies**
   As noted above.

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

3. **Minutes from the previous meeting**
   The January minutes were approved by the Committee. It was agreed that these minutes would now go to Governing Body for information.

4. **Finance QIPP and Contracts**

4.1 Month 10 Financial Position

This item was deferred to later in the agenda.

4.2 Contracts

The Committee noted the agreement which was made between the York Foundation Trust Hospital and the Vale of York CCG for the Heads of Terms. It was also noted that NHS England had been informed of the outcome. The Committee discussed the timetable for the Joint programmes of work and

agreed that the mechanism for engaging General Practice on this would be to use the three locality delivery boards which all include a Primary Care representative. It was agreed that JH would reference this at Council of Representatives meeting, Thursday 16 February.

The Committee agreed that JH and RP would develop an understanding of how the programme plan links into the three localities and specifically how we should communicate this going forward in order for Council of Representatives to be sighted from an individual practice level.

4.3 Month 10 Running cost position

This item was deferred to later in the agenda

5. Performance and Delivery

5.1 Improvement and Assessment Framework meeting

The Committee noted that the Improvement and Assessment Framework meeting with NHS England took place 9 February 2017. It was noted that there was positive feedback with regard to the CCG's Medium Term Financial Plan. The Committee agreed that this plan would go to the next Finance and Performance Committee, following this it would go to Governing Body in public session for a further discussion.

5.2 Legal Directions

The Committee noted the Letter that was sent on behalf of the CCG to NHS England regarding the consequences of the likely breach of Legal Directions due to the 2016/17 financial position.

5.3 Supporting Delivery of 7 day hospitals

The Committee noted the letter from the NHS England Regional Director and agreed in principle that the Vale of York CCG should do a local assessment. JH would follow this up with Liza Smithson and/or Angie Walker to scope this out. The Committee agreed this will need to be incorporated into the Finance and Performance Committee so it can be systematically reviewed.

5.4 Other issues

The Committee noted that Improving Access to Psychological Therapies (IAPT) had deteriorated. The Committee reiterated support for the involvement of the national support team and scheduled this issue for a detailed division at the next Finance and Performance Committee.

The Committee noted that '4 hour standard' has continued to underperform. This should be discussed at the A&E Delivery Board, 16 February 2017 and a follow up should be taken to the next Finance and Performance Committee. The Committee noted the letter which has been sent out in regards to stopping funding for SRG Schemes. AP informed the Committee that the A&E steering group have been working through the SRG work streams and a paper has been escalated to the A&E Delivery Board to make a decision on priorities. The Committee agreed that a proposal should go to Finance and Performance Committee outlining timescales, view and prioritised work streams dependent on the outcome from the A&E Delivery Board.

6. Draft Governing Body Agenda

The Committee agreed for Mental Health Update (Item 7) to be taken off the agenda and for this to be included into the Accountable Officer's report going forwards. The Committee agreed for the Operational Plan and Medium Term Financial Plan to be presented separately and it was confirmed that JH would present the Operational Plan. JH will email NHS England to propose that we present the full plan.

The Committee break for 10 minutes

TP dials into the meeting to update the committee on Item 4.1, 4.3 and 13.2.

Month 10 Financial Position

TP reported the year end forecast deficit at £28.1M, this position is consistent with that reported at Finance and Performance Committee.

Month 10 Running Cost Position

TP reported the Running Cost Position as stable for Month 10. The Committee noted that for 2017/18 Running Cost Position this would be managed on a monthly basis and from April 2017 and the Executive Committee would receive a monthly report.

Audit Strategy Memorandum and VFM Risk assessment report

The Committee noted that the report is acceptable on the basis that further testing will be done. This report will go to the Audit Committee in March.

7. Service Quality and Safety

7.1 Partnership Commissioning Unit (PCU) Resource

The Committee noted the letter from Simon Cox regarding the proposed re-alignment. MC briefed the Committee on various vacancies and outlined

potential risks including Continuing Health Care and Learning Disabilities and a reduction in the current support from a legal perspective.

7.2 Assurance of Vale of York CCG Bootham Park

The Committee noted the letter received from NHS England outlining satisfactions with regards to the consultation provision of Mental Health inpatient facilities.

8. Strategy

8.1 Integrated Care Team / Out of Hospital Care

JH briefed the Committee that meetings had taken place around the discussion of Out of Hospital care approach and an agreement was made for the Locality delivery boards to pick this up.

8.2 Market Engagement for Patient transport service

The Committee approved to proceed to procurement for this project.

8.3 Community Wheelchair Services – Backlog and Exclusion Criteria

The Committee were not in a position to make a final agreement on this however they made an agreement in principle subject to confirmation of funding from TP. If money is not accounted for in the financial plan then the Vale of York CCG would need to seek approval from NHS England.

9. Co-commissioning Primary Care

9.1 RightCare Circulation

The Committee supported this proposal in principle subject to JH taking this through the mainstream change programme and liaising with York Foundation Trust Hospital.

9.2 Tier 3 Weight Management

The Committee agreed that more work around NET impact should be taken on this proposal before a decision would be made. JH, MC, SO and Carl Donbavand to meet outside of the room and come to a strategic decision. A recommendation is to go back to Finance and Performance Committee or Executive Committee.

9.3 Klear Ears proposal

SO briefed the Committee on the proposal that had been put together from Dr Aaaron Brown. The Committee agree for JH and SO to follow up with Dr

Brown suggesting that the Vale of York CCG take this through the planned care programme.

9.4 Outcome of 2017/18 GMS Contract Negotiations

The Committee noted the letter and agreed that Shaun Macey would brief the Primary Care Committee at the end of February.

9.4 Statutory Dementia performance considerations

The Committee noted that the Clinical Executive did not support the suspension of Quality Outcome Frameworks (QOF) and Executive Committee agreed the same. EW and PM would discuss whether or not to make a direct approach to the practices where performance was relatively poor.

10. Local Issues

N/A

11. National Issues

N/A

12. People Support and Development

12.1 Alignment of Capacity to Priorities

RP informed the Committee of the work which has been done to date on this. Over the next few weeks RP will be meeting with each executive lead and programme lead to make sure the information provided is correct and then following this work priorities would be set.

13.1 Carrying forward Annual Leave

The Committee approved up to 5 working days to be carried over on an exception basis.
It was noted that some clinicians had a different arrangement, it was agreed that this should go to the next Remuneration Committee.

13.2 Audit Strategy Memorandum and VFM Risk assessment report

This Item was noted after Item 6.

14. Engagement and Communications

14.1 Development of new strategy

The Committee agreed to defer this Item to the next Executive Committee in March.

15. AOB

The Committee noted the number of voluntary sector grants that are due to expire in March. The Committee were in support to roll these over to Q1 on the basis that a review is to be done in Q1 and a paper would come back to Executive Committee no later than June.

RP noted a number of staffing issues. The Committee have agreed to spend dedicated time the week of the next Executive Committee on People and Staff concerns.

NHS
Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Finance and Performance Committee

Date of Meeting	23 February 2017
Chair	David Booker

Areas of note from the Committee Discussion

- The Committee expressed concern regarding the signing of the contract with York Teaching Hospital NHS Foundation Trust which members felt left considerable unshared risk to the CCG. It was noted, however, that NHS England and NHS Improvement were parties to the ongoing discussions and that York Teaching Hospital NHS Foundation Trust had been supportive in the context of the developing wider health economy, with improving joint working commended. The work to date by the CCG team was noted and appreciated.

- The potential for additional financial pressures to arise from the contract in later years was recognised and would be mitigated by improving protocols for joint working and public discussion. This could only be achieved by re-investment in primary and community care.

- Members required pro-active monitoring and timely action on each target and trajectory. Performance management with specific regard to outcomes and timescales was imperative. Systems would be reviewed at the next meeting.

Areas of escalation

As above

Urgent Decisions Required/ Changes to the Forward Plan

Continuous review of financial status and performance as required by Legal Directions

NHS
Vale of York
Clinical Commissioning Group

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

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Michelle Carrington (MC)	Executive Director of Quality and Nursing
Mr Phil Mettam (PM)	Accountable Officer
Dr Andrew Phillips (AP)	Joint Medical Director (Designate)
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance

In attendance

Mr Andrew Bucklee (AB) – for item 13	Head of Commissioning and Delivery
Ms Natalie Fletcher (NF)	Head of Finance
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources and Performance
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mr Keith Ramsay (KR)	CCG Chairman
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Liza Smithson (LS)	Head of Contracting
Mr Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)
Mrs Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Dr Shaun O'Connell (SOC)	Joint Medical Director (Designate)
Mrs Tracey Preece (TP)	Chief Finance Officer

The agenda was discussed in the following order.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

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

3. Minutes of the meeting held on 26 January 2017

The minutes of the previous meeting were agreed subject to amendment on page 8 Performance Report Dementia Diagnosis Rate to read '… all efforts should be made to achieve the 66.7% target, a required improvement of c10%.'

The Committee:

Approved the minutes of the meeting held on 26 January 2017 subject to the above amendment.

4. Matters Arising

QF63 QIPP Report – Procedures of Limited Clinical Value/Clinical Thresholds: MA-M explained that impact on the CCG's financial position would not become evident until the 2017-18 financial year following implementation of the BMI and Smoking Thresholds, implemented from 23 January. GP Practices had experienced variable impact.

QF66 Corporate Risk Report – Public/Patient Engagement in Service Developments: RP advised that, following presentation at the February meeting of the Quality and Patient Experience Committee, the CCG's proposed Engagement Plan would be presented at the April meeting of the Governing Body.

F&P05 Financial Performance Report – Management of mental health out of contract placements overspend: MA-M and EW reported that the activity information associated with the mental health out of contract spend was being sought from the Partnership Commissioning Unit to enable a better understanding of the overspend in advance of a formal letter being sent in this regard. EW noted that consideration was also required in the context of the current review of the Partnership Commissioning Unit and the new commissioning arrangements for mental health noting that she was chairing the revised Contract Management Board. JS additionally referred to the historic mental health out of contract spend and noted the requirement for this risk to be managed as it was not accounted for in the 2017-18 financial plan. JH advised that separate discussion from the Contract Management Board would take place regarding management of the financial risk and QIPP savings. EW agreed to provide an update at the April meetings of the Finance and Performance Committee and Governing Body.

Discussion ensued in the context of mental health being one of the CCG's top three priorities and in respect of the second phase of the Partnership Commissioning Unit staff consultation in terms of finance and contracting support. MC and EW agreed to escalate the Committee's concerns to the Chief Officer of NHS Scarborough and Ryedale CCG, the host organisation for the Partnership Commissioning Unit. SP additionally noted that the Audit Committee on 1 March would consider an Internal Audit Limited Assurance report on Partnership Commissioning Unit QIPP.

F&P06 Performance Report – single page assessment of the latest position against target: JH noted that this approach had been implemented for internal monitoring and agreed to include the information for year end performance for the Committee.

F&P07 Urgent Care 2016 Data Summary: AP reported on detailed discussion of the system resilience schemes at the A and E Delivery Board. Following prioritisation by the A and E Steering Group and agreement by PM, the Chief Executive of York Teaching Hospital NHS Foundation Trust and City of York Council Director of Adult Social Care, the latter was undertaking the work required. AP advised that the view of the A and E Steering Group was that all the system resilience schemes were crucial to

the system. MA-M explained that the funding for these schemes was not included in the CCG's financial plan for 2017-19. If as a system it was decided that the schemes should continue, identification of the services that would need to be reconfigured to release the funding from within an existing financial envelope would be required. In response to members seeking clarification about system resilience scheme providers being aware that continuation beyond 31 March would be at risk, MA-M agreed to ensure they were informed accordingly.

F&P08 RightCare Progress Report: DB noted that he had had an initial meeting with JH and the Interim Head of Planning and Assurance. It was agreed that a further meeting to include SP should take place before the next Committee. MA-M confirmed that TP had discussed the CCG becoming a RightCare flagship with NHS England and she would provide an update at the next meeting. JH additionally described the work based on RightCare data and also that of BDO and PwC as part of the joint programmes of work with York Teaching Hospital NHS Foundation Trust for planned and unplanned care. The information was being mapped by spend in the localities which would enable identification of GP Practices that were outliers and averages for the CCG. The four major areas of overspend were: elderly, respiratory, orthopaedics and cardiology. JH explained that specialty reviews were taking place which would incorporate the RightCare data.

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

Executive to Executive meeting with York Teaching Hospital NHS Foundation Trust: RP reported that she, MC and JH had met with the Executive Team at York Teaching Hospital NHS Foundation Trust; discussion had focused on progressing the planned and unplanned care work programmes. As a result the Programme Board and governance arrangements to ensure delivery had been established. Subsequent discussions had taken place to progress work on accountable care and the first meeting of the Accountable Care Partnership Board was taking place on 1 March.

PM additionally advised that the CCG Executive Team was meeting regularly with their equivalents at York Teaching Hospital NHS Foundation Trust. SOC and AP were also developing closer working relationships both with the Medical Director and the Deputy Medical Directors. JH advised that the Programme Board met on alternate weeks to consider driving out savings; the executive led Planned Care and Unplanned Care Groups also met alternate weeks. JH emphasised the support of York Teaching Hospital NHS Foundation Trust for this work.

In response to SP seeking clarification about the programmes of work in terms of being reflected in the contract, JH explained that timescales for achieving savings were detailed. In the event of these not being met, or not agreed by 31 March, a review by NHS England and NHS Improvement would be triggered. Agreement was required by 31 March for a contract with a reduced baseline that was affordable for the CCG.

Detailed discussion ensued in the context of historic issues of the contract process and the explicit assurance received at the January Committee meeting that the contract with York Teaching Hospital NHS Foundation Trust would not be signed until the programme of work was finalised and a reduced baseline agreed. JH explained that, in discussion with NHS England, the CCG's decision to agree the contract had been taken

on the basis of York Teaching Hospital NHS Foundation Trust's commitment to joint programmes of work, the Heads of Terms agreement and the involvement of NHS England and NHS Improvement. JH described the programme of planned care reviews taking place to identify potential savings and advised that work was taking place in respect of unplanned care, including attendance by himself, SOC and AP at the York Hospital and Community Board on 1 March at their invitation. He also noted that an independent review of community beds had been agreed and highlighted that system change would take at least six to nine months.

In response to continued concerns expressed by the CCG's lay members, JS referred to the context of the 2016-17 contract outturn and how this compared to the baseline contract value, the involvement of NHS England and NHS Improvement and the review triggers in the new contract. He highlighted that the financial challenge was across the system, not just for the CCG, noting that a joint system control total had not yet been identified.

KR emphasised the need for the challenge to be actively managed at all levels and additionally noted that this would be included in discussion at the meeting he, DB and SP were having with York Teaching Hospital NHS Foundation Trust Non Executives.

Whilst fully understanding the concerns expressed by the lay members, PM explained that this new, strategic, long term approach was the best opportunity for the system as a whole. He also noted that NHS England was commending the CCG's Medium Term Financial Strategy across the region. PM assured members that progress would be monitored on a weekly basis emphasising that any concerns would be escalated immediately. He also noted that governance arrangements would be discussed at the first meeting of the Accountable Care Partnership Board.

Whilst commending the joint working between the CCG and York Teaching Hospital NHS Foundation Trust the lay members expressed continued concern at the reliance on QIPP and sought assurance about monitoring overall delivery.

Further discussion included clarification that, whilst some savings could be achieved through change in practice, the plan was premised on the fact that there would also be a need for reinvestment in out of hospital care. JH noted that the CCG had been explicit with York Teaching Hospital NHS Foundation Trust of the requirement for safe services delivered within available resources. Members also noted the need for work with primary and social care, including in respect of discharge processes.

The Committee:

1. Noted the updates and ongoing work.
2. Requested an update at the April meetings of both the Committee and the Governing Body in respect of the mental health contract.
3. Requested that MA-M inform providers of the system resilience schemes that continuation beyond 31 March 2017 would be at risk.

“Good News”

KR welcomed the appointment of the Senior Engagement Manager, the commendation by NHS England of the format of the CCG’s three year Medium Term Financial Strategy and agreement with York Teaching Hospital NHS Foundation Trust of the 2017-19 contract.

NF reported that the CCG had been shortlisted for Medipex Innovation Awards for: Health Navigator Project (Long Term Conditions category) and Faecal Calprotectin project (in conjunction with York Teaching Hospital NHS Foundation Trust and the Yorkshire Academic Health Science Network) for service improvement.

AP highlighted achievement of 98% A and E four hour performance at York Teaching Hospital NHS Foundation Trust on 18 and 22 February.

5. Finance and Performance Committee Terms of Reference

RP presented the Committee’s proposed terms of reference which had been amended in line with discussion at the previous meeting and would, subject to agreement, be included in a report on Terms of Reference for consideration at the March meeting of the Governing Body.

The Committee:

Agreed the terms of reference noting that they would be presented at the March meeting of the Governing Body

6. Finance and Performance Risk Report

RP referred to the report which provided an update on the Improvement and Assurance Framework Performance Indicators and described Corporate Events and Finance and Performance Corporate Risks. She noted that the significant risks remained unchanged since the last Committee meeting. They would be reflected in discussion under the agenda items and a number had already been included in the earlier discussion.

In response to SP noting inconsistency of ratings RP confirmed that this would be addressed as part of the current review of the reporting framework.

MC advised that further risks were expected emanating from the Partnership Commissioning Unit review and RP noted the potential for addition of risks relating to Public Health following presentation of a report by the Director of Public Health for the City of York at the March Governing Body.

The Committee:

Received the Finance and Performance Risk Report noting the update on potential further risks.

7. Financial Performance Report Month 10

MA-M presented the report which advised that the CCG's month 10 position remained at £28.1m forecast deficit, as reported at the previous meeting. He confirmed that this included the impact of the arbitration assessment with York Teaching Hospital NHS Foundation Trust. MA-M also referred to a benefit of £894k in respect of the primary care rates rebate, which went back two years and had been included in the position as the CCG had delegated responsibility for primary care commissioning during that time.

MA-M reported that, in response to NHS England's formal request to all CCGs, he had formally confirmed the commitment to deliver the £28.1m deficit as the end of year figure. Formal confirmation had also been received that the 1% uncommitted reserve, required from all commissioners, was now being released and should be included at month 12. The deficit would therefore be reported as £23.1m at that time but the target figure from a performance monitoring and for the purposes of the plan submission remained £28.1m.

In respect of QIPP MA-M explained that year to date delivery was £1.3m against the £1.9m forecast outturn. One new scheme, anti-coagulation, was not now expected to deliver in year. In response to discussion about review of non delivery in a lessons learnt context, PM agreed to undertake a diagnostic analysis of QIPP schemes that had not delivered. It was noted that many schemes could not be delivered by the CCG alone and that such information could inform discussion with partners and the public.

MA-M noted management and achievement of balance sheet and cash flow targets highlighting that a year-end cash flow forecast had been completed to ensure alignment of the forecast outturn.

In response to KR and SP respectively seeking assurance about delivery of the £28.1m deficit and concern about the year to date financial position being £17.02m worse than planned, discussion ensued on potential support from the wider system. Members expressed concern about potential additional risk to achievement of the £28.1m end of year deficit position. MA-M reiterated the fact that the forecast deficit had to be maintained.

The Committee:

1. Received the Financial Performance Report as at 31 January 2017.
2. Noted concern about potential risk to achieving the end of year £28.1m deficit financial position.

8. Vale of York Medium Term Financial Strategy: A new approach to commissioning

MA-M referred to the item which comprised the summary presentation *Achieving Financial Stability in the Vale of York* and the supporting full Medium Term Financial Strategy. He noted that these had been shared with NHS England and that the former had been discussed with the Council of Representatives. MA-M noted that both documents would be presented at the Governing Body meeting on 2 March and an engagement strategy was being developed.

MA-M focused on the summary presentation requesting feedback from members. The aim was to describe how the 2016-17 cumulative deficit of £28.1m was forecast to increase to £44.1m at the end of 2017-18 and to identify opportunities to address this.

MA-M explained that the main areas of spend were hospital and ambulance services, highlighting detail of the funding allocation and requirement for the CCG to spend 11% less per person than the average across the other five CCGs in the Sustainability and Transformation Plan footprint in order to live within its means. Extracts from the Medium Term Financial Strategy gave examples including the fact that the CCG had the fourth highest primary hip replacement rates in the country and high rates of knee replacement compared to similar CCGs. MA-M noted that the CCG was working with York Medical Group on a specific piece of work to gain a better understanding of Practice cost and Practice need.

MA-M explained that the CCG had identified six key areas of financial opportunity based on the population analytics and health benchmark findings: elective orthopaedics, out of hospital care, contracting for outpatients, continuing healthcare and funded nursing care, prescribing, and high cost drugs; additional 'other' areas of opportunity had also been identified. These opportunities had been subject to a robust confirm and challenge process and schemes to the value of c£47m across a four year "pipeline" had been identified; consideration of capacity to deliver was required.

MA-M clarified that 'out of hospital care' related to savings from acute care and highlighted the summary slide which described the approaches and focus of local system change. RP noted that the Central Locality Group had met twice and the North and South Locality Groups had each met once. Discussion had included provision of information packs.

JS referred to the requirements of the legal Directions, including the stated £13.3m planned deficit. NHS England recognised areas of progress in a number of areas but in the context of the money there was considerable risk. JS however confirmed NHS England's support for the Medium Term Financial Strategy.

Members welcomed and commended the presentation. MA-M provided further clarification on a number of aspects, including in respect of the 'other' opportunities which he confirmed were identified and for which detail would be incorporated in the 2017-18 financial plan. Members requested addition to the presentation of further clarification to provide a greater understanding of the spend and the incremental change through to 2020-21. DB additionally requested that reporting of the six priority areas be considered in respect of the risk report.

The Committee:

1. Welcomed and commended the Medium Term Financial Strategy.
2. Expressed appreciation, particularly to TP, for the work on both the full Strategy and the summary presentation.
3. Requested that further explanation be incorporated in the summary presentation prior to its inclusion for the Governing Body meeting on 2 March.

AB joined the meeting

9. Contract Report

LS presented the report which provided information on the CCG's contract position with acute hospitals. She highlighted variance against plan, mainly due to issues of theatre staff capacity, in respect of day cases and elective procedures and noted repatriation by York Teaching Hospital NHS Foundation Trust from Nuffield and Ramsay Hospitals.

LS explained challenges by the CCG in relation to excess bed days and advised that the £1.5m overtrade on outpatients was due to an increase in the first to follow-up ratio in three specific specialties at York Teaching Hospital NHS Foundation Trust: ophthalmology, rheumatology and nephrology. LS noted the explanation given was compliance with NICE guidance in an ageing population.

In response to LS referring to tariff for outpatient procedures, PM emphasised that an approach of clinical discussion was required rather than contract changes. JH additionally advised that clinical reviews had been arranged for ophthalmology, orthopaedics, Ear, Nose and Throat, and Referral Support Service advice and guidance; gastrointestinal and cardiology reviews had not yet been arranged.

LS explained that £2.8m challenges had been agreed with York Teaching Hospital NHS Foundation Trust and noted that the challenge value had reduced in line with the arbitration ruling.

JH advised that urgent work was taking place to agree a clinical model for rehabilitation noting that the national stroke pathway would inform stroke rehabilitation.

The Committee:

Noted the Contract Report.

10. Performance Report

JH referred to the report which provided narrative against the CCG's key performance measures, including constitutional targets. It highlighted areas of movement from performance targets or trajectories and described mitigating actions.

In respect of 18 week referral to treatment, JH explained that a joint group had been established and a capacity review was taking place at York Teaching Hospital NHS Foundation Trust, to include activity with the independent sector. Work was taking place on addressing a c£300k impact. JS noted that NHS England had proposed further utilisation of the independent sector be considered to reduce waiting times.

JH referred to the earlier discussion under 'Good News' with regard to A and E performance at York Teaching Hospital NHS Foundation Trust. He noted that issues remained on the Scarborough site and advised that the A and E Delivery Board was reviewing action plans in this regard.

Work was continuing to improve dementia diagnosis rates. Tees, Esk and Wear Valleys NHS Foundation Trust coding was being checked with a view to incorporating as appropriate in to primary care. EW additionally noted that the CCG was monitoring coding rates at Practice level and providing support.

The Committee:

Received the performance report.

11. QIPP Dashboard

This was included in discussion at agenda item 7 above.

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

This was included in discussion at item 4 above.

14. Better Care Fund Update

EW advised that she had received the quarter 3 Better Care Fund performance report. Non elective performance was off plan; the ambulatory care adjustment resulted in assessment as 'green' locally but not in terms of national monitoring. Delayed transfers of care were increasing for acute and continuing to reduce for mental health patients.

In respect of the Better Care Fund risk share, there was an impact of £500k each on the CCG and City of York Council. This was factored into the CCG's 2016-17 financial position.

EW reported that national guidance was awaited for the 2017-19 Better Care Fund but that discussions with the Local Authorities had commenced. She highlighted that the CCG had been explicit with City of York Council that the minimum contribution would be provided, although the amount was not known until the guidance was received. EW also expressed concern that the principles of jointly commissioned services managed through a pooled budget were not progressing.

Detailed discussion ensued in the context of development of the accountable care system, including potential delegated, capitated budgets, the need for robust governance arrangements and risk mitigation. Members emphasised that the CCG's approach of openness and transparency would continue. EW agreed to provide an update report for the March meeting of the Committee. She also noted that the CCG had requested support from the national team supporting the Better Care Fund.

The Committee:

1. Noted the update.
2. Requested a report for the March meeting.

13. NHS RightCare Assurance Framework – Outcome of RightCare Evaluations: Circulation, Muscoloskeletal, Gastroinestinal

AB presented the report which provided the outcomes from the recent evaluation refresh of the CCG's RightCare circulation, musculoskeletal and gastrointestinal projects. He noted the positive response from RightCare Partners and the Director of Commissioning Operations in respect of the criteria set out for the RightCare Assurance Framework. This highlighted reflection of a robust approach to identifying and

understanding opportunities and identifying evidence based actions to address them. However concerns had been raised about delivery within the current commissioning environment via traditional approaches and a high need for additional support had been identified. AB noted that clarification was being sought regarding the latter.

JH noted that the joint reviews, referred to in earlier agenda items, would incorporate RightCare. He advised that the support from NHS England was required in terms of technical aspects of RightCare and practical support for redesigning alternative, locality based models of care, including investment through business cases. Monitoring would be through QIPP reports and delivery of the joint programmes of work with York Teaching Hospital NHS Foundation Trust.

JS reported that the CCG would have approximately 20 consultancy days from national RightCare commissioning support. This would provide an assessment of opportunities and associated capacity requirements. MA-M confirmed that he had already received contact in this regard.

The Committee:

1. Noted the outcome of RightCare Evaluations for Circulation, Muscoloskeletal, Gastroinestinal against the NHS RightCare Assurance Framework.
2. Welcomed the support from national RightCare commissioning support.

Additional Item

EW reported that a number of arrangements with the voluntary sector were in place. These had originally been for £140k but including the Section 256 contracts the actual amount was £750k. She requested that the current arrangements be continued in to 2017-18 to enable opportunities to be identified for consideration by the Executive Committee. This would include alternative ways to manage contracts. EW agreed to provide a position statement for the March Committee meeting .

The Committee:

1. Agreed that the CCG's current investment in the voluntary sector continue for quarter 1 of 2017-18.
2. Requested a position statement at the March meeting.

15. Key Messages to the Governing Body

- The Committee expressed concern regarding the signing of the contract with York Teaching Hospital NHS Foundation Trust which members felt left considerable unshared risk to the CCG. It was noted, however, that NHS England and NHS Improvement were parties to the ongoing discussions and that York Teaching Hospital NHS Foundation Trust had been supportive in the context of the developing wider health economy, with improving joint working commended. The work to date by the CCG team was noted and appreciated.

- The potential for additional financial pressures to arise from the contract in later years was recognised and would be mitigated by improving protocols for joint

working and public discussion. This could only be achieved by re-investment in primary and community care.

- Members required pro-active monitoring and timely action on each target and trajectory. Performance management with specific regard to outcomes and timescales was imperative. Systems would be reviewed at the next meeting.

The Committee:

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

16. Next meeting

23 March 2017, 9am to 2pm

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

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

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

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P02	24 November 2016	Draft Terms of Reference	• Amendments to be made for further consideration at the next meeting	PM	22 December 2016
	22 December 2016		• Transitional terms of reference to be drafted for consideration at the next meeting	TP	26 January 2017
	26 January 2017		• Further amendments required	RP/TP	23 February 2017
	23 February 2017		• Terms of reference to be included in a report to the March meeting of the Governing Body	RP	2 March 2017
F&P05	26 January 2017	Financial Performance Report	• Letter to be sent to Tees, Esk and Wear Valleys NHS Foundation Trust regarding management of the mental health out of contract placements overspend	MA-M	
	23 February 2017		• Update on mental health contract to April meetings of Finance and Performance Committee and Governing Body	EW	27 and 6 April 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P06	26 January 2017 23 February 2017	Performance Report	• Single page assessment of the latest position against each target.	JH JH	23 February 2017 23 March 2017
F&P07	26 January 2017 23 February 2017	Urgent Care 2016 Data Summary	• Full consideration to be given to the system resilience schemes at the next A and E Delivery Board on behalf of the system • Political and operational risks to ceasing the system resilience schemes to be identified and escalated to the Executive Committee • System resilience scheme providers to be informed that continuation beyond 31 March was done so at risk	PM MC/JH/ MA-M/AP MA-M	16 February 2017 3 February 2017
F&P08	26 January 2017 23 February 2017	RightCare Progress Report	• Potential for the CCG to become a flagship for delivery of RightCare to be followed up • Discussion of combining QIPP and RightCare reporting • Meeting to take place before the next Committee	AB/TP JH/DB/SP	 23 March 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P09	23 February 2017	Better Care Fund Update	• Report to next meeting	EW	23 March 2017
F&P10	23 February 2017	Additional Item	• Position statement on voluntary sector	EW	23 March 2017

Item Number: 14

Name of Presenter: Dr Shaun O'Connell

Meeting of the Governing Body **6 April 2017**	NHS Vale of York Clinical Commissioning Group

Medicines Commissioning Committee Recommendations

Purpose of Report

For Information

Rationale

These are the latest recommendations from the Medicines Commissioning Committee (from November 2016, January 2017 and February 2017 – no meeting December 2016).

Strategic Priority Links

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

Local Authority Area

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

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

Recommendations

For information only

Clinical Executive Committee have approved these recommendations

Responsible Executive Director and Title	**Report Author and Title**
Dr Shaun O'Connell Joint Medical Director	Laura Angus Lead Pharmacist

Recommendations from York and Scarborough Medicines Commissioning Committee November 2016

Drug name	Indication	Recommendation	Rationale for recommendation	Place in therapy	RAG status	Potential full year cost impact
Triptorelin	precocious puberty	Change in RAG status from amber SCG to amber specialist initiation	Leeds has decided not to update this shared care guidance as it was felt to be unnecessary. The drug will be initiated by specialists, and the patient would remain under secondary care. However as there are no monitoring requirements it was felt that the status could be amended to amber specialist initiation with a note added to formulary that the patient would remain under secondary care for ongoing review.		Amber specialist initiation	Neutral cost impact (Correspondence at MCC stated that there are only a few patients on this agent for this indication. This decision will not change the usage of this agent, it simply acknowledges that there is no SCG available)
Acapella® device	Positive expiratory pressure device, used as an aid to mucus clearance in patients with chronic bronchitis, bronchiectasis, emphysema and CF.	The group noted that Acapella® has an advantage over Flutter® in that it can be used when the patient is in different positions i.e. in conjunction with postural drainage and side lying, whereas Flutter® has to be used in an upright position. This product costs £40.50, the same as the Flutter® device already listed on formulary, MCC have recommended it only recommended for those patients unable to use Flutter®.			AMBER For initiation by a specialist physiotherapist	Current annual use (as detailed in the secondary care application) is 30 per year (in addition to approximately 30 Flutter® devices per year). Expenditure on Acapella® is expected to be similar to that of secondary care i.e. £1215 per year (plus the same again for Flutter®)

VTE pathways	New presentation and the Long term VTE pathways	The pathways has been updated to amend “NOAC” to “DOAC” and to state that “if a patient has already had a dose of LMWH to wait 22-24 hours before first dose of DOAC is given”, MCC approved these changes; additional future changes were discussed but will not be implemented at this stage.			-	Cost neutral
PCSK9 pathway	The final version of the PCSK9 pathway was presented which now includes rosuvastatin.	This pathway was approved by MCC. Primary care have been asked to communicate to Stuart Parkes the sort of outcome data they wish the clinic to collect	-	-	-	Cost impact was included in the October MCC recommendations in line with NICE TA393 and TA394, although as a PAS scheme is in place and exact numbers of patients are unknown costs are estimates. Implementation of theses TAs is expected to be a high cost impact. Rate of uptake will be limited by the clinic spaces available.
Warfarin to DOAC switch check list.	The Trust informed MCC that this document had been updated to include edoxaban information, and information regarding voriconazole/posaconazole interactions.	MCC noted that this provided a useful reference for GPs	-	-	-	-
TA413: Elbasvir–grazoprevir for treating chronic hepatitis C	Elbasvir-grazoprevir is recommended, within its marketing authorisation, as an option for treating genotype 1 or 4 chronic hepatitis C in adults, as specified below, only if the company provides the drug at the same price or lower	NHS England Commissioned	-	-	RED	No significant cost impact is anticipated because elbasvir-grazoprevir is a further treatment option and is expected to be similarly priced to other treatment

	than that agreed with the Commercial Medicines Unit. Genotype 1a, 1b or 4 – 12 weeks treatment Genotype 1a – consider elbasvir-grazopravir plus ribavirin for 16 weeks if baseline virus RNA level >800,000 IU/mL or specific NS5A polyporphisms causing ≥5-fold reduction in activity of elbasvir. Genotype 4 – consider elbasvir-grazopravir plus ribavirin for 16 weeks if baseline virus RNA level >800,000 IU/mL Elbasvir-grazoprevir is a further treatment option for treating genotype 1 or 4 chronic hepatitis C in adults. It is anticipated that elbasvir-grazoprevir will be similarly priced to other treatment options and therefore no resource impact is anticipated.					options. Commissioning: NHS England.
TA414: Cobimetinib in combination with	Cobimetinib in combination with vemurafenib is **not recommended** within its marketing authorisation for treating unresectable or	NHS England Commissioned	-	-	RED	Commissioning: NHS England. No cost impact anticipated.

vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	metastatic melanoma in adults with a BRAF V600 mutation.					
TA415: Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor	Certolizumab pegol, in combination with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other disease-modifying antirheumatic drugs (DMARDs) including at least 1 tumour necrosis factor‑alpha (TNF‑alpha) inhibitor, only if: disease activity is severe and rituximab is contraindicated or not tolerated and the company provides certolizumab pegol with the agreed patient access scheme. Continue treatment only if	Add a link to the TA within the formulary	This agent is already included in formulary	This agent may be considered as an option alongside current treatment options	RED	No significant cost impact anticipated because the technology is an option alongside current standard treatment options. The Department of Health and the company have agreed a patient access scheme, and the cost of treatment is anticipated to be similar to existing drugs. Commissioning: CCGs. Cost neutral

	there is at least a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months.					
TA416: Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer	Osimertinib is recommended as an option for use within the Cancer Drugs Fund for treating locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has progressed only: after first-line treatment with an EGFR tyrosine kinase inhibitor and if the conditions in the managed access agreement for osimertinib are followed.	NHS England Commissioned/CDF	-	-	RED	The resource impact of osimertinib will be covered by the Cancer Drugs Fund budget. The guidance will be reviewed by the date that the managed access agreement expires (March 2019) or when the results of the data collection as part of the managed access agreement are available, whichever is sooner. The aim of the CDF guidance review is to decide whether or not the drug can be recommended for routine use.

Recommendations from York and Scarborough Medicines Commissioning Committee January 2017

Drug name	Indication	Recommendation	Rationale for recommendation	Place in therapy	RAG status	Potential full year cost impact
TA417: **Nivolumab for previously treated advanced renal cell carcinoma**		Reflect this TA within the formulary (this agent is already listed as a RED drug in formulary 8.1.5)	This is a recommended NICE TA	Nivolumab is recommended, within its marketing authorisation, as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme It is estimated that 800 people with previously treated advanced renal carcinoma are eligible for treatment with nivolumab. It is estimated that around 330 people will have nivolumab from year 2020/21 onwards. Nivolumab is an additional treatment option for previously treated advanced renal carcinoma. This technology is supported by a resource impact template which requires the commercial in confidence discounted price of nivolumab to be input into the template in order to estimate the resource impact.	Red	Cancer Drugs Fund
TA418: **Dapagliflozin in triple therapy for treating type 2 diabetes**		Reflect this TA within the formulary (Listed as a first	This is a recommended NICE TA	Dapagliflozin in a triple therapy regimen is	Green	No significant resource impact anticipated.

		choice agent in line with TA288 (green)		recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea. This guidance is not intended to affect the position of patients whose treatment with dapagliflozin in other triple therapy regimens was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop		We do not expect this guidance to have an impact on resources. This is because the technology is an option alongside current standard treatment options and the drugs are similarly priced.
Peptac®		Recommend that Peptac® is added to the formulary as the first choice agent and Gaviscon Advance to remain as an alternative choice.	Cost saving compared to Gaviscon Advance. Peptac® 500 mL (aniseed- or peppermint-flavoured) = £1.95 Gaviscon	Gaviscon Advance® and Peptac® are antacids and alginates that are licensed for the symptomatic relief of heartburn, reflux oesophagitis, hiatus hernia and dyspepsia due to reflux. Both contain	Green	A possible cost saving although it is likely that many prescribers have been issuing Peptac already.

			Advance aniseed- or peppermint flavour,500 mL = £5.12	sodium alginate (in varying quantities) which allows these antacids to form a "raft" that floats on the surface of the stomach contents helping to reduce the heartburn associated with reflux and protect the oesophageal mucosa . Both products are available in aniseed and peppermint flavours. The only difference is that Gaviscon Advance contains twice the amount of alginate (500mg v 250mg) this means that patients may need to take 10ml of Peptac® rather than 5ml. Peptac® is the same formulation as Gaviscon. To note however that only Gaviscon advance SPC mentions laryngopharyngeal reflux specifically.		
Naltrexone hydrochloride 50mg tablets for alcohol withdrawal		To be added to the formulary with a red status, to allow for prescribing by commissioned specialist addiction treatment services	Included in NICE CG115, specialist services have already been commissioned by CCG	Listed in NICE CG115 "Guidance interventions for alcohol misuse" and "Alcohol-use disorders" pathway, as an option under assisted alcohol withdrawal	Red	Prescribing is undertaken by commissioned specialist addiction treatment services This recommendation only applies to those services

					commissioned by the City of York Council

Recommendations from York and Scarborough Medicines Commissioning Committee February 2017

Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
TA419: Apremilast for treating moderate to severe plaque psoriasis Apremilast is an oral alternative to current biological therapies in people with severe psoriasis.		MCC agreed the use of apremilast as per NICE TA419, but as an option after biologics wherever possible. The group also requested confirmation that specialists had considered the recently published MHRA warning concerning the use of apremilast and the risk of suicidal thoughts and behaviour in those with or without a history of depression.	A RED RAG status was issued	This guidance is not expected to have an impact on resources. This is because the technology is an option alongside current standard treatment options and a significant change to current practice as a result of this guidance is not expected. The company has agreed a patient access scheme for this technology. The discount is commercial in confidence. A resource impact statement has been published alongside the guidance. YFT have identified 15 to 20 patients to commence treatment initially, and thereafter about 1 or 2 a month.
TA420: Ticagrelor for preventing atherothrombotic events after myocardial infarction Ticagrelor, in combination with aspirin, is		The use of ticagrelor in line with TA420 was approved, MCC asked that clear instruction were issued by the specialist on discharge so that the GP knows when to transfer the patient to the 60mg BD dose.	Amber “specialist recommendation” only to be recommended by	Low cost impact Secondary care are estimating 10% of

recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event. Treatment should be stopped when clinically indicated or at a maximum of 3 years.		a consultant cardiologist for use as outlined in TA420.	patients post ACS/MI. Ticagrelor 90mg BD is the same price as 60mg BD
Safinamide for the treatment of adult patients with idiopathic Parkinson's disease (PD) as add-on therapy to a stable dose of Levodopa	Following a resubmission MCC approved this agent for patients with L-dopa induced motor fluctuations where rasagiline had been tried, but was ineffective, or there was intolerance. Safinamide would be discontinued if it proved to be ineffective, or if patients developed significant side effects.	Amber specialist initiation, "reserved for use in those patients who fail on more established therapies".	Expected number of patients is low at around 20 from Scarborough Trust and 5 from York Trust. Comparative drug costs for primary care: Rasagiline 1mg daily: £37.80 per annum Safinamide 50-100mg daily: £828 per annum Apomorphine (£876 to £9044 per annum).
Respimat® devices: olodaterol, tiotropium and olodaterol/tiotropium for COPD	The group noted that the applicant wished the agents to be assessed for use in bronchiectasis and cystic fibrosis in addition to COPD. The group noted that whilst the unlicensed use of beta2-agonists for bronchiectasis was supported somewhat via the British Thoracic society guidelines, there was a lack of evidence to support this unlicensed use in cystic fibrosis. However these agents would be used in line with the Leeds CF guidance. The group agreed that those indications which are unlicensed are clearly annotated on the formulary.	Amber specialist initiation. Noted as "unlicensed" for bronchiectasis and CF	Cost neutral/low impact
Analgesic therapy flow cart for neuropathic pain, incorporating lidocaine 5% patch	This plan has been developed by YFT pain specialists in consultation with Scarborough Trust specialists and GPs, with an aim to rationalise the use of lidocaine 5% patch and reposition its RAG status.	Lidocaine 5% patch to move from a RED status to Amber specialist	Data taken from the CCG "Red drug report" indicates VoY spent around

		initiation with prescribing transferring to primary care after 1 month.	£22K between July to September 2016 whilst Scarborough CCG spent around £8k