


Item Number: 10	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body Date of meeting: 2 January 2020	 Vale of York Clinical Commissioning Group
Report Title – Board Assurance Framework	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report <p>The Board Assurance Framework should provide the Governing Body with assurance on progress against the CCG's strategic priorities. More detail is provided on each slide on the basis of a highlighted priority area with a heat map of reported risks on the last page. A down arrow demonstrates the risk is reducing, an up arrow means the risk is increasing and a box means the risk is stable.</p>	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

The Governing Body receive the Board Assurance Framework and confirms that it provides assurance appropriate to the strategic objectives of the organisation. The Governing Body note that the majority of the risks are reported at Committee level and that this is appropriate and that the scoring may change as staff become more familiar with the strategy and policy.

Decision Requested (for Decision Log)

The Governing Body receive the Board Assurance Framework

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

Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

Abigail Combes
Head of Legal and Governance

NHS Vale of York CCG

Strategic Objectives

Strengthen	<ul style="list-style-type: none">• GP services and support practices working closer together within their communities• Breaking down the barriers between community services at a local level• Clinical engagement focused on the patient pathway• Partnerships to support the transformation of hospital services
Improve	<ul style="list-style-type: none">• Access and quality of mental health services for adults and children• Cancer outcomes and quality
Facilitate and influence	<ul style="list-style-type: none">• Strategic partnerships with local government and providers• Greater focus on working locally• The creation of Integrated Care System or Partnership that provides safe, high quality services for the local population
Develop	<ul style="list-style-type: none">• Leaders for the future
Deliver	<ul style="list-style-type: none">• Financial sustainability of the local health and care system

Strengthen Primary Care to meet demand out of hospital and support with the development of partnership working focussed on the patient pathway

Impact

5	COR.02			
4			IG.01	
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
PCN Development	Dr Andrew Lee	<ul style="list-style-type: none"> - Organisational development funds allocated to CCG to support PCN development. - Initiated discussions to establish a Selby Town & District health partnership group. Ambition to create a functional sub-ICS in the next 12 months. - Initiated discussions with Primary Care Home in York regarding them taking a role in facilitating the Ageing Well Programme, specifically around anticipatory care. - Set up joint CCG – PCN meetings to develop shared understanding re: DES contracts, additional roles, etc. Next joint CCG – PCN Clinical Directors development meeting in January 2020 	Stable
Estates and Workforce	Dr Andrew Lee	<ul style="list-style-type: none"> - Currently exploring international recruitment with Health Education England/STP, as a possible means of addressing GP workforce shortfall - Promotion of the GP retention scheme via LMC to highlight ways to encourage GPs back into practice for max of 4 sessions a week. - Developing a bid for GP Resilience funding for a GP locum bank to support practices through this winter - Prioritise resource to further develop the draft workforce strategy. - Identified need to develop a public communications strategy regarding the new PCN Additional Roles to manage public expectations. - The CCG is jointly funding a YORLMC project looking at Practice Manager Resilience utilising GPFV monies which will be promoted in the new year - Work commenced to develop priority schemes to feasibility stage to complete the Primary Care Estates Strategy. Multi site and stakeholder meetings taking place in January 2020. 	Stable
Transforming Primary Care	Dr Andrew Lee	<ol style="list-style-type: none"> Urgent Care Transformation – work initiated on this managed change process. Clinical reference groups to meet in January 2020, with report back to Council of Reps and Governing Body in February & March respectively. Target mobilisation before winter 2020. Embedding Anticipatory Care – work initiated, to be delivered through Ageing Well Programme. Core multiagency working group set up. Exploring how AWP funding can be mobilised this year. Intelligence Analysis gap a priority in first year to identify target groups and priorities. Transformation of Referral Services to provide support to primary care through Rapid Expert Input. REI key priority with aim to set up and deliver by April 2020 at least for 2-3 key specialties initially.. 	Stable

Improving Access and Quality of Mental Health Services for Adults and Children

Impact

5				
4		JC.30	JC.26a; MH.02; MH.03; MH.04; MH.05	
3			JC.26b; JC.26c	
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Dementia Targets	Denise Nightingale	<p>Dementia targets are not being met and in fact are getting worse.</p> <p>Case finding in care homes continues and TEWV are undertaking a deep dive of roles within their team. There has been the recent recruitment of a band 7 post which will increase capacity.</p> <p>Referrals for the memory service continue with the average waiting time for assessment being 8 weeks.</p>	
Autism/ADHD	Denise Nightingale	<p>Although there is no specific performance target required, the waits are long for diagnosis and therefore treatment and support is not in place for patients as quickly as would be beneficial for those patients.</p> <p>The investment which has been put in is showing some sign of improving waiting lists but further work is required. The provider (TEWV) is intending to eliminate the backlog by mid 2020 and remain on track to do this.</p>	
CAMHS	Denise Nightingale	<p>Although the waiting lists are long and not improving rapidly, the CCG is content that the lists are appropriately risk managed by the provider. Patients are risk assessed and signposted to the correct services and overseen throughout the waiting list.</p>	

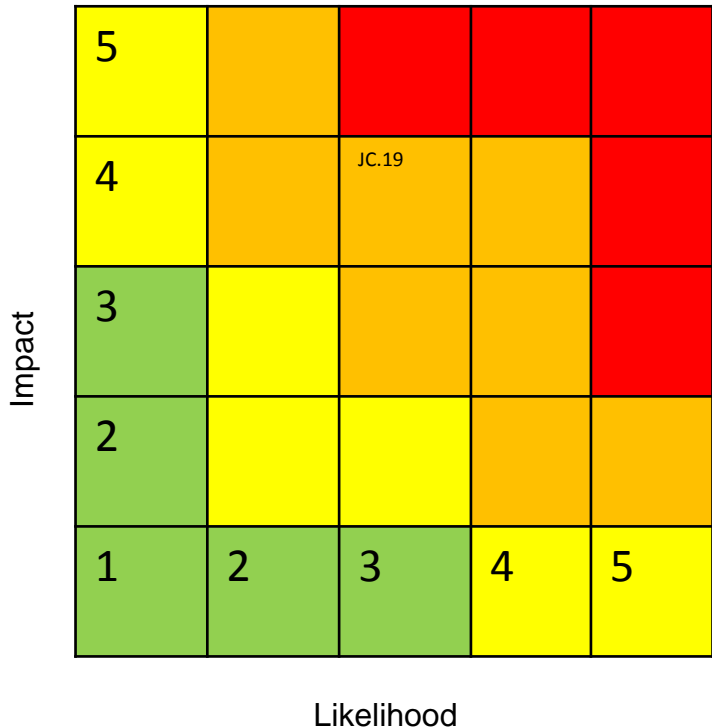
Facilitating and influencing partnership working to create high quality services for the population

Impact

5			QN.07	
4	ES.39; ES.15	ES.38	QN.04; QN.05; QN.06; ES.01; PLC.04; PLC.05; UPC.10; QN.03; PH.01; QN.08	
3	ES.22			
2	ES.40			
1	2	3	4	5

Current Priority	Exec Lead	Actions	Direction of risk travel
Working with the Local Authority on Delayed Discharges to get the right care in the right place at the right time	Phil Mettam	<ul style="list-style-type: none"> Formation of a Discharge Implementation Group Soft launch to test process and documents pending training day Cascade briefings via department meetings and incorporation into workshops using a values based narrative Single training day for staff applying the policy (social workers from three local authorities, discharge coordinators and CHC staff) being organised Coordinated approach and training by lawyers from local authorities and the NHS - Abby Combes Shared and simplified system for the capture of DTOC metrics - Sheena White Nigel Wells attended long stay patients peer review MDT at hospital on 17th December (as per ECIST recommendation). He will make suggestions to test increased GP input to discharge planning Participation by discharge staff in the intensive implementation of SAFER on three wards at York Hospital. NB the Policy is dependent upon the use of Expected Day of Discharge and Clinical Criteria for Discharge. 	Stable
Supporting providers to ensure safe high quality services	Michelle Carrington	<p>Quality Improvement Board established with CCGs, CQC & NHSE/I and YHFT to monitor and mitigate the quality and safety risks associated with the following: ECS performance - Actions: winter plan actions with daily reporting and improved escalation. Additional access to primary care. EDFD and streaming. Direct acceptance to downstream wards from ED. SDEC. Children's transformation plan. End to end review of harm and patient experience for 12 hour trolley waits.</p> <p>Infection prevention and control at YHFT - primarily Scarborough site Actions: IPC specialist input from CCGs and NHSE/I. System wide Outbreak Plan now in place and approval of business case for new HPV equipment.</p> <p>CQC report – safe domain 'inadequate' Scarborough Actions: improved staffing numbers at significant financial cost. QIB seeking definitive answer to CQC requirements for assurance and use of reg 31.</p> <p>RTT – potential for harm while waiting for elective care. Actions: Clinical risk assessments of the waiting lists in two specialties. Others progressing under care group structure under Medical Director leadership. Clinical harm reviews in place.</p> <p>Quality of discharges from YHFT –Actions: escalation to Chief Nurse YHFT. Discharge standard group established and led by Heads of Nursing with CCG support. Part of CDSG. Agreement for regular membership of Partners in Care. Trusted Transfer processes. Discharge standards policy in development.</p>	Stable
Sustainable Acute Fixed Contract Value	Simon Bell	The CCG has agreed a fixed value contract with the Trust. This is based on a number of savings assumptions to be delivered through a number of cost reduction initiatives. There remains a risk attached to each of the initiatives that the numbers attached to them were too ambitious or that there are reasons beyond the CCGs control which means they cannot deliver the projected results. This is monitored through SDB and reported through Finance and Performance Committee. It is likely that the some of the schemes will not deliver the projected savings but this is managed and other schemes are being developed.	Stable

Improving access and quality of cancer services



Current Priority	Exec Lead	Actions	Direction of risk travel
Cancer 62 days (Target 85%)	Phil Mettam	<p>C62D performance fluctuated between 84.2%-75.9% in the past 7 months. The subsystem has not been able to deliver target performance sustainably in the past 3 years; however this is the highest performance in the HCVCP. Active improvement work includes:</p> <ol style="list-style-type: none"> 1.) site specific optimal pathway programmes around the tumour sites most challenged including lung, prostate, colorectal and upper GI. The impact of this work is not possible to ascertain, something which is acknowledged by the new Cancer Alliance Board team as they reprioritise areas to target across partners from 2020/21. 2.) the importance of diagnosing vague symptoms to reduce the time to definitive diagnosis within 28 days (the new target for 2020/21) is being supported through the Rapid Diagnosis Centres pilots in two PCNs locally. YTHFT is shadow monitoring 28DD and this is 58%. 3.) FIT testing has gone live in October with more than 540 patients tested to date with a 12% positive diagnosis. This will assess the efficacy, speed to diagnosis and uptake of FIT against current faecal calprotectin screening. 4.) local and HCVCP work to optimise demand and capacity around diagnostics which support the cancer pathways including radiology, pathology & endoscopy. The local recovery work is supported by NEIST and will report recommendations in January 2020. There is an acknowledged shortfall in equipment for MRI, CT scanners and US in the subsystem. Availability of capital investment for a subsystem in financial recovery is a significant limiting factor. The CCG AO and Clinical Chair discussed this with the national NHSE/I leads on 18/12/19. 5.) understanding the staging of cancers for those patients converting from a 2 week referral <p>The CCG and partners should focus on jointly understanding the risks and key priorities to work on to improve the following cancer improvements moving forward:</p> <ul style="list-style-type: none"> ▪ 28 day definitive diagnosis ▪ Earlier staging (stage 1&2) ▪ Cancer survivorship 	Reducing risk.
2 Week Waits (Target 93%)	Phil Mettam	<p>2WWs performance is now at or close to target due to the impact of reporting diagnosis of dermatoscopes imaging as 'clockstops' on the RTT pathway. This is no longer a risk area for the BAF.</p>	Remove as a risk

Investing in and developing leaders for the future of the system

Impact

5				
4	ES.37			
3		IG.03		
2	COR.04	COR.01		
1	2	3	4	5


Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Improved staff well being and organisational development following restructure	Michelle Carrington	Actions: 'Engaging for Success' whole CCG time-out October 2019. Paper on People to Governing Body November 2019 for assurance and involvement. Lay member roles firmed up and role of Remuneration Committee. First staff 'engaging for success' bulletin published December 2019. Workstreams established for renewed Staff Engagement Group, Organisational Development, Staff Benefits and office environment with staff involvement. Draft Health and Wellbeing framework (Staff Wellbeing Strategy) and development of the Organisations Coaching Offer. Draft Leadership Development Programme; Management to Leadership Programme and OD plan on a page	Stable
Shared Organisational Development	Phil Mettam	<p>We have met with the Local Authority to understand the process they are going through to develop OD within the Local Authority. Action: LA will liaise with the CCG in the new year after they have completed an exercise to hear staff views.</p> <p>We have also undertaken work to understand the Leadership programmes with the Regulators and the STP and see how they might align with our plans.</p>	Stable

Risks referred to in BAF

Red risks (score of 25 – 20)	Improving or worsening	Amber risks (score of 20-10)	Improving or worsening	Green risks (Score 10 and below)	Improving or worsening
QN.07 Health Assessments for children		ES.38 Delivery of financial plan		IG.03 data accessed by outgoing employees	
QN.04 12 hour waits – harm		JC.26a CAMHS long waits		IG.02 iQA live test data	
QN.05 Quality of acute discharges		JC.26b Children’s autism assessments		COR.04 Employment Tribunal following restructure	
QN.06 Infection Control processes		JC.26c Children’s eating disorder provision		COR.03 Internal CCG out of hospital staff capacity	
MH.02 Autism/ADHD adult assessment waiting times		JC.30 Dementia diagnosis rates		ES.22 Maintain sufficient cash balances	
MH.03 ADHD prescribing		ES.01 Financial Recovery schemes		ES.15 Create sustainable financial plans	
MH.04 ADHD/autism assessment waiting list long waits		JC.19 62 day waits for cancer		ES.14 Estates provision CCG	
MH.05 Contract expiry with MH provider		PLC.04 Diagnostic targets		ES.40 CCG Business Intelligence Service provision	
IG.01 Data transition to NECS from eMBED		PLC.05 18 week RTT target		ES.39 GP and Corporate IT provision	
PH.01 Hep C provision		UPC.10 4 hour A&E target		ES.37 Running Costs following restructure	
QN.08 Planned Care waiting lists - harm		QN.03 Specialist nursing service quality		COR.01 HR shared service provision	

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Item Number: 10	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body Date of meeting: 2 January 2020	 Vale of York Clinical Commissioning Group
Report Title – Risk Strategy and Policy	
Purpose of Report <i>(Select from list)</i> For Approval	
Reason for Report <p>The Governing Body devised a new risk appetite statement which has resulted in the need to review the CCGs Risk Strategy and Policy. The Policy needs to be approved by Governing Body on 2 January 2020. A copy will be provided at the meeting with the changed sections highlighted and presented by the Head of Legal and Governance.</p>	
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Risks/Issues identified from impact assessments:

Recommendations

The Governing Body approve the new strategy and policy and endorse its use by staff with immediate effect.

Decision Requested (for Decision Log)

The Governing Body approve the CCG's Risk Policy and Strategy including the risk appetite statement and scoring matrix

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

Responsible Executive Director and Title

Phil Mettam, Accountable Officer

Report Author and Title

Abigail Combes, Head of Legal and Governance

Policy and Strategy to follow at meeting