

# NHS Vale of York CCG

## Strategic Objectives

Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.

Support innovation and transformation in the development of sustainable mental health and complex care services

Working with partners to ensure availability of diagnostic services including but not limited to cancer services

Achieving and supporting system financial sustainability

Work with system partners to ensure provision of high quality, safe services.  
Work as partners to safeguard the vulnerable in our communities to prevent harm

Support the wellbeing of our staff and manage and develop the talent of those staff

Support primary care to deliver services in a sustainable way whilst developing strong system partnership

Impact

5				
4				
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1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintain strong and proactive track and trace support to practices, supplemented with responsive contingency plans to support practices to work in a Covid Safe way.	Steph Porter	<ul style="list-style-type: none"> <li>- Engage in testing practice business continuity planning</li> <li>- Review and support remote working</li> <li>- Ensure best practice with Infection Control and Prevention</li> <li>- Work to make clear trigger points to stand up Hot sites beyond practice level plans</li> </ul>	Remains high as we await to impact of national lockdown measures. Staff self isolating clinical and non-clinical remains challenging
Continue to develop and enhance the OPEL escalation reporting framework and to ensure consistency of application and support to practices and PCN at appropriate OPEL levels.	Steph Porter	<ul style="list-style-type: none"> <li>- good sign up of VoY practices, working with partners on the NY introduction</li> <li>- Reviewing consistency of understanding of mutual aid at different levels of OPEL practice and PCN level</li> <li>- Looking at where additional capacity can be introduced into the system across the winter months to offer practice and quick responses to support primary care</li> <li>- Develop heat map and OPEL reporting to ensure that system partners sighted on pressure in primary care including community pharmacy</li> </ul>	Wider impact on primary care ramping up of both increased positive covid cases, and surge implementation from other partners then having a knock on effect to practices.
PCN surge planning to link to OPEL to confirm winter support and wider system interaction and understanding of pressures in primary care.	Steph Porter	<ul style="list-style-type: none"> <li>- Practical support to a single IT system to support surge capacity</li> <li>- CD engagement in proposals and local variation to support different responses for Vale/Central</li> <li>- Linking in wider release of funds to PCN for OD/GPFV monies to support risk assessed prioritisation</li> </ul>	Plans in place in principle, but not finalised so remains a level of risk of implementation in advance of requirement

Support innovation and transformation in the development of sustainable mental health and complex care services

Impact

5		MH.07		
4			MH.04; MH.05; MH.06; MH.09	
3		JC.30; MH.08	JC.26b; JC.26c; MH.01	
2		JC.26a		
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> <li>Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI)</li> <li>Focus on recovery due to the potential surge in demand in mental health and crisis services which includes continuation of the all age crisis line, acute liaison and the resilience hubs</li> <li>Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care.</li> </ul>	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> <li>Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers.</li> <li>Continue to provide CHC support to multidisciplinary discharge hub teams.</li> <li>Re-imaging the use of CCG CHC fast track funding using a phased approach to provide improved end of life care services. In the first phase the CCG will work with partners at the hospice to bolster end of life care at home and commission additional night care to support system resilience.</li> </ul>	Increasing due to second wave
Keeping people safe with complex care needs	Denise Nightingale	<ul style="list-style-type: none"> <li>Continue to provide proportionate virtual reviews of people with fully funded CHC packages of care being undertaken which require on-going case management and support to providers of care and clients with new and on-going equipment needs</li> </ul>	Increasing due to second wave

Working with partners to ensure availability of diagnostic services including but not limited to cancer services

Impact

5				
4			PLC.05	
3		UPC.10		
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
<ul style="list-style-type: none"> <li>To optimise all elective capacity available to reduce long waits and minimise risk to patients</li> </ul>	Phil Mettam	<ul style="list-style-type: none"> <li>Continued single oversight of local and HCV waiting lists across NHS and IS providers and mutual aid to target highest risk/ longest waits where possible</li> <li>Continued clinical validation and prioritisation of admitted waiting lists in line with RCOS guidelines</li> <li>Optimising all capacity across NHS and IS providers through:                             <ul style="list-style-type: none"> <li>- the national and local IS contractual arrangements, and</li> <li>- adoption of best practice nationally for surgery and theatre productivity from Adopt &amp; Adapt blueprint are embedded across providers</li> <li>- continued support locally for the principles embodied by 'prime provider models'</li> </ul> </li> <li>Further scoping of the elective hub for the HCV to ensure opportunities to target the longest waits are explored (ophthalmology &amp; orthopaedics)</li> <li>Scoping of 'alternative offers of support and care' for patients who may wait for long periods on waiting lists</li> <li>Drive outpatient care transformation adopting best practice nationally from Adopt &amp; Adapt outpatients blueprint</li> </ul>	Downward as impact of Wave 2 C-19 high on elective
To optimise all diagnostic capacity available to reduce long waits, address backlogs and support clinicians in remote monitoring of patients and cancer diagnosis	Phil Mettam	<ul style="list-style-type: none"> <li>Continued development of all priority improvement work around endoscopy, CT, MRI and imaging which supports optimising referrals to diagnostics, developing a resilient workforce and targets investment in mobile capacity to support shared access across HCV (all in line with national best practice captured in the Adopt &amp; Adapt Diagnostics blueprints)</li> <li>Further scoping of the Community Diagnostics Hubs across the HCV to provide augmented capacity in shared hubs in line with the recommendations of the Richards Review</li> <li>Further scoping of Local Diagnostics Hubs to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry)</li> </ul>	Stable though risk of Wave 2 C-19 on workforce capacity remains a significant risk
To support partners in achieving the	Phil Mettam	<ul style="list-style-type: none"> <li>Continued transformation of urgent care delivery by out of hospital providers through more integrated models of delivery co-designed to optimise capacity and resilience</li> <li>Continued support and leadership to partners to drive the priorities for 'pre-hospital' urgent care delivery and resilience which ensure all first contact services and</li> </ul>	Stable though operational pressures

# Achieving and supporting system financial sustainability

Impact

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4	IG.01			
3				
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1	2 ES.38; ES.15; ES.22	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> <li>- Completion and submission of organisational and system financial planning returns in line with ICS and national guidance and timetable.</li> <li>- Triangulate planning requirements across the ICS, North Yorkshire and York sub-system and with the relevant provider</li> <li>- Ensure appropriate financial governance arrangements are in place and complied with.</li> </ul>	Stable
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	<ul style="list-style-type: none"> <li>- Establish and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG</li> <li>- Triangulate funding requirements and transactions across the ICS, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider.</li> <li>- Establish and maintain clear processes around Hospital Discharge Programme costs with City of York Council</li> <li>- Build funding details into financial plans and monthly reporting and monitoring processes.</li> <li>- Ensure IS national funding is maximised in support of managing elective waiting list reduction while mitigating any risk of local arrangements being non-compliant with emergent guidance on reimbursement by collective, regular review and risk sharing arrangements.</li> </ul>	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> <li>- Contribute to the development financial framework for place, CYC integration, and PHM programme of work</li> <li>- Ensure the balancing of risk and progressive development of place.</li> </ul>	Stable

Work with system partners to ensure provision of high quality, safe services.  
 Work as partners to safeguard the vulnerable in our communities to prevent harm

Impact

5		QN.07		
4	QN.06; QN.12	QN.04; QN.13; QN.14	QN.03; QN.05; QN.08; QN.16; QN.18	QN.09; QN.15
3				
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1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> <li>To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement.</li> <li>Work with YTHFT with new established Patient Safety Board to build upon progress made.</li> <li>Work with YTHFT to improve patient safety systems and processes, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team.</li> <li>Build connections with CCG Primary Care Team to strengthen approaches to quality &amp; safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services</li> <li>Working collaboratively with LA and health partners to improve services for children and young people with Specials Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities.</li> </ul>	Stable
Supporting Independent providers /Care Homes through covid to prevent suffering and deaths	Michelle Carrington	<ul style="list-style-type: none"> <li>Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff.</li> <li>Daily meetings with LA to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits.</li> <li>Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention.</li> <li>Work with system partners to effectively implement an enhanced offer to care homes including from primary care and community services</li> </ul>	Stable
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	<ul style="list-style-type: none"> <li>Continue to support partners in the delivery of the Flu vaccination program. Delivery within the CCG is currently higher than in previous years for key at risk groups. Key risk to delivery is delayed release of additional vaccine supplies ahead of further workforce impact of covid/test and trace.</li> <li>Work with Public Health and local system partners to establish plans for the delivery of covid vaccine. Plans to be developed by 1<sup>st</sup> December.</li> </ul>	Stable

Support the wellbeing of our staff and manage and develop the talent of those staff

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Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified actions that it needs to take which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	A script has been developed for managers to use with their staff for this initial conversation and plans are being developed to incorporate this into the appraisal process with appropriate standardised training for line managers	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	↓	PLC.05 Total waiting list to January 2019 level	▬	QN.13 Dispute over delivery of Hep C vaccine	▬
QN.09 SEND Inspection significant improvements needed	▬	UPC.10 4 hour A&E target	▬	QN.14 Concern over primary care practice	▬
QN.15 CQC inspection results on YTHFT services	↓	JC.26b Children's autism assessments	▬	QN.16 Initial health checks LAC	▬
MH.07 Physical health checks in LD patients not being done	↓	JC.26c Children's eating disorder provision	▬	QN.18 Impact of changes to NYCC healthy child programme	▬
MH.01 Health checks in mental health patients not being done	▬	JC.30 Dementia diagnosis rates	▬	JC.26a non compliance with CYP eating disorder wait requirements	▬
MH.04 Excess waiting times for autism and ADHD diagnosis	▬	QN.03 Specialist nursing service quality	↓	ES.15 Create sustainable financial plans	▬
MH.05 Contract expiry with MH provider	▬	QN.04 12 hour ED breaches	▬	ES.22 Cash Balance availability	▬
MH.06 ADHD service CQC breach notice; contracting issue	▬	QN.05 Poor discharge standards	▬	ES.38 Failure to deliver a sustainable financial plan	▬
MH.08 Adults eating disorder health checks not done	▬	QN.06 IPC standards at YTHFT	▬		
MH.09 CYP ED increase in referrals	▬	QN.08 Planned care waiting list quality assessment	▬		
IG.01 data may be compromised in the NECS transition	▬	QN.12 Missed prenatal pertussis vaccine	▬		