Agenda

NHS
Southport and Formby
Clinical Commissioning Group

# Governing Body Meeting in Public
# Agenda

To be held on Wednesday, 31 July 2013 at 1.00pm to 4.00pm
The Family Life Centre, Ash Street, Southport PR8 6JH

**Please note: the formal Board meeting will commence following a brief period when members of the public will be able to highlight any particular areas of concern / interest and address questions to Board members.**

| | | |
|---|---|---|
| **Attendees** | | |
| Dr Niall Leonard | Chair, GP Board Member | (NL) |
| Helen Nichols | Vice Chair, Lay Member | (HN) |
| Dr Robert Caudwell | Clinical Vice-Chair, GP Board Member | (RC) |
| Dr Martin Evans | GP Board Member | (ME) |
| Dr Liam Grant | GP Board Member | (LG) |
| Dr Hilal Mulla | GP Board Member | (HM) |
| Dr Graeme Allan | GP Board Member | (GA) |
| Roy Boardman | Practice Manager Board Member | (RB) |
| Karen Leverett | Practice Manager Board Member | (KL) |
| Fiona Clark | Chief Officer | (FLC) |
| Martin McDowell | Chief Finance Officer | (MMcD) |
| Debbie Fagan | Chief Nurse | (DF) |
| Roger Pontefract | Lay Member | (RP) |
| Dr Jeff Simmonds | Secondary Care Doctor, Board Member | (JS) |
| Peter Morgan | Deputy Chief Executive, Sefton MBC (Co-opted Member) | (PM) |
| **In attendance** | | |
| Jan Leonard | Joint Head of CCG Development | (JL) |
| Billie Dodd | Joint Head of CCG Development | (BD) |

The meeting will be preceded by the following presentations:

(1) Update on Merseycare NHS Trust's application for Foundation Trust status by Fleur Blakeman

(2) Public Health Presentation by Hannah Chellaswamy.

| No | Item | Lead | Verbal/ Report | Action |
|---|---|---|---|---|
| Introductory | | | | |
| 13/85 | Apologies for Absence | Chair | Verbal | To note |
| 13/86 | Declaration of Interest | Chair | Verbal | To note |
| 13/87 | Minutes of Previous Meeting | Chair | Report | To approve |
| 13/88 | Action Points from Previous Meeting | Chair | Report | To discuss |
| 13/89 | Business Update | Chair | Verbal | To note |
| 13/90 | Chief Officer Report | FLC | Report | To note |
| 13/91 | Portfolio Leads Update | All | Verbal | To note |

Agenda

| No | Item | Lead | Verbal/ Report | Action |
|---|---|---|---|---|
| **Performance** | | | | |
| 13/92 | Performance Reports | | | |
| | (a) Corporate Performance Report | MMcD | Report | To note |
| | (b) Finance Update | BP | Report | To note |
| | (c) Prescribing Update | MC / DF | Report | To note |
| 13/93 | 2012/13 Outcome of Prescribing Quality Scheme | BP | Report | To approve |
| Strategy | | | | |
| 13/94 | Community Anti-Coagulation Service Procurement – Update | Billie Dodd | Report | To approve |
| Governance | | | | |
| 13/95 | Assurance Framework | TJ | Report | To note |
| 13/96 | Update of Terms of Reference – Board Committees | TJ | Report | To approve |
| Information | | | | |
| 13/97 | Minutes of Committees | Various | Reports | To note |
| | a) Audit Committee *[no meeting held]* | | | |
| | b) Quality Committee | | | |
| | c) Finance & Resource Committee | | | |
| | d) Merseyside CCG Network | | | |
| | e) Health and Wellbeing Board | | | |
| | f) Medicines Management Operational Group | | | |
| | g) Strategic Integrated Commissioning Group | | | |
| | h) Engagement and Patient Experience Group | | | |
| | i) Locality Meetings -<br>Ainsdale & Birkdale Locality<br>Formby Locality<br>Central Locality<br>North Locality | | | |
| 13/98 | Register of Interests | FLC | Report | To note |
| 13/99 | Hospitality Register | FLC | Report | To note |
| 13/100 | Any Other Business | | | |
| | Date, Time and Venue of Next Board Meeting<br>Wednesday, 25 September 2013 at 1.00pm at the Family Life Centre | | | |

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business of be transacted, publicity on

which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

NHS
Southport and Formby
Clinical Commissioning Group

# Meeting of the Governing Body
# Minutes



Held on Wednesday, 29 May 2013 at 1.00pm
The Family Life Centre, Ash Street, Southport

| | | |
|---|---|---|
| **Members** | | |
| Dr Niall Leonard | Chair, GP Governing Body Member | (NL) |
| Helen Nichols | Vice Chair, Lay Member | (HN) |
| Dr Robert Caudwell | Clinical Vice-Chair, GP Governing Body Member | (RC) |
| Dr Liam Grant | GP Governing Body Member | (LG) |
| Dr Hilal Mulla | GP Governing Body Member | (HM) |
| Roy Boardman | Practice Manager Governing Body Member | (RB) |
| Karen Leverett | Practice Manager Governing Body Member | (KL) |
| Fiona Clark | Chief Officer | (FLC) |
| Martin McDowell | Chief Finance Officer | (MMcD) |
| Debbie Fagan | Chief Nurse | (DF) |
| **In Attendance** | | |
| Malcolm Cunningham | Head of Performance & Health Outcomes | (MC) |
| Sarah McGrath | Locality Development Manager | (SM) |
| Lyn Cooke | CMCSU | (LC) |
| Brendan Prescott | Lead for Medicines Management | (BP) |
| **Apologies** | | |
| Dr Martin Evans | GP Governing Body Member | (ME) |
| Dr Graeme Allan | GP Governing Body Member | (GA) |
| Roger Pontefract | Lay Member | (RP) |
| Dr Jeff Simmonds | Secondary Care Doctor, Governing Body Member | (JS) |
| Peter Morgan | Deputy Chief Executive, Sefton MBC (Co-opted Member) | (PM) |
| **Minutes** | | |
| Anne Lucy | Administrator | |

| Name | Position | 27.03.13 | 29.05.13 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Dr Niall Leonard | Chair, GP Board Member | ✓ | ✓ | | | | | | | |
| Helen Nichols | Vice Chair, Lay Member | ✓ | ✓ | | | | | | | |
| Dr Robert Caudwell | Clinical Vice-Chair, GP Board Member | ✓ | ✓ | | | | | | | |
| Dr Martin Evans | GP Board Member | ✓ | A | | | | | | | |
| Dr Liam Grant | GP Board Member | A | ✓ | | | | | | | |
| Dr Hilal Mulla | GP Board Member | A | ✓ | | | | | | | |
| Dr Graeme Allan | GP Board Member | L | A | | | | | | | |
| Roy Boardman | Practice Manager Board Member | ✓ | ✓ | | | | | | | |
| Karen Leverett | Practice Manager Board Member | ✓ | ✓ | | | | | | | |
| Fiona Clark | Chief Officer | ✓ | ✓ | | | | | | | |
| Martin McDowell | Chief Finance Officer | ✓ | ✓ | | | | | | | |
| Debbie Fagan | Chief Nurse | ✓ | ✓ | | | | | | | |
| Roger Pontefract | Lay Member | A | A | | | | | | | |

| Name | Position | 27.03.13 | 29.05.13 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Dr Jeff Simmonds | Secondary Care Doctor, Board Member | ✓ | A | | | | | | | |
| Peter Morgan | Deputy Chief Executive, Sefton MBC (Co-opted Member) | A | A | | | | | | | |

The formal Governing Body meeting commenced following a brief period when members of the public were able to highlight any particular areas of concern/interest and address questions to Governing Body members.

The Chair welcomed everyone to the meeting and gave a background to the development and work of THE CCG. The members of the CCG introduced themselves. The meeting noted that there have been and would continue to be opportunities for members of the public and stakeholder groups to contribute and influence the development of the CCG.

**Questions received**

*Cllr Hands asked how the CCG would access hospital services in Southport and Formby?*

FLC explained that the hospital landscape would remain unchanged. Secondary care services would continue to be commissioned with specialised services, eg cancer, being commissioned by NHS England. GP practices, dentists, ophthalmologists and pharmacies were managed via contract by NHS England. The CCG will work to ensure a coherent system which includes commissioning for the local population.

*Adrian Lee asked whether there was provision for eye care in Southport & Formby?*

NL explained that eye care had traditionally been provided by hospitals but, by additionally adopting successful models of care used elsewhere, the increase in the number of other providers should mean that patients may be seen without the necessity of a hospital visit.

| No | Item | Action |
|---|---|---|
| 13/58 | **Apologies for absence**<br>Apologies were noted. | |
| 13/59 | **Minutes of Previous Meeting**<br>These were approved as an accurate record of the previous meeting. | |
| 13/60 | **Action Points from Previous Meeting**<br>13/29 Low Utilisation of Summary Care Record – in progress. RC to liaise with Billie Dodd. Roy Boardman to discuss at practice managers' meeting.<br>13/43 Southport and Ormskirk NHS Trust Patient Administration System (PAS) and Information Technology (IT) Update – will be addressed later.<br>13/47 Register of Interests – included in this meeting's agenda. | |

| No | Item | Action |
|---|---|---|
| 13/61 | **Business Update**<br>The Chair noted that the Health and Wellbeing Board became a statutory board from 01 April 2013. This new concept to oversee the services shared between health and local authorities and would be supported by:<br>• Collaboration with surrounding CCGs (Clinical Network meetings)<br>• Increasing awareness of GP budgetary responsibilities and supporting tools<br>• Using risk stratification tools<br>• Working to improve patient journeys on clinical pathways as part of the Strategic Partnership Board's work programme<br>• Working with NHS Merseyside and ICO to improve performance<br>• Developing partnerships with Members of Parliament to increase understanding of local communities.<br>Work continues on Care Closer to Home as the main strategy for the CCG.<br>Noted | |
| 13/62 | **Chief Officer Update**<br>FLC referred members to the Chief Officer's report (dated 20 May 2013) for full details. Attention was drawn to:<br>• NHS England has produced a draft assurance framework. Issues are to be addressed with NHS England (Merseyside);<br>• A&E performance in Southport and Formby to be addressed in cooperation with NHS England (Merseyside);<br>• Guidance had been received re the path for amendments to the CCG constitution. The CCG had been advised to address whistle blowing and gagging clauses. This will be done in consultation with the Wider Constituent Group. | |
| 13/63 | **Portfolio Leads Update**<br>RB Some problems had been encountered re GP payments after March 2013, which have now been resolved. RB also reported that he is examining ways to improve information displayed in practice waiting rooms.<br>RP Training from Carter Corson had helped develop the Engagement and Patient Experience Group strategy, targets and action plan. EPEG had been asked to hold the CCG to account re delivery of the NHS constitution.<br>RC Problems with IT / Informatics had been experienced, but are being addressed.<br>NL Cardiology ICPG has benefitted from good engagement by all parties to review four cardiology pathways. Work already completed on North Mersey QIPP should assist with pathways. Engagement from ICO is required. | |

| No | Item | Action |
|---|---|---|
| | HM Dementia ICPG met to map existing dementia pathways. Merseycare's six weekly communication strategy has been updated and will be reflected in the terms of reference. A pilot project studying operational aspects of delivery of mental health services is being expanded to include Southport Community. Practice groups are being set up to work with primary care and integrated commissioning services. A relationship manager is expected to be allocated to each practice.<br>HM will provide an update at the next Governing Body meeting on the appointment of eight new primary care liaison officers.<br>BP Medicines Management prescribing quality scheme is almost ratified. Consultation will take place with GPs re New Fair Share formula. Wound Care cost sharing between CCG and ICO is being discussed. Warfarin will continue to be used as the main anti-coagulant. This will be discussed at the Finance & Resource Committee.<br>KL Working to improve communication between practices and patients and working with practices to assist with CQC.<br>LG Respiratory ICPG work stream is progressing. A visioning event in July to review / redesign the pathway will be open to the public. Some differences in services exist between Southport & Formby and West Lancashire. | |
| 13/64 | **Performance Reports**<br>**(a) Finance Update**<br>Overall a positive report was given in terms of CCG finance. Additional pressures caused by providers in Merseyside on fixed price agreements has been offset by additional contributions to funds, resulting in a relatively small overspend.<br>Noted | |
| | **(b) Prescribing Update**<br>As data received is at least six weeks behind the current date, the month 12 figures are to be presented at the next meeting.<br>Noted. | |
| | **(c) Activity and Quality Report**<br>Work is underway with GPs to improve cancer waits and cancer pathways.<br>Latest figures indicate that the Trust is compliant in most areas of the 18 week wait. The next report is expected to contain CCG specific information.<br>Performance against healthcare associated infections has improved. Maintaining this in future will be challenging.<br>Performance terminology needs to be clearly defined to avoid any misinterpretation now that reports are open to public scrutiny. Action: NL to investigate reporting terminology.<br>Noted. | NL |

| No | Item | Action |
|---|---|---|
| 13/65 | **Draft Strategic Plan**<br>This will be discussed at the Wider Group in July, to increase participation. Some gaps remain in the plan. The Communications Team have been asked to set up a further 'Big Chat' to stimulate public participation and debate around the S&F CCG strategic plans and prospectus.<br>Noted. | |
| 13/66 | **Draft CCG Prospectus**<br>Approval has been sought for the Annual Plan – Everyone Counts. Action: HN to pass detailed comments to FLC.<br>Approved subject to minor amendments. | HN |
| 13/67 | **Cancer Services Update**<br>Cancer incidence is on the increase especially in some tumour groups eg skin and liver with the commonest cancers being bowel, breast and prostate. Survival is improving but falls behind that of our European neighbours<br>Southport and Formby CCG have developed a cancer strategy.<br>DNAs and cancellations are problematic. GPs are to give out patient leaflets stressing the importance of attending appointments. St Marks practice have sample letters that they will share with other practices.<br>Noted. | |
| 13/68 | **Managing Conflicts of Interest Policy**<br>FLC noted that this is one of the key documents in terms of transparency and management of conflicts of interest allowing management and decision making processes to continue. and advised that if there was any element of doubt over what could be a conflict of interest it would be sensible to declare it.<br>Some amendment was required to the body of the document and additional points needed to be included. The group agreed to seek advice in terms of what constituted an 'offer' and what needed to be declared.<br>Action: amend document as discussed, seek advice on "offer".<br>Approved subject to action. | FLC |
| 13/69 | **End of Life Care Services**<br>Deferred to part 2 of the meeting (due to commercial sensitivity) | |
| 13/70 | **Board Assurance Framework**<br>FLC went through the highlights of the progress report. HN requested that all risks should be reviewed at future meetings of the Governing Body.<br>Noted. | FLC |

| No | Item | Action |
|---|---|---|
| 13/71 | **Update Terms of Reference – Board Committees**<br>FLC asked for this item to be deferred to July 2013 as it had not been possible to incorporate the amendments received at last week's committees before this meeting. The amendments need to be reviewed by NHS England (Merseyside).<br>Agreed | FLC |
| 13/72 | **Register of Interests**<br>Action: Include Dr Randall (Dr Leonard's spouse) and Dr Allen's interests on the register.<br>Noted | FLC |
| 13/73 | **Hospitality Register**<br>Noted | |
| 13/74 | **Minutes of Committees**<br>Noted | |
| 13/75 | **Any Other Business**<br>None | |
| 13/76 | **Date, Time and Venue of Next Board Meeting**<br>Wednesday, 31 July 2013 at 1.00pm at the Family Life Centre. | |

NHS
Southport and Formby
Clinical Commissioning Group

# Meeting of the Governing Body
# Action Points

Wednesday, 29 May 2013 at 1.00pm

| No | Item | Action |
|---|---|---|
| 13/64 | **Performance Reports**<br>**(a) Activity and Quality Report**<br>Performance terminology needs to be clearly defined to avoid any misinterpretation now that reports are open to public scrutiny. Action: NL to investigate reporting terminology. | NL |
| 13/66 | **Draft CCG Prospectus**<br>Approval has been sought for the Annual Plan – Everyone Counts. Action: HN to pass detailed comments to FLC. | HN |
| 13/68 | **Managing Conflicts of Interest Policy**<br>Some amendment was required to the body of the document and additional points needed to be included. The group agreed to seek advice in terms of what constituted an 'offer' and what needed to be declared.<br>Action: amend document as discussed, seek advice on "offer" | FLC |
| 13/70 | **Board Assurance Framework**<br>HN requested that all risks should be reviewed at future meetings of the Governing Body. | FLC |
| 13/71 | **Update Terms of Reference – Board Committees**<br>FLC asked for this item to be deferred to July 2013 as it had not been possible to incorporate the amendments received at last week's committees before this meeting. The amendments need to be reviewed by NHS England (Merseyside). | FLC |
| 13/72 | **Register of Interests**<br>Action: Include Dr Randall (Dr Leonard's spouse) and Dr Allen's interests on the register. | FLC |

NHS
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# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/90 | **Author of the Paper:** |
| **Report date:** 22 July 2013 | Fiona Clark<br>Chief Officer<br>fiona.clark@southseftonccg.nhs.uk<br>Tel: 0151 247 7061 |

**Title:** Chief Officer's Report

**Summary/Key Issues:**

This paper presents the Governing Body with the Chief Officer's monthly update.

**Recommendation**

The Governing Body is asked to note the contents of this report.

| | |
|---|---|
| Note | x |
| Approve | |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| x | To maintain systems to ensure quality and safety of patient care. |
| x | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| x | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| x | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |
| Clinical Engagement | | | x | |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| x | Preventing people from dying prematurely |
| x | Enhancing quality of life for people with long-term conditions |
| x | Helping people to recover from episodes of ill health or following injury |
| x | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

NHS
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Clinical Commissioning Group

# Report to Governing Body
# July 2013

## 1. 111 Update

1.1. The 111 service went live on 21 March 2013 currently NHS Direct handle approximately 30% of the planned and contracted call volumes. Presently OOHs providers, NWAS and the 0845 national contingency arrangements are dealing with the other 70% and contingency arrangements have been made.

1.2. The South Sefton and Southport & Formby CCGs Local Clinical Assurance Group (LCAG) continue to meet to fulfil their clinical governance assurance function for the service. Proper and full reporting will ensure that the LCAG has a full picture of what has and is happening with service delivery to patients and the performance of the contract. Central Government has confirmed its commitment to the NHS 111 concept.

1.3. Clinicians from across the North West have met to consider the model of NHS 111 and have worked on this within the framework of the national model for NHS 111 to consider the options to improve and develop the services to ensure they are fit for purpose for the future.

## 2. Strategic Plan

2.1 The CCG Management Team are meeting with Clinical Programme Leads to develop plans which build upon the work undertaken in the last Board Development Session. These plans are due to be presented by the Head of CCG Development to the Senior Management Team in last July for further discussion.

2.2 Plans are expected to be agreed with clinical programme leads by mid-August and will then be consolidated into an overall plan for the CCG which looks at proposals within the overall affordability envelope.

2.3 This plan will then be shared with the Wider Constituent Group who will be asked to comment and approval before ratification by the Governing Body in the September meeting.

## 3. CQC Thematic Inspection

3.1 The CQC is undertaking a themed inspection programme focussing on transition arrangements for children with complex health needs to adult services. Information on individual cases was uploaded to the CQC system by the CSU in time for 15 July 2013 deadline.

3.2 The CCG is awaiting the outcome of this thematic inspection which could also include a site visit by the CQC to the local area. From an accountability perspective, the Chief Nurse has been identified to the CQC as the lead officer for this thematic inspection.

## 4. Safeguarding Children

4.1. Sefton Council are expecting a safeguarding children statutory inspection imminently (the date has yet to be confirmed).

4.2. Although the inspection will concentrate on local authority processes there may need to be involvement from the CCG and constituent practices regarding partnership working within Sefton regarding safeguarding. This has been reported to the Quality Committee who asked for communication to be commenced between the CCG and the Local Authority. The CCG has received some general information regarding the inspection process and are awaiting formal briefings to commence.

4.3. From an accountability perspective, the Chief Nurse will be the lead officer for any involvement by the CCG with support from the Safeguarding Hosted Service, Designated Doctor Safeguarding Children and Named GP for Safeguarding Children.

## 5. Safeguarding Adults

5.1. The CCG have been contacted by NHS England (Merseyside) following an alert from the national team about a seclusion concern in a provider unit outside of the North West. The CCG has been asked to provide assurance regarding awareness of the outcomes of CQC inspections within Learning Disability service providers, and the CCG has also been asked to cooperate by providing any necessary local intelligence.

5.2. The CCG has responded giving assurances around locally commissioned services. The Chief Nurse has asked for mutual assurance for those services commissioned by the Specialist Commissioning Team which responsibility for sits within NHS England.

5.3. The CCG is not aware of any safeguarding and patient safety issues in relation to any of the CCG residents who are placed in provider units which are commissioned by the Specialist Commissioning Team.

## 6. Francis (2) CCG Action Plan

6.1 This action plan has been completed and presented to the Quality Committee in June 2013. This will also be presented to the Audit Committee in September 2013. Monitoring of progress will be via the Quality Committee.

6.2 The Chief Nurse is liaising with the CCG Head of CCG Corporate Delivery and the CSU Lead for Organisational Development to further develop this plan and deliver on the actions contained within, including the internal focus on the CCGs own development needs in this area.

## 7. Public Health Procurement and Review Activity (Local Authority)

7.1. Public health is undergoing three large reviews which will incorporate their current commissioned activity. These are:

- Healthy Weight Services
- Integrated Well being services
- Adult and young people substance misuse services.

Following the review; the aim is to procure new services for 1st April 2014, Sefton Council have mapped all stakeholders and identified how they would like to work with them and the types of communication to enable fullest coverage and participation.

7.2. Provision for both Sexual Health and School Nursing Provision is currently being reviewed and procurement schedules defined with advertisement for expressions of interest.

## 8. Pioneers In Integration Care & Support Bid – West Lancashire/Southport & Formby/South Sefton Bid

8.1. At a time of wide-spread pressures on urgent care services, ageing populations and with many eyes focused on the NHS, working together in collaboration and striving for improvement has never been more important. An opportunity has arisen to participate in a national programme and therefore an expression of interest has been submitted to become a national Pioneer Site for Integration.

8.2. The joint vision for our community is simple – that they are **"Happy, well and independent"** and in essence it is about delivering better outcomes and streamlined care; and allowing for everything to be in place so that our communities can have a good and healthy life. Our ambition is to boost our integration work, while keeping a firm grasp of both the detail and the wider picture, so we can deliver the improvements our health economy, partners and local communities need. Being a pioneer site is not only a promising and natural next step, it will be a catalyst to enable us to progress our work with energy and results, allowing us to showcase the possibilities and educate our colleagues across the country. This will not only shape and enhance our own local journey, but also inspire others to do the same – in turn strengthening healthcare across the country.

8.3. There are a broad range of partners participating in this integration, including: NHS Southport & Formby CCG; NHS West Lancashire CCG, NHS South Sefton CCG; Southport & Ormskirk Hospital NHS Trust (Integrated Care Organisation); Mersey Care NHS Trust (Mental Health); Liverpool Community Health NHS Trust; Lancashire County Council; West Lancashire Borough Council; Sefton Council; Sefton Council Voluntary Services, West Lancashire Council of Voluntary Services, Independent Sector and Primary Care. An outcome is expected in Autumn 2013.

## 9. 2015/16 Department of Health Settlement

9.1. As part of the recent spending review announcement, the Department of Health has received details of its proposed funding settlement for 2014/15 and 2015/16. This again confirms real-terms growth funding to the NHS of 0.1%. The GDP deflator has been estimated at 1.8% leaving the overall increase to allocations at 1.9%.

9.2. As part of the settlement, CCG's are expected to provide additional new funding for a pooled arrangement with local authorities in 2014/15 and 2015/16. The impact on the CCG for the next financial year is estimated to be in the region of 0.750m rising to £7.000m in 2015/16.

9.3. This announcement and the creation of a joint fund between the NHS and local authority will mean that a large proportion of the growth funding allocated to CCG's over the timescale will need to be ring-fenced to support the initiative.

9.4. NHS England may issue allocations to CCG's for 2015/16 as part of the expected allocation process due in December of this year. This measure will be introduced to allow CCG's to plan for the impact of the significant increase in funding over a longer timescale.

## 10. Section 251 of the NHS Act 2006

10.1. NHS England have issued conditional approval for commissioning data flows under Section 251 to advise CCGs and CSUs regarding the steps that will need to be taken to ensure that processing of data remains lawful.

10.2. The Secretary of State has approved an application by NHS England for Section 251 support to transfer personal confidential data from the Health and Social Care Information Centre (HSCIC) to those commissioning organisations that are intending to become Accredited Safe Havens (ASHs).

10.3. This allows Commissioning Support Units access to personal confidential data until 31 October 2013 as long as they meet minimum standards set out by the HSCIC. This approval has a number conditions:

10.3.1. data flows – only covers outbound flow of personal confidential data (PCD) from HSCIC to ASH to support specific commissioning purposes, which means:

(i) PCD cannot lawfully flow from providers directly to CCGs or CSUs;

(ii) PCD cannot lawfully flow from GP practices directly to CCGs or CSUs.

10.3.2. PCDs cannot be used for finance invoice validation.

*Risk stratification*

10.4. The scope of Section 251 does not extend to risk stratification. NHS England has published "Information and Risk Stratification Advice and Options for CCGs and GPs" to further advise on how data can be used in line with legal requirements.

10.5. This includes a 'checklist' for CCGs, GP practise and other organisations conducting risk stratification for case finding purposes.

10.6. Members of the CCG are asked to review this document and share any views/issues with CCG officers.

## 11. Procurement of CSU

11.1. Work is underway to map out the timeline and necessary actions required for our duty to consider the re-procurement of the Commissioning Support services in line with the national guidance.

11.2. Karen Leverett is the Governing Body lead for Southport & Formby CCG who will work alongside Tracy Jeffes, Head of Delivery. The Governing Body will be kept informed of progress.

## 12. Keogh Review

12.1. Professor Sir Bruce Keogh, National Medical Director for NHS England, was asked by the Prime Minister and Secretary of State for Health to conduct a review.

12.2. This review considered the quality of care and treatment provided by hospital trusts with persistently high mortality rates.

12.3. The Keogh review comments on the NHS being the only healthcare system in the world in which a definition of quality is enshrined in legislation. The NHS should excel in all three elements of quality:

12.3.1. effectiveness;

12.3.2. patient safety; and

12.3.3. patient experience.

12.4. The report considered 14 Trusts who were identified as outliers for the last two consecutive years of either Summary Hospital-Level Mortality Index (SHMI) or Hospital Standardised Mortality Ratio (HSMR).

12.5. The report focused on diagnosis and treatment with support and development, as opposed to identification of problems. The methodology was outlined and the Keogh report not only provides each of the 14 individual Trusts with feedback, but also identifies common themes or barriers to delivering high quality care. These include:

12.5.1. patient experience;

12.5.2. safety;

12.5.3. workforce;

12.5.4. clinical and operational effectiveness;

12.5.5. leadership and governance;

12.5.6. interpretation of data and its analysis;

12.5.7. recruitment of high quality staff and over-reliance on locums and agency staff;

12.5.8. lack of value placed on frontline clinicians as ‘patient champions’

12.5.9. the cultural ‘mind-set’ of accountability versus blame and the use of data at board level for reassurance versus a more rigorous pursuit of improvement.

12.6. The role of the Care Quality Commission (CQC) and its relationship between the CQC and Clinical Commissioning Groups and regulators via the newly formed Quality Surveillance Groups.

12.7. All of the 14 organisations have been rigorously reviewed and a summary of the findings and actions of all 14 are included – action plans are in place and are to be enacted with serious consequences for failure to do so.

12.8. The report also provides learning from the review process itself, together with stating 8 ambitions for action.

12.9. The implications for the CCG are as follows:

12.9.1. to ensure good working relationships are maintained with providers and other partners, which are robust, challenging and transparent across the healthcare system to work for the benefit of the patient;

12.9.2. to continue an active leadership role for CCG quality through the GP Clinical Quality Lead and Chief Nurse accountable to the Governing Body;

12.9.3. to actively participate in the Merseyside Quality Surveillance Group, drawing on lessons and improvements to share;

12.9.4. to actively engage and support by understanding our role with clinicians in our provider organisations;

12.9.5. to ensure the development of mechanisms for patient engagement continue to inform the Governing Body.

A copy of the report can be reviewed in full at: http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf.

## 13. Aintree Hospitals NHS Foundation Trust

13.1. The CCG was informed on in June that Monitor had issued a letter indicating their intention to investigate a possible breach of licence. As a result of this the CCG Aintree Collaborative Commissioning Forum considered the issues and this resulted in a contract query being raised in respect of the following areas;

- A&E performance
- RTT performance
- HCAI performance
- Mortality rates

13.2. A joint investigation meeting was held on the 15th July 2013 in line with contractual requirements and all concerns explored in detail with the Trust, Merseyside Deanery, NHS England (Merseyside), Public Health England, Local Authority and CQC colleagues.

13.3. A Strategic Partnership Board for Aintree is to be established, consisting of Trust Executives, CCG Leadership across the three CCGs (Knowsley, Liverpool and South Sefton CCGs) the three Local Authorities, NHSE (Merseyside), CQC, Monitor and the Deanery. This Board will oversee the many strands of work required to improve delivery in the areas. The Governing Body will receive further details of this action plan and the CCCG quality committee will have a major role in assuring the Governing Body of progress in delivering this plan.

## 14. Southport & Ormskirk NHS Trust

14.1. A contract query has been issued to Southport & Ormskirk Hospitals NHS Trust in relation to the A&E performance. This has been issued as they have consistently failed to meet the A&E target for this financial year.

14.2. The Trust missed the A&E target for Q1 for the period 8th April to 2nd June:

- the Trust has averaged 860 weekly AED Type 1 attendances, a reduction of 8.1% when compared to an average for the Trust;
- the conversion rate of AED Type 1 attendances to admissions has consistently been above a Trust average with 32.6% of AED Type 1 attendances admitted in this reporting period;
- there have been 3,094 non-elective admissions to Southport & Ormskirk during the reporting period. This represents an increase of 38 (1.3%) when comparing to an average for the Trust.
- there have been 2,639 ambulance arrivals. This represents a reduction of 190 (6.7%) when comparing to the equivalent period in 2012.
- the average turnaround time for ambulances equalled 35.6 minutes.

14.3. The Emergency Care Intensive Support Team have been on site for two days visiting all elements of the health and social care system over the last three weeks. The outcome of the visit is to be shared with all stakeholders.

14.4. From this report, an action plan will be developed and the CCG will continue to work with the Trust through the Strategic Partnership Board to drive improvements in performance.

## 15. The NHS belongs to the people: a call to action

An important engagement exercise on the future of NHS services with ambitions to capture a wide range of feedback has been launched by NHS England. 'The NHS belongs to the people: a call to action' sets out the current position of the NHS and describes the challenges facing it such as restricted funding, a growing older population and rising expectations of the NHS should do.

For more information: http://www.england.nhs.uk/2013/07/11/ccg-bulletin-issue-37/#action

## 16. Draft Governance Code for CCGs

Recognising the governance challenges facing CCGs as they become established, the Institute of Chartered Secretaries and Administrators (ICSA) has created a draft governance code to support clinicians in developing good governance arrangements, and to help build and maintain public trust in CCGs and the NHS as a whole.

ICSA has worked with an expert panel, chaired by Lord Hunt of Wirral (Chair of the Press Complaints Commission and the Lending Standard Board) who was formerly a regulatory law specialist from DAC Beachcroft, to shape the draft code. The panel represents all the specialities

required within the governing body of a CCG and draws upon their experience of the NHS and effective governance.

To make sure the draft code is as practical and relevant as possible, ICSA is now seeking feedback through an expert review process from those working in the NHS and those with considerable knowledge of its governance challenges. ICSA's aim is to produce a final code that has been developed for the health service by the health service, and CCGs' input will be central to this.

View the expert review and draft code: https://www.icsaglobal.com/clinical-commissioning-groups-code.

For more information: http://www.england.nhs.uk/2013/07/11/ccg-bulletin-issue-37/#assessment

## 17. NHS England's 'ways of working' with CCGs launched

NHS England and NHS Clinical Commissioners (NHSCC), as the independent collective voice of CCGs and its representative body, have been working together to co-produce ways of working that support CCGs and NHS England. The ways of working flow from NHS England's vision and purpose and are integral to the way NHS England works.

For more information: http://www.england.nhs.uk/about/our-vision-and-purpose/

## 18. Re-assignment of Clinical Contracts to NHS England

As part of the ongoing review into legacy PCT issues, additional guidance has been issued to confirm that the accounting balances at the end of 2012/13 financial year relating to clinical contracts have been assigned to NHS England. The rationale for this is to simplify the existing arrangements which would have meant that each balance would have needed to be identified by service line in order to assign it to new commissioner body from 2013/14 onwards.

## 19. Recommendation

The Governing Body is asked to note the contents of this report.

**Fiona Clark**
**15 July 2013**

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/92(a) | **Author of the Paper:** |
| **Report date:** 24 July 2013 | Fiona Clark<br>Chief Officer<br>fiona.clark@southseftonccg.nhs.uk<br>Tel: 0151 247 7061 |

**Title:** Corporate Performance Report

**Summary/Key Issues:**

This paper presents the Governing Body with the corporate performance report.

**Recommendation**

The Governing Body is asked to note the contents of this report.

| | |
|---|---|
| Note | x |
| Approve | |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| x | To maintain systems to ensure quality and safety of patient care. |
| x | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| x | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| x | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |
| Clinical Engagement | | | x | |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| x | Preventing people from dying prematurely |
| x | Enhancing quality of life for people with long-term conditions |
| x | Helping people to recover from episodes of ill health or following injury |
| x | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

# Report to the Governing Body
# July 2013

NHS
Southport and Formby
Clinical Commissioning Group

## 1. Executive Summary

This report sets out the CCG's 'performance', the performance of its main acute providers and progress against the National Outcomes Framework at month 2 of the financial year.

## 2. Introduction and Background

CCG's have a statutory duty to improve health outcomes and ensure that the NHS constitution pledges are being delivered.

This reports sets out the CCG's performance against the National Outcomes Framework and The NHS Constitution. It also shows provider performance for the CCG's three main providers, Aintree NHS Foundation Trust, Southport & Ormskirk NHS Trust and the Walton Centre NHS Foundation Trust

## 3. Key Issues

3.1. **Maximum two week wait for first outpatient appointment for patients refereed urgently with breast symptoms (where cancer was not initially suspected)/ Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer**

Southport and Formby CCG did not achieve the targets in April for the two cancer indicators, maximum two week wait for patients referred urgently with breast symptoms (81.25% against 93% target) and maximum 62 day wait from urgent GP referral (84.85% against 85% target). Southport and Ormskirk Hospitals Trust did not achieve the April cancer targets for breast symptomatic referrals and 62 day screening targets due to complex pathways and patient choice. The Trust attributes a significant number of breaches to patient choice/cancellation. Work is on-going with primary care colleagues to ensure patients are fully informed of the importance of attending their appointments.

3.2. **Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways**

Although Southport & Formby CCG achieved this target overall, there were 2 patients at Alder Hey Children's Hospital who breached the admitted pathway.

3.3. **A&E**

Performance against the 95% A&E target has improved this month, Southport & Ormskirk Trust however are still underperforming, but improving. The Trust's underperformance however is against a general increase in demand both locally and nationally

3.4. **Ambulance Clinical Quality – 8 minute and 19 minute response**

CCGs should be aware that the Red 1, Red 2 and Cat A19 targets are applicable to NWAS at an organisational level. Whilst meeting the targets at a local CCG level is not always practicable, due to issues with geography/rurality and the cost associated with providing sufficient resource to meet targets, NWAS are expected to hit the targets at a sub-regional level (i.e. Cheshire, Merseyside, Greater Manchester, Cumbria and Lancashire). Additionally

work will take place with NWAS in the current contract year to identify the implications for achieving performance at a CCG level.

3.5. **Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (cumulative)**

For this indicator, performance in May shows the indicator as being at 17.19 which is above the plan of 12.89. As part of the contract review, more detailed analysis is being undertaken to understand this variance from plan. More information will be provided next month if underperformance is still showing.

3.6. **Emergency admissions for acute conditions that should not usually require hospital admission (cumulative)**

For this indicator, performance in May shows the indicator as being at 193.12 which is above the plan of 163.66. As part of the contract review, more detailed analysis is being undertaken to understand this variance from plan. More information will be provided next month if underperformance is still showing.

## 4. Recommendations

The Governing Body are asked to note the contents of this report.

**Malcolm Cunningham**
**July 2013**

# CCG CORPORATE PERFORMANCE DASHBOARD - Southport & Formby CCG

*Baseline as at 15/07/2013 14:05:18*

| Performance Indicators | Data Period | Current Period | | | |
|---|---|---|---|---|---|
| | | Target | Actual | RAG | Fore cast |
| **NHS Constitution** | | | | | |
| **Cancer waits – 2 week wait** | | | | | |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) | 13/14 - April | 93.00 | 81.25 | | |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) | 13/14 - April | 93.00 | 94.41 | | |
| **Cancer waits – 31 days** | | | | | |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) | 13/14 - April | 94.00 | 100.00 | | |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) | 13/14 - April | 96.00 | 98.59 | | |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) | 13/14 - April | 98.00 | 100.00 | | |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) | 13/14 - April | 94.00 | 95.65 | | |
| **Cancer waits – 62 days** | | | | | |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) | 13/14 - April | | 60.00 | | |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) | 13/14 - April | 85.00 | 84.85 | | |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) | 13/14 - April | 90.00 | 100.00 | | |
| **Diagnostic test waiting times** | | | | | |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Cumulative) | 13/14 - May | 1.00 | 0.22 | | |
| **Referral To Treatment waiting times for non-urgent consultant-led treatment** | | | | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. | 13/14 - May | 0.00 | 0.00 | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) | 13/14 - May | 0.00 | 2.00 | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways | 13/14 - May | 0.00 | 0.00 | | |
| Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% | 13/14 - May | 95.00 | 97.88 | | |

| | | | | | |
|---|---|---|---|---|---|
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% | 13/14 - May | 92.00 | 94.77 | | |
| Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% | 13/14 - May | 90.00 | 92.19 | | |
| **Category A ambulance calls - CCG** | | | | | |
| Ambulance clinical quality – Category A (Red 2) 8 minute response time (Cumulative) | 13/14 - May | 75.00 | 73.82 | | |
| Ambulance clinical quality - Category 19 transportation time (Cumulative) | 13/14 - May | 95.00 | 92.45 | | |
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (Cumulative) | 13/14 - May | 75.00 | 72.84 | | |
| **Mixed Sex Accommodation Breaches** | | | | | |
| Mixed Sex Accomodation (MSA) Breaches per 1000 FCE | 13/14 - May | 0.00 | 0.00 | | |
| **A&E waits** | | | | | |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) | 13/14 - June | 95.00 | 94.18 | | |
| **NHS Outcomes Framework** | | | | | |
| **Enhancing quality of life for people with long term conditions** | | | | | |
| Patient experience of primary care i) GP Services | 12/13 - October - March | | 89.48 | | |
| Patient experience of primary care ii) GP Out of Hours services | 12/13 - April - September | | 75.00 | | |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (Cumulative) | 13/14 - May | 120.33 | 73.06 | | |
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative) | 13/14 - May | 168.57 | 148.93 | | |
| Emergency Admissions Composite Indicator (Cumulative) | 13/14 - May | 355.15 | 354.33 | | |
| **Helping people to recover from episodes of ill health or following injury** | | | | | |
| Patient reported outcomes measures for elective procedures: Groin hernia | 11/12 | | 8.00 | | |
| Patient reported outcomes measures for elective procedures: Hip replacement | 11/12 | | 36.80 | | |
| Patient reported outcomes measures for elective procedures: Knee replacement | 11/12 | | 29.50 | | |
| Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (Cumulative) | 13/14 - May | 12.89 | 17.19 | | |
| Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative) | 13/14 - May | 163.66 | 193.12 | | |
| **Preventing people from dying prematurely** | | | | | |
| Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females) | 2011 | | 1,804.50 | | |
| Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males) | 2011 | | 2,791.00 | | |
| Under 75 mortality rate from cancer | 2011 | | 123.70 | | |
| Under 75 mortality rate from cardiovascular disease | 2011 | | 60.80 | | |
| Under 75 mortality rate from liver disease | 2011 | | 30.60 | | |
| Under 75 mortality rate from respiratory disease | 2011 | | 32.40 | | |
| **Treating and caring for people in a safe environment and protecting them from avoidable harm** | | | | | |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) | 13/14 - May | 0.00 | 0.00 | | |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) | 13/14 - May | 6.34 | 3.00 | | |

| | | | | | |
|---|---|---|---|---|---|
| **Other measures** | | | | | |
| SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours | 13/14 - May | 60.00 | 100.00 | | |
| SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit | 13/14 - May | 80.00 | 84.62 | | |
| **Local Measures** | | | | | |
| 10% reduction in the number of patients who have an emergency admission for dehydration. | Checking data | | | | |
| 20% reduction in emergency admissions for asthma <19 years. | 13/14 - May | 15.00 | 13.00 | | |

# CCG QUALITY PREMIUM PERFORMANCE DASHBOARD - Southport & Formby CCG

*Baseline as at 15/07/2013 14:05:18*

| Performance Indicators | Data Period | Current Period | | | |
|---|---|---|---|---|---|
| | | Target | Actual | RAG | Fore cast |
| **NHS Constitution** | | | | | |
| **Cancer waits – 62 days** | | | | | |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) | 13/14 - April | | 60.00 | | |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) | 13/14 - April | 85.00 | 84.85 | | |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) | 13/14 - April | 90.00 | 100.00 | | |
| **Category A ambulance calls** | | | | | |
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (Cumulative) | 13/14 - May | 75.00 | 72.84 | | |
| **Referral To Treatment waiting times for non-urgent consultant-led treatment** | | | | | |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% | 13/14 - May | 92.00 | 94.77 | | |
| **A&E waits** | | | | | |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) | 13/14 - June | 95.00 | 95.49 | | |
| **NHS Outcomes Framework** | | | | | |
| **Helping people to recover from episodes of ill health or following injury** | | | | | |
| Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (Cumulative) | 13/14 - May | 12.89 | 17.19 | | |
| Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative) | 13/14 - May | 163.66 | 193.12 | | |
| **Preventing people from dying prematurely** | | | | | |
| Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females) | 2011 | | 1,804.50 | | |
| Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males) | 2011 | | 2,791.00 | | |
| **Enhancing quality of life for people with long term conditions** | | | | | |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (Cumulative) | 13/14 - May | 120.33 | 73.06 | | |
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative) | 13/14 - May | 168.57 | 148.93 | | |
| Emergency Admissions Composite Indicator (Cumulative) | 13/14 - May | 355.15 | 354.33 | | |
| **Treating and caring for people in a safe environment and protecting them from avoidable** | | | | | |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) | 13/14 - May | 0.00 | 0.00 | | |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) | 13/14 - May | 6.34 | 3.00 | | |
| **Local Measures** | | | | | |
| 10% reduction in the number of patients who have an emergency admission for dehydration. | Checking data | | | | |
| 20% reduction in emergency admissions for asthma <19 years. | 13/14 - May | 15.00 | 13.00 | | |

**NHS Southport and Formby CCG : Month 3 Financial Position** **APPENDIX 1**

| Cost centre Number | Cost Centre Description | Annual Budget | YTD Variance | FOT Variance |
|---|---|---|---|---|
| | | £000 | £000 | £000 |
| **COMMISSIONING - NON NHS** | | | | |
| 603576 | Child and Adolescent Mental Health | 1,063 | 2 | 0 |
| 603596 | Collaborative Commissioning | 227 | 0 | 0 |
| 603711 | Community Services | 1,150 | (10) | 0 |
| 603682 | Continuing Care | 2,160 | 0 | 0 |
| 603511 | Dementia | 86 | 0 | 0 |
| 603691 | Funded Nursing Care | 2,316 | 12 | 0 |
| 603721 | Hospices | 827 | (1) | 0 |
| 603516 | Improving Access to Psychological Therapies | 1,038 | 0 | 0 |
| 603726 | Intermediate Care | 154 | 0 | 0 |
| 603731 | Long Term Conditions | 0 | 14 | 0 |
| 603521 | Learning Difficulties | 1,309 | 3 | 0 |
| 603501 | Mental Health Contracts | 639 | 2 | 0 |
| 603531 | Mental Health Services – Adults | 673 | 5 | 0 |
| 603541 | Mental Health Services - Collaborative Commissioning | 652 | 2 | 0 |
| 603531 | Mental Health Services - Older People | 184 | 0 | 0 |
| 603541 | Personal Health Budgets | 22 | 0 | 0 |
| 603796 | Reablement | 2,224 | 3 | 0 |
| | **Sub-Total** | **14,722** | **32** | **0** |
| | | | | |
| **CORPORATE & SUPPORT SERVICES** | | | | |
| 605251 | Administration and Business Support (Running Cost) | 55 | 0 | 0 |
| 605271 | CEO/Board Office (Running Cost) | 548 | 0 | 0 |
| 605276 | Chairs and Non Execs (Running Cost) | 98 | 0 | 0 |
| 605286 | Clinical Governance (Running Cost) | 118 | 0 | 0 |
| 605296 | Commissioning (Running Cost) | 1,167 | 0 | 0 |
| 603646 | Commissioning Schemes (Running Cost) | 138 | 0 | 0 |
| 605351 | Finance (Running Cost) | 818 | 0 | 0 |
| 605391 | Medicines Management (Running Cost) | 38 | 0 | 0 |
| | **Sub-Total Running Costs** | **2,980** | **0** | **0** |
| | | | | |
| 603656 | Medicines Management (Programme Cost) | 377 | 0 | 0 |
| | **Sub-Total Programme Costs** | **377** | **0** | **0** |
| | | | | |
| | **Sub-Total** | **3,356** | **0** | **0** |
| | | | | |
| **SERVICES COMMISSIONED FROM NHS ORGANISATIONS** | | | | |
| 603576 | Acute Childrens Services | 628 | (8) | 0 |
| 603571 | Acute Commissioning | 76,054 | 413 | 1,300 |
| 603586 | Ambulance Services | 4,060 | 0 | 0 |
| 603756 | Commissioning - Non Acute (Community) | 9,077 | 0 | 0 |
| 603756 | Commissioning - Non Acute (Mental Health) | 10,485 | 0 | 0 |
| 603756 | Commissioning - Non Acute (Specialist) | 3,097 | 0 | 0 |
| 603761 | Commissioning Reserve | 144 | 0 | 0 |
| 603616 | NCAs/OATs | 1,139 | (64) | (100) |
| 603786 | Patient Transport | 8 | (2) | 0 |
| | **Sub-Total** | **104,693** | **339** | **1,200** |
| | | | | |
| **INDEPENDENT SECTOR** | | | | |
| 603591 | Independent Sector | 2,364 | (67) | (200) |
| | **Sub-Total** | **2,364** | **(67)** | **(200)** |
| | | | | |
| **PRIMARY CARE** | | | | |
| 605356 | Development Funding and GP Framework | 1,237 | 0 | 0 |
| 603651 | Local Enhanced Services | 1,068 | 0 | 0 |
| | **Sub-Total** | **2,305** | **0** | **0** |
| | | | | |

| | | | | |
|---|---|---|---|---|
| **PRESCRIBING** | | | | |
| 603606 | High Cost Drugs | 1,159 | 0 | 0 |
| 603666 | Oxygen | 226 | 0 | 0 |
| 603671 | Prescribing | 20,998 | 0 | 0 |
| | **Sub-Total** | **22,384** | **0** | **0** |
| | | | | |
| **RESERVES** | | | | |
| 600961 | Risk Share Reserve | (662) | 0 | 0 |
| 600961 | Contingency Reserve | 994 | 0 | 0 |
| 600961 | Lodgement Reserve | 0 | 0 | 0 |
| 600961 | Committed Reserve | 2,503 | 0 | 0 |
| 600961 | General Reserve | 834 | (304) | (1,000) |
| 600961 | Investment Reserve | 1,597 | 0 | 0 |
| 600961 | Non Rec Reserve | 3,116 | 0 | 0 |
| 600961 | Contracting Reserve | (1,194) | 0 | 0 |
| 600961 | Unidentified QIPP | (1,057) | 0 | 0 |
| | **Sub-Total** | **6,131** | **(304)** | **(1,000)** |
| | | | | |
| | **Grand Total Expenditure** | **155,956** | **0** | **0** |
| | | | | |
| | **RRL Analysis** | **157,524** | **0** | **0** |
| | | | | |
| | **Surplus / (Deficit)** | **1,568** | **0** | **0** |
| | | | | |
| | | | | |

**NHS Southport & Formby CCG : Reserves and Risk Analysis - Month 3 (£000's)** **APPENDIX 2**

| Scenario | Best | Likely | Worse |
|---|---|---|---|
| **CCG Reserves** | | | |
| Risk Share | 0 | 0 | 0 |
| Contingency | 994 | 994 | 994 |
| Committed | 2,503 | 2,503 | 2,503 |
| General | 834 | 834 | 834 |
| Investments | 1,597 | 1,597 | 1,597 |
| Non-Recurrent | 3,116 | 3,116 | 3,116 |
| Contracting | (1,194) | (1,194) | (1,194) |
| Unidentified QIPP | (870) | (870) | (870) |
| **Sub-Total : Reserves** | **6,980** | **6,980** | **6,980** |
| **Available Reserves** | | | |
| Risk Share | 0 | 0 | 0 |
| Contingency | 994 | 994 | 994 |
| Committed | 0 | 0 | 0 |
| General | 0 | 0 | 0 |
| Investments | 442 | 442 | 442 |
| Non-Recurrent | 970 | 970 | 970 |
| Contracting | 0 | 0 | 0 |
| Unidentified QIPP | 0 | 0 | 0 |
| **Sub-Total : Available Reserves** | **2,406** | **2,406** | **2,406** |
| **Operational Pressures** | **(1,000)** | **(1,000)** | **(1,000)** |
| **Risks against reserves** | | | |
| Contracting | 0 | 403 | (194) |
| NHSE (M) baseline adj | (389) | (389) | (389) |
| NHSE (L) Offender Health baseline adj | 389 | 389 | 0 |
| PH Baseline adj | 100 | 0 | 0 |
| Unfunded Prog Costs | 114 | (60) | (60) |
| Primary Care IT | 0 | (80) | (80) |
| CHC restitution | 0 | 0 | (450) |
| High Cost Drugs | 0 | (100) | (200) |
| QIPP not achieved | 0 | (435) | (870) |
| Transforming Primary Care | 0 | (259) | (345) |
| **Sub-Total : Risks** | **214** | **(531)** | **(2,588)** |
| **Revised Position - Available Reserves** | **1,620** | **875** | **(1,182)** |

**<u>Mitigating actions required to deliver financial target (Worse Case only)</u>**

| | | |
|---|---|---|
| Reduce surplus to 0.5% | Amber | 784 |
| NHSE (M) baseline adj | Amber | 389 |
| Additional QIPP Schemes | Red | 9 |
| **Revised Position - Financial Target** | | **0** |

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/92(c) | **Author of the Paper:**<br><br>Brendan Prescott<br>CCG lead Medicines Management<br>brendan.prescott@southseftonccg.nhs.uk<br>Tel: 0151 247 7093 |
| **Report date:** 11 July 2013 | |
| **Title:** Prescribing Update | |
| **Summary/Key Issues:**<br><br>This paper presents the Governing Body with an update on prescribing spend for April 2013 (month 1). | |
| **Recommendation**<br><br>The Governing Body is asked to note the contents of this report | *x*<br>Note: x<br>Approve:<br>Ratify: |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| x | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| | To maintain systems to ensure quality and safety of patient care. |
| | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Clinical Engagement | | | x | |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| | Preventing people from dying prematurely |
| | Enhancing quality of life for people with long-term conditions |
| | Helping people to recover from episodes of ill health or following injury |
| | Ensuring that people have a positive experience of care |
| *x* | Treating and caring for people in a safe environment and protecting them from avoidable harm |

NHS
Southport and Formby
Clinical Commissioning Group

# Report to the Governing Body
# July 2013

## 1. Executive Summary

Southport and Formby CCG practice prescribing spend for April 2013 was £ 1,612,800.

## 2. Introduction and Background

This is a regular monthly update on the management of the Southport and Formby prescribing budget.

## 3. Key Issues

The practice prescribing spend for April 2013 cannot be used to forecast an out turn position as practice budgets were not posted to the Business Services Authority until 30 June.

The Medicines Optimisation Plan for 2013-14 was approved at Southport and Formby Medicines Management Operational Group and will direct work to support value for money prescribing from a CCG perspective.

## 4. Recommendations

The Governing Body is asked to note the prescribing update.

**Brendan Prescott**
**July 2013**

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/93 | **Author of the Paper:** |
| **Report date:** 22 July 2013 | Brendan Prescott<br>CCG lead Medicines Management<br>brendan.prescott@southseftonccg.nhs.uk<br>Tel: 0151 247 7093 |

**Title:**

Results of the Prescribing Quality Scheme 2012-13

**Summary/Key Issues:**

This paper provides the results of the Southport and Formby CCG Prescribing Quality Scheme (PQS) for 2012 – 2013.

**Recommendation**

The Governing Body is asked to approve the PQS award highlighted in the report.

| | *x* |
|---|---|
| Note | |
| Approve | *x* |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| x | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| | To maintain systems to ensure quality and safety of patient care. |
| | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |
| Clinical Engagement | | | x | |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| | Preventing people from dying prematurely |
| | Enhancing quality of life for people with long-term conditions |
| | Helping people to recover from episodes of ill health or following injury |
| | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

NHS
Southport and Formby
Clinical Commissioning Group

# Report to the Governing Body
# July 2013

## 1. Executive Summary

This paper presents the Governing Body with the results of the Southport and Formby CCG Prescribing Quality Scheme 2012-13.

## 2. Introduction and Background

Any scheme has to balance the investment against potential outcomes. Engagement with GP practices means the scheme has to be both attractive to the participants with realistic targets and reliable measurements. The scheme was developed to be as simple as possible in both execution and measurement to aid engagement but challenging enough to ensure beneficial outcomes in prescribing and for patients in Southport and Formby.

For 2012-13 payments to practices could not be made unless there was an overall medicines management budget under spend for Southport and Formby CCG.

This underspend was achieved for the financial year.

## 3. Content

The results in terms of points and payment out to practices are highlighted below:

Payments were made on production of invoice by practices and as agreed by the governing body, the payment was direct income to the practice.

| Practice | Total Points achieved | Practice list size | Total Payment |
|---|---|---|---|
| CUMBERLAND HOUSE SURG. | 50 | 9,046 | £9,046 |
| CHAPEL LANE SURGERY | 50 | 7,940 | £7,940 |
| NORWOOD SURGERY | 45 | 9,013 | £8,112 |
| AINSDALE MEDICAL CENTRE | 50 | 12,393 | £12,393 |

| Practice | Total Points achieved | Practice list size | Total Payment |
|---|---|---|---|
| CURZON ROAD MEDICAL PRACT. | 50 | 3,100 | £3,100 |
| AINSDALE VILLAGE SURGERY | 45 | 2,953 | £2,658 |
| CHURCHTOWN MED. CENTRE | 50 | 11,149 | £11,149 |
| THE VILLAGE SURGERY FORMBY | 50 | 9,172 | £9,172 |
| ST MARKS MEDICAL CENTRE | 45 | 15,785 | £14,207 |
| GRANGE SURGERY | 50 | 9,693 | £9,693 |
| SUSSEX ROAD SURGERY | 50 | 1,795 | £1,795 |
| FRESHFIELD SURGERY SSP | 25 | 3,500 | £1,750 |
| LINCOLN HOUSE SURGERY | 45 | 2,313 | £2,082 |
| ROE LANE SURGERY | 50 | 2,503 | £2,503 |
| THE CORNER SURG. (DR MULLA) | 50 | 3,779 | £3,779 |
| MARSHSIDE .(DR WAINWRIGHT) | 50 | 2,541 | £2,541 |
| KEW SURGERY | 50 | 3,541 | £3,541 |
| THE HOLLIES | 50 | 4,544 | £4,544 |
| THE FAMILY SURGERY | 50 | 4,010 | £4,010 |
| TRINITY PRACTICE | 50 | 3,432 | £3,432 |

## 4. Recommendations

The Governing Body is asked to approve the PQS award for constituent practices of Southport and Formby CCG.

**Brendan Prescott**
**July 2013**

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/94 | **Author of the Paper:**<br>Billie Dodd<br>Joint Head of CCG Development SFCCG<br>billie.dodd@southportandformbyccg.nhs.uk.nhs.uk<br>Tel: 01704 387034 |
| **Report date:** 12 July 2013 | |

**Title:** Community Anti-Coagulation Service Procurement - Update

**Summary/Key Issues:**

1. Procurement going to plan
2. Provider day completed
3. Recommendation made for procurement process.

**Recommendation**

The Governing Body is asked to approve the recommendations contained within this report.

| | *x* |
|---|---|
| Note | |
| Approve | X |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| x | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| x | To maintain systems to ensure quality and safety of patient care. |
| | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | x | | Planned for August 2013 |
| Clinical Engagement | x | | | On-going |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Equality Impact Assessment | | x | | Will be completed as part of specification |
| Legal Advice Sought | | x | | Not required |
| Resource Implications Considered | x | | | |
| Locality Engagement | x | | | On-going |
| Presented to other Committees | | x | | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| x | Preventing people from dying prematurely |
| x | Enhancing quality of life for people with long-term conditions |
| x | Helping people to recover from episodes of ill health or following injury |
| x | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

NHS
Southport and Formby
Clinical Commissioning Group

# Report to the Governing Body
# July 2013

## 1. Executive Summary

The Governing Body agreed in January that the existing community anti-coagulation therapy service contract be extended for the last of its optional year in order to enter into a procurement process as required by European law. This paper provides the board with an update of progress to date and offers a recommendation to take this service to procurement by tender for one provider.

## 2. Introduction and Background

2.1. In line with procurement best practice and in order to test the market, a provider engagement session was provided jointly with South Sefton and Liverpool CCGs on the 10 July 2013. A range of providers attended including acute trusts, community health trusts, independent sector and GPs.

2.2. The session included presentations from the GP leads and procurement team with an opportunity for questions and answers as well as an interactive session to feedback the provider opinions. Discussion took place around the options of procurement by the Any Qualified Provider (AQP) model or Full Tender. Issues around governance, safety and management of multiple contracts were the main concern in regard to AQP. In light of these conversations the procurement team would like to offer the following options with a final recommendation.

## 3. Options

3.1. **AQP** aims to provide extended patient choice in regard to which provider and venue the patient visits. It also stimulates competition of the market.

However, the nature of anti-coagulant services is such that consistency of provision is vital. Potentially random attendance through patient choice, misunderstanding and confusion of provision of prescriptions and referral pathways etc could be detrimental to the patient's condition.

3.2. **Full Tender** would allow one provider with the required consistency and safety of provision maintained. Governance and contract management would be with one organisation. Referral pathways would be clear, confusion limited. The most successful community anti-coagulation services are provided by one provider, as indeed is currently the case.

However, tender can impede patient choice when compared to the potential of AQP dependant on the specific model agreed. Commissioners would need to consider this as part

of the service model development and would be likely to continue to specify provision out of multiple venues across Sefton.

## 4. Conclusions

The procurement process is going to plan. Next steps are to complete the specification and engage with service users. The market engagement and testing has gone well to such end, the procurement team are happy to make the recommendation below.

## 5. Recommendations

It is recommended that the community anti-coagulation service goes to procurement through **Option 2: Full Tender** in the first weeks of October 2013

**Billie Dodd**
**12 July 2013**

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/95 | **Author of the Paper:** |
| **Report date:** 22 July 2013 | Tracy Jeffes<br>Head of CCG Delivery<br>tracy.jeffes@southseftonccg.nhs.uk<br>Tel: 0151 247 7049 |

**Title:** Assurance Framework

**Summary/Key Issues:**

This paper presents the Governing Body with the Assurance Framework (AF) which contains the strategic risks relating to the achievement of the CCG's corporate objectives, with the key purpose of providing assurance to the Governing Body that the risks have been identified and are being effectively managed.

This report commences the 2013/14 assurance process with a Quarter 1 update.

The Governing Body is also presented with an Assurance Rating Summary for Quarter 1, which summaries the contents of the AF.

**Recommendation**

The Governing Body is asked to note the contents of this report.

| | |
|---|---|
| Note | x |
| Approve | |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| x | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| x | To maintain systems to ensure quality and safety of patient care. |
| x | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| x | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| x | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |
| Clinical Engagement | | | x | |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| x | Preventing people from dying prematurely |
| x | Enhancing quality of life for people with long-term conditions |
| x | Helping people to recover from episodes of ill health or following injury |
| x | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

| Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Jan Leonard / Billie Dodd** | | | | | | | |
| **Principal Risks** ***Risk Owner*:** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 1.1 Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years | **3x3** | 1. Strategic Partnership Board monitoring progress of implementation<br>2. Monitoring activity rates via CSU information portals and contract meeting | Exception reporting via Chief Officer report to Governing Body<br>Contract motoring via F&R Committee | **Significant**<br>**Reasonable**<br>Monthly minutes of F&R committee are reported to Governing Body and Chief Officers report is submitted to the Governing Body (standing agenda Items)<br>**Limited** | | | |
| **Progress Reports** | **Q1** | Project sponsor (joint funded post) commencing end July 13. Primary care work stream due to meet for first time in early August. | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| **Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Jan Leonard / Billie Dodd** | | | | | | | |
| **Principal Risks *Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 1.2 Lack of political and/or stakeholder support for transformational change will affect the ability to deliver effectively & impact on integration at community level | **3x3** | Schedule in place for engagement events with patients and public<br><br>Board to Board meetings with West Lancs<br><br>Strategic Partnership Board meet monthly | Feedback from stakeholder events rationalised & reviewed by Senior Management Team in collaboration with Communications & Engagement Team<br><br>Exception reporting via Chief Officer report to Governing Body | **Significant**<br><br>**Reasonable**<br><br>Minutes/reports of Steering Group presented by GP Lead to Governing Body<br><br>Chief Officers report is submitted to the Governing Body (standing agenda Item)<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Stakeholder Event (Big Chat) scheduled for Quarter 2 (July 2013). | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Martin McDowell** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| **Finance**<br>1.3 Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets<br><br>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limits | **3x4** | Internal and External Audit Plan in place to review systems of internal control<br><br>Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner<br><br>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limits<br>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limits | Financial Plan for 2013/14 signed off by Finance & Resource Committee<br><br>Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report | **Significant**<br><br>**Reasonable**<br><br>Governing Body in receipt of Finance & Resource Committee minutes and exception reports<br><br>**Limited** | | | |

| Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Martin McDowell** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| | | Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limits<br><br>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit<br><br>Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner | | | | | |
| **Progress Reports** | **Q1** | | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Martin McDowell** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| **Finance**<br>1.4 Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts | **3x4** | Provider contracts agreed and signed with specified activity levels and associated costs<br><br>Robust financial planning and control process in place<br><br>Internal and External Audit Plan in place to review systems of internal control | Agreed provider contracts signed for 2013/14, with robust contract management arrangements in place to maintain/deliver activity and associated costs within agreed limits<br><br>Monthly provider contract review meetings in place to verify performance and quality (including CQUIN)<br><br>Financial Plan for 2013/14 signed off by Finance & Resource Committee<br><br>Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report<br><br>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit | **Significant**<br><br>**Reasonable**<br><br>Governing Body in receipt of Finance & Resource Committee minutes and exception reports<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Martin McDowell** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| **QIPP**<br>1.5 Non-delivery of 2013/14 QIPP Plan which supports transformational change | **3x4** | QIPP targets identified within the 2013/14 financial plan<br><br>QIPP plans in place to deliver required financial cost reductions | QIPP financial savings targets and plans signed off by the Governing Body<br><br>Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body | **Significant**<br><br>**Reasonable**<br><br>Finance Reports produced by/for F&R Committee received & reviewed by Governing Body<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Debbie Fagan** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| **CQUINS 2013/14**<br>2.1 Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality and health outcomes | **3x3** | 1. Regular reporting to Quality Committee<br>2. Revision of OD Plan for 2013/14<br>3. Formal exception reporting to Quality Committee from GP Clinical Lead for Quality and CQUIN.<br>4. Monthly contract meetings is in place to review and verify performance and activity on provider contracts including CQUIN | Monthly performance reports to Quality Committee received by Governing Body<br><br>Clinical reviews of plans to ensure no adverse effect<br><br>Chief Nurse leads on Quality to ensure that quality is maintained via established resources<br><br>Quality reporting standing agenda item for Governing Body<br><br>Chief Nurse member of Finance & Resource Committee. Senior Finance Team member attached to the Quality Committee to ensure risk is minimised<br><br>Chief Nurse in attendance at provider quality meetings with provider since October 2012 | **Significant**<br><br>**Reasonable**<br><br>Governing Body receipt of Quality Committee minutes/exception reports<br><br>Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | WTE resource identified to support Chief Nurse for Quality portfolio area. Planned recruitment date July 2013. | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Debbie Fagan** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| **HCAIs**<br>2.2 CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium | **3x4** | 1. Regular reporting to Quality Committee on HCAIs<br>2. CQPG reporting<br>3. CDIF Task & Finish Group established (progress reports to Quality Committee) | Minutes of Quality Committee meetings<br>Minutes of CQPG received by Quality Committee<br>Progress/Exception reports by CDIF Task & Finish Group received by Quality Committee<br>Chief Nurse provides monthly reports on HCAIs to Quality Committee & Governing Body | **Significant**<br>**Reasonable**<br>Quality Committee reports/minutes received by Governing Body (standard agenda item)<br>Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues<br>**Limited** | Debate at July 2013 Healthcare Acquired Infection meeting regarding provider involvement going forward. Terms of Reference to be confirmed at meeting in September 2013. A local group may then need to be configured. | | |
| **Progress Reports** | **Q1** | Mersey Clinical Commissioning Network will meet in July 2013 (HCAI meeting) | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| **Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole System Transformation, Reduction in Health Inequalities and Improved CCG Performance** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Malcolm Cunningham** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 3.1 Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of Outcomes Framework 2013/14 | **3x3** | Full capacity of Programme Management Office achieved with no gaps identified<br><br>Balanced Scorecard produced for each programme<br><br>PMO reporting to Finance & Resource Committee | Minutes of Finance & Resource Committee<br><br>Oversight of Balanced Scorecards by PMO, exception reports to Finance & Resource Committee | **Significant**<br><br>**Reasonable**<br><br>Minutes of Finance & Resource Committee received by Governing Body (monthly)<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| **Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole Ssystem Transformation, Reduction in Health Inequalities and Improved CCG Performance** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Malcolm Cunningham** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 3.2 Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define | **3x3** | PMO reporting to Finance & Resource Committee | Minutes of Finance & Resource Committee | **Significant**<br><br>**Reasonable**<br>Minutes of Finance & Resource Committee received by the Governing Body (monthly)<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Staff recruitment to Finance Team in Quarter 2 to improve financial data/information for programmes | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| **Corporate Objective 3: To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Malcolm Cunningham** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 3.3 Lack of KPIs will impact on delivery of some programmes in 2013/14 | **3x3** | PMO reporting to Finance & Resource Committee | Minutes of Finance & Resource Committee and exception reports | Significant<br><br>**Reasonable**<br>Minutes of Finance & Resource Committee received by the Governing Body bi-monthly<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCG | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Tracy Jeffes** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 4.1 Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope | **2x4** | 1. SLA in place with Provider<br>2. Contract/Performance Monitoring Group<br>3. Reporting on performance and delivery is a standing agenda item at SMT | Monthly meeting of Performance Monitoring Group<br><br>Head of Client Operations – CSU to attend weekly SMT meetings to support<br><br>Specific agreement reached with CSU to ensure continuation of locally based communications and engagement capability.<br><br>Reports to Finance & Resource Committee on 6 monthly basis | **Significant**<br><br>**Reasonable**<br>Governing Body receives minutes of Finance & Resource Committee<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Development of KPIs to ensure more robust contract management | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCGs | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Tracy Jeffes** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 4.2 Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from service delivery | **2x4** | Plan produced in draft for re-procurement identifying timescales, resource requirements, impacts and risks | Progress reports to SMT<br><br>Progress/exception reports to Finance & Resource Committee | **Significant**<br><br>**Reasonable**<br><br>Minutes of Finance & Resource Committee received by Governing Body<br><br>**Limited** | (GIC)<br>Plan currently in draft form | Final plan timescale December 2013 | Tracy Jeffes – December 2013 |

| | | | | |
|---|---|---|---|---|
| **Progress Reports** | **Q1** | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | |
| | **Q3** | | | |
| | **Q4** | | | |

| **Corporate Objective 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Jan Leonard / Billie** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 5.1 Inability to maintain active involvement of all constituents and stakeholders | **3x4** | Refreshed Communications and Engagement Strategy 2013<br><br>Increased development of Locality model & resourcing<br><br>Effective running of Engagement and Patient Experience Group in place to ensure on-going active involvement of key partners e.g. Sefton Healthwatch, the voluntary sector and Sefton Council & coordination of local patient and public activities<br><br>CCG public-facing internet site now live<br><br>Lead locality GP, Practice Nurse & Practice Manager meetings on monthly basis for each locality | Documented evidence of involvement<br><br>Quarterly Wider Constituent meetings with GP attendance recorded/minuted<br><br>Minutes of GP/Practice Manager and Practice Nurse Locality Meetings | **Significant**<br><br>**Reasonable**<br><br>Governing Body receives minutes of Locality Meetings<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Refresh of locality web pages on intranet | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| **Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development** | | | | **Governing Body Reports** | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Jan Leonard / Billie Dodd** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 6.1 Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement | **4x3** | OD Plan refreshed for 2013/14<br><br>Increased development of Locality model and resourcing<br><br>Monthly joint development session for Governing Body members and clinical leads<br><br>Documented and robust PDR process for Governing Body members and locality lead roles | Records of developmental sessions for Governing Body members/clinical leads<br><br>Minutes of Locality Meetings | **Significant**<br><br>**Reasonable**<br><br>Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting<br><br>Minutes of Locality Meetings received by Governing Body<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Primary Care Quality Strategy in consultation. Governing Body development sessions on-going in 2013/14 | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

| Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development | | | | Governing Body Reports | | | |
|---|---|---|---|---|---|---|---|
| **Lead Officer/Risk Owner: Jan Leonard / Billie Dodd** | | | | | | | |
| **Principal Risks** ***Risk Owner*** | **Risk Status (L x C)** | **Key Controls** | **Assurances on Controls** | **Key Positive Assurance (**External / Independent)** | **Gaps in Control or Assurance (GIA) or (GIC)** | **Corrective Action** | **Responsibility Target Date** |
| 6.2 Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development. | **4x3** | Job descriptions and person specifications issued to ensure aspirant members are aware of requirements<br><br>Induction process for new Governing Body members | Governing Body oversight of PDR process via exception reporting<br><br>Training and development records, attendance at Governing Body development sessions. | **Significant**<br><br>**Reasonable**<br><br>Governing Body oversight of PDR process and attendance at developments sessions for members.<br><br>**Limited** | | | |
| **Progress Reports** | **Q1** | Workshop to be held for aspirant GB members regarding development and skill set required | | | | **Assurance Rating** | **Reasonable** |
| | **Q2** | | | | | | |
| | **Q3** | | | | | | |
| | **Q4** | | | | | | |

**Principal Risks:** are what could prevent key objectives from being achieved. Key risks should be true risks (rather than consequences), and so cannot just be the converse of the objective.

**Assurance Rating Section:** this shows section seeks to help the Governing Body to 'weight' the assurance provided by Risk Owners. It directs the amount of attention it needs to spend in reviewing entries on the Assurance Framework. The categories are 'Limited', 'Reasonable' and 'Significant'. The Governing Body should be expecting to see 'Reasonable' assurance for the entries in the document unless there is a specific reason for this not to happen. For example, a new care pathway introduced in quarter 1 might only have been given limited assurance as the implementation plan for the pathway has only just begun. As the year progresses the assurance rating should increase with the embedding of the pathway.

**Key Controls:** are factors, systems or processes that are in place to mitigate the principal risk(s) and assist in securing delivery of the relevant key objective. Key controls should be robust and specific and properly match the associated key objective(s). For example; a sub committee or committee of the Governing Body which is tasked with monitoring the specific risk.

**Assurance on Controls:** are sources of evidence demonstrating that the key controls are effective. Assurances should be matched with specific key control(s) wherever possible.

**Gaps in Control:** indicates where the organisation has failed to put key controls in place, or has failed to make key controls effective.

**Gaps in Assurance:** indicates where the organisation is failing to gain evidence that key controls are effective.

**Corrective Action:** shows what will or is being done to address the gap(s) in control or assurance.

**Responsibility / Target Date:** shows the Director (or senior manager) responsible for appropriate and timely implementation of corrective action(s) and the expected date by which actions should be completed.

**Progress reports** provide a quarterly update on achievement of action plans and identify where gaps in control or assurance have been addressed. They should also indicate where the risk grading has changed for any risks associated with that objective.

Generally, Assurance Frameworks should map key objectives to principal risks, key controls and assurances explicitly. Assurance frameworks should be embedded and dynamic, providing regular Governing Body information and not viewed as year-end exercises.

**Assurance Rating**

**Limited Rating – Insufficient Assurance Provided**
A limited assurance rating will be applied where a risk owner has failed to record any evidence within the 'Key Positive Assurance' column during that quarter or where only minimal evidence is provided, all of which is deemed as providing 'limited assurance'.

**Reasonable Rating – Adequate Assurance Provided**
A reasonable assurance rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column at least one piece of evidence deemed 'reasonable' assurance together with a number of pieces of evidence deemed 'limited' assurance.

**Significant Rating – Substantial Assurance Provided**
A significant risk rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column a minimum of one piece of evidence deemed as providing 'significant' assurance **or** a number of pieces relating to different aspects of assurance deemed 'reasonable'

**Examples of what constitutes differing levels of assurance:**

| Key Positive assurance<br>(** External/Independent)<br>EXAMPLES OF TYPES OF ASSURANCE |
|---|
| **SHA Audit of data quality indicating no significant concerns, reported to Trust Governing Body January 2010, PCT commissioning committee February 2011. (significant assurance) |
| **CQC indicators met for relevant targets as reported in periodic review, October 2011 (significant assurance) |
| Performance Report received by the Trust Governing Body, most recent September 2009, showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance) |
| Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance) |
| Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance) |

| EXAMPLE OF NEW LAYOUT |
|---|
| **Significant Assurance** |
| 2010/11 prospectus published March 2009, included for information in Governing Body papers May 2010 |
| Uptake report on attendance at Health & Safety courses at Health & Safety working group November 2010 shows 60% of staff have attended relevant courses, compared with 40% last year |
| **Reasonable Assurance** |
| Update report to HR committee September 2010 demonstrating 80% of required courses now established |
| **Limited Assurance** |
| Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets |

| Key Positive assurance |
|---|

## Risk Grading Matrix

| Consequence / Likelihood | 1 Insignificant | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
|---|---|---|---|---|---|
| 5 Almost Certain | 5 | 10 | 15 | 20 | 25 |
| 4 Likely | 4 | 8 | 12 | 16 | 20 |
| 3 Possible | 3 | 6 | 9 | 12 | 15 |
| 2 Unlikely | 2 | 4 | 6 | 8 | 10 |
| 1 Rare | 1 | 2 | 3 | 4 | 5 |

| Risk | Score | Colour |
|---|---|---|
| Insignificant | 1 - 3 | |
| Low | 4 - 6 | |
| Moderate | 8 - 12 | |
| High | 15 - 25 | |

Significant risk

### Significant Risk

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Directorate Risk Register.

# Southport & Formby CCG Assurance Framework 2013/14
## Assurance Rating Summary Quarter 1

Key:
▼ L – Assurance rating reduced from previous Quarter
► M – Maintained assurance rating from previous Quarter
▲ H - Higher assurance rating than previous Quarter
Blank – No comparable rating

N/A – Not applicable – assurance not expected

| Risk No | Risk Description | Risk Rating (L & C) | Accountable Lead | Assurance Rating Q1 | Assurance Rating Q2 | Assurance Rating Q3 | Assurance Rating Q4 | Assurance Rating Key |
|---|---|---|---|---|---|---|---|---|
| **Corporate Objective 1: To consolidate a robust Strategic Plan within the CCG financial envelope** | | | | | | | | |
| Unique Identifier | Strategic risk transposed from Assurance Framework document | Risk rating based on agreed risk matrix | Identified lead on behalf of the CCG who is referred to as the 'Risk Owner' on the Assurance Framework document | These columns will state either 'Limited' 'Reasonable' or 'Significant' assurance has been awarded dependent on the weight of assurance provided | | | | This column will have ▼or ►or ▲ inserted here to demonstrate any changes since last review |
| 1.1 | Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years | **3x3** | Jan Leonard/Billie Dodd | **Reasonable** | | | | *new* |
| 1.2 | Lack of political and/or stakeholder support for changes will affect the ability to deliver effectively & impact on integration at community level | **3x3** | Jan Leonard/Billie Dodd | **Reasonable** | | | | *new* |
| 1.3 | Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets | **3x4** | Martin McDowell | **Reasonable** | | | | *new* |
| 1.4 | Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts | **3x4** | Martin McDowell | **Reasonable** | | | | *new* |
| 1.5 | Non-delivery of 2013/14 QIPP Plan which supports transformational change | **3x4** | Martin McDowell | **Reasonable** | | | | *new* |
| **Corporate Objective 2: To enhance systems to ensure quality & safety of patient care** | | | | | | | | |
| 2.1 | Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality & health outcomes | **3x3** | Debbie Fagan | **Reasonable** | | | | *new* |
| 2.2 | CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of Quality Premium | **3x4** | Debbie Fagan | **Reasonable** | | | | *new* |
| **To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance** | | | | | | | | |
| 3.1 | Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of meeting outcomes framework 2013/14 | **3x3** | Malcolm Cunningham | **Reasonable** | | | | *new* |

# Southport & Formby CCG Assurance Framework 2013/14
## Assurance Rating Summary Quarter 1

Key:
▼ L – Assurance rating reduced from previous Quarter
► M – Maintained assurance rating from previous Quarter
▲ H - Higher assurance rating than previous Quarter
Blank – No comparable rating

N/A – Not applicable – assurance not expected

| Risk No | Risk Description | Risk Rating (L & C) | Accountable Lead | Assurance Rating Q1 | Assurance Rating Q2 | Assurance Rating Q3 | Assurance Rating Q4 | Assurance Rating Key |
|---|---|---|---|---|---|---|---|---|
| 3.2 | Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define | **3x3** | Malcolm Cunningham | **Reasonable** | | | | *new* |
| 3.3 | Lack of KPIs will impact on delivery of some programmes in 2013/14 | **3x3** | Malcolm Cunningham | **Reasonable** | | | | *new* |
| **Corporate Objective 4: To collaborate with the Cheshire & Merseyside CSU to ensure delivery of successful support to the CCG** | | | | | | | | |
| 4.1 | Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope | **2X4** | Tracy Jeffes | **Reasonable** | | | | *new* |
| 4.2 | Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from service delivery | **2x4** | Tracy Jeffes | **Reasonable** | | | | *new* |
| **Corporate Objective 5: To strengthen engagement of CCG members, public, partners and stakeholders** | | | | | | | | |
| 5.1 | Inability to maintain active involvement of all constituents and stakeholders | **3x4** | Tracy Jeffes | **Reasonable** | | | | *new* |
| **Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development** | | | | | | | | |
| 6.1 | Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement | **4x3** | Tracy Jeffes/Jan Leonard/Billie Dodd | **Reasonable** | | | | *new* |
| 6.2 | Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development | **4x3** | Jan Leonard/Billie Dodd | **Reasonable** | | | | *new* |

NHS
Southport and Formby
Clinical Commissioning Group

# MEETING OF THE GOVERNING BODY
# July 2013

| | |
|---|---|
| **Agenda Item:** 13/96 | **Author of the Paper:** |
| **Report date:** 22 July 2013 | Tracy Jeffes<br>Head of CCG Delivery<br>tracy.jeffes@southseftonccg.nhs.uk<br>Tel: 0151 247 7049 |

**Title:** Update of Terms of Reference – Board Committees

**Summary/Key Issues:**

This paper presents the Governing Body with revised Terms of Reference for each of the Board Committees. The Governing Body's attention is drawn to the following clauses, highlighted within each terms of reference for ease of reference.

Quality Committee

- Principal duties - clauses 2.12, 2.18 and 2.19.
- Membership - clause 3.1.
- Chair - clause 4.
- Quorum - clause 5.
- Frequency of meetings – clause 6.1
- Conduct – clause 7.

Audit Committee

- Membership – clause 2.
- Quorum – clause 6.
- Conduct – clause 9.

Remuneration Committee

- Membership – clause 2.
- Responsibilities of the Committee – clause 3.
- Establishment of Sub-Groups of the Committee – clause 5.1.
- Quorum – clause 7.
- Conduct – clause 10.2.

Finance & Resource Committee

- Membership – clause 3.1.
- Chair – clause 4.
- Quorum – clause 5.
- Conduct of the Committee – clause 9.3.

**Recommendation**

The Governing Body is asked to approve the updated Terms of Reference for each committee.

| | |
|---|---|
| Note | |
| Approve | x |
| Ratify | |

| **Links to Corporate Objectives** *(x those that apply)* | |
|---|---|
| x | To consolidate a robust CCG Strategic Plan within CCG financial envelope. |
| x | To maintain systems to ensure quality and safety of patient care. |
| x | To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance. |
| x | To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs. |
| x | To sustain engagement of CCG members and public partners and stakeholders. |
| x | To drive clinical leadership development through Governing Body, locality and wider constituent development. |

| Process | Yes | No | N/A | Comments/Detail *(x those that apply)* |
|---|---|---|---|---|
| Patient and Public Engagement | | | x | |
| Clinical Engagement | | | x | |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |

| **Links to National Outcomes Framework** *(x those that apply)* | |
|---|---|
| x | Preventing people from dying prematurely |
| x | Enhancing quality of life for people with long-term conditions |
| x | Helping people to recover from episodes of ill health or following injury |
| x | Ensuring that people have a positive experience of care |
| x | Treating and caring for people in a safe environment and protecting them from avoidable harm |

# Terms of Reference
# Quality Committee

NHS
Southport and Formby
Clinical Commissioning Group

## 1. Principal Functions

1.1. The Quality Committee shall be established as a committee of the Governing Body in accordance with the CCG's Scheme of Delegation and will have key responsibilities to:

- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services.

1.2. The approval of arrangements for safeguarding children and adults remains a matter reserved for the Governing Body. However, monitoring of safeguarding arrangements and activity is part of the Quality Committee's principal functions and duties.

1.3. In the event of overlap or conflict between the roles or responsibilities of the Audit Committee and the Quality Committee of the CCG, the role of the Audit Committee and any decisions made by the Audit Committee shall have precedence over those of the Quality Committee. The main functions of the Quality Committee are:

- to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- to promote a culture of continuous improvement and innovation with respect to safely, clinical effectiveness and patient experience
- to provide an assurance to the Governing Body that there are robust structures, processes and accountabilities in place for identifying and managing significant risks facing the organisation (i.e. strategic, operational, clinical and organisational)
- to provide corporate focus, strategic direction and momentum for quality, and risk management within the CCG.

## 2. Principal Duties

The principal duties of the Committee are as follows:

2.1. to ensure effective management of governance areas (clinical governance, corporate governance, information governance, research governance, financial governance, risk

management and health & safety) and corporate performance in relation to all commissioned services

2.2. to ensure the establishment and maintenance of an effective system of integrated governance, risk management and internal control in line with the Integrated Governance Handbook (DoH February 2006), across the organisation's activities (both clinical and non-clinical), that support the achievement of the organisation's objectives

2.3. to provide assurance to the Audit Committee, and the Governing Body, that there are robust structures, processes and accountabilities in place for the identification and management of significant risks facing the organisation

2.4. to ensure the CCG is able to submit risk and control related statements, in particular the Annual Governance Statement and declarations of compliance

2.5. to ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies

2.6. to monitor the CCG's Quality Strategy and ensure improvement in standards across all commissioned services that reflect all elements of quality (patient experience, effectiveness and patient safety)

2.7. to receive, scrutinise and monitor progress against reports from external agencies, including the Care Quality Commission, Monitor and Health and Safety Executive

2.8. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans

2.9. to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time.

2.10. to work collaboratively to identify and promote "best practice", the sharing of experience, expertise and success across the CCG and with key stakeholders

2.11. to monitor the CCG Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or Cheshire and Merseyside CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised

2.12. to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of meeting notes and key issues reports as stipulated by the Quality Committee

2.13. the Quality Committee shall monitor the effectiveness of meeting the above duties by:

- reviewing progress against its own programme of business agreed by the Governing Body

- producing an annual report for the CCG Governing Body

2.14. support the Governing Body to meet its Public Sector Equality Duty

2.15. promote research and the use of research across the organisation

2.16. promote education and training across the organisation

2.17. support the improvement of primary medical services and primary care quality

2.18. to review and approve plans for Emergency Planning and Business Continuity

2.19. to review and approve arrangements for the proper safekeeping of records.

## 3. Membership

3.1. The following will be members of the Committee:

- Governing Body Lay Member (Chair)
- Clinical Governing Body Member (Vice)
- GP Governing Body Member
- Practice Manager Governing Body Member
- Chief Officer
- Chief Finance Officer or nominated deputy
- Chief Nurse
- CCG Clinical Lead for Quality (non-Governing Body member)
- CCG Head of Corporate Performance & Outcomes
- Locality Manager with a lead for Primary Care
- A clinical locality representative
- Patient Representative (HealthWatch)
- Head of CCG Development

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children & Adults.

3.2. All Members are required to nominate a deputy to attend in their absence.

3.3. All members are expected to attend a minimum of 50% of meetings held.

3.4. Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

## 4. Chair

A Lay Governing Body member nominated by the CCG Governing Body shall chair the committee. The Committee shall select a Vice Chair from its membership.

## 5. Quorum

5.1. The quorum shall consist of the Chair of the Quality Committee or Vice Chair, one Member of the Governing Body that is also a member of the CCG Senior Management Team, a Governing Body Clinician and three other members from within the Quality Committee Membership.

5.2. As per the NHS Southport and Formby CCG Constitution, the quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 6. Frequency of Meetings and Reporting Arrangements

6.1. The Committee will meet at least 8 times per year and submit the ratified minutes of its meeting to the next available Audit Committee and CCG Governing Body.

6.2. The Committee will submit an annual report to the CCG Governing Body.

## 7. Conduct

7.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

7.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 8. Secretarial Arrangements

8.1. PA to the Chief Nurse shall provide secretarial support to the Committee.

8.2. The agenda for the meetings will be drawn up with the Chair of the Committee.

8.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.

8.4. The minutes of the meeting will be produced in 10 working days.

## 9. Date and Review

| | |
|---|---|
| Date: | July 2013 (Approval by Governing Body) |
| Version Number: | 3 |
| Future Review dates | November 2013<br>March 2014<br>September 2014<br>March 2015 |

# Terms of Reference
# Audit Committee

NHS
Southport and Formby
Clinical Commissioning Group

GB13/96

## 1. Authority

1.1. The Audit Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.

1.2. The principal functions of the Committee are as follows:

a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives.

b) To review and approve the arrangements for discharging the Group's statutory financial duties.

## 2. Membership

2.1. The following will be members of the Committee:

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience & Engagement)
- Practice Manager Board Member.

2.2. A Vice Chair will be selected by the Committee from within its membership.

2.3. Other officers required to be in attendance at the Committee are as follows:

- Internal Audit Representative
- External Audit Representative
- Counter Fraud Representative
- Chief Finance Officer
- Chief Nurse.

2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer. Representatives from NHS Protect may be invited to attend meetings.

2.6. At least once a year the Committee should meet privately with the external and internal Auditors. Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit Committee.

2.7. Members are expected to personally attend a minimum of 75% of meetings held.

2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including Mersey Commissioning Support Service (MCSS) and from the Local Authority Public Health team may also be invited to attend dependent upon agenda items.

## 3. Responsibilities of the Committee

The Audit Committee is responsible for:

3.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks;

3.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group;

3.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work;

3.4. reviewing policies and procedures for all work relating to fraud and corruption as set out by the Secretary of State Directions and as required by the NHS Protect;

3.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS litigation authority, Care Quality Commission etc.);

3.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance;

3.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance);

3.8. monitoring and review of the CCG Assurance Framework (AF) to support the CCG's integrated governance agenda.

## 4. Duties of the Committee

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone).

4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.

4.2. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.

4.3. To review and recommend to the Governing body the approval of the annual accounts.

4.4. To review and approve the Group's annual report on behalf of the Governing Body

4.5. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.

4.6. To review and approve the arrangements for discharging the group's statutory financial duties.

4.7. To review and approve the Group's Counter Fraud and Security Management arrangements.

4.8. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions

4.9. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

## 5. Administration

5.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.

5.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.

5.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

## 6. Quorum

6.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.

6.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS Southport and Formby CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 7. Frequency and notice of meetings.

The Audit Committee shall meet on at least four occasions during the financial year. Internal Audit and External Audit may request an additional meeting if they consider that one is necessary.

## 8. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

## 9. Conduct

9.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

9.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 10. Date and Review

| | |
|---|---|
| Date | July 2013 (Approval by Governing Body) |
| Version Number: | 2 |
| Review dates | November 2013<br>March 2014<br>September 2014<br>March 2015. |

# Terms of Reference
# Finance & Resources Committee

NHS
Southport and Formby
Clinical Commissioning Group

## 1. Authority

1.1. The Finance & Resource Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.

1.2. The principal functions of the Committee are as follows:

- The Committee shall be authorised by the CCG Governing Body to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.

- To provide assurance to the Governing Body that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements.

- To provide regular reports to the Governing Body on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.

## 2. Membership

2.1. The following will be members of the Committee:

- Lay Member (Governance) (Chair)
- Clinical Governing Body Member (Vice Chair)
- Clinical Governing Body Member
- Lay Member (Patient Experience & Engagement)
- Practice Manager Governing Body Member
- Locality Clinical Representatives
- Chief Officer
- Chief Financial Officer
- Head of Performance & Health Outcomes
- Head of CCG Corporate Delivery
- Head of CCG Development
- Chief Nurse.

2.2. The Chair of the Governing Body will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.

2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including Cheshire and Mersey Commissioning Support Unit (C&MCSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

## 3. Responsibilities of the Committee

The Finance and Resources Committee is responsible for the following.

3.1. Advising the Governing Body on all financial matters and to provide assurance in relation to the discharge of statutory functions in line with the Standing Financial Instructions (SFIs).

3.2. Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.

3.3. Overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, and delivery of financial recovery plans and cost improvement plans.

3.4. Ensuring that the performance of commissioned services is monitored in line with CCG expectations.

3.5. Monitoring key performance indicators (e.g. any outlined in the NHS Operating Framework).

3.6. Advising the Governing Body on the approval of annual financial plans.

3.7. Monitoring and advising appropriate courses of action with regard to other key areas of CCG business (notably procurement, contracting and monitoring progress of Foundation Trust (FT) applications of local providers.

3.8. Supporting the work of the Audit Committee through review of financial arrangements as required.

3.9. Determining banking arrangements

3.10. Approving arrangements for exceptional/novel treatments

3.11. To receive recommendations from the local Individual patient review (IFR) panel and approve as appropriate.

## 4. Duties of the Committee

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone).

4.1. Oversee the development of the short and medium-term strategies for the CCG including assessment of the assumptions underpinning the financial models.

4.2. To ensure the delivery of financial balance and that the organisation meets its statutory financial targets.

4.3. Ensure that the Finance and Performance Plans are consistent with and complementary to the CCGs Annual Budget, Commissioning Plan ("One Plan") and Strategic Plan.

4.4. To monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.

4.5. Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.

4.6. Monitoring Financial and Operational Performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.

4.7. Monitoring Key Performance Indicators (KPIs) relating to CCG performance, for example as outlined in the NHS Operating Framework and One Plan.

4.8. Monitoring delivery of the QIPP programme and agreeing corrective action if required.

4.9. Monitor key risks facing the CCG, understand the financial consequences and make recommendations for inclusion on the CCG risk register accordingly.

4.10. Oversee the development and delivery of capital investment plans including any schemes progressed through the LIFT or 3PD initiatives.

4.11. Oversee the development and implementation of the Estates strategy.

4.12. Oversee the development and implementation of Human Resource strategies, plans and corporate policies.

4.13. Maintain an overview of recruitment, retention, turnover and sickness trends.

4.14. To ensure that services provided by other organisations, notably Merseyside CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.

4.15. To review, monitor and agree corrective action for all agreed financial performance indicators (KPIs to be determined based on CCG finance regime when published).

4.16. To review the CCG procurement strategy and advise on an appropriate course of action regarding commissioning of new services / re-tendering arrangements for existing services.

4.17. To review and monitor progress regarding contracting arrangements with healthcare providers.

4.18. To monitor progress of local provider plans, particularly aspirant FT's, to advise the governing body in terms of key issues and any recommend decisions as appropriate.

4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national & local targets and the CCGs Strategic Plans, review may be on an exception basis.

## 5. Establishment of Sub-Groups of the Committee

5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Finance and Resources Committee and submit ratified notes of meetings to the Finance and Resources Committee.

5.2. The Committee will establish 2 initial sub-groups as follows:

- QIPP Sub-Group to undertake detailed review of all QIPP schemes, monitor progress and advise on corrective action as required.

- Individual Funding Request Sub-Group to receive recommendations from the local IFR panel, and approve as appropriate. Given that these requests may require urgent action, the Chair has the power to take action after consulting with whoever he/she deems appropriate.

## 6. Administration

6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.

6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.

6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

## 7. Quorum

7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member, at least one Lay Person and either the Chief Officer or Chief Finance Officer in attendance shall be quorate for the purposes of the CCG's business.

7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 8. Frequency and notice of meetings

The Committee shall meet at least 8 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

## 9. Reporting

The ratified minutes of the Finance and Resources Committee will be submitted to the Governing Body private meeting. Exception reports will also be submitted at the request of the Governing Body. The minutes and key issues arising from this meeting will be submitted to the Audit Committee.

## 10. Conduct

10.1. All members are required to maintain accurate statements of their register of interest with the governing body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.

10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution shall apply.

10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 11. Review

| | |
|---|---|
| Version No. | 2 |
| Review dates | November 2013<br>March 2014<br>September 2014<br>March 2015 |

# Terms of Reference
# Remuneration Committee

NHS
Southport and Formby
Clinical Commissioning Group

## 1. Authority

1.1. The Remuneration Committee shall be established as a committee of the CCG Governing Body to perform the following functions on behalf of the Governing Body.

1.2. The principal function of the Committee is to make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

## 2. Principal Duties

The principal duties of the Committee are as follows:

2.1. Determining the remuneration and conditions of service of the senior team.

2.2. Reviewing the performance of the Chief Officer and other senior team and determining salary awards.

2.3. Approving the severance payments of the Chief Officer and other senior staff

2.4. Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.

2.5. Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.

## 3. Membership

3.1. The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-

- Lay Member (with a lead role in governance) as Chair
- 2 GP Governing Body Members
- 1 Nurse Governing Body Member
- 1 Practice Manager Governing Body Member

3.2. Only members of the CCG Governing Body may be members of the remuneration committee.

3.3. The Chair of the CCG's Governing Body shall not be a member of the Committee.

3.4. Only members of the committee have the right to attend the Committee meetings.

3.5. However, other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

## 4. Chair

The Lay Governing Body Member shall be nominated by the CCG Governing Body to act as Chair of the committee. The Committee shall nominate a Vice Chair from within its membership.

## 5. Quorum

5.1. The quorum will be the Remuneration Committee Chair or Vice Chair plus 3 other members of the Remuneration Committee membership (all of which must be members of Governing Body as per Section 2 of these Terms of Reference)

5.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 6. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

## 7. Secretarial arrangements

7.1. The Business Manager / PA to the Chief Officer shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

7.2. The agenda for the meetings will be drawn up with the Chair of the Committee.

7.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.

7.4. The minutes of the meeting will be produced within 10 working days

## 8. Policy and Best Practice

8.1. The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will:-

- comply with current disclosure requirements for remuneration
- on occasion seek independent advice about remuneration for individuals

- ensure that decisions are based on clear and transparent criteria.

8.2. The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

## 9. Conduct of the Committee

9.1. The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.

9.2. The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing ody.

9.3. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

## 10. Review

| | |
|---|---|
| Version | 2 |
| Future Review: | November 2013 |
| | March 2014 |

NHS
Southport and Formby
Clinical Commissioning Group

# Quality Committee
# Minutes

Wednesday, 22 May 2013, 3.30pm – 5.30pm
Family Life Centre, Ash Street, Southport PR8 6JH

| | | |
|---|---|---|
| **Attended** | | |
| Helen Nichols | Chair and Lay Member | HN |
| Dr Rob Caudwell | Board Member | RC |
| Karen Leverett | Board Member | KL |
| Fiona Clark | Chief Officer | FLC |
| Martin McDowell | Chief Finance Officer | MMD |
| Debbie Fagan | Chief Nurse | DF |
| Dr Doug Callow | GP | DC |
| Dr Kati Scholz | GP | KS |
| Billie Dodd | Joint Head of CCG Development | BD |
| **In attendance** | | |
| Anne Dunne | Designated Nurse for Safeguarding | AD |
| Gordon Jones | CMSU | GJ |
| Danielle Mooney | CMSU | DM |
| **For Minutes** | | |
| Karen Lloyd | PA to Chief Finance Officer | |

The meeting was preceded by a presentation by the CSU on Quality Dashboard & Portal Development. Exception summaries will be presented to the Quality Committee on a monthly basis.

| No | Item | Action |
|---|---|---|
| **13/50** | The Chair welcomed everyone to the meeting and introductions were made. | |
| **13/51** | **Apologies for absence**<br>Apologies for absence were received from Fiona Clark Chief Officer for Southport and Formby CCG and Roy Boardman Practice Manager. | |
| **13/52** | **Declarations of Interest**<br>Debbie Fagan Chief Nurse and Martin McDowell declared dual roles at both Southport and Formby and South Sefton CCG | |
| **13/53** | **Minutes of the last meeting**<br>The minutes of the previous meeting were agreed as a true and accurate record of the meeting. | |
| **13/54** | **Matters Arising** | |

| No | Item | Action |
|---|---|---|
| | All matters arising were closed save for:<br>13.29 This will be removed as an action as the Quality Review Meeting action plan has now superseded this.<br>13.40 DF will liaise with Diane Blair to arrange representation. | **DF** |
| 13/55 | **Chief Nurse Report**<br>DF presented the comprehensive Chief Nurse Report.<br>**Francis Enquiry** Discussion took place regarding minimum staffing levels. DF will meet with Liz Yates in Q1 to with Gaynor Hales, Director of Nursing & Quality NHS England (Merseyside), to further the Quality Review Meeting action re: nurse staffing levels and workforce.<br>MMD will supply documentation to DF regarding staffing levels data.<br>The committee noted that West Lancashire will have responsibility for their Serious Untoward Incident (SUI) Management in relation to Southport and Ormskirk Hospital. DF will consult with Jackie Moran regarding joint resolution of issues.<br>Safeguarding updates will no longer be included on the Chief Nurse report<br>Practice Nurses to be invited to a future meeting.<br>**The Quality Committee noted the contents of the Chief Nurse Report** | **DF**<br>**MMD**<br>**DF**<br>**DF** |
| **13/56** | **Quality Dashboard Report**<br>DF presented this report which to the committee with identified the new dashboard of quality measures.<br>DF suggested that at each meeting the committee review the exception reports to identify risks and carry out trend analysis.<br>**The Committee noted the Quality Dashboard Report** | |
| **13/57** | **Contract Update (Quality)**<br>- **2012/2013**<br>- **2013/2014**<br>BD presented the Contract update noting the key performance indicators for providers.<br>Copy of slides attached with minutes as this was a verbal update.<br>**The Committee noted the contract update (quality).** | |
| **13/58** | **Primary Care Quality Strategy (PQCS)– Progress**<br>AP presented a progress update on the PQCS and asked the committee to note that this is an evolving document. MMD noted that a review of investment is being undertaken with the aim to move activity from secondary to primary care.<br>**The Quality Committee noted the verbal update** | |
| **13/59** | **Action Notes from Southport and Ormskirk Hospital Quality** | |

| No | Item | Action |
|---|---|---|
| | **Review Meeting**<br>DF presented the action plan from the quality review meeting and will update the committee regarding progress against the plan.<br>**The Quality Committee noted the action notes from the quality review meeting.** | |
| **13/60** | **Southport and Ormskirk Action Plan (Walk around – 10 January 2013)**<br>LY not available for this meeting – the members agreed that the Quality Review Meeting action plan has superseded this initial action plan and therefore there was no longer a need to Liz Yates to attend.<br>**Action: DF will liaise with LY** | DF |
| **13/61** | **Francis Recommendations – Draft Action Plan**<br>This item was deferred to the meeting in June 2013 | |
| **13/62** | **Review Terms of Reference**<br>DF presented the revised Terms of Reference which have been amended to reflect the Constitution<br>**The Quality Committee noted the amendments to the Terms of Reference**. | |
| **13/62** | **Corporate Risk Register**<br>DF presented the corporate risk register. HN noted that some risks may have been omitted from the report including:<br>Winter pressures, conflict of interest, engaging board members, peripheral providers. MMD noted that going forward the Board Assurance Framework would be presented in conjunction with the Corporate Risk Register.<br>It was noted that the Chair had begun a programme of visits to GP practices within the CCG to ensure that all GP's had visibility of performance.<br>MMD noted that there was a potential opportunity for development of the BAF and Risk Registers at a Board Development Session<br>**The Quality Committee noted the contents of the risk registers.** | |
| **13/63** | **Complaints Report**<br>**i. Primary Care**<br>**ii. Non Primary Care**<br>DF presented the complaints report to for primary and non-primary and noted that going forward this would be CCG specific.<br>**The Quality Committee noted the contents of the complaints report.** | |
| **13/64** | **Safeguarding Update**<br>AD presented this update and advised the committee that following the recent publication of guidance each practice will require a Safeguarding Lead and deputy.<br>Providers – The audit standards will be reviewed to support the KPI relating to safe recruitment and CRB checks.<br>LCH have a revised safeguarding management structure due to the previous postholder leaving.<br>Sefton Local Authority have a pending safeguarding inspection. | |

| No | Item | Action |
|---|---|---|
| | Focus will be drawn to GP attendance at safeguarding conferences and submission of reports.<br>DC requested that a local refresher training event be arranged once a year – this will be discussed at the protected learning time in June 2013<br>**The Quality Committee noted the safeguarding update**. | |
| **13/65** | **Any Other Business**<br>There were no items of other business**.** | |
| **13/66** | **Date and Time of Next Meeting**<br>Wednesday, 19 June 2013, 3:00 pm – 5:00 pm at the Family Life Centre, Southport PR8 6JH | |

Signed …….. Date ……
Chairman

NHS
Southport and Formby
Clinical Commissioning Group

# Finance & Resource Committee
# Minutes

Held on Wednesday, 19 June 2013, 1.30pm to 3.00pm
Family Life Centre, Ash Street, Southport

| | | |
|---|---|---|
| **Members** | | |
| Helen Nichols(Chair) | Lay Member | HN |
| Dr Martin Evans | GP Board Member | ME |
| Dr Hilal Mulla GP | Board Member | HM |
| Roy Boardman | Practice Manager | RB |
| Martin McDowell | Chief Finance Officer | MMD |
| Jan Leonard | Head of CCG Development | JL |
| Debbie Fagan | Lead Nurse | DF |
| **In Attendance** | | |
| Fiona Doherty | Transformational Change Manager | FD |
| Sarah McGrath | Locality Manager | SMG |
| Jane Uglow | Locality Manager | JU |
| Suzanne Lynch | Senior Practice Pharmacist | SL |

| | Item | Action |
|---|---|---|
| FR13/56 | **Apologies for absence**<br>Roger Pontefract Lay Member<br>Colette Riley Practice Manager<br>Fiona Clark Chief Officer<br>Tracy Jeffes Head of CCG Corporate Delivery<br>Malcolm Cunningham Head of CCG Performance & Health Outcomes<br>Brendan Prescott Head of CCG Medicines Management | |
| FR13/57 | **Declarations of interest**<br>Declarations of interest as members with dual roles were declared by Martin McDowell Chief Finance Officer and Debbie Fagan Chief Nurse.<br>Dr Martin Evans declared that he is a member of LMC. | |
| FR13/58 | **Minutes of the previous meeting**<br>The minutes of the previous meeting were recorded as an accurate record of the meeting pending the following amendments:<br>13/46 Duplicated sentence removed.<br>13/46 Note that the committee noted the out turn figures in respect of 2013/2014<br>13/47 Local indicators added.<br>Replacement of providers with Commissioners in the statement regarding prequalifying. | |

| | | |
|---|---|---|
| **FR13/59** | **Action points from previous meeting**<br><br>13/48 Prescribing Performance Report – HN noted that declarations of interest were omitted from this item. The committee discussed the approval of this item and agreed that the decision would stand.<br><br>13/49 GP Framework – HN noted that declarations of interest were omitted from this item. The committee discussed the approval of this item and agreed that the decision would stand.<br><br>13/52 Medicines Management Budget Setting -HN noted that declarations of interest were omitted from this item. The committee discussed the noting of this item and agreed that no further action was necessary.<br><br>Change of date for meetings:<br>It was noted that six of the remaining nine meetings in this financial year clashed with Protected Learning Time meetings. It was suggested that the meetings that clash be moved to the morning. Dr Evans can accommodate this move. Dr Mulla will discuss with his partners and confirm that he is able to accommodate this change.<br><br>**Action Tracker**<br><br>13/48 Deferred to July meeting for response<br><br>13/51 MMD will liaise with John Doyle at Merseycare and update the committee at the next meeting in July 2013. | |
| **FR13/60** | **Month 2 Finance Report**<br><br>MMD presented the month 2 finance report. This report presented the F & R Committee with an overview of the financial performance for NHS Southport and Formby Clinical Commissioning Group as at month 2. It details the performance against annual budget and shows the forecasted end of year 2013/14 financial position.<br><br>A number of issues were reported in the May Governing Body meeting and Committee members are reminded that there remains a significant degree of uncertainty regarding the baseline allocations to CCGs following on from the exercise in 2012/13.<br><br>Paul Baumann, Chief Finance Officer of NHS England has written a letter dated 17th May 2013 to regional directors of finance to confirm that corrections will be made where baseline allocations are proven to be wrong.<br><br>It was noted that Southport and Ormskirk Hospital Finance Team had staffing issues which have led to a delay in disaggregating their data for months 1 and 2. MMD has received assurances that this data will be received prior to the Governing Body Development session. Failure to provide this information will result in escalation.<br><br>Committee members were reminded that the Governing Body took the decision at the end of May to defer uncommitted investments until the key areas of risk are clarified and mitigation plans developed. This position will | |

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| | be reviewed in the July meeting of the Governing Body.<br><br>HM requested and update regarding QIPP. HN reported that one meeting had taken place with a further meeting scheduled for July. An update report will be brought to committee in September 2013.<br><br>**The Committee noted the contents of the finance report.** | |
| **FR13/61** | **Detailed Contract Performance Report**<br><br>MMD presented the contract performance report and apologised for the absence of CQUIN performance report for 2012-2013. This will be submitted to the next meeting.<br><br>This report provides Southport & Formby Clinical Commissioning Group with a summary of the financial and non-financial performance of commissioned services contracts as at the end of the financial year 2012-13.<br><br>Southport & Ormskirk's contract was operated on a fixed price agreement for 2012-13, subject to a small exclusion for drugs. This meant that there was no additional payment required by the CCG for over performance in 2012-13. The month 12 summary demonstrated significant over performance of £5.6m for the whole of Sefton. £3.4m of this over spend was linked with PbR activity and a further £2.2m for Non PbR activity, which apart from excluded drugs is not chargeable. Southport & Formby's CCG share of this over spend would have been £5M when the costs are apportioned on historic activity usage. The chargeable element of this overspend would have been £3.6m.<br><br>HN requested clarification regarding the impact on spending that could be attributed to the implementation of NICE Clinical Guidelines. It was agreed that this had contributed to increased costs and that horizon scanning was required to anticipate these costs going forward.<br><br>The Committee noted that in 2012-13 there was a substantial amount of over performance across the majority of secondary care contracts. The fixed price arrangement in place for the large Mersey contracts significantly reduced the level of the financial risk to the CCG for 2012-13.<br><br>The increased activity levels in 2012-13 have had a significant impact on the 2013-14 contracts as the CCG's contracting strategy was broadly based upon consolidating 2012/13 out-turn figures into opening 2013/14 contracts, before agreeing investments / disinvestments<br><br>**The F & R Committee is noted the content of the paper notably:**<br>• **The contract performance for 2012-13 and the financial impact the activity levels have had on 2013-14 contract growth.**<br>• **Financial risk of contract over performance in 2013-14** | MMD<br><br>MMD |
| **FR13/62** | **Quarter 4 Prescribing Performance Report**<br><br>This report was presented by SL. This report presented the Committee with a report on prescribing performance for the final quarter of 2012-13 across Southport and Formby CCG. The committee noted the absence of the appendices which will be attached to the minutes. | |

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| | Actual Cost growth showed a 4.4 % decrease compared with the previous year with a spend of £4,743,957.26 compared to £4,959,780.74. This corresponded with an increase of 4.6 % in the number of items dispensed with 681,314 items dispensed in Q3 2012-13 compared with 651,382 items in Q3 2011-12 (appendix 1).<br><br>The increase in items and lower negative cost growth for January 2013 corresponds to greater negative cost growth and smaller increase in items in December 2012 as more prescriptions were dispensed after the holiday period.<br><br>In relation to level 3 QIPP cost improvement areas there has been a reduction of £219,233.72 in spend in Q4 2012-13 compared to Q4 2011-12 ( £4,718,602.28 compared to £4,937,836.00, please see appendix 2).<br><br>**The Committee noted the contents of the report.** | |
| **FR13/63** | **IAPT Update**<br>MMD Presented this report which informed the Finance and Resource Committee on the outcomes for the additional investment in 2013/014 to the IAPT service.<br>The Committee noted the efforts of Geraldine O'Carroll in renegotiating this service within the existing financial provision and extended their thanks.<br>The Committee noted general satisfaction with this service and the reduction in waiting times. Unfortunately due to the absence of trajectories in the reporting structure this area may be rag rated as red with the LAT. This is currently under review.<br><br>**The committee noted the content of this report**. | |
| **FR13/64** | **Prescribing Budget Setting**<br><br>SL Presented this verbal update on behalf of BP. The Committee noted that letters of explanation and consultation had been sent to all GP practices and responses were awaited.<br><br>A report will be brought to the next meeting.<br><br>**The committee noted the verbal update regarding prescribing budget setting.** | |

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| **FR13/65** | **Restitution Claims**<br>MMD reported that discussions are continuing regarding final financial responsibility for restitution claims. This may be managed centrally by the local area team. Differentiation may be required between clinical and non-clinical claims.<br>This will remain as a standing agenda item.<br>**The committee noted the update regarding restitution claims.** | |
| **FR13/66** | **IEFR Update Report**<br>MMD presented this report and noted that there had been one request approved and two declined.<br>**The committee noted the contents of this report.** | |
| **FR13/67** | **Date and time of next meeting:**<br>**Please note the venue for this meeting will not be changing as previously advised**<br>**Wednesday, 24 July 2013 1.30pm – 3. 00 Family Life Centre Southport.** | |

NHS
Southport and Formby
Clinical Commissioning Group

# Finance and Resource Committee

| Committee Member | January 2013 | February 2013 | March 2013 | May 2013 | June 2013 | July 2013 | September 2013 | October 2013 | November 2013 |
|---|---|---|---|---|---|---|---|---|---|
| Helen Nichols (Chair) Lay Member | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| Dr Martin Evans, GP Board Member | Apols | Apols | ✓ | ✓ | ✓ | | | | |
| Dr Hilal Mulla, GP Board Member | ✓ | ✓ | Apols | ✓ | ✓ | | | | |
| Roger Pontefract , Lay Member | ✓ | ✓ | Apols | ✓ | Apol | | | | |
| Roy Boardman, Practice Manager | ✓ | Apols | Apols | Apols | ✓ | | | | |
| Colette Riley Practice Manager | ✓ | ✓ | ✓ | ✓ | Apol | | | | |
| Fiona Clark, Chief Officer (Designate) | Apols | ✓ | Apols | Apols | Apol | | | | |
| Martin McDowell, Chief Finance Officer (Designate) | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| Debbie Fagan – Chief Nurse | ✓ | Apols | ✓ | ✓ | ✓ | | | | |
| Brendan Prescott – Head of Medicines Management | Apols | ✓ | ✓ | ✓ | Apol | | | | |
| Billie Dodd, Head of CCG Development | Apols | Apols | Apols | ✓ | Apol | | | | |
| Tracy Jeffes, Head of CCG Delivery | Apols | Apols | ✓ | ✓ | Apol | | | | |
| Malcolm Cunningham, Head of CCG Performance & Outcomes | Apols | Apols | Apols | ✓ | Apol | | | | |
| Jan Leonard - Head of CCG Development | Apols | Apols | ✓ | ✓ | ✓ | | | | |
| Jane Uglow – Locality Manager (as required) | Apols | Apols | Apols | Apols | ✓ | | | | |
| Moira McGuiness – Locality Manager (as required0 | Apols | Apols | Apols | Apols | Apol | | | | |

NHS
Liverpool
Clinical Commissioning Group

**ITEM 3**

# NOTES OF THE MERSEYSIDE CCG NETWORK MEETING
## held on Wednesday 5 June 2013 1.00 – 2.45 PM
## Boardroom, Regatta Place
## Part 1 – CCG Business Only

| PRESENT | | |
|---|---|---|
| Dr Nadim Fazlani | NF | Chair CCG Network/ Chair Liverpool CCG |
| Katherine Sheerin | KS | Chief Officer, Liverpool CCG |
| Dr Andrew Pryce | AP | Chair, Knowsley CCG |
| Dianne Johnson | DJ | Chief Officer, Knowsley CCG |
| Paul Brickwood | PB | Chief Finance Officer, Knowsley, Halton & St Helens CCGs |
| Tom Jackson | TJ | Chief Finance Officer, Liverpool CCG |
| Sarah Johnson | SJ | Head of Commissioning, St Helens CCG |
| Dr Niall Leonard | NL | Chair, South Sefton CCG |
| Fiona Clark | FC | Chief Officer, South Sefton CCG |
| Martin McDowell | MMc | Chief Finance Officer, South Sefton CCG & Southport and Formby CCG |
| Dr Clifford Richards | CR | Chair, Halton CCG |
| Nick Armstrong | NA | Warrington CCG |
| Craig Gillespie | CG | West Lancashire CCG |

| IN ATTENDANCE: | | |
|---|---|---|
| Carol Hughes | CH | PA, Chief Officer & Chair, Liverpool CCG (note taker) |

**Action:**

| 1 | **Welcome & Introductions:** | |
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| | The meeting was opened by Dr Fazlani (NF) who thanked Dianne Johnson and Dr Pryce for hosting the CCG Network for the previous 6 months and for their hard work in making it a success.<br><br>Around the table introductions were made and NF noted that the change in host was now an opportunity to take stock to look at how to proceed from now on.<br><br>Katherine Sheerin (KS) referred to her e mail circulated on 23 May which proposed the shape of the Network meetings over the next 6 months and noted that the first part of the meeting would be held with the 6 Merseyside CCGs plus West Lancashire and Warrington, and would be used to focus on operational issues to be resolved together, joint commissioning and development and to understand the new landscape and the roles of how new organisations fit with CCGs.<br><br>The second part of the meeting would be held with the NHSE team and the 6 Merseyside CCGs and would look at the 3 elements of assurance, development and operational issues of CCGS. The development element would also look at the relationship with the | |

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| | area team and consideration would need to be given for an agenda topic.<br><br>The Second Wednesday of the month meeting would be held with co-commissioners, including relevant Area Teams and Local Authorities and would also include Warrington, West Lancs and Wirral.<br><br>Providers were involved in this meeting previously and consideration should also be given to whether they would be invited or whether this would be only for particular relevant work being discussed.<br><br>A copy of the proposed programme for the next 6 months was provided and following discussion it was agreed that this would make sense, but it was unsure how development would be done, given that this is also being done by each CCG.<br><br>Dr Richards (CR) noted that the structure described is entirely appropriate and refreshing as where we are now does not reflect the position when we first started.<br><br>It was also suggested that we should take stock about what it is to be a CCG network and how much we are committed to working together and to reinforce the structures made. It was also suggested that Corporate development was also required.<br><br>Sarah Johnson (SJ) noted that development was important to ensure communication is right, that the one voice of the network is communicated, expected outcomes are achieved, to be more explicit in the relationship of the NHSE and the CCG network and in the difference between assurance and control<br><br>NF noted that the relationship we currently have is that as statutory bodies but we do have to be clear what will be worked on both together and separately.<br><br>It was agreed that lessons learned should also be included to share the experiences of all CCGs.<br><br>It was agreed that the purpose of the second Wednesday meeting should be considered and a TOR agreed.<br><br>**Action: To agree purpose and TOR for second Wednesday meeting**<br><br>**To include lessons learned to ensure experiences are shared** | **ALL**<br><br>**ALL** |

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| **2** | **Apologies for Absence:** | |
| | Apologies for absence were received from:<br>• Simon Banks (Halton CCG)<br>• Ray Guy (Liverpool CCG)<br>• Dr Clive Shaw (Sefton CCG)<br>• Dr Steve Cox (St Helens CCG)<br>• Dr Sarah Baker (Warrington CCG)<br>• Dr John Caine (West Lancs CCG)<br>• Sarah Baker (Warrington CCG)<br>• Andrew Davies (Warrington CCG)<br>• Dr Fiona Lemmens (Liverpool CCG)<br>• Mike Maguire (West Lancs CCG) | |
| **3** | **Notes from the previous meeting:** | |
| | The minutes of the meeting held on 1 May were agreed as a true and accurate record. | |
| **4** | **Matters Arising:** | |
| | <u>Commissioning Support:</u><br>It was proposed that this should be discussed at the July meeting.<br><br><u>111 Update:</u><br>KS advised that an e mail had been circulated to all Chief Officers by Ian Davies which confirmed the scale of the problem and the actions being taken.<br><br>Dr Pryce (AP) confirmed that anecdotal plans had been received about patient transport services which have escalated.<br><br>KS advised that there was a problem with algorithms which had affected 100 patients due to a fault in the system. Ian Davies had e mailed all CGs regarding this.<br><br>AP advised that he had recently met with Health Watch and that issues were still on-going.<br><br><u>Rehabilitation Pathway:</u><br>This would be included as an agenda item for the July meeting.<br><br>KS advised that it is proposed that the Rehabilitation Network is replaced by the Rehabilitation Commissioning Group which will bring together commissioners and providers of the services on a bi-annual basis to ensure they are delivering what is required.<br><br>It is proposed that at the next Rehabilitation Network meeting in June that the current Network meeting should be disbanded and replaced by the Rehabilitation Commissioning Board. **This was AGREED**. | |

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| | **Action: Rehabilitation Pathway to be included in July agenda**<br><br>**To disband current Rehabilitation Network and replace with Rehabilitation Commissioning Board.**<br><br>**All CCGs to be invited to the Rehabilitation Board**<br><br>IFR/PLCP Policies:<br>It was noted that Dianne Johnson (DJ) and Dr Pryce (AP) were meeting with the CSU to discuss IFR Operational Procedures as the current IFR process is not what is expected. Support had been offered for PLCP by CHAMPS<br><br>**Action: DJ/AP to provide paper for the next meeting.**<br><br>EPRR<br>Fiona Clark (FC) updated on the confusion with some providers following the system change on the 31 May, relating to divert and contactable information provided by the NHSE. Clarity was sought and a further communication has been sent out<br><br>The escalation policy circulated to providers was out of date and referred to PCTs. DJ confirmed that this had now been rectified.<br><br>As a result of this it was agreed that in future drafts will be circulated for checking and approval prior to distribution.<br><br>Agreed that a meeting of Urgent Care Leads, Directors of Operations and NWAS will be arranged by the CSU to discuss the CMS system and to ensure people are clear about the divert system.<br><br>**Action: CSU to arrange meeting.**<br><br>Future of the I Van:<br>To be discussed by Chief Officers.<br><br>NHS England Interim Policies:<br>To be discussed at the IFR/PLCP meeting with the CSU<br><br>**Action: DJ/AP to discuss with CSU at the PLCP/IFR meeting** | **KS**<br><br>**DJ/AP**<br><br>**DJ/AP** |
| **5** | **Collaborative Commissioning: - NHS 111** | |
| | KS advised that in accordance with the national directive NHS111 must be operated, in line with the 4 caveats imposed by Dame Barbara Halkin, but that there was more leeway for local flexibility in how the model is delivered.<br><br>A national meeting will be held today to decide on the future of NHS Direct as an organisation, with the main problem being that although services failed in the North West and West Midlands, it had delivered NHS 111 in other parts of the country, but on a | |

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| | smaller scale.<br><br>A North West Interim Project Board and Clinical Leads Group have been established, which is attended by ID and FC. The local model of service has been discussed by the NW Clinical Leads Group who has identified a NW call handling service with a difference on a local footprint.<br><br>The NW Project board will focus on delivering on-going performance management of the current service, how to manage the exit of NHS Direct over the next 12 months and the reprocurement of NHS 111.<br><br>An update and feedback on the outcome of the national decision with regard to NHS Direct as an organisation will be given at the July meeting.<br><br>**Action: FC or Ian Davies to give an update at the next meeting and feedback on the outcome of the national decision re NHS Direct**<br><br>NA noted that most of the discussion took place in Merseyside and asked about how relevant this was for Lancashire. Complaints and issues are still coming through mainly around quality of services and time lines of response.<br><br>NA raised an issue about CCG attendance at this Network and noted that although information discussed is interesting, it was not necessarily directly relevant. He also noted that as he attends the Lancashire network meeting that a shortened meeting would be appreciated | **FC/ID** |
| **6** | **Operational Issues:** | |
| | **A E Target:**<br><br>KS noted the need for discussion about proposals around a Merseyside Urgent Care Board and to consider if it does happen, how to ensure it does make sense, how it is handled and where governance lies.<br><br>DJ advised that the assurance process had not been clear and that this had resulted in significant unnecessary work for the CCG.<br><br>NF noted that the process was not defined and it was unclear what the examination question was.<br><br>FC also noted that clarity was required around what was collaborative commissioning as opposed to co-ordinated | |

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| | commissioning and if we are not clear, or have not made clear to others, then this should be done.<br><br>SJ noted that part of the development is to use this item as an example to highlight what could be done differently. KS queried what value has been added from the last 3 weeks.<br><br>Following discussion it was agreed that clarity was required for a collective stand of CCGs prior to meeting with the NHSE and it was proposed to bring this back to the next meeting and then to share with the Area Team.<br><br>It was agreed that the Network Chair would seek clarification on behalf of the Network.<br><br>**Safeguarding Shared Service**:<br><br>FC requested time to review arrangements currently in place in Halton and to bring back to the network in August.<br><br>**Action: To be discussed at the August meeting.**<br><br>**Area Prescribing Committee TOR:**<br>Sara Johnson (SJ) advised that the TOR and decision making process was not completed and the TOR were unclear. It was noted this Committee should be a statutory body with no decision making.<br><br>Following discussion at the next Prescribing Committee meeting this will be brought to the next Network Meeting.<br><br>**Action Prescribing Committee TOR to be included on July Agenda.**<br><br>**SJ to circulate TOR to Chief Officers for discussion** | **FC/KS**<br><br>**KS**<br><br>**SJ** |
| **7** | **CCG Development:** | |
| | **12 June meeting.**<br><br>A copy of the proposed agenda for the 12 June meeting was provided.<br><br>KS noted that following earlier discussion about the purpose of the session as this did not reflect what was on the agenda.<br><br>DJ advised that the Plans on a Page were provided to Aqua to get to the point of overall impact for everyone's plans and to get in an organisation to do that work, thus getting whole system scenarios.<br><br>In response KS noted that there is a need to identify what needs to be looked at on a bigger footprint than each CCG and what is the | |

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| | appropriate footprint.<br><br>It was agreed that the 12 June meeting would agree the scope of the piece of work of the Co-commissioners, using Aqua time and resources with commissioners to agree up front about what is required. Trust CEOs would be contacted by CCG CO's to advise why they would be stepped down.<br><br>The outcome of the meeting would be to have a clear brief, to look at outcomes of plans and consider how to move forward.<br><br>Consideration will also need to be given to how to work with NHSE as Co-commissioners and to give a clear brief of work plans for next year. | |
| **8** | **Any Other Business:** | |
| | **Academic Health Science Network:**<br><br>KS asked about representation on the network and it was agreed that this should be done on a rotational basis by the Network Chair. | |
| **9** | **Next meeting:** | |
| | Wednesday, 3 July 2013<br>1.00 – 2.45 pm<br>Boardroom, Regatta House<br>Lunch will be provided at 12.30 | |

**THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN".**

THE HEALTH AND WELLBEING BOARD

MEETING HELD AT THE TOWN HALL, BOOTLE
ON WEDNESDAY, 22 MAY 2013

PRESENT: Councillor Ian Moncur (in the Chair)

Dr. Janet Atherton, Fiona Clark, Councillor Paul Cummins, Councillor John Joseph Kelly, Maureen Kelly, Colin Pettigrew, Phil Wadeson and Dr. Craig Gillespie.

## 1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Robina Critchley and Dr. Niall Leonard.

The Chair took the opportunity to welcome Dr. Craig Gillespie to the Meeting who was sitting on the Board in place of Dr. Clive Shaw for 3-6 months and asked Mark Turley, representative of the Police Commissioner to introduce himself, and indicated that he was in attendance as an observer.

## 2. DECLARATIONS OF INTEREST

There were no Declarations of Interest received.

## 3. MINUTES

RESOLVED:

That the Minutes of the Shadow Health and Wellbeing Board held on 17 April 2013 be received as a correct record and noted.

## 4. VICE-CHAIR

**RESOLVED:**

That in the event that the Chair of the Board, Councillor Moncur is unavailable to attend future Meetings of the Board, nominations be taken for a Member to take the Chair for that meeting only.

## 5. QUORUM

**RESOLVED:**

That for the purposes of the meeting of the Health and Wellbeing Board the quorum shall be 3, as set out in Chapter 4, Paragraph 29 of the Council's Constitution.

## 6. PERFORMANCE FRAMEWORK FOR THE HEALTH AND WELLBEING STRATEGY

The Board considered a report from the Head of Business Intelligence and Performance that proposed an approach to managing performance improvement for health and wellbeing throughout the Borough. It was reported that this would be done through the adoption of a set of principles and the development of a performance "dashboard" for health and wellbeing in Sefton.

It was reported that this approach should provide members of the Health and Wellbeing Board with an overview of health and wellbeing in Sefton, so that areas of achievement could be identified and areas for improvement could inform where the Health and Wellbeing Strategy needed to be refocused.

The report outlined the following set of principles for performance:-

- Be honest, open and communicate our achievements and areas for improvement
- Give direction and trust those responsible for partnerships and service delivery to achieve improved outcomes
- Be accountable for influencing others across the health and wellbeing system to achieve improved outcomes
- Challenge commissioners to account for improving outcomes and being bold in decision making
- Use evidence and listen to people's experiences and views in judging performance and improving outcomes
- Measure ourselves against others in terms of outcomes, productivity and value for money
- Focus on innovation, and managed risk taking, to deliver system change
- Value people through celebrating and sharing the success of individuals, families, communities and organisations.

The report also outlined the aim of the proposed "dashboard" in providing a high level analysis for the Health and Wellbeing Board, coupled with patient and public experience and feedback. The analysis from the dashboard would enable the Board to identify health and wellbeing improvements or issues that needed to be addressed.

It was reported that in developing a "dashboard", Members considered the following:-

- In progressing the principles and metrics, the Board would require a process for Board Members, through its wider stakeholder networks, to escalate issues of performance which may come from soft intelligence.
- A set of measures be developed which are linked to the prescribed outcomes framework and that local measures also be developed.

- The "dashboard" should not duplicate what is already in place across the wider health and wellbeing system, but should be sufficient to enable the Board to undertake its strategic influencing role. Annex C to the report set out potential lead Board Members for each theme and who, within the Cabinet, has accountability for delivery and commissioning within the theme, as those functions relate to the Council. The Clinical Commissioning Group's (CCG's) were invited to identify who within their Boards has a responsibility for shaping commissioning and delivery.
- Examine the way in which the Board ensures that it receives the right information that it needs and explore what processes need to be in place to support the Board to receive intelligence from the wider health, social care and wellbeing system, both hard intelligence (such as measles outbreak) and soft intelligence about quality.
- Investigate what action should be taken to work with stakeholders, organisations and individuals which have a role in the theme, as set out on the stakeholder map previously agreed by the Board.

The report identified the risks associated with not developing an approach to performance improvement.

RESOLVED: That:-

(1) having reviewed the set of principles for managing performance improvement for health and wellbeing, those principles be agreed;

(2) the sub-structure and partnership map attached at Annex A to the report be noted;

(3) having reviewed the proposals for the development of a performance "dashboard", the establishment of a task and finish group to progress that development work and agree the approach; and

(4) having considered the approaches, these be agreed as being sufficient for the Board to have an overview of health and wellbeing in Sefton, and the task and finish group be requested to develop this work further and in particular to ensure the strategy makes a positive impact and identifies where further improvements need to be made.

## 7. ALIGNING PLANNING APPROACHES

The Board considered a report from the Head of Business Intelligence and Performance which outlined a proposal to align approaches to planning for health and wellbeing by extending the remit of the Sefton Strategic Integrated Commissioning Group to include the management of the operations of the Health and Wellbeing Board.

It was reported that the Sefton Strategic Integrated Commissioning Group was established in April 2012 and oversees the plan for the integrated commissioning of adult and children's care and public health programmes. The Group is made up of Senior Officers from Sefton MBC, Sefton Clinical Commissioning Groups (CCGs), NHS Merseyside and some members of the Health and Wellbeing Board.

It was further reported that the Board had previously agreed that the minutes of the Sefton Strategic Integrated Commissioning Group would be submitted to the Board, but that it would not be a formal sub-committee of the Board.

The report stated that an integrated Commissioning Plan was currently being developed and would be circulated to the Board in due course.

In the aligning of approaches, the Board agreed that there should be a programme management approach to business planning rather than having a separate Operations Group. Members of the Board expressed the view that the functions of such a group should be subsumed into the already established Sefton Strategic Integrated Commissioning Group, thereby aligning approaches to planning, performance management, consultation and engagement with integrated commissioning.

The report suggested that the Sefton Strategic Integrated Commissioning Group should review its Terms of Reference to reflect any additional duties required to provide executive and operational support to the Health and Wellbeing Board and any changes to the reporting lines and timelines. The report also suggested that the Group should review its membership to confirm that the Group consists of appropriate individuals engaged to drive forward system change and the effective delivery and review of the Health and Wellbeing Strategy.

RESOLVED: That

(1) the approach to planning through the Sefton Strategic Integrated Commissioning Group be approved as a means of supporting the improvement of health and wellbeing;

(2) the Sefton Strategic Integrated Commissioning Group be requested to review its Terms of Reference and Membership, so it better reflects the breadth of the Sefton Health and Wellbeing Strategy; and

(3) the Deputy Chief Executive of Sefton Council be appointed as the Chair of the Sefton Strategic Integrated Commissioning Group.

**8. COMMUNICATION PLAN 2013-2018**

The Head of Business Intelligence and Performance submitted a draft Communication Plan for April 2013 – October 2013. It was reported that the plan had been jointly developed by Sefton Council, the Clinical

Commissioning Groups and the Cheshire and Merseyside Commissioning Support Unit.

The report advised that by adopting the Health and Wellbeing Strategy for Sefton, the Health and Wellbeing Board agreed to formally communicate with service providers, residents and those in receipt of services, to fulfil and achieve the agreed actions and outcomes of the Strategy.

The report stated that to achieve that goal, the Shadow Health and Wellbeing Board had agreed to develop a Communication Plan for the lifetime of the Strategy (2013 – 2018) with the following aims and objectives:-

- To raise the profile and awareness of the Health and Wellbeing Strategy and its actions;
- To gain and maintain people's commitment to the Strategy and priorities;
- To communicate with partners in delivering the actions and outcomes of the Health and Wellbeing Strategy;
- To help recognition of the work of commissioners and deliverers of services for health and wellbeing;
- To inform residents, service users and stakeholders;
- To celebrate success; and
- To help manage and plan forward for potential "wicked problems" and difficulties in delivery against changing priorities.

The report sought to agree an approach for the first six months (April – October 2013). It was reported that the plan had been produced taking into account the agreed communication strategies of Sefton Council, the South Sefton and Southport and Formby CCG's, and links to and supports the delivery of the work on Patient and Public Voice. It was reported that the Communication Plan will be reviewed annually as part of the formal review of the Health and Wellbeing Strategy.

It was also reported that all communication methods will be honest, succinct, use positive images and reflect all sectors of our local community, credible, cost effective, free from political jargon and written in plain English. It was further reported that the approach remained consistent with the principles that the Board had set itself.

A Member of the Board highlighted this as a good example of partners working together and drawing upon existing resources of expertise and utilising the skill set within partner organisations.

RESOLVED:

That the set of principles, methods, frequency, ownership and standards within the Communication Plan for the first six months of the Health and Wellbeing Board be agreed, as set out in the report.

## 9. PUBLIC AND PATIENT ENGAGEMENT

The Board considered the report of the Head of Business Intelligence and Performance which proposes an approach to public and patient engagement and consultation which includes the role of the Engagement and Patient Experience Group (EPEG) which is managed through the Clinical Commissioning Groups for Sefton and Healthwatch Sefton. The report referred to the EPEG and Healthwatch Sefton as part of a wider system of groups and partnerships that contribute to the delivery of public patient engagement, alongside the Public Engagement and Consultation Standards Panel, the Council's Business Intelligence and Performance Team and the Customer Insight Board.

RESOLVED:

That the approach to Public and Patient Engagement, as detailed in the report be agreed.

## 10. SUSTAINABLE DEVELOPMENT CONSULTATION

The Board considered the report of the Director of Public Health which provided Members with the draft response to a consultation and engagement exercise to produce a sustainable development strategy for health, public health and social care system.

The report set out seven key questions which were discussed at a stakeholder workshop. A draft response to each of the seven key questions was outlined in the report.

It was reported that the response was required to be submitted to the Sustainable Development Unit by 31 May 2013.

Fiona Clark, Chief Officer for Clinical Commissioning Groups across Sefton, reported that she was delighted to be engaged in the production of a sustainable development strategy and reiterated that this was another piece of work that illustrated the excellent partnership working across partner organisations.

RESOLVED:

That the Director of Public Health be requested to finalise the consultation response, in consultation with the Cabinet Member for Older People and Health, before submission on 31 May 2013.

## 11. SOUTHPORT AND FORMBY CLINICAL COMMISSIONING GROUP AND SOUTH SEFTON CLINICAL COMMISSIONING GROUP STRATEGIC PLANS

The Annual Plans "Everybody Counts" for 2013-14 for the Southport and Formby Clinical Commissioning Group and the South Sefton Clinical Commissioning Group were presented for approval.

It was reported that both plans set out the vision, values and aims that the CCG's would like to achieve for everyone who lives in Sefton and embody their commitment to their local and statutory duties, and most importantly, to Sefton's people.

RESOLVED:

That the Annual Plans "Everybody Counts" for 2013-14 for the Southport and Formby Clinical Commissioning Group and the South Sefton Clinical Commissioning Group be agreed and endorsed.

**12. SEFTON CLEAR SELF-ASSESSMENT (TOOL TO IDENTIFY GAPS AND STRENGTHS IN LOCAL AUTHORITY TOBACCO CONTROL ACTIVITY)**

The Board considered the report of the Director of Public Health which updated Members on the CLeaR framework, the national tool devised by Action on Smoking and Health, a national charity, whose aim is to reduce smoking in the UK.

The report explained that the tool examines local priorities and activity and supports the identification of gaps within three areas: Leadership, Challenging Services and Results. It uses a challenging questionnaire for the self- assessment process with an optional review from a team of peers. It is designed for Local Authorities as well as local alliances to assess action on Tobacco Control.

RESOLVED: That

(1) the development of a Sefton Tobacco Control Plan that details across all strands of tobacco control be supported;

(2) the proposed Sefton Tobacco Plan be developed to meet local governance structures prior to agreement by this Board;

(3) the proposed Tobacco Control Plan should include a governance and performance management structure to support its implementation;

(4) the establishment of a multi-agency alliance to oversee development and implementation of the proposed Sefton Tobacco Plan and to oversee performance by partners and facilitate future development of tobacco control objectives for Sefton and support innovation be supported;

(5) the Board will ensure that future tobacco control activity works in synergy with the newly emerging healthy settings approach that is being established across Sefton;

(6) that the tobacco alliance be requested to provide regular information and updates to the healthy settings strategy group, once they have been established;

(7) participation in a peer CLeaR assessment with Sefton tobacco control alliance when established, be supported, in order that Seftons self assessment evidence may be critically appraised and areas of tobacco control activity that need to be developed be identified; and

(8) the following areas be prioritised in the plan, based on local data:-

- Reduce smoking amongst adults within the most deprived areas of the borough.
- Reduce the number of women who smoke during pregnancy.
- Reduce smoking prevalence amongst young people.

**13. MINUTES REFERRED FROM SEFTON STRATEGIC INTEGRATED COMMISSIONING GROUP**

The Minutes of the Sefton Strategic Integrated Commissioning Group were submitted to the Health and Wellbeing Board for information.

RESOLVED:

That the Minutes of the Sefton Strategic Integrated Commissioning Group be noted.

**14. FORWARD PLAN**

The Head of Business Intelligence and Performance submitted the Forward Plan of the Health and Wellbeing Board.

The following items were reported as additional items to be considered at future meetings:-

| Item | Lead | Date |
|---|---|---|
| Local Plan | Jane Gowing, Head of Planning Services | 24.7.13 |
| Energy Plan | David Packard, Head of Environment | 24.7.13 |
| CCG's Strategic Plans | Fiona Clark, Chief Officer – Southport and Formby CCG and South Sefton CCG | 24.7.13 |
| Winterbourne View | Robina Critchley, Director of Older People | 24.7.13 |
| Premature Mortality | Janet Atherton, Director of Public Health | 24.7.13/ 21.8.13 |
| Sustainability - Discussion | Janet Atherton, Director of Public Health | 18.9.13 |

In addition, it was indicated that the item in the Forward Plan – "Healthwatch Priorities" had been postponed until 18 September 2013.

RESOLVED:

That the Forward Plan for the Health and Wellbeing Board, along with the additional items, as above, be noted.

Southport and Formby
Clinical Commissioning Group

# Medicines Management Operational Group (MMOG) Minutes

Held on 10th May 2013 10.30am-12.30pm
Library, 1st floor, Fylde Road Medical Centre, Southport

| | |
|---|---|
| **Present** | Jane Ayres, Malcolm Cunningham, Janice Eldridge, Susanne Lynch, Hilal Mulla, Brendan Prescott and Kay Walsh |
| **Minute Taker:** | Ruth Menzies |

| No | Item | Action |
|---|---|---|
| **13/60** | **Apologies**<br><br>Apologies were received from HS. | |
| **13/61** | **Minutes of meeting dated 26th April 2013**<br><br>The minutes were approved as an accurate record.<br><br>The following updates were given which had not been included under matters arising:-<br><br><u>MMOG Visits</u><br>Grange – no comeback from Dr Kilshaw. Agreed SC to have a word. JA to discuss with SC.<br>Roe Lane – JA to arrange.<br>St Marks – RM to email dates supplied by St Marks to HM.<br><br><u>Funding approval</u><br>Discussions took place regarding the different approaches used by the trusts. It appears S&O are the only trust that put in individual requests and others just appear to invoice the CCG. MC felt such requests should not be looked at on an individual basis as they should be part of the baseline. | **JA/SC**<br><br>**JA**<br>**RM** |

| No | Item | Action |
|---|---|---|
| | It was suggested undertaking an audit as it appears inconsistent around how patients are put on these drugs. It was agreed BP will look at the possibility of undertaking an audit on spend. | **BP** |
| | <u>EHC PGD</u><br>It was agreed the PGD should be extended whilst awaiting the work currently being undertaken by the APC. | |
| | <u>ADHD</u><br>HM reported that S&F have 45 patients under Alder Hey between the ages of 16 – 21 and that we are unable to transfer over to Adults due to lack of capacity. It was noted there is currently a 2 year waiting list and the service is under commissionedand as such there is no point in setting up a shared care. Issues discussed regarding patients being in limbo. JA to look into how many practices across both CCGs are prescribing ADHD drugs for patients over 16. | **JA** |
| | <u>Nail Lacquers</u><br>Following previous discussions JA looked at the cost and confirmed over the last 12 months there was a total spend of £12,000. JA to take to the SSMOOG. | **JA** |
| **13/62** | **Matters arising from minutes**<br><br><u>Sip feeds document</u><br>JA waiting to hear from Lucy Howarth. | |
| | <u>Duraphat</u><br>JA has looked at prescribing data and in the last 6 months we have spent £873 in SF and £1284 in SS. JA to contact Steve Fraser with a view to issuing a joint response. | **JA** |

| No | Item | Action |
|---|---|---|
| | NOACs - letter/SPU/protected learning time session/appeals process<br>BP has yet to speak to the LMC. BP will contact Joe Chattin to discuss and hope they will change the statement previously issued. Had hoped to discuss at LMC meeting, however, it now appears to coincide with the JMOG. It was noted a consistent approach is required but the decision is down to the consultant/GP following a detailed discussion with the patient. The MMOG does not want to police decisions, however, the Committee's stance remains warfarin being the first line option with individual circumstances taken into account. It was noted if there are any real grievances they will come to the MMOG. | **BP** |
| | Medicines Management will be given a slot at the PLT taking place on the 17th June and it was suggested giving examples of different scenarios. | |
| | KW has yet to speak to Dr Obrien. | **KW** |
| | JE gave details of a European practical guide and a generic card which has yet to be filtered through to practices. JE to email the link. | **JE** |
| | Eclipse trial<br>A meeting has recently taken place with BMJ regarding both CCGs piloting Eclipse and Prescribing +. Discussions took place regarding cost which are due to increase from 18p – 25p per patient by the end of June. The cost of the pilot would be deducted if fully installed. Practices to be included within the pilot across the CCGs are the Hollies, Chapel, Ford and Seaforth. It was agreed discussions should take place with Fiona Doherty next week with the view to producing a business case. SL to contact FD. | **SL** |
| | Sun creams<br>KW confirmed the matter is ongoing. | **KW** |
| | New drugs SPU<br>JA to send to KW. | **JA** |
| | Woundcare letter<br>KW confirmed the matter is ongoing. | **KW** |

| No | Item | Action |
|---|---|---|
| | Riluzole/High cost drugs and NCB (NHS England involvement)<br>Discussions took place regarding what drugs are covered by NHS England which have been incorporated in a large book. KW confirmed that S&O have a budget of £3m which covers these drugs. However, the issue arises when drugs are not included.<br><br>Awaiting further instructions from HS.<br><br>Dementia Shared Care<br>BP has received a reply from Andy Mimnagh and the LMC (NW) and further queries were raised which had already been included. Various issues were discussed. Agreed to possibly get Fiona Clark on board and agreed to check for any changes to the original shared care. BP to send KW initially.<br><br>Denosumab<br>MHRA alert will cause a huge amount of patients to be referred to the hospital. BP awaiting confirmation ofshared care budgets from Finance. It was noted the LMC are happy with it being level 2 shared care.<br><br>Degarelix SCP<br>Awaiting for an LMC response.<br><br>*(HM left)* | **HS**<br><br>**BP** |
| **13/63** | **Practice Updates/feedback/Grey List**<br><br>It was noted there was nothing to report. JA to email Grey List to Sejal Patel for inclusion on both CCG intranet sites. | **JA** |

| No | Item | Action |
|---|---|---|
| **13/64** | **QoF/PQS**<br><br>Nothing to report.<br><br>*(SL left)* | |
| **13/65** | **Budget Update (BP)**<br><br><u>Budget setting for 2013/2014</u><br>It has previously been agreed letters should be sent out to all practices detailing the different budget setting options and the respective operational group's preference. Discussions took place regarding comments received from Niall Leonard (NL) and the implications of practices feeling restrained or complacent depending on their circumstances. NL had opted for a purely fair share which would result in 8 practices benefitting and 12 losing out. Discussions took place around looking into practices prescribing in more detail.<br><br>The committee agreed for the letters to go out detailing the various options.<br><br><u>Primary Care comparator figures (Merseyside &Warrington dashboard Feb 13</u><br>No changes in relation to previous month's data. It was noted this was no longer on the agenda for APC as felt not relevant. JE confirmed the APC are looking to produce something more appropriate to all. | |
| **13/66** | **NS & WL Medicines Operational Forum (MOF) feedback (KW/JE)**<br><br>There is nothing to report as no meeting has taken place. | |

| No | Item | Action |
|---|---|---|
| **13/67** | **Pan Mersey APC feedback (JE/BP)**<br><br>Already covered the majority of areas discussed.<br><br>Rituximab - coming back to the APC as a business case. | |
| **13/68** | **Items from Pan Mersey subgroups (KW)**<br><br>All items have been emailed to JMOG and added to both CCG websites. | |
| **13/69** | **AOB**<br><br>JE confirmed Dr Marsden had prescribed agomelatine for one of her patients which is a black drug (not to be prescribed) on the RAG List. KW to check if she had sought Chairman's action.<br><br>JE had received an email asking if she had wanted to take up an offer of pharmaceutical-industry sponsored anticoagulant clinics. It was agreed this should be mentioned at locality meetings as these offers have been received by several individuals.<br><br>*(KW left)*<br><br>BP – to take a paper to the next SSCCG Board meeting in relation to a review of registered care home patients in the South and asked if the committee would feel it would be beneficial if it was tabled at the next MMOG with a view to possibly replicating in the North. Agreed to bring paper and discuss at the next MMOG.<br><br>Fentanyl – Diane Busby (DB) offering a generic rebate for existing patients on patches. No impact on pharmacist time. It was suggested she should go through the CCGs decision making process. BP to inform DB. | **KW**<br><br>**BP**<br><br>**BP** |
| | **Date, Time and Venue of Next MMOG –** Friday 7TH June 10.30-12.30pm<br>Venue: Library, 1st floor, Fylde Road Medical | |

Southport and Formby
Clinical Commissioning Group

Southport and Formby
Clinical Commissioning Group

# Medicines Management Operational Group (MMOG) Minutes

Held on 7th June 2013 10.30am-12.30pm
Library, 1st floor, Fylde Road Medical Centre, Southport

| | |
|---|---|
| **Present** Dr Hilal Mulla (Chair)<br>Jane Ayres (JA)<br>Dr Janice Eldridge<br>Susanne Lynch (SL)<br>Brendan Prescott (BP)<br>Kay Walsh (KW)<br><br>**Minute Taker:** Ruth Menzies | Board Member – Southport and Formby CCG<br>Senior Practice Pharmacist - Southport and Formby CCG<br>Prescribing Lead - Southport and Formby CCG<br>Senior Practice Pharmacist - Southport and Formby CCG<br>Medicines Management Lead - Southport and Formby CCG<br>Interface Pharmacist - Southport and Ormskirk Hospital Trust |

| No | Item | Action |
|---|---|---|
| **13/70** | **Apologies**<br><br>Apologies were received from Helen Stubbs and Malcolm Cunningham. | |
| **13/71** | **Minutes of meeting dated 10th May 2013 confirmed via email and sent to Mel Wright**<br><br>Discussions took place regarding minutes and as they are part of the Board papers and therefore open to public viewing, the Chief Officer has requested that minutes are presented in a standardised manner and are clear and concise to avoid potential confusion/contention. Discussions took place as to how helpful the minutes would be as this is an operational group. It was agreed JA would write detailed action notes for the group's use.<br><br>The following matters from the minutes not included under Matters Arising were discussed:-<br><br>Nail Lacquers – JA to send data to go on South Sefton Medicines Optimisation Operational Group (SSMOOG) Agenda. | **JA**<br><br>**JA** |

| No | Item | Action |
|---|---|---|
| | Duraphat - JA to draft document to send to Phil Radcliffe, Dental Adviser.<br><br>It was noted the Grey List has been added to the intranet.<br><br><u>Riluzole/High cost drugs and NCB (NHS England involvement)</u> (HS)<br><br>HS emailed the Group as unable to attend the meeting and attached a list of PBR drugs funded by NHS England. It was noted the list is work in progress.<br><br>Discussions took place regarding adding the "Cost of PBR drugs to the CCGs" to the JMOG Agenda.<br><br><u>Care home paper for CCG board</u> (BP)<br><br>BP tabled a copy of the paper and discussed the content. It is hoped that all care home patients in South Sefton would have had a review by the end of June 2013. It was agreed the paper should go to the Governing body of the S&F CCG with a view to undertaking something similar in S&F.<br><br><u>Paediatric specials project – for JMOG</u><br>It was noted Sandra Craggs will attend the next JMOG and supply further data. | **JA** |
| **13/74** | **Shared Care issues (BP)**<br><br><u>Denosumab</u><br>It was noted the budget was due to be agreed yesterday. SL stated other CCGs may be changing their minds and not proceeding with the shared care arrangements<br><br><u>Degarelix</u><br>BP has yet to speak to Joe Chattin, Local Medical Committee (LMC) Chair, regarding the changes.<br><br><u>Dementia drugs</u><br>The Shared Care documentation has been sent to Lee Knowles, Chief Pharmacist at Merseycare who is generally happy with the content but | **BP** |

| No | Item | Action |
|---|---|---|
| | needs a few minor points clarified. The LMC have approved the documentation. Merseycare are now looking at a relaunch date in July. | |
| **13/75** | **QoF/PQS**<br><br>PQS points/payments<br>Janet Fay, Senior Practice Pharmacist, has been collating the points. It is hoped all figures will be in next week in order to get the letters with sample invoices sent out as soon as possible as payments need to be made by the end of June. | |
| **13/76** | **Budget Update**<br><br>Budget setting for 2013/2014<br>A generalised letter went out via Communications. As yet no feedback has been received. JE confirmed the Formby locality have comments. BP to contact Moira McGuinness.<br><br>March data<br>Data for the end 2012-13 was attached to the agenda. It was confirmed S&F CCG are showing a £1.2 million underspend. | **BP** |
| **13/77** | **NS & WL Medicines Operational Forum (MOF) feedback**<br><br>Collagenase injection for Dupytren's contracture – F&R decision and how is this communicated (JE)<br>BP confirmed this was a Commissioning Support Unit (CSU) function and Graham Reader has emailed to say he will be contacting CCGs informing them to add the above decision to their intranet. | |
| **13/78** | **Pan Mersey APC feedback**<br><br>No Pan Mersey meetings have taken place recently. KW to email previous set of minutes to JA. | **KW** |

| | | |
|---|---|---|
| **13/79** | **Items from Pan Mersey subgroups**<br><br>KW confirmed an email has gone out stating updated information is on the website. | |
| **13/80** | **LMWH for prophylaxis during flying in high risk patients**<br><br>It was noted that the clinicians on the MMOG confirmed that normal practice would be to prescribe. SL to confirm MMOG's response to GP raising concerns. | **SL** |
| **13/81** | **Reducing asthma admissions**<br><br>Discussions took place regarding the aim to reduce admissions by 25% for under 19s and stated that the statistics for avoidable admissions in Sefton was very high. It was noted this has been addressed previously but felt the MMOG should take a lead.<br><br>Discussions took place regarding incorrect data being recorded for asthma patients and the possibility of putting something together to train nurses on inhaler techniques. | |
| **13/82** | **Osteoporosis guidelines**<br><br>Guidelines almost complete. All to email any comments to KW. | **All** |
| **13/83** | **Sefton Prescriber Updates for comment**<br><br><u>Sunscreens</u><br>KW has rewritten the SPU.<br><br><u>New medicines</u><br>BP provided comments to be included in the SPU.<br><br>*(HM left the meeting)* | |

| | | |
|---|---|---|
| **13/84** | **Jext (JE)**<br><br>Discussions took place as to whether practices had started patients on Jext. It was agreed this should be discussed at a team meeting and a workstream produced. | |
| **13/85** | **Collagenase injection for Dupytren's contracture – F&R decision and how is this communicated (JE)**<br><br>Discussed under item 13/77. | |
| **13/86** | **AOB**<br>Nothing to report. | |
| | **Date, Time and Venue of Next MMOG —** Friday 5th July 2013 at 9.30 am in Conference Room 3A, Merton House (JMOG following at 12 noon) | |

# Sefton Strategic Integrated Commissioning Group (SSICG)

## Minutes of the meeting held on 3rd June 2013

**Present :**

| | | |
|---|---|---|
| Peter Morgan | Deputy Chief Executive, Sefton Council CHAIR | PSM |
| Fiona Clark | Chief Officer – Sefton CCGs | FLC |
| Robina Critchley | Director of Older People, Sefton Council | RC |
| Colin Pettigrew | Director of Young People & Families, Sefton Council | CP |
| Peter Moore | Head of Commissioning and Partnerships, Sefton Council | PM |
| Tina Wilkins | Head of Vulnerable People, Sefton Council | TW |
| Debbie Fagan | Chief Nurse for Sefton CCGs | DF |
| Steve Astles | Head of CCG Development South Sefton CCG | SA |
| Geraldine O'Carroll | Integration Commissioning Lead Sefton Partnership MCSS | GO'C |
| Martin McDowell | Chief Finance Officer | MMcD |
| Hannah Chellaswamy – attended on behalf of Janet Atherton | Deputy Director of Public Health | HC |
| Dr Pete Chamberlain – attended part of the first Session only | SS CCG, Virtual Ward Lead/GP | |
| Carole White - (Minutes) | Personal Assistant to Peter Morgan | CAW |

**In attendance for the first Session**

| | | |
|---|---|---|
| Graham Pink | Chief Executive Officer | GP |
| Wayne Ashton | Head of Strategic Planning at GB Partnerships | WA |

**Apologies :**

| | | |
|---|---|---|
| Dr Niall Leonard | Chair of Southport & Formby CCG | NL |
| Dr Clive Shaw | Chair of South Sefton CCG | CS |
| Janet Atherton | Director of Public Health for NHS Sefton and Sefton Council | JA |
| Sam Tunney | Head of Business Intelligence & Performance, Sefton Council | ST |
| Billie Dodd | Acting Head of CCG Development Southport & Formby CCG | BD |
| Tracy Jeffes | Head of CCG Corporate Delivery – Sefton CCGs | TJ |
| Malcolm Cunningham | Head of Performance and Health Outcomes – Sefton CCGs | MC |

| No. | Item | Minute | Action |
|---|---|---|---|
| | Session on –<br>Strategic Estate – Health Asset / Community | • Graham Pinks and Wayne Ashton gave a presentation to the Members of SSICG<br>• The presentation was to go through where the services are being delivered from and then see how things can | |

| No. | Item | Minute | Action |
|---|---|---|---|
| | Planning | be done differently by commissioners. Look at what we invest our money in, but also what we need to take our money from.<br><br>Wayne Ashton took colleagues through the presentation (attached) and the following was noted:-<br><br>• In some cases old data is being used / data sets used not actual.<br><br>• Data only based on 5 day week – this should be looked across a full 7 day week.<br><br>• Always would be a need for facilities for everyone to work around a table to undertake care planning.<br><br>• Councillors and other Stakeholders would need to be involved / their views taken on board.<br><br>• Commissioners and strategic leads would need to be involved.<br><br>• John Doyle to attend one of FLC's Management Meetings, in order to look at overlapping Sefton with others re: community care.<br><br>• Within the recommendations – to be added – require new improved data.<br><br>Agreed the recommendations:-<br><br>• CCGs to gather improved contract monitoring reports from Providers to establish patient contacts per location<br><br>• Centralised resource to manage primary care estate and capacity<br><br>• Accommodation schedules – maintained and updated with estates changes<br><br>• Occupancy information – central management of all bookable space and occupiers at CCG level<br><br>• Cost data – needs revisiting to give a clearer view on retained liabilities.<br><br>• To improve data collection and analysis.<br><br>Recommended next steps:-<br><br><u>Data Management</u><br><br>• Systemised data management to underpin organisational memory<br><br>• Continue to maintain data and develop simple and robust performance monitoring tools across all levels<br><br>• Work with CCGs and NCB to get an agreed approach to capturing clinical activity data and associated occupancy data, in order to give true visibility of the productivity of space<br><br><u>Strategic Planning</u><br><br>• Utilise outputs developed to support commissioning initiatives across all levels | Paper attached |

| No. | Item | Minute | Action |
|---|---|---|---|
| | | • Linking identified capacity with health need<br>• Identify area specific opportunities and develop cases for change including targeted investment in infrastructure<br><u>Engagement</u><br>• Supporting partnering approach between NHS commissioners and providers – to facilitate optimisation<br>• Potential to extend to wider public services (eg Local Authorities)<br><u>Action for SSICG</u><br>• SSICG to think about pieces of work that they need putting in place. | |
| 1. | Minutes of the previous meeting | Agreed in the main.<br>Amendment to Item 5 :<br>• Should state that Gerald Pilkington has been contacted to provide a proposal.<br>• Meeting on 26th April was only for an initial discussion<br>• Action point – meeting to be arranged, has now been deferred. | |
| 2. | Actions Arising / Update | • None | |
| 3. | Health & Well-Being Board sub structure to incorporate SSICG | • PSM discussed the report with SSICG.<br>• SSICG now to provide operational support to the H&WBB.<br>• Task and Finish Groups to be established – to do the work that would then come back to SSICG.<br><u>Actions</u><br>• SSICG asked to consider who needs to be on the SSICG Operational Group. Who should be on the Task and Finish Groups and define what the Group should be.<br>• FLC and PSM to meet to discuss<br>• Item to come back to the next SSICG Meeting | ALL<br>FLC / PSM |
| 4. | Update on Re-ablement | • TW tabled a paper, and discussed the issues with SSICG.<br><u>Actions</u><br>• SSICG are asked to look at the report and come directly back to TW by the 10th June.<br>• Governance to come back to SSICG (date yet to be determined) and then to go out to the Constituencies.<br>• TW / MMcD / DF to meet to progress | Attached<br>TW<br>TW / MMcD / DF |

| No. | Item | Minute | Action |
|---|---|---|---|
| | | • Steering Group go to (ASK PETER WHAT DID HE SAY) to ask them for nominations for people to sit on the Group | |
| | Progress to arrange a meeting | • Meeting deferred | |
| 5. | MASH specification – to be signed off | • DF discussed with SSICG.<br>• Final draft received back, now forwarded to Liverpool Community Health.<br>• Any issues re: governance DF must be informed asap, in order that it can be included.<br>• In view of the impending Inspection CP to liaise with DF should any assistance be needed. | ALL<br>CP / DF |
| 6. | Populated SSICG Work Plan | • Deferred to next SSICG Meeting | |
| 7. | Mental Health Report | • TW tabled a paper (in addition to the paper that had been originally circulated).<br>• TW discussed with SSICG – proposal to take things forward.<br>• Meetings have already taken place with Mersey Care and Public Health.<br>• Workshop / Stakeholders Event to take place early July. Look at issues – identify and prioritise, set 'road map' for next 2 to 3 years.<br>• SSICG are asked to endorse the recommendations – which would then be taken forward to the Workshop / Stakeholder Event.<br><u>Action</u><br>• CAMHS to be included. | Attached |
| 8. | Plan on a Page | • FLC tabled 2 documents.<br>• FLC went through the documents with SSICG. | Attached |
| 9. | Adult Social Care Choice Framework | • RC / G'O'C / DF to meet to discuss further. | RC / G'OC / DF |
| 10. | Winterbourne View Concordat (Referred by H&WBB) | • Letter noted.<br><u>Action</u><br>• RC to confirm that we are compliant with the report, and then to come back to SSICG. | RC |
| 11. | Any other Business | • FLC had attended a meeting at the Carers Centre – raised Aspergers / CCGs / Map Autism. FLC to meet with them again in 4 weeks time.<br>• FLC raise – Aqua considering work on Pioneer Status. | |

| No. | Item | Minute | Action |
|---|---|---|---|
| | | • Jamie Hester is the lead<br>• FLC to advise looking at integration in the large scale.<br>• Problem is capacity issues within the service, which is the reason why we may not take this forward at present.<br><u>Action</u><br>• Jamie Hester to meet with RC and TW etc to start a dialogue.<br>• RC and TW to liaise with FLC | RC / TW / FLC |
| | Items for the next meeting | • Health & Well-Being Board sub structure to incorporate SSICG – Operational Board / Task and Finish Groups<br>• Populated SSICG Work Plan<br>• Unplanned Care<br>• Public Health Workstreams<br>– Sefton School Nurse specification<br>– Healthy Weight<br>– Sexual Health<br>• Disability Pathway | ALL<br>PM<br>FLC<br>Margaret Jones<br>CP |
| | | Date and time of the next meeting –<br>22nd July 2013 at 3.30 p.m. – venue –<br>Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle, Merseyside, L20 3JA | |

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

# Engagement and Patient Experience Group

12 June 2013, 10:00 – 12:00 at Merton House

| | | |
|---|---|---|
| **In attendance** | | |
| Tracy Jeffes | Head of Corporate Delivery, SS CCG & SFCCG | TJ |
| Michelle McKeown | Patient and Public Voice Officer, Merseyside CSU | MMcK |
| Rachel Jones (nee Bridge) | Health, Wellbeing and Older People Lead, Sefton CVS | RJ |
| Diane Blair | Manager, Sefton Healthwatch | DB |
| Libby Kitt | Member, Sefton Healthwatch | LK |
| Sarah McGrath | Locality Lead, Southport and Formby CCG | SMcG |
| Mick Hanarty | Performance, Consultation, Policy/Strategy Officer, Sefton MBC | MH |
| Roger Driver | Board Lay Member, South Sefton CCG | RD |
| Sharon McGibbon | Practice Manager, Board Member, South Sefton CCG | SMcG |
| **Apologies** | | |
| Roy Boardman | | |
| Sam Tunney | | |
| Sue Holden | | |
| Jayne Vincent | | |
| Roger Pontefract | | |
| Steve Astles | | |
| **Minutes** | | |
| Cathy Loughlin | | |

| No | Item | Action |
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| 13/1 | **Apologies**<br>Apologies were noted. | |
| 13/2 | **Notification of Any Other Business**<br>None. | |
| 13/3 | **Action Notes from the Last Development Session**<br>Notes agreed as a correct record.<br><br>Matters arising:<br>1. Myers Briggs type indicator has been sent out.<br>2. Rachael and Diane's updates are on the agenda.<br>3. Patient reference group item is scheduled for the next agenda.<br>4. Communications in GP practices report back to next meeting re progress. | |
| 13/4 | **Feedback from the Two Task Groups**<br>*a) Emergency Planning*<br>Tracy (on behalf of Steve Astles) and members of the task and finish sub group fedback on progress. There is a meeting taking place on 27th$^{nd}$ June to discuss this further. Tracy shared some suggested questions that could be included in a questionnaire that will be developed for patients to complete regarding their experience of A&E.<br><br>Diane mentioned that Healthwatch are doing a similar piece of work their intelligence will be used to feedback into the process.<br><br>Sarah confirmed that the North Locality have been doing surveys or writing to patients re A&E and she will get feedback from them. This will need to be fed into | A&E Group / SA<br><br>SMcG |

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| | the task and finish group. Questionnaires from Steve will also be circulated.<br><br>Sarah to bring back intelligence to the group and to ask other Locality Managers across the patch to see if there is any other activity. The task and finish group need to keep a focus on the specific task and there needs to be a clear deadline by the end of June re questionnaire development and a clear date for deadlines for the questionnaires to be returned.<br><br>Michelle to co-ordinate the above making sure there is a clear plan of how to proceed. It needs to be clearly stated at EPEG who will convene meetings. Michelle to meet people who are producing questionnaires and will produce a note re update.<br><br>*b) 12 Month Engagement Plan*<br><br>The timetable proforma has been circulated for the second task and finish group members to complete. Tracy to meet with Jacqui Robinson and Michelle re action plan. Members of the group to contact Tracy to add to the action plan as a priority. Engagement action plan to be populated by 27 th June and placed on the next agenda. | SMcG<br><br>MMcG<br><br>TJ / DB/ RJ/MMcK / LC / SH |
| 13/5 | **Prospectus**<br>• South Sefton CCG<br>• Southport and Formby CCG<br><br>Lyn has circulated both CCG prospectuses for comments.<br><br>Lyn is to speak to the Print Designers re branding. Rachal had attended the focus group and fedback regarding the pictures as they are not suitable. This is a public facing document which would also be used for events and used by GP practices.<br><br>The group are happy with the document and the context is really clear so that patients and the public can understand it. Once it has been finalized copies will be left in GP practices waiting rooms and it will also be available on the website.<br><br>Rachel is to speak to the Young Advisors group re this document.<br><br>Possible circulation: Copies given to stakeholders. Made available to patient reference groups in GP practices. Locality managers to take a few to localities. Send electronically and linked to practices individual websites. Sharon to pick up for practice managers meeting. Sarah for locality managers.<br>Voluntary sector to receive some for notice boards etc. Lyn to co-ordinated<br><br>The group needs to let Lyn have comments back no later than Friday 21 June.<br>The South Sefton CCG Governing Body membership needs to be updated | RJ<br><br>LC<br>SMcG<br><br>LC |
| 13/6 | **Update and Reporting from Healthwatch on Key Issues for Local People**<br>Healthwatch Sefton has been working on its commentaries for NHS Quality Account documents and submitted a commentary for Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust. A position statement was sent to all other NHS Providers to state how Healthwatch Sefton would be keen to work with them over the next twelve months.<br>Healthwatch Sefton has undertaken assessments of all NHS Equality Delivery System outcomes for the period 2012 – 2013 and engagement plans have been put into place to work with all NHS Trusts over the next twelve months.<br><br>Member's events are being held at the end of June to share volunteering opportunities with members and gain views of the draft role descriptions for the steering group membership. Expressions of interest for the steering group will be | |

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| | shared with members in July when then recruitment process will begin.<br><br>The Health watch Sefton signposting and information service is in place and members of the public can contact the service on 0800 206 1304. Clare Platt will start with the team on the 1st July and will be the officer who leads on this service and provide admin support for the team.<br><br>*Summary of issues*<br>a) Norwood GP Surgery, Southport.<br>b) Patient Transport Service – North West Ambulance Service NHS Trust<br>c) Booking Audiology Outpatient appointments – Aintree University Hospital NHS Foundation Trust.<br>d) Car Parking – Southport and Ormskirk Hospital NHS Trust. Press Statement<br>e) Variation in Interpreter Services.<br>f) Southport and Ormskirk Hospital NHS Trust – Quarter 4 Patient Experience Report<br>g) Position Statements – 31st March 2013.<br><br>It was agreed that all Trust reports would be circulated to EPEG members once they have been signed off. Diane to action.<br><br>Roger asked if all members in future could refrain from tabling reports and could send them to Cathy so that they can be circulated with the agenda. Copy of this report to be circulated with the notes<br><br>Sharon attends a well-established patient reference group in Maghull and will invite Diane to one of these meetings.<br><br>Roger asked if there was any good practice already established in the community and if so could these reports be sent to members of the EPEG as a learning tool.<br><br>Michelle is attending the next Practice Managers meeting. Diane confirmed that the National Healthwatch hub is up and running and she will log on to see if there is any good practice which she will bring back to EPEG. | DB<br><br>ALL<br>CL<br><br>SMcG<br><br>MMcK<br><br>DB |
| 13/7 | **Review Terms of Reference / Role of the Group**<br>The terms of reference were discussed as they need to be fit for purpose.<br><br>Tracy to amend terms of reference taking into account what was discussed at the EPEG development sessions as they need to include the broader aspect around the integrated commissioning agenda.<br><br>A template for Governing Body lead needs to be produced for when colleagues are reporting back to the Governing Body making sure that explicit important items are listed in a concise and succinct way. | TJ<br><br>TJ/CL |
| 13/8 | **Big Chat**<br>Tracy informed the group that Fiona Clark would like to hold two Big Chat events with communities at both end of the patch. Updates would be given around longer term strategy which is being developed and pick up on urgent care, Virtual Ward for South Sefton CCG and Care Closer to Home Strategy for Southport and Formby CCG. Key issues will be presented to allow a significant time for discussion and feedback from the public. Michelle is going to organise these events which are likely to be 10th and 25th July.<br>Tracy has e mailed Sam Tunney to see if there is anything she wants to contribute regarding joint working. Mick felt that it might be an opportunity to provide some feedback on the health and wellbeing strategy. To be discussed further<br>It was confirmed that Voluntary sector providers would find this event useful. It needs to be kept focused for members of the public and key items need to be | TJ/ MH |

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| | discussed and be kept simple. Clear remit for the event so expectations are met. Michelle suggested a survey on line or documentation to be sent in the post to vulnerable people who can not make the event.<br><br>Sharon feedback from last year and said it was it helpful but that the date was not published early enough.<br><br>Rachel will facilitate the information to her groups.<br><br>Michelle to organise event on behalf CCG. Rachel and Libby to advise to engage vulnerable people.<br>Static boards displaying Healthwatch information which will be on show at the events.<br>Branding needs to be produced before Big Chat events. Libby and Rachel to help with this.<br>Community groups to have stands. Michelle to co-ordinate with Rachel. Mick to offer advice. Elected members to be invited. | MMcK / LK<br><br>RJ<br><br>MMcK |
| 13/9 | **Review of Health and Social Care Forum and CVS Update**<br>Rachel gave an update. Copy of presentation attached for information.<br><br>Key issues discussed:-<br><br>The patient experience group has offered their support re templates for service users with Learning Disabilities re hospital appointments etc. Diane to share contacts re acute providers and will attend a practice managers meeting. Sharon will put this on the agenda for practice managers. Jenny Friday co-ordinates this and is based at CVS. Rachel to send contact details. Libby to link with Tracy Reed<br><br>Simone to be invited to attend a future EPEG meeting.<br><br>A gap has been identified in mental health services. Intelligence needs to be pulled together and brought back to EPEG. Rachel to contact Geraldine O'Carroll as the lead commissioner for mental health. Sarah will make Jan Leonard aware of this.<br><br>CVS are developing an electronic directory and will work with Practice managers and locality managers to maximize this.<br><br>Every Child Matters Forum to make a more effective link with EPEG via Jane Uglow and Debbie Fagan.<br><br>Rachel will feedback to the group regularly to and from these forums. | RJ<br>DB<br>SMcG<br>LK<br><br>CL<br><br>RJ<br><br>RJ<br><br>RJ |
| 13/10 | **Patient Experience Dashboard Update**<br>The Cheshire and Merseyside Commissioning Support Unit is developing a patient experience dashboard electronically. Tracy to ask CSU to do a presentation for EPEG at the July meeting | TJ / CL |
| 13/11 | **Proposal from Healthwatch - Community Champions 2013-14**<br>Diane gave a presentation, copy attached.<br><br>Diane discussed the proposal / business case being submitted to both CCGs re funding for an Engagement Officer to support this work. Tracy confirmed that the proposal needs go to the F&R committees for approval. Tracy will take this to the committees, but there needs to be some work to strengthen the proposals in relation to measurable key performance indicators. EPEG are supportive in | TJ/DB |

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| | principle, pending further work.<br><br>SMcG to invite Healthwatch to the practice managers meetings so they can demonstrate what additional value they can provide to GPs with regards to engagement work. . | SMcG |
| 13/12 | **LGA Peer Review**<br>Sefton's Health and Wellbeing Board are taking part in Peer Challenge Exercise from 8th to 11th July. Undertaken by the LGA, the review will look at the development of the Board and the Health and Wellbeing Strategy. A draft timetable has been circulated and will involve many partners that make up the EPEG. Further information will be released as decisions are taken. | MH |
| 13/13 | **Key Points to Feedback to Others e.g. Report to Governing Bodies / Health and Wellbeing Board etc**<br>It was agreed that any action points from the EPEG needed to be communicated clearly to key stakeholders as relevant.<br><br>Tracy will produce an action sheet from board meetings which will be circulated to all EPEG members. | TJ |
| 13/14 | **Date of Next Meeting**<br>10th July 2013 10- 12 Venue Board Room, Merton House<br>Possible agenda items :-<br>• Primary Care Quality Strategy consultation<br>• Patient Experience Dashboard presentation<br>• Patient Reference Group Update<br>• Clinical Networks Patient Engagement Sarah McGrath<br><br>It was agreed that in future timings would be listed on all agendas. | Bal Duper / Angie P<br>CSU<br>MMcK<br>SMcG<br><br>CL |

NHS
Southport and Formby
Clinical Commissioning Group

# South Locality Meeting Minutes

Date and Time Thursday, 23rd May 2013, 12:30 – 13:30
Location Ainsdale Village Surgery

**Attendees**

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|---|---|
| Dr Robert Russell (Chair) | Ainsdale Medical Centre |
| Jane Uglow | Locality Development Manager |
| Paul Ashby | Practice Manager, Ainsdale Medical Centre |
| Paul Smith | Ainsdale Village Surgery |
| Karen Ridehalgh | Practice Manager, Ainsdale Village Surgery |
| Rachel Ogden | Practice Nurse, Ainsdale Village Surgery |
| Dr K Naidoo | The Family Surgery |
| Carol Roberts | Practice Manager, The Family Surgery |
| Dr Ian Kilshaw | The Grange Surgery |
| Nina Price | Practice Manager, Grange Surgery |
| Dr Gladys Gana | Lincoln House Surgery |
| Kay Walsh | Medicines Management |
| Penny Bailey | Community Matron, ICO |
| James Hester | Sefton CCGs |

**Invited Guest**

| | |
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| Paddy McDonald | Southport & Ormskirk Hospital |
| Jan Leonard | Southport & Formby CCG |

**Apologies**

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| Janice Lloyd | Practice Manager, Lincoln House Surgery |

**Minutes**

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| Terry Stapley | CCG Administrator for Southport & Formby |

| No | Item | Action |
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| 13/32 | **Apologies / Minutes**<br>Janice Lloyd<br>**Welcome**<br>Paddy McDonald from Southport & Ormskirk Hospital to discuss Care Closer to Home.<br>Jan Leonard, Head of CCG Development to discuss Southport and Ormskirk Hospital Trust contracting process.<br>**Minutes**<br>The minutes were agreed as an accurate record. | |
| 13/33 | **Matters Arising**<br>NA | |
| 13/34 | **Chair's Update RR**<br>A request has been made for areas of work that could be considered to be included in the QOF QP's. A list of suggestion has been | |

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| | circulated for practice to consider, if anyone has any further suggestion please email JU, Locality Manager. | |
| 13/35 | **Care Closer to Home; Frail & Elderly Pathway**<br><br>Paddy McDonald attended the meeting to discuss Care Closer to Home and the pathways.<br><br>Presentation attached<br><br>There is also an event on the 6th June 2012 at The Family Life Centre in Southport, relating to Care Closer to Home. |  <br>care closer to home visionvainsdale.ppt |
| 13/36 | **S&O Trust Contracting Process**<br><br>Jan Leonard attended the meeting to discuss contracting processes and advised the group that a new contract has been agreed with Southport and Ormskirk for PBR (Payment By Results). It was also advised that many of the community based services are to be paid as a block contract.<br><br>Jan advised that Rapid Response will stay in place until further notice.<br><br>The group was also advised that IFR's should now be sent to the CSU, information was given to practices.<br><br>**Action – Jan to circulate which services will be contained within the block contracts.** | JL |
| 13/37 | **Practice Budgets**<br><br>Work in currently underway to update the portal for all practices to use by June 2013.<br><br>Practices are advised once they receive their data that they should be looking at their main provider to see were the main percentage of the budget is being spent. Practices are also advised to look at any trends in spend and see if they need addressing.<br><br>District Nursing Services was raised, the group was informed that this service is currently being reviewed (including the night service) with the aim of redesigning the service. The commissioners are working with LCH (provider) to look at the options for the night service. An update is expected at the beginning of July.<br><br>**Action: Feedback to be provided to the locality in July** | JL |
| 13/38 | **Quality Premium (**NHS Outcomes Framework)<br><br>**Local CCG Quality Premium Measures are to reduce**<br><br>• Children under 19 admitted with asthma by 20%.<br><br>• Alcohol specific admissions by 20%.<br><br>• Primary admissions from dehydration by 5%.<br><br>CCG is in the process of gathering the practice data for these areas, this information will be shared with practice. | |
| 13/39 | **Medicines Management**<br><br>• KW reported that all practices are 'green' as of the Mar 13 data i.e. | |

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| | the end of the financial year and congratulated everybody for their hard work.<br>• Newer Oral anticoagulants: a letter and Sefton prescriber update has been sent to practices. Any problems or queries email KW.<br>•The North Sefton & West Lancashire Joint Formulary is now available on the CCG website under Patient care/Medicines/ Area Medicines Management Committee Recommendations<br>•Strontium: MHRA alert discussed. Noted that oral bisphosphonates are only treatment available to primary care. Practice pharmacists can advise. | |
| 13/40 | **Practice Service Feedback**<br>Nothing highlighted during the meeting, group advised to contact Doug Callow if any issues arise. | |
| 13/41 | **Any other business**<br>Dementia DES – practices need clarity as the documentation needs signing off by 30th June 2013. KL to speak to the LMC. | |
| 13/42 | Date and Venue for Next Meeting:<br>Thursday, 27th June 2013, 12:30-13:30pm<br>Ainsdale Village Surgery | |

| PRACTICE NAME | April 2012 | May 2012 | June 2012 | July 2012 | August 2012 | September 2012 | October 2012 | November 2012 | December 2012 | January 2013 | February 2013 | March 2013 | April 2013 | May 2013 | June 2013 | July 2013 | August 2013 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Churchtown Medical Centre** Cambridge Road, PR9 7LT | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | A | A | | | | |
| **Marshside Surgery** 117 Flyde Road, Southport, PR9 9XL | Y | Y | Y | Y | A | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Corner Surgery** 117 Fylde Road, Southport, PR9 9XL | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Norwood** 11 Norwood Avenue, Southport, PR9 7EG | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Roe Lane** 172 Roe Lane, Southport, PR9 7PN | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Sussex Rd Surgery** 125 Sussex Rd PR8 6AF | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Curzon Rd Surgery** 5 Curzon Rd, PR8 6PN | | Y | A | Y | Y | Y | Y | Y | | Y | Y | Y | Y | | | | |
| **Trinity Practice** Houghton St Southport | | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y | Y | | | | |
| **Cumberland House** 58 Scarisbrick New Road, Southport, PR8 6PG | | | | Y | Y | Y | Y | Y | | Y | Y | A | Y | | | | |
| **Kew Surgery** 85 Town Lane PR8 6RG | | A | Y | A | Y | A | Y | Y | | Y | Y | Y | Y | | | | |
| **St Marks** 42 Derby Road, Southport, PR9 0TZ | | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y | A | | | | |
| **The Grange** 41 York Road, Southport, PR8 2AD | | | | Y | Y | Y | Y | Y | Y | Y | Y | A | Y | Y | | | |
| **Family Surgery** 107 Liverpool Road, Southport, PR8 4DB | | | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| **Lincoln** 33 Lincoln Road, Southport, PR8 4PR | | | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| **Ainsdale Medical Centre** 66 Station Road, Ainsdale, Southport, PR8 3HW | | | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |

| PRACTICE NAME | April 2012 | May 2012 | June 2012 | July 2012 | August 2012 | September 2012 | October 2012 | November 2012 | December 2012 | January 2013 | February 2013 | March 2013 | April 2013 | May 2013 | June 2013 | July 2013 | August 2013 |
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| **Ainsdale Village**<br>2 Leamington Road, Ainsdale, Southport, PR8 3LB | | | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| **Chapel Lane**<br>13 Chapel Lane, Formby, L37 4DL | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **The Hollies**<br>Elbow Lane, Formby, L37 4AD | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **The Village Surgery**<br>Elbow Lane, Formby, L37 4AD | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| **Freshfield**<br>61 Gores Lane, Formby, L37 3NU | Y | A | Y | A | Y | Y | Y | | Y | Y | Y | A | A | | | | |

NHS
Southport and Formby
Clinical Commissioning Group

**Formby SFCCG Locality Meeting, 5th June 2013**
**The Village Surgery**

# Minutes

**In Attendance**

Moira McGuinness (Southport & Formby CCG Locality Lead)
Dr Deborah Sumner
Dr Doug Callow (Chair)
Colette Riley (Practice Manager)
Dr Eldridge
Dr Chris Bolton
Yvonne Sturdy

**Apologies**
Karen Leverett (Practice Manager)
Suzanne Lynch (Meds Management – NHS Mersey)
Stewart Eden
Pauline Kane-Needham

**Notes**
Terry Stapley

| No | Item | Action |
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| **13/39** | **Apologies** were received and noted. | |
| **13/41** | **Minutes of Previous Meeting**<br>Minutes of previous meeting were amended. | MAY_Notes.doc |
| **13/42** | **Matters Arising**<br>LMC letter being sent to Gps/Practices Re. patient benefits – it was discussed that if a list of issues the patient is currently having, including a short paragraph of the Gps opinion should be sufficient. Each case should be treated on its own merit.<br><br>**Action – bring Steve Fraser and Dawn Bradley-Jones pro-forma to the next meeting.** | MM / DC |
| **13/43** | **PBR**<br>Referral and prescribing budgets – to be discussed at the next meeting. | |
| **13/44** | **Referral Audit – CB**<br>The attached hand out was given to the group. CB went through how the practice carried the audit out and advised the group that it has been worthwhile.<br>It was agreed that all practices would carry the audit. | Document.pdf |

| No | Item | Action |
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| **13/45** | **The Formby Challenge:**<br>The group discussed the challenges Gps/practice are facing within the Formby area. Home visits and prescribing are main issues which lead to Gps being stretched within Formby. DC advised that Katie (respiratory nurse at Chapel Lane) has helped greatly, by freeing up appointments which take up vast amounts of time. It was suggested a Health and Wellness clinic would be a good idea in the Formby area.<br>It was advised that the group need to add to the Quality Strategy produced by Bal Duper.<br><br>What we need to provide good primary care?<br>• Beneficial to all practices within the Locality<br>• Focus on one main issue<br>• Produce a wish list (to be discussed at the Forum 19th June 2013.<br><br>It was asked that agreement from practices is needed to carry out a brainstorming session on what is needed. | |

| No | Item | Action |
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| **13/46** | **Updates**<br>**Feedback from Finance and Resource meeting 22/5/2013**<br>A number of issues and financial benchmarks were discussed / reviewed.<br><br>• A presentation by Cheshire and Mersey CSU (Mersey Comm Support Unit) around the AQP (Any Qualified Provider) – covered the process that they employ, on behalf of commissioners, in response to AQP contracts<br>  ○ He clarified the AQP contacts process<br>• An outline of the time each contract process would take was discussed, with the necessary safety and security elements, and a run through of contact with commissioners during this process was described.<br>• Finance Department provided a verbal report outlining the CCG's financial position as at end of year. The CCG showed an underspend position against the operational budget.<br>• Financial risks around the CHC (Continuing Health Care) Funding historic claims are on-going but provision has been made and the financial team will keep measuring this and ensure contingencies are appropriate.<br>• Prescribing issues were reviewed and Medicines Management presented a paper in respect of the PQS (Prescribing Quality Scheme) for consideration, together with options for moving the Prescribing Budget process forward for Practices. Meds Management will contact practices following the meeting.<br>• The current GP Framework project is coming to an end. This is a historic project to give financial support to practices within a small cohort to help with services. It was accepted within the meeting that although this current process is almost complete, the underlying issue of some practices having less funding than others remains, and it is anticipated that further action will be taken in this matter.<br>• Meds Management presented a clinical case for new licensed product for use in DMO (Diabetic Macular Oedema), which was agreed as is a NICE Technical Appraisal.<br>• IFR (Individual Funding Requests) process is under review; just the process, not the PLCP (Procedures of Low Clinical Priority). The process will come under Cheshire and Mersey CSU IEFR (Ind Exceptional Funding Requests for clinical interventions) and details will follow<br>• A Prioritising Framework is in development for use by the CCG, to allow a transparent and equitable process for project/process funding requests – further details will follow | |

| No | Item | Action |
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| **13/48** | **Medicines Management**<br>**Budget**<br>Budget data from portal<br>from March data attached.<br>**Care at the Chemist Formulary**<br>Please review formulary and obtain feedback on additions or medicines to be removed if not already done so. Eclipse and prescribing plus will allow the Formulary to be shown onscreen.<br>**Prescribing Quality Scheme**<br>Letters regarding payment should be sent out within the next 2 weeks – details regarding invoices etc will be in the letter<br>It was also discussed that prescribing budgets are to be fair shares. Fair shares will relate to patient population and will be phased in over a year period.<br>Referral budgets to be discussed at a later date. |  <br>march 2013.docx<br>  <br>13 Apr List of CATC drugs.xlsx |
| **13/49** | **AOB**<br>None noted. | |
| | **Date, Time and Venue of Next Meeting**<br>Wednesday 11th July 2013 12.30 – 14.30, The Village Surgery Formby | |

NHS
Southport and Formby
Clinical Commissioning Group

# Central Locality Meeting Minutes

Date And Time 30th April 2013 13:00 – 14:00pm
Location Kew Surgery

**Attendees**

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|---|---|
| Halina Obuchowicz | GP, Kew (Chair) |
| Dawn Bradley-Jones | Practice Manager, Trinity |
| Sandra Craggs | Senior Pharmacist, Sefton CCG |
| Billie Dodd | Head of CCG Development, S&F |
| Louise Campbell | GP, Trinity Practice |
| Pauline Kenny | Practice Manager, Kew |
| Debbie Elliot | Practice manager, Curzon Road |
| Mark Bond | GP, Curzon Road |
| Ian Hughes | GP, Cumberland House |
| Jeff Simmonds | CCG Board Member |
| Jan Leonard | Southport & Fomrby CCG |
| Brendan Prescott | CCG Lead for Medicines Management |
| Jeff Simmonds | Secondary Care Clinician SFCCG Board |

**Apologies**

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| Roy Boardman | Business Manager, St Marks |
| Sue Critchlow | Business Manager, Cumberland House |

**Minutes**
Terry Stapley Administrator Southport & Formby

| No | Item | Action |
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| 13/17 | **Apologies / Minutes**<br>Apologies were noted from Roy Boardman and Sue Critchlow.<br>Jeff Simmonds (Secondary Care Clinician SFCCG Board) was welcomed to the group.<br>The minutes from March were agreed to be correct as an accurate record. | |
| 13/18 | **Matters Arising**<br>None noted | |
| 13/19 | **Chair Update; Choose and book, discharges from S&O**<br>- Discussions over GP payments were brought up over attending meetings.<br>**Choose & Book**<br>- Choose & Book doesn't seem to be working and a lot of time is being wasted. Choose & Book are not re-booking the new appointment as was stipulated in the contract. Patients are then turning up to surgery asking for another referral, this is causing more work for the practices.<br>- The group is to send any issues to Jan Leonard to discuss with the | |

| No | Item | Action |
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| | contractors at the contractors meeting.<br>**Discharges from S&O**<br>- Inappropriate discharges are occurring from the hospital.<br>- Patients being too ill to be discharged, leading to them having to be sent back to hospital almost immediately.<br>- The group are to feedback any issues to Doug Callow.<br><br>QP & QOF hand-outs were given to the group BD asked for feedback at the next meeting. |  <br>Document.pdf |
| 13/20 | **Practice Nurse update**<br>Julliete Palmer is moving on so a new Nurse lead is needed.<br>Spirometery issues – relates to the COPD LES. | |
| 13/21 | **Medicine Management update**<br>**Budget update**<br>- All practices were underspent apart from St Marks which has a slight overspend.<br>- Discussion was had over the budget that each practice receives and why they receive more than other practices. BP advised that there are many factors which affect the budgets given including practice size and factors such as Care Homes being in the catchment area.<br>BP – Medicines Management are employed by South Sefton CCG and has a contract with Southport & Formby.<br>Issues were discussed over practice support.<br>SC – Obesity audit was discussed and the group were asked for any suggestions on treatments for these patients.<br>Questions to consider:<br>• Are you satisfied with the results of this audit?<br>• Do you think current Orlistat prescribing is value for money?<br>• Given the results, how do you think we could ensure future appropriate Orlistat prescribing and follow up of patients, is in line with NICE guidance?<br>• Where do you think Orlistat prescribing should fit into any future Healthy Weight management programmes?<br>Feedback any ideas / suggestions to your practice pharmacist or discuss your ideas at your next locality meeting, where Orlistat prescribing as part of healthy weight management, will be on the agenda. |  <br>13 April Central budget Feb data.xlsx<br>  <br>Obesity Audit Results for GP Practic |
| 13/22 | **Quality Premium – Jan Leonard**<br>Hand out given and discussed.<br>The Quality Premium could attract a maximum resource of £5 per head population conditional on meeting national and local priority measures.<br>Local CCG Quality Premium Measures are to reduce<br>• Children under 19 admitted with asthma by 20%.<br>• Alcohol specific admissions by 20%.<br>• Primary admissions from dehydration by 5%. |  <br>Document.pdf |

| No | Item | Action |
|---|---|---|
| 13/23 | **Asthma in Children, letter medical Director**<br>The attached letters were circulated and it was agreed this may help with the QP of reducing Asthma admissions in the under 19s.<br>Letter Attached<br>  <br>Letter to NHS Staff Finalv1.doc<br>  <br>Letter to Parents from GPs Finalv1.doc<br>  <br>MC - Letter to medical directors_07. | |
| 13/24 | **Any other business**<br>Financial issues and funding issues for GPs were discussed. It was discussed that The CQC are offering very little support and a lot of GPs time is spent carrying out administrative duties.<br>It was brought to the group's attention that this has been discussed previously and that there is funding available from the CQC (£550 per year), the question was asked can this funding be made to help practices.<br>Help is also requires in the writing of protocols within the practices.<br><br>Payment Re. Attending cluster group meetings.<br>- Issues attending meetings (having to move clinics etc)<br>- Preparation involved<br>- Is funding available?<br>- Lack of support<br>- Request for funding to be paid to attend the meetings<br>- Kew Surgery & Curzon Road MC would like payment to be made, Cumberland House wouldn't, Trinity Practice would have to talk to other GPs in the practice and St Marks did not have a representative at this month's meeting.<br>- HO to take this to the Lead GP meeting<br>- BD suggested that the issue is being taken to the next board meeting.<br>Letter sent to practices Re. Dementia from LMC was discussed.<br>PK – Ambulance bookings are becoming an issue as patients are having issues booking them and then calling to the surgery to ask for them to be booked and the surgery are not being able to make the booking either. This is to be passed to Malcolm Cunningham. | |
| | Date and Venue for Next Meeting; 28th May 2013, Kew Surgery 12:30 – 13:00pm | |

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# North SFCCG Locality Meeting Minutes

Date: 20/06/2013
Time : 13:00 - 14:30
Location: Marshside / Corner Surgeries, Fylde Road

**Attendees**
Ann-Marie Woolley (AMW)
Sarah McGrath(SMc)
Lydia Hale (LH)
Jane Ayres (JA)
Dr Kati Scholtz (KS, Chair)
Rachel Pinedo (RP)
Carol McKenzie (CMc)
Dr Hilal Mulla (HM)
Dr Mary McCormack (MMc)
Dr Rob Caudwell (RC)
Dr Niall Leonard (NL)
Jude Storer (JS)
Dr Jackie Reddington
Moira McGuinness

**Apologies**
Dr Les Szczesniak (LS)
Lyn Roberts

**Minutes**
Terry Stapley (TS)

| No | Item | Action |
|---|---|---|
| 13/38 | **Welcome & Apologies**<br>The Group welcomed Moira McGuinness and Dr Jackie Reddington to discuss End of Life care.<br>Apologies were received from Lyn Roberts and Dr Szczesniak. | |
| 13/39 | **Updates from previous meetings:**<br>QPs are to be discussed at the next Wider Group Meeting on 10th July 2013.<br>Ideas for how the locality could deal with the Asthma Quality Premium:<br>• How many patients do they have <19 with asthma?<br>• Do they have a NICE guided care plan?<br>• Are they regularly attending practice for check-ups?<br>Data been requested on how many <19s have been admitted into hospital, this will then be fed back to practices.<br>Data on admission rates for alcohol specific conditions were circulated Action – Clarity of what alcohol specific is in relation to the Quality Premiums. | SMc |

| No | Item | Action |
|---|---|---|
| | DES scheme sign up by 30th June 2013, NHS England have sent the information to practices. | |
| 13/40 | **End of Life**<br>Dr Jackie Reddington and Moira McGuinness discussed the key messages of the National End of Life Care Strategy. Its estimated 20% of the total NHS budget is thought to be spent on providing care in the last year of a patient's life, which equates to £20 billion in a year. It is also estimated that 1% of patients in the average practice die each year, Identification of these patients and putting them on the GSF register, improves the chance of an advance care plan being in place thus increases the likelihood of achieving death in the patient's preferred place.<br>Ways in which we can increase the prevalence of GSF registrations are:-<br>• Increased use of prediction tools such as SPICT.( attached)<br>• Integration of other registers such as the Heart Failure, CKD and Dementia registers<br>• Review frail and elderly patients living in care homes.<br>The National End of Life Care Strategy has set a target to increase the percentage of patients dying at home from the current 42% to 47% by 2015 on Merseyside. There is also a possibility that this will become part of a QOF target within the next year or two.<br>Also a reminder for patients that are on the GSF register already – think about earlier anticipatory prescribing of end of life drugs.<br>If practices have any end of life issues could they inform Moira McGuinness.<br>Supportive and Palliative Care Indicators Tool attached. | SPICT_Sept2012 (watermarked).pdf |
| 13/41 | **Discussion on federation of practices as providers**<br>NL started the discussion how Federation explaining positives that practices could get from federating. These included pooling of resources, reduced duplication and shared purchasing power eg for medicines. Federating could also lead to equity of employment terms and conditions for practice staff<br>Practices stressed importance of keeping their own identities and there was little appetite for a legally constituted framework for federation. A Memorandum of Understanding may be preferable<br>Future plans for out of hours may push practices towards a federated model KS reminded the Group that consultation on Urgent care ends 11/8/13 -see attached<br>As an aside, the newly developed community rapid response team for COPD was discussed and RC fed back positively. SMc to confirm access and contact details. Members also asked about prescribing and admitting rights within palliative care teams. | SMc |

| No | Item | Action |
|---|---|---|
| 13/42 | **Medicines Management update**<br>Prescribing Quality scheme; as a locality we are to peer review co-amoxiclav prescribing. An appropriate target improvement needs to be set. Practices should have now sent their Prescribing Quality Scheme invoices into the CCG.<br>Please see below for a reminder of the indications for co-amoxiclav in the current antimicrobial guidelines:<br>• Treatment-resistant or recurrent sinusitis;<br>• Antimicrobial resistant acute infective exacerbation of COPD;<br>• Acute exacerbation of diverticulosis;<br>• Acute pyelonephritis in children > 3 months;<br>• Facial cellulitis;<br>• Infected animal bites / prophylaxis for human bite<br>• In-growing toe nail infection.<br><br>Care at the Chemist Formulary<br>Please review formulary and give feedback on additions or medicines to be removed if not already done so.<br>The Group asked if a list of conditions rather than medicines could be created for patients.<br>- |  <br>13 Apr List of CATC drugs.xlsx |
| 13/43 | **Practice Managers Update**<br>Payments –improved systems in place<br>All practices are still paying 14% super-annuation to locums.<br>It was asked could the CCG bulletin be monthly rather than weekly as there does not seem to be much information every week.<br>Training in conflict management for receptionists and practice staff.<br>Five fold difference in costs for some Specials across different pharmacies. Pharmacies should check with prescribing practice before issuing high cost items. | |
| 13/44 | **Mental Health Community of Practice Update**<br>The Mental Health team are looking to work more closely with GPs and linking with practices to improve communication and patient management .<br>Aims were to provide a single point of contact/entry.. HM to keep the group updated with any changes or issues. It was also discussed that integrating with Inclusion Matters team would also help improve services.<br>A joint alcohol/substance misuse service is to be implemented<br>Any issues practices are having with Mental Health within the community are to be fed back to HM. | HM |
| 13/45 | **Locality issues**<br>Issues with Health Visitors moving and withdrawing baby clinic support<br>RC has contacting Debbie Fagan to check what is in the contract.<br>RC to update the Group with any information. | RC |
| 13/46 | **Any other business**<br>Dietetic competency for diabetes event for practice nurses on 17th July would be beneficial for QOF, SMc to forward the details to practices.<br>Blood tests are still being analysed in Southport. Issues with reporting high potassium levels were not due to transport. Members are asked to advise if | SMc |

| No | Item | Action |
|---|---|---|
| | potassium results is still an issue.<br>MMc asked about previous discussion in the Group relating to use of LES funding for shared HCAs for example. NL advised that individual LESs will be reviewed for effectiveness as they approach expiry and spoke about the possibility of primary care development resources for roles such as HCAs. There was discussion around the equity of using CCG level resources to supplement staffing in individual practices when others have already funded additional roles internally.<br><br>KS advised the Group that practice- level referral data and unplanned activity would be discussed at the next meeting. | |
| | Date and time of next meeting<br>Thursday 11th July 2013<br>1pm – 2.30pm<br>Marshside/Corner Surgeries, Fylde Road. | |

NHS
Southport and Formby
Clinical Commissioning Group

# Register of Interests

Version: 22 July 2013

NHS
Southport and Formby
Clinical Commissioning Group

| Name | Date | Position/ Role | Interests Declared | Personal interest or that of family, friend or colleague | Potential or actual area where interest could occur | Action taken to mitigate risk | Comments |
|---|---|---|---|---|---|---|---|
| Niall Leonard | 17.05.13 | Chair, Governing Body Member | Partner, Roe Lane Surgery | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| | | | Director, Exacta Medico-Legal Ltd | Family | None | No action required | |
| | | | Partner, Cumberland House Surgery | Family | Decision making re Cumberland House practice | Exclusion from decision making which specifically affects Cumberland House practice | |
| | | | Consultant, Assura Dermatology Services | Family | Decision making re procurement of dermatology services | Excusion from decision making regarding dermatology services | |
| | | | Assessor, Sector 12(2) Mental Health Act, Merseycare NHS Trust and Lancashire Care NHS Foundation Trust | Personal | None | No action required | |
| Rob Caudwell | 13.05.13 | Governing Body Member | Partner, Marshside Surgery | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| | | | Director, Caudwell Medical Services Ltd | Personal | None | No action required | |
| | | | Director, Allbright Domestic Services | Family | None | No action required | |
| Liam Grant | 16.05.13 | Governing Body Member | GP Principal & Partner, Dr Reddington & Partners, Formby | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| | | | GP Associate, Liverpool Community Health Services, Out of Hours Service | Personal | Decision making re commissioning of Out of Hours Service | Exclusion from decision making around the Out of Hours service | |

| Name | Date | Position/ Role | Interests Declared | Personal interest or that of family, friend or colleague | Potential or actual area where interest could occur | Action taken to mitigate risk | Comments |
|---|---|---|---|---|---|---|---|
| Martin Evans | 08.05.13 | Governing Body Member | GP Principal, Grange Surgery<br><br>Member, Sefton LMC | Personal<br><br>Personal | Decision making re remuneration of GPs undertaking CCG work<br><br>None | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| Graeme Allan | 20.05.13 | Governing Body Member | GP Partner, St Marks Medical Centre | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| Hilal Mulla | 20.05.13 | Governing Body Member | GP Partner, Corner Surgery | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| Karen Leverett | 01.05.13 | Governing Body Member | Practice Manager, The Village Surgery<br><br>Employed by Southport & Ormskirk Hospitals NHS Trust | Personal<br><br>Family | Decision making re remuneration of GPs undertaking CCG work<br><br>Decision making re commissioning of services at Southport & Ormskirk | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO<br><br>Exclusion from decision making process around S&O. | |
| Roy Boardman | 01.05.13 | Governing Body Member | Business Manager, St Marks Medical Centre and Trinity Practice | Personal | Decision making re remuneration of GPs undertaking CCG work | Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO | |
| Helen Nichols | 14.05.13 | Vice-Chair, Governing Body Lay Member | Governor & Vice-Chair, St Luke's Church of England Primary School, Formby<br><br>Professor, Chemistry Dept, University of Liverpool | Personal<br><br>Family | None<br><br>None | No action required<br><br>No action required | |

| Name | Date | Position/ Role | Interests Declared | Personal interest or that of family, friend or colleague | Potential or actual area where interest could occur | Action taken to mitigate risk | Comments |
|---|---|---|---|---|---|---|---|
| Roger Pontefract | 01.05.13 | Governing Body Lay Member | Owner, Roger Pontefract & Associates | Personal | None | No action required | |
| | | | Chair, Sefton Partnership for Older Citizens | Personal | None | No action required | |
| | | | Trustee, Formby Pool Trust | Personal | None | No action required | |
| | | | Trustee, Formby Land Trust | Personal | None | No action required | |
| Jeff Simmonds | 06.05.13 | Governing Body Member | Nil return | | None | No action required | |
| | | | Employed by Liverpool Community Healthcare Trust | Family | Decision making re Liverpool Community Healthcare Trust | Exclusion from decision making around Liverpool Community Healthcare Trust | |
| Fiona Clark | 03.05.12 | Chief Officer, Governing Body Member | Dual role as CO between Southport & Formby CCG and South Sefton CCG | Personal | In the event of an issue between Southport & Formby CCG and South Sefton CCG | Each of the CO and CFO to work specifically for one CCG pending resolution of the issue | |
| Martin McDowell | 02.05.13 | Chief Finance Officer, Governing Body Member | Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG | Personal | In the event of an issue between Southport & Formby CCG and South Sefton CCG | Each of the CO and CFO to work specifically for one CCG pending resolution of the issue | |
| | | | Employed by Liverpool Community Healthcare Trust | Family | Decision making re Liverpool Community Healthcare Trust | Exclusion from decision making around Liverpool Community Healthcare Trust | |
| Debbie Fagan | 20.05.13 | Chief Nurse, Governing Body Member | Dual role as CN between Southport & Formby CCG and South Sefton CCG | Personal | None | No action required | |
| Kevin Thorne | 02.07.13 | Employee | Nil return | None | None | No action required | |
| Susanne Lynch | 15.07.13 | Employee | Employed to run patient clinics at Churchtown Medical Centre | Personal | Decision directly affecting Churchtown Medical Centre | None required, employee does not work in a capacity which can affect decision making in this area | |
| | | | Husband employed as superintendant pharmacist for pharmacy owned by Churchtown Medical Centre | Family | Decision directly affecting Churchtown Medical Centre | None required, employee does not work in a capacity which can affect decision making in this area | |
| | | | Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes | Family | Decision directly affecting Care Homes | None required, employee does not work in a capacity which can affect decision making in this area | |
| Malcolm Cunningham | 24.06.13 | Employee, Committee Member | Practicing Optometrist - Yates & Suddell Optometrists | Family | None | No action required, practising outside of CCG area. | |

| Name | Date | Position/ Role | Interests Declared | Personal interest or that of family, friend or colleague | Potential or actual area where interest could occur | Action taken to mitigate risk | Comments |
|---|---|---|---|---|---|---|---|
| Sara Boyce | 10.07.13 | Employee | Nil return | None | None | No action required | |
| Billie Dodd | 15.07.13 | Employee, Committee or Sub-Committee Member | Nil return | None | None | No action required | |
| Chloe Rachelle | 09.07.13 | Employee | Nil return | None | None | No action required | |
| Cathy Loughlin | 21.06.13 | Employee | Nil return | None | None | No action required | |
| Karen Lloyd | 21.06.13 | Employee | Nil return | None | None | No action required | |
| Becky Williams | 21.06.13 | Employee | Nil return | Personal | None | No action required | |
| Sandra Craggs | 24.06.13 | Employee | Nil return | None | None | No action required | |
| Ruth Menzies | 24.06.13 | Employee | Nil return | None | None | No action required | |
| Stephen Astles | 24.06.13 | Employee | Wife is a ward manager at Broadgreen Hospital | None | None | No action required | |
| Terry Stapley | 24.06.13 | Employee | Nil return | None | None | No action required | |
| Brendan Prescott | 25.06.13 | Employee, Committee or Sub-Committee Member | Wife is an employee of University Hospitals Aintree NHS Foundation Trust | Family | none | Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust | |
| Tina Ewart | 21.06.13 | Employee | Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS | Family | none | Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust | |
| Philippa Rose | 27.06.13 | Employee | Nil return | None | None | No action required | |
| Gillian Beardwood | 27.06.13 | Employee | Nil return | None | None | No action required | |
| Alison Lucy Johnston | 01.07.13 | Employee | Nil return | None | None | No action required | |
| Clare Shelley | 01.07.13 | Employee | Husband employed by neighbouring NHS Organisation CQQ CSU | Family | Decision making regarding CSU SLA. | Exclusion from decision making process around CSU SLA. | |
| Janet Fay | 29.06.13 | Employee | Nil return | None | None | No action required | |
| Jenny Kristiansen | 02.07.13 | Employee | Nil return | None | None | No action required | |
| Christine Barnes | 25.06.13 | Employee | Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week | Personal | None | No action required | |
| Thomas Roberts | 08.07.13 | Employee | Nil return | None | None | No action required | |
| Angela Parkinson | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sarah McGrath | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Michael Scully | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Alain Anderson | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jane Ayres | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jennie Birch | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Lyn Cooke | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sue Crump | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Tracey Cubbin | 15.07.13 | Employee | Nil return | None | None | No action required | |

| Name | Date | Position/ Role | Interests Declared | Personal interest or that of family, friend or colleague | Potential or actual area where interest could occur | Action taken to mitigate risk | Comments |
|---|---|---|---|---|---|---|---|
| Emma Dagnall | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Fiona Doherty | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Laura Doolan | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sheila Dumbell | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Adam Gamston | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Paul Halsall | 15.07.13 | Employee | Nil return | None | None | No action required | |
| James Hester | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Terry Hill | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Tracy Jeffes | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Zita Johnson | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jennifer Johnston | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Nicole Cowan | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Gary Killen | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jan Leonard | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Suzanne Lynch | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sarah McGrath | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Moira McGuinness | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Geraldine O'Carroll | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Colette Page | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Indira Patel | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sejal Patel | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Sean Reck | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Tracy Reed | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Helen Roberts | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Shaun Roche | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Diane Sander | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jane Tosi | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Jane Uglow | 03.07.13 | Employee | Nil return | None | None | No action required | |
| Jenny White | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Melanie Wright | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Christopher Brennan | 15.07.13 | Employee | Nil return | None | None | No action required | |
| Caroline Gunson | 15.07.13 | Employee | Nil return | None | None | No action required | |

# Hospitality Register
# July 2013

NHS
Southport and Formby
Clinical Commissioning Group

| Recipient: | Nature of Gift / Hospitality: | Date Received | Approximate Value | Donated by: |
|---|---|---|---|---|
| - | - | - | - | - |

No hospitality received.