Vision	**Ensure all children have a positive start in life and are safe**			
Aims	• **Having a Family approach** • **Listening to children and young people**		• **Promoting partnership working, joint commissioning and investing in children and young people's futures**	• **Smoothing the transition between childhood and adulthood** • **Ensuring services are delivered cost effectively**
Priorities	 **Ensure all children and young people have a positive educational experience**	 **Ensure all children are supported to have a healthy start in life and a healthy adulthood**	 **Improving the quality of lives of children and young people with additional needs &vulnerabilities, to ensure they are safe and fulfil their individual potential**	 **Ensure positive emotional health and wellbeing of children and young people is achieved**
	Children are ready for school with good social and emotional development.	Encouraging care that keeps children healthy and safe.	Reducing the impact on children and young people of living in households experiencing neglect by the provision of a range of support and services.	Promoting good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.
	Ensuring that barriers to participation and progress are addressed.	Identifying problems in children's health and development so they can get help with their problems as early as possible.	Reducing the impact on children of living in households which experience parental substance misuse by the provision of a range of support and services.	Improving access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health.
	Ensuring all pupils make at least 'good' progress in every year of their education.	Supporting children to be healthier, happier and able to take advantage of opportunities that will help them reach their full potential.	Reducing the impact on children and young people living in household which experience domestic abuse by the provision of a range of support and services.	Improving knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues.
	Ensure young people leave formal education with the skills and opportunities to achieve.		Supporting young people with a range of additional needs through new ways of working to minimize risk taking behaviour and maximize their life chances.	
	Ensure good leadership and governance across all educational settings in Sefton.		Enabling children to live within their birth family, where this is not possible children are assisted to develop an attachment to a permanent and stable carer.	Providing access to a range of evidence based therapeutic support for looked after children and their carers. Commissioning timely and appropriate support to adopted children and their families to strengthen attachment and prevent placement breakdown
			Children and young people with Special Educational Needs and/or disabilities achieve their full potential	

			Securing and sustaining better all-round outcomes for babies and young children which narrows the gap between vulnerable children and others	

Priority 1 - Ensure all children and young people have a positive educational experience

Key objectives	Protective factors – strengthen 'protective factors from evidence base	Strategies to be delivered	Responsible Lead	Timescale & Evidence	Measurable outcomes
Children are ready for school with good social and emotional development	• Pre-school assessments • Positive parenting • Health review on school entry • Positive attachments in families.	• Education & Skills Strategy • Early years strategy • Nurseries/Early years setting & Children centres, • Early Help Strategy • Five to thrive.	Head of Learning & Support (Education Services Manager, School Readiness Service Manager)	September 2017	• Children exceed the expected level against each of the early learning goals. • Disadvantaged children attain in line with all other children.
Ensure that barriers to participation and progress are addressed	• School & colleges collaborative	• Education &Skills Strategy • SEND strategy/Sefton Local Offer • Attendance & Welfare, Sefton Turnaround Programme • 14-19 Education & Skills Strategy • Youth Offer.	Head of Learning and Support (Vulnerable Services Manager, Attendance Services Manager, 14-19 Services Manager)	September 2017	• Reduce authorised & persistent absence in primary and secondary schools • Reduce unauthorised, persistent & overall absence for those children supported by a child in need plan • Reduce unauthorised, persistent & overall absence of children looked after .Pupils have appropriate pathways to achieve good progression and attainment. • Disadvantaged pupils and pupils with additional needs

					are able to make good progress throughout school.

Key objectives	Protective factors – strengthen 'protective factors from evidence base	Strategies to be delivered	Responsible Lead	Timescale & Evidence	Measurable outcomes
Ensure all pupils make at least 'good' progress in every year of their education	• Pupil / school data analysis	• Education and Skills Strategy • Schools Causing Concern Protocol.	Head of Learning and Support (Education Services Manager, School Readiness Service Manager, School Improvement Advisers)	September 2018	• Pupils develop strong phonics, reading and writing skills in early primary years. • Pupils make good levels of progress by the end of schools. • All pupils attend a school which is good or outstanding (as defined by Ofsted).
Ensure young people leave formal education with the skills and opportunities to achieve.	• Participation and engagement activities and feedback	• Education and Skills Strategy • 14-19 Strategy • Local Plan.	Head of Learning and Support (Education Services Manager, 14-19 Services Manager)	September 2018	• Young people leave school with the skills and qualifications to access training, apprenticeships and employment. • Young people achieve the highest grades in further education to access additional learning opportunities. • Young people have flexible skills to access jobs in future growth areas.
Ensure good leadership and governance across	• Inspection report analysis • Governor skills	• Education and Skills Strategy, • Schools Causing	Head of Learning and Support	September 2018	• All pupils attend a school which is good or outstanding (as defined by Ofsted).

all educational settings in Sefton.	audits • Schools Causing Concern intelligence.	Concern Protocol.			• Leadership and governance inspection judgements are good or outstanding (as defined by Ofsted).

Priority 2 - Ensure all children are supported to have a healthy start in life and a healthy adulthood

Key objectives	Protective factors – strengthen 'protective factors from evidence base	Strategies to be delivered	Responsible Lead	Timescale & Evidence	Measurable outcomes
Encourage care that keeps children healthy and safe	• Breastfeeding • Safe sleeping • Immunisation • Tobacco free homes • Parenting skills • Early engagement with antenatal care	**HCP** via • Health visiting implementation plan (HV strategic Board & Sefton 0-5 Transition Group) • Family Nurse Partnership Implementation plan (FNP Advisory Board) • Midwifery • Children's Centres.	SMBC Public Health NHS England SMBC Public Health NHS England CCG Chief Nurse SMBC Early Intervention	Sefton council commission HV/ FNP Oct 15 First FNP families supported from March 15 Oct 15	• Higher rates of breastfeeding • Safe sleeping practice • Increased immunisation • Reduced prevalence of smoking amongst parents • Reduction in outpatient and hospital admissions following accidents • Greater levels of attachment).
Identify problems in children's health and development so they can get help with their problems as early as possible	• Screening, e.g. hearing, new born blood spots • Developmental checks • Health review on school entry • Intensive	**HCP** via • As above • Commissioned screening programmes • Commissioned School Health programme	• As above • Public Health England • SMBC Public	Quarterly performance monitoring NCMP – yearly measurement, reception, year 6	• Coverage, accuracy & successful interventions of screening programmes, NCMP • Impact of developmental checks • Appropriate uptake of intensive programmes & subsequent impact, e.g. FNP: should see increase in breastfeeding, reduced smoking at time of delivery, higher rates of return to education/training & employment, greater financial independence in

	programmes, e.g. FNP, Health Visiting Plus and Health Visiting partnership plus	• National Child Measurement Programme (NCMP)	Health		most vulnerable families
Key objectives	**Protective factors – strengthen 'protective factors from evidence base**	**Strategies to be delivered**	**Responsible Lead**	**Timescale & Evidence**	**Measurable outcomes**
Support children to be healthier, happier and able to take advantage of opportunities that will help them reach their full potential		**HCP** via • Health Visiting plus • Health Visiting partnership plus • FNP – for teenage parents and child • Sexual health strategy • Substance misuse strategy - a series of action plans over the 5 years of the CYPP, that addresses gaps	• SMBC Public Health • SMBC Early Intervention • CCG Chief Nurse • SMBC Public Health • SMBC Public health • SMBC SEN lead • CCG Chief Nurse	Quarterly performance monitoring by commissioners	• Improved levels of reported health and well being • Reduced teenage conceptions • Increased educational attainment • Reduced smoking and substance misuse

		identified through the needs assessment. • SEN			
Reducing alcohol related admissions for children and young people	Physical and mental wellbeing, and good social relationships Delayed age at which young people start using substances School-based multi-component prevention programmes Specialist substance misuse services for young people	• Implement recommendations from the Substance Misuse Public Health Needs Assessment regarding children, young people and families.	Sefton substance misuse strategic group Director of Public Health		• Reduction in alcohol admissions for those aged under 18 years
Health children and young people achieve and maintain a healthy weight	• Breastfeeding • Whole family approach to encourage healthier	HCP via • 0-5 public health nursing • Children's centres National Child measurement	• SMBC Public Health	Quarterly performance monitoring Annual measurement at the	• Increase in initiation and continuation rates • Reduction in overweight and obesity

	lifestyle choices	Programme • YR and Y6 measurement of Ht/Wt/BMI • Monitors levels of overweight and obesity in Sefton • Provides individual feedback to families of children who are overweight/obese with signposting for support • Feedback to schools to influence local interventions to support positive dietary and physical behaviours Active Sefton, including Move it • Specialist intervention aimed at family and child to	• SMBC Public Health • SMBC Public Health	beginning of Autumn term Quarterly performance monitoring	• Reduction in BMI • Increased self-reporting on physical activity • Increased self-reporting of wellbeing

		support sustainable changes, focusing on healthy eating and increased physical activity.			

Priority 3 - Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
The impact on children and young people of living in households experiencing neglect are reduced by the provision of a range of support and services	• Signs of safety • Early identification using health and education developmental milestones • Reduction of care givers risk factors	• LSCB Neglect Strategy • Children's workforce development strategy re improved assessment skills • Early Help strategy inc Triple P programmes and 5 to thrive • Healthy Child Programme • Family Nurse Partnership	LSCB Head of Early Intervention & Prevention CCG Director of Public Health	• More families are supported via a CAF which involves a Graded Care Profile assessment. • Reduction in referrals made to Children's Social Care due to neglect concerns. • Less children and young people are subject of a Child Protection Plan due to neglect. • Less children and young people become 'looked after' by the Local Authority due to neglect concerns.
The impact on children of living in households which experience parental substance misuse are reduced by the provision of a range of support and services	• Child focussed assessment including parenting capacity • Dynamic risk assessments (across DV & mental ill health where also present) • Corroboration of impact and usage of substances • Secure storage of substances	• Implement recommendations from the Substance Misuse Public Health Needs Assessment regarding children, young people and families. • Troubled Families	Sefton substance misuse strategic group Director of Public Health	• Increasing parenting capacity • Breaking intergenerational substance misuse • Educational outcomes gap for Children whose parents misuse substances is narrowed • Child developmental milestones met • Graded Care profiles indicates reduced risk of neglect

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
The impact on children and young people living in household which experience domestic abuse are reduced by the provision of a range of support and services	• Safety and protection of children • Empowerment and safety for women • Responsibility and accountability of perpetrators of violence • Attention to strengthening the mother/child relationship which is frequently undermined by domestic abuse	• Implement recommendations from the Domestic Abuse Public Health Needs Assessment and NICE Guidelines (2014) recommendations 10 and 11 via the development of a Domestic Abuse Strategy ensuring a focus on safeguarding children and young people. • Troubled Families	Community Safety Partnership	• Less children and young people are subject of a Child Protection Plan due to domestic abuse. • Less children and young people become 'looked after' by the Local Authority due to concerns regarding domestic abuse. • Increased reporting and earlier disclosure of abuse
Young people with a range of additional needs are supported through new ways of working to minimize risk taking behaviour and maximize their life chances	• Social Pedagogy • Restorative practice • Respite • Triple P parenting programmes • Assertive Challenge approach	• Community Adolescent Service • Troubled Families	Adolescent Service Strategic Group reporting to the Corporate Parenting Board	• Support young people and families before they reach crisis to prevent young people entering the care system at 13+ • Support families to resolve problems and build resilience to prevent younger siblings entering care when they reach adolescence • Provide stability of placements for those who are already looked after with a greater potential to return home in a planned way to families who have changed • Support young people to remain in mainstream education • Looked after children making good life choices which help them meet their normal outcomes and which leads them to positive progression routes

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
				• Strong and effective relationships between young people their families, peers and communities which reduces the attractiveness of gangs and criminal activity. • Co-ordinated and effective actions to reduce the number of young people victimised through child sexual exploitation and increase the potential for disruption and prosecution of offenders. Supported and empowered young people with a history of difficulties who are entering parenthood minimise the risk of their children being lost to care. • A new evidence base of what works for children and young people which diverts them from going missing from home, care and school.
To prevent and safeguard **all** children from child sexual exploitation and to prevent and safeguard individual children who are identified as at risk, or victims of child sexual exploitation.		• Child Sexual Exploitation PAN Mersey Strategy – • Sefton Implementation Plan.	LSCB	• Children and young people experiencing child sexual exploitation are identified at the earliest point of concern – increase in CSE referrals made to the Multi-Agency Safeguarding Hub (MASH). • Children and young people are safeguarded from child sexual exploitation and are offered a range of interventions and support to reduce the future risk of being sexually exploited. • Individuals sexually exploiting young people are investigated and prosecuted – number of prosecution outcomes, and, range of other Police disruption actions and outcomes are measured

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
Children are enabled to live within their birth family, where this is not possible children are assisted to develop an attachment to a permanent and stable carer	• Secure and stable attachment to a primary care giver • Recruitment of sufficient high quality placements to meet the needs of adopted and looked after children • Carers including kinship carers are provided with high quality training to enhance their skills in order to meet the needs of complex children and young people. • Young people who have developed strong attachments to their foster carers are enabled to remain with them into adulthood through the 'Staying Put' initiative	• Children's Permanence Policy • Adoption Regionalisation Initiative	Corporate Parenting Board	• Children and young people live in safe, stable and appropriate homes or families with their brothers and sisters when this is in their best interests. They move only in accordance with care plans, when they are at risk of harm or are being harmed. They do not live in homes that fail to meet their needs and they do not move frequently. • There are sufficient adoptive and foster placements to meet the needs of children in care • Children and young people have appropriate, carefully assessed and supported contact with family and friends and other people who are important to them • Children and young people are helped to develop secure primary attachments with the adults caring for them. Where there are identified barriers to this children and carers are provide with therapeutic services to help strengthen and maintain these attachments. • An increasing proportion of children in foster care remain with their carers via 'Staying Put' agreements • Gap between outcomes achieved by children and young people who are looked after compared with their peers is reduced
Children and young people with Special Educational Needs and/or	• Full participation of children & young people & their parents in decisions which impact on their outcomes and lives	• Implement the Education, Health and Care (EHC) integrated Pathway	Special Education Needs Reform Steering Group Chair – Head of Learning &	• Transfer of educational statements to EHC plans • Publicised Local Offer • Increase in achievement in line with statistical

disabilities achieve their full potential	• Collaborative working across Education, health and care • Accessible local offer • High expectations • Transparent & consistent pathway from the earliest point throughout adulthood	• Aiming High • Sefton Threshold and eligibility criteria	Support Head of EIP	neighbours • Reduce fixed term exclusions in specialist provision • Safe and planned transition arrangements to adult health and social care • Active participation of children, young people and parents in the design and development of the SEND reforms
Key objectives	**Protective factors - strengthen 'protective factors' from the evidence base**	**Strategies to be delivered**	**Responsible Lead**	**Measureable outcomes**
Secure and sustain better all-round outcomes for babies and young children which narrows the gap between vulnerable children and others	• Early intervention for pre-birth to 2 to prevent neurological harm and developmental delay • Good and outstanding early years settings	• School Readiness Framework • Five to Thrive • 2 year old offer • Troubled Families	Head of EIP	• User feedback from children, parents and families alongside active engagement in service design • High levels of take up across universal early education entitlements at ages 2,3 and 4 • Affordable Childcare places and sufficiency – right number in right place • Upward trajectory in EYFS profile data for all children but especially the most vulnerable across prime and specific areas • Confident, resilient parenting and improved family relationships • Positive impact on home learning environments • Increased number of early education and care settings achieving good and outstanding Ofsted judgments • Health outcomes across Healthy Child Programme and Two Year Old Integrated Review • Highly qualified and confident workforce demonstrating increased capacity and

				capability • Targeted Early Help services available and well used locally, demonstrating impact for most vulnerable families • Effective and well-coordinated services for babies and children with additional and complex needs

Priority 4 - Ensure positive emotional health & wellbeing of children & young people

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.	• Participation in positive activities • Education /Training Participation • Economic Wellbeing • Positive Parenting • Whole Family / Whole Person approach • Positive social relationships • Understanding potential negative impacts of social media/E safety • Workforce and Care givers model positive emotional wellbeing behaviours • Parents foster positive attitudes and behaviours • Being well connected families and not isolated	• The Health and wellbeing strategy • The Early Help strategy • Troubled Families • Youth Offer • Public health plans around emotional health • Integration plans for joint care planning • Sefton LSCB Business Plan • Work Place wellbeing charter • MSLC (Maternity Liaison Committee) • Family Planning • The Wider determinants all age Mental Health Strategy • The Wider Determinant forum • Children's Centre & School Readiness Plans • Suicide Prevention strategy • Local Transformation Plan	• Health & Wellbeing Board • Early Intervention & Prevention Lead • Public Health • CCG and SMBC social care leads • Sefton LSCB Business Manager • Sefton CVS/Public Health • PH won't be leading this going forward – all partners will support • Wider Determinants Mental Health Task Group Lead (SMBC) • Wider Determinants Forum Chair • Early Intervention & Prevention Lead (Sefton MBC) • Public health	• Fewer children and families negatively impacted by poverty – Child poverty measures • Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles – obesity, school attendance, school nurse data • Fewer people taking risks with their sexual health – ISIS interventions and prescription rates • Fewer young people involved in crime – Business intelligence/Safer communities partnership DAT • Children and young people are safer in their communities and on line – anti bullying strategy action plan • Organisations with Work Place Wellbeing Charter Accreditation – CVS and Public

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
				• Health Equity Audit • Access to family planning and maternity care • Early Years Foundation data (Kate Race Bray) • Parental suicide trends
Improve access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health	• Families having easy access to information and support services at the right time and place • Understanding gender inequalities/stereotyping and impact on emotional health of wellbeing for males and females	• The Wider determinants all age Mental Health Strategy • Children & Young Peoples Emotional Health & Wellbeing Strategy • The Suicide Prevention Strategy • Local Transformation Plan	• SMBC Wider Determinants Mental Health Task Group Lead (Sefton MBC) • Children's Emotional Health and Wellbeing Sub Group Lead (Sefton CCG) • SMBC Mental Health Lead - Public Health – not sure PH future role in this	• Fewer unplanned hospital admissions and re-admissions relating to self-harm - CCG • Improved emotional wellbeing of children, young people and families – Commissioned services data e.g. Alderhey/CAMHS services • Improved quality of life for individuals with progressive conditions - Commissioned services data e.g. Alderhey/CAMHS services • Use/access to range of services available across the sectors • Youth voice – longitudinal studies of young people's experiences over 5 years (Young Advisors/Health Watch)

Key objectives	Protective factors - strengthen 'protective factors' from the evidence base	Strategies to be delivered	Responsible Lead	Measureable outcomes
Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues.	• Positive attachments in families	• The Carers Strategy • Five to thrive for all (0-5, adolescents and adults) • 5 ways to wellbeing • Children & Young Peoples Emotional Health & Wellbeing Strategy • The Wider determinants all age Mental Health Strategy • MSLC (Maternity Services Liaison Committee)	• Social Care Leads (Sefton MBC) • Early Intervention & Prevention Lead (Sefton MBC) • Children's Emotional Health and Wellbeing Sub Group Lead (Sefton CCG)	• Improved quality of life and experience for carers – PSS young carers data • Parents will have the skills, support and infrastructure to enjoy being parents – Children's centre data • More children ready for school – 2YO and 3YO offer • Early Years Foundation data • Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review – example of practice where we've used this • Maternity Health Equity Audit

Glossary

Term	Explanation
Acute Services	Where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery
BME	Black and Minority Ethnic.
CAF	Common Assessment Framework which underpins Early Help support
CAMHS	Child and Adolescent Mental Health Services.
Child in Need	A child is in need if they require services from the local authority to help keep them safe and well.
Child Protection Plan	A plan for children who are at risk of neglect or abuse, which sets out what actions, will be put in place to keep them safe.
Children in care	Children who are under the care of the local authority.
Children's Trust	The local partnership which brings together the organisations working for, and with, children, young people and families.
Clinical Commissioning Groups	Groups of local doctors and other health professionals who have been responsible for planning, designing and buying – known as 'commissioning' – the majority of local health services since April 2013.
Corporate Parent	The role of the Local Authority in looking after children in care.
CYPP	Children and Young People's Plan. The overarching strategy for the Children's Trust.
Designated Teacher	The teacher within each school who is responsible for promoting the educational achievement of children and young people in care.
Duty to co-operate	The requirement for local authorities and relevant partners to co-operate to improve the well-being of children and families, as set out in the Children Act 2004. Relevant partners include health authorities, YOT, police, Job Centre Plus, schools, academies and colleges.
Early help	Targeted support to prevent poor outcomes for children, young people and families. This includes preventing difficulties from happening in the first place and mitigating the impact when things do happen to reduce the potential of repeat or relapse.

Term	Explanation
Early Life Forum	Forum of the Health and Wellbeing Board that includes the *delivery arm* of the Children's Trust at a local level.
Early Years Foundation Stage	The framework for learning and development for children aged 0-5 years old.
Families with multiple problems (also known as 'troubled families')	Families experiencing at least two of the following factors related to poor outcomes; crime and anti-social behaviour; poor school attendance; children in need; adults not in work or at risk of financial exclusion, domestic violence and abuse and parents or children with a range of health problems.
Family Nurse Partnership	A preventative programme for young first time mothers, offering intensive and structured home visiting, from early pregnancy until the child is two.
Foster carer	Someone who looks after children when they are unable to remain with their own families.
Hampshire County Youth Conference	A group of young people who influence local decision making.
Health and Wellbeing Board	A group of key leaders from the health and care system, who work together to improve the health and well-being of the local population.
Healthy Child Programme	Sets out the recommended framework for health services for children and young people aged 0-19 years old.
Healthy School	A school that promotes physical and emotional health by providing information and equipping pupils with the understanding, skills and attitudes to make informed decisions about their health.
Health and Wellbeing Strategy	The strategy of the Health and Well-being Board, setting out how health outcomes will be improved and informing decisions on how Clinical Commissioning Groups allocate resources.
Independent Reviewing Officer	Independent social workers who review children and young people's cases to make sure that plans for children in care, or those with Child Protection Plans, are being implemented.
Initial assessment	An assessment by a social worker to see if a child is at risk.
NEET	Not in education, employment or training.
Ofsted	Inspects and regulates providers of services for children and young people, including children's centres, schools and local authorities.

Term	Explanation
Referral	When someone tells the Local Authority that they are concerned about a child or young person.
Safeguarding	Protecting children and young people from abuse or neglect.
Sefton Safeguarding Children Board (SSCB)	The partnership responsible for co-ordinating and ensuring the effectiveness of local agencies in safeguarding and promoting the welfare of children.
SEN	Special Educational Needs; the term used to describe when children and young people have learning difficulties and/or disabilities that make it harder for them to learn or access education than most children of the same age.
Triple P	Positive Parenting Programme.
UNCRC	United Nations Convention on the Rights of the Child - an international human rights treaty that grants all children and young people a set of rights.
Universal services	Services that are available to all.
Virtual school	The team of people at a local authority who work with schools, social workers and carers to improve the educational achievement of children in care.
Working Tax Credit	A benefit payment for people who are working and on a low income.
YOT	Youth Offending Team; the multi-agency team co-ordinating the work of youth justice services.

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2016

Agenda Item: 16/12	**Author of the Paper:**
Report date: January 2016	Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7006

Title: Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

Summary/Key Issues:

Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21 was published on 22nd December 2015. This sets out a requirement for CCG's to develop;

A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

The guidance places a real emphasis on speed of transformation in priority areas in an effort to build the necessary momentum on prevention and re-designed care.

Recommendation

Receive	x
Approve	x
Ratify	

The Governing Body is asked to:

(i) receive this summary for information;
(ii) approve the approach and delegate authority to the relevant SLT members, to enable the required submission timetable to be met.

16/12 Planning Guidance

Links to Corporate Objectives	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Links to National Outcomes Framework	
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 Governing Body
January 2016

1. Introduction

1.1 This paper provides a summary derived from the latest planning guidance, "Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21", which was published on 22nd December 2015. This sets out a requirement for CCGs to develop:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

1.2 The guidance places a real emphasis on speed of transformation in priority areas in an effort to build the necessary momentum on prevention and re-designed care.

2. Place-based Planning

2.1 The guidance describes the need for CCG's to focus plans on meaningful footprints that are sensible for our population that overcomes more traditional geography based on organisational structures. This place-based approach should be underpinned and driven through system leadership to:

- Enable local leaders to come together as a team;
- Build a shared vision with the local community and local government;
- Programme specific work and activity to make change happen;
- Delivery against plans;
- Learning and adaptation from successes and failures.

2.2 As a truly place-based plan, the STPs must cover all areas of CCG and NHS England commissioned activity including:

(i) **Specialised services:** where the planning will be led from the 10 collaborative commissioning hubs; and
(ii) **Primary medical care**: from a local CCG perspective, irrespective of delegation arrangements. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

3. Proposed Place-based Planning Footprints

3.1 From the perspective of South Sefton CCG and Southport & Formby CCG the proposed footprints are set out in the table overleaf:

Tier	Footprint	Construct
1	Cheshire & Merseyside	Specialised Services (Cancer, Neurology, Maternity)
2	Liverpool City region	Southport & Formby CCG South Sefton CCG Liverpool CCG Knowsley CCG Halton CCG
3	West Lancashire Southport & Formby South Sefton Liverpool	Urgent Care Planned Care
4	Sefton	Sefton Metropolitan Borough Council
5	Southport & Formby South Sefton	Acute Provider: Aintree university Hospitals Foundation Trust Southport & Ormskirk Hospital Trust

3.2 The guidance provides a clear indication that STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. This step is intended to reduce bureaucracy and help with the local join-up of multiple national initiatives.

3.3 The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. The process will be iterative and be based upon:

(i) **Quality of plans:** particularly the scale of ambition and track record of progress already made. The best plans will have a clear and powerful vision. They will create coherence across different elements, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically borrow good practice from other geographies, and adopt national frameworks;

(ii) **The reach and quality of the local process:** including community, voluntary sector and local authority engagement;

(iii) **The strength and unity of local system leadership and partnerships**, with clear governance structures to deliver them;

(iv) **Confidence:** that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

What CCG's need to do!

7 Day Services

3.4 CCG Plans are expected to address the need for seven day services such that;

- by March 2017, 25 percent of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week;

- 20 percent of the population will have enhanced access to primary care. There are three distinct challenges under the banner of seven day services:

  (i) Reducing excess deaths by ***increasing the level of consultant cover and diagnostic services available in hospitals at weekends***;
  (ii) Improving access to out of hours care by achieving ***better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services*** to enhance the patient offer and flows into hospital; and
  (iii) Improving ***access to primary care at weekends and evenings*** where patients need it by increasing the capacity and resilience of primary care over the next few years.

3.5 CCG's will need to reflect this in their 2016/17 Operational Plans, and all areas will need to set out their ambitions for seven day services as part of their STPs.

3.6 **The nine 'must dos' for 2016/17 for every local system:**

1. Develop a high quality and agreed **STP**, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the **Forward View**.

2. Return the system to **aggregate financial balance**. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through **implementing the Right Care programme in every locality**.

3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.

4. Get back on track with **access standards for A&E and ambulance waits**.

5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**, including offering patient choice.

6. Deliver the NHS Constitution **62 day cancer waiting standard**, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving **one-year survival rates** by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

7. Achieve and maintain the **two new mental health access standards**: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia.

8. Deliver actions set out in local plans to transform care for people with **learning disabilities**, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.

9. Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of **avoidable mortality** rates by individual trusts.

3.7 ***New care models*** will feature prominently within STPs. In addition to existing approaches, in 2016/17 there will be the opportunity to trial two new specific approaches:

- Secondary mental health providers managing care budgets for tertiary mental health services; and
- The reinvention of the acute medical model in small district general hospitals;
- The CCG's will need to consider if it wants to express an interest in working with NHSE on these by 29th January 2016.

4. Operational Plan for 2016/17

4.1 All plans will need to demonstrate:

- How they intend to reconcile finance with activity (and where a deficit exists, set out clear plans to return to balance);
- Planned contribution to the efficiency savings;
- Plans to deliver the key must-dos;
- How quality and safety will be maintained and improved for patients;
- How risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan; and
- How they link with and support with local emerging STPs.

4.2 The 2016/17 Operational Plan should be regarded as year one of the five year STP, and we expect significant progress on transformation through the 2016/17 Operational Plan.

5. Allocations

5.1 In line with strategic priorities, overall primary medical care spend will rise by 4-5 percent each year.

5.2 Specialised services funding will rise by 7 percent in 2016/17, with growth of at least 4.5 percent in each subsequent year. The relatively high level of funding reflects forecast pressures from new NICE legally mandated drugs and treatments.

5.3 To support long-term planning, NHS England has set firm three year allocations for CCGs, followed by two indicative years. For 2016/17, CCG allocations will rise by an average of 3.4 percent, no CCG will be more than 5 percent below its target funding level.

6. Returning to Financial Balance

6.1 During 2016/17 the NHS trust and foundation trust sector will, in aggregate, be required to return to financial balance. £1.8 billion of income from the 2016/17 Sustainability and Transformation Fund will replace direct Department of Health (DH) funding. The distribution of this funding will be calculated on a trust by trust basis by NHS Improvement and then agreed with NHS England.

6.2 Quarterly release of these Sustainability Funds to trusts and foundation trusts will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation.

7. Measuring Progress

7.1 CCG progress will be assessed through a new CCG Assessment Framework. NHS England will consult on this in January 2016, and it will be aligned with this planning guidance. The framework is referred in the Mandate as a CCG scorecard.

8. Timetable

8.1 The timetable for building the 2016/17 plans is set out below.

Table 1.0

Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	By 22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	January/February 2016
Publish National Tariff	March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

9. Enhancing the CCG Plans to meet the STP Requirements

9.1 While the CCG has a clearly described strategic plan, with priorities, the planning requirement for 2016/17 require a further iteration of the CCG plans to be undertaken. Some of this will simply need the CCG to describe its plans under headings and categories set out in the planning guidance.

9.2 Some of the transformational work that the CCG is undertaking cuts across many of the "identified elements" set out in the guidance. This will require the CCG to consolidate existing work such that a more comprehensive plan can be described which satisfies the national planning headings and requirements.

9.3 The planning guidance has also identified new and additional priority areas, where the CCG has been less focused on. The CCG will need to consider how to build coherent plans in these areas, which compliment existing work and do not create or require additional structures to support delivery.

9.4 In an effort to support the CCG in building on existing plans and meet the additional planning requirements, a stock-take of existing transformation work needs to be undertaken. The table below is derived from the planning guidance and will assist in enabling a quick assessment of existing work and gaps. This can then be used to enhance relevant strategic blueprints and programmes, without the requirement to create additional structures.

Table 2.0 Assessing the CCG Plans and Alignment with Planning Guidance

Planning Requirement	Identified Elements	CCG Lead	Current CCG Status	Additional work required to Enhance CCG Plans
Placed Based	Prevention			
	Self-care	Tracy Jeffes		
	Patient empowerment	Tracy Jeffes		
	Workforce			
	Digital	Martin McDowell		
	Finance	Martin McDowell		
New Care Models	Urgent Care?			
	Locality?			
	Primary Care?			
	New organisational?			

10. Conclusions

10.1 The CCGs are well placed to augment the existing Strategic Plan such that it will be in line with the latest planning guidance.

10.2 Some areas of the current strategic plan will need to be enhanced with additional focus to meet the criteria and must do's set out in the guidance.

10.3 The CCGs are already reviewing existing plans against the guidance to clearly understand alignment and identify any gaps.

10.4 The likely footprint for the CCGs will be based upon the Liverpool City Region.

11. Recommendations

11.1 The CCG is requested to receive and note the detail contained in the planning guidance and it relevance to the existing strategic plan.

11.2 Support the current work that is focused on a stock-take of existing plans to identify alignment and any gap areas that need to be addressed.

11.3 Requested to provide delegated authority to the relevant individuals, within the Senior Leadership Team, to meet the deadlines set out in this paper.

11.4 Be assured that Governing Body members and the Senior Leadership Team will be involved and briefed on planning requirements, changes and iterations as progress is made through the prescribed timetable. All relevant forums will be utilised for this purpose.

Planning Requirement	Identified Elements	CCG Lead	Current CCG Status	Additional work required to Enhance CCG Plans
Engagement	Community Involvement	Tracy Jeffes		
	Voluntary Sector Involvement	Tracy Jeffes		
	Local Authority Engagement	Tracy Jeffes		
Supporting Governance Structures	HWBB SMO Blueprints	Tracy Jeffes Karl McCluskey		
Actions, milestones, timetable	SMO Framework	Fiona Doherty		
7 day working	Consultant Reviews			
	Diagnostic Access			
	Urgent Care Model (OOH, WiC, 111)	Steve Astles Billie Dodd		
	Primary Care at Evenings and Weekends	Jan Leonard		
Financial Recovery	5 Year Plan Linked to activity Rightcare Based	James Bradley Becky Williams Fiona Doherty		
Primary Care	Quality	Jan Leonard		
	Sustainability	Jan Leonard		
A&E	4 hour wait performance	Steve Astles Billie Dodd		
	Ambulance turnaround times	Malcolm Cunningham		
Diabetes	National Prevention Programme	Sharon Forrester		
Obesity	Children	Peter Wong		
	Adults			

Planning Requirement	Identified Elements	CCG Lead	Current CCG Status	Additional work required to Enhance CCG Plans
NHS Constitution Standards	62 day Cancer Waits	Sarah McGrath		
	Diagnostic Capacity			
	2 Week Waits			
	31 day Waits			
	1 yr survival rate			
Mental Health	>50% of Pts with first diagnosis of psychosis commence a NICE approved package of care within 2 weeks	Gordon Jones		
	75% target for IAPT			
	IAPT 6 week target			
	IAPT 95% treatment within 18 weeks			
	Dementia Diagnosis Rate			
	Learning Disabilities			

Karl McCluskey
Chief Strategy and Outcomes Officer
January 2016

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2016

Agenda Item: 16/13	**Author of the Paper:**
Report date: January 2016	Karl McCluskey Chief Strategy & Outcomes Officer Email:karl.mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7006

Title: Shaping Sefton Update

Summary/Key Issues:

This paper provides a briefing and overview in relation to the key strategic blueprints as part of the strategic plan.

Recommendation

The Governing Body is asked to receive the report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Links to National Outcomes Framework	
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 Governing Body
January 2016

1.0 Introduction

1.1 This paper provides the Governing Body with a short update on the Shaping Sefton Transformation Plan, as part of the overall CCG Strategic Plan.

2.0 Primary Care Blueprint

2.1 South Sefton

Current progress on primary care within South Sefton largely relates to new models of care. Several factors are providing imminent opportunities to consider new models of care to improve outcomes, and redesign services across Sefton:

- Partnership working to develop ideas on primary care transformation via Shaping Sefton events;
- 9 APMS contracts are due for procurement by March 2017;
- Local Quality Contract – the frail elderly scheme encourages practices to consider the workforce needed to deliver care to an elderly population, and skill mix required within the practice, and recognises frailty as a long term condition for proactive case finding and management;
- Community services are being procured by March 2017, to ensure they support general practice in optimising clinical care and management of patients in the community setting;
- Investment in telehealth/clinical triage;
- Redesign of Litherland Walk-in Centre to provide GP led urgent care services;
- The opportunity to increase the level of co-commissioning from level 1 to level 2, allowing for more involvement by the CCG;
- Greater investment available through Primary Care Infrastructure and Transformation Funds;
- Consideration of a Medical Director role to support ongoing developments. The business case for this is scheduled for consideration at the next QIPP meeting.

2.2 Southport and Formby

- Partnership working to develop ideas on primary care transformation via Shaping Sefton events;
- 2 APMS contracts are due for procurement by March 2017;
- Local Quality Contract – the frail elderly scheme encourages practices to consider the workforce needed to deliver care to an elderly population, and skill mix required within the practice, and recognises frailty as a long term condition for proactive case finding and management;
- Community services are being procured by March 2017, to ensure they support general practice in optimising clinical care and management of patients in the community setting;
- Investment in telehealth/clinical triage;
- Programme of work to develop collaborative working;

- Roving GP and community GPSIs to enable frail elderly patients to remain in their usual place of residence where appropriate;
- The opportunity to increase the level of co-commissioning, allowing for more involvement by the CCG;
- Greater investment available through Primary Care Infrastructure and Transformation Funds;
- Recent formation of a federation;
- Appointment of Band 7 to support primary care commissioning and support exploration of new care model;
- Pending recruitment to Medical Director Role in support of re-design.

3.0 Unplanned Care and Community Care Blueprints

South Sefton Update

3.1 The Virtual Ward has been rolled out across all localities in South Sefton. Community Urgent Care is now in place and responding to GP referrals, and has capacity to receive further referrals, avoiding unnecessary attendance and admissions. The CCG is supporting the provider in promoting services across the localities. Community services are all fully staffed and there are currently no local vacancies.

3.2 The Care Home Improvement Programme (CHIP) telehealth project has been rolled out to all care homes apart from one home. Care home matrons have been recruited for each locality and are proving effective in supporting Primary Care. The CCG is currently reviewing data to understand the schemes impact on hospital attendances, but early indications are very encouraging. The CCG are still in discussions with Aintree Hospital regarding a review of their Frailty Pathway with the proposed focus being on direct admissions.

3.3 The Trust Development Authority (TDA) has confirmed that the transaction process that will conclude with the acquisition of Liverpool Community Health by a new provider, will be an "NHS only" procurement led by the TDA. A Transaction Board has now been established comprising relevant stakeholders to oversee the programme of work that will be completed by April 2017. This Board is supported by a number of key work streams, including a clinical forum that will lead on the development of specifications.

3.4 The first meeting of the Board took place on 11th November 2015.

Southport and Formby Update

3.5 The Trust has identified new Acting Director of Operations for Community services and is now in post. The CCG is discussion with the Trust how to ensure we receive assurance on progress against community services. The Trust is reviewing their governance structures to reflect plans for facing the future together to provide assurance to the CCG. Trust recruitment is targeting local, European and international recruitment to address vacancies. To date 25 nurses have been recruited, with further 82 nurses currently on pre-employment phase of the appointment process.

3.6 Joint work on capacity and demand has progressed with the CCG and the ICO, which is contributing to the direct work of the SRG for Southport & Formby.

3.7 The Community Services Procurement Steering Group, that will oversee the procurement in Southport and Formby has now been established and is supported by a number of work streams including a specification development group. This group was established so that there is a clinically led forum for the development of outcome based transformational specifications. Critically, the CCG has secured evidence support services as part of that process, so that clinicians and other leads can explore examples of good practice and examine supporting literature which will help ensure the development of transformational specifications.

3.8 The bidder day for Southport and Formby bidder day took place on the 18th November 2015.

4.0 Intermediate Care Blueprint

South Sefton

4.1 The Governing Body will recall that in September 2015, authority was given to pursue a procurement exercise for the provision of intermediate care beds. The bidding process closed in December and unfortunately, the exercise failed to deliver any viable bidders.

4.2 The delivery of the fully integrated team across health and social care, including third sector colleagues, was planned for July 2016. Unfortunately, due to the TDA acquisition process, it has been necessary to postpone the decommissioning of Ward 35 until 2017, which impacts upon our ability to effect the desired integration before that time. Consideration is now being given to the impact of these events on our longer term plans for intermediate care and whether our strategy may now require some redesign.

Southport and Formby

4.3 The Leadership Team, with delegated authority from the Governing Body, approved the purchase of additional intermediate care beds for a 12-month period to progress the Admission Avoidance and Transition from Hospital Scheme. However, upon analysis of the incumbent costs associated with developing the CERT team to support this service, in the absence of a pooled budget for health and social care in Sefton and given the CCG's challenging financial position, the decision was made that progressing with the scheme at this time presents too significant financial risk to the CCG. This position remains under constant review.

5.0 Mental Health Blueprint

5.1 The CCGs have developed and agreed a set of joint strategic working principles with Merseycare, following a combined workshop held in December. These are derived and based upon a common language and understanding which is complementary to both the CCG's and Merseycare's strategic plans. Following the workshop a common set of priorities have been developed and agreed in an effort to focus joint working. These priorities have agreed delivery timetables and outcomes against which we will be progressing our transformation work together.

5.2 In addition, discussions have taken place with Liverpool CCG, with a view to establishing a joint commissioning framework with South Sefton and Southport & Formby CCG in relation to Merseycare. Liverpool CCG are very supportive and work is on-going now to move to operating against this new framework in support of aligned and co-ordinated commissioning.

5.3 South Sefton, Southport & Formby CCGs in conjunction with Liverpool CCG has also reviewed their collective mental health priorities and transformation programmes. Agreement has been reached to develop a single transformation structure to advance the identified priorities and transformation work.

5.4 in addition to the above a selection of specific service lines have been identified for joint work with Merseycare in terms of cost of current service contract, specification, activity and demand and future service requirements.

6.0 Conclusion

6.1 The Governing Body is asked to note the progress under the respective strategic blueprints, recognising that more detailed performance is contained within the Integrated Performance Report.

Karl McCluskey
Chief Strategy and Outcomes Officer
January 2016

NHS
Southport and Formby
Clinical Commissioning Group

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MEETING OF THE GOVERNING BODY
January 2016

Agenda Item: 16/14	**Author of the Paper:** Debbie Fairclough Programme Director Email: debbie.fairclough@cmcsu.nhs.uk Tel: 07824 608 578
Report date: January 2016	

Title: Community Services Procurement Update

Summary/Key Issues:

The Community Services Procurement programme is progressing as per the prescribed timescales.

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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				

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 Governing Body
January 2016

1. Summary Update

The Community Services Procurement programme is progressing well and in accordance with the timescales set out in the procurement plan.

The steering group, that has overall responsibility for the delivery of the programme is meeting regularly and is supported by a number of key work streams including; finance and estates, communications and engagement, ICT and a bespoke procurement work stream to oversee the technical elements of the entire procurement and ensure compliance with relevant laws and guidance.

A major work stream that supports the steering group is the Specification Development Group. This group comprises clinicians, CCG service leads and other relevant officers who have been working on the development of transformational specifications that will be put out to the market.

The group is supported by the Knowledge and Library service from the NWCSU who have provided a significant amount of research and best practice evidence to support the development of those specifications. Patient experience data and information gathered from engagement and consultation processes is also being used as part of this process.

The PQQ process has now concluded and 8 bids were received on 15th January.

Leads are now focusing on the development of the Invitation to Tender documentation and associated evaluation process.

Debbie Fairclough
January 2016

REPORT TO THE GOVERNING BODY
JANUARY 2016

Agenda Item:	**Author of the Paper:** Name Karl McCluskey Title Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 01512477000
Report date: January 2016	

Title: **Southport and Formby Clinical Commissioning Group Integrated Performance Report**

Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source).

Recommendation

The Governing Body is asked to receive this report by way of assurance.

Receive	x
Approve	
Ratify	

	Links to Corporate Objectives *(x those that apply)*
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

NHS
Southport and Formby
Clinical Commissioning Group

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at November 2015 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	**CCG**	**Main Provider**
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
PROM: Elective procedures: Groin Hernia		SORM
PROM: Elective procedures: Hip Replacement		SORM
PROM: Elective procedures: Knee Replacement		SORM
PYLL Person (Annual Update)		
RTT 18 Week Admitted Pathway		SORM
RTT 18 Week Non Admitted Pathway		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM

Key Information from this report

Financial Performance - The forecast financial position after the application of reserves is break-even against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and 'in year' pressures against operational budgets. The forecast position has deteriorated further in the month. The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. The CCG's financial position is now critical and immediate action is required to reduce expenditure in all aspects of the CCG's operations to enable delivery of the management action plan to return the CCG to a break-even position

Referrals – Whilst GP referrals are up 10% on the previous year (to date) the increase has reduced compared to previous months. Clinical discussions regarding referral management took place at the December Governing Body development session.

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 93.17% (November achieving 92.19%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 93.59% year to date (with November achieving 91.41%) again failing the year to date target. Actions being taken to improve the situation are an interim A&E General Manager has recently been appointed who has produced a plan which aims to hit the target by the end of December.

A&E Waits (Type 1) - The CCG failed the 95% target in November reaching 86.68% and are failing year to date reaching 90.69%. In November 265 attendances out of 1989 Were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in November reaching 86.67%, and are failing year to date reaching 88.95%. In November month 847 attendances out of 6356 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG failed Category A Red, 2 recording 68.89% year to date against a 75% target. And also Category 19 Transportation recording 89.59% year to date also failing the 95% target. NWAS have achieved Category Red 1 year to date but are failing Red 2 year to date achieving 74.50% and are failing the 95% target for Category 19 achieving 94..40%. The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Whilst overall demand in November, for NWAS was 4.3% higher than planned for and 6% for Southport & Formby CCG; that for the most time critical response times (Red) was 12.5% higher than plan for NWAS as a whole, but 14.5% higher than plan for Southport & Formby CCG. Together with the continuing lengthening of turnaround times, these levels of demand severely impacted upon NWAS's performance against the response time targets, during the month. Average turnaround times at Southport Hospital were one of the longest of any Cheshire & Merseyside Hospitals in November at almost 34 mins on average. Additional capacity has also been created due to extra ambulance available in the Southport area.

Cancer Indicators – For October the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms which is achieving 87.67% year to date against a target of 93%, in October all 8 out of 73 patients breached the target, these were due to patient choice. Also 62 day consultant upgrade achieving 82.29% year to date, and are under plan partly due to previous months breaches. In October there were 2 patients breaches out of a total of 11 (81.82%). Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing year to date achieving 72.22% failure due to previous month breaches. In October all patients were treated within 62 days following a referral from an NHS Cancer Screening Service (100%).

Diagnostics – The CCG failed to achieve the <1% target in November hitting 2.36% waiting over 6 weeks for their diagnostic test. 50 patients waited over 6 weeks for their diagnostic tests, 49 waited between 6 and 13 weeks, and 1 patient over 13 weeks.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 1574.77 with November showing a value of 1696.32. Compared with the same period last year the CCG has had 230 less admissions than same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in recommended for inpatients.

Measure – November 2015	Southport & Ormskirk	England Average
Inpatient – response	21.6%	25.1%
Recommended	95%	96%
Not Recommended	2%	1%
A&E – response	2.6%	13.1%
Recommended	81%	87%
Not Recommended	11%	7%

HCAI – C difficile – Having 2 new cases reported in November the CCG are above target for C. difficile year to date, (actual 28 / plan 25). Year-end plan 38. Southport & Ormskirk had 3 new cases reported in November 2015 and are also above target (actual 26 / plan 24). Year-end plan is 36. Following appeals, 15 cases were upheld meaning Southport & Ormskirk are now below the threshold with 15 cases against a threshold of 24.

HCAI – MRSA – November saw no new cases of MRSA for the CCG. Southport & Ormskirk also had no new cases in November, however, there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. Completeion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit

IAPT Access – Roll Out – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.05% (plan 3.75%). This equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in November reaching 0.86%, out of a population of 19079, 165 patients have entered into treatment. There has been an increase on previous month when the trust reported 0.67%.

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q2 reaching 48.81%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. The monthly data shows for November the CCG are under plan for recovery rate reaching 38.32%. This equates to 41 patients who have moved to recovery out of 107 who have completed treatment, this is similar to the previous month when the trust reported 38.16%.

MSA – In November the CCG reported 0.50 breaches per 1000 FCE, which was 5 breaches, this is above the target and as such are reporting red for this indicator the fourth time in 2015-16. In November Southport & Ormskirk Trust reported 1.10 breaches per 1000 FCE, which was 6 breaches, this is above the target and as such are also reporting red for this indicator for the fourth time in 2015-16. The trust has had 27 breaches year to date. Provider comments report all the current breaches were in ITU due to bed pressures. An Action plan is in place to open a new ward for medically fit to

discharge. This has been agreed with commissioners. Further actions are in place to reduce A&E pressures.

RTT 18 Weeks – Admitted patients - This indicator is monitored at local level against the previous statutory target of 90%, November saw the CCG just under plan at 89.29%. This equates to 83 patients out of 693 not seen within 18 weeks. Southport & Ormskirk are currently just under plan at 89.14%. This equates to 104 patients out of 854 not seen within 18 weeks.

RTT 18 Weeks – Non Admitted patients – This indicator is also monitored at local level. The CCG have failed the 95% target reaching 93.50%. This equates to 215 patients out of 3095 not seen within 18 weeks. In November Southport & Ormskirk failed to achieve the target of 95% achieving 92.74%. This equates to 357 patients out of 4920 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

Patient Safety Incidents Reported – Southport & Ormskirk reported 2 Serious Untoward Incidents in November, bringing the year to date total to 77. Of the 2, 1 was a pressure ulcers grade 3 and 1 was failure to act upon test results.

PROMS – Patient reported outcomes measures for elective procedures: **Hip replacement** – Provisional data (Apr14 – Mar15) shows the CCG reported 0.422 for average health gain following a hip replacement which is slightly lower than the previous year (0.419) and under plan (0.429), and failed to achieve a score higher than the England average which is 0.440.
PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

Stroke 90% time on stroke unit – The CCG failed to achieve the 80% target in November hitting 62.50%, 15 out of 24 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in November reaching 47.20%, 17 patients out of 36 spending at least 90% of their time on a stroke unit. The stroke target was missed due to ongoing problems with bed pressures on the stroke ward which is not yet a dedicated stroke unit. From December the stroke ward will be a dedicated stroke unit of 22 beds with processes in place to address bed pressures elsewhere. There has been a delay in implementing this due to problems of relocating telemetry equipment which have recently been resolved.

2. Finance Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31st December 2015 (Month 9). The forecast financial position after the application of reserves is break-even against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and 'in year' pressures against operational budgets. These pressures are partly supported by a release of reserves and through non-recurrent benefits.

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan. The forecast position has deteriorated further in the month, and prior to the impact of management actions stands at a forecast deficit of £1.843m. This position reflects the full application of penalties, currently estimated at £0.700m for the year.

The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. The CCG's financial position is now critical and immediate action is required to reduce expenditure in all aspects of the CCG's operations to enable delivery of the management action plan to return the CCG to a break-even position.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.374m	£4.424m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

Note this is the financial position after reserves and reflects the final position before risks and mitigations

2.1 Resource Allocation

Additional allocations have been received in Month 9 as follows:

- Liaison Psychiatry - £0.031m
- CAMHS Transformation funding - £0.136m
- IAPT Waiting list - £0.016m
- Quality Premium award - £0.044m

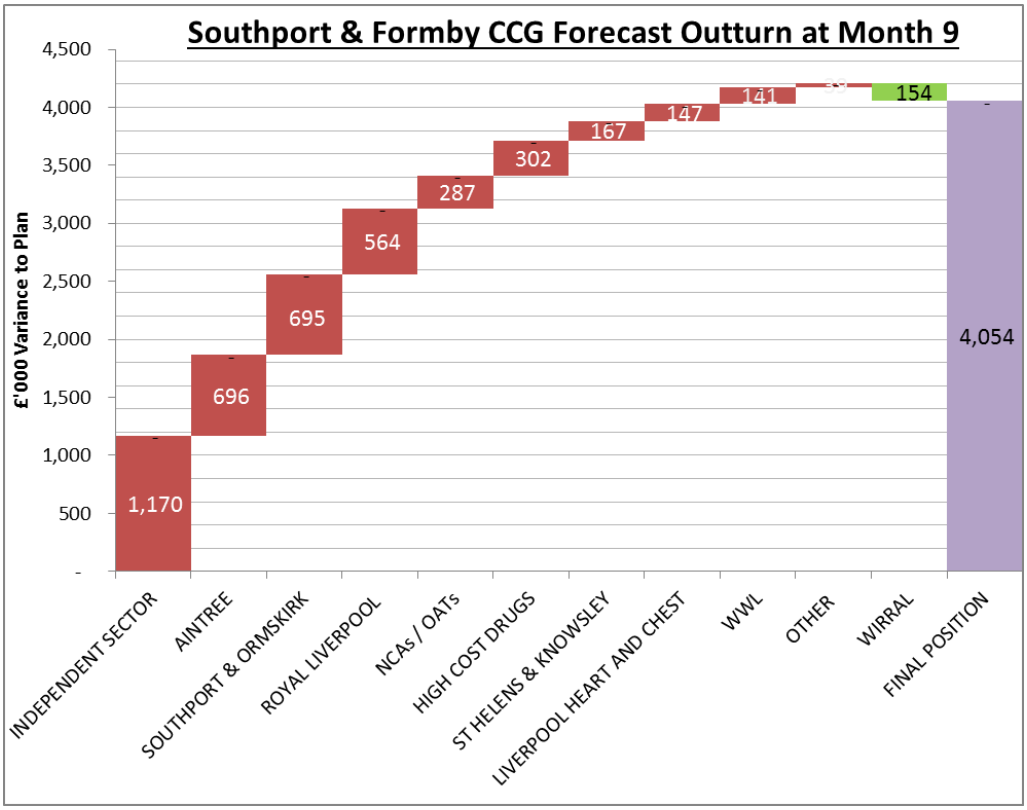
All of these allocations are non-recurrent and are expected to be utilised within this financial year.

2.2 Financial Position and Forecast

The majority of the overspend is with Independent Sector and Acute providers.

The financial activity period relates to the end of December 2015, the CCG has based its reported position on the latest information received from Acute Trusts which is up to the end of November 2015.

Figure 2 Forecast Outturn at Month 9



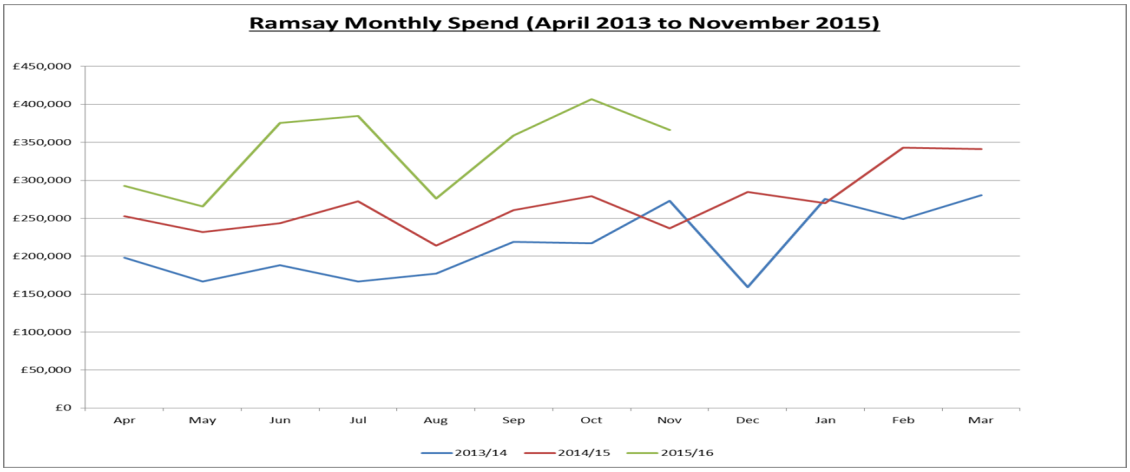
Independent Sector Providers

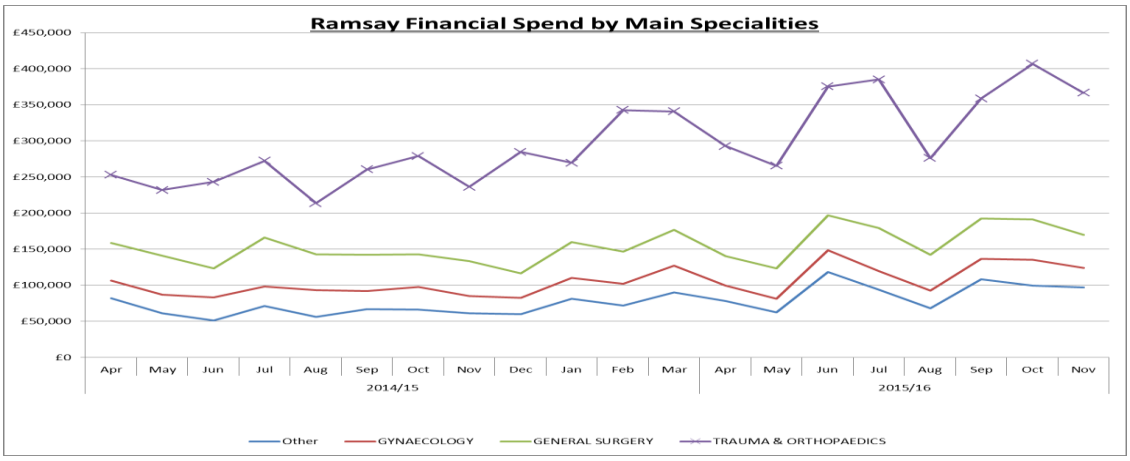
The forecast overspend for independent sector providers is £1.170m, compared with an opening budget of £4.482m and represents a 26% increase compared with the previous year. The overspend has reduced during the month which reflects the trend experienced in the last financial year.

The majority of the overspend is with Ramsay Healthcare for Orthopaedic Surgery and General Surgery. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs in order to improve the patient pathway and reduce overall activity levels though a more effective use of the MCAS service.

Under the current arrangements, patients accessing independent hospitals are likely to complete their treatment well in advance of the 18 week target set out in the NHS Constitution. Whilst this is positive from both a patient experience and performance perspective, it is becoming increasingly difficult for the CCG to sustain this position in terms of affordability. Changes in referral patterns are required in both the short and long-term to address the financial affordability issue.

Activity trends for Ramsay Healthcare from April 2013 demonstrate consistent increases annually. October activity was the highest of any month since April 2013, whilst November has seen a decrease in activity. The graphs below show a split by specialty and demonstrate that Orthopaedic care is growing at the fastest rate compared to other specialties.





Acute commissioning

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is projecting an overspend of £0.695m. The position is based on Month 8 data received from the trust and reflects the full application of penalties.

Activity in November exceeded the plan, particularly in the area of A&E attendances, and planned inpatient care. The main variances to the plan to date are in the following areas:

- Emergency admissions (including short stay admissions) – over-spend of £0.110m (includes GPAU activity totalling £0.326m). This is consistent with the position reported last month indicating that emergency admissions in November were in line with the plan.

- Costs for A&E attendances in November were 13% higher than the plan, and are now 8% higher than the plan for the year to date. This is a continuation of a trend seen throughout the year. The year to date variance at month 8 is £0.201m.

- Outpatient care – Outpatient attendances are £0.245m higher than budget, with a marked shift from new and follow up attendances to outpatient procedures. This forecast variance has nearly doubled in the month. The contract calculated the expected shift to procedures based on coding

changes made by the Trust, which were informed to commissioners. However, this initial assessment has under-estimated the impact and there has also been a marked shift from single speciality outpatient appointments to multi-professional outpatient appointments, which appears to be a coding change that had not been formally notified to CCG's. Both the move to outpatient procedures and the shift in multi-professional coding are being challenged, and the CCG is working with West Lancashire CCG to conduct a formal review of these coding changes. It is expected that this review will report back in February.

- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Womens Hospital. The under-spend at Southport and Ormskirk is £0.156m. Although activity continues to be lower than plan on a monthly basis, the complexity assigned to patients for maternity pathway payments is higher than that assumed in the plan.

- Planned inpatient care – in the year to date, daycase activity is £0.225m higher than plan. This over-performance has increased in month 7, with overspends experienced in orthopaedic activity. In addition, elective activity has also moved to an overspend. Previously, this had been lower than plan up to month 7.

- AQP – AQP services have shown an increase in 2015/16, with audiology the main area of growth. Costs have risen by 54%, and the overspend stands at £0.103m. This area requires further investigation to review the terms and conditions of existing contracts, and should be considered as part of any future QIPP programme.

Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.696m, showing an increase of £0.124m, compared with the previous month. The majority of the overspend relates to growth in outpatient activity and ARMD activity but there are also overspends in elective care, excluded drugs and diagnostic imaging. It is assumed the breast services premium will not be paid by the CCG, but will be recharged to Southport & Ormskirk NHS Trust.

Royal Liverpool Hospital

Month 8 data received from Royal Liverpool Hospital shows an overspend of £0.564m The cumulative overspend relates to the following areas:

- Elective and daycase surgery (£0.195m to month 8) in urology, orthopaedics and breast surgery
- Outpatients - £0.070m, the majority of which relates to breast services
- Age Related Macular Degeneration (ARMD) - £0.057m to month 8

ARMD is an area that is growing nationally, but is of particular relevance to the CCG due to its ageing population. This service is not offered by Southport & Ormskirk trust and therefore patients generally choose either Aintree or the Royal Hospital for this treatment. A wider review of ARMD services is being undertaken across the region which should result in a standardised pathway and treatment cost across all providers.

Liverpool Heart and Chest

The forecast overspend for Liverpool Heart and Chest NHS Trust is projected to be £0.147m with anticipated overspends in elective care, particularly for cardiology as well as increases in both non-elective care and outpatients.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.167m with anticipated overspends within planned care and day cases.

Non Contract Activity / Out of Area Treatments

The forecast overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.287m following receipt of a number of high cost invoices from Lancashire Care NHS Trust. This concerns both inpatient and outpatient mental health care provided to a number of Southport residents. The respective patients are in the process of being reviewed with a view to returning them to the CCG commissioned area if reasonably practical.

Prescribing / High Cost Drugs

The forecast overspend for the prescribing budget has reduced from a projected overspend of £0.222m in Month 8 to a £0.009m overspend in Month 9. The reduction in the forecast overspend relates to a reduction in the cost of category M drugs from Q4, and also a rebate from GlaxoSmithKline. The reduction in category M costs has previously been reflected in the CCG management action plan.

Continuing Health Care and Funded Nursing Care

The current forecast for this budget is breakeven. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC and FNC costs at 14/15 levels through robust case management and reviews.

A further £0.100m efficiency has been transferred to support the QIPP target this month, totalling a recurrent efficiency of £0.669m to date, which means forecasted spend is now less than 14/15 out-turn figures. The forecast financial position is taken following this budget reduction.

2.3 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £4.374m following delivery of schemes totalling £1.777m.

	£'m
QIPP schemes reported at Month 8	**1.727**
QIPP schemes identified in current Month:	
CHC cost reduction	0.100
Adjustment to Cheshire and Mersey rehab realignment	(0.050)
QIPP schemes reported as at Month 9	**1.777**

A 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

The full year cost of proposals are consistent with the total funding available. However, the 2015/16 position forecasts an underspend position of £1.073m due to delayed implementation of schemes.

2.4 CCG Running Costs

The CCG is currently operating within its running cost target of £2.606m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The current year forecast for the running cost budget is an underspend of £0.210m and is due to vacant posts particularly within the medicines management team.

2.5 Evaluation of Risks and Opportunities

There is a real risk that the CCG will not deliver its statutory financial duty to break-even in 2015/16 unless actions aimed at reductions in expenditure for the remainder of the year are agreed and implemented.

A combination of non-achievement of QIPP targets and increased expenditure over budgets has led to a critical impact on the CCG's financial position. The CCG will have to deliver savings of £1.843m between now and the year-end to deliver its statutory duty. It will have to deliver extra savings of £1.800m (£3.643m in total) to deliver its agreed financial plan.

In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care during the year, with a particularly marked increase in costs in Independent Sector providers. Although historic growth has been factored into plans, we continue to experience increased growth.

- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and has now received the latest billing estimates from CHP. Further adjustments will need to be agreed with the Trust and whilst provision has been made within the Memorandum of Agreement, detailed information has yet to be received from the Trust.

- Prescribing / Drugs costs – This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The forecast position is a small surplus of £0.100m, against a planned £1.800m surplus. It should be noted that this forecast is a best case scenario, with the full application of penalties, and is reliant on delivery of a management action plan of £0.707m, leaving £1.236m to deliver financial balance. The CCG will need to deliver this between now and the end of the financial year, otherwise it will return a deficit and not deliver its statutory financial duties.

The deterioration in CCG's financial surplus target has been escalated within the CCG's risk reporting framework and must be considered as the CCG's top priority alongside the commissioning of safe services.

The financial position includes the full application of contract sanctions/penalties and CQUIN under-performance to local providers which may undermine system performance in the last quarter of the financial year.

The delivery of the management action plan is extremely challenging and outside the CCG's control. Immediate steps are required to reduce expenditure in the remaining part of the financial year. The CCG has recently allocated GP Governing Body member leads to each practice and the leads are asked to urgently meet with practices to stress the financial difficulties faced by the CCG and to discuss how expenditure can be curtailed in the short-term to alleviate the immediate financial problems facing the CCG.

Figure 3 Reserves and agreed actions

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(4.054)		(4.054)
Contingency reserves	1.480		1.480
Transformation Fund slippage		1.073	1.073
Unutilised reserves	0.723	1.509	2.232
QIPP:			
CM Rehab	0.250		0.250
Contract Adjustments	0.834		0.834
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.669		0.669
QIPP Achieved	1.777	0.000	1.777
Forecast surplus / (deficit)	(4.425)	2.582	(1.843)
Action plan:			
Council payment of Lifeways		0.078	0.078
LQC - further year 1 underpayments		0.030	0.030
CQUIN under-performance		0.140	0.140
CHC - improved FOT or technical adj		0.150	0.150
LD		0.100	0.100
Lancs Care - challenge invoices		0.030	0.030
Estates		0.079	0.079
Contract Challenges		0.100	0.100
Review of expenditure		1.236	1.236
Reported position	(4.425)	4.525	0.100
Risks	(0.550)		(0.550)
Mitigations	0.550	0.000	0.550
Risk adjusted forecast surplus / (deficit)	(4.425)	4.525	0.100

2.6 Recommendations

The Governing Body is asked to receive the finance update, noting that

- There is a real risk that the CCG will not deliver its statutory financial duty to break-even in 2015/16 unless actions aimed at reductions in expenditure for the remainder of the year are agreed and implemented.

- A combination of non-achievement of QIPP targets and increased expenditure over budgets has led to a critical impact on the CCG's financial position. The CCG will have to deliver savings of £1.843m between now and the year-end to deliver its statutory duty. It will have to deliver extra savings of £1.800m (£3.643m in total) to deliver its agreed financial plan.

- As described in previous reports, an intensive review of current expenditure is required at all levels of the CCG which will need considerable support from member practices, supported by Governing Body GP leads. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.

- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Referrals

3.1 Referrals by source

Figure 4 Number of GP and 'other' referrals for the CCG across all providers

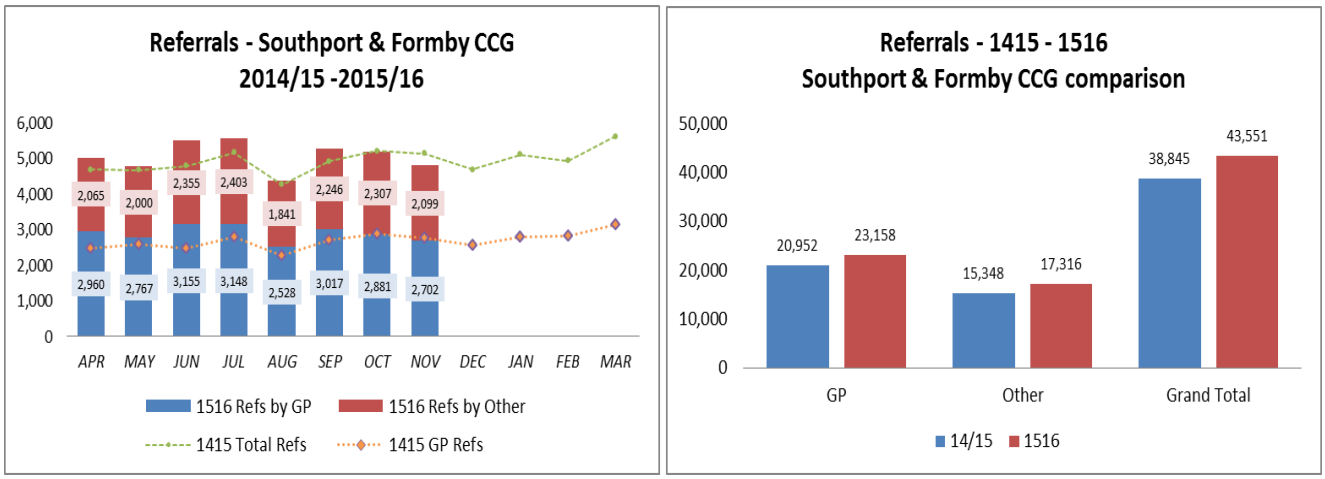


Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

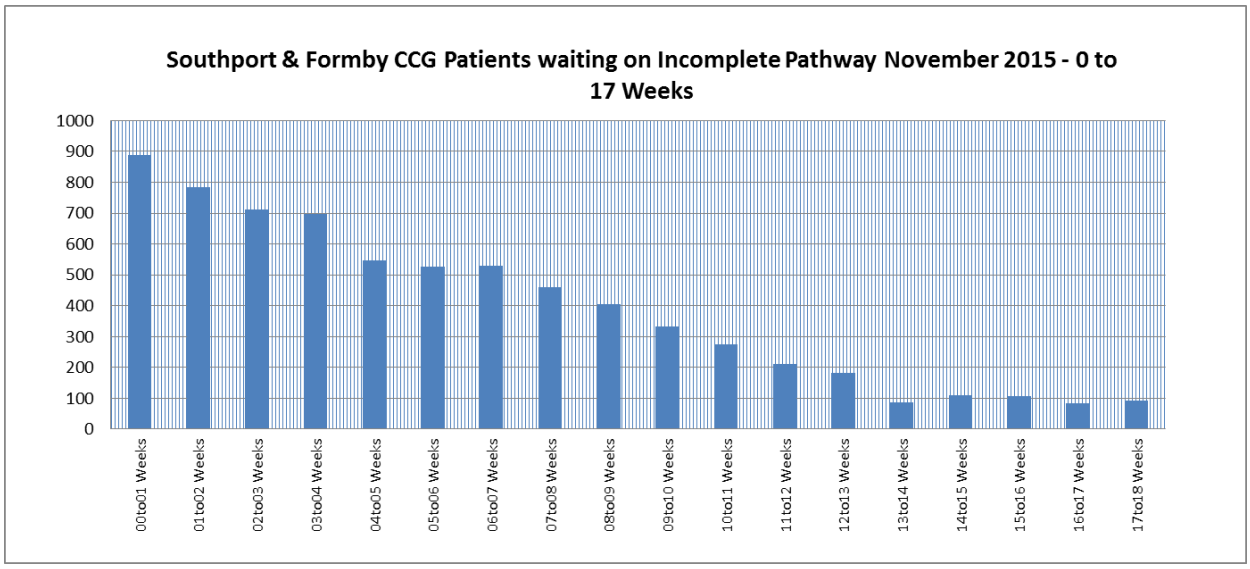
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 (FOT)	1314 YTD	1415 YTD	1516 YTD	Variance	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,375	22,348	23,519	25,951	2,432	10%	
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,375	22,348	23,519	25,951	2,432	10%	
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	29	27	30	1,722	1,295	86	-1,209	-93%	
	02	following a Domiciliary Consultation	3	1	1	0	0	3	70	95	19	7	2	5	73	28	-46	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	733	660	645	636	684	726	755	691	848	824	806	2,038	2,165	2,478	313	14%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,034	1,950	1,952	2,133	2,076	2,082	2,685	2,624	2,960	3,203	2,960	5,936	6,843	9,123	2,280	33%	
	06	self-referral	248	288	314	293	305	284	356	389	482	395	431	850	945	1,308	363	38%	
	07	A Prosthetist	1	6	2	4	2	7	1	1	2	1	3	9	10	6	-4	-40%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	17	39	39	54	35	47	36	33	59	51	36	95	118	146	28	24%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	147	137	538	514	420	-95	-18%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	1	0	0	0	0	1	0	1	2	2	3	1	1	7	6	0%	
	13	A Specialist NURSE (Secondary Care)	9	4	5	4	5	8	7	9	13	19	18	18	20	50	30	150%	
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	446	431	467	95	1,180	1,344	164	14%	
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	160	184	237	439	495	581	86	17%	
	16	An Orthoptist	1	1	0	1	0	1	0	24	30	25	18	2	1	73	72	0%	
	17	A National Screening Programme	12	2	25	35	82	59	93	105	168	159	183	39	234	510	276	118%	
	92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	402	393	381	1,249	1,241	1,176	-65	-5%	
	93	A Community Dental Service	8	2	8	4	5	4	8	3	4	0	0	18	17	4	-13	-76%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	664	639	653	673	666	676	718	687	659	622	900	1,956	2,060	2,181	121	6%	
Other Total			5,118	4,928	4,964	5,326	5,639	5,670	5,903	5,780	6,419	6,490	6,609	15,010	17,212	19,518	2,306	13%	
Unknown (All are Renacres SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,152	1,198	1,091	3,820	1,883	3,441	1,558	83%	
Grand Total			**13,760**	**13,668**	**13,750**	**14,079**	**14,149**	**14,353**	**15,029**	**15,664**	**16,454**	**16,381**	**16,074**	**18,830**	**19,095**	**22,959**	**3,864**	**20%**	

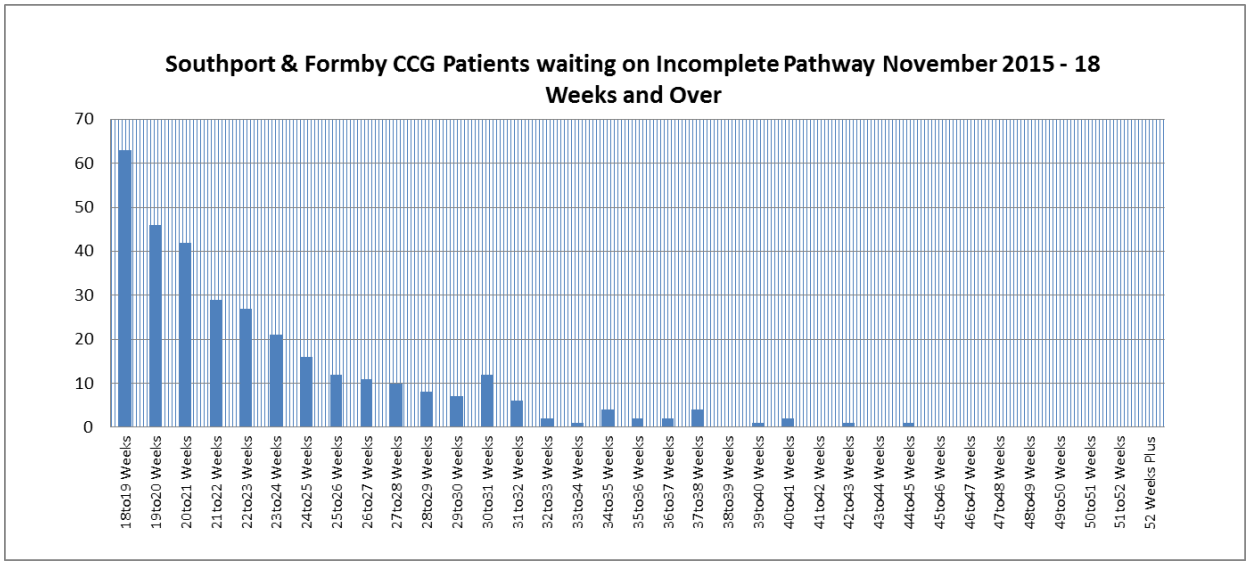
Whilst GP referrals are up 10% on the previous year (to date) the increase has reduced compared to previous months. Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording. The Trust have been asked for an explanation of the increase in referrals from screening services, and further analysis is taking place of referrals from dentists. Clinical discussions regarding referral management took place at the December Governing Body development session.

4. Waiting Times

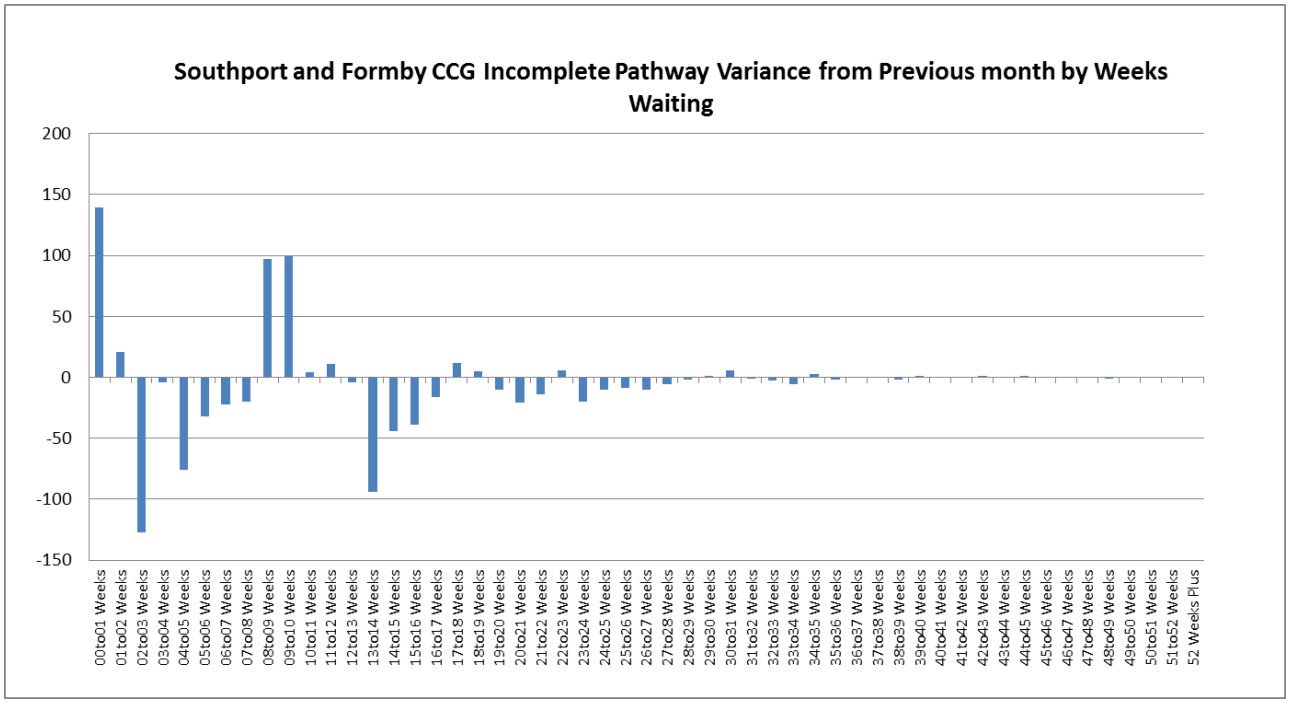
4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting





There were 330 patients (4.5%) waiting over 18 weeks on Incomplete Pathways at the end of November 2015, a decrease of 93 patients (22%) from Month 7 (15/16).
There were no patients waiting over 52 weeks in any month of 2015/16 to date.



There were 7,361 patients on the Incomplete Pathway at the end of November 2015, a decrease of 188 patients (2.5%) since October 2015.

4.2 Top 5 Providers

Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4116	709	4825	145	34	16	195	5020
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	377	80	457	18	4	2	24	481
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	297	136	433	29	9	9	47	480
RENACRES HOSPITAL	415	25	440	0	0	0	0	440
THE WALTON CENTRE NHS FOUNDATION TRUST	135	23	158	0	0	0	0	158
Other Providers	542	176	718	36	17	11	64	782
Total All Providers	5882	1149	7031	228	64	38	330	7361

4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

Trust	Speciality	No. of weeks waited	No. patients	Has patient been seen / has a TCI date?	Reason for the delay
Liverpool Womens Hospital NHS	Gynaecology	42-43	1	Awaiting response from Provider	Awaiting response from Provider
Southport & Ormskirk Hospital	ENT	40-41	2	1. Patient discharged 1st December 2. Patient seen 29th October awaiting results	Both delays due to lack of Consultant availability
Southport & Ormskirk Hospital	ENT	44-45	1	Discharged 22nd December.	The patient cancelled 3 appointments

5. Planned Care

Performance at Month 8 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £2.1m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£596k), Aintree Hospital (£357k) and Renacres Hospital (£646k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016.

5.1 All Providers

Figure 9 All Providers (Excl S&O)

ALL Providers (PBR & Non PBR. PBR for S&O)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	14,895	10,061	12,302	2,241	22%	£3,499	£2,361	£2,718	£357	15%
Alder Hey Childrens NHS F/T	5,048	3,350	3,449	99	3%	£642	£426	£430	£4	1%
Countess of Chester Hospital NHS FT	0	0	53	53	0%	£0	£0	£9	£9	0%
Liverpool Heart and Chest NHS F/T	1,622	1,110	1,366	256	23%	£913	£625	£713	£88	14%
Liverpool Womens Hospital NHS F/T	2,398	1,626	1,620	-6	0%	£728	£493	£467	-£26	-5%
Royal Liverpool & Broadgreen Hospitals	14,718	10,070	10,196	126	1%	£3,093	£2,116	£2,294	£178	8%
ST Helens & Knowsley Hospitals	4,280	2,852	3,144	292	10%	£946	£633	£745	£111	18%
Wirral University Hospital NHS F/T	315	210	176	-34	-16%	£103	£69	£44	-£25	-37%
Southport & Ormskirk Hospital	110,470	75,550	77,521	1,971	3%	£22,280	£15,200	£15,795	£596	4%
Central Manchester University Hospitals Nhs FT	236	157	186	29	18%	£44	£30	£41	£11	38%
Fairfield Hospital	103	68	53	-15	-22%	£27	£17	£8	-£9	-52%
ISIGHT (SOUTHPORT)	2,846	1,897	2,132	235	12%	£686	£458	£485	£27	6%
Renacres Hospital	11,606	7,818	9,846	2,028	26%	£3,095	£2,096	£2,742	£646	31%
SPIRE LIVERPOOL HOSPITAL	866	580	429	-151	-26%	£229	£154	£147	-£6	-4%
University Hospital Of South Manchester Nhs FT	199	135	167	32	24%	£36	£24	£33	£9	36%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,442	2,000	558	39%	£776	£517	£734	£217	42%
Grand Total	**171,764**	**116,927**	**124,640**	**7,713**	**7%**	**£37,096**	**£25,219**	**£27,406**	**£2,187**	**9%**

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 6 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	8,010	8,301	291	4%	£6,367	£4,341	£4,566	£224	5%
Elective	1,554	1,052	1,120	68	6%	£4,142	£2,805	£2,876	£71	3%
Elective Excess BedDays	315	213	187	-26	-12%	£70	£47	£41	-£6	-14%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	800	547	888	341	62%	£129	£88	£134	£46	52%
OPFASPCL - *Outpatient first attendance single professional consultant led*	18,095	12,382	10,652	-1,730	-14%	£2,767	£1,894	£1,639	-£254	-13%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1,885	1,290	2,022	732	57%	£198	£136	£209	£73	54%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	45,503	31,137	30,487	-650	-2%	£4,188	£2,866	£2,844	-£22	-1%
Outpatient Procedure	20,351	13,926	16,366	2,440	18%	£3,599	£2,463	£2,866	£403	16%
Unbundled Diagnostics	10,220	6,993	7,498	505	7%	£820	£561	£622	£61	11%
Grand Total	**110,470**	**75,550**	**77,521**	**1,971**	**3%**	**£22,280**	**£15,200**	**£15,795**	**£596**	**4%**

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £224k over performance against 2015/16 Month 8 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors to the planned care over performance. 2015/16 has seen a section of daycase activity shift to Outpatient Procedure, resulting in a £403k over performance in Outpatient Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.

5.3 Renacres Hospital

Figure 11 Month 6 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	957	1,142	185	19%	£1,348	£916	£1,157	£240	26%
Elective	208	141	167	26	18%	£718	£488	£738	£250	51%
Elective Excess BedDays	13	9	0	-9	-100%	£4	£2	£0	-£2	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,412	2,295	2,505	210	9%	£462	£311	£344	£33	11%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	3,213	2,161	4,464	2,303	107%	£263	£177	£277	£100	57%
Outpatient Procedure	2,161	1,453	774	-679	-47%	£203	£137	£150	£13	10%
Unbundled Diagnostics	1,190	802	794	-8	-1%	£97	£66	£78	£12	18%
Grand Total	**11,606**	**7,818**	**9,846**	**2,028**	**26%**	**£3,095**	**£2,096**	**£2,742**	**£646**	**31%**

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care along with Outpatient follow up single professional consultant led. As expected, Trauma & Orthopaedics makes up 88% of the planned care overspend.
2015/16 daycase activity has seen an increase in Hand, Foot and shoulder procedures.
Elective inpatient analysis shows us that 2 HRGs for major Hip & Knee procedures are up a combined £293k – which equates to circa 116% over performance for the two HRGs. Outpatient Follow Ups over performance continues to increase now showing a 57% price variance or £100k in terms of cost.

5.4 Aintree University Hospital

Figure 12 Month 6 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	488	517	29	6%	£502	£338	£350	£12	3%
Elective	366	249	292	43	17%	£767	£521	£608	£87	17%
Elective Excess BedDays	460	313	190	-123	-39%	£105	£71	£43	-£28	-40%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	56	38	97	59	158%	£11	£7	£17	£10	131%
OPFANFTF - *OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face*	219	148	172	24	16%	£11	£7	£10	£3	37%
OPFASPCL - *Outpatient first attendance single professional consultant led*	2,501	1,692	1,953	261	15%	£404	£274	£319	£46	17%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	137	92	118	26	28%	£17	£11	£14	£2	21%
OPFUPNFTF - *Outpatient Follow-Up Non Face to Face*	84	57	271	214	377%	£2	£1	£6	£5	377%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	6,351	4,298	5,054	756	18%	£589	£398	£474	£76	19%
Outpatient Procedure	2,121	1,435	1,805	370	26%	£326	£221	£296	£75	34%
Unbundled Diagnostics	942	628	1,180	552	88%	£82	£54	£93	£39	71%
Wet AMD	934	623	653	30	5%	£685	£457	£488	£31	7%
Grand Total	**14,895**	**10,061**	**12,302**	**2,241**	**22%**	**£3,499**	**£2,361**	**£2,718**	**£357**	**15%**

5.4.1 Aintree University Hospital Key Issues

Daycase & Elective combined over performance continues to rise to £98k/11% (£65k/9% in M7). This is primarily driven by Breast Surgery, however Gastroenterology and ENT have seen an increase in activity over the last two months.

Combined Daycase/Elective Cardiology activity has seen a marked increase in month 8. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service. Within Trauma & Orthopaedics, months 6 and 7 have seen an increased count in Major Knee Procedures and Major Shoulder/Upper arm procedures and will be monitored throughout the remainder of the year.

Outpatient Procedure over performance is attributable mainly to Interventional Radiology £53k/258% over performing. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsies, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 6 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	146	97	117	20	20%	£218	£145	£151	£6	4%
Elective	70	47	78	31	67%	£368	£245	£408	£163	66%
Elective Excess BedDays	62	41	4	-37	-90%	£15	£10	£1	-£9	-91%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	30	20	33	13	65%	£3	£2	£2	£0	26%
OPFASPCL - *Outpatient first attendance single professional consultant led*	281	187	319	132	70%	£32	£21	£38	£17	81%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	46	31	40	9	30%	£4	£3	£4	£1	41%
OPFUPNFTF - *Outpatient Follow-Up Non Face to Face*	46	31	52	21	70%	£1	£1	£1	£1	80%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,090	727	1,021	294	41%	£79	£53	£78	£25	48%
Outpatient Procedure	156	104	148	44	42%	£28	£19	£28	£9	49%
Unbundled Diagnostics	236	157	183	26	16%	£28	£19	£22	£4	19%
Grand Total	**2,163**	**1,442**	**2,000**	**558**	**39%**	**£776**	**£517**	**£734**	**£217**	**42%**

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £110k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16. The activity in these HRGs suggests these procedures are revisions to previous hip and knee replacements as the elderly population require second and third replacements of joints. Further analysis is taking place to understand this in more detail.

6. Unplanned Care

Unplanned Care at Month 8 of financial year 2015/16, shows an under-performance of circa -£73k for contracts held by NHS Southport & Formby CCG.

This underspend is clearly driven by the -£151k underspend at Southport & Ormskirk Hospital. The two main Trusts over spending are Liverpool Women's £82k and Royal Liverpool £84k.

6.1 All Providers

Figure 14 Month 6 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Southport & Ormskirk Hospital	55,228	37,188	37,682	494	1%	£27,674	£18,642	£18,491	-£151	-1%
Aintree University Hospitals NHS F/T	1,866	1,244	906	-338	-27%	£914	£610	£579	-£31	-5%
Alder Hey Childrens NHS F/T	773	516	523	7	1%	£416	£292	£261	-£32	-11%
Countess of Chester Hospital	0	0	27	27	0%	£0	£0	£6	£6	0%
Liverpool Heart and Chest NHS F/T	133	89	81	-8	-8%	£421	£281	£274	-£7	-2%
Liverpool Womens Hospital NHS F/T	245	166	216	50	30%	£202	£137	£219	£82	60%
Royal Liverpool & Broadgreen Hospitals	1,083	722	919	197	27%	£644	£429	£514	£84	20%
ST Helens & Knowsley Hospitals	398	265	280	15	6%	£214	£143	£137	-£5	-4%
Wirral University Hospital NHS F/T	112	74	41	-33	-45%	£45	£30	£18	-£11	-38%
Central Manchester University Hospitals	88	59	49	-10	-16%	£30	£20	£13	-£7	-35%
University Hospital Of South Manchester	47	31	21	-10	-33%	£8	£5	£12	£7	135%
Wrightington, Wigan And Leigh	62	41	56	15	35%	£53	£35	£27	-£8	-22%
Grand Total	**60,035**	**40,396**	**40,801**	**405**	**1%**	**£30,620**	**£20,623**	**£20,550**	**-£73**	**0%**

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,509	23,903	24,142	239	1%	£3,951	£2,660	£2,860	£200	8%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	11,175	7,529	7,466	-63	-1%	£19,185	£12,925	£12,785	-£140	-1%
NELNE - *Non Elective Non-Emergency*	1,254	845	1,174	329	39%	£2,115	£1,425	£1,286	-£138	-10%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	217	146	134	-12	-8%	£68	£46	£39	-£7	-14%
NELST - *Non Elective Short Stay*	1,776	1,196	1,098	-98	-8%	£1,242	£837	£760	-£77	-9%
NELXBD - *Non Elective Excess Bed Day*	5,298	3,569	3,668	99	3%	£1,113	£750	£761	£11	1%
Grand Total	**55,228**	**37,188**	**37,682**	**494**	**1%**	**£27,674**	**£18,642**	**£18,491**	**-£151**	**-1%**

6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £388k. Over performance is offset by a large cost variance of -£980k in General Medicine.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

Royal Lpool & Broadgreen Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	806	538	576	38	7%	£71	£48	£54	£6	13%
AMAU	16	11	12	1	9%	£2	£1	£1	£0	8%
NEL - *Non Elective*	168	112	120	8	7%	£470	£313	£342	£29	9%
NELNE - *Non Elective Non-Emergency*	16	11	13	2	18%	£72	£48	£66	£18	36%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	3	2	46	44	2206%	£1	£0	£10	£9	2363%
NELST - *Non Elective Short Stay*	51	34	27	-7	-21%	£28	£19	£16	-£3	-14%
NELXBD - *Non Elective Excess Bed Day*	22	15	125	110	735%	£5	£3	£28	£24	770%
readmissions	0	0	0	0	0%	-£4	-£3	-£3	£0	-3%
Grand Total	**1,083**	**722**	**919**	**197**	**27%**	**£644**	**£429**	**£514**	**£84**	**20%**

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £71k of the total £90k unplanned over spend. Vascular Surgery & Anaesthetics are the main reason for the NEL overspend. More specifically, 2 particular HRGs relating to bypasses to tibial arteries and lower limb arterial surgery make up £45k of the overspend.

6.3.2 Delayed Transfers of Care

Delayed transfers of care are discussed weekly between the CCG, Hospital Providers and the Local Authority and figures are agreed each week. Note that these figures may not always match nationally reported figures from NHS England as they are often revised and agreed locally after the data submission deadlines of HS England.

Figure 17 Delayed Transfers of Care

Delayed Transfers of Care week commencing 04/01/2016:

	Number of delayed patients				
Reason for delay	Monday	Tuesday	Wednesday	Thursday	Friday
A. Awaiting completion of assessment	3	4	3	3	3
B. Awaiting public funding	0	0	0	0	0
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	0	4	6	5	1
D i). Awaiting residential home placement or availability	0	0	0	0	0
D ii). Awaiting nursing home placement or availability	0	0	0	0	0
E. Awaiting care package in own home	1	1	2	1	1
F. Awaiting community equipment and adaptations	0	0	0	1	0
G. Patient or Family choice	3	5	2	0	4
H. Disputes	0	0	0	0	0
I. Housing – patients not covered by Care Act	0	0	0	0	0

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

	NHS Southport and Formby CCG			
PBR Cluster	Plan	Caseload	Variance from Plan	% Variance
0 Variance	32	39	7	22%
1 Common Mental Health Problems (Low Severity)	35	11	(24)	-69%
2 Common Mental Health Problems (Low Severity with greater need)	45	18	(27)	-60%
3 Non-Psychotic (Moderate Severity)	162	193	31	19%
4 Non-Psychotic (Severe)	128	159	31	24%
5 Non-psychotic Disorders (Very Severe)	29	28	(1)	-3%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	24	(1)	-4%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	66	4	6%
10 First Episode Psychosis	52	63	11	21%
11 On-going Recurrent Psychosis (Low Symptoms)	282	293	11	4%
12 On-going or Recurrent Psychosis (High Disability)	151	148	(3)	-2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	104	(1)	-1%
14 Psychotic Crisis	18	17	(1)	-6%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	26	(9)	-26%
18 Cognitive Impairment (Low Need)	365	253	(112)	-31%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	781	316	68%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	206	47	30%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	59	29	97%
No Cluster or Review	46	99	53	115%
Total	2,385	2,771	386	16%

Figure 19 CPA – Percentage of People under followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%

Quality Overview

At Month 8, Merseycare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report , a presentation was provided at the December CQPG meeting. In addition work is ingoing with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report .

Specific concerns remain regarding DNA's at Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG and SRG meetings.

A Contract Performance Notice has been issued to Merseycare regarding the recent A&E waits, a remedial Action Plan is now in place as a result. Four meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG, the next meeting is due to be held in January 16. An Escalation Plan has been developed between Merseycare and Aintree, to date there have not been any further long waits. As of 9th November the Prenton assessment suite at Clock View has been fully operational 24/7.It has been noted that communications have significantly improved between Merseycare and Aintree.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

The year to date prevalence position at month 8 is below the planned target at 5.31%. If current activity levels continue the forecast outturn would fall below the 15% target at 2015/16 year end. To achieve the national target the service would need to have 1,787 patients enter treatment between December and March.

The recovery rate dipped down further below the 50% target at month 7 and remains at a similar position in month 8 at 38.3% despite being above target 3 months ago.

Performance against waiting time targets continues to exceed the required minimum targets.

The number of patients self-referring is up on last month and this may be the result of awareness initiatives. The percentage of patients entering treatment in 28 days or less has also improved on last month.

There have been 155 cancellations by the patient and this is showing an upward trend since August.

Cancellations by the provider are on average 45 per month however at month 8 there is a slight reduction in numbers. The service has previously confirmed that the provider cancellations have been attributable to staff sickness within the service which the service is continuing to manage. All cancelled appointments are rebooked immediately.

Step 2 staff have previously reported that they are experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has passed. This may explain the high DNA rate.

The percentage of GP referrals appear to be on a downward trend with a corresponding increase in the proportion of self-referrals. The increase in self- referrals may be impacting on the “watchful wait” that is usually managed by the GP as this step is missed, and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

A text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

Bespoke analysis from the provider has shown the opt in rates by practice and referral source which has been shared with practices.

A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance. The provider presented an action plan for review. A discrepancy was raised between the local data submitted to the CCG by the provider and the data the provider has submitted to the Health & Social Care Information Centre for the national data requirements. In a meeting on 07/01/2016 agreement was reached for the national Intensive Support Team to assist the provider in resolving this. Other actions agreed include:

- A focus of efforts to attract numbers in to IAPT treatment via engagement with GPs
- The inherited waiting list for the service has reduced from 1,100 to 64. Ongoing communication with GPs is planned to raise the profile of the service and dispel any myths around waiting times
- Embedded IAPT staff in targeted practices will also generate quicker access to services by undertaking assessments in GP practice setting.
- The service is initiating weekly SMS texting to reduce DNAs
- Referral criteria for Older People/Health Visiting team has been revised and this should generate more referrals.

Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	TOTALS
Population (Paychiatric Morbidty Survey)			19079	19079	19079	19079	19079	19079	19079	19079	19079
National defininiton of those who have entered into treatment			103	96	130	164	104	123	128	165	1013
Prevelance Trajectory (%)			1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	15.00%
Prevelance Trajectory ACTUAL			0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	5.31%
National definition of those who have completed treatment (KPI5)			95	85	78	99	83	93	79	115	
National definition of those who have entered Below Caseness (KPI6b)			7	8	6	9	8	6	3	8	
National definition of those who have moved to recovery (KPI6)			39	47	35	40	44	39	29	41	
Recovery - National Target			50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL			44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	
Referrals Received			290	253	255	245	209	244	225	264	
Gp Referrals			192	138	108	107	87	101	89	81	
% GP Referrals			66%	55%	42%	44%	42%	41%	40%	31%	
Self referrals			64	81	126	117	110	138	109	163	
% Self referrals			22%	32%	49%	48%	53%	57%	48%	62%	
Other referrals	Other Referrals are 11 - Acute Care Team, 1 - Perinatal, 4 - Other, 2-Pyschiatrist, 2-SecondaryCare		34	34	21	21	12	5	27	20	
% Other referrals			12%	13%	8%	9%	6%	2%	12%	8%	
Referral not suitable or returned to GP			0	0	0	0	0	0	0	0	
Referrals opting in			275	228	204	173	162	171	153	177	
Opt-in rate %			95%	90%	80%	71%	78%	70%	68%	67%	
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157	
		Step 3	26	31	32	36	32	25	23	8	
		Step 4				1					
		Total	103	96	130	164	104	123	128	165	
Percentage of patients entering in 28 days or less			47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%	37.8%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236	
		Step 3	287	273	248	191	261	223	209	205	
		Step 4		1			1	1	1		
		Total	428	364	364	336	353	390	396	441	
Activity	Attendances	Step 2	267	314	429	541	387	479	463	492	
		Step 3	283	277	389	359	330	343	319	318	
		Step 4		4	1	2	3	11	14	14	
	DNA's	Step 2	42	62	108	117	55	84	88	65	
		Step 3	20	31	41	46	34	35	35	24	
		Step 4							1		
	Cancels	Step 2	37	61	117	127	93	83	113	101	
		Step 3	37	41	65	71	62	78	69	89	
		Step 4			3			2	2	2	
	Attendances	Total	550	595	819	902	720	833	796	824	
	DNAs	Total	62	93	149	163	89	119	124	89	
	Cancelled	Total	74	102	185	198	155	163	184	192	
	Number Cancelled by patient	Total	43	60	136	144	112	106	138	155	
	Number Cancelled by provider	Total	31	42	49	54	43	57	46	37	

Figure 22: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Year To Date
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treament in the reporting period	75% To be achieved by April 2016									
	Numerator		94	83	92	116	83	99	90	115	772
	Denominator		96	84	95	127	85	104	93	117	801
	%		97.92%	98.81%	96.84%	91.34%	97.65%	95.19%	96.77%	98.29%	96.38%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016									
	Numerator		96	84	95	127	85	104	93	117	801
	Denominator		96	84	95	127	85	104	93	117	801
	%		100%	100%	100%	100%	100%	100%	100%	100%	100%

8. Community Health

8.1 Southport and Ormskirk Community Health

The Trust is still experiencing issues with reporting on CERT, Chronic Care Coordinators and Community Matrons after the migration to EMIS. These issues have been logged with EMIS and the Trust continue to work with the suppliers to resolve these issues.

Podiatry Non AQP: There has been a shift in activity between clinic based and community contacts.

Integrated Care: The trust has established a data collection process that utilises electronic proformas on the Medway IT system. It should be noted that this data collection does not support the production of a CIDS. The Trust has now developed a monthly report based on the data captured on the electronic proforma of patient's discharges under section 2 and 5 (which indicates the type of care package required for each patient) by ward. This has been shared with the commissioner for a decision as to whether this will for fill the reporting needs. At the Information Sub Group it was suggested that looking at the eligible cohort of patients would be more meaningful and looking at how it could be linked to delayed discharge reasons. This work is on-going with a view to developing meaningful measures.

Continence: This service has experienced issues with staffing at currently have 29 long waiters. A query with the provider has been raised requesting a description of the actions being taken to address.

Pain Management: The refreshed data provided at month 8 year to date may still include activity that should be attributed to the acute part of the service. This was raised at the last Information Sub Group meeting and is still currently being investigated. This service has been affected also by staffing issues during the year.

Treatment Rooms: The trust are currently investigating the increase in activity related to wound care which would normally be dealt with in primary care.

Waiting Times

Work is still on-going but on hold to set appropriate wait targets by service as the national RTT targets are inappropriate for community services. The trust has agreed to provide thematic reasons on a monthly basis around breaches from now on.

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP is budget is £566,000. At month 8 2015/16 the costs to date are £299,135 compared to the same time last year £210,428 and at March 2014/15 it came in at 8% over budget. Activity comparisons this year (4,189) to last year (3,454) show activity is up however the application of the £25 tariff has reduced the possible costs. The trust has been asked to provide the diagnostics within the data set and have said that they will work towards including this. The trust may still need to raise credit notes in relation to an earlier query raised in relation to patients discharged at first visit. This is being checked with finance colleagues.

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 8 2015/16 the costs are £278,767 which is 12% over the annual budget. The costs at the same time last year were £160,491 at month 8 2014/15. Comparisons of activity between the two time periods shows that activity is up in 2015/16 (878) compared to 14/15 (811) and demand has increased. This is

because patients are now being seen for their three yearly reviews for the first time since the service began and the allocated budget has not been uplifted to take this into account. At month 7 the Trust has been asked to provide the number of scheduled reviews between November and March to give a forecast of the likely final year costs which has been received. It should be noted that there has been a significant drop in activity and the corresponding costs in month 8.

MSK AQP is also likely to over perform 2015/16 as at month 8 only 17% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP. A query has been raised with the trust as to where the additional activity is coming from and a response is awaited.
The data set also includes patients where a tariff is present and the outcome has been recorded as "NULL" and this has been raised with the trust also. A response is awaited.

Bridgewater
Paediatric Audiology
Southport Audiology: There have been 30 breaches of the 6 week target in November for Southport Audiology Service and this position has worsened on the month 7 position. Performance in the Southport Audiology service whilst improved (from 47% compliance in September to 91% compliance in October against a 99% target) remains challenging. Whilst there are no known harms associated with these breaches, there are a number of lessons to be learnt. The Wigan service is supporting the Southport service and staffing capacity is reduced by 66% due to sickness absence of clinical and management staff and an unsuccessful recruitment campaign to fill vacancies. With regard to vacancies, one post has been upgraded in an attempt to attract interest and locum agencies are being contacted to secure staffing. Two locum posts have been approved and the management post is being covered by a secondment to start 25/1/2016. The Trusts quality and safety committee received a full report at its October meeting and will continue to receive monthly updates.

Liverpool Community Health Trust

Exception reporting started to be provided from month 3 with Allied Health professional exceptions reported a month in arrears. This is a standing item on the Finance & Information Group and was raised at the last meeting as the Trust has failed to consistently provide them.

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the Finance & Information Group work plan. NHS Southport & Formby CCG has agreed to fund £135,000 non-recurrently in 2015/16 for the provision of Community Equipment Store.
A number of actions have also been identified for this service:
• Trust to provide a detailed overview of current waiting list.
• Trust to consider providing training on prescribing equipment and budget allocation

Paediatric Speech and Language (SALT): The staff have not been able to meet the increased numbers of referrals and demand for SALT assessments and the Trust is reviewing the current core offer. There are planned discussions with education regarding the service to special educational settings and resourced units. The service leads are requesting additional funding outside of the block contract to enable staff to manage the high numbers of children waiting for support and assessment.
Improvements will be seen when the service review is completed. The Trust submitted a business case for waiting list initiative funding and this has not been approved. The commissioner has asked for this to be reviewed to clearly demonstrate cost savings for the CCG.

Waiting times are reported for a small number of therapy services a month in arrears. Waiting times are not being recorded for Community Cardiac/Heart Failure, IV Therapy and Respiration. The development of waiting time thresholds is part of the work plan for the Finance & Information Group as currently the default of 18 weeks is being used.

Paediatric SALT: Current waiting times of concern: at month 8 for Paediatric SALT is reported as in excess of 18 weeks at 25.1 weeks average wait for NHS Southport & Formby. It was reported at the Liverpool Community Health December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was made to close the waiting list. It was reported that 260 patients are waiting for an appointment across the Trust catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list. The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance. Full validation of the waiting list is due to be completed in Sefton by January 2016. A Capacity and demand model exercise was expected by 18th December 2015 to inform the resources required to ensure waiting times are achieved. Additional therapists have been recruited and locums are due to start in January 2016. The waiting list remains closed and weekly meetings with commissioners will continue to monitor the impact. Waiting time Information has been discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target.

Patient Identifiable data
The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This has been discussed throughout 2015/16 after being raised in 2014/15. A reversal of this approach is now being implemented and the Trust are raising patient awareness around the use of patient identifiable data. An opt out process has been developed which means that patients can opt out from having identifiable electronic information related to them, flowed to national repositories. It was agreed that the Trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting.

Quality Overview

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF.

Looked After Children (LAC)
Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. The CCG Designated Nurse for Looked After Children has reported positive remedial action from the Trust with the back log of outstanding reviews now reduced significantly, however progress needs to be monitored and maintained.

Serious Incidents
Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The trust alongside both Liverpool and South Sefton CCG have

confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be share.

SALT Waiting Times
The CCG continues to experience longs waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has submitted a business case regarding Adult SALT which is currently being reviewed with the clinical leads. The Trust has been asked to submit an updated progress report / recovery plan for CCG assurance.

9. Third Sector Contracts

Reports outlining service outcomes during 2015-16 are underway; Information Schedules detailing Q3 activity and case studies have now been received by most providers, those who have not yet submit information are currently being chased.

All providers are working towards v13 of the IG Toolkit and expect to be compliant before 31st March 2016. Information Schedules for the new contracting year are currently under review and are to be re-written to ensure the quality of the information provided demonstrates the service outcomes and the contributions made to the wider health economy of South Sefton, Southport & Formby.

Support groups provided by Sefton Carers Centre and Swan Women's Centre have been attended by CCG Contracts to gain a greater understanding of the services provided and the work they do within the community, further visits have been arranged with Alzheimer's Society, SWACA, Sefton Cancer Support, Age Concern & SPAC.

Further consultation with iMersey around NHS Number collection for service users accessing Third Sector provider services is underway. IMersey are looking into possibilities of nhs.net email account set up for each provider to enable secure transfer of data to GP Practices for input and analysis. The aim is to analyse this data against GP appointments and hospital admissions within an electoral ward to see if the intervention is having an overall impact to the wider health economy of South Sefton, Southport & Formby.

An NHS Grant Agreement is currently being pulled together for services provided by AHDH Foundation for 2015-16. This grant is non-recurrent and is for the value of £30,000. Further details are to follow in month 9.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

		Current Period				
Performance Indicators	**Data Period**	**Target**	**Actual**	**Direction of Travel**	**Exception Commentary**	**Actions**
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	15/16 - November	25	28	↑	There were 2 new cases reported in November 2015, year to date there have been 28 cases against a year to date plan of 25. The 2 new cases was reported by Southport and Ormskirk Hospital (1 apportioned to acute, 1 to community). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (16 apportioned to acute trust and 10 apportioned to community). The remaining 2 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case) and Aintree in July apportioned to community). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases are attributed to Southport & Ormskirk Hospitals. Please see below for the Trust narrative.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Southport & Ormskirk)**	15/16 - November	24	26 (15 following appeal)	↑	There was 3 new cases reported in November 2015 (ytd 26), against a year to date plan of 24. Year-end plan is 36. To date 15 cases have been successfully appealed, taking the Trust's below the trajectory of 24 cases YTD.	To date the Trust has had 26 total cases (reported by PHE). 15 havve been deemed attributable to the Trust folloing CCG appeals. Further appeals are scheduled for February 16. Maintenace of current performance indicates achievement below the annual target for attributable cases. All cases undergo an RCA. Lessons learned from CCG appeals are imbedded in clinical practice eg improved stool documentation and earlier isolation of patients. High rate of success at CCG appeals in part due to strong clinical engagement. DIPC and Deputy DIPC are working ith the TDA HCAI lead with respect to darity of reporting processes and supportive narrative in CQC Action Plan.

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	15/16 - November	0	0	↔	No new cases reported in November 2015.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	15/16 - November	0	1	↔	No new cases have been reported in November 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. Completeion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	15/16 - October	0.00	0.50	↑	In November the CCG had 2 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the fourth time in 2015-16.	In October the Trust reported a further 6 MSA breaches (27 to date). All 6 new breaches relate to bed pressures in ITU. An Action plan is in place to open a new ward in January for medical optimised for discharge. Further actions are in place to reduce A&E pressures.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	15/16 - October	0.00	1.10	↑	In November the Trust had 6 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the fourth time in 2015-16. Year to date there have been 27 breaches.	
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		3.75%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		15.70%	↑	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	4.73%	↓		

Emergency Admissions Composite Indicator(Cumulative)	15/16 - November	1574.77	1,696.32	↑	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 230 less admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Southport & Ormskirk Hospital have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. S&O implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - November	427.13	260.55	↓	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 39 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - November	736.82	691.79	↓	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 55 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - November	106.78	239.19	↑	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 31 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - November	1128.97	958.68	↓	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 208 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - November	No Plan	14.37	↓	The emergency readmission rate for the CCG is lower than previous month (17.15) and lower than the same period last year (16.63).	
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.082	0.091	Provisional data	Provisonal data shows the CCG improved on the previous years rate of 0.080 in 2013/14 and achieved a score higher than that of the England average 0.085.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.429	0.422	Provisional data	Provisonal data shows the CCG has improved on the previous years rate of 0.419 in 2013/14 but are achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.313	Provisional data	Provisonal data shows the CCG's rate has improved from previous year (2012/13 - 0.303) but is under the England average 0.316.	

% who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	15/16 - November	80%	62.50%	↓	The CCG has failed to achieve the target in November only 15 patients out of 24 spending at least 90% of their time on a stroke unit.	The stroke target was missed due to ongoing problems with bed pressures on the stroke ward. From December the stroke ward will be a dedicated stroke unit of 22 beds with processes in place to address bed pressures elsewhere. There has been a delay in implementing this due to problems of relocating telemetry equipment which have recently been resolved.
% who had a stroke & spend at least 90% of their time on a stroke unit **(Southport & Ormskirk)**	15/16 - November	80%	47.20%	↓	Southport & Ormskirk have failed to achieve the target in November only 17 patients out of 36 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	15/16 - November	60%	100.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Southport & Ormskirk)**	15/16 - November	60%	75.00%	↑		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	15/16 - Qtr2	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.05%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidty Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - November	1.25%	0.86%	↑	The CCG are under plan in November for IAPT Roll Out, out of a population of 19079, 165 patients have entered into treatment. There has been an increase on previous month when the trust reported 0.67%.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr2	50.00%	48.81%	↑	The CCG are under plan for recovery rate reaching 48.81% in Q2. This equates to 123 patients who have moved to recovery out of 252 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - November	50.00%	38.16%	↓	The CCG are under plan for recovery rate in November. This equates to 41 patients who have moved to recovery out of 107 who have completed treatment. There has been little difference from previous month when the trust reported 44.83%.	See section 7 of main report for commentary
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q2 15/16	75.00%	99.00%	↑	November data shows 98.3%.	
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q2 15/16	95%	100.00%	↑	November data shows 100%.	

Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		131.10	↑	Under75 mortality rate from Cancer has increased from 120.20 in 2013 to 131.10 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		66.00	↑	Under 75 mortality rate from cardiovascular disease has increased from 57.50 in 2013 to 66.00 in 2014.	
Under 75 mortality rate from liver disease	2014		20.40	↑	Under 75 mortality rate from liver disease has increased from 15.80 in 2013 to 20.40 in 2014.	
Under 75 mortality rate from respiratory disease	2014		22.10	↓	Under 75 mortality rate from respiratory has decreased very slightly from 22.30 in 2013 to 22.10 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,464.40	2,120.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(CCG)**	15/16 - October	93%	94.48%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	93%	95.12%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	15/16 - October	93%	87.67%	↔	Southport & Formby CCG failed the target for Ocober achieving 89.04% and are still failing year to date partly due to previous months breaches.	A letter to GPs regarding the management of breast symptomatic patients is going out imminently. This should aid demand management and in reminding GP and patient that these patients will be seen in the 2/52 timeframe if they need to be referred.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	93%	N/A	↔	Southport & Ormskirk no longer provide this service.	

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	15/16 - October	96%	98.72%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	96%	98.22%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	15/16 - October	94%	96.11%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	15/16 - October	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	94%	94.87%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	15/16 - October	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	98%	100.00%	↔		

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) **(CCG)**	15/16 - October	85% (local target)	82.29%	↔	Southport & Formby CCG failed the target for October and year to date partly due to previous month breaches. In October 2 patients out of a total of 11 were not upgraded (81.82%). Year to date there have been 96 patients and 17 patient breaches and are under the 85% local target set.	Local target. In October 2 patients were not seen within 62 days out of a total of 11. Both breaches were due to delays due to referrals between trusts.SRG continues to oversee Network level solutions. Actions at Network level to work on SLAs between Trusts for outreach clinicians and agreeing standard protocols for transfers of patients between Trusts.
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) **(Southport & Ormskirk)**	15/16 - October		90.49%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	15/16 - October	90%	97.56%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	90%	72.22%	↑	Southport & Ormskirk Trust achieved the target in October reaching 100% but are failing and year to date due to previous months breaches. Year to date there have been the equivalent of 2.5 breaches out of a total of 11 patients.	Oversight by SRG of: •8 Key prioirities for managing 62 day performance have been put in place. •Pathway reviewed by Lead clinician and future pathways will consider pool patients • Lead clinician now meeting weekly to review PTL risks. • DM to review process for booking follow up post MDT and slots available. • Lead clinician / chair MDT will address TCI date within MDT and ensure surgeon availability clarified at the point of MDT and alternative surgeon availability agreed.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	15/16 - October	85%	86.15%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	15/16 - October	85%	87.30%	↑		

Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(CCG)**	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(Southport & Ormskirk)**	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(CCG)**	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(Southport & Ormskirk)**	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Southport & Ormskirk)**	15/16 - October	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(CCG)**	15/16 - November	90%	89.29%	↓	This indicator is monitored at local level against the previous statutory target of 90%, the CCG is currently just under plan at 89.29%. This equates to 83 patients out of 693 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(Southport & Ormskirk)**	15/16 - October	90%	89.14%	↓	This indicator is monitored at local level against the previous statutory target of 90%, the trust is currently just under plan at 89.14%. This equates to 104 patients out of 854 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(CCG)**	15/16 - November	95%	93.50%	↓	The CCG have failed the 95% target reaching 93.50%. This equates to 215 patients out of 3095 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(Southport & Ormskirk)**	15/16 - October	95%	92.74%	↓	The Trust failed to achieve the target of 95% in November achieving 92.74%. This equates to 357 patients out of 4920 not been seen within 18 weeks.	No longer a national performance target but continue to monitor locally

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	15/16 - October	92%	95.51%	↑		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Southport & Ormskirk)**	15/16 - September	92%	94.85%	↑		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	15/16 - November	95.00%	93.17%	↓	Southport & Formby CCG failed the 95% target in November reaching 92.19% and are narrowly failing year to date reaching 93.17%. In November 245 attendances out of 3136 were not admitted, transferred or discharged within 4 hours.	An interim A&E General Manager has recently been appointed who has produced a plan which aims to hit the target by the end of December. Actions include: • A step down ward is to be opened on the Ormskirk site in January for patients who are medically fit for discharge • There are bed review meetings three times a day • Work with CCGs and Local Authority reablement teams to help overcome issues regarding social care planning to reduce delayed discharges • Daily discharge ward rounds have been trialled since end of September. Numbers of delayed discharges are down from 99 days to 78 since that time • Weekend discharge planning protocol is being put in place at start of December • Protocols will be put in place to ensure that on call staff will be knowledgeable about patients' details at weekends Projection is to hit target by end of December.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	15/16 - November	95.00%	90.69%	↓	Southport & Formby CCG failed the 95% target in November reaching 86.68% and are failing year to date reaching 90.69%. In November 265 attendances out of 1989 Were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Southport & Ormskirk) All Types**	15/16 - November	95.00%	93.59%	↔	Southport & Ormskirk have failed the target in November reaching 91.41%, and are failing year to date reaching 93.59%. In November month 847 attendances out of 9860 were not admitted, transferred or discharged within 4 hours. This is the fifth month the trust have not achieved the target in 2015/16.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Southport & Ormskirk) Type 1**	15/16 - November	95.00%	88.95%	↓	Southport & Ormskirk have failed the target in November reaching 86.67%, and are failing year to date reaching 88.95%. In November month 847 attendances out of 6356 were not admitted, transferred or discharged within 4 hours.	

Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	15/16 - November	1.00%	2.36%	↑	The CCG has failed to achieve the target in November with 50 patients waiting over 6 weeks for their diagnostic tests, 49 waited between 6 and 13 weeks and 1 patient over 13 weeks. Aintree had 4 over 6 weeks, 1 Computed Tomography and 3 MRI Bridgewater had 33 over 6 weeks in Audiology Assessments Central Manchester had 1 over 6 weeks in Gastroscopy Liverpool Heart & Chest had 2 over 6 weeks - MRI Southport & Ormskirk had 8 over 6 weeks in various Walton had 1 over 6 weeks - MRI 13 Weeks+ Nuffield Health had 1 over 13 weeks waiting - MRI	Bridgewater Trust has assessed 90.15% of children's hearing within 6 weeks against a target of 99%. A total of 33 children have waited in excess of 6 weeks: • 33 in Southport where performance remains challenging with only 58% of children seen within six weeks. 7 referrals were received 1 month late due to an interruption in fax functioning, back log of appointments due to reduced capacity within the team • A remedial action plan is in place which involves a full review of the Southport service. A deep dive into Audiology performance was undertaken at the Operational and Performance meeting in December 2015 and the following actions are being undertaken to address performance: • The Wigan team is supporting the Southport service and staffing capacity is reduced by 66% due to sickness absence of clinical and management staff and an unsuccessful recruitment campaign to fill vacancies. Absence is being managed in line with HR policy. With regard to vacancies, one post has been upgraded in an attempt to attract interest and locum agencies are being contacted to secure staffing. The Clinical manager is in negotiation with a locum agency to secure services of a newly identified locum to commence as soon as possible. 2 locum posts have been approved , one due to start 18/1/2016 and the second to commence 1/2/2016. The management post is being covered by a secondment to start 25/1/2016. The Trusts quality and safety committee received a full report at its October meeting and will continue to receive monthly updates.
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	15/16 - October	1.00%	0.46%	↔		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	15/16 - November	75%	75.46%	↑		The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Whilst overall demand in November, for NWAS was 4.3% higher than planned for and 6% for Southport & Formby CCG; that for the most time critical response times (Red) was 12.5% higher than plan for NWAS as a whole, but 14.5% higher than plan for Southport & Formby CCG. Together with the continuing lengthening of turnaround times, these levels of demand severely impacted upon NWAS's performance against the response time targets, during the month. Average turnaround times at Southport & Ormskirk Hospital were one of the longest of any Cheshire & Merseyside Hospitals in November at almost 34 mins on average. Additional capacity has also been created due to extra ambulance available in the Southport area.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	15/16 - November	75%	68.89%	↓	The CCG failed to achieve the 75% target year to date, or in month (November) recording 64.08%.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	15/16 - November	95%	89.59%	↔	The CCG failed to achieve the 95% target year to date, or in month (November) recording 88.21%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	15/16 - November	75%	77.10%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	15/16 - November	75%	74.50%	↓	NWAS failed to achieve the 75% year to date or in month (Nov) recording 68.5%.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	15/16 - November	95%	94.40%	↔	NWAS failed to achieve the 95% year to date or in month (Nov) recording 92.0%.	
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.	

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 23 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2015)	RR - Trajectory From Previous Month (Oct 15)	Percentage Recommended (England Average)	Percentage Recommended (Nov 2015)	PR Trajectory From Previous Month (Oct 15)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Nov 2015)	PNR Trajectory From Previous Month (Oct 15)
Inpatients	25%	21.6%	↔	96.0%	95%	↓	1.0%	2.0%	↑
A&E	15%	2.6%	↓	87.0%	81.0%	↓	7%	11%	↑
Q1 - Antenatal Care	N/A	-	-	96%	100%	↑	1%	0%	↓
Q2 - Birth	N/A	19.2%	↑	96%	85%	↓	1%	6%	↔
Q3 - Postnatal Ward	N/A	-	-	94%	89%	↓	2%	3%	↓
Q4 - Postnatal Community Ward	N/A	-	-	98%	80%	↓	1%	0%	↔

Where cell contains "-" no denominator data available

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three bullet points for both inpatients and A&E. The trust have remained static in response rates for inpatients compared to the previous month. A&E response rates are still extremely low and have declined compared to the previous month.

The percentage of patients that would recommend the inpatient service in the trust has declined compared to the previous month and is marginally below the England average. The percentage of people who would not recommend the inpatient service has improved since the previous month and is now only marginally higher than the England average.

In A&E the percentage of people who would recommend the service has decreased from the previous month to 81%, and is however lower than the England average. The percentage of people who would not recommend the A&E service has increased from the previous month and is lower than the England average.

For maternity services, recommendation of antenatal care has improved since the previous month and is now at 100%. However for birth, postnatal care and postnatal community ward; the percentage of people who would recommend those areas have dropped and are below the England average.

The percentage of people who would not recommend maternity services is in line with the England average aside from birth which at 6% is lower than the England average (1%)

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG), which is a joint meeting between the trust and the CCG. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a bi-monthly basis and seek assurance from the trust that areas of poor patient experience are being addressed. Health Watch Sefton are members of EPEG and also attend the trust's patient experience group and directly ask the organisation specific questions about poor Friends and Family response rates and recommendations.

10.3 Serious Untoward Incidents (SUIs) and Never Events

10.3.1 CCG level Serious Untoward Incidents

These are serious incidents involving Southport and Formby CCG patients irrespective of their location of care.

There were 2 Serious Incidents in December involving Southport and Formby CCG patients.
For the year 15/16 up to and including December there have been 39 Serious Incidents involving Southport and Formby CCG patients.

Figure 24 SUIs Reported at Southport & Formby CCG level

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Allegation Against HC Professional			1							1
Attempted Suicide by Outpatient (in receipt)		1								1
Failure to act upon test results									1	1
Pressure Sore - (Grade 3 or 4)			1	1						2
Pressure ulcer - (Grade 3)	3	6	3	1	1			2		16
Pressure ulcer - (Grade 4)	2		3					1		6
Serious Self Inflicted Injury Inpatient					1					1
Serious Self Inflicted Injury Outpatient							1			1
Sub-optimal care of the deteriorating patient		2								2
Surgical Error		1			1				1	3
Treatment						1				1
Unexpected Death						1	1	1		3
Unexpected Death (general)	1									1
Grand Total	**6**	**10**	**8**	**2**	**3**	**2**	**2**	**4**	**2**	**39**

Number of Never Events reported in period for Southport and Formby CCG Patients

One Never Event involved a Southport and Formby CCG patient. This Never event happened in the Liverpool Women's NHS Foundation Trust. It occurred in May 2015 and was a surgical error

Figure 25 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Aintree University Hospital NHS Foundation Trust										
Treatment						1				1
Unexpected Death (general)	1									1
Liverpool Women's NHS Foundation Trust										
Surgical Error		1								1
Mersey Care NHS Trust										
Attempted Suicide by Outpatient (in receipt)		1								1
Serious Self Inflicted Injury Inpatient					1					1
Serious Self Inflicted Injury Outpatient							1			1
Unexpected Death								1		1
Royal Liverpool Broadgreen University Hospitals NHS Trust										
Surgical Error									1	1
Southport and Ormskirk Hospital NHS Trust										
Allegation Against HC Professional			1							1
Failure to act upon test results									1	1
Pressure Sore - (Grade 3 or 4)			1	1						2
Pressure ulcer - (Grade 3)	3	6	3	1	1			2		16
Pressure ulcer - (Grade 4)	2		3					1		6
Sub-optimal care of the deteriorating patient		2								2
Surgical Error					1					1
Unexpected Death						1	1			2
Grand Total	**6**	**10**	**8**	**2**	**3**	**2**	**2**	**4**	**2**	**39**

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (31), with the other incidents occurring in each of the following providers:

- Aintree University Hospital NHS Foundation Trust - 2
- Liverpool Women's NHS Foundation Trust - 1
- Mersey Care NHS Trust – 4
- Royal Liverpool Broadgreen University Hospitals NHS Trust - 1

10.3.2 Southport & Ormskirk Hospital level Serious Untoward Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including October, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 75 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported One Never Events in November 2015. This is the only Never Event YTD

Number of repeated incidents reported YTD

The Trust has had four incidents repeated as of October 2015/16.

- 46 x Pressure ulcer – (Grade 3)
- 13 x Pressure ulcer – (Grade 4)
- 4 x Sub-optimal care of the deteriorating patient
- 4 x Unexpected Death

Figure 26 SUIs Reported at Southport & Ormskirk Hospital

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Allegation Against HC Professional			1							1
Child abuse (institutional)			1							1
Confidential Information Leak				1						1
Failure to act upon test results				1					1	2
Maternity services - unexpected neonatal death.					1					1
Medication								1		1
Pressure ulcer - (Grade 3)	13	9	8	3	2	4	1	5	1	46
Pressure ulcer - (Grade 4)	7	1	3			1		1		13
Sub-optimal care of the deteriorating patient	1	2		1						4
Surgical Error					1					1
Unexpected Death						1	2			3
Unexpected Death of Inpatient (in receipt)	1									1
Grand Total	**22**	**12**	**13**	**6**	**4**	**6**	**3**	**7**	**2**	**75**

Number of Incidents reported by CCG

The trust has had patients from 3 different CCGs involved in serious incidents.

- South Sefton CCG – 4
- Southport and Formby CCG – 31
- West Lancashire CCG – 42

Figure 27 SUIs Reported at Southport & Ormskirk Hospital split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
South Sefton CCG										
Maternity services - unexpected neonatal death.					1					1
Pressure ulcer - (Grade 3)	1	1								2
Pressure ulcer - (Grade 4)	1									1
Southport & Formby CCG										
Allegation Against HC Professional			1							1
Failure to act upon test results									1	1
Pressure ulcer - (Grade 3)	3	6	4	2	1			2		18
Pressure ulcer - (Grade 4)	2		3					1		6
Sub-optimal care of the deteriorating patient		2								2
Surgical Error					1					1
Unexpected Death						1	1			2
West Lancashire CCG										
Child abuse (institutional)			1							1
Confidential Information Leak				1						1
Failure to act upon test results				1						1
Medication								1		1
Pressure ulcer - (Grade 3)	10	2	4	1	1	4	1	3	1	27
Pressure ulcer - (Grade 4)	5					1				6
Sub-optimal care of the deteriorating patient	1	1		1						3
Unexpected Death of Inpatient							1			1
Unexpected Death of Inpatient (in receipt)	1									1
Grand Total	**22**	**12**	**13**	**6**	**4**	**6**	**3**	**7**	**2**	**75**

11. Primary Care

11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators.

11.3 Format

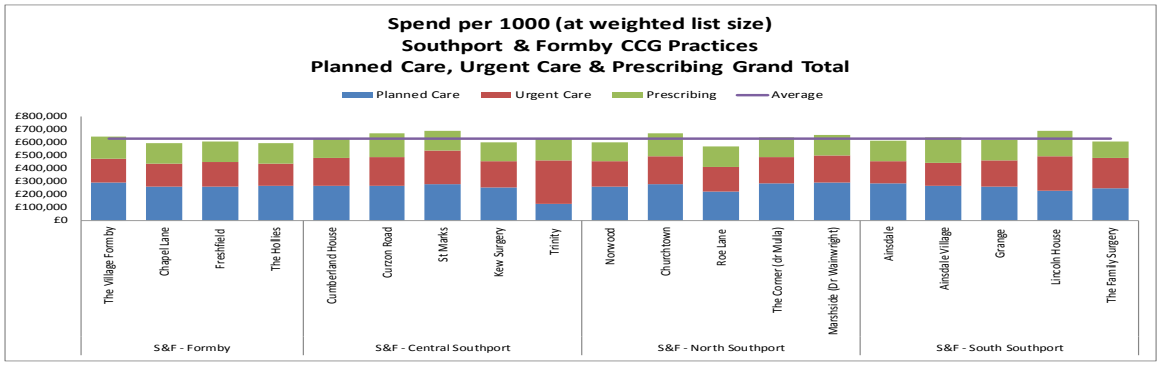
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the Cheshire & Merseyside Intelligence Portal (CMiP).

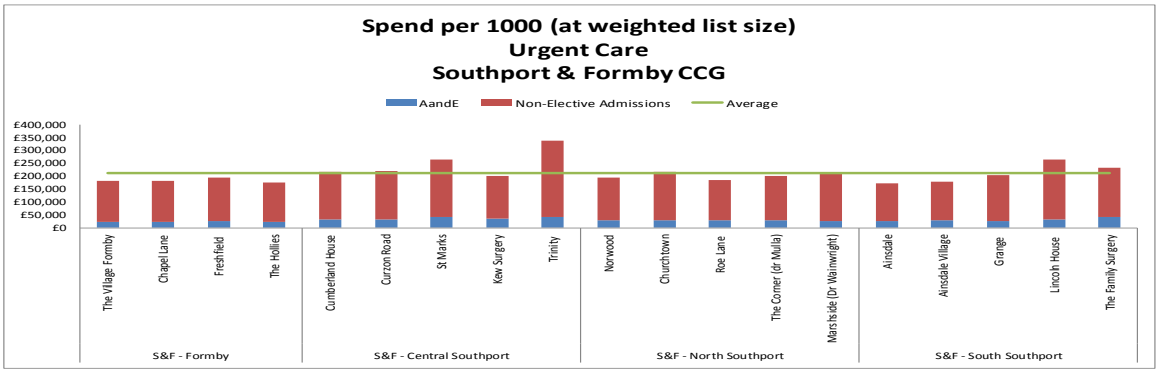
11.4 Summary of performance

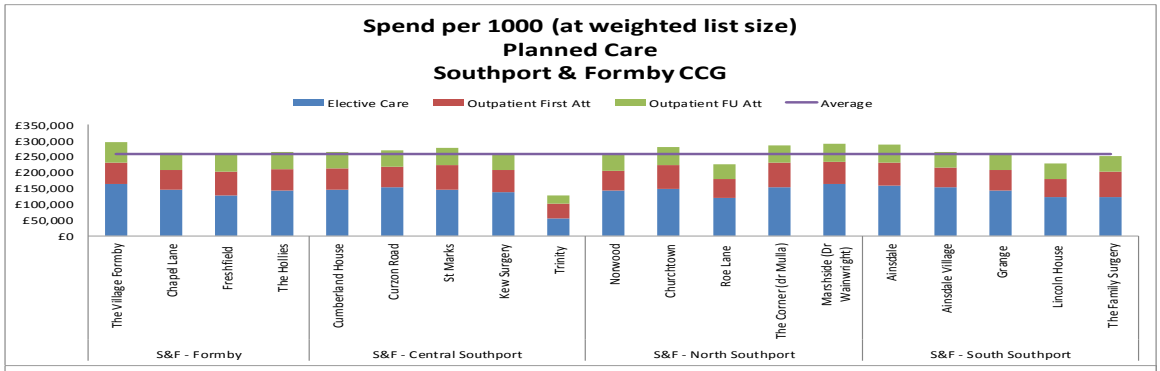
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

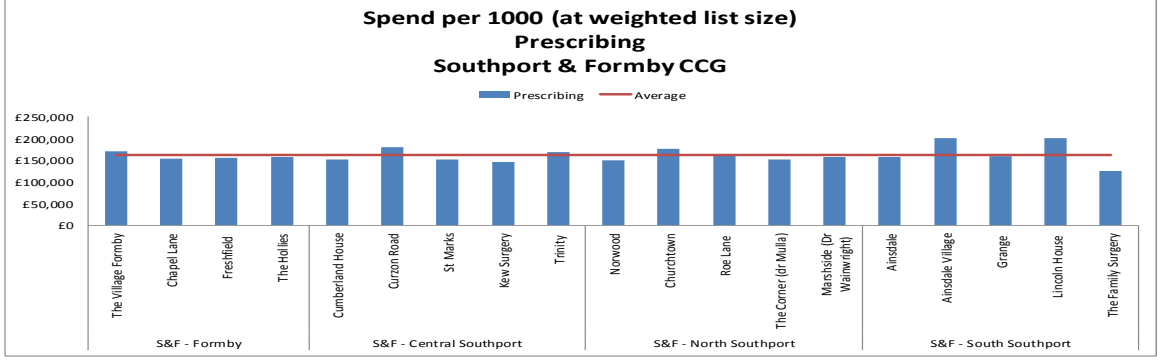
Figure 28 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG
December 2014 - November 2015
Planned/Urgent Care & Prescribing Costs









NHS Southport and Formby Clinical Commissioning Group

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11.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There have been no further inspection results published since December, for Ainsdale Village Surgery:

Ainsdale Village Surgery Good

The provider of this service changed - see old profile

2 Leamington Road, Southport, PR8 3LB
(01704) 577866
Provided by: Ainsdale Village Surgery

CQC inspection area ratings
(Latest report published on 10 December 2015)

Safe	Good
Effective	Outstanding
Caring	Good
Responsive	Outstanding
Well-led	Requires improvement

CQC Inspections and ratings of specific services
(Latest report published on 10 December 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Outstanding
People experiencing poor mental health (including people with dementia)	Outstanding

Full Details › Share your experience Email alert sign-up

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Treatment of disease, disorder or injury

Freshfields Practice Good

This service was previously managed by a different provider - see old profile

The provider of this service has requested a review of one or more of the ratings.

61 Gores Lane, Formby, Liverpool, L37 3NU
Provided by: SSP Health Ltd

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

CQC inspection area ratings
(Latest report published on 22 October 2015)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 22 October 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Full Details › Share your experience Email alert sign-up

Dr G Hedley & Partners Good (St Marks Medical Centre) (0.6 miles away)

42 Derby Road, Southport, PR9 0TZ
(01704) 511700
Provided by: Dr G Hedley & Partners

CQC inspection area ratings
(Latest report published on 8 October 2015)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 8 October 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Dr Kebalanandha Ramamurthie Naidoo Good (The Family Surgery Ltd)

(1.1 miles away)

107 Liverpool Road, Birkdale, Southport, PR8 4DB
(01704) 566646
Provided by: Dr Kebalanandha Ramamurthie Naidoo

CQC inspection area ratings
(Latest report published on 10 September 2015)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 10 September 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Cumberland House Surgery Good (0.9 miles away)

Cumberland House, 58 Scarisbrick New Road, Southport, PR8 6PG
(01704) 501500
Provided by: Cumberland House Surgery

CQC inspection area ratings
(Latest report published on 27 August 2015)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 27 August 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Roe Lane Surgery Good (1.8 miles away)

We are carrying out checks at Roe Lane Surgery using our new way of inspecting services. We will publish a report when our check is complete.

172 Roe Lane, Churchtown, Southport, PR9 7PN
(01704) 228439
Provided by: Roe Lane Surgery

CQC inspection area ratings
(Latest report published on 27 August 2015)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 27 August 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

12. Better Care Fund update

Quarterly data collection templates are been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Performance for Q1 and Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter, which has continued in October at 3.8% below plan, and November at 0.6% below plan, but 2.9% over plan overall for the year to date (Jan-Nov). Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	*Q1*	Jul	Aug	Sep	*Q2*	Oct	Nov	*Year to Date*
Plan	3003	3003	3003	9009	2941	2941	2941	*8822*	2935	2935	2935	*8806*	2921	2921	*32480*
Actual	3176	2976	3516	9667	3257	3245	2958	*9461*	2957	2849	2766	*8573*	2811	2902	*33415*
Var	173	-27	513	658	317	304	18	*639*	22	-86	-169	*-233*	-110	-19	*935*
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	*7.2%*	0.7%	-2.9%	-5.8%	*-7.9%*	-3.8%	-0.6%	*2.9%*

13. NHS England Activity Monitoring

Source	Referrals (G&A)	*Month 8 YTD PLAN*	*Month 8 YTD ACTUAL*	*Month 8 YTD Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	16340	19044	16.5%	Please see previous report detailing the problems with the coding of referrals at Southport & Ormskirk Trust since the introduction of the new PAS back in October 14.
MAR	Other	8266	10993	33.0%	As above. Updated figures using local referral data suggests a much lower increase of 13% when comparing the same period last year.
MAR	Total	24606	30037	22.1%	See above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	25430	30080	18.3%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from April to November (SUS) against the same period last year shows a slight decrease of approx. 1.4% for first attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 5.1%.
SUS	Follow-up	59759	77826	30.2%	
SUS	Total OP attends	85189	107906	26.7%	
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	13296	12141	-8.7%	As previously stated the actual performance from April to November 14/15 compared with the same period this year shows an increase, mainly due to the increased spells in Renacres Trust. This is line with local referral data to Renacres. Current increase against last years is approx. 6.8%.

SUS	Elective Ordinary spells	2044	2221	8.7%	Actual activity for April to October 15/16 compared with the same period last year shows the same trend as plan v actual, approx. 9%.
SUS	Total Elective spells	15340	14362	-6.4%	See above.
SUS	Non-elective spells complete	10447	11045	5.7%	As previously mentioned lower phasing of plans in the later part of the year due to GPAU has caused a greater variance to occur, this may continue as the months carry on. Actual increase from last year continues to show a lower rate of 1.8%.
SUS	Total completed spells	25787	25407	-1.5%	
	Attendances at A&E				
SUS	Type 1				
SUS	All types	24941	27276	9.4%	Actual activity for 2015/16 compared with the same period last year shows a slight increase but below the 3% threshold at 2.7%.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 21st October 2015	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• The CCG remains on target to deliver break-even position.	• Delivery of recurrent financial balance required.	• Ongoing requirement to deliver additional QIPP schemes. Greater clinical engagement required. Further discussions at Wider Group meeting and with individual practices.

Information Points for Southport and Formby CCG Governing Body (for noting)

- The Finance and Resource Committee received the updated financial strategy paper and noted the requirement to deliver c£8.3m worth of savings before April 2017.
- The CCG noted that NHSE's assessment of its performance in 2014/15 was "assured with support".
- SL noted that discussions had taken place with public forums to highlight the issues around unused and wasted prescriptions.
- The CCG noted progress in respect of the quality premium although it was concerned that funding would not be available if the financial plan was not met.
- The Committee approved the following HR Policies:
  - Incremental Pay Progression Policy
  - Agenda for Change Rebanding Policy
  - Annual Leave Policy
  - Attendance Management Policy
  - Management of Organisational Change Policy
  - IVF Guidance for Managers

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 18th November 2015	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• The CCG is unlikely to deliver its planned surplus of £1.8m during this financial year. The best case scenario suggests a small surplus will be delivered.	• Non-delivery of NHS England business rules. Potential failure to deliver its statutory duty to break-even	• Ongoing review of QIPP schemes to assess deliverability and remove any barriers to achieving this. Clinical leadership meetings. Engagement with Wider group. Meetings scheduled with individual practices

Information Points for Southport and Formby CCG Governing Body (for noting)

- Committee recommended a review of AQP focussing upon quality of clinical pathways, working with other interested commissioners to introduce revised arrangements by April 2016
- The Committee noted other key opportunities to explore further reductions in expenditure
- The Committee recommended that a review of pregabalin prescribing be undertaken as part of whole CCG PLT session
- The Committee noted that the QIPP requirement is £8.2m worth of savings before the end of March 2017 and the requirement to deliver as much as possible in the remainder of this financial year to bring the CCG back into a surplus position.
- The Committee recommended that a December meeting was necessary and suggested that it took place in the scheduled development session to enable input from all GB members. This meeting will focus upon the Month 8 financial position and QIPP delivery plan only.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee Meeting held on Wednesday, 18th November 2015	Chair: Debbie Fagan

Key Issue	Risk Identified	Mitigating Actions
N/A	N/A	N/A

Information Points for Southport and Formby CCG Governing Body (for noting)
Professional Registration Policy – Due to unforeseeable circumstances the Quality Committee was rendered not quorate at the time this agenda item was presented. Therefore the committee was unable to properly approve and recommended that this be presented to the Governing for approval to prevent and further delay.
Provider Safeguarding Contract Query Update - S&O Contract Query remains open; AHCH Contract Query issued in October 2015; LWH and RLBUHT position to be discussed with LCCG as co-ordinating commissioner following outcome of next performance information analysed by the CCG safeguarding service.
CCG Safeguarding Policy – The Quality Committee reviewed the policy and recommended presentation to the Governing Body for approval. The Governing Body are asked to note that a discussion took place regarding section 6.4.1 which relates to GP practices.
Serious Incident Reporting at S&O – Concerns regarding quality of RCA reports received discussed. Quality Team is in discussion with the Trust team and to be discussed at the S&O Collaborative Commissioning Forum.

Urology 2 week waits at S&O for Urology & Radiology Reports - GP Clinical Lead raised quality concerns regarding referral for Urology 2 week waits and individual incidents regarding radiology reports. DC has liaised with the Trust Medical Director directly regarding these concerns.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Quality Committee Meeting held on 16th December 2015	Chair: Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
Domiciliary Care Provider – CQC Action Letter issued to Domiciliary care Provider in operation across the CCG area	• Patient Safety • Commissioning arrangement re: DCP	• Contingency plan in place • Communication process in place at CCG and LA • Meeting to be held early January 2016 to review current commissioning arrangements within the CCG

Information Points for Southport & Formby CCG Governing Body (for noting)
Professional Registration Policy – Policy approved **Draft CCG Personal health Budget Policy & Practice –** received and approved **Quality Committee Vice Chair –** Member of the Committee identified subject to agreement by the individual

HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE

COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL AND SOUTH SEFTON CCGS

WEDNESDAY 6th JANUARY 2016
Boardroom, Nutgrove Villa
Westmorland Road, Huyton, L36 6GA
Time 4:00pm – 5:30pm

1.	Welcome, Introductions and apologies	All
2.	Declarations of Interest	All
3.	Notes / Actions from the previous meeting held on 4 November 2015 **(to follow)**	All
4.	Links with Liverpool City Region Committee in Common and Feedback	KS
5.	Interdependencies across Sefton, Knowsley and Liverpool • Shaping Sefton • Knowsley Joint Health & Wellbeing Strategy	F Taylor D Johnson
6.	Feedback from clinical discussions	F Lemmens
7.	Liverpool Women's Hospital Update	KS
8.	Planning Guidance (attached)	All
9.	Strategic Estates Programme (attached)	TJ
10.	Strategic Options Appraisal – report from RLUBHT & AUHFT (copies will be provided on the day)	KS
11.	Public Engagement / Consultation (attached)	KS
12.	Any other business	All
13.	Date of Next Meeting – **Wednesday 3 February 2016 4:00pm - 5:30pm (venue same as the CIC (formerly CCG Network) – Nutgrove Villa)**	

Key Issues Log

Title of Meeting	CIC: Realigned Hospital Based Care
Chair	Dr Nadim Fazlani
Date of Meeting	5th January 2016

NHS
Southport and Formby
Clinical Commissioning Group

Issue	Risk Identified	Mitigating Action
1. Relationship between this Committee and the LCR NHS CCG Alliance.	• Confusion/lack of clarity leading to slower implementation of required changes.	• The CIC: Realigned Hospital Based Care to continue to meet, focusing on engagement of partners and recommending courses of action regarding services delivered from the Liverpool footprint. • Governance and reporting arrangements to be reviewed.

Recommendations to NHS South Sefton CCG Governing Body:
1. To note the above issues, risks and mitigating actions.

CCG's COMMITTEE IN COMMON

Wednesday 6th January 2016
Chief Officers Pre-Meet - 12.00 pm to 12.45 pm

Lunch 12.45 pm

Meeting: 1.00 pm
Boardroom, Nutgrove Villa
Westmorland Road, Huyton, L36 6GA

TIME		
1pm	**Welcome and Introductions**	*Chair*
	Apologies for Absence	*Chair*
	Declarations of Interest	*Chair*
1:05pm	**Minutes and Action Log from the CCG Network meeting held on Wednesday 2nd December 2015**	*All*
1:15pm	**Dissolution of the CCG Network (5mins)**	*All*
1	**Terms of Reference of the Committee in Common (*to be reviewed throughout the meeting and finalised at the end*)**	*All*
2	**Delivering the 5 Year Forward View – footprint discussion**	*All*
3	**Repository update/developing our work programme**	*JD/All*
4	**CCG Alliance Slide Deck**	*JD*
5	**Provider Alliance**	*KS*
6	**Strategic Approach** • **Marketing ourselves and our successes**	*All*
3:45pm	**Any Other Business**	*All*

	DATE AND TIME OF NEXT MEETING: **Wednesday 3rd February 2016** **1pm in the Boardroom, Nutgrove Villa** **Westmorland Road, Huyton, L36 6GA**

Key Issues Log

Title of Meeting	LCR NHS CCG Alliance (Merseyside CCG Network)
Chair	Dianne Johnson
Date of Meeting	5th January 2016

NHS
Southport and Formby
Clinical Commissioning Group

Issue	Risk Identified	Mitigating Action
1. Need for more formal collaborative commissioning and strategic planning across Liverpool City Region (LCR).	• Opportunities for hospital service reconfiguration are not realised, resulting in poor services and outcomes for patients. • CCG statutory duties are not delivered.	• Establishment of LCR NHS CCG Alliance as a Committee in Common across all 7 LCR CCGs. • Draft Terms of Reference amended and agreed - to be approved by each CCG Governing Body in January/February 2016. • Work Programme to be confirmed including production of Sustainability Transformation Plan as set out in Planning Guidance 2016/17–2020/21.

Recommendations to NHS South Sefton CCG Governing Body:
1. To note the Merseyside CCG Network has been formally disbanded.

NHS
Southport and Formby
Clinical Commissioning Group

NHS
England

Key Issues
Joint Commissioning Committee

Meeting Date **13 January 2016**

Chair **Jan Leonard**

Key Issues	Risks Identified	Mitigating Actions
1. Trinity	• End of contract 31 March	• Interim provider will be sought to enable full procurement to take place
2. Care home provision across boundaries	• practices are being expected to take on new care home patients	• Expansion of telemedicine • Roving GP • Review of list sizes for LQC • List closure policy

Recommendations to the Governing Body
1. **To note**

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Minutes

Wednesday 21st October 2015, 9.30am to 11.30am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member	RP
Dr Martin Evans	GP Governing Body Member	ME
Colette Riley	Practice Manager	CR
Martin McDowell	Chief Finance Officer	MMcD
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Debbie Fagan	Chief Nurse & Quality Officer	DF
Susanne Lynch	CCG Lead for Medicines Management	SL
David Smith	Deputy Chief Finance Officer	DS
James Bradley	Head of Strategic Finance Planning	JB
Adam Burgess	HR Business Partner	AB
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr Hilal Mulla	GP Governing Body Member	HM
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dr Martin Evans	GP Governing Body Member	✓	✓	✓	✓	✓	A	✓	✓	✓		
Dr Hilal Mulla	GP Governing Body Member	A	A	✓	A	✓	A	✓	A	A		
Roger Pontefract	Lay Member	✓	A	✓	A	✓	A	✓	A	✓		
Colette Riley	Practice Manager	✓	✓	✓	A	✓	✓	✓	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	A	✓	✓	✓	✓	✓		
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	A	A	✓	✓	✓	✓		
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A	A	A	✓	A	A		
Fiona Taylor	Chief Officer	*	*	*	*	*	*	*	*	*		
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓		
James Bradley	Head of Strategic Finance Planning	✓	✓	✓	A	N	✓	✓	✓	✓		
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	A	✓	✓	✓	✓	✓	✓		
Karl McCluskey	Chief Strategy & Outcomes Officer	A	A	A	A	A	A	N	A	A		
Malcolm Cunningham	Head of Primary Care & Contracting	A	✓	✓	✓	A	A	✓	A	A		

No	Item	Action
FR15/114	**Apologies for absence** Apologies for absence were received from Hilal Mulla, Fiona Taylor, Karl McCluskey, Tracy Jeffes and Malcolm Cunningham.	
FR15/115	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.	
FR15/116	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair.	
FR15/117	**Action points from the previous meeting** ***FR15/104 Month 5 Finance Report*** *– SL and JB to work together re use of Blutech software by the Trust* – JB advised that this has been outlined in contracts as part of the CCG's commissioning intentions, and SL does not envisage any issues with pharmacists. ***FR15/105 Prescribing Performance Report*** *– JB to provide breakdown of prescribing figure in future finance reports* – JB presented these figures as a separate document.	
FR15/118	**Month 6 Finance Report** JB presented this report which focused on the financial performance for Southport and Formby CCG as at 30 September 2015 (Month 6). DS referred to the increase in population (graph 1), noting this could be a potential issue if the increasing trend was to continue. MMcD advised that allocations are due to be issued mid-January. The group discussed progress in respect of the NW framework covering CHC costs. DS is to contact David Brownlow from the CSU to find out when pricing allocations are to come out. The Committee noted that Maria Dorpman has been brought in as a temporary analyst to work on coding issues, and also noted that 3 new pharmacists have been appointed, with further interviews still to take place. The following error was noted in the report: p17 of 168, Section 8 paragraph 3: figure of £2.600m should read £2.3m. MMcD referred to S&O contract which remained unsigned following arbitration. Re QIPP savings, RP emphasised the need to ensure the Wider Group were aware of the consequences of the CCG not meeting its targets; MMcD is to raise this at the SF Wider Constituent meeting later today.	DS
	Action taken by the Committee	
	The Committee received this report by way of assurance and noted the recommendations therein.	

No	Item	Action
FR15/119	**Financial Strategy Update** JB presented this report which set out an update to the long term financial strategy and the assumptions which underpin it. It had been updated to reflect the 2015/16 budget and contracts, and also to reflect changes to assumptions regarding future QIPP delivery and expenditure commitments. HN asked if allowance had been made for ongoing discussions with Mersey Care, and MMcD advised that although the CCG recognised this as a risk going forward it is not in the Financial Recovery Plan. With regard to the QIPP scenarios presented in this report, MMcD advised the Governing Body that options regarding the Transformation Fund and surplus should be reversed. MMcD noted that this iteration excluded 2016/17 funding for CVS and winter.	
	Action taken by the Committee	
	The Committee received this report by way of assurance and noted the recommendations therein.	
FR15/120	**Prescribing Performance Report** **(a) Month 4 Report** SL presented this report which updated the Committee on prescribing spend for July 2015. The Committee noted that the CCG is the highest user of EPS in the region, which could potentially lead to more waste due to lack of challenge. However, SL advised that it had been written into contracts that if medicines were prescribed which were inappropriate/not required, then the pharmacist will have committed a breach of contract; pharmacists have been advised of this, and also advised that the CCG will be carrying out audits. SL is to meet with Mersey Care and LMC next week and will provide feedback at the next meeting. **(b) APC Recommendations** Pan Mersey had recommended the commissioning of the following medicine at the September 2015 meeting : • EDOXABAN tablets (Lixiana®▼) for the treatment and prevention of Deep Vein Thrombosis and Pulmonary Embolism • VEDOLIZUMAB (Entivyo®▼) for the treatment of Crohn's Disease The Committee noted a typing error on p41 of 168. Section 4 referred to South Sefton CCG; this should read Southport and Formby CCG.	SL
	Action taken by the Committee	
	The Committee noted the content of these report and approved the APC recommendations therein.	

No	Item	Action
FR15/121	**HR Policies** AB presented the following policies to the Committee which supersede all previous policies; these have all been ratified by the Corporate Governance Support Group: • Incremental Pay Progression Policy • Agenda for Change Rebanding Policy • Annual Leave Policy • Attendance Management Policy • Management of Organisational Change Policy • IVF Guidance for Managers DF referred to Section 9 of the Annual Leave Policy and queried the 20 day statutory entitlement mentioned therein; AB clarified that this is in line with EU law and extra days awarded through Agenda for Change conditions are local agreements. **Action taken by the Committee** The Committee approved all of the above HR Policies.	
FR15/122	**External Updates/Benchmarking and VFM Reports** DS presented this benchmarking paper which provided an update from the recently published Q4 figures. **Action taken by the Committee** The Committee noted this benchmarking update.	
FR15/123	**CCG Assurance** The Committee formally received this annual assurance letter from NHSE, noting the headline assessment for 2014/15 financial year as being assured with support.	
FR15/124	**QIPP Update** No further update.	
FR15/125	**Better Care Fund Update** DS advised the Committee that the CCG is forecasting that the performance element of the fund will not be achieved. **Action taken by the Committee** The Committee noted the update.	
FR15/126	**Quality Premium Dashboard** JL presented this report on behalf of BD, which updated the Committee on progress against the 2015/16 Quality Premium indicators. **Action taken by the Committee** The Committee noted this report.	
FR15/127	**Business Case for General Practice Commissioning Improvement** MMcD presented this paper on behalf of KMcC. However, as the amount requested exceeded MMcD's approval limit, this Committee was unable to approve the request, and it is to go to Part 2 of Governing Body on 28th October. Action taken by the Committee The Committee noted the above.	

No	Item	Action
FR15/128	**Any Other Business** **Financial Recovery Plan (FRP)** MMcD advised that the FRP is not formally endorsed at this stage. A draft has been sent to NHSE and he recommended that this also goes to Part 2 of Governing Body on 28th October.	
FR15/129	**Key Issues review** MMcD summarised the key issues of this meeting, and these will be presented to the Governing Body.	
	Date of next meeting Wednesday 18th November 2015 9.30am to 11.30am Family Life Centre, Southport	

Quality Committee
Minutes

Date: Wednesday 18th November 2015, 11.30 am – 1.30 pm
Venue: Family Life Centre, Ash Street, Southport

Membership		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Dr Doug Callow	GP Quality Lead S&F	DC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Helen Nichols	Lay Member	HN
Ex Officio Member		
Fiona Taylor	Chief Officer	FT
In attendance		
Julie Cummins	CHC Clinical Quality & Performance Co-ordinator	JC
Helen Roberts	Senior Pharmacist	HR
Helen Smith	Head of Safeguarding Adults	HS
Apologies		
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Billie Dodd	Head of CCG Development	BD
James Hester	Programme Manager Quality & Safety	JH
Brendan Prescott	Deputy Chief Nurse / Head of Quality	BP
Fiona Taylor	Chief Officer	FT
Minutes		
Vicky Taylor	Quality Team Business Support Officer	VT

Membership Attendance Tracker

Name	Membership	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr Rob Caudwell	GP Governing Body Member (Chair as of Jun 2014)	√	√			√	√	A	L				
Paul Ashby	Practice Manager, Ainsdale Medical Centre	A	√			√	√	√	√				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A			√	√	√	√				
Malcolm Cunningham	CCG Head of Primary Care & Contracting	A	A			A	A	A	A				
Billie Dodd	Head of CCG Development	A	√			√	√	L	A				
Debbie Fagan	Chief Nurse & Quality Officer	√	√			L	√	√	√				
Martin McDowell	Chief Finance Officer	√	√			√	√	√	√				
Helen Nichols	Governing Body and Lay Member	√	√			A	L	√	√				
Roger Pontefract	Lay Member					A	A	√	A				

✓ Present
A Apologies
L Late or left early

No.	Item	Action
15/126	**Apologies for Absence** Apologies for absence were received from MC, BD, JH and BP. It was agreed that DF would Chair the meeting as RC would need to leave the meeting early due to a conflicting engagement regarding community procurement.	
15/127	**Declarations of interest regarding Agenda items** CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.	
15/128	**Minutes of the previous meeting and Key Issues Log** The minutes of the previous meeting were agreed as an accurate reflection. DF noted that the key issues log was the incorrect version although the information contained within was accurate. **Action: VT to circulate the correct for version to committee members after the meeting.**	VT
15/129	**Matters Arising / Action Tracker** **15/065 Southport & Ormskirk Hospital NHS Trust (S&O) Contract Queries (status update)** – DF stated that the contract queries relating to safeguarding, pressure ulcers and avoidable deaths remained open. Further information is required from the Trust in order to close. The Trust has been informed at the last joint CRM/CQPG of the information that is required for the purposes of assurance. **Action: Action completed – remove from the tracker.** **15/081 Community KPIs (Original Action 15/063)** – JS reported that CCGs are awaiting the consultation document for national community KPIs from NHSE. JS reported that a conversation had taken place with MC regarding possible contract penalties associated with data flow which would be continued outside of the Quality Committee. **Action: Action completed – remove from the tracker.** **15/082 Provider Quality Performance (S&O Caesarian Section information – information requested by DC)** – DF and DC reported that information has not yet been received. In view of maternity services quality concerns, members requested that the Trust be invited to attend the January 2016 Quality Committee for the purposes of assurance. **Action: Action closed due to new action below** **New Action: DF to invite the Trust to attend the January 2016 meeting.** **15/088 EPEG Annual Report 2014/15 (JHer to discuss ways of encouraging patients to take responsibility for their health with EPEG members)** – Feedback awaited. **Action: Carried forward to December 2015 meeting.** **15/099 Continuing Health Care / Complex Care Services Clinical Quality & Safeguarding Report** – DF stated that a meeting has been arranged by TF to meet with CSU colleagues for a discussion regarding future content and format of report going forward. **Action: Action completed – remove from the tracker.** **15/104 Serious Incident Report** – In the absence of JH, JS made reference to the Serious Incident Report that is an agenda item at today's meeting. Challenge has been put back to the Trust regarding the late reporting of the Maternity/Obstetric Serious Incident. JS reported that BP will raise the issue of patients/families understanding of advice given on the care/treatment of Pressure	DF JHer

	Ulcers at the next Patient Safety Collaborative as the recent one held by the Trust was relating to care of the deteriorating patient. **Action: Action completed – remove from the tracker.** **15/109(i) Apologies for absence** – DF stated that an e-mail had been sent asking members to send apologies prior to the meeting in order to ascertain quoracy. DF explained that the apologies received today were down to annual leave, conflicting priority meeting for the community procurement and an urgent action that occurred this morning that BP had to address associated with a request from the CQC. **Action: Action completed – remove from the tracker.** **15/109(ii) Apologies for absence (appointment of Committee Vice-Chair)** – the Committee agreed for this to be carried forward to the next meeting. **Action: Carried forward to December 2015 meeting.** **15/113(i) Governing Body Assurance Framework & Corporate Risk Register (IAPT referral / waiting times following initial screening)** – DF and MMcD confirmed that this was not raised at the Wider Constituent Meeting as the opportunity didn't arise. However, it was raised with the GP Clinical Lead / Clinical Director for Mental Health at the CCG at a separate meeting. **Action: Action completed – remove from the tracker.** **15/113(ii) Governing Body Assurance Framework & Corporate Risk Register (IAPT referral / waiting times following initial screening)** – DF informed that the request from the Quality Committee to review the risk rating was raised with the CCG risk owner. **Action: Action completed – remove from the tracker.** **15/114 EPEG Annual Report** – DF reported that the Falls presentation from Aintree University Hospital NHS Foundation Trust had been sent to DC. DC confirmed he had received the presentation. **Action: Action completed – remove from the tracker.** **15/115 Professional Registration Policy** – Agenda item at today's meeting. **Action: Action completed – remove from the tracker.** **15/116(i) Chief Nurse Report (CCG escalation processes and timelines)** – DF and HN confirmed that a discussion had taken place with the CCG Chief Officer. **Action: Action completed – remove from the tracker.** **15/116(ii) Chief Nurse Report (Clinical Pathways at S&O)** – DC stated that a discussion had taken place with the Trust and that these pathways had yet to be received – rationale behind the request explained. DC stated that this action could be closed and would he would continue to pursue with the support of colleagues in WLCCG. **Action: Action closed – remove from the tracker.**	CHAIR/ ALL
15/130	**CCG Safeguarding Service Quarterly Report** HS presented the report and the assurance level of providers was discussed. • S&O - the committee noted that the contract query remained in place with the provider due to continued limited assurance. Concern was expressed regarding the pace of improvement in performance and RC stated he would take an action to speak with the Chair of the Trust Quality & Safety Committee due to assurances received from the Trust. HS stated that Q2 2015/16 performance information had recently been received from the Trust and that the CCG Safeguarding Service would prioritise their review of the Trust performance information and give early feedback to the CCG for discussion at	

	the Quality Committee and the CRM/CQPG with the Trust. • Alder Hey Children's NHS Foundation Trust – the provider has been issued with a Contract Query at the end of October 2015. HN requested clarification as to why the CCG Safeguarding Service had rated the provider as reasonable assurance when there were sufficient concerns to issue a contract query. HS provided an explanation to the committee which included performance in relation to both children and adults. • Liverpool Women's Hospital NHS Foundation Trust – the committee noted 'limited assurance' and challenged whether there was cause to issue a contract query to this provider. HS explained that the CCG Safeguarding Service were working closely with LCCG as the co-ordinating commissioner in order to support the Trust and highlighted improvement actions being undertaken within the Trust. DF asked when the position would be reviewed again. HS stated that the decision to issue a contract query would be reviewed following the assessment of Q2 2015/16 performance information. The Committee noted the updates with regard to Domestic Homicide Reviews, Goddard Inquiry, LSCB Section 11 audit (update regarding CCG position and action plan expected at December 2015 Quality Committee), PREVENT and Child Sexual Exploitation. DF stated that the relevant update letters as detailed in the appendices to this document had been circulated as appropriate via the CCG Communications Bulletin. HS updated the Committee on the current position of the commissioning of supervision support for the CCG Safeguarding Service that is an outstanding action on the CCG Peer Review Safeguarding Action Plan. This is now expected to be finalised for January 2016 by Halton CCG as the host organisation for the service. HN stated that it is important that this is in place and highlighted that this is an area that we performance manage our providers on. **Action(i): RC to discuss limited assurance and pace of improvement in performance with the Chair of S&O Quality & Safety Committee.** **Action(ii): HS to ensure that S&O safeguarding information for Q2 2015/16 is given priority for review by the CCG safeguarding service and early feedback to be given to the CCG for the purposes of the Quality Committee and the CRM/CQPG**	RC HS
	The committee received the report	
15/131	**CCG Safeguarding Children & Vulnerable Adults Policy 2015 (incorporating Safeguarding & Mental Capacity Act Standards for Commissioned Services)** HS presented the updated policy to the Quality Committee. DF asked for clarification in Section 6.4.1 and clarifies the current position of the CCG with regard to co-commissioning with NHSE. The committee received the policy and recommended presentation to the Governing Body for approval. **Action: DF to ensure that the updated CCG Safeguarding Children & Vulnerable Adults Policy 2015 (incorporating Safeguarding & Mental Capacity Act Standards for Commissioned Services) is presented to the Governing Body for approval at the November 2015 meeting.**	DF
	The Committee received and supported the approval of the Safeguarding Children & Vulnerable Adults Policy 2015 by the Governing Body	
15/132	**CSU Q2 2015/16 Quality Report** JC presented the report which highlighted performance and quality monitoring information for Nursing Homes in SFCCG. HN asked for clarification of the contract arrangements and the routine mechanisms in place for quality monitoring.	

	JC and DF explained the role and relationship of / between the CCG and the Local Authority and for those Nursing Homes on the North West Framework and those that were not. DF asked for assurances regarding the role the CSU is commissioned to provide on behalf of the CCG where quality concerns are evident. JC informed the committee of the routine quality monitoring that takes place and the local meetings CSU are in attendance at with the Local Authority and the CQC. DF informed the committee of the function of the Programme Manager for Vulnerable People who had recently come into post within the CCG.	
	The committee received the report	
15/133	**Professional Registration Policy** DF re-presented the Policy as the Quality Committee was unable to approve at the last meeting as the meeting was not quorate. Due to unforeseeable circumstances the Committee was rendered not quorate at the time the agenda item was presented. Therefore the committee was unable to properly approve and recommended that this be presented to the Governing for approval to prevent and further delay. **Action: DF to arrange for the Professional Registration Policy to be approved at the next meeting of the Governing Body.**	DF
	The Committee received the policy but were unable to approve due to quoracy	
15/134	**Provider Quality Report** JS presented the report which was discussed by the Committee. *Southport & Ormskirk* Cancer performance - DF informed the committee of the recent query from NHSE regarding the outlying status of the Trust regarding 62 day patient breaches as extracted from a PTL submission. The committee were informed that this had been discussed at a recent CRM/CQPG and the Trust had agreed to bring their reporting in-line with how other providers report this information – this has been relayed back to NHSE. DC raised the issue of the timing of appointments being given to patients and queried the use of fax versus e-mail. MMcD queried if the RAG rating for Cancer performance at the Trust was correct as it didn't appear to be a correct reflection. JS took an action to liaise with the Business Intelligence Team to query the accuracy of the RAG rating in relation to Trust performance. Stroke performance - DF stated that confirmation had been received from the provider at the CRM/CQPG that ring-fenced stroke beds would be in place in December 2015. RTT performance was discussed and DC stated that he had recently raised an issue with the Medical Director at S&O regarding system and process issues linked to Urology (general urology and haematuria) 2 week wait referrals – DC stated he had received a response from the Trust regarding this enquiry. The Trust's challenged performance in relation to the 95% A&E target in September 2015 and the handover time from HAS notification to clinical handover was discussed. The committee noted the information regarding a RCA being undertaken and the actions being undertaken to address performance. DF stated that the Trust had recently informed the CCG of 2 possible Paediatric 12hr wait breaches within the Trust one of which had been discounted and the other one discussions are still on-going – from initial discussions it appears that A&E was the most appropriate place clinically for the patient to be cared for in order to maintain safety. The CCG have liaised with NHSE informing them of the current situation.	

	DF gave an update on the Mixed Sex Accommodation Breached that had occurred within the Trust and informed the Committee of the collaborative discussions that had been taking place with WLCCG and Specialist Commissioning as these had occurred in the Spinal Unit and within Critical Care. A discussion has taken place at the CRM/CQPG and commissioners are awaiting further information / RCAs. JS stated that a new data system for maternity should be operational within the Trust for January 2016 and the committee noted the action identified earlier in the meeting for the Trust to be invited to the January 2016 meeting to discuss Maternity Services. The action for the CCG Children's Commissioning Manager to report back re: maternity performance for the % of women who have seen a midwife by 12 weeks and 6 days of their pregnancy was noted which is also planned for January 2016 as detailed on the committee action tracker – the latest performance from the Trust stands at 84.93% against a target of 90%. JS stated that the Trust remains an outlier with regards to their Friends & Family Test performance and that EPEG have invited the Trust to attend meetings on a regular basis to discuss developments in this area. DF stated that the Friends & Family Test is but one mechanism to give an overview of patient experience and that it would be useful if this could be considered alongside the Trust complaints report. The Trust C.difficile performance showed that they have exceeded their set tolerance year to date. DF explained that taking into account the cases upheld as part of the C.difficile appeals process, then for contract purposes, the Trust were performing below their tolerance. **Action(i): JS to liaise with the Business Intelligence Team to query the accuracy of the S&O Cancer RAG rating.** **Action(ii): DF to liaise with JS re: request for EPEG to consider S&O Complaints Report alongside FFT information.** *MerseyCare NHS Trust* JS reported that issues with data collection regarding Every Contact Counts had now been addressed. Nicotine replacement groups have commenced within the Trust and DC queried if the use of E cigarettes was allowed. JS stated she will determine whether it is permissible for these to be used within the hospital. The Trust performance in relation to RTT for Psychotherapy and Eating Disorders was discussed. Although numbers appeared to be small, the Trust appeared to be better performance in other CCG areas than in SFCCG, Prioritisation was discussed for Eating Disorders including the possible impact on waiting times. HN expressed concern regarding the Trust's performance in these 2 areas and asked if these were 2 areas where the provider claimed to be underfunded. JS stated she would enquire and feed back at the next external Committee meeting. DNA rates at the Trust were discussed and JS reported that the provider are looking at how they can reduce their DNA rates as part of its transformation work programme regarding out-patient model of care. With regard to 'Keeping Nourished', JS reported that that this was deferred from the last CQPG as the Trust lead was required to attend the CQC Quality Summit Meeting for feedback from the Chief Inspector of Hospitals Visit. An update will be provided at the next meeting for the purposes of assurance.	JS DF

	Action(iii): JS will ascertain if Psychotherapy and Eating Disorders are two areas where MerseyCare claim to be underfunded and will provide feedback to the next external Quality Committee meeting (January 2016) *Liverpool Community Health NHS Trust* JS presented performance information by exception for Liverpool Community Health NHS Trust (LCH). DF provided an update on progress following the convened outbreak meeting for C.difficile that occurred on Ward 35 and the resulting actions that occurred including liaison with Aintree University Hospital NHS Foundation Trust. Sickness absence rates were noted for SFCCG specific services along with the resulting action being taken by the provider. JS informed the Committee that sickness / absence rates for both clinical and non-clinical staff has been a recent discussion at the LCH Collaborative Forum which is a pre-meet for the contract meeting. JS highlighted the recent discussions that had taken place at both the Collaborative Forum and the Contract Meeting regarding lengthy waits for both paediatric and adult Speech & Language Therapy – the Trust had discussed the submission of a business case at the CQPG which will be considered at the Contract Meeting. *NHS111* JS presented the provider performance report and the committee noted the details regarding some ongoing issues relating to the visibility of Special Patient notes by NHS111 when there has been an expected patient death – such quality issues are being addressed via the Regional contract meeting.	JS
	The Committee received the report	
15/135	**Serious Incident Report** JS presented the report to the Committee. DC reported that he had met recently with the S&O Director of Nursing and Medical Director and a discussion had taken place regarding the Serious Incident process and the quality of Root Cause Analysis (RCA) reports received by the CCG. This was thought to be having an impact on the ability of the CCG to close the incidents in a more timely fashion. DF stated that the Chief Nurses from both SFCCG and WLCCG were waiting for confirmation of a meeting date with the Director of Nursing from S&O as both the CCGs and the Trust were keen to pick up this conversation. HN stated that both the quality issues and the number of SIs still open was concerning as this impacts upon learning lessons. DF stated that a number of the open SIs relate to pressure ulcers and that JH had been in discussion with the Trust regarding the development of a single action plan (which was being supported by NHSE with another provider) or an aggregated review to be undertaken instead of having to produce individual RCA reports for the pressure ulcers – this had been discussed at the CRM/CQPG at the beginning of November 2015 and the CCG is awaiting a response from the Trust. DF stated that SIs are a standing agenda item at the CRM/CQPG and suggested that the particular issue regarding the quality of the RCA reports be discussed at the next S&O Collaborative Forum which would be taking place next week. The Quality Committee requested an update on discussions with the Trust to be brought to the January 2016 meeting – if no improvement was seen then this issue would need to be escalated to the Governing Body. **Action(i): JS to put the Quality of RCAs / SI process as an agenda item for discussion at the next S&O CCF.** **Action(ii): DF to report back to the January 2016 meeting outcome of discussions with the Trust regarding improvements to the SI process and the quality of RCAs received.**	JS DF

	The Committee received the report	
15/136	**GP Quality Lead Update** DC stated that he had recently raised several issues with the Medical Director at S&O linked to radiology reports received by GPs and some system and process issues linked Urology (general urology and haematuria) 2 week wait referrals – refer to agenda item 15/134 . DC reported that he had received a response from the Trust Associate Director of Operations regarding governance and clinical risks associated with the Urology Referrals and was awaiting a response regarding the individual incidents that may require the Trust to consider SI reporting. DF asked DC for details so Quality Team could support the follow-up of the outstanding response. DC stated that he would pursue a response himself and liaise with the Quality Team if required.	
	The Committee received the verbal report	
15/137	**Key Issues Log** The following were highlighted to be included in the key issues log from the Committee to the Governing Body: • Provider safeguarding contract query status update • CCG Safeguarding Policy – recommended for approval to the Governing Body • Serious Incident Reporting at S&O – concerns regarding quality of RCA reports received • GP Clinical Lead quality concerns regarding referral for Urology 2 week waits; individual incidents regarding radiology reports	
15/138	**Quality Committee Annual Workplan** DF stated that the Quality Committee Annual Workplan will be presented to the December 2015 meeting.	
15/139	**Any Other Business** None.	
15/140	**Date of Next Meeting** It was agreed that due to changes to the scheduling of the Governing Body meeting in December 2015, the time and venue of the next Quality Committee would be changed to: Wednesday16th December 2015 - 11.30 am – 12.30 pm. Provisional venue – Southport Christian Lakeside Centre. VT to e-mail out to members asap informing them of the change to the time and venue – date will remain the same. **Action: VT to e-mail out to Committee members the changes to the time and proposed venue of the December 2015 meeting of the Quality Committee. VT to arrange change of venue.**	VT

Chair : _____ _____

PRINT NAME **SIGNATURE**

Date : _____