AGENDA

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Agenda

Date: Wednesday 25th May 2016, 13:00 hrs to 15:00 hrs
Venue: Family Life Centre, Cedar Room, Ash Street, Southport, Merseyside, PR8 6JH

13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

13:15 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body		
Dr Rob Caudwell	Chair and Clinical Director	RC
Helen Nichols	Vice Chair and Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	NL
Paul Ashby	Practice Manager and Governing Body Member	PA
Matthew Ashton	Director of Public Health *(co-opted member)*	MA
Dr Doug Callow	GP Clinical Director and Governing Body Member	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director and Governing Body Member	HM
Colette Riley	Practice Manager and Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director and Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT
Gill Brown	Lay Member for Patient & Public Engagement	GB
In Attendance		
Danielle Love	*(Minute taker)*	
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Peter Wong	Children, Young People & Maternity Commissioning Manager	PW

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
Governance					
GB16/72	Apologies for Absence	Chair	Verbal	R	3 mins
GB16/73	Declarations of Interest	Chair	Verbal	R	2 mins
GB16/74	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB16/75	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB16/76	Business Update	Chair	Verbal	R	5 mins
GB16/77	Chief Officer Report	FLT	Report	R	10 mins
GB16/78	LCR NHS CCG Alliance Revised Terms of Reference	FLT	Report	A	5 mins
Quality & Safety					
GB16/79	SEND Briefing	PW	Report	R	10 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
Service Improvement/Strategic Delivery					
GB16/80	Sustainability and Transformation Plan (STP) for Cheshire and Merseyside	KMcC	Report	A	10 mins
GB16/81	Shaping Sefton - Plans on a Page	KMcC	Report	R	15 mins
GB16/82	Joint QIPP Committee	MMcD	Report	A	5 mins
Finance and Quality Performance					
GB16/83	2016/17 Revised CCG Budgets/ QIPP	MMcD	Report	A	10 mins
GB16/84	Integrated Performance Report	KMcC/ MMcD/DF	Report	R	10 mins
For Information					
GB16/85	Key Issues reports: a) Finance & Resource (F&R) Committee b) Quality Committee c) CIC: Realigned Hospital Based Care d) CIC: LCR NHS CCG Alliance e) Joint Commissioning Committee f) Audit Committee g) 4-monthly Locality Reports - North - A&B - Central - Formby	Chair	Report	R	5 mins
GB16/86	F&R Committee Minutes - Feb 2016 - Mar 2016		Report	R	5 mins
GB16/87	Quality Committee Minutes - Feb 2016 - Mar 2016		Report	R	
GB16/88	Audit Committee - Jan 2016		Report	R	
GB16/89	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting*				5 mins
GB16/90	Date of Next Meeting Wednesday 27th July 2016 at 13:00 hrs, Family Life Centre, Southport, PR8 6JH				-
Estimated meeting close					**15:05hrs**

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
DRAFT Minutes

Date: Wednesday 30th March 2016, 13:00 hrs to 15:10 hrs
Venue: Family Life Centre, Cedar Room, Ash Street, Southport, Merseyside, PR8 6JH

The Governing Body		
Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Niall Leonard	Clinical Vice Chair & GP Clinical Director	NL
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Paul Ashby	Practice Manager & Governing Body Member	PA
Matthew Ashton	Director of Public Health *(co-opted member)*	MA
Dr Doug Callow	GP Clinical Director & Governing Body Member	DC
Dr Martin Evans	GP Clinical Director & Governing Body Member	ME
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Martin McDowell	Chief Finance Officer & Deputy Chief Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT
[Vacant]	Lay Member for Patient & Public Engagement	
In Attendance		
Jayne Byrne	PA to Chief Officer *(Minutes)*	JBy
Margaret Jones	Consultant in Public Health, SMBC	MJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Brendan Prescott	Deputy Chief Nurse & Head of Quality & Safety	BP

Presention: ***'Community Services Re-Procurement'*** **FLT**

No	Item	Action
GB16/35	**Apologies for Absence** Apologies were received from Matthew Ashton, Dr Doug Callow, Dwayne Johnson and Dr Niall Leonard.	
GB16/36	**Declarations of Interest** Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest.	
GB16/37	**Minutes of Previous Meeting** The minutes of the previous meeting were accepted as a true and accurate record.	
GB16/38	**Action Points from Previous Meeting** *GB15/163 Developing Personal Health Budgets* - PHB Policy & Practice Guidance to be presented to Governing Body in March 2016 – on agenda, remove from tracker. *GB15/207 Organisational Development Plan* - a detailed development plan to be prepared for approval by the Finance & Resource Committee – done, remove from tracker. *GB16/9 Improving the Quality of NHS Complaints Investigations (Parliamentary and Health Service Ombudsman (PHSO) Summary Report)* - Colette Riley and Paul Ashby to circulate the report to their Practice Manager peers for information, done remove from tracker.	

No	Item	Action
	GB16/11 Draft Children's and Young People's Plan - DJ was due to discuss the plan with Jan Leonard, Chief Redesign & Commissioning Officer, and Peter Wong, the managerial lead for Children & Maternity Services and he asked for any additional comments from the Governing Body to be sent to him by the beginning of March. Come back to May Governing Body meeting – keep on tracker. *GB16/12 Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21* The Governing Body gave delegated authority to SLT, to enable the required submission timetable to be met, on agenda, remove from tracker. *GB16/14 Community Services Procurement Update* - Sefton Council had asked for documentation relating to the procurement and cost to be shared with them. FLT would confirm back to the Council that all public documentation other than commercial documents could be shared and a breakdown of cost would be provided, done remove from tracker. *GB16/15 Integrated Performance Report - (a) Cancer Performance* – HN queried why the CCG was scoring red on breast when other CCGs were green; it was agreed to discuss this further in an SLT meeting. KMcC to pick up as part of Integrated Performance Report. Remove from tracker. *GB16/15 Integrated Performance Report - (b)* Dwayne Johnson had discussed whether Southport & Formby CCG and South Sefton CCG, together with Sefton Council, should commission work to evidence the benefit of working together and the current context of resource constraints. Meeting to be arranged with Leadership Team and Sefton Council. FLT to speak to King's Fund. *GB16/15 Integrated Performance Report - (c) Third Sector Contracts* – FLT asked for an update to be brought back to the Governing Body. MMcD to pick up in finance section, remove from tracker. *GB16/16 Key Issues Logs from Committees of the Governing Body - Joint Commissioning Committee – Care Homes* - conversation to be held with the Care Home sector to be mindful of reducing monies. Dr Scholtz had had various discussions in relation to care homes and believed a transformation plan could be developed and presented to the wider constituency for review. KMcC and NL to review. Ongoing, leave on tracker.	JL SLT KMcC
GB16/39	**Business Update** RC updated the Governing Body on the movements of patients across practices. The telemedicine pilot commissioned from Airedale NHS Trust, provides video link between care homes and a centre with trained nurses to access qualified advice 24/7. Much is being done on the planning footprint and models of care; considering what our own population needs are based on evidence and public feedback and what out of hospital care should look like in the future.	
GB16/40	**Chief Officer Report** FLT updated the Governing Body with highlights from her report. BCF – FLT asked for the Governing Body to give delegated approval to the Chief Officer to sign off BCF on the Governing Body's behalf. Nurse Revalidation – FLT thanked the Safeguarding and Quality teams for their work. Student nurses – Southport & Formby CCG was the first in the country to be accredited as both hub and spoke placement. Governing Body Changes – a new lay member had been recruited and would be at the next meeting in May. **Outcome: The Governing Body formally received the report and approved delegated authority to the Chief Officer to sign off the BCF on its behalf.**	
GB16/41	**GP Pressures and Supporting Practices** RC reported the formation of a transformation group comprising approximately eight local practices to see what could be done collaboratively to relieve pressure. The GP federation was awaiting CQC registration, which once registered, would enable new ways of working.	
GB16/42	**LCR NHS CCG Alliance – Revised Terms of Reference** – deferred until May 2016. They are still in the process of being developed.	FLT

No	Item	Action
GB16/43	**Corporate Objectives** KMcC outlined proposed corporate objectives for 2016/17, which centred on QIPP, blueprints and programmes. The proposed Corporate Objectives will be discussed at the Senior Leadership Team and Operational Team meetings in April 2016. **Outcome: The Governing Body approved the Corporate Objectives for 2016/17.**	KMcC
GB16/44	**Equality and Diversity Annual Report** FLT gave highlights from the CCG's Equality and Diversity (E&D) Annual Report. The CCG was required to pay due regard to the Public Sector Equality Duty (PSED) and Specific Duties to set Equality Objectives and publish equality information as set out in the Equality Act 2010. Failure to comply has legal, financial and reputational risks. Furthermore all CCGs are required to undertake the Equality Delivery Systems 2 (EDS 2) toolkit as part of the NHS England assurance process. The report needs to be completed and uploaded to CCG website. HN expressed surprise that we were only scoring 'developing'. FLT to ask TJ to speak to Andrew Woods and bring an answer back to Senior Leadership Team/Quality Committee. RC didn't think it was particularly clear in terms of timescales – not all areas had deadlines. The Governing Body was asked to: a) receive the Equality & Diversity Annual report (Appendix A); b) receive the CCG approach to Equality Delivery Systems 2 assessment (Appendix A section two) (some work to be taken to Quality Committee); c) approve the 3-year Equality Objectives Plan in light of the EDS2 assessment (Appendix A, section three); and AW to clarify. d) receive the NHS England EDS summary Report (Appendix B). **Outcome: The Governing Body approved the recommendations contained in the report.**	FLT/LC FLT/TJ
GB16/45	**Personal Health Budgets (PHB)** BP explained a revised PHB Policy was being presented to the Governing Body. Government policy required CCGs to ensure that people in receipt of a health funded package of care, either by Continuing Health Care (CHC) for adults and or Complex Care (CC) for children, had a 'right to have' a PHB form October 2014. Alongside this the Government had confirmed a commitment in the NHS mandate 2014-2015 that anyone with a long term condition, who could benefit from a PHB, should have the right to ask for one by April 2015. The paper was in support of the policy for personal health budgets for all NHS Funded Packages of Care for Adults and Children in line with current government policy and national guidance. RC asked if any work had been done to quantify the number of patients this may affect. BP replied numbers indicated between 2% and 3% and the expectation was for numbers to remain low. FLT commented it was good to see the level of engagement but noted the second paragraph under item 3.1 should say 'Southport & Formby CCG' and there was a zero missing from the figure on p142. The Governing Body was requested to: a) review and approve the draft policy and practice document from which the CCG could base it's 'local offer' for PHBs, which was required to be published on the CCG website from April 2016. **Outcome: The Governing Body approved the policy and practice document.**	

No	Item	Action
GB16/46	**Safeguarding Peer Review Action Plan** DF presented the Governing Body with the updated CCG Safeguarding Peer Review Action Plan (v9i). Positive progress had been made against the recommendations. The action plan was last reviewed by the Quality Committee in February 2016 which recommended presentation to the Governing Body for closure due to the CCG Scheme of Delegation and Reservation. RC thanked the Safeguarding/Quality Team for all the hard work to ensure a much improved service. **Outcome: The Governing Body received the report/action plan and supported the Quality Committee's recommendation to approve formal closure of the action plan.**	
GB16/47	**Looked After Children Strategy** DF updated the Governing Body with the recommended strategy for adoption by the CCG and approval with regard to Looked After Children. It had been developed in accordance with current legislation and guidance published in 2015. Once approved the CCG Safeguarding Service would develop a work/action plan to support delivery which will be monitored via the Quality Committee. The Governing Body are asked to: a) approve the CCG Looked After Children Strategy; b) delegate responsibility for overseeing the delivery of the work/action plan to the Quality Committee with any concerns against delivery being escalated to the Governing Body. **Outcome: The Governing Body approved the recommendations.**	
GB16/48	**Dementia Friendly Communities and the CCG's Role** FLT explained the development of dementia friendly communities would mean that people with dementia and their carers would have support from local communities, would not suffer any stigma as a result of their condition and would be able to live as normal a life as possible for as long as they could. The CCG could contribute to this growing social movement by signing up to the Sefton Dementia Action Alliance and making a commitment to becoming a dementia friendly organisation. In doing so the CCG must commit to an action plan detailing what it would do as an organisation to contribute. PA added it was dementia awareness week on 15th May, which was a good opportunity for staff training during Protected Learning Time that week. LC to link with Practice Manager colleagues to see how we can optimise/publicise that week. **Recommendations:** a) CCG staff and member practices become dementia-friendly by undertaking appropriate awareness training and cascading awareness sessions throughout the organisation; b) The CCG joins the Sefton Dementia Action Alliance. Attendance at bi-monthly meetings would be required; c) The CCG encourages its member practices to become dementia friendly and also sign up to the Sefton Dementia Action Alliance; d) The CCG actively promotes dementia friends training and awareness with commissioned services via its contracting processes and provider specifications; e) The CCG monitors the delivery of actions in the Dementia Strategy "Living Well with Dementia: A Strategy for Sefton 2014-2019". This can be done by continuing to support the strategy group chaired by Cllr. Paul Cummins of Sefton MBC. Kevin Thorne - Dementia Lead could take on this role. **Outcome: The Governing Body received the report.**	LC

No	Item	Action
GB16/49	**Transforming Care for People with Learning Disabilities: Implementation of National Plan** BP updated the Governing Body with regard to the national, regional and local programme of work with regard to Transforming Care for children, young people and adults with learning disabilities. In line with the priorities of the Transforming Care programme, it was intended that this would involve a significant shift in commissioning towards high quality community-based services over the next 3 years, allowing the closure of inpatient beds and facilities. HN asked for clarification in relation to finance; would NHS England pay the dowry? BP confirmed payments would be made by NHS England so there was no financial impact on the CCG. **Outcome: The Governing Body received the report.**	
GB16/50	**Integrated Performance Report** A&E continues to be challenged locally as well as nationally. Southport and Ormskirk NHS Trust has been reviewing patient flows assessments and is still looking at bed capacity. The Trust has to achieve 95% by March 2017. Ambulance turnaround times have also been challenged. Additional investment has been given to NWAS and A&E to assist with handover times but still struggling to move patients through system. DF added NHS England, Southport & Formby CCG and West Lancs CCG had undertaken walkarounds and there were no concerns in terms of safety and patients had been complimentary about the hospital treatment. Multi Agency Discharge events (MADE) were also planned with senior staff to visit A&E, go through pathways and learn if there is anything we help with. The intention was to undertake them monthly. RC asked for the figure against emergency admissions for children with respiratory tract problems to be checked as it didn't feel right. KS confirmed the numbers were small. KMcC to pick up and discuss coding issues with the provider. Cancer - The CCG was struggling with two cancer indicators – breast symptom and 62-day wait. Other challenges in diagnostics – access to audiology services and there is also a problem with staffing. Referral to Treatment Time – now achieving target. Stroke – 80% of patients spending 90% of time in a stroke bed, which is a reflection of challenges on A&E performance. FLT asked for more up-to-date data now we had a dedicated stroke facility at Southport. A walkaround was to be arranged in the Stroke Unit towards the end of April after the CQC visit. IAPT – Q3 performance improved on the previous quarter but there are still problems with getting GPs to refer into the service and self-referral of patients is not working very well. A contract query has been issued to the Cheshire and Wirral Partnership NHS Trust but a response is still outstanding. Pressure Ulcers - There had been an increase in the reporting of pressure ulcers which was a positive step towards closing the contract query. Never Event - There had been one 'never event' at Southport and Ormskirk NHS Trust, which would be investigated in accordance with the prescribed process. The CCG had sought and received assurance from the Trust that immediate actions had been taken. CDiff – no lapses of care have been identified – DF thanked Dr Callow for leading the process. Mixed Sex Accommodation – DF confirmed the CCG was sighted on breaches. There were some concerns around flow and reclassification of the spinal unit, which were being worked through with the Trust to resolve.	KMcC

No	Item	Action
	Serious Incidents – HN was very concerned at the time taken for S&O to address serious incidents raised in the Quality Committee, some of which went back to 2014. She believed it might be necessary to put some additonal actions in place and wanted to flag it up to the Governing Body. RC added the Trust acknowledged this was an area of concern and were expecting it to form part of the CQC visit. DF reported the Medical Director and others were expected to attend a joint Serious Incidents Review at the beginning of April. FLT to consider the review and contact the Chief Executive. Finance – MMcD reported the CCG remained on target to deliver its statutory duty and break even target for 2015/16 financial year but this was predicated upon the use of non-recurrent measures which will not be available in 2016/17. He advised that the CCG needed to continually review its spend on pathways to demonstrate that it was securing value for money. A review was still ongoing looking at where investment was best placed in the future. A report would come back to the Governing Body in the next few months. HN expressed concern in relation to starting the next financial year with a significant amount of savings to find. **Outcome: The Governing Body received the report.**	DF/FLT
GB16/51	**Key Issues reports:** a) Finance & Resource (F&R) Committee – approved the quality prescribing scheme last week and focussed on where we can to save money this and next financial year. b) Quality Committee – one CQC action around domiciliary care – taken steps to ensure no patients are at risk – contingency in place. Paul Ashby to be Quality Committee Vice Chair. c) CIC: Realigned Hospital Based Care – received. d) CIC: LCR NHS CCG Alliance – received. e) Joint Commissioning Committee – endorsed the decision to award the contract to Dr Massaarani. f) Audit Committee – the CCG was now required to appoint its own external auditors from next year and had to make a decision by December this year. Plans for counter-fraud progressing. The sign off of the audit of the CCG's accounts was scheduled for Wednesday 25th May – all Governing Body members were welcome to attend. g) 4-monthly Locality Reports - North – started to discuss patient boundaries and care homes. - Ainsdale and Birkdale – collection of samples and make sure they got into the system – wanted assurance they had been signed for. RC confirmed this was resolved. - Central – concern around referral to safeguarding and acknowledgement of that. RC had participated in a teleconference with safeguarding and made considerable progress so practices should hear something in next month. - Formby – Pathology labs – issue with aligning medicine with out of hours tests – Dr Callow leading. FLT added any issues needed to be brought forward. **Outcome: The Governing Body received the key issues reports.**	
GB16/52	**F&R Committee Minutes** - Nov 2015 - Jan 2016 **Outcome: The Governing Body received the F&R Committee minutes.**	
GB16/53	**Quality Committee Minutes** - Dec 2015 - Jan 2016 **Outcome: The Governing Body received the Quality Committee minutes.**	
GB16/54	**Approvals Committee** - no mtg since Sept 2015	

GB16/55	**Any Other Business** -None	
GB16/56	**Date of Next Meeting** Wednesday 25th May 2016 at 13:00 hrs, Family Life Centre, Southport, PR8 6JH	

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Actions from meeting held 30 March 2016

No	Item	Action
GB16/11	**Draft Children's and Young People's Plan** DJ was due to discuss the plan with Jan Leonard, Chief Redesign & Commissioning Officer, and Peter Wong, the managerial lead for Children & Maternity Services and he asked for any additional comments from the Governing Body to be sent to him by the beginning of March. His intention was to bring further updates back to the Governing Body.	DJ
GB16/14	**Integrated Performance Report** *Cancer Performance* – HN queried why the CCG was scoring red on breast when other CCGs were green**; it was agreed to discuss this further in an SLT meeting.** Third Sector Contracts – **FLT asked for an update to be brought back to the Governing Body.**	FLT MMcD
GB16/15	**Key Issues Logs from Committees of the Governing Body:** *GB16/15 Integrated Performance Report - (b)* Dwayne Johnson had discussed whether Southport & Formby CCG and South Sefton CCG, together with Sefton Council, should commission work to evidence the benefit of working together and the current context of resource constraints. **Meeting to be arranged with Leadership Team and Sefton Council. FLT to speak to King's Fund.**	FLT
GB16/16	**Key Issues Logs from Committees of the Governing Body:** Joint Commissioning Committee – Care Homes - conversation to be held with the Care Home sector to be mindful of reducing monies. Dr Scholtz had had various discussions in relation to care homes and believed a transformation plan could be developed and presented to the wider constituency for review. KMcC and NL to review.	KMcC/ NL
GB16/42	**LCR NHS CCG Alliance – Revised Terms of Reference**: Terms of reference deferred until May 2016.	FLT
GB16/43	**Corporate Objectives:** KMcC outlined proposed corporate objectives for 2016/17, which centred on QIPP, blueprints and programmes. The proposed Corporate Objectives will be discussed at the Senior Leadership Team and Operational Team meetings in April 2016.	KMcC
GB16/44	**Equality and Diversity Annual Report** All CCGs are required to undertake the Equality Delivery Systems 2 (EDS 2) toolkit as part of the NHS England assurance process. The report needs to be completed and uploaded to CCG website. HN expressed surprise that we were only scoring 'developing'. FLT to ask TJ to speak to Andrew Woods and bring an answer back to Senior Leadership Team/Quality Committee.	FLT/TJ FLT/TJ
GB16/48	**Dementia Friendly Communities and the CCG's Role** PA added it was dementia awareness week on 15th May, which was a good opportunity for staff training during Protected Learning Time that week. LC to link with Practice Manager colleagues to see how we can optimise/publicise that week.	LC

No	Item	Action
GB16/50	**Integrated Performance Report** RC asked for the figure against emergency admissions for children with respiratory tract problems to be checked as it didn't feel right. KS confirmed the numbers were small. KMcC to pick up and discuss coding issues with the provider. Serious Incidents – HN was very concerned at the time taken for S&O to address serious incidents raised in the Quality Committee, some of which went back to 2014. She believed it might be necessary to put some additonal actions in place and wanted to flag it up to the Governing Body. RC added the Trust acknowledged this was an area of concern and were expecting it to form part of the CQC visit. DF reported the Medical Director and others were expected to attend a joint Serious Incidents Review at the beginning of April. FLT to consider the review and contact the Chief Executive.	KMcC DF/FLT

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: 16/77	**Author of the Paper:** Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Report date: May 2016	

Title: Chief Officer Report

Summary/Key Issues:

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

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

NHS
Southport and Formby
Clinical Commissioning Group

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
May 2016

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.

1. QIPP

Intense work is underway within the CCG to review and focus work on the achievement of the 16/17 QIPP target. The CCG has now appointed a QIPP Lead to strengthen the Leadership Team. Debbie Fairclough joined us on the 9th of May and has the task of crystallising the 2016/17 QIPP plan. This will sit alongside the CCG financial recovery plan.

Due to the financial situation the CCG faces, the CCG is currently working with Price Waterhouse Cooper (PWC) who have been commissioned by NHS England to undertake a review. This review has two phases, financial and governance and will report to NHSE for the end of May 2016. Various members of the CCG including Governing body have been identified to participate in this process.

The CCG has also appointed an independent leadership role to support the QIPP agenda. This role is being fulfilled by a very experienced ex Chief Executive who has a track record of QIPP delivery across England. This role is providing challenge into the CCG and also support to ensure clarity of programmes and depth of focus on achievable areas of QIPP savings. We are focussing on three key areas:

- Transactional
- Transformation
- Discretionary

This will be achieved through delivery of clear programmes of work connected to our strategic aims:

- Planned Care
- Prescribing
- CHC/FNC
- Discretionary/Other
- Non-Elective/System Redesign

At the same time, work is being carried out to ensure a robust performance management reporting system is in place and sufficient Programme Management Office (PMO) support. A tighter performance framework is being developed and the QIPP lead will with work throughout the organisation and across the membership to ensure the ownership and delivery at all levels. The focus in our localities and with our clinical leadership is vital to the successful delivery of QIPP.

Communication and engagement with our wider public will be continued through our 'Big Chat' events which are scheduled over the next few months. These events will present the public with some of the choices and decision making the CCG will need to undertake in 16/17, gathering inclusive input, views and actions.

NHS
Southport and Formby
Clinical Commissioning Group

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.

2. Shaping Sefton

Work continues to form an oversight group for the Shaping Sefton transformation programme – this has resulted in the Chief Executives from local NHS providers, the Chief Executive of Sefton Council and Director of Health & Social Care. This work is part of the System Leadership programme which underpins the transformation programme and is being facilitated by Chris Lawrence-Pietroni and Liz Goold.

A plan on a page for each programme has now been developed for 16/17 and is presented on today's agenda.

The CCG is engaged in work to develop a model blueprint of 'In-Hospital' Care. This work involves dialogue with S&O clinicians and West Lancashire CCG. A bespoke event is planned for 24th May A further wider ranging event entitled "Connecting the Clinicians" facilitated by AQuA is also being planned to stretch across a broader range of clinicians. Further engagement will follow.

Work is nearly complete with the clinical changes to ensure all aspects of line management and delivery is clear. The CCG Chair has undertaken a performance review with Governing Body members. Where clinical leads are employed by the CCG, line management arrangements are being clarified.

To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

3. Nurse Revalidation

The Governing Body has previously received updates on the preparation for revalidation. Nurse revalidation came into effect from 1st April 2016. The first registered nurse within the CCG senior management team has successfully revalidated with the Nursing and Midwifery Council (NMC).

4. Article for Publication - Student Nurse placements

The Governing Body has previously received an update regarding an article that was written regarding student placements within the CCG being accepted for publication in The Nursing Times. This article was published in April 2016.

5. Quality Risk Summit - Southport & Ormskirk Hospitals NHS Trust

A Quality Risk Summit was held with respect to Southport & Ormskirk Hospitals NHS Trust on 13th May 2016 chaired by NHS England (North) with a focus on A&E performance, safeguarding, governance and leadership. Remedial and supportive actions were agreed by partners with updates to be received by the Governing Body as appropriate.

6. Safeguarding

6.1 NHS England CCG Quality Assurance Process

The CCG submitted their CCG assurance information which was reviewed at a meeting between the CCG Safeguarding Service and NHS England in April 2016. The self-assessment was reviewed by the Quality Committee prior to submission. The outcome was received by the Chief Nurse on 16th May 2016 and reported to the Quality Committee. In total, there were 28 Key Lines of Enquiries (KLOE). NHSE upgraded the CCG self-assessment from AMBER to GREEN (fully compliant) in three KLOE areas relating to Safer Recruitment and Policies, Procedures & Guidance and agreed with the CCG AMBER rating (partial compliance with progress being made within agreed timescales) in four KLOE areas relating to Supervision, Policies / Procedures / Guidance, Assurance (relating to Special Educational Needs & Disability) and Leadership (relating to Designated Doctor / Looked After Children Capacity). The CCG Safeguarding Service will develop an action plan which will be monitored at the Quality Committee.

6.2 OFSTED Single Agency Safeguarding Inspection

OFSTED have undertaken in Sefton, over a 4 week period in April 2016 – May 2016, an inspection of services for children in need of help and protection, children looked after and care leavers and a review of the Local Safeguarding Children Board under their Single Inspection Framework. The outcome of the inspection is awaited and health partners, including the CCG and General Practice, have received thanks from the Director of Social Care & Health in Sefton Council for their support and input into the process. The CCG Chief Officer has written to the relevant membership practices within the CCG formally acknowledging their involvement and expressing her thanks.

7. Leadership for Integration Venice Study Tour - May 2016

The CCG Chair and Chief Nurse received a funded place to participate in the North West Leadership Academy 'Leadership for Integration Programme 2016', in association with the International Federation for Integrated Care. This study visit to the Veneto Region (Venice and Treviso) took place between 11th May – 13th May 2016 and feedback and learning is being brought back into the CCG to support the further development of our own local integration agenda.

8. 360º Stakeholder Review

The CCG has received the annual 360 degree feedback report and work is currently underway to produce a detailed analysis and ensure that all areas for improvement are considered within the CCG organisational development plan (OD plan). Thank you to all who participated.

9. Business Intelligence- Practice support

The roll out of the Aristotle intelligence system is underway with practice over the next few weeks. Provision of timely intelligence at locality/practice level will very much support the underpinning work of the CCG membership in delivery of plans.

10. Contracting 16/17

All contracts with our main providers are signed off for 16/17.

Work is now underway as part of the QIPP work to strengthen our contracting function and its focus. This work will require an agreed and clear performance management framework. The changes in the contracting team, brought about by the transfer from CSU into the CCG are now being consolidated and clear lines of accountability will be developed for the end of June 2016, with clarity of the roles and relationships between senior managerial and clinical leadership and current governance structures.

11. Increase in number of Lay Members on Governing Bodies

NHS England has announced CCGs will be required to nominate a "conflicts of interest guardian" as part of a system-wide overhaul of conflicts of interest policy. Among the changes will be a requirement for a guardian in each CCG to act as a point of contact and expertise on procurement decisions and interaction with commercial organisations.

The proposals were presented to NHS England's board meeting in April, and have been produced to accompany the publication of an audit reviewing conflicts of interest management in CCGs that co-commission primary care.

Other changes include:

- requiring CCGs to have at least three lay members on each governing body to better manage conflicts of interest (COI);
- mandating commissioners to have "robust" processes for managing breaches in their COI policy – and to publish any breaches on their website; and
- the introduction of compulsory online COI training for CCG staff and the workforce in all member practices, provided by NHS England.

Currently CCGs are only required by law to have two lay members on their governing bodies. NHS England said it was aware of the additional financial burden this may have on commissioners. The CCG will undertake a review through the Audit & Governance framework to consider the implementation and implications of these recommendations.

To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

12. Co-commissioning of Primary Care

The CCG continues to work as a joint co-commissioner of General practice through a joint committee of the Governing Body.

13. New Ways of Working Group

This task and finish group is finalising its recommendations for translation into the primary care transformation work for Southport & Formby CCG. The Chief Officer has made contact with the Southport & Formby Health Ltd GP federation; comprising fifteen of nineteen Southport & Formby CCG practices. It is currently finalising its registration with the Care Quality Commission.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

14. Locality Development

As part of our organisational development work and support to clinical engagement and leadership it is vital that we further enhance the functionality of the CCG localities. Several pieces of work are crucial to this including clarifying the locality managers role, ensuring good 'wrap around' support services; such as finance and business intelligence as well as ensuring the required clinical support and leadership to augment the GP leads.

15. Community Services Procurement

The first element of the procurement Pre-Qualification Questionnaire is now complete and work is on schedule to identify a preferred provider for April 2017.

To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

16. Integration/Better Care Fund (BCF)

The CCG submitted a plan to NHSE to ensure it was compliant with its statutory requirements to secure funding for Sefton. Unfortunately, the CCG and Sefton MBC were unable to agree a joint Better Care fund plan for 2016/17 and as a consequence Sefton has been entered into the escalation process led by NHS England. This will mean that the Chief Officer will be in attendance with the Chief Executive Sefton MBC and the Chair of the Health & Wellbeing Board at a meeting chaired by NHSE on 7th June 2016.

In the meantime work will continue under the umbrella of the Health & Wellbeing Board to drive forwards the opportunities for integration between the CCG and Sefton Council.

17. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
May 2016

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: 16/78	**Author of the Paper:**
Report date: May 2016	Melanie Wright Locality Manager Melanie.wright@southseftonccg.nhs.uk

Title: Terms of Reference - Alliance LDS (Local Delivery System) for Level 2 Sustainable Transformation Plan Delivery

Summary/Key Issues: As work has progressed on the Sustainability & Transformation Plan the terms of reference for the LCR NHS CCG Alliance have been reviewed and are being presented back to the Governing body for approval.

Recommendation

The Governing Body is asked to approve the Terms of Reference appended to this report.

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

NHS
Southport and Formby
Clinical Commissioning Group

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

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

Report to Governing Body
May 2016

NHS
Southport and Formby
Clinical Commissioning Group

Terms of Reference - Alliance LDS (Local Delivery System) for Level 2 Sustainable Transformation Plan Delivery

1. Introduction

In December 2015, "Delivering the Forward View: NHS planning guidance" (https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf) set out the vision for the future of the NHS and a clear list of national priorities. A key objective in the guidance is the development of Sustainability and Transformation Plans (STPs) across an agreed footprint that will reflect multi-year plans built around the needs of local populations. The STP must drive genuine and sustainable transformation in patient experience and health outcomes over the longer-term and is a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there.

NHS Southport and Formby (SFCCG) has elected to collaborate as part of the Cheshire and Mersey STP, within which has evolved a number of Local Delivery Systems (LDS) working on a more local footprint, of which The Alliance forms one.

2. Context

The Alliance LDS plan will be developed collaboratively by the following organisations:

- NHS St Helens CCG
- NHS St Helens CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Southport & Formby CCG
- NHS Warrington CCG
- NHS West Lancashire CCG
- NHS St Helens & Knowsley Teaching Hospitals NHS Trust
- NHS Warrington & Halton Hospital NHS Foundation Trust
- NHS Southport and Ormskirk Hospital NHS Trust
- NHS Bridgewater Community Foundation Trust NHS
- NHS 5 Boroughs Partnership NHS Foundation Trust
- Local Authority representative
- Public Health representative
- NHS England (Direct and Specialised Commissioning)
- Other providers delivering care within the footprint as required.

A 'Terms of Reference' has now been agreed by the group to set out the terms for this collaboration, a copy of which can be found at Appendix 1.

3. Key Points

The key points to note within the Terms of Reference are that:

- each organisation retains individual sovereignty in terms of decision-making

4. Recommendations

It is recommended that the Governing Body approve the Terms of Reference as drafted.

Appendices

Appendix 1 The Alliance LDS (Local Delivery System) for Level 2 STP Delivery Terms of Reference

Melanie Wright
Locality Manager

Appendix 1

Standard Operating Procedure	**The Alliance LDS (Local Delivery System) for Level 2 STP Delivery Terms of Reference**

Version	**V1 Draft 4**
Implementation Date	**April 2016**
Review Date	**October 2016**
Approved By	**The Alliance LDS Group**
Approval Date	**14 April 2016**

REVISIONS			
Date	**Section**	**Reason for Change**	**Approved By**
12.4.16		The Alliance LDS requested to approve the final ToR for this Group	**The Alliance LDS**

TERMS OF REFERENCE OBSOLETE		
Date	**Reason**	**Approved By**

The Alliance LDS (Local Delivery System) for Level 2 STP Delivery

Terms of Reference Version 1

1. Background

The Local Delivery System has been established in accordance with the NHS Shared Planning Guidance requirements which asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View (5YFV).

A key objective in the guidance is the development of Sustainability and Transformation Plans (STPs) across an agreed footprint that will reflect multi-year plans built around the needs of local populations. The STP must drive genuine and sustainable transformation in patient experience and health outcomes over the longer-term and is a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there.

2. Governance

STPs will be delivered on three tiers or levels:

Level 1 = within borough
Level 2 = sector of STP consisting of adjacent CCG and LA populations and providers
Level 3(a) = City Region, Devolution areas
Level 3(b) = Whole STP

- **The full STP will have 4-5 sectors (tbc) covering the following populations:**

    - North Mersey (Liverpool/South Sefton (Aintree facing)/Knowsley (Aintree and Royal facing) and Southport and Formby).
    - The Alliance LDS Mid Mersey, (Knowsley (facing Whiston), St Helens, Halton, Warrington, West Lancashire and Southport and Formby CCG).
    - Wirral and West Cheshire
    - Eastern Cheshire
    - Vale Royal and South Cheshire.

- **The Local Delivery System (Level 2)**

The focus of The Alliance LDS will be at **Level 2** to enable transformation of and development of sustainable services in the correct geographical location for patient flows to ensure high quality, effective and safe services across the LDS health economy. The Alliance LDS will work in collaboration to drive forward a joint vision for improving quality, outcomes, effectiveness and service sustainability across the health economy.

- **LDS Geography (population coverage)**

    The total population for the Alliance LDS footprint is just under 1 million;

    - Southport and Formby CCG, acute served by Southport & Ormskirk, and some patient flows Population size 125,000.
    - West Lancs population110,000
    - St Helens population 200,000
    - Knowsley population 160,000 split 100,000 (south), 60,000 (north)
    - Halton population 128,000

- Warrington 208,000

Level 1 of the STP will be planned and delivered at a local CCG level.

- **STP Working Group, Chaired by the System AO, Louise Shepherd. Will drive the STP process with representatives from each LDS.**
- **STP Membership Group (previously known as 'STP Reference' Group)**

The LDS will be represented at the STP Membership Group by all CEO's/AO's. This will sign off the final NHSE submission and any funding for the LDSP's. this group is Chaired by Neil Large (Chair of LHCH).

- **Decision making**
  All partners remain accountable to their Governing Boards and will ensure that all plans are approved via their respective organisation governance and reflect the collective views of the Alliance LDS.

- **Risk Management**.
  A Risk Register linked to the LDSP will be developed and reviewed at the Alliance LDS meeting and shared with the STP Working Group.

- **Voting**
  Whilst it is anticipated that consensus will be achieved, when seeking decisions require a vote a 2 / 3 majority of core members will be required. The membership will need to have awareness when there are blocks of interest between for example commissioners or providers.

- **Programme Management Office (PMO)**

  - The Alliance LDS will be supported by a PMO which will oversee development and delivery of the STP at Level 2 and 3. The PMO will be resourced by LDS members.

  - The Chair will be the LDS Lead Commissioner Accountable Officer for the first 6 months and then subject to committee review.

3. Membership

- Chair – CCO St Helens CCG
- NHS St Helens CCG representative
- NHS Halton CCG representative
- NHS Knowsley CCG representative
- NHS Southport & Formby CCG representative
- NHS Warrington CCG representative
- NHS West Lancashire CCG representative
- NHS St Helens & Knowsley Teaching Hospitals NHS Trust representative
- NHS Warrington & Halton Hospital NHS Foundation Trust
- NHS Southport and Ormskirk Hospital NHS Trust
- NHS Bridgewater Community Foundation Trust NHS representative
- NHS 5 Boroughs Partnership NHS Foundation Trust
- Local Authority representative
- Public Health representative
- NHS England (Direct and Specialised Commissioning)
- Other providers delivering care within the footprint as required,eg Meresycare, Lancashire Care.

Associate Members

- It is possible that NHSE will not allow a CCE to the a full member of two STP/LDS's. we await guidance on this, eg re: West Lancashire CCG.
- NWAS as required
- PMO representative as required
- Other LDS representative as required.

4. Remit and responsibilities

- To work collectively and positively towards developing the LDS component of an overarching STP plan, with a shared ambition to improve the health & wellbeing of the people of Cheshire & Merseyside Responsible for the development and delivery of the local STP at Level 2. The LDSP (Local Delivery System Plan).

- Ensure the LDSP clearly reflects the local challenges against the 3 gaps (Health and wellbeing, care and quality, finance and efficiency).

- To ensure the LDS fully supports the LDSP and is aligned to level 3 and 1 plans within the STP.

- To ensure NHS England planning submission guidelines are implemented with deadlines for planning submissions as part of the LDS are met.

- Identify areas most suitable for developing and implementing on a Cheshire & Merseyside Footprint. These will be aggregated as themes to form part of the STP. This will be informed by robust needs assessment and evidence base.

- To identify the transformation resources required to deliver sustainability for the LDS for future, taking due account of the three key STP gaps: (health & wellbeing, care & quality and finance & efficiency).

- Identify and prioritisation of clinical services and pathways for patient flows which will be transformed to achieve sustainable, high quality services.

- Develop appropriate governance arrangements to plan, evaluate and deliver the LDS component of the STP plan, ensuring all partners contribute to establishing a robust governance structure that supports a population based approach, and delivers at speed, balancing the needs of individual LDS with the wider interests of the NHS.

- To share good practice and embrace the diversity of Cheshire & Merseyside ensuring this is fully reflected within plans.

- To operate within existing recurrent allocations and achieve sustainability by 31 March 2021.

5. Leadership of the system

- The LDS CIC will take the role of System Leaders and will work together to take a population based approach to reducing Inequality, improve patient outcomes & experience, quality & safety of care, and improve system productivity & efficiency and sustainability.

- Develop robust joint working with other LDSs (and other STPs) where the pathway dictates.

6. Quorum

- 3 CCGs, 2 Acute Trusts, 1 MH/Community Providers, Public Health or Local Authority representation.

7. Frequency and notice of meetings

The LDS shall meet monthly with dates for 16/17 to be set and agreed in advance.

Administration support will be provided by the PA to the Chair.

Agenda items shall be agreed with the Chair and papers received by the Chair 10 days prior to the meeting. Agendas and reports shall be distributed to members 7 working days in advance of the meeting date.

8. Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and the NHS Code of Conduct.

9. Date and Review

These Terms of Reference (draft 4) were approved on 11 April 2016 and will be reviewed in 6 months.

Date:	**April 2016**
Version No	**1**
Review dates	**September 2016**

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2016

Agenda Item: GB 16/79	**Author of the Paper:** Peter Wong Children, Young People & Maternity Commissioning Manager Peter.wong@southseftonccg.nhs.uk
Report date: 11 May 2016	

Title: Children with Special Educational Needs and Disabilities (SEND) – Current Position and Inspection Framework

Summary/Key Issues: The Children & Families Act (2014) introduced new duties on local areas (including health) regarding provision and support for children and young people with special educational needs and/or disabilities (SEND).

From the 1st of May 2016 Ofsted and CQC will undertake joint inspections of local areas to evaluate how well local areas carry out their statutory duties in relation to children and young people with SEND.

The CCG have worked in partnership with the local authority to have a fully compliant local offer and supporting the delivery of Education, Health and Care Plans being issued within statutory timescales.

The CCG and health providers will need to continue to work in partnership to prepare for an inspection. This process will involve a local area self-assessment which will identify strengths and areas for improvement.

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.

NHS
Southport and Formby
Clinical Commissioning Group

Links to Corporate Objectives *(x those that apply)*	
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Links to National Outcomes Framework *(x those that apply)*	
	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
	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
May 2016

Children with Special Educational Needs and Disabilities (SEND).
Current Position and Inspection Regime.

1. Executive Summary

The Children & Families Act (2014) introduced new duties on local areas (including health) regarding provision and support for children and young people with special educational needs and/or disabilities (SEND).

From the 1st of May 2016 Ofsted and CQC will undertake joint inspections of local areas to evaluate how well local areas carry out their statutory duties in relation to children and young people with SEND.

The CCG has worked in partnership with the local authority to have a fully compliant local offer and supporting the delivery of Education, Health and Care Plans being issued within statutory timescales.

The CCG and health providers will need to continue to work in partnership to prepare for an inspection. This process will involve a local area self-assessment which will identify strengths and areas for improvement.

2. Introduction and Background

A comprehensive set of reforms for children and young people with Special Educational Needs and Disabilities (SEND) was introduced in Children and Families Act 2014. This is underpinned by a Statutory Code of Practice to implement the reforms.

The principles underpinning the Code are as follows:

- taking into account the views of children, young people and families
- enabling children, young people and parents to participate in decision-making
- collaborating with partners in education, health and social care to provide support
- identifying children and young people's needs
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practice and removing barriers to learning
- helping children and young people to prepare for adulthood

From September 2014 CCGs must:

- Commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care Plans (EHCP).
  NHS Southport and Formby CCG (SFCCG) and Sefton Council have existing arrangements for jointly funding packages between health, education and social care. There is a commitment to develop a joint commissioning strategy for SEND.
- Work with the local authority to contribute to the Local Offer of services available
  SFCCG has contributed all necessary information to the Local Offer, which is fully complaint.

- Have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process, and
  SFCCG has appointed a Designated Clinical Officer – Debbie Fagan

  SFCCG has commissioned Liverpool Community Health to co-ordinate and support integrated EHC needs assessment process and provide health information, outcomes and provision into statutory Education Health and Care Plans. For the last 12 months 100% of EHCP have been issued with the statutory timescales.
- Agree Personal Budgets where they are provided for those with EHC plans
  SFCCG has an agreed process and policy on Personal Health Budgets (PHBs).

Inspection

From the 1st of May 2016 Ofsted and CQC will undertake joint inspections of local areas to evaluate how well local areas carry out their statutory duties in relation to children and young people with SEND.

For the purposes of the reforms and inspection 'local area' is not just the local authority it also includes CCGs, public health, NHSE, early year settings, schools and further education providers.

The inspection will involve visits to providers and agencies to understand how they work collaboratively to improve the life chances of children and young people with SEND. However, visits to providers are not in themselves inspections of those providers.

Local areas will be inspected at least once every five years and they will be flexibly scheduled, but if there are significant concerns then an area can be inspected earlier than first scheduled.

Inspections will make their judgement based on three key questions. How effectively does the local area:

a) Identify children and young people with SEND?
b) Meet the needs of children and young people with SEND?
c) Improve the outcomes for children and young people with SEND?

In considering these questions and reaching judgement the inspection will pay particular attention to:

- Robustness of the local self-assessment.
- To what extent collaboration between local agencies contributes to improved outcomes.
- Efficiency of identification of SEND.
- Timeliness and usefulness of assessment.
- How agencies plan and co-ordinate their work to assess and meet need, including joint commissioning.
- How public engagement informs strategic commissioning (JSNA).
- Individual involvement in assessing their own needs.
- How well identification, assessment and criteria are communicated.
- Due regard to Equality Act (2010).
- The Local Offer
- Leadership, including understanding of the Local Offer.

Inspections will last 5 days and local areas will be given 5 days notification.

3. Key Issues

The local authority has already undertaken some preparation in advance of the final inspection framework being issued at the end of April 2016. They have also scheduled in further planning meetings and discussions about how the local area will prepare for any inspection. In the main this will focus on completing a self-assessment.

From a health perspective the likely issues and challenges that will be flagged up as part of this process are:

- Ability to demonstrate how feedback from children and young people with SEND and parents have influenced commissioning and service improvement across all relevant areas of health provision.
- Intelligence and data not as robust as required, specifically in identifying children and young people with SEND in all relevant areas/pathways of health provision.
- Possible examples where services/pathways do not effectively collaborate to maximise outcomes for children with SEND
- Challenged service delivery (inc. waiting times) in key services e.g. community paediatrics, speech and language and occupational therapy.
- Formal Joint Commissioning Strategy for children and young people with SEND.
- Adult services, given that reforms relate to people aged 0-25.
- Additional service challenges during Liverpool Community Health transitional arrangements, including co-ordination and health input to EHCPs.

4. Conclusions

The CCG has been fully engaged and supported the implementation of SEND reforms and contributed to excellent performance in issuing EHCPs with statutory timescales.

It is expected that the required local area self-assessment will not only identify strengths but various areas for improvement, especially if inspected early within the five year cycle.

A number of the key services are experiencing some pressures and there will be some risks associated with the transition of services to new providers which will need to be mitigated. However, improvements re: SEND feature in key developments for future service models and provision, as does improved integration and joint commissioning. Also during the transitional period there will be continued support and scrutiny to ensure that health input into EHCPs continues to meet statutory requirements.

5. Recommendations

That the Governing Body note the contents of this report, in particular the duties of the CCG in relation to SEND and the introduction of a new inspection regime.

Peter Wong
May 2016

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: GB 16/80	**Author of the Paper:** Karl McCluskey Chief Strategy and Outcomes Officer E mail: Karl.mcluskey@southportandformbyccg.nhs.uk Tel no: 0151 247 7000
Report date: May 2016	

Title: Sustainability and Transformation Plan (STP) for Cheshire and Merseyside

Summary/Key Issues:

This paper provides the Governing Body with a briefing on the approach that is being taken locally in terms of building the Sustainability & Transformation Plan (STP) for Cheshire & Merseyside.

Recommendation

The Governing Body is asked to:
1. Receive this report.
2. Approve delegated authority to sign off our contribution to the STP submission for 30th June

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

NHS
Southport and Formby
Clinical Commissioning Group

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

Links to National Outcomes Framework *(x those that apply)*	
	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	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
May 2016

1. Introduction

1.1 This paper provides the Governing Body with a briefing on the approach that is being taken locally in terms of building the Sustainability & Transformation Plan (STP) for Cheshire & Merseyside.

1.2 The background to the STP and an outline of the guidance set out in "Delivering the Five Year Forward View" is described, together with a more specific overview update on the development of the Local Delivery System Plans for North Mersey and the LDS Alliance respectively.

2. Background

2.1 The NHS Five year Forward View published in October 2014 considered the progress made in improving health and care services in recent years and the challenges that we face leading up to 2020/21. These challenges include:-

- the **quality of care** that people receive can be variable
- **preventable illness** is common
- growing demands on the NHS means that local health and care organisations are facing **financial pressure**
- the **needs and expectations of the public are changing**. New treatments options are emerging, and we rightly expect **better care closer to home**.

2.2 The way that health and care is provided has dramatically improved over the past fifteen years – thanks to the commitment of NHS staff and protected funding in recent years. But some challenges remain. The quality of care that people receive can be variable; preventable illness is common; and growing demands on the NHS means that local health and care organisations face financial pressure.

2.3 The needs and expectations of the public are also changing. Fortunately we are living longer, but we often require different, more complex care as a result. New treatments options are emerging, and we rightly expect better care closer to home. There is broad agreement that, in order to create a better future for the NHS, we have to adapt the way we do things. This doesn't mean doing less for patients or reducing the quality of care. It means more preventative care; finding new ways to meet people's needs; and identifying ways to do things more efficiently.

2.4 The Five Year Forward View brings together this agreement in a future vision for the NHS. It highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:-

- the **health and wellbeing** of the population;
- the **quality of care** that is provided; and
- **finance and efficiency** of NHS services.

2.5 The Five Year Forward View is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the

damage caused by unhealthy lifestyles. And it is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

2.6 It is an ambitious vision, but there is widespread agreement among those working in the NHS, clinicians and people who use services that it can be achieved. The growing gaps in the quality of care, our health and wellbeing and NHS finances can be shrunk over the next five years by collectively adapting what we do, how we think, and how we act.

3. Closing the three gaps by working together: Developing local area Sustainability and Transformation Plans (STPs)

3.1 The Five Year Forward View vision will be achieved by everyone who has a stake in health and care adapting what they do, how they think, and how they act – at both local and national levels.

3.2 As part of this, there is a growing consensus that one of the most powerful ways to achieve change is through local services working together - across entire communities and pathways of care - to find ways to close the gaps between where we are now, and where we need to be in the future. (For example, it doesn't make sense to for a hospital to develop isolated plans to improve diabetes care without working with local GPs and local authorities on how to help prevent people from having diabetes in the first place. Planning by place – rather than by individual organisation – will support the transformation of care for local populations as a whole.)

3.3 As a result, neighbouring NHS providers, CCGs, and other health and care services, have come together to form 'footprints': geographic areas in which people and organisations will work together and at scale to develop robust plans to transform the way that care is planned and delivered and to narrow the three gaps outlined in the Forward View – bringing benefit to all.

3.4 These 44 footprints in England will now develop multi-year, place-based Sustainability and Transformation Plans (STPs) for 2016 - 2021, which have input from patients, people and communities to ensure they truly respond to local needs. This means that areas will still be focusing on what needs to be delivered today, but also with an eye on where they need to be to meet longer-term needs.

3.5 The area-wide footprint will primarily be based on the way people access health and care services, but will also take into account the finances of an area, and its leadership capacity.

3.6 An STP will not necessarily replace existing plans to improve services in an area. Instead it will act as an 'umbrella' plan for change: holding underneath it a number of different specific plans to address certain challenges, such as cancer, mental health, or urgent and emergency care.

3.7 Having a shared STP across a local community also does not mean that NHS organisations – like a local hospital, or a primary care centre – will have to lose their own autonomy or identity. But it does means that organisations will be working to a shared, agreed plan which addresses how they will collectively improve health, care and finance for their local population by 2021.

3.8 The task ahead is one that needs energy and ambition. It will require the NHS, at both the local and national level, to work beyond the boundaries of its own organisations, and to work

in a more collective, less hierarchical way for the benefit of the people we serve – ultimately delivering the Five Year Forward View and a sustainable, transformed NHS.

4. The Cheshire & Merseyside STP

4.1 Locally, commissioners and providers across Cheshire & Merseyside have come together to build the Cheshire & Merseyside STP. The nominated lead for the footprint is Louise Shepherd (Chief Executive Officer Alder Hey Children's Hospital).

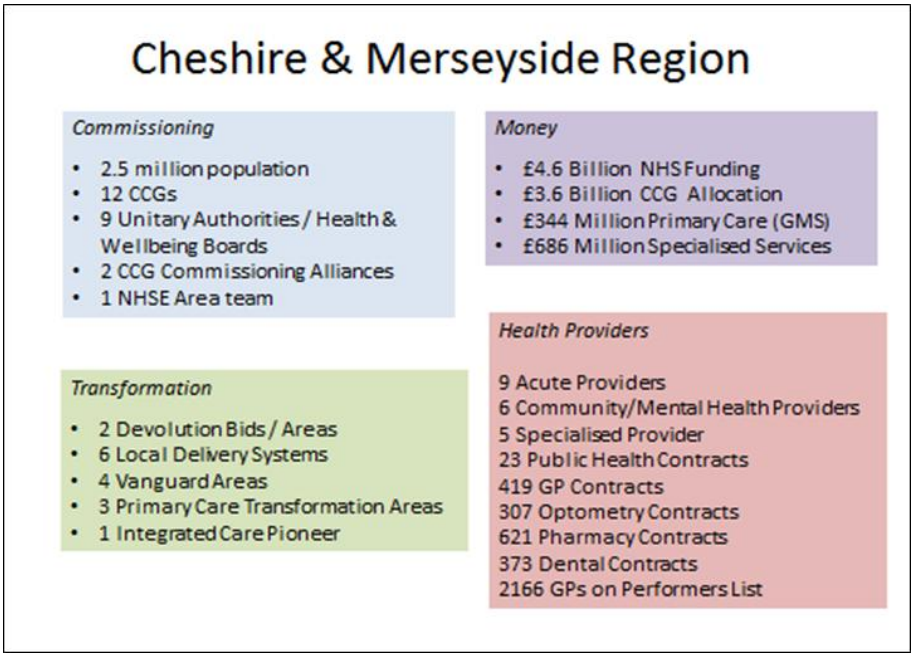
4.2 We are clear in Cheshire and Merseyside (C&M) that the Five Year Forward View (FYFV) sets out the vision for the future of the NHS based around the new models of care. The C&M STP will be our plan to deliver that and C&M NHS and Local Authority organisations will develop a blueprint for how we will deliver clinically and financially sustainable services. ***Our focus must be on people and place. We know that people who have jobs, good housing and are connected to families and community feel, and stay, healthier.***

4.3 In developing our response in this checkpoint and the STP submission in June we will reflect:-

- The NHS Five Year Forward View.
- An emerging understanding of the current major local challenges against the 3 gaps.
- The 10 key areas where we needs to make progress across the Health and Social Care system.
- The 15 key areas from the Carter Review.
- The key health, care, financial and productivity issues that arise from the 6 Local Delivery Systems that are common across Cheshire and Merseyside.
- The triple aim of Better Health, Better Care and Better Financial
- Sustainability.

4.4 The table overleaf sets out the key components of the Cheshire & Merseyside STP in terms of commissioning, finance, transformation and health providers.

Table 1.0 Cheshire & Merseyside STP – Key Components



4.5 Table 2.0 sets out the key gaps across the footprint that are evident and need to be tackled as part of the five year forward view.

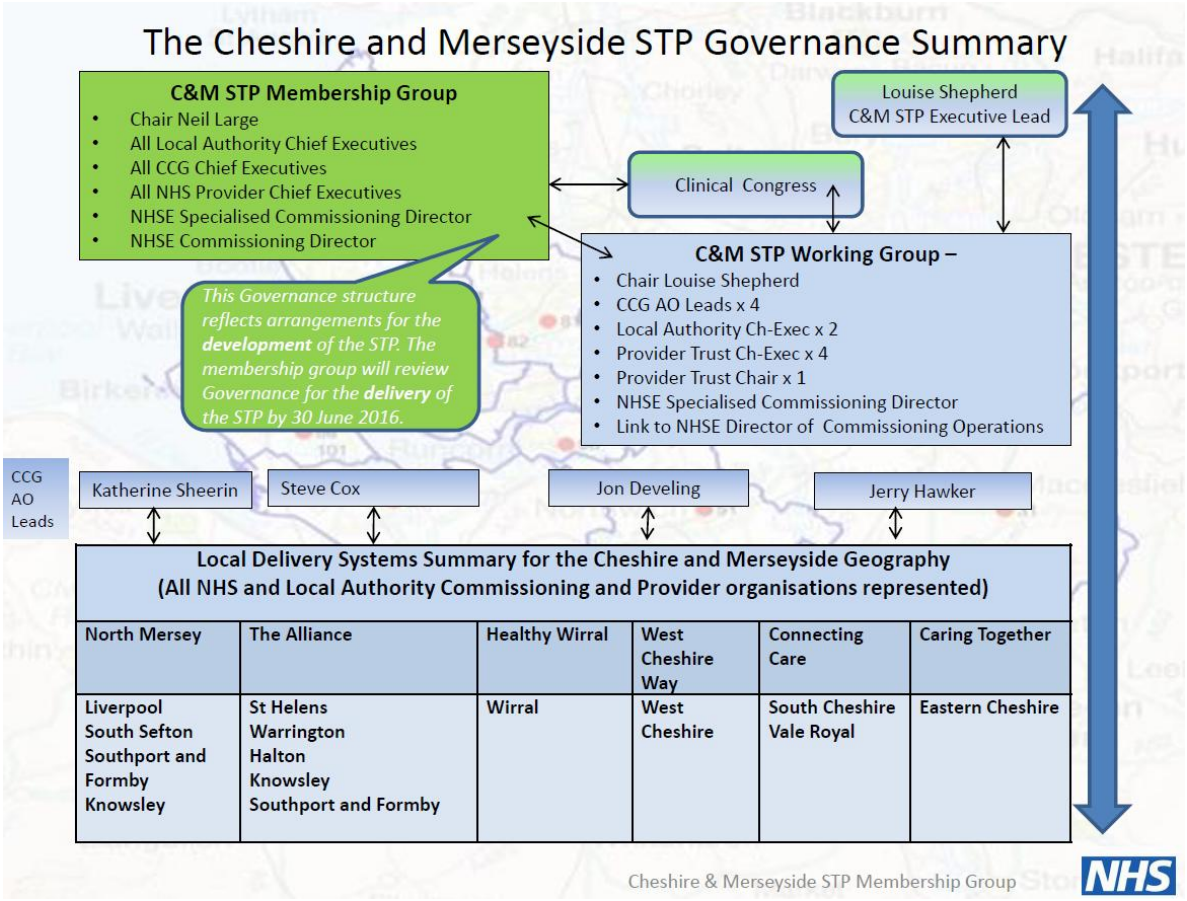
Table 2.0 Cheshire & Merseyside STP – Key Gaps

The Key Gaps in Cheshire and Merseyside	
Health and Wellbeing	**12 years difference in life expectancy One of the highest child obesity rates in England**
Better Care and Quality	**Variances in life expectancy and fast growing ageing population needs new model of care**
Better Finance and Productivity	**The financial gap dramatically deteriorates in 16/17. 6 out of 12 CCGs planning a deficit, 12 out of 19 Providers in deficit. This is estimated to be in the region of £200m (to be confirmed for June submission)**
The STP Submission in June will need to reflect a reconfiguration of health and care services to the population of C&M.	

4.6 Cheshire and Merseyside (C&M) is the 3rd largest STP footprint with a population of 2.4 million people, covering some of the richest and poorest parts of the UK within a distinctly varied Geography that impacts on how Health and Care services are accessed, delivered and financed. There is a long history of collaboration between providers in C&M. Work on the STP will be able to use existing networks of acute, mental health and community providers. Relevant examples of this are the Urgent Care Network, Major Trauma (2nd best outcome in England), Transforming Care for Learning Difficulties.

4.7 In recognition of the Cheshire & Merseyside STP footprint size, it has been decided the STP will have a number of Local Delivery Systems (LDS's) which are more homogenous in terms of populations, commissioners, providers and local authorities. These LDS's and the supporting governance structure is set out in the diagram below.

Diagram 1.0 Cheshire & Merseyside LDS's & Governance Structure



4.8 In relation to the STP, in 5 of the 6 Local Delivery Systems (LDSs) that exist there are well established system wide Transformation Programmes. As a result each LDS already has strong and legitimised collaborative leadership and decision making arrangements. Commissioners and Providers within each LDS are well versed in partnership working and collectively changing outcomes.

4.9 The development of a C&M STP and governance structure enables all parts of the system to contribute to a C&M wide plan and is highlighted on the next slide.

4.10 It is recognise that the boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at Clinical Commissioning Group (CCG) level.

4.11 The LDS Transformation Programmes have an established and strong focus on both public and staff engagement and inclusion. Where LDS have come together since the development of the C&M STP (for example the Alliance LDS) they have developed links to Health Watch, CCG level PPG, Health & Wellbeing Boards, Overview & Scrutiny Committee, and a Clinical Congress. It is proposed that LDS steering continue to develop their engagement strategy linking their Health Watch groups and existing CCG and Trust linked PPI groups. And LDS plans will be shared with the linked Health and Wellbeing Boards prior to June submission.

5. Local Government Involvement

5.1 C&M leaders recognise that it is not possible to transform health and health care without understanding what our communities want and without our partners in Local Government. In C&M all LDS have strong existing engagement through the 9 Health and Wellbeing Boards and other existing local arrangements. Each of the 6 Delivery systems has Local Authorities included and involvement in their plans. Governance Groups include Local Authority Chief Executives.

5.2 The engagement of local councillors and MPs in the LDS and STP will be central to any successful plan. We will ensure the devolution deals agreed and in discussion across the two local authority sub -regions read across the STP.

6. Clinicians, Care Professionals and NHS Staff

6.1 The LDS Transformation Programmes are clinically-led programmes of change, led by clinical commissioners.

6.2 Engagement is already a hallmark of the LDS Transformation programme. For example, the Connecting Care model was developed through a series of engagement events with public and professionals from all provider organisations, in addition to social and health commissioners.

6.3 The region has an established track record of working collectively with clinicians, professionals and workforce. This includes the development of a Cheshire & Merseyside policy on procedures of limited clinical value, a shared approach to commissioning support services and in 2016/17 the CCGs will be working collective to share and implement QIPP initiatives. This can be achieved through linking into Clinical Networks and the development of a Clinical Reference Group.

6.4 The C&M STP is currently establishing a Clinical Congress to ensure clinical buy in. Prof Steve Cox, Kieran Murphy and the new Nurse Director for NHSE are coordinating a multidisciplinary congress reflecting clinicians across all LDS's, professional sectors of service delivery and commissioning within the STP area. This sub group will receive relevant LDSP's and overarching work streams for approval and comment as appropriate. The Clinical Congress may utilise the independent expertise of the Clinical Senate and other specific networks.

7. Improving Peoples Health

7.1 "The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health.**" (**NHS 5 Year Forward View).**

7.2 Cheshire and Merseyside (C&M) is a hugely diverse area covering some of the richest and poorest parts of the UK. Health outcomes are closely related to levels of deprivation and this is reflected in below England average life expectancy for many of our local communities. Despite progress in reducing smoking prevalence, school age obesity and hip fractures we still have many challenges including high rates of respiratory disease and early years and adult obesity, high hospital admissions for alcohol, poor mental health and wellbeing and high rates of teenage conceptions. These are alongside high rates of diseases associated with ageing, including dementia and cancers. Parts of Cheshire and Merseyside are the fastest ageing populations in England and this impacts across C&M.

7.3 We propose that we start now to radically change the way we do things so that by 2021 fewer people will be suffering from poor health. Effective prevention and early action can deliver a 'triple dividend' by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy. We will take a whole systems approach and focus on people and place. We know that people who have jobs, good housing and are connected to families and community feel, and stay, healthier. We will work in collaboration and at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets. We aim to improve the health of the most disadvantaged the fastest and reduce differences in health outcomes across the region and between us and England. We will work with all NHS and Local Authority provider organisations to develop a clear Making Every Contact Count plan which follows NICE guidance which provides at scale consistent approaches to key prevention messages from front line staff, including non-clinical staff (e.g. housing), quality assured and co-ordinated at scale.

7.4 Across C&M we have identified the following ***high level prevention opportunities*** for children, young people and adults that we can deliver at scale:-

1. **Diabetes prevention** – including addressing healthy weight / obesity, high risk prevention programmes, awareness, early detection and improving and reducing variation in outcomes.

2. **Cancer** – including lifestyle interventions: smoking, alcohol, obesity, screening, early identification, treatment and survivorship.
3. **Mental health and wellbeing** – including prevention, promotion of resilience training, quality standards to ensure physical health issues are identified and addressed in those with mental health conditions. All stakeholders signup to the suicide plan. Mental health and wellbeing of older people is important including dementia and social isolation. Likewise emotional wellbeing in children is a concern for our population.
4. **High blood pressure strategy** – as is being developed across Cheshire and Merseyside to improve identification, support health checks programme, control of blood pressure as well as upstream prevention.

8. Improving Care & Quality of Services

8.1 In order to achieve this hypothesis, the following areas will be transformed

8.2 We expect ***every person*** in C&M to be able to access the ***highest standards of specialist and acute care 24 hours a day, 7 days per week***. This will require our ***hospitals to be reconfigured***, consolidated with less sites and clinicians and consultants working increasingly in new emerging networks.

- We expect our ***growing elderly population*** to be able to access the ***best integrated health and social care*** systems, locally in our communities. New ***out-of-hospital care models*** supported by ***enhanced primary care*** will improve access to self care, early interventions and support a move to ***risk based preventative care*** that reduces demand for urgent care services.
- ***Every new mother to be and child*** will be able to access ***improved maternity and paediatric services*** through our comprehensive redesign of these services in-line with the better births report and our Vanguard programme, delivering financially and clinically sustainable better care.
- We commit to improving the ***Mental Wellbeing*** of every person in C&M including our own NHS staff. Delivery of NHS mental health priorities are paramount in order to ensure parity of esteem with physical health, treating individuals on the basis of need not condition to enable the right care at the right time in the right place.

8.3 More specifically, the STP Membership has articulated the following:

8.4 **Secondary Care Services** lines will be reviewed for both clinical and financial sustainability with an emphasis on “hot, warm and cold sites” This will require services to be reconfigured so that they are clinically and financially sustainable, based on levels of demand and the appropriate level of geographic access.

8.5 **Primary Care**: the enhancement of Primary care as the centre of community models is critical to delivery of new models of care. This includes the improvement of infrastructure (primary care estates, IT etc.) and the opportunity for practices to work together in hubs/clusters to provide 7 day primary care services. The STP will include the enhancement and reconfiguration of Primary Care.

8.6 **Mental Health Services:** Mental Health: delivery of NHS mental health priorities are paramount in order to ensure parity of esteem with physical health. Collaborative work across providers and commissioners, to enable right care at the right time, in the right place. Particular focus on patients’ treated closer to home, reducing variation and out of area treatments.

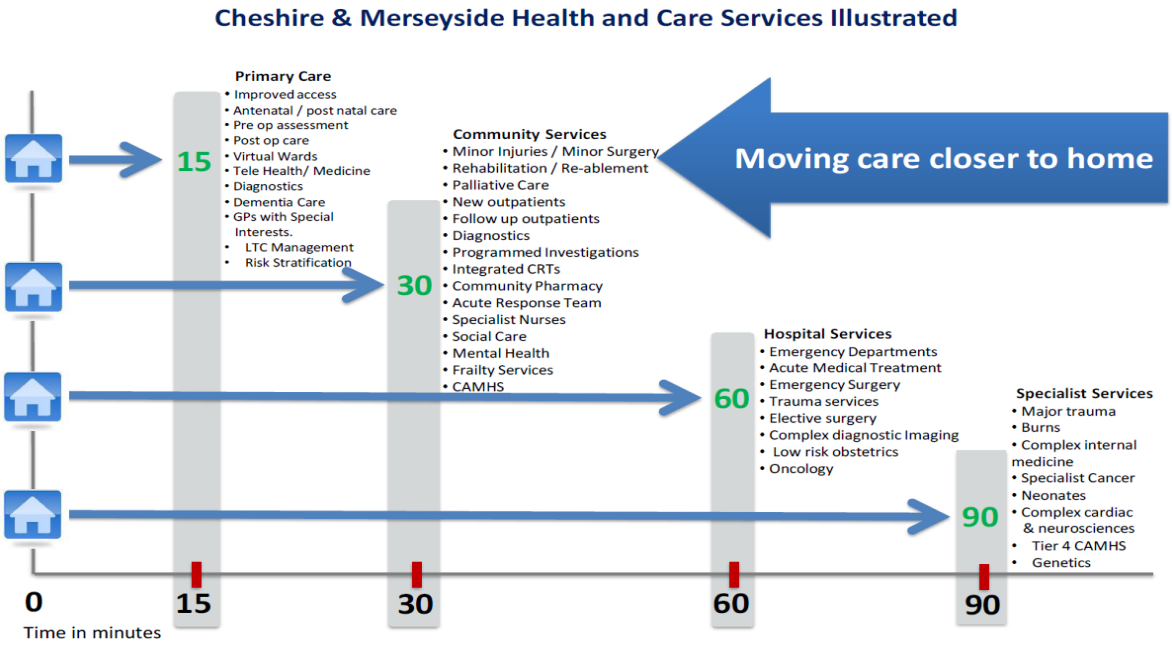
8.7 **Urgent Care:** by taking a whole system approach to deliver an urgent and emergency care pathway that is simple and responsive and clear to all. To deliver the right care in the right place and first time, large scale system change is required, which will include co-location of services and changes to the payment system irrespective of service demand. The STP will include supporting older people differently out of hospital, in hospital and in care homes such as the AVS and Elder Care Services.

8.8 **Models of care delivery:** with the large transformation in Primary and Community services and philosophy based on care closer to home, the shape and size of the hospital 's bed base will need to be reconfigured to ensure the sustainability in the future. With clinicians driving this change in the system this will reduce variation and improve quality in all clinical services but particularly in vascular, cancer, maternity, stroke and care of older people.

8.9 The planning of this transformation and the clinical priorities identified have been identified in the Joint Strategic Needs Assessment (JSNA) and the use of benchmarking data (Right care). Creating a change in culture and placing the individual in the centre with a focus on prevention will create an environment of continuous improvement.

8.10 The diagram below depicts the model of care that the STP proposes to advance.

Diagram 2.0 The Model of Care



9. Improving Productivity & Closing the Financial Gap

9.1 The Cheshire & Merseyside region receives approximately £4.63 Billion of NHS Funding per year, equivalent to £1795/ person which is notionally 1.4% above its target allocation. Spend on Specialist services are particularly high at 5.7% above target with significant inter-regional variation. The region also receives approximately £850 Million of Adult social care funding each year. Across the region there is large variation in spending across different health and social care areas and represents a major opportunity to share best practice building from use of NHS Right Care.

9.2 Six CCGs and twelve Providers are planning deficits for 2016/17 that could total up to £200m. In relation to this the plan will model information relating to hospital utilisation to understand if there is a difference between the C&M footprint and national average.

9.3 The expenditure on social care is known but as part of the June submission the quantum of savings in social care, agreed by individual councils, will also form part of the economic profile for the plan. This will include the pooling of budgets through the BCFs aggregated up to a LDS footprint. Health and Wellbeing boards have been involved in discussions about the STP and will look to use their democratic accountability to help shape and influence the plan.

9.4 Across the region there are significant financial challenges; either at individual organisational level or across whole economies and each local delivery system has established its own approach to delivering improved productivity and closing the financial gap. Whilst each LDS will focus on delivering improved productivity at a local level, the region has an established track record of working collectively. This includes the development of a Cheshire & Merseyside policy on procedures of limited clinical value and a shared approach to commissioning support services. In 2016/17 the CCGs will be working collective to share and implement QIPP initiatives.

9.5 The organisations in C&M will also reflect the 15 key points in the Carter review in their development of the C&M STP Plan as well as within their own organisations. Collectively we have identified a number of key drivers that the STP will focus on to improve productivity and finance:

- **Prevention** – The region will be committed to supporting and developing initiatives that promote prevention and early detection & intervention working closely with local authorities and CHAMPS.
- **Better out of hospital Care –** Delivering the highest standard of care in the least intensive setting is a collective priority, reducing hospital admissions through building better primary care and introducing new integrated community care models that target those at greatest risk.
- **Provider Reform & Reconfiguration –** A number of providers across Cheshire & Merseyside are unsustainable and require significant reform. Service reconfiguration will also be required to improve standards, 7 day services, support clinical sustainability and improve workforce productivity. This includes estates/asset rationalisation and as mentioned above an understanding of hospital utilisation and variation.
- **Innovation & Use of Technology –** The region will use innovation and use of technology to drive productivity using our digital roadmaps and building on an established track record in shared care records, digital media, and assistive technologies.

9.6 These priorities will enable us to make progress towards addressing the scale of the financial challenge in the 5 year forward, but are committed to exploring more radical options to use our geographic scale to drive change. This may include STP wide approaches to QIPP,

collective consultation on difficult areas like IVF and over the counter drugs, alcohol pricing and reduction in organisational estates and management costs.

10. Emerging Priorities

10.1 This table below illustrates a high level view of the emerging priorities. However, it does offer the C&M Working Group and Membership Group the opportunity to review and develop this information ahead of the C&M STP submission in June. There is an emerging view in C&M that systems leadership is a key enabler to better health, care, finance and productivity and this is reflected below.

Table 3.0 Cheshire & Merseyside STP Emerging Priorities

Emerging Common Priorities for the Cheshire & Merseyside STP			
Better Health & Wellbeing	**Better Care**	**Better Finance & Productivity**	**Enablers**
Children's Health & Wellbeing	Maternity & Children's Services	Prevention	✓ Workforce ✓ Cultural Change ✓ I.T/Care Records ✓ Communications ✓ Insight ✓ Engagement ✓ Partnership Arrangements ✓ Managing Demand ✓ Integration ✓ Capital Money ✓ Support (next slide)
Alcohol	Mental Health and Wellbeing	Integrated Out of Hospital Care	
Staff Wellbeing	Neurology	Provider/System Reform and Reconfiguration	
Diabetes Prevention	Integrated Out of Hospital Care, focussing on older people and frailty.	Innovation and Use of Technology	
Cancer prevention, screening and survivorship	Transforming Care for Learning Disabilities	Modernisation and efficiency of assets.	
	Urgent Care - whole system approach.	System controls total	

11. CCG Operational Plan

As part of the annual planning process, which commenced in December, the CCG has been working in conjunction with NHSE to build activity plans for 2016/17. These plans have been built with detailed analysis and consideration of;

- historical CCG and provider performance and activity levels.
- demographic changes influencing demand and activity from a CCG and provider basis.
- known transformation, QIPP and contractual changes influencing activity levels.

These plans have had numerous iterations with NHSE and will be finalised by 20th May in the ultimate submission to NHSE. Following this, the detail on these activity plans will be taken to Governing Body development sessions in June, with a view to sign off in July.

It is envisaged that these activity plans will also contribute to LDS and STP plans for the 30th June STP submission.

12. Timetable for STP Development

12.1 The Table below sets out the national timetable for the development and progression of STP's. As can be seen throughout this paper, detailed work has been undertaken to describe and identify gaps in the health and social care system for our population, both on an LDS and LDS level. Governance arrangements have been developed and are in place.

11.2 The emerging detail on the local priorities set out in this paper, together with further detail on tackling the quality and financial gap and challenges will form the basis of the STP submission on 30th June.

Table 4.0 National STP Timetable

What	When
Publication of agreed footprints, plus further support for STP footprints on how to analyse their local gaps in quality, health and finance	March 2016
Work with footprints on gap analysis	Throughout March 2016
Footprints to make a short submission to national bodies setting out: 1. **Governance arrangements (including lead)** 2. **Emerging priorities for action**	15 April 2016
Regional development days for STP footprint leads	Late April/Early May 2016
Each footprint to submit their STP to the national bodies	30 June 2016
Series of regional conversations between national bodies and footprints	Throughout July 2016

13. Recommendations

13.1 The Governing Body is requested to note the approach that is being taken across Cheshire and Merseyside in terms of developing the STP and underpinning LDSs and is asked to support this approach and provide the commitment of the CCG to the collective work with partners on this.

13.2 There is a requirement for the CCG to sign off our contribution to the STP submission for 30th June; therefore the Governing Body is requested to provide delegated authority in this regard.

Karl McCluskey
May 2016

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: GB 16/81	**Author of the Paper:** Karl McCluskey Chief Strategy and Outcomes Officer E mail: Karl.mcluskey@southportandformbyccg.nhs.uk Tel no: 0151 247 7000
Report date: May 2016	
Title: Shaping Sefton: Plans on a Page	

Summary/Key Issues:

This paper sets out the emerging "plan on a page" for each of the CCG Transformational Blueprints and Programme areas. Each plan summarises the key contribution to the National Outcomes as set out in the Forward View.

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

NHS
Southport and Formby
Clinical Commissioning Group

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

Links to National Outcomes Framework *(x those that apply)*	
	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	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
May 2016

1. Introduction

This paper sets out the emerging "plan on a page" for each of the CCG Transformational Blueprints and Programme areas. Each plan summarises the key contribution to the National Outcomes as set out in the Forward View.

2. Background

The CCG's Strategic Plan, Shaping Sefton is being delivered and progressed through 6 Transformational Blueprints and 2 Programmes:-

Transformational Blueprints

1) Primary Care
2) Community Care
3) Unplanned Care
4) Mental Health
5) Planned Care
6) Medicines Management

Transformational Programmes

1) Cardiovascular Disease (Including Diabetes)
2) Respiratory Disease

3. Plan on a Page

As part of the planned / system development of these, the CCG has built a clear and definitive construct to ensure that each Blueprint and Programme clearly describes and sets out the following;

a) How the blueprint or programme contributes to the 6 outcomes set out by the CCG;

   i. Reduce the number of unplanned and emergency admissions.
   ii. Reduce bed days (length of stay.
   iii. Reduce re-admission rates to hospital.
   iv. Increase the percentage of people dying in their usual place of residence
   v. Provide care closer to home
   vi. Ensure that people have a positive experience of care

b) The planned Quality, Innovation, Productivity and Prevention (QIPP) contribution made by the blueprint or programme.

c) The key enablers to delivery and success of the blueprint or programme.

d) The key milestones for delivery on the blueprint or programme for 2016/17.

The plans on a page set out a) to d) above in a simple and observable format. Each plan on a page represents the work programme that has been built with the respective blueprint and programme leads. Further work is required to cement additional metrics over the next month, these plans will then be used as part of the monthly blueprint and performance reviews with respective leads.

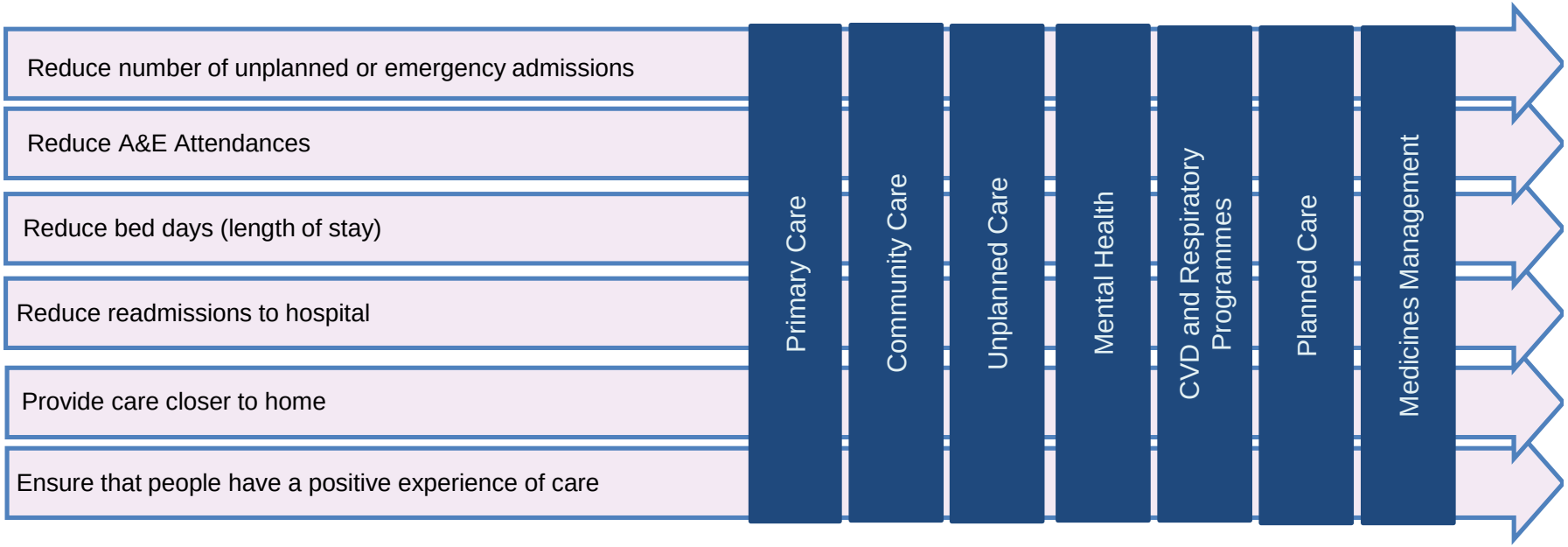
4. Recommendation

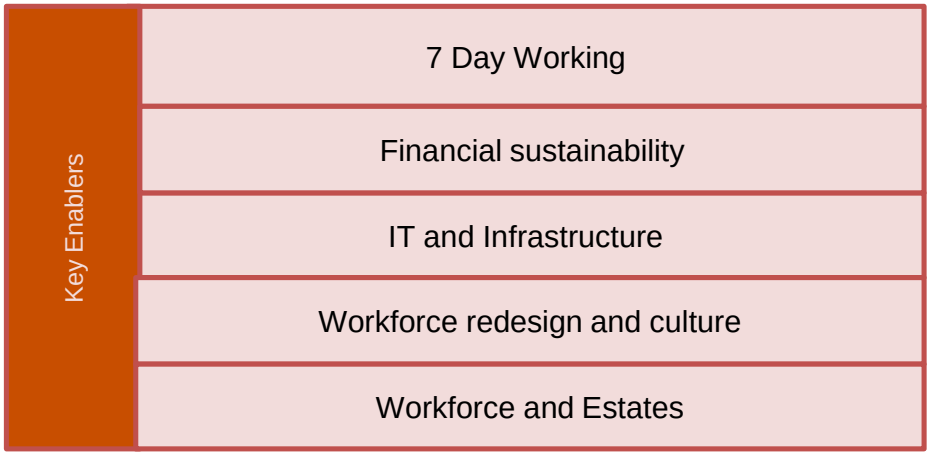
The Governing Body is requested to endorse the project management approach set out by the plans on a page and satisfies itself that this is ensuring a focused approach to the development, delivery and performance management of the blueprints and programmes.

Karl McCluskey
May 2016

Transformation Blueprints & Outcomes

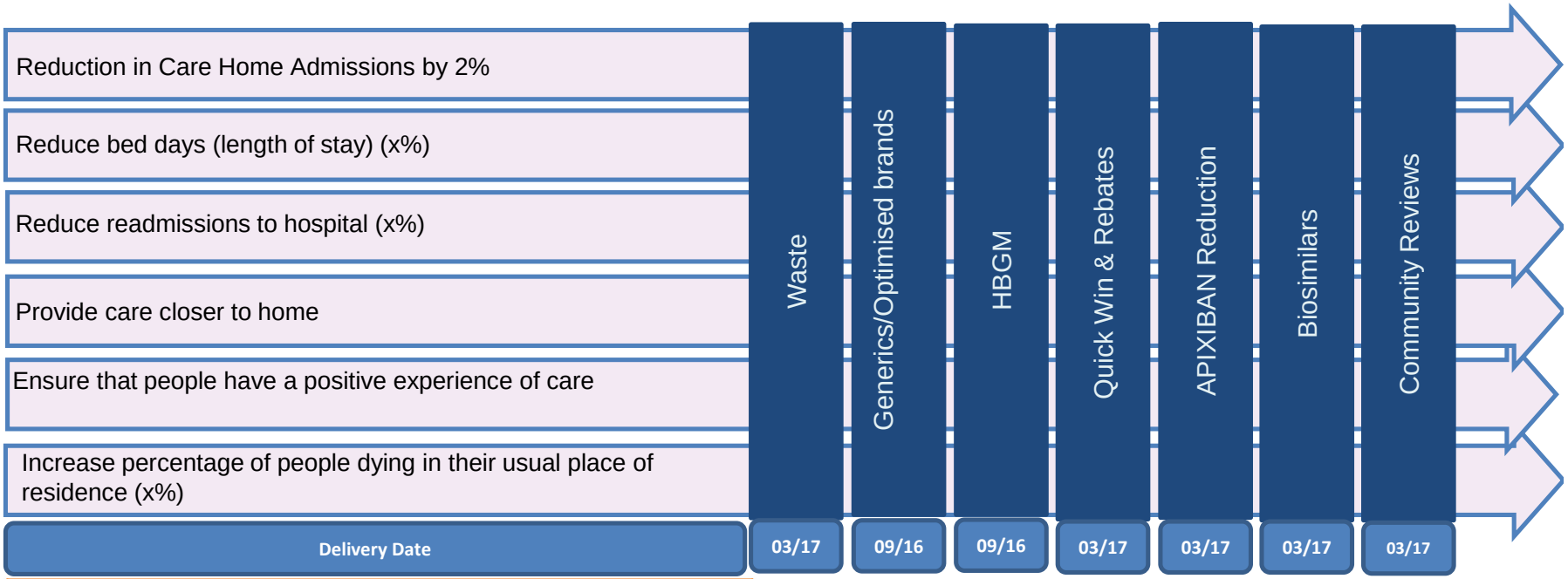
NHS
Southport and Formby
Clinical Commissioning Group





Medicines Management Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group



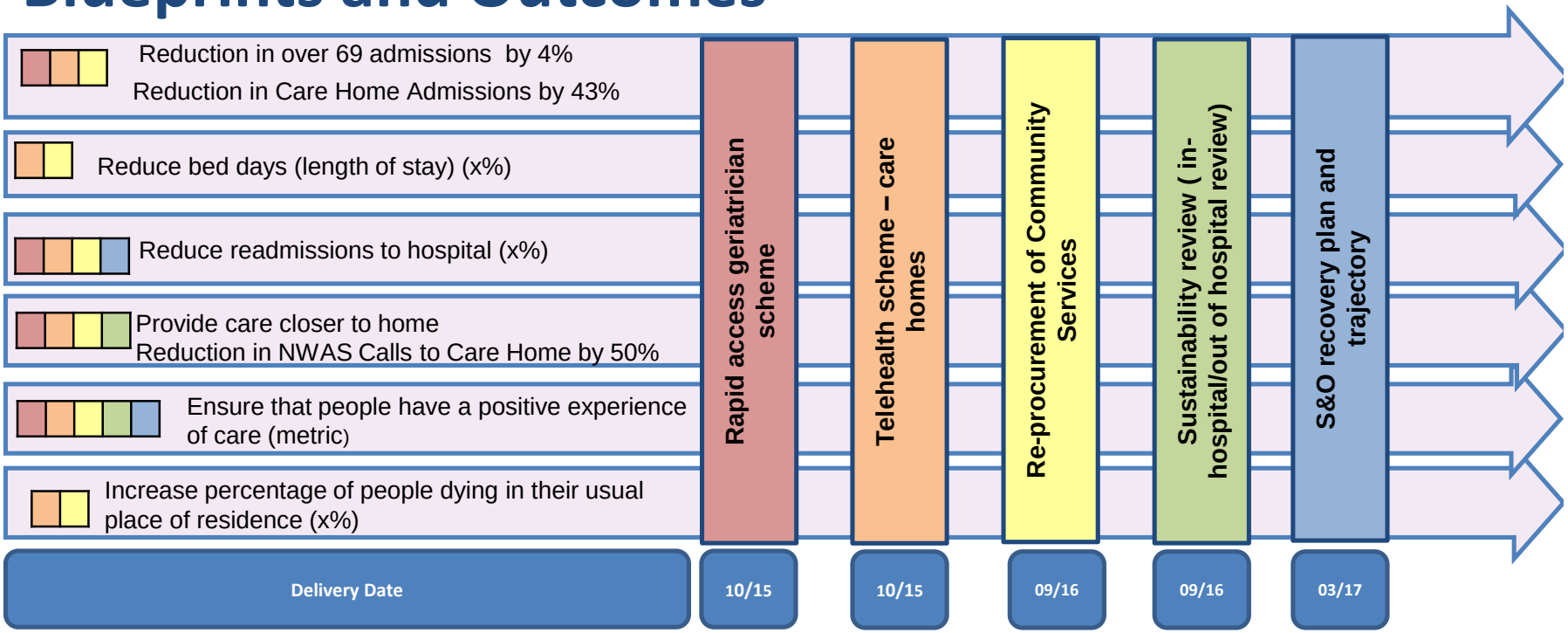
QIPP Schemes	POD	Activity	QIPP £ (16/17)
Waste			(500,000)
Generics/Optimised brands			(341,000)
HBGM/APIXIBAN			(156,000)
Quick Win & Rebates			(86,000)
Other Schemes			(480,000)
Biosimilars			(63,000)
Community Reviews	NEL	(18)	(87,000)

Key Enablers

- Medicines management team capacity
- CCG membership engagement
- Patient engagement
- IT- prescribing support software rollout
- Biosimilar gain share agreed with acute trusts

CCG Community and Urgent Care Blueprints and Outcomes

NHS
Southport and Formby
Clinical Commissioning Group



QIPP Schemes	POD	Activity	QIPP £ (16/17)
Telehealth Care Homes	NEL	(305)	(370,000)
Rapid Access Geriatrician	NEL	(188)	(200,000)
Roving GP	NEL	TBC	(100,000)

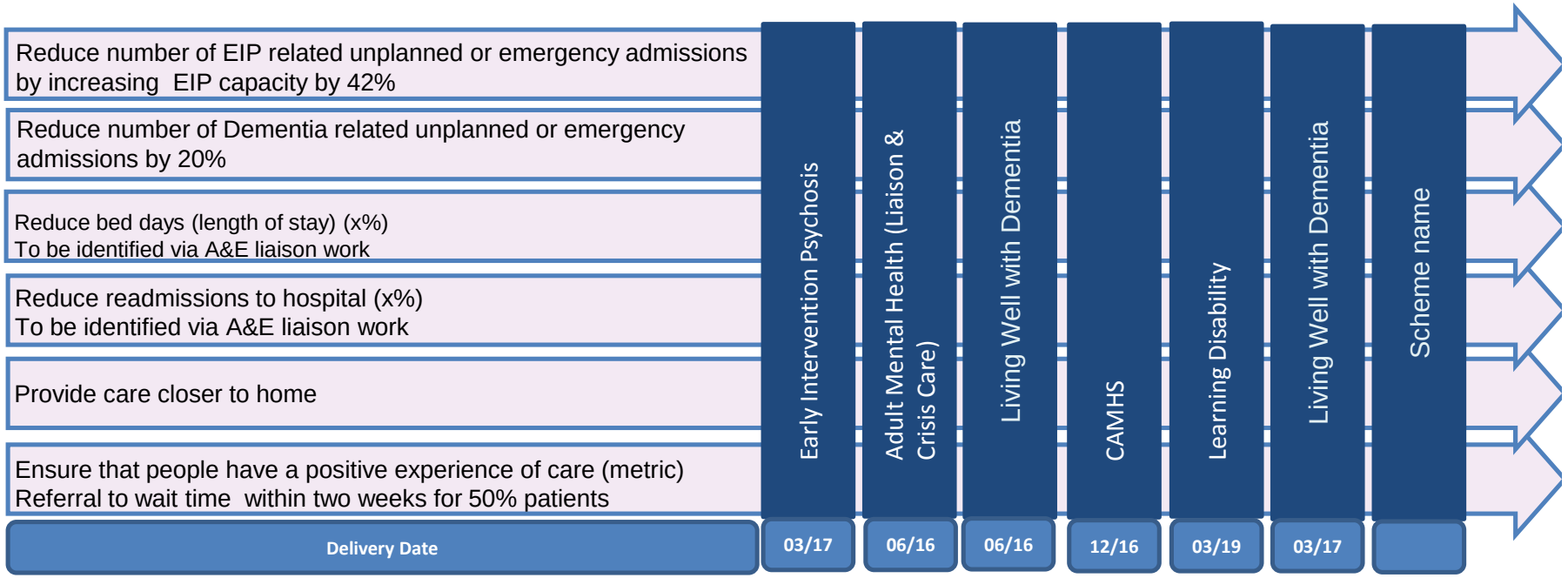
Key Enablers

- **Financial stability:** QIPP, Transformation
- **Communications & engagement:** Big Chat, locality working, Wider Constituent group, EPEG
- **Workforce redesign and culture:** locality model of working
- **Estates:** estates strategy and utilisation review
- **IT and Infrastructure:** EMIS roll out with providers; telehealth; mobile working

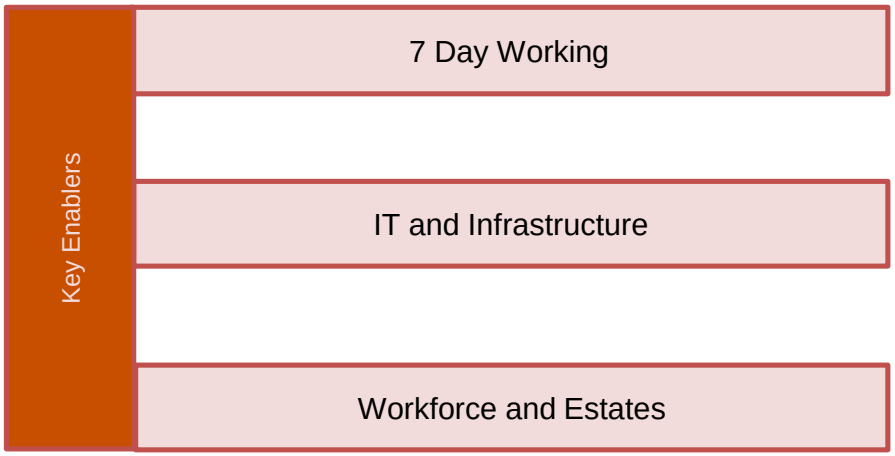
Systems Resilience group

Mental Health Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group

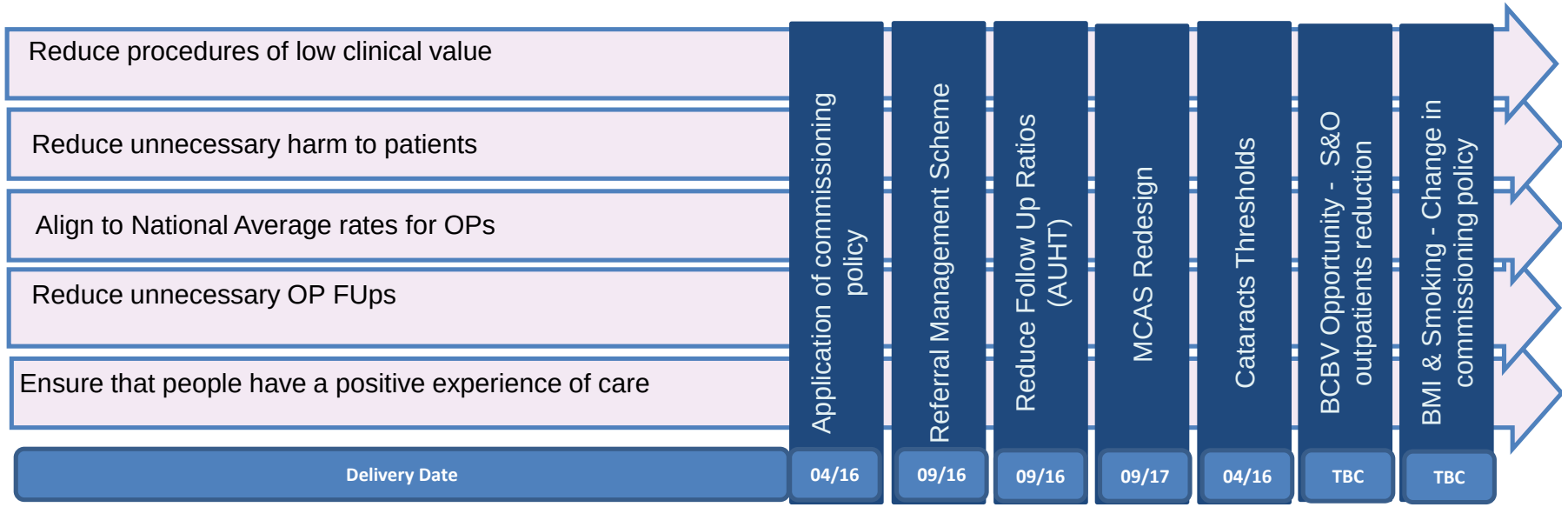


QIPP Schemes	POD	Activity	QIPP £
Early Intervention Psychosis	NEL	TBC	TBC
Dementia	NEL	TBC	TBC
Liaison (TBD)	NEL	TBC	TBC
CAMHS Prevention of future secondary care usage		TBC	TBC
Learning Disability Reduction in inpatient activity			TBC

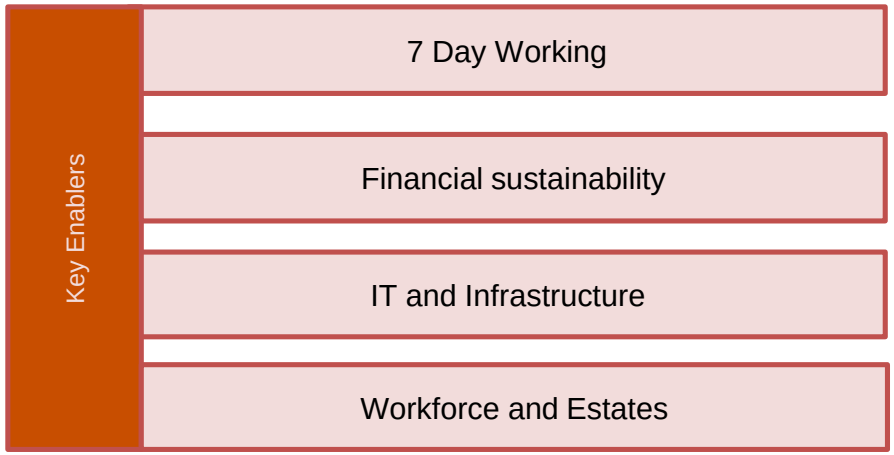


Planned Care Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group

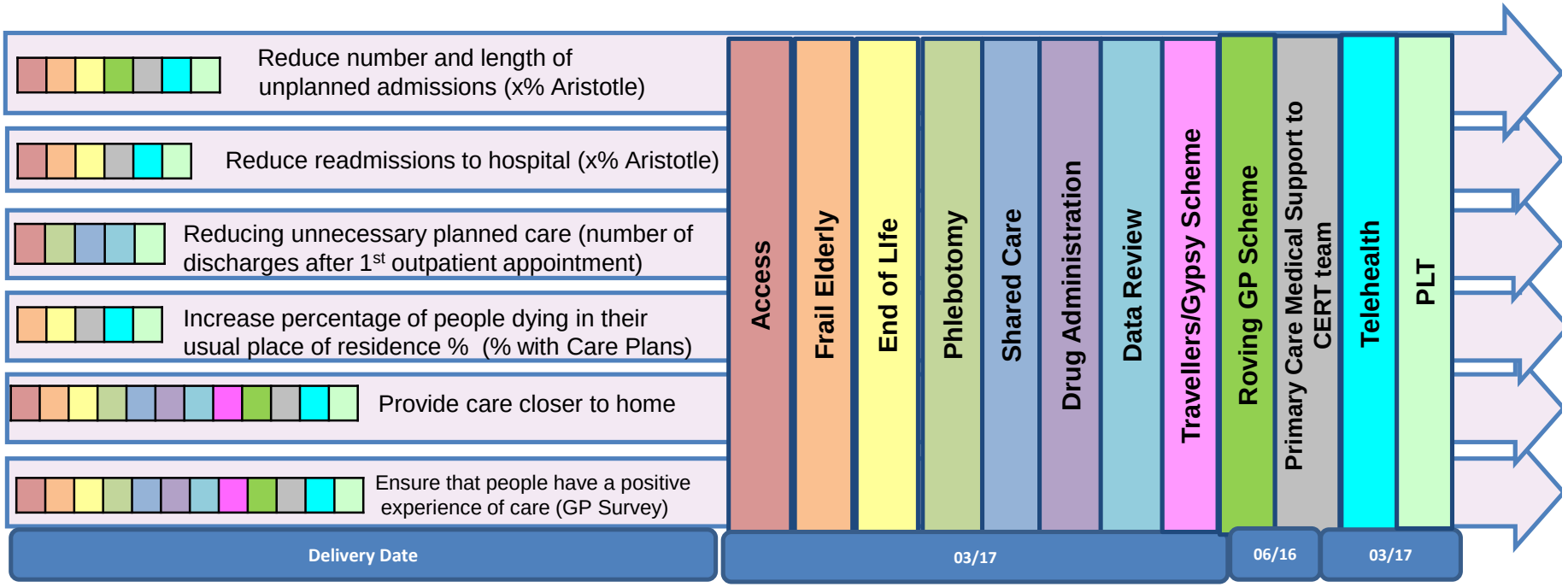


QIPP Schemes	POD	Activity	QIPP £(16/17)
Application PLCV	EL	(791)	(452,000)
Referral Management Scheme	OP1	(611)	(94,286)
Reduce Follow Up Ratios	OFU	(566)	(70,574)
MCAS Redesign		TBC	(500,000)
Cataract Procedures	EL	(155)	(70,000)
BCBV Opportunities	OP		(198,000)
Dermatology – Reduce Block		N/A	(40,000)
Gastro WL 15/16		N/A	(150,000)
Review of OPP T&O coding		N/A	(400,000)



Primary Care Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group



QIPP Schemes	POD	Activity	QIPP £(16/17)
LQC - Access	NEL	(144)	(228,000)
LQC – Frailty	NEL	(216)	(347,000)

Key Enablers

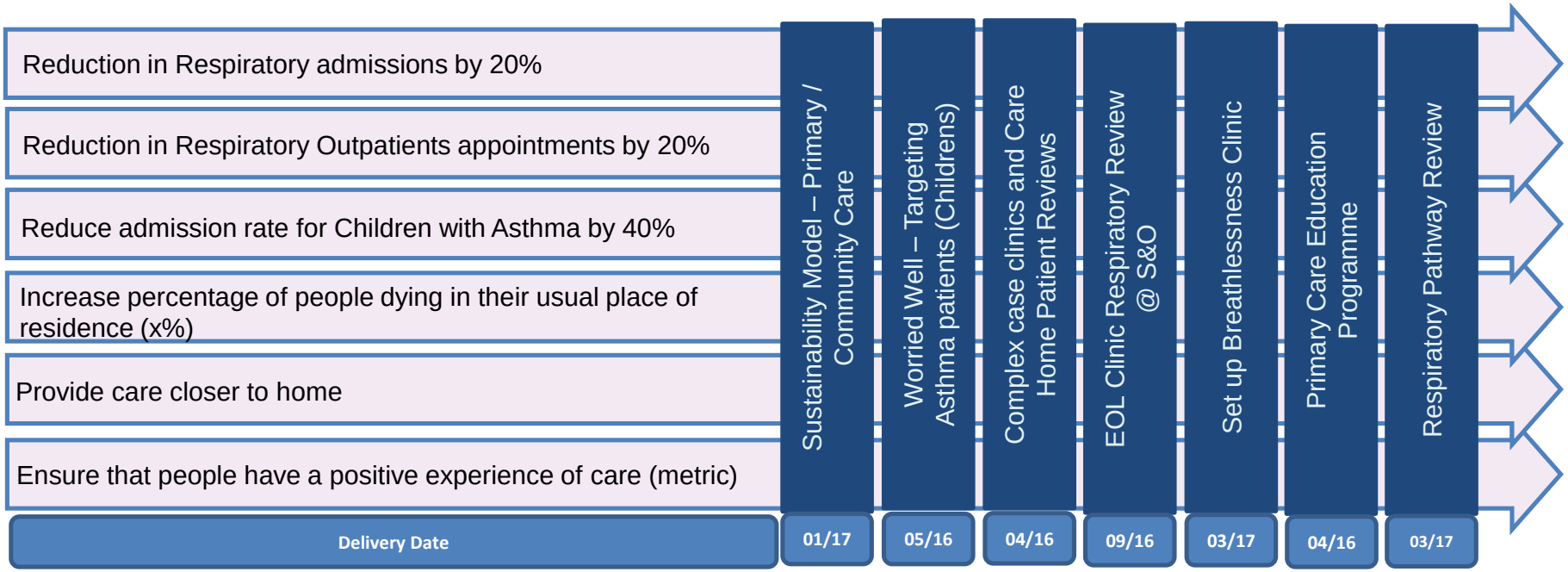
7 Day Working:
GP Out of Hours Contract / Federation / Roving GP / New Models of Working

IT and Infrastructure
Federation, Collaborative/New Models of Working, Co-Commissioning, "Time for Care" development programme, Premises and Technology Infrastructure investment

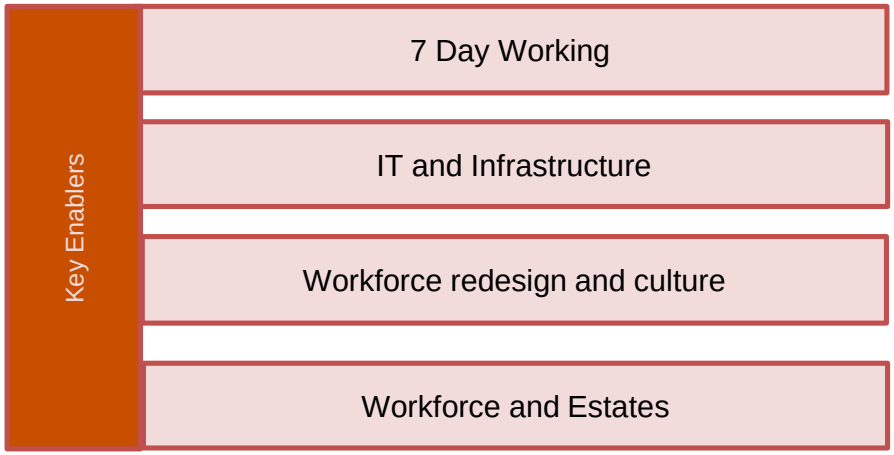
Workforce and Estates
Procurement of APMS contracts; Estates Strategy, Co-Location (Locality model), Local Authority, HENW, New Practice Resilience programme, Workforce measures to grow medical and non-medical workforce, Premises and Technology Infrastructure investment

Respiratory Programme Blueprints & Outcomes

NHS Southport and Formby Clinical Commissioning Group

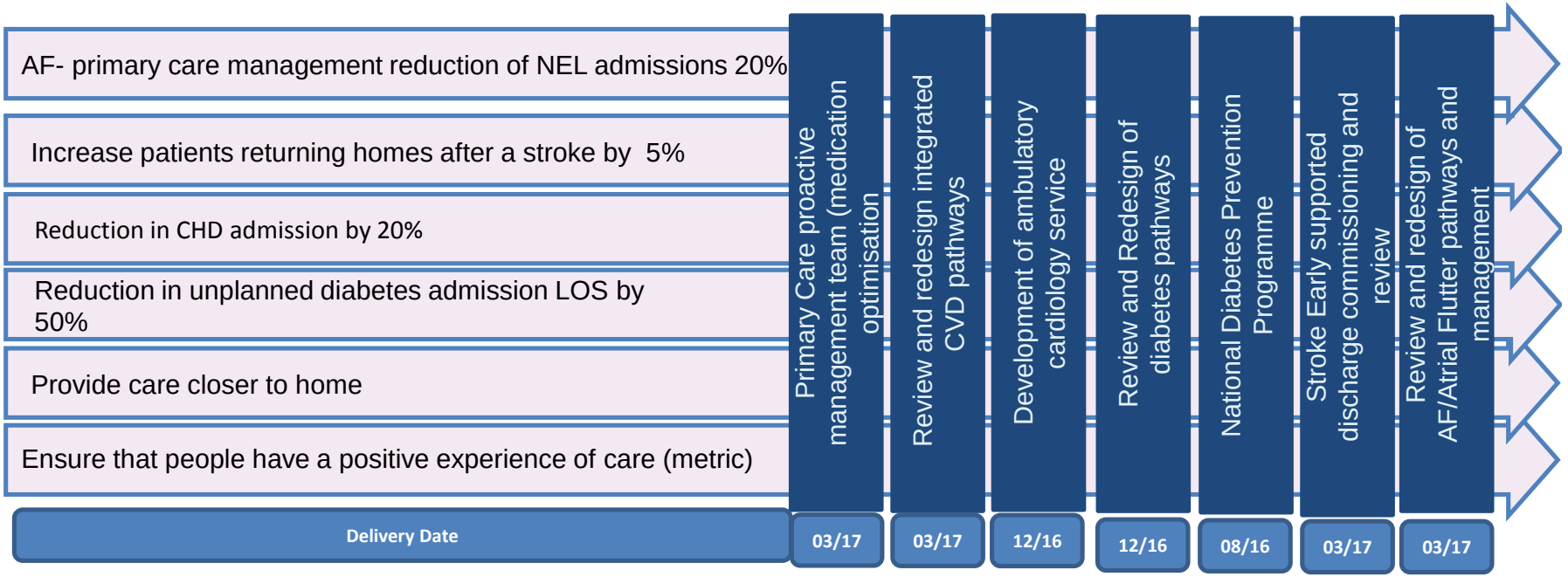


QIPP Schemes	POD	Activity	QIPP £(16/17)
Primary Care Training & Clinics	NEL	(448)	(480,000)
Primary Care Training & Clinics	1OP	(84)	(12,962)
Primary Care Training & Clinics	OFU	(92)	(8,657)

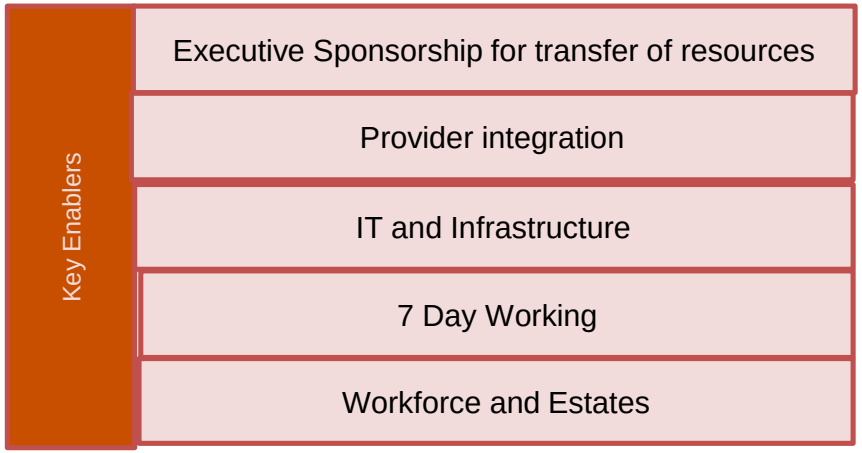


CVD Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group

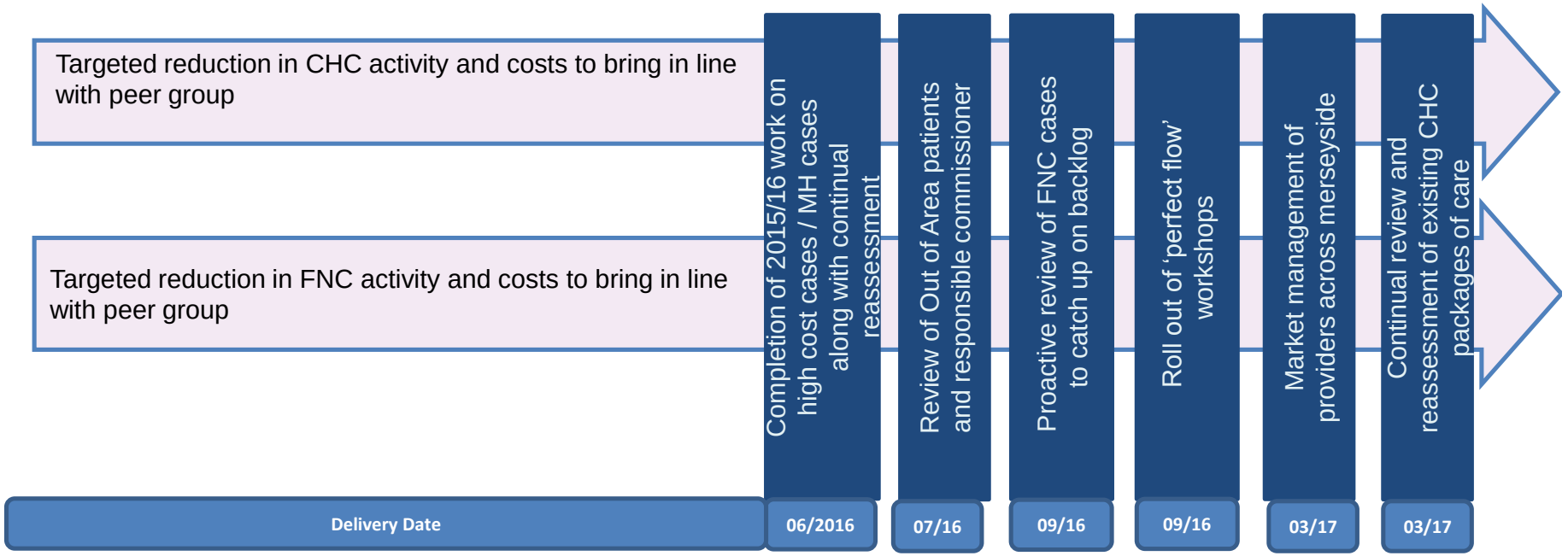


QIPP Schemes	POD	Activity	QIPP £(16/17)
BCBV Opportunities – Outpatient appointments	OP 1		Included in planned care



CHC/FNC Blueprints & Outcomes

NHS
Southport and Formby
Clinical Commissioning Group



QIPP Schemes	POD	Activity	QIPP £
CHC/FNC reduction from Q4 into 16/17		n/a	£500,000
CHC/FNC reduction – No growth in 16/17		n/a	£500,000
CHC/FNC – Further continued reduction in spend		n/a	TBC

Key Enablers

- Closer integration with Local Authority
- Continual development of good working relationship with CSU
- CSU increase resources allocated to support MH reviews (at CSU cost)

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: GB 16/82	**Author of the Paper:** Debbie Fairclough E mail: Debbie.fairclough@southseftonccg.nhs.uk Tel no: 07824608578
Report date: May 2016	

Title: Joint QIPP Committee

Summary/Key Issues:

The governance arrangements for the oversight of QIPP have been reviewed and as part of that process the terms of reference for the Joint QIPP committee have been revised. The updated terms of reference provide greater clarity on the role of that committee and serve to strengthen the governance and performance management of the QIPP programme across South Sefton CCG and Southport and Formby CCG.

To ensure that the Joint QIPP Committee receives exemplary clinical input in the discharge of its duties, a QIPP Clinical Advisory Group will be established as a sub group of the committee. The terms of reference of that group are provided with this report for completeness and to provide further assurance to the Governing Body that there are robust arrangements in place.

To facilitate and enable prompt decision making, it is also proposed that the Joint QIPP Committee is able to authorise investment or expenditure up to a set level. The Governing Body is asked to determine what that level of delegated authority shall be.

Recommendation

The Governing Body is asked to approve the revised terms of reference.	Approve	x
The Governing Body is asked to determine a level of financial authority for the Joint QIPP Committee.	Ratify	

NHS
Southport and Formby
Clinical Commissioning Group

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.

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

NHS
Southport and Formby
Clinical Commissioning Group

NHS Southport and Formby CCG and NHS South Sefton CCG Joint Committee

Joint QIPP Committee

1. Authority

1.1. The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

1.2. The committee is established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014[1] and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution[2] and Section 6.6 of NHS Southport and Formby CCG Constitution[3].

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

- To monitor progress on the implementation and benefit realisation of the CCGs QIPP plans, providing assurances to the Governing Body that the CCG is on track to achieve its QIPP targets.

- To provide a forum for South Sefton CCG and Southport and Formby CCG localities, their practices clinical leads, Clinical Director, CCG locality leads and practice representatives to identify potential areas of improvement and support plans and proposals for implementation.

- The Committee shall be authorised by the CCG Governing Body of NHS Southport and Formby CCG and NHS South Sefton CCG – (the "Governing Bodies") to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.

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

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

- The Committee is authorised to approve investment into any service improvement opportunities up to a maximum level to be determined by the Governing Body. All such authorised expenditure shall be from within previously approved operational budgets. All such authorised expenditure shall be reported to the next available meeting of the Finance and Resources Committee.

2. Membership

2.1. The following will be members of the Committee:

[1] Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform__Clinical_Commissioning_Groups__Order_2014-revised_dr....pdf
[2] *Ibid* at page 29
[3] *Ibid* at page 17

- Chair – Lay Member for Governance SF CCG
- Clinical Vice Chair(s) (SFCCG / SSCCG) (Rotational Chair of the Committee)
- Chief Officer (SF / SSCCG)
- Chief Finance Officer (SF / SSCCG)
- Chief Strategy & Outcomes Officer (SF / SSCCG)
- QIPP Programme Lead
- Lay Member for Governance & Audit (SSCCG)
- Lay Member (SFCCG)
- Lay Member (SSCCG)
- Secondary Care Doctor and Governing Body Member (SFCCG)
- Secondary Care Doctor and Governing Body Member (SSCCG)
- Chief Service & Redesign Officer (SF / SSCCG)
- Deputy Chief Financial Officer (SF / SSCCG)
- Chief Nurse or Deputy Chief Nurse (SF / SSCCG)
- Strategy & Outcomes Lead (SF / SSCCG)

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

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

2.4. Relevant Officers from the CCGs will be invited to attend in line with agenda items. Clinical and Programme leads of specific projects will be invited to attend the meeting via invitation, to update the Committee on progress. CCG Clinical Directors and locality leads will also be invite to attend meetings to provide subject matter expertise.

2.5. Officers from other organisations including the CCG's Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

3. Duties of the Committee

The Committee is responsible for the following:

Duties in respect of QIPP

3.1. To review and scrutinise all QIPP scheme proposals as recommended by the QIPP Clinical Advisory Group

3.2. To review and scrutinise all QIPP scheme proposals as recommended by the Senior Management Team

3.3. To reject any scheme that does not meet the following requirements

3.3.1. Alignment to the Shaping Sefton Strategy
3.3.2. Has sufficient resource and capacity to support the scheme
3.3.3. Has clear milestones and indicators that track to delivery

3.4. To ensure all QIPP schemes have been subject to an Equality Impact Assessment, assuring the Governing Body that there are no adverse consequences or breaches of the CCGs PSED statutory duties arising from the implementation of any QIPP scheme.

3.5. To ensure that all QIPP schemes have been subject to a Quality Impact Assessment, assuring the Governing Body that there are no adverse consequences arising from the implementation of any QIPP scheme.

3.6. To ensure that all QIPP schemes, where appropriate and particularly in respect of any significant service change or de-commissioning proposal, have been subject to the required level of consultation with the public, stakeholder and OSC and that those views are reflected in proposals.

3.7. To ensure all QIPP schemes have been subject to a robust benefits realisation assessment

3.8. To make recommendations to the Governing Body on QIPP schemes to be approved.

3.9. To ensure that all approved schemes are incorporated into the CCG's overarching QIPP plans

3.10. To monitor and review progress on all QIPP schemes detailed in the CCG's overarching QIPP plan by reviewing the QIPP dash board produced by the CCGs PMO.

3.11. To review and scrutinise, on a **planned** basis, single QIPP schemes so the committee is able to assure itself of the rigour of governance and progress associated with each scheme.

3.12. To review and scrutinise from time to time and on a **discretionary** basis any single QIPP scheme so the committee is able to assure itself of the rigour of governance and progress associated with each scheme.

3.13. To provide updates and assurances to the Governing Bodies on all QIPP schemes

3.14. To highlight any areas of risk to the delivery of any of the QIPP schemes and provide the Governing Body with detailed information on mitigating actions and associated time scales.

3.15. To ensure that the QIPP plans and the supporting PMO function are adequately resourced to secure delivery of plans.

3.16. To instruct the CCGs appointed internal auditor to review processes from time to time, and in accordance with the CCGs approved internal audit programme.

Duties in respect of service improvement

3.17. To review and scrutinise Business Cases for service improvement and re-design programmes and make recommendations for financial approval and implementation to the Finance and Resources Committee[4i]

3.18. To monitor and evaluate all service improvement and re-design programmes

3.19. To identify potential areas of service improvement in all localities and provide recommendations to SMT and Governing Body

3.20. To determine the rationale and evidence base supporting the need for improvement

[4] The Finance and Resources Committee can approve business cases up to a value of £200K, subject to availability of budgetary resources. All other business cases will require sign off by the Governing Body following recommendation by the Finance and Resources Committee and subject to resources available.

3.21. To ensure that all service improvement proposals take account of national recommendations including, but not limited to the Francis report.

3.22. Ensure each programme of service improvement has an identified clinical lead and operational lead

3.23. To monitor the progress of all service reviews and ensure there are robust project management arrangements to assure successful delivery of service review programmes.

3.24. To monitor and measure impact of improvements and ensure delivery of the anticipated clinical and financial benefits

3.25. To monitor programmes in line with the CCG's "Shaping Sefton" Transformation programme.

3.26. Ensure that work of the Cheshire and Merseyside Commissioning Support Unit is aligned to support successful delivery of programmes

3.27. Ensure there are appropriate arrangements for measuring and monitoring change.

3.28. The committee will have the full authority to commission any reports or surveys as deemed necessary to help it fulfil its obligations

4. Voting

4.1 Each substantive member shall have one vote on all general business items of the committee.

4.2 For decisions relating to business cases to be recommended to the Finance and Resources Committee for financial approval, the Lay Member for Governance of the respective CCG shall have the casting vote.

5. Establishment of Sub-Groups of the Committee

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

6. Administration

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

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

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

7. Quorum

7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member from each CCG, at least one Lay Person from each CCG and either the Chief

Officer or Chief Finance Officer in attendance shall be quorate for the purposes of the Committee's business. If the Chief Officer is absent then the Chief Finance Officer must ensure they attend and vice versa.

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

8. Frequency and notice of meetings

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

9. Reporting

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

10.2 The Committee will work closely with Finance and Resource Committee and Quality Committee, sharing QIPP updates and other progress reports as necessary.

10. Conduct and Conflicts of Interest

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

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

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

11. Review

Date of production: 9th May 2016

Version No: **3**

Review date: May 2017

NHS
Southport and Formby
Clinical Commissioning Group

Clinical QIPP Advisory Group

(a sub group of the Joint QIPP Committee)

1. Authority

1.1. The sub group has been established as a reporting group of NHS Southport and Formby CCG and NHS South Sefton CCG Joint QIPP Committee.

1.2. The principal functions of the sub group are as follows:

- Make recommendations to the Joint QIPP Committee for potential QIPP schemes following a robust assessment of the benefit realisation, value for money and alignment to the CCGs Shaping Sefton Strategy.
- To make recommendations on business cases to the Joint QIPP Committee
- To make recommendations on commissioning policies to the Quality Committees of each CCG.
- The group is an advisory group and does not have any decision making powers and has no authority to allocate resources.

2. Membership

2.1. The following will be members of the Committee:

Dr Emily Ball	GP (S&FCCG)
Dr Stuart Bennett	GP (S&FCCG)
Dr Doug Callow	GP (S&FCCG)
Dr Rob Caudwell	GP and Chair (SFCCG)
Dr Peter Chamberlain	Community Blueprint Clinical Lead (SSCCG)
Fiona Doherty	Strategy & Outcomes Lead (SSCCG & S&FCCG)
Dr Martin Evans	GP (S&FCCG)
Debbie Fagan	Chief Nurse (SSCCG & S&FCCG)
Tracey Forshaw	Programme Manager Vulnerable People (SSCCG & S&FCCG)
Dr Craig Gillespie	Clinical Director and Chair (SSCCG)
Dr Niall Leonard	GP and Clinical Vice Chair (SFCCG)
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member (SSCCG)
Martin McDowell	Chief Finance Officer
Karl McCluskey	Chief Strategy & Outcomes Officer(SSCCG & S&FCCG)
Dr Andy Mimnagh	GP and Clinical Vice Chair (SSCCG)
Dr Hilal Mulla	GP (S&FCCG)
Brendan Prescott	Deputy Chief Nurse (SSCCG & S&FCCG)
Dr Kati Scholtz	GP (S&FCCG)
Dr Clive Shaw	GP Clinical Director & Governing Body Member
Dr Ricky Sinha	Governing Body Member (SSCCG)
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member (SFCCG)
Dr Nigel Taylor	Clinical Lead (SSCCG)
Dr Paul Thomas	GP (SSCCG)
Dr John Wray	GP (SSCCG)

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

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

2.4. Relevant Officers from the CCGs will be invited to attend in line with agenda items. Clinical and Programme leads of specific projects will be invited to attend the meeting via invitation, to update the Committee on progress. CCG Clinical Directors and locality leads will also be invited to attend meetings to provide subject matter expertise.

2.5. Officers from other organisations including the CCG's Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

3. Duties of the Committee

The Committee is responsible for the following:

3.1. To review and scrutinise all QIPP scheme proposals including those proposed following an assessment of Rightcare.

3.2. To undertake a quality impact assessment of all schemes

3.3. To undertake an equality impact assessment of all schemes

3.4. To ensure all schemes and business case proposals align with the Shaping Sefton Strategy.

3.5. To ensure that any proposal has a clear plan for consultation and engagement (as appropriate) and that the associated milestones are reflected within the scheme.

3.6. To provide ongoing clinical advice and assessment as requested by relevant leads in the context of ensuring that any QIPP scheme is subject to robust clinical input and assurance.

3.7. To review and assess business cases from providers

3.8. To review clinical commissioning policies and ensure they are compliant with relevant guidance, including but not limited to, NICE.

3.9. To review the benefits realisation assessments submitted with each scheme

4. Voting

4.1 Each substantive member shall have one vote on all general business items of the committee.

4.2 The Chair shall have the casting vote.

5. Administration

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

5.2. The agenda for the meetings will be agreed by the Chair of the group and papers will be distributed at least 3 working days before the meeting.

5.3. The Secretary will take minutes and produce action plans as required.

5.4. The secretary is responsible for monitoring the action plan and ensuring actions are followed up by members of the group.

6. Quorum

6.1. The Chair, Vice Chair or any nominated individual from within the membership in the event that neither the Chair nor Vice Chair is available. At least three clinical members (2 of which must be GPs, if the Chair is a GP then shall count towards the quorum of clinical members.) 1 member of the Strategy and Outcomes team and at least 1 other CCG officer for each CCG (if that officer has a joint role, they are able to represent both CCGs).

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

7. Frequency and notice of meetings

7.1. The group shall meet at least 6 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

8. Reporting

8.1. The ratified notes of the group will be submitted to the respective Joint QIPP Committee meeting.

9. Conduct and Conflicts of Interest

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

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

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

10. Review

Date of production: 9th May 2016

Version No: **1**

Review date: May 2017

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2016

Agenda Item: 16/83	**Author of the Paper:** Martin McDowell Chief Finance Officer Martin.mcdowell@southportandformbyccg.nhs.uk Tel: 0151 247 7000
Report date: May 2016	

Title: Revised 2016/17 Financial Budgets/ QIPP

Summary/Key Issues:

This paper presents the Governing Body with the revised 2016/17 Financial Budgets for Southport & Formby CCG.

Recommendation

Receive	X
Approve	X
Ratify	

The Governing Body is asked to:

- Approve the revised financial budgets for the financial year 2016/17.
- Note that the revised QIPP target is **£8.837m** and the revised deficit is **£4.000m.**

The Governing Body is also asked to receive the following notes by way of assurance:

- That the CCG planned running cost expenditure is within its running cost target;

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
May 2016

1. Summary

1.1 The opening financial budgets for 2016/17 were approved at the Governing Body Meeting in March 2016. The March meeting noted that there remained uncertainties in some areas and that an update report would be presented to the Governing Body meeting in May 2016.

1.2 This paper provides details of the CCG's 2016/17 proposed revised financial budgets for consideration and approval.

1.3 The financial budgets have been prepared in conjunction with budget holders and reflect all available planning guidance and metrics requirements. A summary of the proposed revised 2016/17 Financial Budget is presented in **Table 1**.

Table 1 - Summary 2016/17 Revised Financial Budgets

Budget Area	2016/17		
	Rec	Non Rec	Total
	£m	£m	£m
Resources			
Base Allocation	169.158		169.158
Growth	5.260		5.260
Allocation transfer from Specialised Commissioning	1.062		1.062
Better Care Fund allocation	2.884		2.884
Running Cost Allowance	2.618		2.618
Available Resources	**180.982**	**-**	**180.982**
Commissioning Budgets			
NHS Commissioned Services	122.166	3.174	125.340
Corporate & Support Services: admin	2.598	0.020	2.618
Corporate & Support Services: programme	2.689	0.059	2.748
Independent Sector	5.548	-	5.548
Medicines Management	24.311	0.120	24.431
Primary Care	2.837	-	2.837
Non NHS Commissioning	19.064	0.174	19.237
Sub total Operational budgets	**179.214**	**3.546**	**182.760**
Reserves			
QIPP requirement	(6.103)	(2.734)	(8.837)
Non Recurrent schemes		3.188	3.188
Transformation Fund	1.800		1.800
Better Care Fund investment	3.251		3.251
Other Committed Plans	1.915		1.915
Contingency	0.905		0.905
Sub total Reserves	**1.768**	**0.454**	**2.222**
Total Anticipated Spend	**180.981**	**4.000**	**184.981**
Forecast Surplus/ (Deficit)	**(0.000)**	**(4.000)**	**(4.000)**
Expressed as %			**-2%**

2. Changes from Opening Budgets

2.1 Overview

There has been a net increase in operational budgets of **£0.516m** as a result of contract negotiations and the review of opening budgets. This has been met by a reduction in the reserves budget as well as an increase in allocation.

Budgets held in reserves have been transferred to contracts where investments have been agreed during contract negotiations. £0.550m funding was transferred to the NHS Commissioning budget to reflect allocation transfers from Specialised Commissioning for Neurology agreed in the contract for The Walton Centre. It should be noted that this transfer does not represent a cost pressure but a direct transfer of resource and associated costs from Specialised Commissioning.

The reserves budget has been revised to reflect a reduction in the CCG deficit from £6m to £4m and the revised QIPP target following the May budget review.

The net impact of budget changes has increased the QIPP requirement to **£8.837m**. **Table 2** outlines how the QIPP requirement has changed since the report to the Governing Body in March 2016.

Table 2 – QIPP Target

QIPP Target	Rec	Non-Rec	Total
	£m	£m	£m
Opening QIPP Target (March 2016)	(3.424)	(3.780)	(7.204)
Amendments:			
Adjust 2015/16 Outturn		1.000	1.000
Reduce deficit to £4m	(2.000)		(2.000)
EL / NEL Growth to equal activity plan	(0.500)		(0.500)
Shortfall in funding (Trinity contract)	(0.200)		(0.200)
Cost reduction - Contract negotiations	0.075		0.075
Other budget revisions	(0.054)	0.046	(0.008)
Revised QIPP Target (May 2016)	**(6.103)**	**(2.734)**	**(8.837)**

The detail by cost centre and the change since the draft budget presented in March 2016 is included at Appendix 1.

The major budget movements are described under the relevant sections below.

2.2 Resource Allocations and Surplus

The Resource allocation has increased by £0.477m since the March report, to a total Allocation for 2016/17 of **£180.982m**. This increase relates to the following amendments:

- £0.022m increase in funding for Cataract services.
- £0.425m increase in funding for the transfer of specialised commissioning budgets (Wheelchairs and Neurology).

2.3 Operational Budgets

NHS Commissioned Services

Overall the budget for NHS Commissioned Services has increased by **£0.475m** since the March report. It was noted in the March report that the CCG had not reached agreements with all providers and that this area could change significantly.

£0.550m has been transferred from the reserves budget for Neurology services agreed in The Walton Centre contract, therefore, the net change to the NHS Commissioning budget is a reduction of £0.075m.

This is a result of the outcome of contract agreements compared with original assumptions. Further detail of these amendments is provided in **Table 3** below.

Table 3 – NHS Commissioned Services

Budget	Budget increase / (decrease)	Reserves funding	Net Cost Pressure	Notes
	£m	£m	£m	
Aintree	(0.190)		(0.190)	Arbitration Outcome
Alder Hey	0.017		0.017	ED coding change - subject to external verification
Southport and Ormskirk	(0.096)		(0.096)	
Liverpool Heart & Chest	(0.081)		(0.081)	
Liverpool Womens	(0.069)		(0.069)	
Royal Liverpool	0.077		0.077	Contract negotiations - ITU rebasing, AHP outpatients, breast services
Walton Centre	0.550	0.550	0.000	Neurology funding transfer (Spec Comm)
Mersey Care	0.173		0.173	SRG Funding
NWAS	0.104		0.104	Overperformance and contract negotiations
Other contracts	(0.010)		(0.010)	
Contract Cost Pressures	**0.475**	**0.550**	**(0.075)**	

Corporate & Support Services

Within the Running Costs budget, there have been a small number of amendments to transfer resource between cost centres but no change to the overall budget presented to the Governing Body in March.

The Programme Costs budget has reduced by a small amount following revision of the funded establishment and costs.

Non NHS Commissioning

The non-NHS budgets have been increased by £0.016m to reflect an increase in the cost of a private provider for continuing healthcare. On other budgets, the year-end outturn was in line with the forecast when the budget was calculated.

Anticipated cost savings in respect of continuing healthcare have been included as part of the CCG QIPP plan.

Medicines Management
There have been no revisions to the Prescribing Budget for the revised budget. The year-end costs for prescribing are higher than those anticipated when the budget was calculated, however, actions to reduce costs have been implemented recently.

Further anticipated cost savings have been included as part of the QIPP plan.

2.4 **Reserves**
There has been a reduction in the 2016/17 Reserves budget of **£2.325m** since the opening budgets were presented. This reflects funding transferred to support the increase in operational budgets (£0.550m), the increased QIPP target (£1.633m) and a reduction in other reserves budgets (£0.142m).

2.5 **Transformation Fund**
Within the Reserves budget, the CCG has allocated **£1.800m** resource for the Transformation Fund. Schemes funded through the use of this resource must demonstrate improved efficiency and cost savings for the CCG.

2.6 **QIPP**
The unidentified QIPP target for the CCG is **£8.837m**. The QIPP budget is set as a negative budget in reserves, and when schemes are identified, their associated resource is transferred to reserves to achieve the requirement.

3 Key Financial Risks and Pressures

3.1 Contract negotiations have been finalised and provider contracts have been agreed, however, there are a number of risks noted which will require resolution in 2016/17.

The CCG does not have further reserves to support contract risks, any increase in funding will require an increase to the QIPP target.

3.2 The CCG plans have been prepared using 2015/16 financial year out-turn position so any growth in demand will need to be funded using CCG contingency plus growth reserves.

3.3 The commissioning of individual packages of care within Mental Health and Continuing Health Care (CHC) was identified as a major risk area for the CCG through 2015/16, however targeted review and case management led to a reduction in cost. The 2016/17 budgets have been set on the basis of 2015/16 outturn. The pricing framework has been revised, and providers may seek for an increase to current prices, cost increases to date have been supported by a reduction in overall costs within the budget.

3.4 Prescribing - It should be noted that aspects of prescribing remain volatile and this area could present risks to budgets in 2016/17. Continued support from community pharmacist teams and practices will be required to deliver a balanced position, particularly after QIPP targets have been applied.

3.5 Continuing Healthcare (CHC) restitution payments – The CCG has included provision for CHC restitution payments of £0.356m in Reserves. The value of this reserve is based on the most recent guidance from NHS England which indicates that, in 2016/17, CCGs will be required to contribute to a national risk pool non-recurrently.

4. Conclusions & Recommendations

4.1 The Governing Body is asked to:-

- Approve the revised financial budgets for the financial year 2016/17
- Note that the QIPP target is **£8.837m** (£6.103m recurrent and £2.734m non-recurrent) the revised planned deficit is **£4.000m**.

4.2 The Governing Body is also asked to receive the following notes by way of assurance:

- The CCG planned running cost expenditure is within its running cost target.

5. Appendices

Appendix 1 Analysis by Cost Centre – Revised 2016/17 Budget compared to Opening 2016/17 Budget

Appendix 1

Comparison of 2016/17 Opening Budget (March 2016) to 2016/17 Revised Budget (May 2016)

Cost Centre Number	Cost Centre Description	Budget Holder	Opening Budget 2016/17 March 2016	Revised Budget 2016/17 May 2016	Increase / (Decrease)
			£000	£000	£000
COMMISSIONING - NON NHS					
603501	Mental Health Contracts	Jan Leonard	829	829	0
603506	Child and Adolescent Mental Health	Jan Leonard	163	178	16
603511	Dementia	Jan Leonard	93	93	0
603521	Learning Difficulties	Debbie Fagan	1,397	1,397	0
603596	Collaborative Commissioning	Jan Leonard	409	409	0
603661	Out of Hours	Jan Leonard	972	972	0
603682	CHC Adult Fully Funded	Debbie Fagan	7,204	7,204	0
603683	Chc Ad Full Fund Pers Hlth Bud	Debbie Fagan	100	100	0
603684	CHC Adult Joint Funded	Debbie Fagan	1,477	1,477	0
603685	CHC Adult Joint Funded Personal health Budgets	Debbie Fagan	23	23	0
603687	CHC Children	Debbie Fagan	510	510	0
603691	Funded Nursing Care	Debbie Fagan	3,210	3,210	0
603711	Community Services	Jan Leonard	462	462	0
603721	Hospices	Jan Leonard	960	960	0
603726	Intermediate Care	Jan Leonard	435	435	0
603796	Reablement	Jan Leonard	979	979	0
Sub-Total			**19,221**	**19,237**	**16**
CORPORATE & SUPPORT SERVICES					
605251	Administration and Business Support (Running Cost)	Fiona Clark	142	142	(0)
605271	CEO/Board Office (Running Cost)	Fiona Clark	453	462	9
605276	Chairs and Non Execs (Running Cost)	Fiona Clark	210	208	(2)
605296	Commissioning (Running Cost)	Fiona Clark	612	542	(70)
605311	Contract Management	Jan Leonard	162	164	2
605316	Corporate costs	Fiona Clark	350	353	3
605346	Estates & Facilities	Martin McDowell	21	21	0
605351	Finance (Running Cost)	Martin McDowell	322	375	54
605426	Quality assurance	Debbie Fagan	50	50	1
605266	BUSINESS INFORMATICS	Karl McCluskey	297	300	3
	Sub-Total Running Costs		**2,618**	**2,618**	**(0)**
603646	Commissioning Schemes (Programme Cost)	Fiona Clark	988	941	(47)
603656	Medicines Management (Programme Cost)	Jan Leonard	570	571	1
603676	Primary Care IT	Martin McDowell	1,016	1,016	0
603810	Nurse and Quality Programme	Debbie Fagan	177	220	42
	Sub-Total Programme Costs		**2,752**	**2,748**	**(4)**
Sub-Total			**5,370**	**5,366**	**(4)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS					
603571	Acute Commissioning	Jan Leonard	87,302	87,846	545
603576	Acute Childrens Services	Jan Leonard	2,266	2,283	17
603586	Ambulance Services	Jan Leonard	5,109	5,213	104
603616	NCAs/OATs	Jan Leonard	1,641	1,641	0
603631	Winter Pressures	Jan Leonard	280	280	0
603756	Commissioning - Non Acute	Jan Leonard	28,268	28,077	(191)
Sub-Total			**124,865**	**125,340**	**475**
INDEPENDENT SECTOR					
603591	Independent Sector	Jan Leonard	5,519	5,548	29
Sub-Total			**5,519**	**5,548**	**29**
PRIMARY CARE					
603651	Local Enhanced Services and GP Framework	Jan Leonard	2,837	2,837	0
Sub-Total			**2,837**	**2,837**	**0**
PRESCRIBING					
603606	High Cost Drugs	Jan Leonard	1,745	1,745	0
603666	Oxygen	Jan Leonard	163	163	0
603671	Prescribing	Jan Leonard	22,523	22,523	0
Sub-Total			**24,431**	**24,431**	**0**
Sub-Total Operating Budgets pre Reserves			**182,244**	**182,760**	**516**
RESERVES					
603761	Commissioning Reserve	Martin McDowell	4,547	2,222	(2,325)
Sub-Total			**4,547**	**2,222**	**(2,325)**
Grand Total I & E			**186,791**	**184,982**	**(1,809)**

NHS
Southport and Formby
Clinical Commissioning Group

REPORT TO THE GOVERNING BODY
May 2016

Agenda Item: 16/84	**Author of the Paper:** Name Karl McCluskey Title Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247
Report date: May 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

NHS
Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

NHS
Southport and Formby
Clinical Commissioning Group

Contents

List of Tables and Graphs

NHS
Southport and Formby
Clinical Commissioning Group

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at Month 12 (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		
Mental Health Measure - CPA		
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
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		
Unplanned hospitalisation for chronic ambulatory care		
Local Measure: Access to services BME		

Key Information from this report

Financial Performance - The 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 QIPP target and 'in year' pressures against operational budgets. It should be noted that achievement of the break-even position was reliant on a number of non-recurrent benefits which will not be available in the next financial year. It is imperative that the CCG implements plans to reduce expenditure immediately; otherwise it will not deliver financial targets in 2016/17.

Referrals – In 2015/16 GP referrals accounted for 54% of all referral activity with consultant generated referrals accounting for 19%, 5% A&E, 5% 'other' (which includes community services), with the remaining 17% from other sources including 'unknown'. GP referrals in 2015/16 were 7% higher (extra 2,355 referrals) than in 2014/15, and 69% increase in consultant referrals (additional 4,736 referrals in 15/16), and 51% in A&E referrals (additional 1,096 referrals).

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 90.92% (March achieving 84.84%). The target has been failed at CCG level since April 2015. Southport & Ormskirk also failed and achieved 90.64% year to date (March achieving 84.62%) again failing the year to date target. The Trust is developing a new clinical strategy and operational plan to hit 87.5% by April 2016 and 95% by April 2017.

A&E Waits (Type 1) - The CCG failed the 95% target in March reaching 71.51% and are failing year to date reaching 86.78%. In March 614 attendances out of 2155 were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in March reaching 71.52%, and are failing year to date reaching 83.87%. In March 1942 attendances out of 6820 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - The CCG failed all 3 of the Ambulance targets. Category A (Red 1), 8 minute response time – In March the CCG recorded 72.90% year to date, Category A (Red 2), 8 minute response time recorded 65.00% year to date. Lastly Category 19 Transportation recording 86.80% year to date failing the 95% target. NWAS are also failing all 3 ambulance indicators, Category A (Red1) achieving 74.80% year to date and in month 67.34%, Category A (Red 2) achieving 70.40% year to date and in month 58.88% and Category 19 transportation time, achieving 92.60% year to date, in month achieving 86.66%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For March the CCG are achieved all cancer indicators apart from two. The two failing indicators were 2 week breast symptoms, in March the CCG achieved 88.3% and are still failing year to date due to previous months breaches, recording 89.73%. Also 62 day consultant upgrade achieving 80.26% year to date, and are under plan due to previous months breaches, with delays due to late referral from other Providers, clinical reasons (patients with infections and other surgery) and one other was due to admin delay with a patient taking part in a clinical trial undergoing screening. These breaches will be discussed at the next monthly Situation Background Action Response (SBAR) meetings between the CCG and providers and actions agreed.
Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing year to date achieving 79.17%, failure due to previous month breaches. Year to date there have been the equivalent of 2.5 breaches out of a total of 12 patients.

Diagnostics – The CCG failed to achieve the less than 1% target in March hitting 1.44% waiting over 6 weeks for their diagnostic test. Out of 2152 patients 31 waited over 6 weeks for their diagnostic tests, 4 waiting over 13 weeks. Southport & Ormskirk also failed having 30 patients waiting over 6 weeks out

of a total of 2928. Underperformance was mainly due to the absence of an ultrasonographer in March 2016, the Trust has since recruited a replacement and initial data indicates that diagnostic waits are back on track and meeting target in April 2016.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 2325.90 with March showing a value of 2627.16. Compared with the same period last year the CCG has had 179 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.

Measure – March 2016	Southport & Ormskirk	England Average
Inpatient – response	22.7%	24.1%
Recommended	95%	96%
Not Recommended	2%	1%
A&E – response	2.2%	12.0%
Recommended	78%	84%
Not Recommended	16%	9%

HCAI – C difficile – The CCG had 3 new cases reported in March and are above target for C. difficile year to date, (actual 39 / plan 38). Year-end plan 38, the CCG has failed the target for 2015-16. Southport & Ormskirk had 1 new case in March (actual 37 / plan 36). Year-end plan is 36. Following successful appeals the Trust now has had 26 attributable cases against an annual target of 36 attributable cases therefore achieving the year end plan.

HCAI – MRSA – There has been no new cases of MRSA reported in March for the CCG. February saw the first case reported in 2015/16, which brought the CCG over the zero tolerance threshold. Southport & Ormskirk saw no new cases of MRSA reported in March, the year to date total is 2. The trust is above the zero tolerance target for 2015-16.

IAPT Access – Roll Out – The CCG is under plan for Q4 for IAPT Roll Out and reached 3.03%, which shows an improvement on Q3 (2.54%) plan 3.75%. This equates to 578 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q4 reaching 48.71%. This equates to 132 patients who moved to recovery out of 271 who completed treatment. There has been an increase in performance from the previous quarter when the trust reported 43.19%.

MSA – In March the CCG reported 2.60 breaches per 1000 FCE, which was 11 breaches, this is above the target and as such are reporting red for this indicator the eighth time in 2015-16. In March Southport & Ormskirk Trust reported 3.20 breaches per 1000 FCE, which was 19 breaches, this is above the target and as such are also reporting red for this indicator for the eighth time in 2015-16. The trust has had 81 breaches year to date. The Provider reports that all the current breaches relate to critical care. There is a focus on step-down of patients from Critical Care to the wards to improve DSSA breaches, with an agreed hierarchy of bed allocation within the organisation. Significant pressure within the system have prevented timely step down of patients from critical care in March.

RTT 18 Weeks – Admitted patients - This is indicator is monitored at local level again the previous statutory target of 90%. The CCG have narrowly failed the target reaching 88.58%, this equates to 82 patients out of 718 not seen within 18 weeks. Southport & Ormskirk also failed the target reaching 84.58%, this equates to 128 out of 702 not seen within 18 weeks.

Patient Safety Incidents Reported – Southport & Ormskirk reported 8 Serious Untoward Incidents in March, bringing the year to date total to 91. (4 x pressure ulcer grade 3, 1 x allegation against HC non-professional, 1 x diagnosis, 1 x pressure ulcer grade 4 and 1 x serious self-inflicted injury inpatient.

Patient reported outcomes measures (PROMS) for elective procedures: **Groin hernia** – Provisional data (Apr 14 – Mar 15) shows Southport & Formby CCG reported 0.071 for average health gain following a groin hernia operation which is higher than the previous year which was 0.67 for 2013-14, but under the plan of 0.082. England average being 0.084. This indicator is flagged as red.
Hip replacement - Provisional data (Apr 14 – Mar 15) shows Southport & Formby CCG reported 0.421 for average health gain following a hip operation which is lower than the plan 0.429. Also lower than the England average 0.437. This indicator is flagged as red
Knee replacement - Provisional data (Apr 14 – Mar 15) shows the Southport & Formby CCG reported 0.310 for knee replacement operation, this is lower than the previous year which was 0.340 for 2013-14 and slightly under the plan of 0.311. England average being 0.315. This indicator is flagged as red.
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 March hitting 75.00%, 12 out of 16 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in March reaching 64.00%, 16 patients out of 25 spending at least 90% of their time on a stroke unit. An early supported discharge business case has been put forward as part of the business planning. Main concern is mixed sex and a partition is being considered in one of the bays. Further exacerbated by bed pressures.

TIA – The CCG failed the 60% target in March for % of high risk patients of stroke who experience a TIA being assessed and treated within 24 hours, achieving 50.0%, in March 2 out of 4 patients being assessed and treated. Southport & Ormskirk also failed achieving 54.55%, 6 out of 11 patients being assessed and treated within 24 hours.

Local Measure – Access to Community Mental Health Services by BME – The latest data shows access to community mental health services by people from BME groups is over the CCG plan (actual 2202.8 / plan 2200). This is also improvement on the previous year when the CCG rate was 2118.0.

NHS
Southport and Formby
Clinical Commissioning Group

2. Finance Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31st March 2016 (Month 12). The 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 QIPP target and 'in year' pressures against operational budgets.

It should be noted that achievement of the break-even position was reliant on a number of non-recurrent benefits which will not be available in the next financial year. It is imperative that the CCG implements plans to reduce expenditure immediately, otherwise it will not deliver financial targets in 2016/17.

In 2015/16, the CCG identified £1.877m QIPP savings against a target of £6.151m, leaving £4.274m unidentified. This unidentified QIPP has been achieved non-recurrently in 2015/16 through a management action plan and this has effectively increased the QIPP target for 2016/17.

The CCG Clinical QIPP Committee is responsible for identifying and implementing schemes to deliver required savings, a work programme is ongoing to ensure delivery of the QIPP requirement. In addition, the CCG is undertaking a review of all discretionary expenditure to identify areas where the CCG has control on spending decisions and the impact of a funding reduction.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.274m	£4.274m
Running Costs	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 12 as follows:

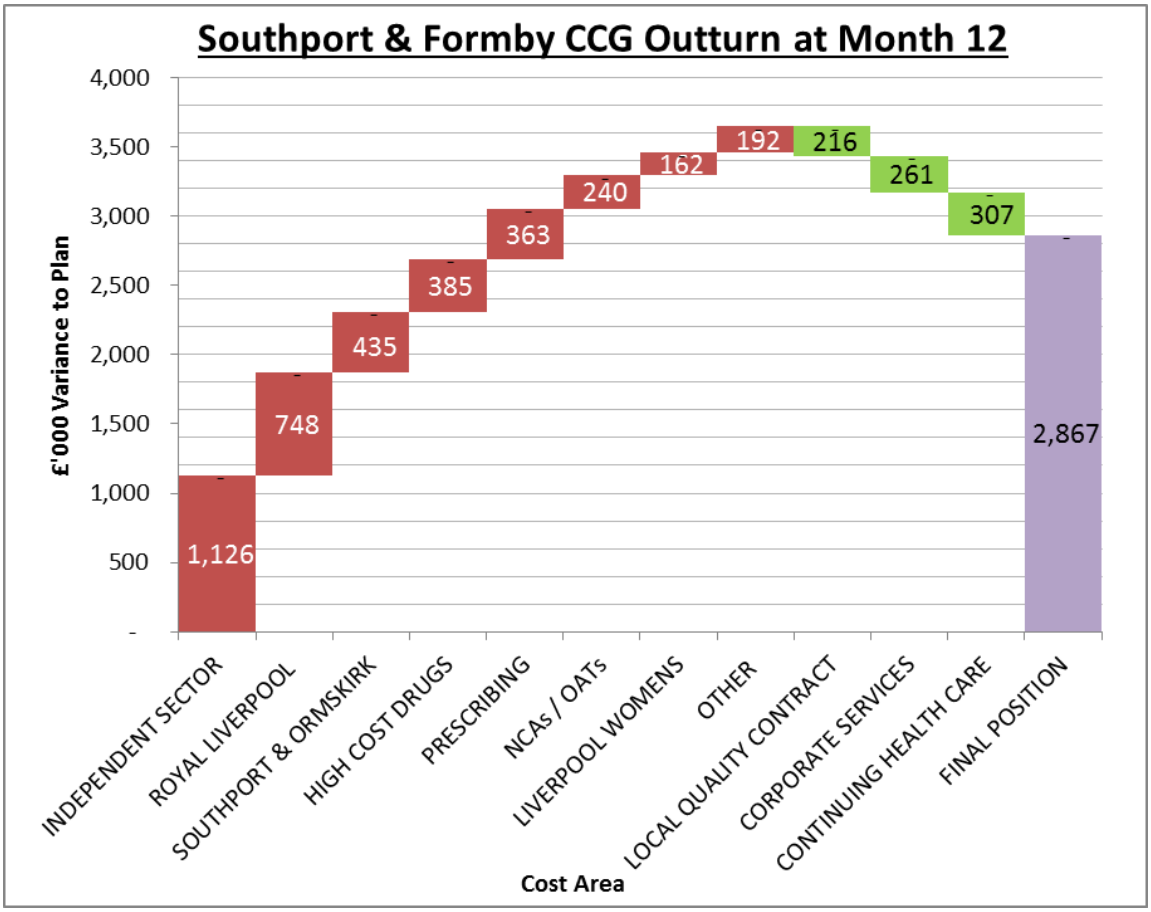
- Approved capital scheme (Queenscourt Hospice) - £0.045m

2.2 Financial Position and Forecast

The majority of the overspend is within the Independent Sector, Acute providers, and in prescribing.

It should be noted that whilst the financial activity period relates to the end of March 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of February 2016. Where a year end settlement has been agreed, the financial position is based on the agreed values.

Figure 2 Forecast Outturn at Month 12



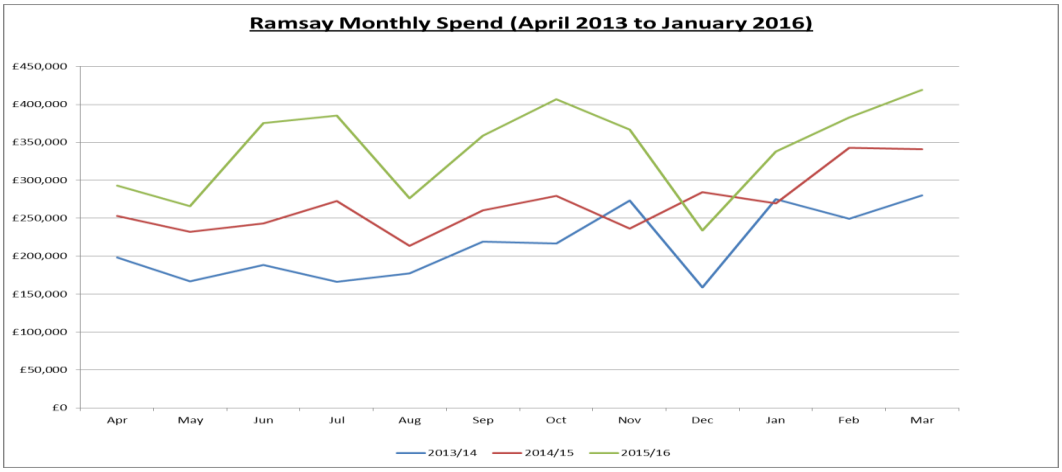
Independent Sector Providers

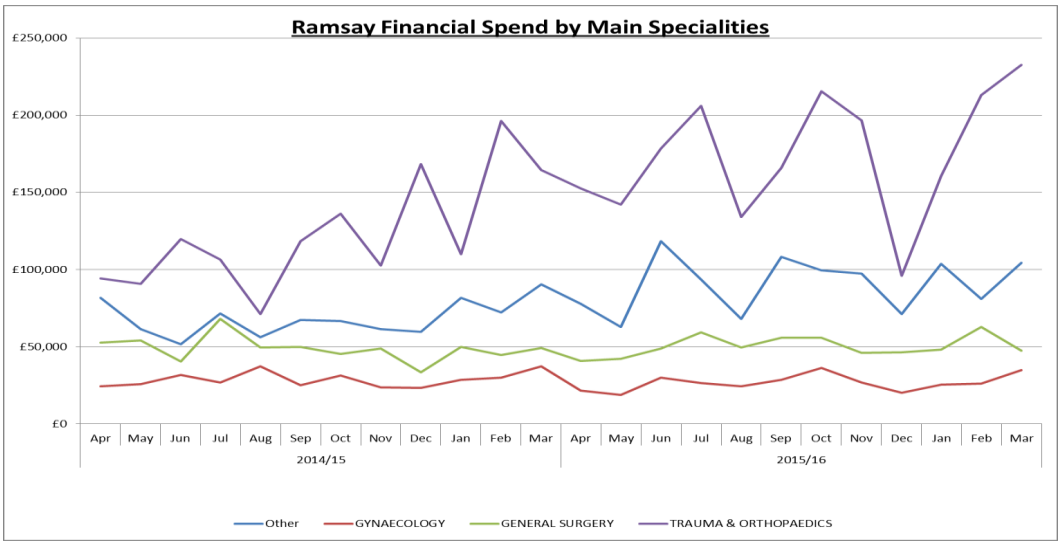
The outturn position for independent sector providers is £1.126m overspent, compared with an opening budget of £4.482m, this represents a 25% increase compared with the previous year.

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 has been undertaken across the CCG and a case for change presented to the Clinical QIPP committee in May. Proposed redesign of the service aims to reduce referrals and activity through increased triage by the MCAS community 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 and December have seen a decrease in activity. A split by specialty and demonstrates that Orthopaedic care is growing at the fastest rate compared to other specialties.





Acute commissioning

Southport and Ormskirk NHS Trust

The year-end financial position for Southport and Ormskirk NHS Trust is based on a year-end agreement with the Trust. It should be noted that this was not an agreed settlement but an agreed year end position. Adjustments will be made in the new year for CQUIN once the final position is known, and to reflect the final outcome of the Orthopaedic outpatient coding review. M12 activity is in line with the final agreed position and therefore does not present a risk for 2016/17.

The year-end agreement was based on the Month 11 activity data, adjusted for a number of items:

- Contract Penalties - £1.000m
- CQUIN reduction - £0.350m
- Orthopaedic outpatient procedures coding review - £0.300m

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

- A&E attendances – over spend of £0.380m in month 11. This is a continuation of a trend seen throughout the year.
- Planned inpatient care – in the year to date, day case activity is £0.354m higher than plan. This over spend is mainly within pain management and general surgery. There is also a small over spend on electives of £0.097m at month 11.
- Outpatient care – Outpatient attendances are £0.425m higher than budget. The main area of over spend is outpatient procedures £0.558m which is linked to trauma & orthopaedics and dermatology activity. A formal review is currently being under taken in conjunction with West Lancashire CCG to investigate the marked shift from new and follow up attendances to outpatient procedures and the shift in multi-professional coding.
- AQP – Over spend of £0.142m at month 11, the majority (£0.141m) of this relates to AQP audiology. Costs have increased significantly in this financial year and work is undergoing to review services and related costs.
- Non elective admissions (including short stay admissions) – overspend of £0.460m (includes GPAU activity totalling £0.453m). The overspend has increased during the month due to an increase in non-elective emergency activity, mainly in Trauma and Orthopaedics and Geriatric medicine.

Royal Liverpool Hospital

Month 11 data received from Royal Liverpool Hospital shows an overspend of £0.621m. The cumulative overspend relates to the following areas:

- Elective and day case surgery (£0.275m to Month 11) in breast surgery (£0.076m) and orthopaedics (£0.087m). This breast surgery activity increase is highly likely to be related to the closure of this service within Southport & Ormskirk NHS Trust.
- Outpatients - £0.073m, the majority of which relates to breast services
- Critical Care (HDU & ITU) - £0.036m to month 11
- Anti TNF and general drugs - £0.088m to month 11
- Age Related Macular Degeneration (ARMD) - £0.085m to month 11

Aintree University Hospitals NHS Foundation Trust

The financial position for Aintree Hospital is based on a year-end settlement agreed with the Trust. The settlement was based on Month 11 outturn with adjustments for contract penalties. The outturn position was a small overspend of £0.050m.

Liverpool Heart and Chest

The full year overspend for Liverpool Heart and Chest NHS Trust is £0.117m with overspends in elective care, particularly for cardiology as well as increases in both non-elective care and outpatients.

St Helens & Knowsley NHS Trust

The full year outturn position for St Helens and Knowsley NHS Trust is an overspend of £0.144m with overspends within planned care and day cases.

Non Contract Activity / Out of Area Treatments

The overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.240m 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. A detailed review of these patients is being undertaken, and initial findings indicate that these patients are

not Southport & Formby CCG registered, therefore an associated value has been included in the management action plan to offset some of this cost.

Prescribing / High Cost Drugs

The overspend for the prescribing budget has increased to £0.363m in Month 12, which is based upon M11 data. The CCG prescribing budget is £21.9m in total and represents 13% of the total CCG budget, a small percentage change in the forecast position has a significant impact on the financial position.

The forecasts provided by the PPA are volatile and can change significantly each month, this risk is increased by the introduction of a new electronic payment mechanism in place at community pharmacies.

Continuing Health Care and Funded Nursing Care

The full year position for this budget is an underspend of £0.307m. This reflects the current number of patients, average package costs and 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 recurrent efficiency of £0.769m has been achieved to date, which means forecasted expenditure is now less than 14/15 out-turn figures. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

2.3 QIPP

The QIPP savings target for Southport and Formby CCG was **£6.151m** for 2015/16. This reduced to £4.274m following delivery of schemes totalling £1.877m

Any further QIPP schemes that have been delivered since budget setting at M9 are shown as an underspend against the relevant budget, and have been built into the QIPP plans for 2016/17

	£'m
QIPP schemes reported at Month 11	**1.877**
QIPP schemes identified in current Month:	0
QIPP schemes reported as at Month 12	**1.877**

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.

Schemes being considered against the Transformation Fund. This shows that the full year cost of proposals are consistent with the total funding available. However, the 2015/16 position forecasts an underspend position of £1.204m due to delayed implementation of schemes.

2.4 CCG Running Costs

The current year outturn position for the running cost budget is an underspend of £0.206m. This relates to non-recurrent savings from vacancies within the year, retention of the Quality Premium to support the financial position and other non-pay underspends across departments.

Draft budgets for 2016/17 have been approved by the Governing Body. Running cost budgets are within the CCG allocation for 2016/17.

2.5 Evaluation of Risks and Opportunities

A combination of non-achievement of QIPP targets and increased expenditure over budgets led to a critical impact on the CCG's financial position.

The CCG implemented a recovery plan to deliver a break-even position. Continued effort and delivery is required to achieve recurrent financial balance.

There are a number of other risks that require ongoing monitoring and managing:

• Acute contracts – The CCG has experienced significant growth in acute care during the year, from both the independent sector and traditional NHS providers. Although historic growth has been factored into plans, we have continued to experience growth over the year above the initial plans.

• Prescribing - This is a volatile area of spend, and prescribing has overspent during the year by 3% creating a pressure of £0.8m. This also represents one of the biggest opportunities for the CCG and a critical review of all opportunities in this area is underway as part of the development of the QIPP plans for 2016/17.

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)
Outturn (against operational budgets)	(4.992)	2.125	(2.867)
Transformation Fund slippage		1.204	1.204
Unutilised reserves	1.945	2.192	4.137
QIPP:			
CM Rehab	0.250		0.250
Contract Adjustments	0.834		0.834
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.769		0.769
QIPP Achieved	1.877	0.000	1.877
Year End Surplus / (deficit)	(5.521)	5.521	0.000

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

The delivery of the management action plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each practice and the leads are asked to continue to meet with practices on a regular basis to stress the financial difficulties faced by the CCG and to discuss how expenditure can be reduced to deliver the CCG financial duties into the next financial year.

2.6 Conclusions and Recommendations

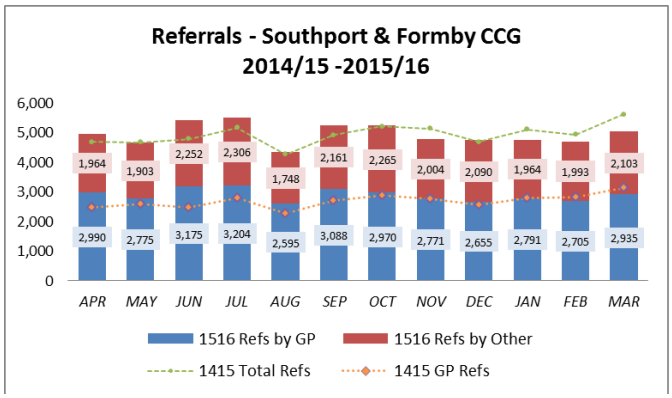
- The CCG has delivered its statutory financial duty to break-even which was mitigated through delivery of the agreed recovery plan. However, significant further actions are required to deliver recurrent financial balance.
- A combination of non-achievement of QIPP targets and increased expenditure above budget led to the critical impact on the CCG's financial position. The CCG has a challenging QIPP in the next financial year, and a financial recovery plan is being developed to be presented to the Governing Body in May 2016.
- As described in previous reports, an intensive review of current expenditure is required throughout all levels of the CCG with 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.

NHS
Southport and Formby
Clinical Commissioning Group

3. Referrals

3.1 Referrals by source

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



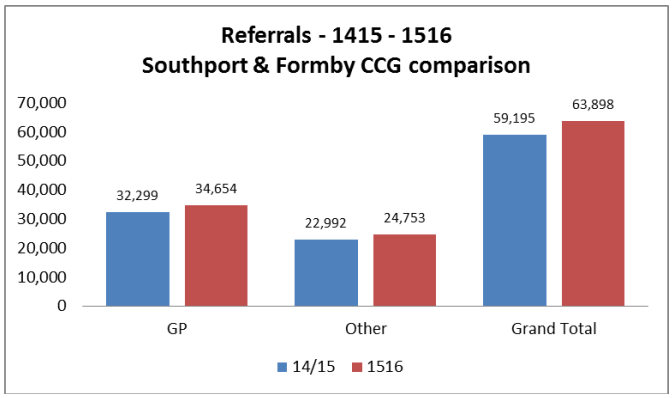


Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

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	1516 Q4	1314 YTD	1415 YTD	1516 YTD	% 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	8,940	8,887	8,396	8,431	29,837	32,299	34,654	7%	
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,940	8,887	8,396	8,431	29,837	32,299	34,654	7%	
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	27	24	37	17	2,292	1,325	105	-92%	
	02	following a Domiciliary Consultation	3	1	1	0	0	3	70	95	19	7	3	6	5	168	35	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	733	660	645	636	684	726	755	691	860	838	817	746	2,674	2,856	3,261	14%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,034	1,950	1,952	2,133	2,078	2,084	2,685	2,635	2,891	3,134	2,867	2,691	8,069	9,482	11,583	22%	
	06	self-referral	248	288	314	293	305	284	356	389	486	402	445	450	1,143	1,334	1,783	34%	
	07	A Prosthetist	1	6	2	4	2	7	1	1	2	0	3	0	13	11	5	-55%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	17	39	39	54	35	47	36	33	58	50	44	61	149	151	213	41%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	144	121	148	717	651	549	-16%	
	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	2	8	0%	
	13	A Specialist NURSE (Secondary Care)	9	4	5	4	5	8	7	9	14	19	17	15	22	29	65	124%	
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	450	434	470	414	242	1,581	1,768	12%	
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	213	236	287	227	635	656	963	47%	
	16	An Orthoptist	1	1	0	1	0	1	0	24	31	26	19	12	3	25	88	0%	
	17	A National Screening Programme	12	2	25	35	82	59	93	105	169	167	182	191	74	339	709	109%	
	92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	80	89	87	93	1,646	1,630	349	-79%	
	93	A Community Dental Service	8	2	8	4	5	4	8	3	5	0	1	0	22	20	6	-70%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	664	639	653	673	666	676	718	687	676	643	956	988	2,629	2,747	3,263	19%	
Other Total			5,118	4,928	4,964	5,326	5,641	5,672	5,903	5,791	6,119	6,215	6,359	6,060	20,336	23,007	24,753	8%	
Unknown (All are Renacres SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,155	1,198	1,040	1,097	5,084	3,904	4,490	15%	
Grand Total			**13,760**	**13,668**	**13,750**	**14,079**	**14,151**	**14,355**	**15,029**	**15,675**	**16,214**	**16,301**	**15,795**	**15,588**	**55,257**	**59,210**	**63,898**	**8%**	

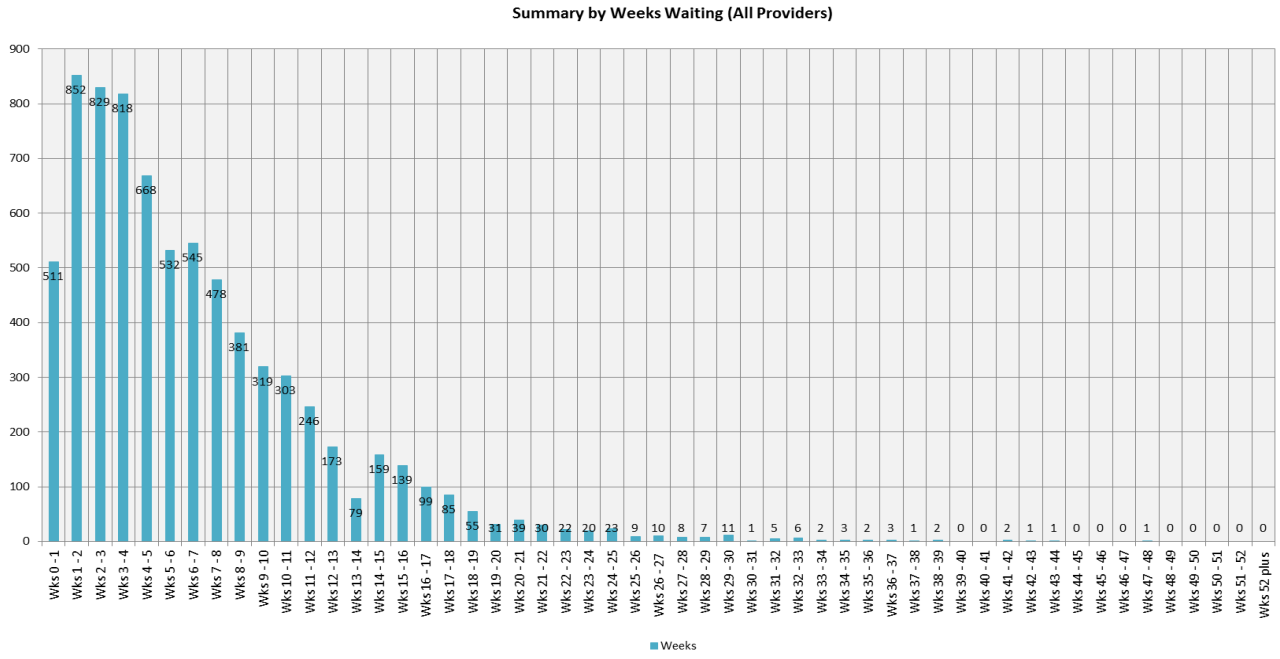
In 2015/16 GP referrals accounted for 54% of all referral activity with consultant generated referrals accounting for 19%, 5% A&E, 5% 'other' (which includes community services), with the remaining 17% from other sources including 'unknown'. GP referrals in 2015/16 were 7% higher (extra 2,355 referrals) than in 2014/15, and 22% increase in consultant referrals (additional 2,101 referrals in 15/16), and 51% in A&E referrals (additional 1,096 referrals). Further analysis is being conducted into the increase in self referrals, and A&E referrals with potential for a clinical audit of a sample of cases. Referral management options are being explored, and a question will be put to NHS England regarding the levels of referrals from dental practitioners.

NHS
Southport and Formby
Clinical Commissioning Group

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



4.2 Top 5 Providers

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

Incomplet Pathways (Providers <92%)	2) Incomplete pathways for all patients (unadjusted)				
Provider	Under 18 Weeks	Over 18 Weeks	The Total	% in 18 Weeks	RAG
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	404	41	445	90.79%	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	158	24	182	86.81%	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	28	4	32	87.50%	
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	19	2	21	90.48%	
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST : (RWW)	7	2	9	77.78%	
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	7	2	9	77.78%	
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	1	1	2	50.00%	

NHS
Southport and Formby
Clinical Commissioning Group

Patients on Incomplete Pathway - current month

Provider	Total Patients	>18 Weeks	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	Over 52
S&O	5,097	157	6	2	2	2		2	1				1																
Aintree	557	40		2	1	2		1	1	1	1				1			2											
RLBUHT	445	41	2		1	4	1		2	1	2	2	2	1	1														
Alder Hey	182	158	2	3	2	3		2	1																				

4.3 Provider assurance for long waiters

Provider	Specialty	Weeks	Reason for Delay
Aintree	Respiratory Medicine	41	Outpatient capacity issues
Lancashire Teaching	General Surgery	42	27/04/16 – Decision not to treat. Delay caused as patient declined investigation appointments.
Salford Royal	Unknown	43	TCI Date of 21/04/16 and the pathway has now closed The delay was due to patient being a 'dual case' with both Mr Mohammad and Mr Verma and with the diagnostics, Pre ops, Anaesthetic reviews and Mr Mohammad's extensive waiting list the delay occurred.
WW&L	T&O	47	Admitted 20/04. This patient was identified at pre-op as requiring surgery on the acute site due to their clinical condition. 20th April was the earliest date this patient could be accommodated safely for surgery as two theatres are currently being refurbished.

NHS
Southport and Formby
Clinical Commissioning Group

5. Planned Care

Performance for the financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £3.8m or 10% cost variance against plan. This over-performance is driven by increases at Southport & Ormskirk Hospital (£974k/4%), Aintree Hospital (£600k/17%) and Renacres Hospital (£1.3m/43%).

5.1 All Providers

Figure 8 All Providers (Excl S&O)

ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	14,895	18,367	3,472	23%	£3,499	£4,099	£600	17%
Alder Hey Childrens NHS F/T	5,048	5,742	694	14%	£642	£658	£16	2%
Central Manchester University Hospitals Nhs Foundation Trust	236	282	46	19%	£44	£73	£29	65%
Countess of Chester Hospital NHS Foundation Trust	0	93	93	0%	£0	£14	£14	0%
East Cheshire NHS Trust	0	2	2	0%	£0	£0	£0	0%
Fairfield Hospital	103	81	-22	-21%	£27	£11	-£15	-57%
ISIGHT (SOUTHPORT)	2,846	3,693	847	30%	£686	£842	£156	23%
Liverpool Heart and Chest NHS F/T	1,622	2,088	466	29%	£913	£1,032	£118	13%
Liverpool Womens Hospital NHS F/T	2,408	2,552	144	6%	£729	£728	-£1	0%
Renacres Hospital	11,606	17,058	5,452	47%	£3,095	£4,430	£1,335	43%
Royal Liverpool & Broadgreen Hospitals	14,718	15,073	355	2%	£3,093	£3,373	£280	9%
Southport & Ormskirk Hospital	110,470	114,799	4,329	4%	£22,280	£23,253	£974	4%
SPIRE LIVERPOOL HOSPITAL	866	555	-311	-36%	£229	£199	-£30	-13%
ST Helens & Knowsley Hospitals	4,280	4,809	529	12%	£946	£1,098	£152	16%
University Hospital Of South Manchester Nhs Foundation Trust	199	233	34	17%	£36	£42	£6	15%
Walton Neuro	2,166	2,304	138	6%	£477	£512	£36	8%
Wirral University Hospital NHS F/T	315	267	-48	-15%	£103	£67	-£36	-35%
Wrightington, Wigan And Leigh Nhs Foundation Trust	2,163	2,779	616	28%	£776	£992	£216	28%
Grand Total	**173,940**	**190,777**	**16,837**	**10%**	**£37,575**	**£41,423**	**£3,849**	**10%**

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 9 Month 12 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	12,347	600	5%	£6,367	£6,669	£303	5%
Elective	1,554	1,645	91	6%	£4,142	£4,218	£75	2%
Elective Excess BedDays	315	283	-32	-10%	£70	£62	-£8	-11%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	800	1,500	700	87%	£129	£221	£93	72%
OPFASPCL - *Outpatient first attendance single professional consultant led*	18,095	15,223	-2,872	-16%	£2,767	£2,345	-£422	-15%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1,885	3,793	1,908	101%	£198	£384	£185	94%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	45,503	44,685	-818	-2%	£4,188	£4,201	£13	0%
Outpatient Procedure	20,351	24,162	3,811	19%	£3,599	£4,229	£630	18%
Unbundled Diagnostics	10,220	11,161	941	9%	£820	£923	£104	13%
Grand Total	**110,470**	**114,799**	**4,329**	**4%**	**£22,280**	**£23,253**	**£974**	**4%**

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £303k over performance against the 2015/16 plan. General Surgery and Pain Management are the 2 main contributors to the planned care over performance. Two particular HRG's, making up £190k of the over performance, are "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over" and "FZ55Z - Diagnostic Flexible Sigmoidoscopy with biopsy 19 years and over". FZ61Z is reporting a 40% over performance with a FZ55Z reporting a year end variance of 100%.

The CCG appears as an outlier for Gastro activity in NHS Rightcare's 'Commissioning for Value' packs when compared with demographically similar CCGs. We are undertaking further analysis of the data with NHS Rightcare, and are looking to review activity with external clinical input across both Southport & Formby and South Sefton CCGs.

A review of outpatient coding is currently being undertaken at the Trust with an increase in multi professional attendances seen in 2015/16 as well as an increase in procedures. West Lancashire CCG along with MIAA are currently investigating the increase in one specific area of outpatient procedures relating to 'Examination of Joint NEC'. The findings of the reviews and audit are expected in the near future.

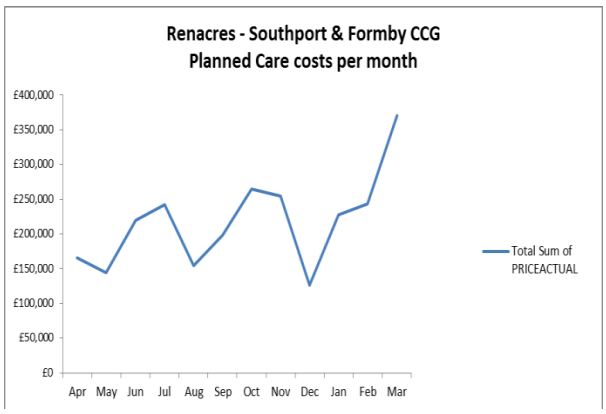
5.3 Renacres Hospital

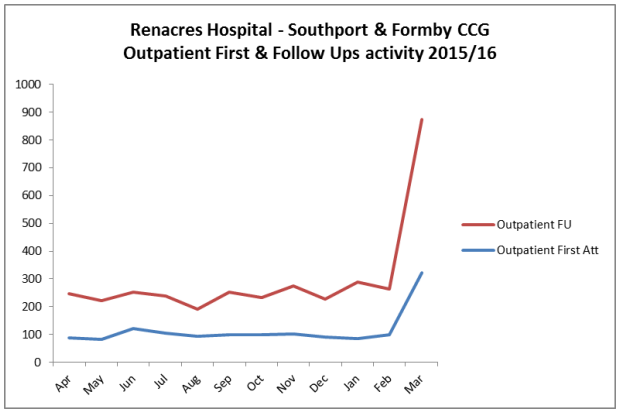
Figure 10 Month 12 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	1,717	309	22%	£1,348	£1,759	£411	30%
Elective	208	270	62	30%	£718	£1,184	£467	65%
Elective Excess BedDays	13	0	-13	-100%	£4	£0	-£4	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,412	4,099	687	20%	£462	£563	£100	22%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	3,213	8,063	4,850	151%	£263	£496	£233	89%
Outpatient Procedure	2,161	1,492	-669	-31%	£203	£286	£83	41%
Unbundled Diagnostics	1,190	1,417	227	19%	£97	£143	£45	47%
Grand Total	**11,606**	**17,058**	**5,452**	**47%**	**£3,095**	**£4,430**	**£1,335**	**43%**

5.3.1 Renacres Hospital Key Issues

Whilst the Planned Care section of the Renacres contract has over performed throughout 2015/16, we have seen a sharp increase in activity reported in M12. Analysis of M12 Planned Care shows that there has been a dramatic increase in First and Follow Up appointments. Activity increase is repeated across all specialties. Tables below show the monthly costs with the Outpatient Increase:





Over performance also increased in Daycase and Elective care. As expected, Trauma & Orthopaedics makes up 91% of the planned care overspend. 2015/16 Daycase activity has seen an increase in Hand, Foot and shoulder procedures. Daycase and Elective inpatient analysis shows us that 3 HRGs for major Hip, Knee & Shoulder procedures are up a combined £522k – which equates to circa 60% of the Daycase/Elective over performance. Given the size of this contract, CCG representation at contract review meetings will be increased in 2016/17, with additional support from finance and business intelligence colleagues to the contracts team. The CCG have redesigned the Musculoskeletal Clinical Assessment Service (MCAS) which will operate across all providers in 2016/17 including Renacres, meaning overall direct referrals to this provider without an MSK assessment should reduce. This will ensure that patients are seen in the most appropriate setting and get the most appropriate care. A review of New:Follow Up outpatient rates have been benchmarked; Renacres tends to be lower than average in a number of specialties except spinal, which the provider is reviewing.

5.4 Aintree University Hospital

Figure 11 Month 12 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	763	38	5%	£502	£522	£20	4%
Elective	366	432	66	18%	£767	£933	£166	22%
Elective Excess BedDays	460	209	-251	-55%	£105	£47	-£58	-55%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	56	119	63	114%	£11	£21	£10	94%
OPFANFTF - *OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face*	219	253	34	16%	£11	£11	£0	2%
OPFASPCL - *Outpatient first attendance single professional consultant led*	2,501	2,939	438	18%	£404	£479	£74	18%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	137	169	32	24%	£17	£20	£3	20%
OPFUPNFTF - *Outpatient Follow-Up Non Face to Face*	84	460	376	448%	£2	£11	£9	448%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	6,351	7,450	1,099	17%	£589	£702	£113	19%
Outpatient Procedure	2,121	2,780	659	31%	£326	£456	£130	40%
Unbundled Diagnostics	942	1,790	848	90%	£82	£148	£67	82%
Wet AMD	934	1,003	69	7%	£685	£749	£65	9%
Grand Total	**14,895**	**18,367**	**3,472**	**23%**	**£3,499**	**£4,099**	**£600**	**17%**

5.4.1 Aintree University Hospital Key Issues

Daycase & Elective combined over performance continues to rise to £186k/31%. This is primarily driven by Breast Surgery; however Gastroenterology and Colorectal Surgery have seen an increase in activity over the last two months.

Daycase increase in Breast Surgery has been seen as a result of transfer of service into Aintree during 2015/16. Mastectomy's and Breast Reconstruction procedures make up the majority of Breast Surgery over performance.

Within Colorectal Surgery, two HRG's - "Hepatobiliary Procedures category 6 and 7" - are reporting a £60k cost against a nil plan in 2015/16.

Over performance for Outpatient Follow Ups is in single professional consultant led. 50% of this over performance is related to the increased activity levels in Breast Surgery due to the transfer of activity into Aintree.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 12 Month 12 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
all other outpatients	0	13	13	#DIV/0!	£0	£1	£1	#DIV/0!
Daycase	146	152	6	4%	£218	£203	-£15	-7%
Elective	70	100	30	43%	£368	£546	£178	48%
Elective Excess BedDays	62	10	-52	-84%	£15	£2	-£13	-86%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	30	41	11	37%	£3	£3	£0	9%
OPFASPCL - *Outpatient first attendance single professional consultant led*	281	415	134	48%	£32	£49	£18	56%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	46	59	13	28%	£4	£5	£1	33%
OPFUPNFTF - *Outpatient Follow-Up Non Face to Face*	46	85	39	85%	£1	£2	£1	96%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,090	1,436	346	32%	£79	£110	£31	39%
Outpatient Procedure	156	202	46	29%	£28	£38	£10	35%
Unbundled Diagnostics	236	266	30	13%	£28	£31	£4	13%
Grand Total	**2,163**	**2,779**	**616**	**28%**	**£776**	**£992**	**£216**	**28%**

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 £221k allocated to HRGs with no 2015/16 allocated plan. These HRG's consists of major hip, shoulder and foot procedures. 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 for financial year 2015/16 shows an over-performance of circa £595k for contracts held by NHS Southport & Formby CCG.

This overspend is driven by the £395k overspend at Southport & Ormskirk Hospital. The other two main Trusts over spending are Liverpool Women's £140k and Royal Liverpool £140k.

6.1 All Providers

Figure 13 Month 12 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,866	1,481	-385	-21%	£914	£905	-£9	-1%
Alder Hey Childrens NHS F/T	773	786	13	2%	£416	£352	-£64	-15%
Central Manchester University Hospitals Nhs Foundation Trust	88	84	-4	-5%	£30	£28	-£2	-6%
Countess of Chester Hospital NHS Foundation Trust	0	50	50	0%	£0	£9	£9	0%
East Cheshire NHS Trust	0	7	7	0%	£0	£1	£1	0%
Liverpool Heart and Chest NHS F/T	133	144	11	8%	£421	£425	£4	1%
Liverpool Womens Hospital NHS F/T	245	333	88	36%	£202	£342	£140	69%
Renacres Hospital	0	0	0	0%	-£6	£0	£6	-100%
Royal Liverpool & Broadgreen Hospitals	1,083	1,293	210	19%	£644	£784	£140	22%
Southport & Ormskirk Hospital	55,228	57,050	1,822	3%	£27,674	£28,069	£395	1%
ST Helens & Knowsley Hospitals	398	408	10	3%	£214	£206	-£9	-4%
University Hospital Of South Manchester Nhs Foundation Trust	47	26	-21	-45%	£8	£18	£11	137%
Walton Neuro	1	2	1	83%	£2	£9	£7	289%
Wirral University Hospital NHS F/T	112	53	-59	-53%	£45	£25	-£19	-43%
Wrightington, Wigan And Leigh Nhs Foundation Trust	62	70	8	13%	£53	£38	-£15	-28%
Grand Total	**60,036**	**61,787**	**1,751**	**3%**	**£30,617**	**£31,212**	**£595**	**2%**

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 Month 12 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,509	36,538	1,029	3%	£3,951	£4,365	£414	10%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	11,175	11,104	-71	-1%	£19,185	£19,407	£222	1%
NELNE - *Non Elective Non-Emergency*	1,254	1,712	458	36%	£2,115	£1,905	-£209	-10%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	217	220	3	0%	£68	£67	-£2	0%
NELST - *Non Elective Short Stay*	1,776	1,594	-182	-10%	£1,242	£1,109	-£133	-11%
NELXBD - *Non Elective Excess Bed Day*	5,298	5,882	584	11%	£1,113	£1,217	£104	9%
Grand Total	**55,228**	**57,050**	**1,822**	**3%**	**£27,674**	**£28,069**	**£395**	**1%**

6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

A&E costs for 2015/16 reported a year end variance of £414k/10%. Non Elective's £222k overspend is offset by a similar under performance in Non-Elective Same Day admissions and Non Elective short stays. Whilst financially the Trust are reporting an underperformance against contract, general increases in A&E activity are noted in the latest months figures coupled with increases in Ambulance attendances and negative numbers of discharges compared to the number of Admissions.

The A&E workforce is currently under review by the Trust with an on-going review of flow, and NEL activity at Ward level by the Trust. Daily meetings are held with discharge teams and daily review of DTOCs with the Trust feeding back to the System Resilience Group (SRG). MADE outcomes included in recovery plan and turnaround in particularly being focused on. Trust have suggested in their Sustainability & Transformation Fund Plan (STP) trajectory to achieve compliance with the 95% A&E target by March 2017.

NHS
Southport and Formby
Clinical Commissioning Group

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 15 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/03/2016	2015/16 Plan	Variance from Plan	Variance on 31/03/2015
0 Variance	46	32	14	7
1 Common Mental Health Problems (Low Severity)	3	35	(32)	(16)
2 Common Mental Health Problems (Low Severity with greater need)	4	45	(41)	(23)
3 Non-Psychotic (Moderate Severity)	159	162	(3)	(26)
4 Non-Psychotic (Severe)	170	128	42	30
5 Non-psychotic Disorders (Very Severe)	31	29	2	4
6 Non-Psychotic Disorder of Over-Valued Ideas	25	25	-	(1)
7 Enduring Non-Psychotic Disorders (High Disability)	127	96	31	8
8 Non-Psychotic Chaotic and Challenging Disorders	67	62	5	3
10 First Episode Psychosis	67	52	15	4
11 On-going Recurrent Psychosis (Low Symptoms)	272	282	(10)	(15)
12 On-going or Recurrent Psychosis (High Disability)	167	151	16	11
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	105	(5)	(11)
14 Psychotic Crisis	17	18	(1)	1
15 Severe Psychotic Depression	4	7	(3)	(1)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	12	6	6	5
17 Psychosis and Affective Disorder – Difficult to Engage	23	35	(12)	(4)
18 Cognitive Impairment (Low Need)	219	365	(146)	(34)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	799	465	334	90
20 Cognitive Impairment or Dementia Complicated (High Need)	211	159	52	11
21 Cognitive Impairment or Dementia (High Physical or Engagement)	58	50	8	6
Reviewed Not Clustered	67	30	37	3
No Cluster or Review	80	46	34	(16)
Total	2,728	2,385	343	36

Figure 16 CPA – Percentage of People under followed up within 7 days of discharge

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%	100%	100%	100%	100%

Figure 17 CPA Follow up 2 days (48 hours) for higher risk groups

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%	100%	100%	100%	100%	100%

Quality Overview

At Month 12 Merseycare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report. At the last CQPG the Trust provided an update on the Quality Strategy and Nurse revalidation. In addition, work continues with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding the Clock View Site, GP referral pathways were discussed at CQPG on 15th April 16 with the Trust's Director of Nursing who was taking this away as an action. The CCG are monitoring this through the CQPG.

In March 2016, the CCG Chief Nurse shadowed the Trust's Director of Nursing when he undertook unannounced night visits to Trust facilities across the patch in order to gain an understanding of the patient pathway from A&E to the specialist suite at Clock View due to some longer than expected waiting times. A member of the Quality Team has also 'shadowed' the Mersey Care Team to observe the systems and processes they have in place when undertaking internal quality assurance visits and plans are in place for a future visit to take place. The Quality Team has offered a reciprocal arrangement to the Trust to see how the CCGs' Quality Team operates as part of a 'commissioner / provider knowledge exchange' and to further support joint working and learning opportunities across the local system.

Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2015 has formally been closed, however commissioners are continuing to monitor performance.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The access position in month 12 is below the planned target as it has been in each month of 2015/16. Year to date the actual access rate at month 12 is 9.34%. Therefore, the year-end access target of 15% has not been met for 2015/16.

During the year, the recovery rate has fluctuated and has been both above and below the 50% target. This has been a concern from month 5 (when the recovery actual was 58.7%) as to whether the service could maintain this. At month 12, the recovery is 47.7% and year end recovery equates to 47.9%.

Total referrals have increased slightly to the previous month (by 3%) but are fairly consistent with an overall monthly average for the year. The number of patients self-referring is up (8%) on last month, however, the percentage of referrals from GPs has remained consistent with the previous month. Both this month and last month are lower than January for GP referrals, which may be due to previous awareness initiatives conducted by the trust not being sustained.

The percentage of patients entering treatment in 28 days or less has been consistent with the two previous months (97.7% in month 12) after falling off slightly at Christmas. This is affected by not enough people entering treatment.

There have been 171 cancellations by the patient in month 12, which represents the third consecutive monthly increase (a 24% increase to the previous month). Cancellations by the provider have also increased (23%) to the previous month and are above a monthly average for the year. 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.

Both DNAs and cancellations have increased and the provider will be requested to report how they intend to tackle the numbers of cancellations and DNAs further.

Previously, Step 2 staff had reported that they were experiencing a high DNA rate and are confirming appointments with clients over the phone with clients then subsequently not attending 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 past. This may explain the level of DNAs, which have increased in month 12 (an increase of 11% at step 2 to the previous month).

The service text reminder service is being used to assist in the reduction of DNAs. This gives the prompt to clients 24 hours before an appointment for those most likely to have forgotten.

It was agreed at the February contract meeting that the contract performance notice would be closed. It is recognised that there is still a discrepancy between provider and HSCIC data but the gap in figures has narrowed once again in the latest month (January 2016 is the latest HSCIC data available).

At the contract meeting for May, commissioners will be further discussing the attrition rates for IAPT, and the need for a different approach to increase referrals in the Southport & Formby CCG area given the different demography amongst the population, i.e. a higher number of elderly patients who are less likely to use electronic methods of accessing services, and may be less likely to acknowledge anxiety and mental health needs.

NHS
Southport and Formby
Clinical Commissioning Group

Figure 18 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	Dec-15	Jan-16	Feb-16	Mar-16	TOTALS
Population (Paychiatric Morbidty Survey)			19079	19079	19079	19079	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	191	216	186	176	1782
Prevelance Trajectory (%)			1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	1.25% (q3=3.75%)	1.25%	1.25%	1.25% (q4=3.75%)	15.00%
Prevelance Trajectory ACTUAL			0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%	0.92%	9.34%
National definition of those who have completed treatment (KPI5)			95	85	78	99	83	93	79	115	86	101	98	95	1107
National definition of those who have entered Below Caseness (KPI6b)			7	8	6	9	8	6	3	8	12	8	8	7	90
National definition of those who have moved to recovery (KPI6)			39	47	35	40	44	39	29	41	41	44	46	42	487
Recovery - National Target			50.0%	50.0%	50.0%	50.0%	50.0%	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%	55.4%	47.3%	51.1%	47.7%	47.9%
Referrals Received			290	253	255	245	209	244	225	264	206	239	239	245	2914
Gp Referrals			192	138	108	107	87	101	89	81	57	107	75	76	1218
% GP Referrals			66%	55%	42%	44%	42%	41%	40%	31%	28%	45%	31%	31%	42%
Self referrals			64	81	126	117	110	138	109	163	134	111	144	155	1452
% Self referrals			22%	32%	49%	48%	53%	57%	48%	62%	65%	46%	60%	63%	50%
Other referrals			34	34	21	21	12	5	27	20	15	21	20	14	244
% Other referrals			12%	13%	8%	9%	6%	2%	12%	8%	7%	9%	8%	6%	8%
Referral not suitable or returned to GP			0	0	0	0	0	0	0	0	0	0	0	0	0
Referrals opting in			275	228	204	173	162	171	153	177	148	196	192	204	2283
Opt-in rate %			95%	90%	80%	71%	78%	70%	68%	67%	72%	82%	82%	82%	82%
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157	179	165	131	119	1393
		Step 3	26	31	32	36	32	25	23	8	12	53	55	57	390
		Step 4				1									1
		Total	103	96	130	164	104	123	128	165	191	218	186	176	1784
Percentage of patients entering in 28 days or less			57.8%	69.8%	84.8%	97.1%	94.8%	93.3%	99.0%	95.9%	87.9%	96.6%	99.5%	97.7%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236	166	233	164	174	1908
		Step 3	287	273	248	191	261	223	209	205	338	259	283	260	3037
		Step 4		1			1	1	1		7			8	19
		Total	428	364	364	336	353	390	396	441	511	492	447	442	4964
Activity	Attendances	Step 2	267	314	429	541	387	479	463	492	403	482	510	489	5256
		Step 3	283	277	389	359	330	343	319	318	252	352	337	349	3908
		Step 4		4	1	2	3	11	14	14	8	6	9	10	82
	DNA's	Step 2	42	62	108	117	55	84	88	65	51	66	72	80	890
		Step 3	20	31	41	46	34	35	35	24	14	25	17	22	344
		Step 4							1		0	0	1	1	3
	Cancels	Step 2	37	61	117	127	93	83	113	101	110	98	108	121	1169
		Step 3	37	41	65	71	62	78	69	89	52	84	73	99	820
		Step 4			3			2	2	2	1	0	0	4	14
	Attendances	Total	550	595	819	902	720	833	796	824	663	840	856	848	9246
	DNAs	Total	62	93	149	163	89	119	124	89	65	91	90	103	1237
	Cancelled	Total	74	102	185	198	155	163	184	192	163	182	181	224	2003
	Number Cancelled by patient	Total	43	60	136	144	112	106	138	155	118	125	138	171	1446
	Number Cancelled by provider	Total	31	42	49	54	43	57	46	37	45	57	43	53	557

Figure 19: IAPT Waiting Time KPIs

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year To Date
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	81	98	96	91	1138
Denominator		96	84	95	127	85	104	93	117	83	101	98	93	1176
%		97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%	96.8%
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	83	101	97	93	1175
Denominator		96	84	95	127	85	104	93	117	83	101	98	93	1176
%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	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 and the services going live. The trust is still unable to access all of the data inputted to the system for reporting purposes. These issues have been logged with EMIS and the Trust continues to work with the suppliers to resolve these issues. At month 12 it would appear that some progress has been made with some contact and referrals activity provided from January 2016. The data for May to December still remains unavailable. The Trust has been asked to provide a report or further assurance to commissioners regarding the Patient Administration/IT system switch, and the impact on reporting for each service line.

Lymphodema and Palliative care is reported a month in arrears however, the former have not provided the most up to date performance this month.

Podiatry Non AQP-There has been a shift in activity between clinic based and community contacts with less activity in a clinic setting than planned.

Integrated Care- The trust has established a data collection process that utilises electronic proformas on Medway. 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 FIG 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 continues to perform above planned levels and continues to have issue with long waits. Currently the longest wait is 34 weeks. This has been escalated to the CQPG group and the Trust are reporting an update at the next meeting 18/05/16.

Pain Management: The refreshed data provided at month 12 may still include activity that should be attributed to the acute part of the service. This was raised at the last FIG meeting and is still currently being investigated. This service has been affected also by staffing issues during the year and this had led to delays in the inputting of data in December due to staff sickness. The staff member has returned to work and continues in addressing the backlog. The service has 14 long waiters and further feedback from the service is awaited.

Blue badge: The longest waits have been increasing during the year and is now at 51 weeks. This is a small service. This will be raised at the contract meeting with the provider 19/05/16.

Treatment Rooms: The trust is currently still investigating the increase in activity related to wound care which would normally be dealt with in primary care. This may be related to practices that do not have access to a practice nurse. The trust is currently investigating this and a response is still awaited.

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.

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the Contract. This is part of the work plan of the Finance and Information Group. A copy of the KPIs is to be circulated to the FIG group.

There are general implications this year as the trust move from the IPM community system to EMIS and Medway and so far this has manifested itself in the trust being unable to date to report on Community Nurses, CERT, Chronic Care Coordinators and Lymphodema which is still a manual data collection.

Any Qualified Provider

Podiatry

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP budget is £566,000. At month 12 2015/16 the costs to date is £407,218 compared to the same time last year when it was £519,532. Activity comparisons this year (Southport and Formby CCG activity only) (5,063) compared to last year (5,395) show activity is up however the application of the £25 tariff has reduced the overall costs.

The trust has been asked to provide the diagnostics within the data set and have reported that this will be worked on and included in the future. Definite timescales need to be obtained from the trust around this as this information will help to determine that the patients seen are eligible for the AQP.

The trust may still need to raise credit notes in relation to an earlier query raised in relation to patients discharged at first visit and for more recent queries raised. This needs to be checked with finance and the CCG summary reports will assist in this process. The trust raised possible technical problems that they may face moving forward with Podiatry AQP moving to EMIS at the last FIG meeting. The trust has been asked to contact another local community trust that may have had the same issues to establish if there are any solutions that can be shared. As there will be a requirement for this activity to be recorded it is essential the trust plan for this eventuality.

Although work has been done to correct the dataset based on the previous query raised around duplicates there still appears to be a small number of duplicates in the submitted dataset. This was a query raised last month and has been investigated and amendments made but it will remain open until resolved completely. Another query raised is around patients placed more than once in the financial year on package B. There are instances where a patient has had an assessment and been placed on a package the same day. This should not attract the £25 assessment tariff on top of the package that the patient has been placed on.

Adult Hearing

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 12 2015/16 the costs are £398,204. The costs at the same time last year were £258,128 at month 12 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (1,177) compared to 14/15 (1,150) and demand has increased. This is due to three year reviews being seen and the allocated budget not being uplifted to take this effect into account. At month 7 the trust were asked to provide the number of scheduled reviews between November and March to give a forecast of the likely final year costs and this has been provided and passed to the CCG finance team.

The Trust has failed to achieve Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the March 2016 position is 70.8%

The target for Hearing Aids to be fitted within 20 working days following assessment, unless patients requests otherwise has been failed in March. The target is 90% and at March 2016 the position is 64.29%.

MSK

At month 12 the MSK AQP costs are £51,716 (Southport and Formby) this is below the allocated budget of £76,000. This is a change from earlier positions when the costs to date were affected by the level of duplicate activity being reported within the dataset. There had been financial underperformance on this AQP in 2014/15 and this led to in-depth scrutiny of the datasets being submitted for 2015/16 as activity and costs were being reported as much higher. A query was raised with the trust as to where the additional activity was coming from however activity began to slow from November 2015.

At month 9 further queries were raised as duplicate patients were identified within the submitted data set, same patients discharged in the same month and patients with no outcome of attendance despite some of them having a diagnosis that would indicate that further treatment may be required. The response from the trust agreed with the identification of duplicate records and changes due to the corrections have been filtering through within the data sets received. Once the level of duplication had been established it was always expected that this would impact on the year to date spend as it has and that this may require the trust to issue credit notes.

The data set previously also included patients where a tariff is present and the outcome had been recorded as " NULL" and this was raised with the trust also. This has been investigated by the trust and the current data set from month 11 has been corrected to include an outcome description. The data sets received will continue to be data quality checked to identify any issues on an on-going basis. This is likely to be an issue with migration to EMIS.

<u>The following KPIs have missed the target in March 2016:</u>

90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The March 2016 position is 71.59%.

90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients). The March 2016 position is 76.1%.

Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The March 2016 position is 93.1% against a target of 95%

The Trust is still unable to report on a number of key indicators as follows:

100% of patients to be asked to complete a validated PROMS before treatment and afterwards

95% of patients sampled should report overall satisfaction with the service

95% of patients from protected characteristic groups (PCGs) should report overall satisfaction with the service.

95% of all sampled GP referrers should report overall satisfaction with the service

Professional registration and evidence of clinical governance.

Patient experience questionnaires and peer satisfaction surveys to capture areas for improvements.

100% of recommendations made and agreed with Commissioners are addressed.

Safe and appropriate environment that meets the necessary professional standards according to NHS T&Cs and their own professional body.

An integrated patient pathway, which facilitates signposting to wider communication/social support services (where appropriate).

SUIs, PSIs and complaints should be dealt with in line with Commissioners policy".

Quality Overview

The CCG is working with the Trust to develop a suite of Community specific KPIs, these will be incorporated into the Quality Schedule in 16/17. The Trust has been requested to deliver a presentation at the May CQPG regarding safer staffing and staff sickness particularly focusing on community services and district nursing.

Bridgewater Community Health

Paediatric Audiology: The trust met the 6 week access target of 99% in all boroughs with exception of Southport where performance is 41% with 37 children not seen within the timeframe. The availability of staffing has been challenging but substantive posts should be appointed to shortly. A remedial action plan is in place which includes the provision of dedicated leadership to this service. The primary focus is to meet the diagnostic test access standard which is forecast to be achieved by mid-March with a return to regular performance for review appointments by mid-April. Safety remains the services paramount concern during this period and urgent appointments are offered to those with the highest need and consultant management is available for the more complex cases.

An audit of the caseload since appointment of the new team leader has identified 307 children who have not been called for follow up appointments and whose parents or guardians had not been in contact with the service to schedule an appointment. The trust have undertaken a number of actions including contacting high priority cases by phone to apologise and offer immediate appointments, and then families who were due a review between November 2011 and August 2014 were contacted by letter requesting they contact the service to book an appointment. In April, letters were sent to families who were due follow up between September 2014 and January 2015. Finally all cases will be clinically assessed to establish whether any harm has been caused, following due process if any cases are found. New processes have been introduced to manage referrals and follow up appointments to prevent reoccurrence.

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 and Information Group (FIG) and is a standing agenda item as the trust has failed to consistently provide them historically.

Community Equipment: Community Equipment: Despite an increase in demand, the Community Equipment Service continues to exceed delivery targets for equipment orders. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. NHS Southport & Formby CCG has agreed to fund £33,750 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. This has not been received and is being followed up

- Trust to consider providing training on prescribing equipment and budget allocation

Paediatric Speech and Language (SALT) - Capacity has been unable to meet 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 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

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 FIG as currently the default of 18 weeks is being used.

Paediatric SALT: Current waiting times of concern: at month 11 for Paediatric SALT is reported as in excess of 18 weeks at 26 weeks average wait for NHS Southport & Formby and this is a worsening on the position last month. It was reported at the LCH 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 LCH 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 .A full validation of the waiting list was due to be completed in Sefton by January 2016. Feedback around this is awaited.

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. The therapies paper prepared in April is being refreshed to go back to the board in November. Awaiting further feedback on progress.

Adult SALT: The Trust submitted a Business Case for waiting list initiative funding. This has been reviewed by the CCG and based upon the information provided the CCGs have not agreed to provide additional funding. The Trust has been advised to further develop the Business Case to demonstrate that for every £1 invested £3 of savings would result for NHS Southport & Formby CCG. Awaiting update.

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 was escalated last year and the update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an op out process. This means that patients can opt out from having identifiable electronic information flowed related to them. 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. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIC data will flow as part of the SUS submissions

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. The CQC re-inspected the Trust w/c 1st February, initial feedback from the Trust at the joint CQPG meeting in March was positive, particularly regarding culture and staff feedback – it is anticipated the rating will remain 'Needs Improvement' with elements of 'Good'. Formal feedback is due in June 2016.

The Capsticks 'Quality, Safety and Management Assurance Review' of Liverpool Community Health was published in March 2016. The review was conducted in two distinct phases, the first phase looked at governance issues within the Trust from its creation in 2010 until the appointment of a new leadership team in the middle of 2014, the second phase of the Capsticks report looked at the Trust today. It found that while there is still work to do, the organisation has made significant progress and turned an important corner 98% of the Trust's patients now say they would recommend the care they receive to their friends and family.

The report identified several areas for further improvement which the Trust is addressing through a detailed action plan, progress against this action plan is also monitored through the monthly CF and joint CQPG meetings with Liverpool CCG.

Delayed Transfers of Care

The Trust are working closely with the Local Authority to review delayed transfers of care, discussions are taking place through the SRG.

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. The CQC re-inspected the Trust w/c 1st February, the Trust are still awaiting formal feedback.

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 been asked to resubmit a business case regarding SALT this will be reviewed by the CCG clinical leads. The Trust has also been asked to provide monthly progress reports and recovery plans for CCG assurance regarding patient safety.

Serious Incidents / Pressure Ulcers

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

LCCG are leading on this piece of work with LCH although SS CCG is an active member of this group. This approach is in line with the RASCI model

NHS
Southport and Formby
Clinical Commissioning Group

9. Third Sector Contracts

Senior CCG Management updated the Contracting Team in regard to Third Sector contracts, all commissioned services are currently under review as part of the CCG Value for Money exercise. All providers have now been informed that if they are affected by change as a result of these reviews, further discussion will take place and applicable notice periods will be applied if services are to be de-commissioned.

NHS Standard Contracts and Grant agreements have been put in place for most providers and reference to the above has been made within the Contract Term for each. These contracts and Grants continue to be for a maximum of 12 months until reviews have taken place.

IG Toolkit Compliancy Assessments (V13) is now complete for all providers for 2015-16. Once the new assessment is released at the end of May, work will commence to update for 2016-17 (v14).

NHS
Southport and Formby
Clinical Commissioning Group

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 - March	38	39	↑	There was 3 new cases reported in March 2016, year to date there have been 39 cases against a year to date plan of 38. These cases were reported at Southport & Ormskirk apportioned to community. All but 3 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (21 apportioned to acute trust and 18 apportioned to community). The remaining 3 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case), Aintree in July, apportioned to community (1 case) and the Royal Liverpool Broadgreen (1 case) 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 - March	36	37 (26 following appeal)	↑	There was 1 new case reported in March 2016 (ytd 37), against a year to date plan of 36. (Year-end plan is 36). Following successful appeals the Trust now has had 25 attributable cases against an annual target of 36 attributable cases.	C.Difficile year to day the Trust had to total of 37 cases. Target is to have no more than 36 attributable cases in the fiscal year 2015-16. We are 1 case above trajectory – this is the figure which is recorded by PHE. However, of the 37 cases we have successfully appealed 11 which drops the total to 26 attributable cases. The TDA and the CCGs use the total cases minus successfully appealed cases in monitoring the Trust's performance.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	15/16 - March	0	1	↑	There has been no new cases of MRSA reported in March for the CCG. February saw the first case reported in 2015/16, which brought the CCG over the zero tolerance threshold.	The February case has been attributed to Southport & Ormskirk Hospital, please see below for comments:

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	15/16 - March	0	2	↑	There has been no new cases of MRSA reported in March, the year to date total is 2. The trust are above the zero tolerance target for 2015-16.	The Trust has now had two cases (April 2015 and February 2016) against an annual target of zero. Full post infection reviews (PIRs) have been carried out 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. Completion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit. and where possible, lessons learnt and embedded within clinical practice.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	15/16 - March	0.00	2.60	↑	In March the CCG had 11 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the eighth time in 2015-16. Of the 11 breaches, 10 were at Southport & Ormskirk and 1 from Royal Liverpool Broadgreen.	The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	15/16 - March	0.00	3.20	↑	In March the Trust had 19 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the eighth time in 2015-16. These breaches occurred in Critial Care, the Trust has made this an area of priority to resolve. Year to date there have been 81 breaches at the Trust.	Mixed Sex Accommodation Breaches indicate 81 year to date at the end of March 2016. All Breaches occurred within Critical Care. There is a focus on step-down of patients from Critical Care to the wards to improve DSSA breaches, with an agreed hierarchy of bed allocation within the organisation. Significant pressure within the system have prevented timely step down of patients from critical care in March.
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 - March	2325.90	2,627.16	↑	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 179 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 - March	576.63	341.71	↓	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 55 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - March	1099.50	1,028.27	↓	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 188 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - March	316.1	435.67	↑	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 28 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 - March	1625.2	1,516.21	↓	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 133 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - March	No Plan	9.33	↓	The emergency readmission rate for the CCG is lower than previous month (11.99) and lower than the same period last year (16.20).	

NHS
Southport and Formby
Clinical Commissioning Group

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	0.071	Provisional data (Published Feb 2016)	Provisonal data shows the CCG is higher than the years rate of 0.067 in 2013/14 but is lower than plan and the England average 0.084.	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	0.421	Provisional data (Published Feb 2016)	Provisional data for 2014-15 is scoring lower than the plan and England average. England average 0.437.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.310	Provisional data (Published Feb 2016)	Provisonal data shows the CCG's rate is lower than the previous year (2013/14 - 0.340) and under the plan. England average 0.315.	
% who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	15/16 - March	80%	75.00%	↑	The CCG failed the 80% target in March with only 12 out of 16 patients spending 90% of their time on a stroke unit.	The majority of stroke patients breached at Southport & Ormskirk, please see below for Trust narrative .
% who had a stroke & spend at least 90% of their time on a stroke unit **(Southport & Ormskirk)**	15/16 - March	80%	64.00%	↑	The Trust failed the 80% target in March with only 16 out of out of 25 patients spending 90% of their time on a stroke unit.	The stroke target of 90% stay in acute stroke unit was underachieved at 64% in March. An early supported discharge business case has been put forward as part of the business planning. Main concern is mixed sex and a partition is being considered in on of the bays. Further exacerbated by bed pressures.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	15/16 - March	60%	50.00%	↓	The CCG failed the 60% target in March with only 2 out of 4 patients who experienced a TIA being assessed and treated within 24 hours.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Southport & Ormskirk)**	15/16 - March	60%	54.55%	↓	The Trust failed the 60% target in March with only 6 out of 11 patients who experienced a TIA being assessed and treated within 24 hours.	March performance was 54.55%.which represents 6 treated of 11 patients presenting. The reasons normally relate to presentationat weekends when no scanning is available or lateness due to patient presenting initially at GP. Further detail will be provided at the CQPG Meeting on 18th May.

Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr4	3.75%	3.03%	↑	The CCG are under plan for Q4 for IAPT Roll Out, this equates to 578 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 - March	1.25%	0.92%	↓	The CCG are under plan in March for IAPT Roll Out, out of a population of 19079, 176 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 0.97%.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr4	50.00%	48.71%	↑	The CCG are under plan for recovery rate reaching 48.71% in Q4. This equates to 132 patients who have moved to recovery out of 271 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - March	50.00%	47.70%	↓	The CCG are under plan for recovery rate in March. This equates to 42 patients who have moved to recovery out of 88 who have completed treatment. There has been a decrease in performance from the previous month when the trust reported 51.1%.	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	Q4 15/16	75.00%	97.60%	↔	March data shows 97.85% a very slight decrease from February when 97.96% was recorded.	
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	Q4 15/16	95%	99.66%	↔	March data shows 100%, the same as February.	

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 - March	93%	94.87%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	93%	95.54%	↔		
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 - March	93%	89.73%	↔	Southport & Formby CCG failed the target for March achieving 88.33% and are failing year to date partly due to previous months breaches (YTD 89.73%). In March there were 7 breaches out of a total of 60 patients. Year to date out of 526, there have been 54 patient breaches.	A communication to GPs regarding the management of breast symptomatic patients went out mid February, so hoping to see an improvement from March. 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 - March	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 - March	96%	98.69%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	96%	98.65%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	15/16 - March	94%	95.42%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	15/16 - March	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	94%	97.01%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	15/16 - March	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 - March	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 - March	85% (local target)	80.26%	↔	Southport & Formby CCG failed the target for March and year to date (80.26%), partly due to previous month breaches. In March 3 patients out of a total of 13 were not upgraded (76.92%). Year to date there have been 152 patients and 30 patient breaches and are under the 85% local target set.	62 day wait consultant upgrade - with delays due to late referral from other Providers, clinical reasons (patients with infections and other surgery) and one other was due to admin delay with a patient taking part in a clinical trial undergoing screening. These breaches will be discussed at the next monthly Situation Background Action Response (SBAR) meetings between the CCG and providers and actions agreed.

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 - March		90.30%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	15/16 - March	90%	98.33%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	90%	79.17%	↔	Southport & Ormskirk Trust had no patients in March 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 12 patients.	The Trust has met the monthly target, the cumulative target has not been met due to breaches (now resolved) earlier within the year.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	15/16 - March	85%	86.62%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	15/16 - March	85%	87.11%	↔		
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 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(Southport & Ormskirk)**	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(CCG)**	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(Southport & Ormskirk)**	15/16 - March	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(CCG)**	15/16 - March	90%	88.58%	↔	The CCG have failed the 90% target reaching 88.58%. This equates to 82 patients out of 718 not seen within 18 weeks.	No longer a national performance targets but continue to monitor locally.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(Southport & Ormskirk)**	15/16 - March	90%	84.58%	↑	The Trust has failed the 90% target reaching 84.58% in March, this equates to 128 out of 702 not seen within 18 weeks.	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(CCG)**	15/16 - March	95%	96.20%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(Southport & Ormskirk)**	15/16 - March	95%	96.58%	↔		
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 - March	92%	96.07%	↑		
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 - March	92%	97.08%	↑		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	15/16 - March	95.00%	90.92%	↓	Southport & Formby CCG failed the 95% target in March reaching 84.84% and are failing year to date reaching 90.92%. In March 625 attendances out of 4122 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	15/16 - March	95.00%	86.78%	↓	Southport & Formby CCG failed the 95% target in March reaching 71.51% and are failing year to date reaching 86.78%. In March 614 attendances out of 2155 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 - March	95.00%	90.64%	↓	Southport & Ormskirk have failed the target in March reaching 84.62%, and are failing year to date reaching 90.64%. In March 1978 attendances out of 12862 were not admitted, transferred or discharged within 4 hours.	Trust has submitted a revised trajectory to NHSE to hit 87.5% by April and 95% by April 2017. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Southport & Ormskirk) Type 1**	15/16 - March	95.00%	83.87%	↓	Southport & Ormskirk have failed the target in March reaching 71.52%, and are failing year to date reaching 83.87%. In March 1942 attendances out of 6820 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 - March	1.00%	1.44%	↓	The CCG has failed to achieve the target in March with 31 patients out of 2152 waiting over 6 weeks for their diagnostic tests, of the 31, 4 patients waited over 13 weeks.	
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	15/16 - March	<1%	1.00%	↓	In March 30 patients out of 2928 waited over 6 weeks for their diagnostic test, therfore the Trust only just failed the under 1% target.	Underperformance was mainly due to the absence of an ultrasonographer in March 2016, the Trust has since recruited a replacement and initial data indicates that diagnostic waits are back on track and meeting target in April 2016.

NHS
Southport and Formby
Clinical Commissioning Group

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	15/16 - March	75%	72.90%	↓	The CCG failed to achieve the 75% target year to date (72.90%), or in month (Mar) recording 60.0%. Out of 36 incidents there were 14 breaches.	Performance issues continue to affect figures with the whole of the urgent care system coming under pressure due to high levels of demand. The overall demand in March for NWAS was 9.8% higher than planned for and 10.1% than plan for Southport & Formby CCG. For the most time critical response times (Red) was 16.2% higher than plan for NWAS as a whole and 26.4% higher than plan for Southport & Formby CCG. The average turnaround times at Southport & Ormskirk Hospital were the longest of any Cheshire & Merseyside in March at over 1 hour 6 minutes on average, this is an increase on February when it was over 58 minutes. 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 - March	75%	65.00%	↓	The CCG failed to achieve the 75% target year to date (65.0%), or in month (Mar) recording 55.80%. Out of 615 incidents there were 272 breaches.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	15/16 - March	95%	86.80%	↓	The CCG failed to achieve the 95% target year to date (86.80%), or in month (Mar) recording 78.80%. Out of 651 incidents there were 138 breaches.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	15/16 - March	75%	74.80%	↓	NWAS failed to achieve the 75% year to date or in month (Mar) recording 67.34%.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	15/16 - March	75%	70.40%	↓	NWAS failed to achieve the 75% year to date or in month (Mar) recording 58.88%.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	15/16 - March	95%	92.60%	↓	NWAS failed to achieve the 95% year to date or in month (Mar) recording 86.66%.	
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 20 Friends and Family – Southport and Ormskirk Hospital NHS Trust

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 has improved in response rates for inpatients compared to the previous month. A&E response rates remain extremely low at 2.2% but have improved on the previous month's figure of 1.3%

The percentage of patients that would recommend the inpatient service in the trust has declined marginally compared to the previous month and is a percent below the England average. The percentage of people who would not recommend the inpatient service has remained static since the previous month and is below the England average.

In A&E the percentage of people who would recommend the service has improved from the previous month to 78%, but remains lower than the England average. The percentage of people who would not recommend the A&E service has improved from the previous month, but is still considerably lower than the England average. However given the extremely poor response rate the results cannot be viewed with any confidence.

For maternity services, recommendation of antenatal care is 100% and has improved on the previous month. Birth, postnatal ward and postnatal community ward have shown an increase in percentage of people who would recommend the service compared to the previous month but aside from postnatal community ward at 100%, still fall below the England average. However there is no response rate recorded for 3 out of the 4 areas measured and therefore it is difficult to see how figures for % recommended or not recommend have been deduced.

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 quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to EPEG in June 2016 and EPEPG have requested specifically that they talk about F&F data. 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

The Programme manager for Quality and Safety meets on a monthly basis with the Southport and Ormskirk Hospital alongside West Lancashire CCG, to discuss all open serious incidents and their progression. The CCG hold regular internal SI meetings, where submitted reports are reviewed and assurance gained to enable closure of incidents.

Both the CQPG and the CCG Quality Committee have sight of both the serious incidents that involve Southport and Formby CCG patients, irrespective of the location of the incident, and also those serious incidents that occur in Southport and Ormskirk Hospital, irrespective of the CCG of the patient.

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG has of May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

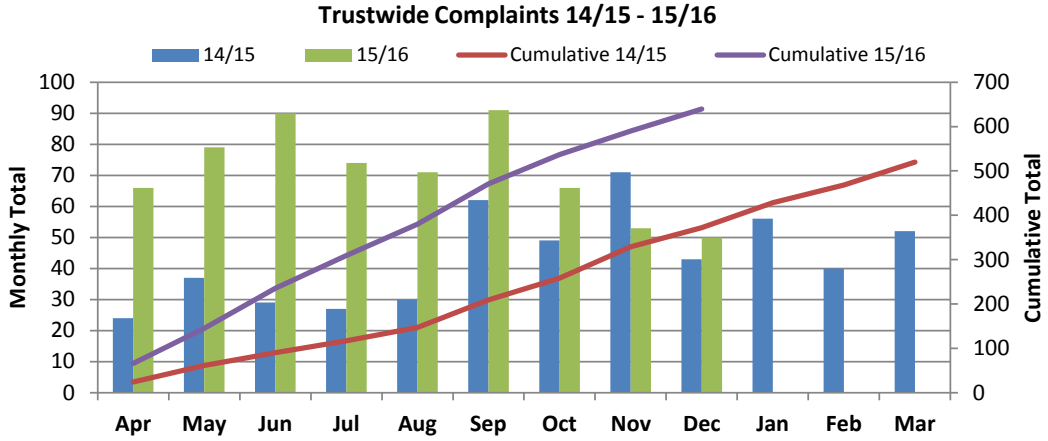
As a result, the month 1 data to be presented at the June Governing Body, will be reflective of accurate cleansed data.

Pressure Ulcer Serious Incidents remain an area of focus for the CCG, and alongside the patient safety collaborative work, the trust and the CCG are participating in the NHSE pressure ulcer action planning session being delivered. It is expected that these two events will enable the trust to produce an overarching transformational action plan to cluster all the pressure ulcer serious incidents which will enable a reduction of incidents ultimately. It is envisaged that the open pressure ulcer serious incidents will be closed once the CCF have agreed the approach of a composite action plan and a shift from a report writing culture to a learning development culture

10.4 Complaints Quarter 3 – Southport and Ormskirk Hospital NHS Trust

Complaints

169 complaints were received into the Trust in Q3, a 28% decrease on the 236 reported in Q2. Taking into account both complaint and concerns/information requests numbers, the figures in Q3 2015/16 are 21% lower than for the same time period last year (282 in 14/15, 223 in 15/16).



Top 3 Reasons for Complaint – Quarter 3 15/16

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 169 complaints received in Q3 have in them 284 subjects, the breakdown of which will now be analysed.

The top three reasons for complaint in Quarter 3 were **Clinical Treatment** (24%), **Staff Attitude/Behaviour** (21%) and **Oral Communication** (13%). Combined, these three subjects account for 57% of all complaints received in Q3.

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

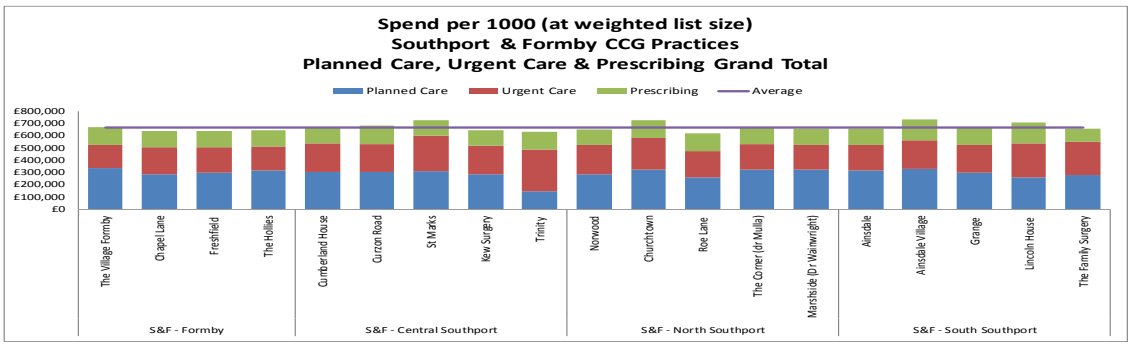
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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).

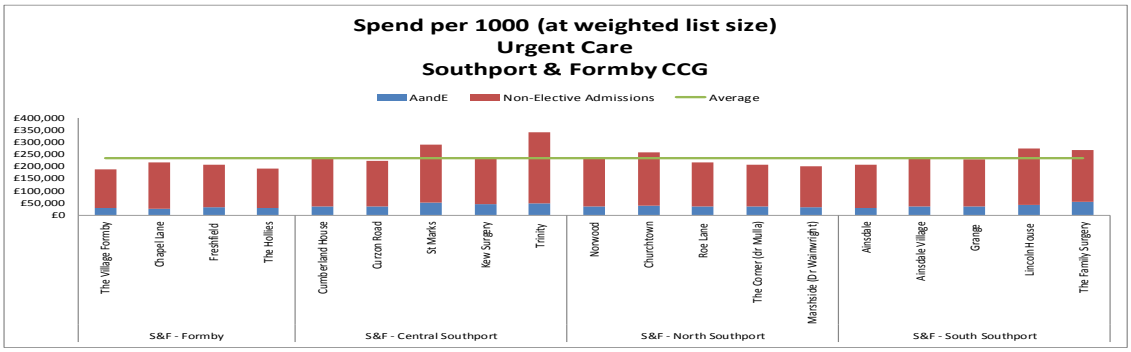
11.4 Summary of performance

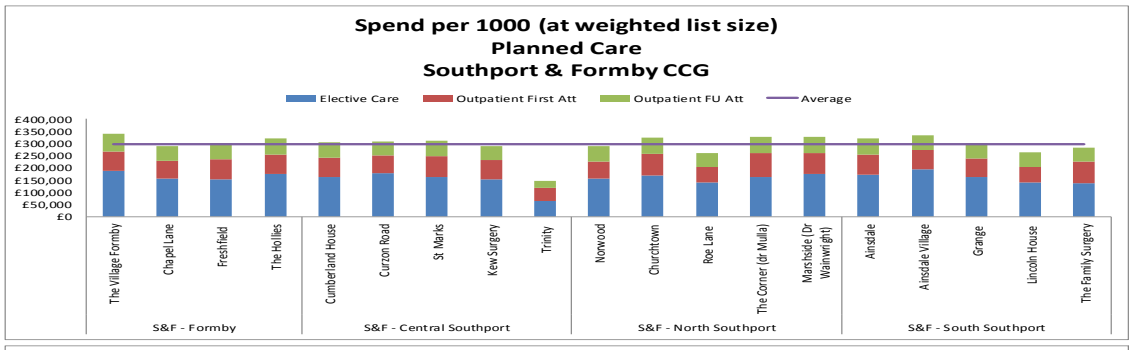
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, 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.

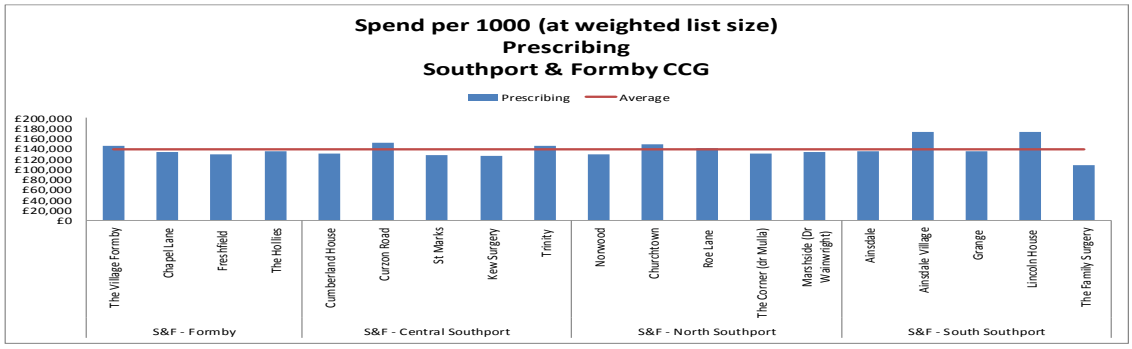
Figure 21 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG
April 2015 - March 2016
Planned/Urgent Care & Prescribing Costs









11.5 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission in 2015/16. CQC publish all inspection reports on their website. There has been one further inspection result published in May, for the Hollies:

The Hollies Good

10 Elbow Lane, Formby, Liverpool, L37 4AF
(01704) 877600
Provided by: The Hollies

CQC inspection area ratings
(Latest report published on 10 May 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 10 May 2016)

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
- Treatment of disease, disorder or injury

12. NHS England Activity Monitoring

Figure 22 NHS England Activity Monitoring

Source	Referrals (G&A)	*Month 12 YTD PLAN*	*Month 12 YTD ACTUAL*	*Month 12 YTD Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	28179	32716	16.1%	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. Local referral data suggests an increase but at a lower rate but still above the 3% threshold. Also increases at Aintree and Royal Liverpool due to shift in Breast surgery Activity. Also to note is the start of Walton Neuro reporting in Oct 15, previously not reported.
MAR	Other	14405	19076	32.4%	As above. Updated figures using local referral data suggests a much lower increase but still outside the 3% threshold. Increases at Royal Liverpool and Aintree Hospitals due to shift in breast surgery activity as well as increased referrals at Liverpool Women's. PAS installation at Southport Trust also affecting other referrals.
MAR	Total	42584	51792	21.6%	See above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	38302	45332	18.4%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from2014/15 to 2015/16 (SUS) shows a variance of 3% for first outpatient attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 5.8%. Overall the increase is at 5% for all attendances. A coding review of outpatient activity is being undertaken with Southport Trust with an increase in follow up activity noted.
SUS	Follow-up	90007	117564	30.6%	
SUS	Total OP attends	128309	162896	27.0%	
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	20029	18092	-9.7%	As stated in previous reports day case activity has increased against previous years. When comparing activity from 2014/15 to 2015/16 the variance is approx. +6%. The increase is mainly down to General Surgery.
SUS	Elective Ordinary spells	3077	3279	6.6%	Actual increase against previous years activity in line with pan v actual. Mainly due to T&O with an increase in referrals noted to Renacres Hospital.

Source	Referrals (G&A)	*Month 12 YTD PLAN*	*Month 12 YTD ACTUAL*	*Month 12 YTD Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
SUS	Total Elective spells	23106	21371	-7.5%	See above.
SUS	Non-elective spells complete	16139	16436	1.8%	
SUS	Total completed spells	39245	37807	-3.7%	
	Attendances at A&E				
SUS	Type 1				
SUS	All types	38529	43040	11.7%	Actual activity for 2015/16 compared with last year shows a variance above the 3% threshold at 9% with January, February and March 16 having a much higher than expected attendance rate.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 17th February 2016	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• Deteriorating financial position for CCG.	• Non-delivery of statutory targets.	• Further review of expenditure/delivery of QIPP.

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

- HR performance report received. Further emails required to remind all staff members to update their mandatory training/IG training numbers.
- HR policies recommended subject to GP approval as meeting not quorate.
- An update was received in respect of BCF and the Committee noted further discussions required with NHSE.
- Prescribing Rebate Scheme update to Committee March 2017.
- QIPP – top 10 areas totalling £5.1m – need clinical, executive and operational leads to take ownership. Monthly meeting to take place to monitor delivery.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 23rd March 2016	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• Break-even position - CCG still needs to manage risks to deliver break-even duty	• Miss statutory duties	• Continually review expenditure/QIPP opportunities
• CCG responsible for appointing external auditors from April 2017	• CCG not appoint auditor	• Working with other CCGs to develop appointment panel.

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

- Agreed 2016/17 Prescribing Quality Scheme
- Review hearing aid policy
- Review pregabalin using feedback from other areas
- IEFR Q3 report received
- CCG Assurance Framework due to be published end March
- OD implementation plan approved
- Primary Care Rebate Scheme approved:
  - Mezolar patches
  - Lixiana (NOAC)
  - Tresiba (long-acting insulin analogue black rated), although existing patients receiving treatment

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Quality Committee Meeting held on 17th February 2016	Chair: Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
Not applicable	Not applicable	Not applicable

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

• CCG Quality Assurance Template and Process from NHSE
  ○ Submission deadline to NHSE 23.4.16
  ○ Briefing paper to be presented to April 2016 Quality Committee prior to submission of the assurance document
  ○ To be returned to NHSE via Single Point of Access process within the CCG

• CCG Safeguarding Peer Review Action Plan recommended for submission to Governing Body to approve closedown
• CCG Looked After Children Strategy – Recommended for submission to Governing Body for approval
• Corporate Risk Register / Governing Body Assurance Framework – Reviewed by the Committee. The 'Extreme' Risk Rating for QUA011 (IAPT) and STA038 (LAC Health Assessments) challenged and Committee recommended Risk Holders review

- Laboratory Services – Emerging issues in relating to quality identified. To be an agenda item for discussion at next S& CCF and raise at Contracts meeting

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Quality Committee Meeting held on 23rd March 2016	Chair: Paul Ashby

Key Issue	Risk Identified	Mitigating Actions
Not applicable	Not applicable	Not applicable

Information Points for Southport & Formby CCG Governing Body (for noting)
Safeguarding • Safeguarding Contract Queries remain open at S&O and AHCH – monitoring remains in progress. • Lack of data returned from Mersey Care was insufficient for the purposes of assurance re: MCA / DoLS – to discuss with the Trust
CQC Inspection of Local Care Homes • Outcome of recent Care Home CQC Inspections is impacting upon CCG resource – paper to be drafted for consideration by Leadership Team.
Cold Chain Management Action Plan in GP Practices was re-submitted to the committee
CQUIN 2016/17 - Overview of national and proposed local CQUINs for 2016/17 presented to the Committee
Stroke performance at S&O – Current position and actions taken by the CCG discussed

Serious Incident Process Relating to S&O – Committee challenged the number of open Serious Incidents and length of time some SIs have been open. Quality Team reported on rationale and actions being taken by the CCG / discussion at recent SIQSG
MP Letter re: Stroke Mortality at S&O - communication from a local MP regarding concerns raised from a member of the public (Mr D) regarding stroke mortality at S&O following the care experienced for a family member

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE

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

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

1.	Welcome introductions	NF
2.	Declaration of interests	All
3.	Note of meeting held 2nd March 2016 **(attached)**	All
4.	Matters arising	NF
5.	Update on North Mersey Local System Delivery Plan	KS
6.	Board sign off	All
7.	Health and Wellbeing Board sign off	All
8.	LWH update **(attached)**	FL
9.	RLUBH / Aintree update	FL
10.	Feedback from NHSE	AB
11.	Next steps	All
12.	Any other business	All
13.	Date and time of next meeting – 1st June 2016, 4pm-6pm. Venue to be confirmed	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Issues Log

Title of Meeting	Realigned Hospital Based Care
Chair	Dr Nadim Fazlani
Date of Meeting	4th May 2016

Issue	Risk Identified	Mitigating Action
1. Options Appraisal for Women's services	• That governance of decision making is not robust, leading to challenge later in the process.	• Paper to each Governing Body setting out process and decision making requirements (June 2016). • CIC to confirm criteria for options appraisal. • LA scrutiny requirements to be confirmed.
2. Alignment between North Mersey Local Delivery System Plan/Healthy Liverpool Hospitals Programme	• That given the STP timescales, stakeholders are not fully engaged in the process.	• Stakeholder engagement plan to beshared at next CIC.

Recommendations to NHS Southport & Formby Governing Body and NHS Sefton CCG Governing Body:
• To note the key issues and risks.

LCR NHS CCG Alliance

Wednesday 4th May 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		
1	**Welcome and Introductions**	*Chair*
2	**Apologies for Absence**	*Chair*
3	**Declarations of Interest**	*Chair*
4	**Minutes from the meeting held on Wednesday 2nd March 2016**	*All*
5	**Terms of Reference**	*All*
6	**Update on STP/LDS:** • **Wirral & West Cheshire LDS** • **North Mersey LDS** • **Mid Mersey (Alliance) LDS**	*Jon Develing* *Katherine Sheerin* *Dr Steve Cox*
7	**Cheshire & Merseyside Women's and Children's Services Partnership Vanguard Update**	*Simon Banks*
8	**Feedback from Mike Farrar Workshop**	*Dianne Johnson*
9	**Any Other Business**	*All*
	DATE AND TIME OF NEXT MEETING:	

Wednesday 6th July 2016 1pm
Venue TBC

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Issues Log

Title of Meeting	Liverpool City Region NHS CCG Alliance
Chair	Dianne Johnson
Date of Meeting	4th May 2016

Issue	Risk Identified	Mitigating Action
1. Speed of delivery required for STP and lack of alignment with LCR footprint	• That Local Authority colleagues are not effectively engaged in the development of the STP and then do not support the plan.	• Workshop to engage Local Authority colleagues in North Mersey LDS to be scheduled. • Membership of working groups to be strengthened in terms of Local Authority input. • Meeting to be held with LA colleagues on LCR footprint to explore how STP and devolution options align.
2. Work programme for LCR NHS CCG Alliance	• That opportunities for joint working are not optimised.	• Workshop to be held in June 2016 to develop and confirm the work programme, taking account of STP/LDS arrangements

Recommendations to NHS Southport & Formby and NHS Sefton CCG Governing Body:
• The draft Terms of Reference were agreed for approval by each Governing Body.

NHS
Southport and Formby
Clinical Commissioning Group

NHS England

Key Issues
Joint Commissioning Committee

Meeting Date **20 April 2016**

Chair **Jan Leonard**

Key Issues	Risks Identified	Mitigating Actions
1. Trinity Practice. Interim provider in place. Procurement underway for substantive provider.	Further change to practice when a new provider is appointed.	Procurement process underway and on track. Mobilisation plans reviewed as part of the procurement.
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 • Discussions continue in localities and plans progressing.

Recommendations to the Governing Body

1. **To note**

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Audit Committee Meeting held on Wednesday, 13th January 2016	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

- Note requirement to convene panel to reappoint External Audit providers with effect from 1st April 2017. Decision required by December 2016.
- Internal Audit report – further understanding of CCG rate of return measure included in QIPP business case reviews.
- LCFS report – paper received; no issues to report.
- External Audit report:
  - Summary of financial /Value for Money areas of focus for 2015/16.
  - New Value for Money Approach (focus on co-commissioning/QIPP).
  - NHS briefing – appointing your external auditor (see point above).
- Report on Macpherson review – estimation techniques applied in key areas:
  - Continuing Care/FNC
  - Prescribing
- IG Toolkit review; delegated authority given to MMcD/HN in order to meet submission deadline of 31st March 2016.
- Annual Audit – proposed sign-off meeting on the morning of Wednesday 25th May
  - Invite all Governing Body members to attend.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report
North Locality
December 2015 – March 2016

Date of Meeting & Chair	Key Issues	Risks Identified	Mitigating Actions
17 March 2016 Dr R Caudwell covering for Dr I Scott	1. Frail Elderly scheme within Local Quality Contract	• High conversion rates to assessment and achievability of Scheme	• Threshold based models being worked up

Date of Meeting & Chair	Key Issues & discussion
10 December 2015 Dr I Scott	• Finance and QIPP update. Update provided on transformation programmes being undertaken and key contacts for these programmes. • Macmillan Wellness and Activity Programme and Recovery Package discussion to raise awareness and promote benefits in living well with cancer and reducing recurrence of cancer • Update on Dementia. Discussion regarding clinical coding and links to other key services.
21st January 2016 Dr I Scott	• Overview of the pilot of telemedicine in care homes, discussion regarding peaks in activity and the progress of the pilot programme. Clarification provided on the process of the pilot. • End of Life Services, discussion regarding issues that need addressing, Dr McClelland following these issues up.
18 February 2016 Dr R Caudwell covering for Dr I Scott	• Overview of map of medicine (MoM) and an update on the rollout for a three month trial, requests for feedback and that practices look at how MoM could support practices across clinical and non-clinical areas e.g. referrals and social prescribing.
17 March 2016 Dr R Caudwell covering for Dr I Scott	• North Locality has discussed practice boundaries and location of residential and nursing homes across the Locality as a starting point to plan for the future.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues
Ainsdale and Birkdale
December 2015 – March 2016

Date of Meeting & Chair	Key Issues	Risks Identified	Mitigating Actions
28 January 2016 Dr K Naidoo	1. Discharge letters	• two conflicting A&E discharge letters giving different actions for the same patient	• Details to be provide to CCG Quality Team via the secure quality team nhs.net account for follow up.
10 March 2016 Dr K Naidoo	1. Process for collection of histopathology specimens from practices	• Samples are not signed for upon collection and could not be effectively tracked or responsibility assigned in the event of missing specimens.	• To be raised at contracts meetings with Southport and Ormskirk Hospital NHST

Date of Meeting & Chair	Key Issues & discussion
10 December 2015 Dr K Naidoo	• There was a discussion regarding the childrens respiratory pilot the group requested a further breakdown of the data for admissions to understand the reason for the admissions which may be due to bronchiolitis, a further review of the data to be undertaken and feedback to the locality. • Any issues picked up in practices with trusts incorrect coding patients to be feedback to the CCG.
28 January 2016 Dr K Naidoo	• A discussion took place regarding quality and patient safety concerns at the trust. Any concerns practices may have to be feedback to the CCG via the secure quality team nhs.net account
11 February 2016 Mr P Ashby for Dr K Naidoo	• Update provided received from Sefton Public Health regarding the Commissioning an integrated 0-19 Years Healthy Child Programme •
10 March 2016 Dr K Naidoo	• Work done in relation to case finding for Atrial Fibrillation patients and appropriate anti-coagulation prescribing. Early results in relation to the impact on the incidence of stroke look very positive. It is intended to present this work at a future Wider Constituent Forum. • Ainsdale and Birkdale Locality has discussed practice boundaries and location of residential and nursing homes across the Locality as a starting point to plan for the future.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues
Central locality
December 2015 – March 2016

Date of Meeting & Chair	Key Issues	Risks Identified	Mitigating Actions
22 March 2016 Dr Tim Irvine	1. Safeguarding	• The Locality group discussed concerns around process for referrals and acknowledgements.	• This has been fed back to Dr Wendy Hewitt who is reporting these concerns to the MASH team.

Date of Meeting & Chair	Key Issues & discussion
15 December 2015 Dr Louise Campbell	• Discussion regarding the frailty clinic and the CCG looking into referring patients who frequently attend the A&E (where appropriate) to the Frailty Clinic. • Any issues picked up in practices with trusts incorrect coding patients to be feedback to the CCG. • Update on Trinity Practices application to NHS England to close their list to new patients, discussions continue with NHSE, the CCG and the provider. • A discussion took place regarding quality and patient safety concerns at the trust. Any concerns practices may have to be feedback to Dr Callow via the secure quality nhs.net account
26 January 2016 Dr Louise Campbell	• Discussion took place over problems of practices closing their lists and subsequent increase in new patients registering at other practices. • A further update was provided on the progress of the quality and patient safety concerns at the trust
23 February 2016 Dr Louise Campbell	• Dr Campbell asked for Expressions of Interest to replace her as Chair; Dr Tim Irvine volunteered and it was agreed that Dr Irvine will become the next Chair of the Central locality.
22 March 2016 Dr Tim Irvine	• Discussion regarding closures of Care Homes in area, any queries to be forwarded to Tracey Forshaw. • Clarification is needed around expected deaths for patients subject to DOLS

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues
Formby locality
December 2015 – March 2016

Date of Meeting & Chair	Key Issues	Risks Identified	Mitigating Actions
3 December 2015 Dr Chris Bolton	1. Radiology – follow-up x-rays	• Patient safety	• Dr Callow working with Trust
7 January 2016 Dr Doug Callow	1. Discharge Letters	• Delay in results/ patient safety	• Dr Callow to follow up
10 March 2016 Dr Chris Bolton	1. Pathology Labs 2. Discharge Letters	• Delay in results/ patient safety • Delay in results/ patient safety	• Dr Callow following both of these issues up through the Quality Committee

Date of Meeting & Chair	Key Issues & discussion
3 December 2015 Dr Chris Bolton	• There was an awareness raising discussion regarding patient reported outcome measures and shared decision making aids that are available.
7 January 2016 Dr Doug Callow	• Patient choice issue regarding Orthopaedics. Jan Leonard to follow up • Discharge information not being received. Dr Callow to follow up
4 February 2016 Dr Chris Bolton Dr Doug Callow	• Practices to forward examples of prescribing requests from the pain clinic to Suzanne Lynch for quality review. • Discussion regarding quality issues including the lack of improvement in discharge letters, 'near misses' and the need for practices to raise any quality issues to Dr Callow.
10 March 2016 Dr Chris Bolton	• Issues were raised regarding pathology labs & discharge letters, Dr Callow is following both of these issues up through the Quality Committee.

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Minutes

Wednesday 17th February 2016, 9.30am to 11.30am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member (Deputy Chair)	RP
Martin McDowell	Chief Finance Officer	MMcD
Colette Riley	Practice Manager	CR
Debbie Fagan	Chief Nurse & Quality Officer	DF
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
David Smith	Deputy Chief Finance Officer	DS
Kay Walsh	Interface Pharmacist	KW
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓								
Dr Martin Evans	GP Governing Body Member	✓	A								
Dr Hilal Mulla	GP Governing Body Member	✓	A								
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓								
Martin McDowell	Chief Finance Officer	✓	✓								
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓								
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A								
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓								
Fiona Taylor	Chief Officer	*	*								
David Smith	Deputy Chief Finance Officer	✓	✓								
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A								
Malcolm Cunningham	Head of Primary Care & Contracting	A	N								

No	Item	Action
FR16/19	**Apologies for Absence** Apologies for absence were received from Hilal Mulla, Martin Evans, Fiona Taylor, Jan Leonard and Susanne Lynch. The Committee noted that with no clinician representation the meeting was not quorate.	
FR16/20	**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.	
FR16/21	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR16/22	**Action points from the previous meeting** ***FR16/05 Month 9 Finance Report*** - DS presented a top 10 list of key saving areas according to the current QIPP position. He informed the Committee that he is meeting with Right Care this afternoon to work through this and identify potential opportunities, together with Niall Leonard, Andy Mimnagh, Karl McCluskey and Becky Williams. MMcD suggested the need to have executive representation for each scheme with a sponsor from the executive team, operational team and clinical lead where appropriate. TJ said plans were in place regarding this. MMcD is to take this to SLT to discuss assignation of leads and roles for the top 10 saving schemes. ***FR16/16 Committee Meeting Dates 2016/17*** - confirmed dates have now been scheduled for February and March 2017, and respective meeting requests have been issued.	MMcD
FR16/23	**Month 10 Finance Report** DS presented this report which provided the Committee with an overview of the Financial position for the CCG as at 31st January 2016. It was noted that this was a deterioration from the previous month with a real risk of non-delivery of statutory targets. In particular the Committee noted the increase in Category M drugs within the prescribing figures. MMcD advised that feedback from general practices has seen significant increases in prescribing figures before and after Christmas compared to previous years. Finance will look into this to see if there are any underlying issues causing this increase, and will review impact of potential of extra prescriptions being issued to cover the holiday period. MMcD also noted that with regard to S&O, a coding challenge is being put in place by CCGs relating to outpatient procedures, and that West Lancashire CCG has commissioned MIAA to do this work. It was emphasised that cost savings need to be made if the CCG's statutory duties are to be met. HN sought and was given assurance that NHS England were aware that the current forecast represented a best case scenario. **Action by the Committee** The Committee received this report by way of assurance noting the recommendations therein.	

No	Item	Action
FR16/24	**Financial Strategy Update** MMcD confirmed he is to go through the financial outlook in more detail with the Governing Body. He outlined that he will discuss a number of options around existing schemes being identified as non-recurrent beyond 2016/17, and becoming dependent upon delivery of savings. **Action by the Committee** The Committee noted this update.	
FR16/25	**Prescribing Performance Report** KW presented this report which provided an update of the prescribing spend for month 8. With regard to the continuing increase in the prescribing of pregabalin, the Committee noted that work is ongoing on this. In comparison to other areas, MMcD said Merseyside is an outlier and he highlighted that social problems could be a cause. With regard to diazepam, CR said that together with SL they had undertaken a targeted search where they took the opportunity to highlight side effects when holding discussions with a patient. KW suggested looking at the whole pain pathway, and MMcD advised that the subject should be given priority for PLT session. **Action by the Committee** The Committee received this report by way of assurance.	
FR16/26	**HR Performance Report** TJ presented this report which provided an overview of key HR performance indicators. With regard to the dashboard, the Committee noted that there had been some slight variations to the way in which data had been collated. Regarding training, TJ said there had been a concerted effort on this and a slight improvement was now evident. She informed the Committee that a lot of management actions were in place to improve this. HN asked if the statutory and mandatory training was in line with the IG Toolkit, and MMcD advised that it needed to be 95%. **Action by the Committee** The Committee received this report by way of assurance.	
FR16/27	**HR Policies** TJ presented this Pay Protection Policy for approval, and the Committee noted the primary focus was to bring the CCG in line with other local NHS bodies. **Action by the Committee** As the Committee was not quorate, this policy could not be formally approved without GP approval. However, delegated authority was given to TJ who is to liaise with HM and ME to seek their approval.	
FR16/28	**QIPP Update** MMcD informed the Committee that the first Monthly Blueprint Reviews and Support meeting was held on 16th February with an interview session with QIPP leads, where any issues and potential barriers to progress were discussed. DF found this meeting helped in identifying definite trends and interdependencies between various blueprints, noting the challenges given produced a two way opportunity in asking Leadership Team what support they could offer. The meeting also gave the opportunity to discuss where particular blueprints were up to, identify linkages across the CCG and task programme managers to liaise with other members of the organisation. These meetings are scheduled to take place on a monthly basis in order to monitor delivery. **Action by the Committee** The Committee noted this update.	

No	Item	Action
FR16/29	**Better Care Fund Update** MMcD updated the Committee regarding the BCF, and the Committee noted that the CCG is awaiting further discussions from NHSE on the matter. **Action by the Committee** The Committee noted this update.	
FR16/30	**Primary Care Rebate Scheme** KW informed the Committee that the CCG has a policy in place governing this rebate scheme, and SL is to bring a written update to the next meeting in order for the Committee to review current rebate schemes. **Action by the Committee** The Committee noted this update.	
FR16/31	**Committee Meeting Dates 2016/17** The Committee noted confirmation of scheduled dates for February and March 2017, completing the 2016/17 financial year.	
FR16/32	**Any Other Business** The Committee noted that Roger Pontefract's membership of the Finance and Resource Committee will cease following today's meeting. The Chair and Committee therefore took this opportunity to thank Roger formally for his support and contribution to the CCG since its establishment, and offered their best wishes for the future.	
FR16/33	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Wednesday 23rd March 2016 9.30am to 11.30am Family Life Centre, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Minutes

Wednesday 23rd March 2016, 9.30am to 11.30am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Martin McDowell	Chief Finance Officer	MMcD
Colette Riley	Practice Manager	CR
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
David Smith	Deputy Chief Finance Officer	DS
Susanne Lynch	CCG Lead for Medicines Management	SL
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓							
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓							
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓							
Martin McDowell	Chief Finance Officer	✓	✓	✓							
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓							
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓							
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A							
Fiona Taylor	Chief Officer	*	*	*							
David Smith	Deputy Chief Finance Officer	✓	✓	✓							
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓							
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N							

No	Item	Action
FR16/34	**Apologies for Absence** Apologies for absence were received from Tracy Jeffes and Fiona Taylor.	
FR16/35	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflict of interest. The Committee noted a potential conflict of interest by Members employed in, or having interests in, general practice with regard to item FR16/39(c) Prescribing Quality Scheme for 2016/17 and FR16/40 Primary Care Rebate Scheme.	
FR16/36	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR16/37	**Action points from the previous meeting** ***FR16/04 (FR15/134)*** *– MMcD/JL to review AQP position before start of April 2016 and JB to look at audiology block* – JL informed the Committee that audiology is the main issue and it is to be approached as a QIPP scheme. ***FR16/22 (FR16/05) Month 9 Finance Report*** *– re top 10 list of key saving areas* – MMcD advised the Committee that this paper is in the process of being finalised and once ready he will take it to SLT for QIPP approval. **FR16/09** ***Sefton Property Estate Partnership Group (SPEP)*** **–** see agenda item FR16/44. ***FR16/11 CCG Assurance*** – see agenda item FR16/41.	
FR16/38	**Month 11 Finance Report** DS presented this report which provided the Committee with an overview of the Financial position for the CCG as at 29th February 2016. MMcD noted CQUIN as being a key area of concern for S&O with a potential £400k underspend. DS said the biggest risk is still acute spend, and said the CCG is close to settlement with Aintree and Southport. SL referred to AMRD costs saying she had received figures through this morning, and will check the CCG is receiving its full 40% discount. JL informed the Committee that Southport is interested in providing an AMRD service. **Action by the Committee** The Committee received this report by way of assurance noting the recommendations therein. In particular it was noted that the CCG still has to manage risks to deliver break even.	

No	Item	Action
FR16/39	**Prescribing Performance Report** (a) Prescribing Report Month 9 SL presented this report which detailed the month 9 position with an overspend of £0.456m on a budget of £21.228m. The Committee noted that pregabalin remains a key challenge and, although anticoagulant spend has increased significantly, stroke admissions are decreasing. (b) Prescribing Performance Quarter 3 This paper highlighted the prescribing performance and compared activity of the 3rd quarter 2015/16 against 3rd quarter 2014/15. SL said there are some significant IT issues, eg EMIS network performance and prescribing performance software, and MMcD is to take this forward with the IM&T Steering Group this afternoon. (c) Prescribing Quality Scheme for 2016/17 The Committee noted the aim of this scheme is to provide an incentive to GP practices in order to deliver medicines optimisation. SL advised that the scheme had already been to JMOG for clinical input, and she is to talk with a peer group later today who have already carried out a review on pregabalin, in order to gain access to this information. She also said the CCG has tightened up regarding claims being in on time, as well as suggesting updating the claim form to ask for confirmation of use for patient benefit. **Action by the Committee** The Committee received these reports by way of assurance and, with the exception of HM, ME and CR whose interest has been noted in FR16/35 above, approved the Proposed Prescribing Quality Scheme for 2016/17.	MMcD
FR16/40	**Primary Care Rebate Scheme** SL presented this paper which provided an update on total prescribing rebate claims for month 9, together with a request to approve three further rebate schemes being: • Mezolar patches (fentanyl patch) • Lixiana (an anticoagulant) • Tresiba (long-acting insulin analogue, rated black) HN asked how pharmaceutical companies benefited from these schemes, and SL confirmed by promotion of their products on the basis of its cost effectiveness, stating the CCG should not sway individual clinical decisions. MMcD suggested putting a fact sheet together for pharmacists advising that the CCG has a rebate scheme in place for these drugs. HN suggested incorporating the rebate into the prescribing software, and SL confirmed it was possible to factor in the rebate. **Action by the Committee** The Committee, with the exception of HM, ME and CR whose interest has been noted in FR16/35 above, approved these three rebate schemes.	SL

No	Item	Action
FR16/41	**CCG Assurance** MMcD informed the Committee that the CCG assurance framework was still under consultation, and the link provided in the report is for use as a factual update. He advised that publication is expected at the end of March, and he expects the CCG to be assessed under this framework in 2016/17, at which time this will be brought back to the Committee. The Committee also noted that FLT has been part of the working group with NHS Clinical Commissioners and NHSE. **Action by the Committee** The Committee noted this update.	
FR16/42	**QIPP Update** MMcD informed the Committee that the clinical QIPP group has met and JL has been tasked with reviewing commissioning policies. MMcD said the QIPP requirement is £13.5m in 2016/17 of which £3m is non recurrent. In response to ongoing discussions with NHSE, MMcD said he wanted external assurance, ie someone to support for 3 months to do a contractual review, and to advise on key transformation areas. This project is likely to cost in the region of £30k-£40k. **Action by the Committee** The Committee noted this update and supported MMcD's proposals.	
FR16/43	**Better Care Fund Update** MMcD informed the Committee that the 2015/16 final figures are yet to be agreed. The 2016/17 plan has not been submitted yet, but the CCG has had positive meetings with Sefton Council regarding progress and review of potential areas to pool budgets. **Action by the Committee** The Committee noted this update.	
FR16/44	**Sefton Property Estate Partnership Group (SPEP)** This item has been postponed to May's meeting when MMcD will bring an 18 month timeline. **Action by the Committee** The Committee noted this update.	
FR16/45	**OD Implementation Plan** DF presented this report on behalf of TJ. The Committee noted that all costs were contained within the budget held by TJ, and that if there were any additional funding requirements outside of TJ's budget, then a formal request will be made and the relevant papers completed and presented. **Action by the Committee** The Committee received this report by way of assurance.	

No	Item	Action
FR16/46	**IFR Update** JL presented this report which updated and informed the CCG on the application of the IEFR Policy and activity during the Q3 reporting period October to December 2015. **Action by the Committee** The Committee received this report by way of assurance.	
FR16/47	**Joint CCG Audit Panel** HN presented this paper and informed the Committee that from April 2017 the CCG is responsible for the appointment of its own auditors. Knowsley CCG has asked if SFCCG is interested in a Pan Mersey type procurement, with the aim of receiving a better service. The proposed outcome is that all CCGs within the local area will be written to and asked if they are interested in such an arrangement. The Audit Chairs will meet again in September to decide whether this proposal is to be moved forward on a larger footprint, or whether SFCCG will remain independent. HN suggested that the CCG participates in this arrangement and the Committee were in agreement, noting that this will need to go to Governing Body for formal approval. **Action by the Committee** The Committee received this update and approved the proposal therein.	
FR16/48	**Terms of Reference** The Committee reviewed the updated Terms of Reference and noted the following changes to be made before being passed to Governing Body for formal approval. 2.4. Replace the words "Cheshire and Mersey Commissioning Support Unit (CMSCU)" with **"the CSU"** 4.3. Remove the words "***Commissioning Plan ("One Plan")"*** 4.7. Remove the *words* ***"and One Plan"*** 4.14. Replace the words ***"****notably Cheshire and Merseyside CSU"* with *"****such as the CSU"***	
	Action by the Committee The Committee approved the updated Terms of Reference subject to the changes detailed above.	
FR16/49	**Any Other Business** No other business was discussed.	
FR16/50	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Wednesday 18th May 2016 9.30am to 11.30am Family Life Centre, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee - External Minutes

Date: **Wednesday 17th February 2016, 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		
Roger Pontefract	Lay Member	RP
Angela Parkinson	Primary Care Programme Lead	AP
Apologies		
Dr Doug Callow,	GP Quality Lead S&F	DC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Billie Dodd	Head of CCG Development	BD
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts		
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	√	√			√	√	A	L	√	√	√	
Paul Ashby	Practice Manager, Ainsdale Medical Centre	A	√			√	√	√	√	A	√	√	
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A			√	√	√	√	√	√	A	
Malcolm Cunningham	CCG Head of Primary Care & Contracting	A	A			A	A	A	A	√	A	A	
Billie Dodd	Head of CCG Development	A	√			√	√	L	A	√	√	A	
Debbie Fagan	Chief Nurse & Quality Officer	√	√			L	√	√	√	√	√	√	
Martin McDowell	Chief Finance Officer	√	√			√	√	√	√	√	√	√	
Helen Nichols	Governing Body and Lay Member	√	√			A	L	√	√	√	A	√	
Roger Pontefract	Lay Member					A	A	√	A	√	√	√	

✓ Present
A Apologies
L Late or left early

No.	Item	Action
16/017	**Apologies for Absence** Apologies for absence were received from DC, MC, BD, BP and HR.	
16/018	**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.	
16/019	**Minutes of the previous meeting and Key Issues Log** The minutes of the previous meeting were accepted as an accurate reflection of the meeting subject to the following amendments to P6 detailed below: <u>Safeguarding Service Update</u> 3rd paragraph to read… 'an open contract query *at Southport & Ormskirk Hospital Trust…* *Final paragraph to be deleted.* <u>CSU Care Home Q2 Quality Report</u> 2nd paragraph, 2nd sentence to read… with *a move towards considering the feasibility of…* <u>Maternity Services presentation</u> 2nd paragraph to read… NICE guidelines and Birthrate Plus 3rd paragraph to read… that the *recommendations from the CQC Report and the RCOG review…* 4th paragraph, 3rd bullet to read… around *peri natal*/post-partum…	
16/020	**Matters Arising / Action Tracker** **15/145 Section 11 Compliance Outcomes (Safeguarding)** – As requested a report was submitted to the Quality Committee and was included on today's agenda. **Action: Action completed – remove from the tracker.** **16/009(i) Provider Quality Performance Reports** – DF confirmed that the ring-fenced stroke beds have been in place at S&OHT since 12th December 2015. **Action: Action completed – remove from the tracker.**	
16/021	**CCG Safeguarding Service Update** <u>CCG Quality Assurance Template and Process</u> KG presented the report and highlighted the NHS England (NHSE) CCG Quality Assurance Template and Process. The CCG needs to send the completed template to NHSE by 23rd April 2016 for review on April 28th 2016. KG stated that elements of the completed Section 11 Audit could be utilised to populate the assurance document. DF requested that a position document be presented to the Quality Committee prior to submission and that the submission be sent to NHSE via the usual single point process that is in place within the CCG. It was agreed that timescales for submission would allow for prior presentation to the Quality Committee in April 2016 **Action: KG to present a briefing paper to the Quality Committee at the April 2016 meeting which details the submission.** <u>Joint Targeted Area Inspections</u> The Committee were advised of the new Joint Targeted Area Inspections which were launched from 1st February 2016, the first of which commenced 2 weeks ago with a total of 6 to take place throughout the year. The inspection will include a deep dive into Child Sexual Exploitation. KG advised that she had already met	**KG**

	with members of the LA to discuss the local process and management in readiness for inspection. Section 11 Action Plan Update An updated Action Plan covering the areas identified as needing strengthening following the Section 11 Audit was discussed, together with progress made. Future plans included the development of a safeguarding web page for both CCGs which was currently being piloted with St Helens CCG. DF asked whether there was likely to be any IT issues with different IT support providers and if this could impact on the ability to use the same webpages etc - RC considered this was unlikely. DF asked whether there was anything further the CCG could do to raise awareness of staff regarding safeguarding policies and resources whilst waiting for the development of the webpage. KG confirmed she had spoken to the Communications Team to propose the inclusion of information within the CCGs weekly bulletins. KG anticipated the timescale for sharing the web page would be advised during February 2016. The benefit of making sure safeguarding information is easily available electronically via the webpage for GP practices to access was discussed and AP stated that she would ensure awareness is raised within the localities in the interim. **Action: AP to support raising awareness of the Safeguarding Service and resources across all localities.** *Induction processes not including Safeguarding Children sign posting* - KG confirmed that Safeguarding Children and Safeguarding Adults Policies were now up on the CCGs intranet sites and that a survey was underway to ascertain levels of awareness of safeguarding amongst all CCG staff. DF stated that the Safeguarding Service needed to escalate to the CCG Senior Management Team if they required support in expediting the input of the HR team with regard to the induction process. TJ was in attendance and stated that she would support conversations due to her lead with CSU and HR. DF asked whether amber ratings solely related to S&F CCG or were they reflective of all CCGs as part of the hosted service. KG confirmed ambers would be specific to this CCG with the Action Plan being specifically developed to meet the needs of the CCG. Domestic Homicide Review (DHR) 7 The Quality Committee were updated on the status of the Domestic Homicide Review. Care Homes and Domicilary Care Providers RD considered there was the potential for the CCG to become exposed to increasing levels of risk in relation to domiciliary care providers given the growing use of such providers to care for patients in their own homes and asked that this be given greater emphasis in future in partnership with the LA. DF supported RDs concerns and confirmed that the CCG were working in partnership with the LA regarding this agenda and that a paper had been presented to the CCG Leadership Team meeting regarding governance arrangements in relation to the commissioning of domiciliary care providers.	**AP**
	The Committee noted and received the report	
16/022	**CCG Safeguarding Peer Review Action Plan (v9)** DF presented the Quality Committee with the updated CCG Safeguarding Peer Review Action Plan (v9) advising that positive progress has been made against the one remaining AMBER action with regard to supervision for the CCG Safeguarding Service. DF stated that there were various mechanisms in place to support on-going assurance which include: • CCG Safeguarding Network Steering Group – via MoU and KPIs for the	

	service • MIAA – Safeguarding review as part of the annual workplan • LSCB – Section 11 Audit • NHSE – CCG Safeguarding Assurance Tool The Quality Committee were asked to receive the report and recommend presentation to the Governing Body for closure due to the CCG Scheme of delegation and reservation. The Committee supported the recommendation and requested that 'initial' be included in the 'Timing/Priority' heading column prior to submission to the Governing Body. **Action: DF to update Timing/Priority column on Action Plan.**	**DF**
	The Committee recommended presentation of the Action Plan to the Governing Body for closure due to the CCG Scheme of delegation and reservation noted within the report following the update to the Timing/Priority column.	
16/023	**CCG Looked After Children Strategy** KG presented this report on behalf of CF which provided the Committee with the Looked After Children Strategy. This will support the CCG to demonstrate safe discharge /duty of care to this vulnerable client group. The strategy has been developed in accordance with current legislation and guidance published in 2015 with the content used to inform the latest KPIs. RC considered this to be a good document but asked about issues around children's medicals. DF confirmed improvements in systems and processes within LCH had been made in relation to children's medicals but this does remain on the Corporate Risk Register.	
	The Committee received and supported presentation to the Governing Body for approval.	
16/024	**Governing Body Assurance Framework and Corporate Risk Register** TJ presented the Quality Committee with the updated CCG Corporate Risk Register (CRR) as at December 2015 and the Quarter 3 (end December 2015) Governing Body (GB) Assurance Framework (GBAF) for appropriate review and scrutiny. Due to the scheduling of meetings, it was noted that these had been presented directly to the Governing Body in January 2016 without being presented to the Quality Committee. The areas discussed at GB in January 2016 had now been updated within the register with changes highlighted. HN questioned the 'extreme risk' rating against QUA011 and STA038 which appeared high. In addition RD considered the same of BUO001, questioning what else could be done other than raise the issue with the Trust. **Action: TJ was asked to discuss the 'extreme risk' ratings recorded against QUA011, STA038 and BUO001 with the risk owners.**	**TJ**
	The Committee received the report and asked that the 'extreme risk' ratings recorded against QUA011, STA038 and BUO001 be discussed with the risk owners	
16/025	**Quality Committee Workplan 2016/17** JH confirmed that the proposed dates for joint internal Committee meetings with South Sefton CCG had now been approved by both CCGs with VT to send out calendar invites to meetings for 2016/17 over the next couple of weeks. The Workplan for 2016/17 was not re-presented at the meeting today due to possible amendments needing to be made following the current review of	

	Committee Terms of Reference (ToR). TJ felt that the ToR review shouldn't have a significant impact on the Committee Workplan. DF asked JH to ensure the workplan is circulated following this meeting. **Action: JH to circulate copies of proposed Workplan to Committee members.**	**JH**
	The Committee received the report	
16/026	**EPEG Key Issues Log** In the absence of the availability of the draft minutes from the recent EPEG meeting, RP highlighted the following which had taken place at the meeting: • Out of Hours and NHS 111 service – effort being made to engage patient feedback • New Health & Wellbeing structure has been approved with membership widened • Sefton CVS have new base in the south of area • SF and SS CCGs work on equalities and compliance with EDS2 complimented • Jo Wood gave a presentation on the new Macmillan Hubs in Sefton	
	The Committee received the verbal update	
16/027	**Locality Update** RC said consideration is to be given on input into care homes going forward. DF confirmed a member of the Quality Team attends each Locality meeting to support in highlighting any quality issues and a two way communication process, including up to the Quality Committee which supports the CCG priority of locality development.	
	The Committee received the verbal update	
16/028	**GP Quality Lead Report** RC raised a number of issues experienced with the Laboratory Service with an increasing number of results saying 'not received' or 'destroyed before testing'. This has been discussed with the Laboratory Manager and JL. RC asked for any other examples of poor experiences with Lab issues to be sent through to the Quality Team nhs.net account. RC considered an increasing number of procedural changes may have also occurred to support alignment with practices at St Helens & Knowsley Hospitals NHS Trust which was not the expectation at the outset of this arrangement. DF stated that she would ensure this was an agenda item for discussion at the S&O Collaborative Commissioning Forum (CCF) and then added as an agenda item at the next contract meeting. **Action: RC to send details to DF to be added to agenda of S&O CCF.**	**DF**
	The Committee received the verbal update	
16/029	**Corporate Governance Support Group Key Issues Report** JH presented a summary of the notes taken from a meeting held on 7th January 2016. The Committee noted that the updated Whistleblowing policy had been presented by Adam Burgess and would be brought to Quality Committee in April 2016, following review by the Staff Partnership Forum.	
	The Committee received the verbal update	
16/030	**Key Issues Log** The following were highlighted to be included in the key issues log from the Committee to the Governing Body: • CCG Quality Assurance template and process for safeguarding from NHSE • CCG Safeguarding Peer Review Action Plan recommended for submission to Governing Body for closedown • CCG looked After Children Strategy – recommended for submission to Governing Body for approval	

	• Corporate Risk Register reviewed – 'Extreme' Risk Rating for QUA011, STA038 and BUO001 challenged with Committee recommending review by risk holders • Laboratory Services - emerging issues in relation to quality identified.	
16/031	**Any Other Business** • <u>Continuing Health Care (CHC) Programme Board</u> DF advised the Committee of the establishment of a new CHC Programme Board (PB) for SSCCG, S&FCCG, LCCG and the new Commissioning Support Unit (CSU) provider with an initial meeting to discuss the remit of the PB to be held later today. It is anticipated the first meeting of the PB will take place on 29th February. MMcD commented on WLancs CCGs interest in working more collaboratively with SS and S&F CCGs regarding CHC. DF confirmed she had previously contacted WLancs CCG regarding this proposal and was awaiting a response which would be followed up with Claire Heneghan. • <u>NWAS</u> JH advised the Committee of an incident that had recently been reported involving a possible delayed transfer of a patient by NWAS from a local Trust to a Specialist Unit. JH has liaised with MC as NWAS lead within the CCG to raise consideration of STEIS reporting. DF stated that the CCG required assurance regarding immediate actions that had been put in place by the provider to prevent re-occurrence especially in times of pressure on the system. **Action: JH to ask MC to liaise with Blackpool CCG as co-ordinating commissioner for NWAS to establish what immediate action has been taken to prevent this happening again whilst awaiting the outcome of the Root Cause Analysis Report.** • <u>School Nursing Service</u> PA raised an issue in relation to the recording of immunisations on children's GP records when the immunisation has occurred elsewhere following a recent incident. MMcD said the CCG had recently become aware of this situation and discussions were taking place between the relevant commissioners and providers.	**JH**
16/032	**Date of Next Meeting** Wednesday 23rd March 2016 11.30 am – 13.30 pm at The Family Life Centre, Ash Street, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee - External Minutes

Date: **Wednesday 23rd March 2016, 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 Contracting & Procurement	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	Clinical Quality & Performance Co-ordinator	JC
James Hester	Programme Manager Quality & Safety	JH
Susan Norbury	Designated Nurse Safeguarding Adults	SN
Brendan Prescott	Deputy Chief Nurse / Head of Quality	BP
Helen Roberts	Senior Pharmacist	HR
Apologies		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
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	√	√			√	√	A	L	√	√	√	A
Paul Ashby	Practice Manager, Ainsdale Medical Centre	A	√			√	√	√	√	A	√	√	√
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A			√	√	√	√	√	√	A	√
Malcolm Cunningham	CCG Head of Primary Care & Contracting	A	A			A	A	A	A	√	A	A	A
Billie Dodd	Head of CCG Development	A	√			√	√	L	A	√	√	A	L
Debbie Fagan	Chief Nurse & Quality Officer	√	√			L	√	√	√	√	√	√	√
Martin McDowell	Chief Finance Officer	√	√			√	√	√	√	√	√	√	√
Helen Nichols	Governing Body and Lay Member	√	√			A	L	√	√	√	A	√	√
Roger Pontefract	Lay Member					A	A	√	A	√	√	√	

✓ Present
A Apologies
L Late or left early

No.	Item	Action
16/033	**Apologies for Absence** Apologies for absence were received from RC and MC. BD reported she would need to leave early in order to be on a telecom with NHS England. PA Chaired the meeting due to RC being unable to attend.	
16/034	**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. SN declared that she would be presenting the Safeguarding Assurance Report (see 16/037) and was soon to be taking up employment as Head of Safeguarding at one of the providers referred to in the report.	
16/035	**Minutes of the previous meeting and Key Issues Log** Minutes and Key Issues Log were agreed as an accurate reflection of the previous meeting.	
16/036	**Matters Arising / Action Tracker** **15/082 Provider Quality Performance Report (S&O) Maternity Services** JS reported that the Trust had introduced a new IT system in Maternity Services and the latest performance was 91% against a 90% target. **Action: Action closed – to be removed from the tracker** **15/135(i) Serious Incident Reports / RCA** JH and JS reported that the SI Process / RCA Reports at S&O had been discussed at the Collaborative Commissioning Forum, CQPG and the recent Single Item Quality Surveillance Group Chaired by NHSE. **Action: Action closed – to be removed from the tracker** **15/151(ii) Any Other Business (Contract Query Avoidable Deaths)** DF reported this contract query remains open until the required information had been received from the Trust and reviewed by the CCG Clinical Lead for Quality. DC stated that he was still awaiting pathway information from the Trust and that he had been in recent communication with the Director of Nursing at S&O regarding receipt of the required information. JS stated that the CCGs had recently received information regarding arrangements in place between S&O and Aintree University Hospital NHS Foundation Trust regarding the GI Bleed Pathway. It was agreed that this could be removed from the action tracker and be managed via the CCG usual SI process and the Collaborative Commissioning Forum. **Action: Action closed – to be removed from the tracker** **16/008 NHS England Action Plan for Cold Chain Management in GP Practices** Agenda item for discussion at today's meeting. **Action: Action closed – to be removed from the tracker** **16/009(ii) Provider Quality Performance Reports (Liverpool Community Health)** JS tabled the AHP Waiting Times information at the meeting which was presented at a previous CQPG. **Action: Action closed – to be removed from the tracker** **16/013 GP Quality Lead Update (NOP Letters)** BD stated she had spoken with the Trust and that this issue should now be resolved. **Action: Action closed – to be removed from the tracker**	

	16/015 Any Other Business (S&O 12hr Paediatric Breach) BD reported that this is being managed by Specialist Commissioning. To be discussed via the Collaborative Commissioning Forum. **Action: Action closed – to be removed from the tracker** **16/022 CCG Safeguarding Peer Review Action Plan** DF confirmed that the 'Timing/Priority' column on the action plan had been amended with the word 'initial' prior to being presented to the Governing Body in March 2016. **Action: Action closed – to be removed from the tracker** **16/025 Quality Committee Workplan** JH to circulate after the meeting. **Action: Action closed – to be removed from the tracker** **16/028 GP Quality Lead Report (Issues with Laboratory Services and samples)** DF has not yet received further information from RC. Refer to DC's update in 16/044 at today's meeting. **Action: Action closed – to be removed from the tracker** **16/031 Any Other Business (NWAS / S&O – timeliness of response for an emergency transfer)** JH reported that MC had liaised back with BCCG/NWAS regarding this incident and that this hadn't been reported as a Serious Incident. JH stated that that he had also had discussions with the Trust with the S&O DoN investigating this further. HN asked if the Trust had discussed the incident with the patient and family. JH confirmed that this discussion had taken place. **Action: DF to follow-up this issue to get a definitive response re: SI reporting at S&O/NWAS. To provide feedback at future meeting** **16/025 Quality Committee Workplan** It was noted that this was a duplicate action - see 16/025 above. **Action: Action closed – to be removed from the tracker**	**DF**
16/037	**CCG Safeguarding Service Quarterly Report** SN presented the report to the Committee which contained information on the following: • Q3 2015/16 provider performance – level of assurance • Update on sexual exploitation • Update on the on-going Domestic Homicide Review • Care Homes <u>Q3 2015/16 provider performance – level of assurance</u> Southport & Ormskirk Hospitals NHS Trust – The Trust remain on limited assurance although it was noted that there had been evidence of some improvement in relation to Policies and activity data systems to capture referral and performance information. Safeguarding Adults training remains a concern along with the timelines for trajectories for completion of training. DF stated that the Contract Query remains in place, a letter has been sent to the Trust from the Collaborative Commissioning Forum detailing commissioners concerns and this was raised as part of the recent Single Item Quality Surveillance Group. Liverpool Community Health NHS Trust – The Trust have a level of 'reasonable assurance' against the Safeguarding Children and Adult KPIs / Quality Schedule overall and 'significant assurance' in relation to Safeguarding Adults. However,	

the Trust have 'limited assurance' in relation to Looked After Children although an improving picture is reported for initial health assessments and there is a static picture reported for review health assessments in Q2 and Q3 2015/16. DF reported that this is on the CCG Risk Register and provided information on the actions being taken by the CCG including the follow-up Lessons Learnt Event planned for 31st March 2016.

Mersey Care NHS Trust – Although the Trust have been given a 'reasonable assurance' rating by the CCG Safeguarding Service, a concerns was expressed regarding the lack of information that has been submitted for Q3 2015/16 around DoLS and referrals to IMCA's. DF asked that this be formally raised at the next CQPG and in discussions between the CCG Safeguarding Service and the Trust.

Aintree University Hospital NHS Trust – The Trust are currently in the process of recruiting to a lead posy for Safeguarding. DF stated that the Director of Nursing had confirmed the interim arrangements that are in place for the purposes of assurance.

Alder Hey Children's NHS Foundation Trust – BP reported that the Contract Query remains open with AHCH and positive progress has been made. A further meeting is planned with the Trust for April 2016.

Domestic Homicide Review

A further meeting is planned with the Trust in April 2016 regarding the IMR. SN stated there will be lessons learnt which will need to be implemented.

Care Homes

A paper produced by the CCG Safeguarding Service regarding concerns relating to Care Homes has been shared with NHSE. BP reported that although we have experienced some specific issues in Sefton as a result of recent CQC inspections, the challenges around the Care Home Sector are not just pertinent to here hence the escalation to and involvement of NHSE. DF confirmed that approximately 93 care home beds had been lost within Sefton since October 2015 as a result of the outcome of CQC inspections and in one case a decision made to close by an owner – there are also suspensions on admissions in some care homes put in place by the CQC whilst quality improvement work is undertaken.

BP and DF raised this issue of increasing demand being put on CCG resources eg. CSU, Safeguarding Service, Quality Team and Medicines Management Team as a result of recent activity. HN asked if the capacity / demand issues within the CCG needed to go on the Corporate Risk Register and what discussions were taking place across the system. BD stated that the CCG had recently been able to dispel the view expressed by S&O that the recent loss of care home beds was having an impact on ability to discharge patients and MMcD highlighted latest conversations that had taken place with the Local Authority regarding market management. DF stated that the CCG supporting the recruitment to the post of Head of Vulnerable People into the Quality Team provided much needed additional senior clinical capacity to support managing this agenda. BP stated that a joint paper will be written with the Medicines Management Team regarding the impact of care home work on the team so that Leadership Team are sighted in order to inform the decision to place on the Risk Register.

DC asked what the level and themes were that were occurring that necessitated the action being taken by the CQC in relation to de-registration – DF gave a brief overview of the level / themes and examples of the role of the CCG in providing relevant information to support partnership working with the regulator.

Action: Mersey Care NHS Trust - JS and SN to ensure that the Trust receive

	the specific feedback regarding DoLS and referrals to IMCAs and that this is an agenda item for discussion at the next CQPG.	**JS/SN**
	The Committee noted and received the report	
16/038	**CSU Care Home Quality Report** JC presented the Care Home Quality report. It was reported that the number of Nursing Homes now submitting CQUIN information had increased. The Quality Committee noted the content of the report and acknowledged that a great deal of the discussion that had taken place in agenda item 16/037 in relation to Care Homes had relevance to the specific areas highlighted by JC.	
	The Committee noted and received the report	
16/039	**NHS England Revised Action Plan for Cold Chain Management in GP Practices** HR presented the revised action plan which detailed progress to date as previously requested by the Quality Committee. JH asked about responsibility between General Practice, NHSE and the CCG. HN stated that a similar discussion but with a different focus had been had at the Finance and Resource Committee during the presentation of the agenda item regarding the Prescribing Quality Scheme (PQS).	
	The Committee noted and received the report containing the revised action plan.	
16/040	**CQUINs / Quality Schedules – Current Position** JS gave and update on the national CQUINs for 2016/17 and the local CQUINs development for 16/17 with each relevant provider. JS stated that good input had been received from the relevant GP Clinical Leads and Programme Managers to date in this process.	
	The Committee noted and received the verbal update	
16/041	**Provider Quality Performance Reports** JS presented the provider Quality Performance Report by exception. <u>S&O</u> The Maternity Indicator was showing 'red' in the dashboard based on Q2 figures however this is now 'green' as per discussion in 16/036; C.diff performance information hasn't taken into account the number of cases upheld at appeal with the provider being under trajectory once these are taken into consideration; Mixed Sex Accommodation Breaches indicate 48 year to date at the end of February 2016 – this has been discussed with the Trust and are occurring in Critical Care and the Spinal Unit – commissioners have addressed this issue at the relevant contract meeting and it has been discussed at the Collaborative Commissioning Forum in addition to being submitted as part of the template for the Single Item Quality Surveillance Group. Stroke performance was discussed and the Trust's failure to meet the indicator of % of stroke patients spending more than 90% of their hospital stay on a stroke unit. HN asked for confirmation of the date that the Trust opened the ring-fenced stroke beds. DF confirmed that the Trust had opened ring-fenced stroke beds in December 2015 but had reported at the last Contract Meeting that in times of pressure these beds were utilised as a last resort and always kept1 x male bed and 1 x female bed at all times. The CCG have asked to see evidence of the Trust escalation plan regarding the ring-fencing of stroke beds. DF reported that the Trust had informed the CCGs at the contract meeting that they are also looking at the modelling for numbers of male and female available stroke beds as the current male:female ratio is providing challenges in not breaching mixed sex	

	accommodation guidance. DF stated that the CCG were awaiting confirmation of a date from the Trust to undertake a Quality Walkaround of the Stroke Unit – date likely to be confirmed for after the planned CQC visit in April 2016. HN asked how the provider comments regarding the agreement of a business case for ESD and the implementation of a Discharge to Assess Model were being managed from a commissioning perspective. Reference was made to the strategic / operational work being led by KMcC and JL with support from the relevant Programme Managers. BP confirmed that mortality was a KLOE at the recent SIQSG and that HSMR/SHMI is within expected limits – the Trust reported that any medical outliers received a consultant review. JH gave some feedback regarding the Trust internal meeting he attended looking at mortality reduction. HN asked about the absence of community indicators reported on within the Trust in relation to acute indicators. JS stated that the community indicators had been further developed for 2016/17. <u>Liverpool Community Health NHS Trust</u> HN made reference to the adult and children therapy waits within the Trust. BP and JS summarised the discussions that had taken place at the recent joint Quality Contract Meeting between SSCCG/LCCG and the Trust. <u>Mersey Care NHS Trust</u> JS reported that the Programme Manager for Mental Health was building into the 'Super CQUIN' discussion with the Trust psychotherapy with the intention to support performance improvement. A theme is developing regarding falls and this could possibly be a data collection issue - the Trust have been asked to deliver a falls presentation at the next CQPG. The marked drop in the proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation by CCG was noted and the query raised if this should be the case if the patient is deemed to be in settled accommodation. JS stated that the Trust are currently in the process of analysing this data and it will be discussed at the next Quality Contract Meeting.	
	The Committee received the report	
16/042	**Serious Incident Report** JH presented the Serious Incident Report. HN noted the number of SIs that remain open with S&O including 2 x cases from 2014 and asked what actions are taking place around pace in order to safely close. JH explained that these 2 x cases remain open as information is still being awaited in order for the CCG Clinical Lead to be able to support closure. JH stated that a considerable number relate to pressure ulcers which will shortly be closed on receipt of an appropriate action plan from the Trust – the need to have a revised action plan in order to support closure has been escalated to the Trust Director of Nursing. The Committee were informed that the Trust are due to be in attendance at the next CCG SI meeting at the beginning of April 2016 in order to provide requested information to enable the CCG to close 14 specific RCAs. BP stated that commissioner concerns regarding the internal Trust systems and processes to support SI management have been discussed at the CCF, CQPG and SIQSG and the Trust have reportedly submitted an internal business case to increase capacity within the team and support developments with regard to SI management and ownership within the Clinical Business units. DF stated that if the desired outcome was not achieve at the next CCG SI meeting then for this to be escalated to her for further action. **Action: JH to escalate to DF if required information is not received by the Trust at the CCG SI Meeting in order for further action to be taken as appropriate.**	**JH**

	The Committee received the verbal update	
16/043	**MP Letter re: Stroke** DF informed the Committee of a communication from a local MP regarding concerns raised from a member of the public (Mr D) regarding stroke mortality at S&O following the care experienced for a family member. DF informed the Committee that Mr D is known to the CCG and senior officers have been liaising as appropriate in accordance with usual processes – this has included the Chief Officer. Mr D has requested an independent external review to be conducted into stroke mortality within the Trust and the CCG is reviewing all available information and intelligence in order to make an informed decision into the commissioning of such a review. Appropriate updates will be provided as per CCG internal governance arrangements.	
	The Committee received the verbal update	
16/044	**GP Quality Lead Update** DC delivered the following verbal updates to the Committee: • Positive meeting with F1 doctors at S&O – planned rotation will be taking place into the community. Discussion took place regarding discharge summaries. Meeting to take place with F2 doctors later in the year • Laboratory Services issues raised which are reflective of those raised by RC at a previous meeting. DC to raise at CQPG. JS to ensure this is an agenda item for discussion at the CCF and CQPG. • Audiology Services and differing quality between providers has been raised by S&O. DF to raise with JL. • Quality of discharge information from A&E at S&O remains an issue. DC suggested that this may warrant further discussion for inclusion as part of the local CQUIN for 2016/17. JS to explore further with DC the possibilities. **Action (i): JS to put Lab issues on the next S&O CCF agenda and DC to lead on item at the next CQPG.** **Action(ii): DF to raise issue raised by DC re: audiology services with JL.** **Action(iii): JS to explore further with DC the possibilities for a CQUIN re: A&E discharge information**	**JS/DC** **JL** **JS/DC**
16/045	**Key Issues Log** • Safeguarding Contract Queries remain open at S&O and AHCH. • Data return from Mersey Care for the purposes of assurance re: MCA / DoLS • Impact on CCG resources of recent CQC Inspections • Cold Chain Management Action Plan in GP Practices re-submitted • Overview of national and proposed local CQUINs for 2016/17 presented • Stroke performance at S&O discussed and actions taken by the CCG • Serious Incident Process relating to S&O • MP Letter re: Stroke Mortality at S&O	
16/046	**Administration procedures for the first joint CCG Quality Committee meeting 20th April 2016** VT explained the administration procedures for the first joint CCG Quality Committee meeting scheduled for 20th April 2016.	
16/032	**Date of Next Meeting** Wednesday 20th April 2016 11.30 am – 13.30 pm at The Family Life Centre, Ash	

	Street, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Audit Committee Minutes

Wednesday 13th January 2016, 9.30am to 11.00am
Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member	RP
Martin McDowell	Chief Finance Officer	MMcD
David Smith	Deputy Chief Finance Officer	DS
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Ann Ellis	Audit Manager, MIAA	AE
Paul Ashby	Practice Manager	PA
Dr Jeff Simmonds	Lay Member and Governing Body Member	JS
Amanda Latham	Audit Director, KPMG	AL
Leah Robinson	Chief Accountant	LR
Apologies		
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Adrian Poll	Audit Manager, MIAA	AP
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	RC
Jillian Burrows	Audit Senior Manager, KPMG	JB
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	April 16	May 16	July 16	Oct 16	Jan 17
Helen Nichols	Lay Member (Chair)	✓					
Roger Pontefract	Lay Member	✓					
Paul Ashby	Practice Manager	✓					
Jeff Simmonds	Lay Member and Governing Body Member	✓					
Martin McDowell	Chief Finance Officer	✓					
Debbie Fagan	Chief Nurse & Quality Officer	N					
David Smith	Deputy Chief Finance Officer	✓					
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A					
Leah Robinson	Chief Accountant	✓					
Debbie Fairclough	Head of Client Relations, CMCSU	N					
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	A					
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓					
Adrian Poll	Audit Manager, MIAA	A					
Ann Ellis	Audit Manager, MIAA	✓					
Amanda Latham	Audit Director, KPMG	✓					
Jillian Burrows	Audit Senior Manager, KPMG	A					

No	Item	Action
A16/01	**Apologies for absence** Apologies for absence were received from Tracy Jeffes, Adrian Poll, Roger Causer and Jill Burrows.	
A16/02	**Declarations of interest** Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.	
A16/03	**Advance notice of items of other business** The Chair had not been advised of any items of other business.	
A16/04	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
A16/05	***Action points from previous meeting*** ***A15/71(A15/64) NHS Intelligence Report*** – DS to provide feedback and will forward this via email to Audit Committee members following today's meeting ***A15/79 Audit Follow-up Actions Review (Recommendations Tracker)*** - regarding actions omitted from previous action plan drawn up by RC, MMcD advised he had spoken with RC and MM, and that LR is to undertake a report on follow up actions, to be completed no later than April. **A15/83 *Conflicts of Interest (CoI)*** – MMcD confirmed the wider membership should declare CoIs, in particular those who have wider links, and he is to advise the wider group this afternoon. All other actions were completed and closed accordingly.	
A16/06	**Correspondence** MMcD brought to the Committee's attention a letter from NHSE regarding "Planning for Commencement of the Local Audit Arrangements". He informed the Committee that discussions were taking place across wider CCG networks regarding collaborative working, and the Committee were in agreement to work through with other CCGs on this matter.	
A16/07	**Losses and special payments** DS presented this report and advised the Committee that there had been no losses or special payments made in the period since the last Audit Committee. Regarding the outstanding aged debt with S&O Hospital, DS advised the Committee that the CCG expected payment on the 2014/15 issue. **Action by the Committee** The Committee received this report by way of assurance.	
A16/08	**Internal Audit Progress Report** AE presented this report which provided an update to the Audit Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2015/16. **Action by the Committee** The Committee received this report by way of assurance.	

No	Item	Action
A16/09	**Internal Audit Counter Fraud Progress Report** MM presented this report which detailed the work undertaken during the period September 2015 to December 2015, highlighting activities and outcomes. **Action by the Committee** The Committee received this report by way of assurance.	
A16/10	**External Audit Plan** The following reports were presented to the Committee: • Summary of financial and VFM areas of focus for the 2015/16 audit • The new NAO VFM approach • Appointing your external auditor – NHS briefing AL informed the Committee that the summary in the report is to be updated following a discussion with MMcD and Fiona Taylor (FT), Chief Officer, yesterday. She proposed that the audit plan be shared with the Audit Committee. **Action by the Committee** The Committee received this report by way of assurance.	
A16/11	**Macpherson Report** DS presented this report which provided a review of estimation techniques against the Macpherson review. MMcD informed the Committee that this review will be referenced in the Annual Governance Statement. **Action by the Committee** The Committee received this report by way of assurance.	
A16/12	**Review of NFI Matches** DS gave a verbal update to the Committee and advised that the majority of duplicate items had been cleared. The progress of these items is outlined in the progress tracker in agenda item A16/13. The CCG has been working closely with its LCFS on this matter, and MM will produce a report once complete and present this in April. **Action by the Committee** The Committee noted this update.	
A16/13	**Audit Committee Recommendations Tracker** DS presented this tracker which summarised the various recommendations that have been presented to the Audit Committee over the past 12 months. HN suggested that this tracker be run to the end of the financial year, at which time completed items can be removed and any outstanding items carried forward to the next financial year. HN queried Risk Registers, and MMcD advised this is looked at on a monthly basis by SMT, going to Governing Body twice a year. HN stated the need to inform Internal Audit of this so the item can be closed. MM informed the Committee that she had a couple of recommendations to go onto the tracker regarding CHC; this is work that has been completed and DS is to update the tracker to reflect this. **Action by the Committee** The Committee received this report by way of assurance.	
A16/14	**Committee Work Schedule 2016/17** The Committee received the work schedule for 2016/17 and noted the following additions to be made: • Draft Annual Governance Statement to be presented at April meeting, in advance of May meeting. • MIAA Anti-Fraud Services Annual Report to be presented at April meeting.	RM

No	Item	Action
A16/15	**Committee Meeting Dates 2016/17** The Committee received the meeting dates for 2016/17 and noted that the final accounts need to be in by Friday 27th May 2016.	
A16/16	**Key Issues of other Committees** The following Key Issues reports were received by the Committee: • Finance and Resource: September, October and November 2015 • Quality Committee: September, October and November 2015 **Action by the Committee** The Committee noted the contents therein.	
A16/17	**Any other business** **1. IG Toolkit Submission** MMcD informed the Committee that the IG Toolkit framework will need to be reviewed and submitted by 31st March 2016. As the Committee will not meet again until 20th April, he sought delegated authority from the Committee for both himself and HN to sign-off on behalf of the CCG once the content is agreed. RM to arrange for MMcD and HN to meet with Suzanne Crutchley, Senior Governance Manager, before the end of this month to outline the plan. **2. Roger Pontefract** The Committee was informed that Roger Pontefract's membership of the Audit Committee will cease following today's meeting. The Chair and Committee therefore took this opportunity to thank Roger formally for his support and contribution to Southport and Formby CCG since it was established. The issue of quoracy going forward was also raised, and MMcD is to discuss this with TJ.	MMcD/HN RM MMcD
A16/18	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.	
	Date and time of next meeting Wednesday, 20th April 2016 9.30am to 11.00am Family Life Centre, Southport	