

Governing Body Meeting in Public Agenda

Date: Wednesday 1st November, 13:00 hrs to 15:30hrs

Venue: Family Life Centre, Southport, PR8 6JH

PLEASE NOTE: we are committed to using our resources effectively, with as much as possible spent on patient care so sandwiches will no longer be provided at CCG meetings.

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 Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Susan Lowe	Practice Manager	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Carlene Baines	Designated Nurse Children in Care	CB
Debbie Fairclough	Chief Operating Officer	DFair
Margaret Jones	Public Health Consultant, Sefton MBC	MJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Sharon Lomax	Integrated Health and Social Care Manager, Sefton MBC	SL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC

Quorum: 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:15hrs
GB17/176	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/177	Declarations of Interest	Chair	Verbal	R	3 mins
GB17/178	Minutes of Previous Meeting - September 2017	Chair	Report	A	5 mins
GB17/179	Action Points from Previous Meeting - September 2017	Chair	Report	A	5 mins
GB17/180	Business Update	Chair	Verbal	R	5 mins
GB17/181	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/182	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/183	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/184	GBAF and CRR	Debbie Fairclough	Report	A	10 mins
GB17/185	Children in Care Annual Report 2016/17	Carlene Baines	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB17/186	Consultation and Engagement Sessions: Proposals for the Development of Family Wellbeing Centres	Dwayne Johnson	Presentation and Report	R	20 mins
GB17/187	Better Care Fund	MMcD	Report	R	10 mins
For Information					
GB17/188	Key Issues reports: a) Finance & Resource Committee (F&R): July and September 2017 b) Quality Committee: July and August 2017 c) Audit Committee: July 2017 d) Joint Commissioning Committee: July 2017 e) Locality Meetings: Q2 2017/18	Chair	Report	R	10 mins
GB17/189	F&R Committee Approved Minutes: - July and September 2017		Report	R	
GB17/190	Joint Quality Committee Approved Minutes: - July and September 2017		x	x	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB17/191	Audit Committee Approved Minutes: - July 2017		Report	R	
GB17/192	Joint Commissioning Committee Approved Minutes - June 2017		x	x	
GB17/193	CIC Realigning Hospital Based Care Approved Minutes - September 2017		Report	R	
GB17/194	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/195	Date of Next Meeting Wednesday 3rd January 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <u>Future Meetings:</u> From 1 st April 2017, the Governing Body meetings will be held on the first Wednesday of the month rather than the last. Dates for 2017/18 are as follows: 7 th March 2018 2 nd May 2018 4 th July 2018 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				-
Estimated meeting close					15:30 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 6th September 2017, 12:00hrs to 15:00hrs
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

The Governing Body Members in Attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Lyn Cooke	Head of Comms & Engagement	LC
Billie Dodd	Head of Commissioning	BD
Tracy Jeffes	Chief Delivery and Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Helen Smith	Head of Safeguarding	HS
Judy Graves	<i>(Minute taker)</i>	

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	✓	✓		
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓		
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	✓	✓	✓	A		
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	✓	✓					
Matthew Ashton <i>(or Deputy)</i>	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	✓	✓	A	✓	A		
Dr Emily Ball	GP Clinical Director	✓	✓					
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓		
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓		
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A	A	✓		
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	✓	A	✓	✓	✓		
Susan Lowe	Practice Manager			✓	✓	A		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓		
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	✓		
Dr Tim Quinlan	GP Clinical Director				A	✓		
Colette Riley	Practice Manager	A	✓	✓	✓	✓		
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	A	✓		
Fiona Taylor	Chief Officer	✓	A	✓	✓	✓		

No	Item	Action
Questions	<p>Questions from the Public</p> <p>1. Should the government reduce funding to community pharmacists do you foresee an increase in attendance at doctors surgeries and, if so, is this planned for?</p> <p>RC clarified that any reduced funding into health services will put pressure on an already pressurised service. He noted that the small independent pharmacists could be the hardest hit. However, there is potential for the pharmacists to increase revenue through other activity. Which in turn could reduce the pressure on general practice, a service which was already under immense pressure and operating at capacity.</p> <p>RC reminded the members and the public of the additional 5,000 GP's promised by 2020. In his view the additional numbers promised seemed unlikely to be delivered. This was concerning and why it was important to look at different healthcare models.</p> <p>HM supported RC's opinion. HM considered that the future of the NHS was a mixture of GP's, Pharmacists and other healthcare professionals. Any funding removed from Community Pharmacists would have a long term impact on primary care.</p>	
GB17/142	<p>Apologies for Absence</p> <p>Apologies were given on behalf of Margaret Jones, Sue Lowe and Dr Kati Scholtz.</p>	
GB17/143	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB17/144	<p>Minutes of Previous Meeting: July 2017</p> <p>The members were presented with the draft minutes of the previous meeting.</p> <p>RESOLUTION</p> <p>The minutes of the meeting held 5th July were approved as a true and accurate record.</p>	
GB17/145	<p>Action Points from Previous Meeting: July 2017</p> <p><u>Questions from the Public</u></p> <p>A question was raised in relation to the Specsavers contract to provide audiology services and clarification was requested on whether all branches do home visits given that they are all separate franchises? And whether there was any subsequent impact to hospital audiology services?</p> <p>JL to clarify position and discuss with MK outside of the meeting.</p> <p><i>Update</i></p> <p><i>JL to clarify position with MK.</i></p>	JL

No	Item	Action
	<p><u>Presentation: Working together for a Healthier Community – July 2017</u></p> <p>Following a presentation by CVS a discussion was had regarding the children and adolescent mental health services (CAMHS) relative to the current waiting list. DC stressed the importance of ensuring the service is delivered and outlined how the delay in service provision is impacting the community voluntary sector. Further discussion to be had with DC, DCF and Wendy Hewitt, Children’s lead, outside of the meeting.</p> <p><i>Update</i></p> <p><i>The members and public were updated on the discussions held at the CQPG meeting regarding the service. Any issues relating to the provision of the service would be dealt with through the Quality Contract meetings.</i></p>	<p>Closed</p>
	<p><u>GB17/112: Minutes of Previous Meeting: May 2017</u></p> <p>Attendance Tracker: additional ‘South’ to be removed.</p> <p><i>Update</i></p> <p><i>Removed.</i></p>	<p>Closed</p>
	<p><u>GB17/115: Chief Officer Report</u></p> <p><u>7. SEND Written Statement of Action – Response from OfSTED and CQC</u></p> <p>The Chief Nurse has been working on the additions required for the plan in relation to the further assurances required. As per the report, re-submission deadline was 6th July 2017. FLT added her thanks to DCF for the work carried out. DCF updated members on the submission timelines and offered to circulate the action plan to the Governing Body members.</p> <p><i>Update</i></p> <p><i>DCF clarified that the action plan had been circulated to the governing body members. The members and the public were informed that the action plan was now in the public domain having been placed on the CCG website and had been assessed and approved by OfSTED..</i></p> <p><u>16. Integration: BCF</u></p> <p>The final technical guidance for BCF has now been released which includes a new agreement regarding the transfer of monies into social care.</p> <p>The members had a discussion regarding the importance of being assured that the funding is delivering the expected services and benefits. A further presentation is to be scheduled for a Development Session.</p> <p><i>Update</i></p> <p><i>It was confirmed that a presentation had been given to the governing body members at an August Development Session.</i></p>	<p>Closed</p> <p>Closed</p>
	<p><u>GB17/117: Integrated Performance Report</u></p> <p>New Indicators</p> <p>Further discussion was had in relation to the new target in 5.5 (Waiting times for Urgent and Routine Referrals to Children and Young People Eating</p>	

No	Item	Action
	<p>Disorder Services) and the information provided by NHSE. It was noted that this was a new indicator and, with referral numbers nationally being low, the CCGs would be assessed quarterly. The information had been based on early Alder Hey data from 2016/17. JL to provide further clarification on the data (via Peter Wong).</p> <p><i>Update</i></p> <p><i>JL to provide clarification.</i></p> <p>Quality</p> <p>Serious Incident management was discussed as part of the Integrated Performance Report update. Reference was made to the number of serious incidents open and as detailed on page 75 (item 4.5), which was considered to be high. The Joint Quality Committee has been requested to review the information presented, and have been asked to clarify whether the timescale referred to calendar year.</p> <p><i>Update</i></p> <p><i>A meeting has been requested by the Chief Nurse with the Executive Director of Nursing at Southport and Ormskirk Hospital NHS Trust to discuss any open serious incidents that aren't able to be closed at the next CCG Serious Incident meeting. These incidents relate to 2015 and some from 2016.</i></p> <p>NHS England Monthly Activity Monitoring</p> <p>Reference was made to page 94, item 11 in the pack which provided Southport & Formby CCG's month 12 submission to NHS England and which compared monthly year to date activity. It was highlighted that there were some discrepancies attributed against the CCG. FLT asked for further review.</p> <p><i>Update</i></p> <p><i>It was explained that there would always be discrepancies in the data received due to the differing sources used. It was clarified that the NHSE data used a proxy. This meant that the data was not always accurate. It was confirmed that the CCG data sources were correct and represented a true position.</i></p> <p><u>GB17:118: Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs</u></p> <p>The paper presented a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.</p> <p>The governing body approved the Terms of Reference presented subject to:</p> <ol style="list-style-type: none"> a. Chief Officer of Liverpool CCG to be informed of the outcome on the governing body discussions b. the risk in relation to 'single' Healthwatch membership to be looked at c. Removal of the sentence on page 106 'Whilst the current...' d. Clarification of the 75% voting ratio e. Clarification of the withdrawal period and instruction <p><i>Update</i></p>	<p>JL</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>The members and the public were updated on the first monitoring meeting held, with progress given on the action plan in place.</p> <p>7. <u>Continuing Health Care – ADAM Dynamic Purchasing System</u></p> <p>The ADAM system remains temporary suspended for End of Life patients.</p> <p>8. <u>Liverpool Community Health NHS Trust (LCH) – CCG Lessons Learnt</u></p> <p>It was asked to be noted that the third line of this section should refer to the LCFT Contract Review/Clinical Quality Performance Group and not LCH.</p> <p>13. <u>Update on new Mental Health facility in Southport – Mersey Care</u></p> <p>The members and the public were informed that no additional revenue costs were expected as a result of the new facility.</p> <p>14. <u>Community Services Update</u></p> <p>The members and the public were reminded of the Big Chat even in July 2017 where there had been a reasonable conversation in relation to community services.</p> <p>An update was given on communication circulated to all GP's from the CCG Chair regarding the change in Community Services provider. Information had also been provided on the work being done on determining the quality and effectiveness of services to help identify potential areas of service redesign in order to improve the delivery of care. The response received from the GP's to date had been positive, although it was considered too early to note whether improvements had been made in some areas. It was hoped that further improvements would be seen as the services develop with the new provider.</p> <p>A further update was given on the meetings held with the Lancashire Care NHS Foundation Trust staff groups who were enthusiastic about the need for change and positive about the proposed transformation plans for community services.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/148	<p>Quality, Innovation, Productivity and Prevention 9QIPP) Plan and Progress Report</p> <p>The Governing Body were presented with a report which provided an update on the progress being made to implement the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains; planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care. During the discussion the following areas were highlighted:</p> <p>The table on page 34 of the meeting pack provided a breakdown of the total QIPP plan for 2017/18. The total QIPP target had been set for 2017/18 at £10.1m, with £3.6m of 'green' rated risks. Year to date actual was £1.3m against a plan of £1.6m. It was expected that the next QIPP report would show a change in position following review of schemes.</p> <p>HN, as Chair of the Joint QIPP Committee, highlighted the key actions carried</p>	

No	Item	Action
	<p>out since the last QIPP update and conveyed a large part of the QIPP plan was built on the back of schemes implemented in the previous financial year. A new revised plan was now being developed, incorporating the work recently carried out. It was further added that the committee had stressed the importance of ensuring that any savings suggested could be counted as 'actual savings' into the QIPP plan.</p> <p>FLT reiterated the recognition from NHSE and the improvements made but the need for continued diligence.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/149	<p>Integrated Performance Report</p> <p>The Governing Body and the public were presented with a report which provided summary information on the activity and the quality performance of Southport and Formby CCG. It was noted that time periods of data are different for each source.</p> <p>The members discussed the report, with specific reference being made to the key information from page 45 of the meeting pack. The following areas were highlighted:</p> <p>Planned Care</p> <p>GP referrals to date were down 23.2% on the same period from the previous year. Whilst consultant to consultant referrals were showing an increase of 37%. DC reiterated concern and reminded the members and the public of the prior discussions and work carried out to reduce the consultant to consultant referrals. DC suggested that evidence of the referrals is also requested.</p> <p>A new target had been introduced; E-referral Utilisation Coverage (3.1.1, page 60 of pack). Current rates reported for June is 42%. The target was dependent on the provider having the appropriate number of slots available on the e-referral system as well as the GP's using the electronic method for referral. The members were updated on the discussion had at the Wider Group and the willingness of the GP's to use the system, but the difficulty of such when the necessary slots are not available. Is this, with other issues i.e. referrals bouncing back from the system, that generates additional work for the GP's. It was suggested that further clarity is given on what should be going through the referral system. The members were advised of the support plan being pulled together by NHS Digital.</p> <p>An update was given on the failed Diagnostics for June which continued to be a challenge. Although there had been an improvement in M3, the standard was still not being met. It was recognised that this was due to a number of factors including the vacancies and difficulty of recruiting across a number of areas, especially Radiologists. The members and public were informed that there were a number of short-term solutions being looked at including the use of locums and agencies, however a more substantive resolution was needed. A number of suggestions were made including the possibility of outsourcing reports, which would free up Radiologists time and also training Radiographers to review some of the x-rays. The Trust had previously been requested to provide an action plan as part of a contract query. The current situation was not thought to be sustainable in the longer term. The Trust are to be asked for an update on the action plan which will be picked up by the Quality Committee.</p> <p>Echo Cardiology was also highlighted as an area experiencing difficulties. FLT</p>	KMCC

No	Item	Action
	<p>requested Southport & Ormskirk Trust provide an action plan on the issues and, if no success in resolving then the CCG, as commissioners, would need to consider alternative options, as part of pathway re-design.</p> <p>Concern was raised in relation to the failing cancer targets, especially those relating to the 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms. It was understood that this was as a result of capacity issues at Aintree Hospital. Issues would be picked up through the contracting route, the next meeting being 28/9/17. A wide discussion was had in relation to patient choice and the need to ensure that the E-Referral Management system provided the choice and slots that were needed. FLT proposed a detailed tracking of a patient pathway for breast systematic patients is carried out in order to ascertain the underlying issues. The expertise of the Business Intelligence team was offered to support the practices. Further discussion was had in relation to the 2-week breast systematic breaches, being due to patient choice and patients not being seen within the two week period. It was thought that this could be due to either lack of understanding by the patient or the guidance given to the patient. It was recognised that although this was in relation to patients without cancerous symptoms, it was counted under the cancer target.</p> <p>Unplanned and Emergency Care</p> <p>There had been no further trolley breaches for May.</p> <p>The members and the public were informed of a review to be undertaken on Intermediate Care which will look at the resource spend within the system and seek to revise services in October.</p> <p>The red Ambulance target on page 74, item 4.2, was highlighted as a concern. It was clarified that this reflected the national picture. With a change in performance metrics from 8th August, following recognition nationally that a change was needed, the same measures did now not apply. It was highlighted that as a result of the change, it would not be possible to do a comparison of figures across the different metrics.</p> <p>Reference was made to the GP Out of Hours calls detailed on page 76 of the meeting pack. Given the challenges faced by the service, it was considered that the information didn't present a full reflection of the calls and a review of the performance metrics was requested.</p> <p>Stroke</p> <p>The members were highlighted to the continued difficulties in relation to the stroke target; 80% of stroke patients spending 90% of their time in a stroke bed. Although attempts had been made to resolve some of the issues, the target was still not being met.</p> <p>An update was given on the review being undertaken of stroke services being led by Debbie Lowe, Consultant in Stroke Rehab (Wirral Hospital). The review will include a look at the introduction of a 'drip and ship' model. A strategy for the service was being compiled by the Stroke Network and providers to develop a vision for North Mersey. Although initially expected September, the strategy had now been delayed to the end of November. It was understood that this was due to capacity issues. More would be known once the next Stroke Review meeting had been held mid-September. Members were assured that the CCG's ongoing concern had again been raised with the Stroke Network and Kieran Murphy, Medical Director, NHSE Cheshire & Merseyside, in July 2017 regarding the ongoing stroke issues and the delay to the North Mersey Strategy.</p>	<p>KMcC</p>

No	Item	Action
	<p>Mental Health</p> <p>A discussion was had regarding mental health services, including the need for a 'Transforming Care Programme' to be included as part of the performance overview.</p>	KMcC
	<p>DCF has requested that LEDER reviews also be included with the Transforming Care Performance information.</p>	KMcC
	<p>Quality</p>	
	<p>An update was given regarding the developments within the Quality team to strengthen the quality systems and processes.</p>	
	<p>The members were informed of the Quality Improvement Board membership which included NHS England and NHS Improvement and provided a platform to discuss all quality issues.</p>	
	<p>Reference was made to page 47 highlighting 94 serious incidents. A review of the incidents was undertaken following consideration of the number of incidents attributable to Southport & Ormskirk Hospitals NHS Trust. The review had led to a number of system and process improvements, in addition to a number of cases from 2015 and 2016 being presented to the Serious Incidents Group for closure.</p>	
	<p>A new E.coli target has been introduced for 2017/18 as a result of a national drive by NHS England (NHSE) and NHS Improvement (NHSI).</p>	
	<p>Reference was made to page 72, item 3.8, which detailed the work being undertaken on Personal Health Budgets (PHB). The members discussed the process for assigning PHB's. It was explained that the options, including PHB's, were presented and discussed with a patient following eligibility for CHC.</p>	
	<p>A discussion was held in relation to the Friends and Family Test indicator and, although the indicator remains challenging, the percentage of those that would recommend Southport & Ormskirk Hospital Trust had increased. An update was given on the indicator monitoring being carried out by the Quality Contract Group. It was recognised that the Trust had recently launched their patient experience strategy that contained a number of pledges however, members were conscious that it needed to be worked through a pace as well as the translation of actual action back to Healthwatch and the CCG. It was agreed that the discussion of the governing body be relayed back to the Quality Contract Group and updates on the actions be given on a quarterly basis.</p>	DCF
	<p>Reference was made to the mortality data provided in section 4.4.4. The members were updated on the work being carried out by NHS Digital on the system used for the mortality data. The Chair offered to obtain an update on the status of the work being carried out. A discussion was held regarding the complex nature of the information presented, the importance of understanding what the information was saying and the need to ensure such was user friendly and in a non-statistical format. The comments from the governing body were to be fed back to the report team.</p>	RC KMcC
	<p>CQC Inspection</p>	
	<p>The Family Surgery was inspected in August and achieved a 'good' rating. RC declared an interest and did not partake in any discussion regarding this item.</p>	
	<p>The updated CQC practice list will be included within the integrated</p>	JL

No	Item	Action
	<p>performance report.</p> <p>Finance</p> <p>The members were taken through the finance update provided on page 40 through to page 57.</p> <p>A discussion was held in relation to the pressures identified on page 51, especially in relation to Continuing Healthcare packages and the significant underperformance by Southport & Ormskirk Hospital NHS Trust was noted. ISight was highlighted as being the biggest overspend area for Month 4. It was recognised that there was a potential for clinical impact on other services as a result of the work of iSight and patients' sight being saved, for instance a reduced number of falls resulting in a reduced number of hip replacements.</p> <p>The Acting as One agreement had resulted in a benefit of £186k at this stage of the year.</p> <p>The year to date and financial position and forecast is breakeven for 2017/18. This assumes that the CCG will deliver the 2017/18 QIPP requirement in full and represents the CCG's best case scenario. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £3.541m. The CCG will continue to work towards achieving a break-even position.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/150	<p>Annual Audit Letter 2016/17</p> <p>The members were reminded of the action under GB17/119 and were presented with the Annual Audit Letter 2016-17 from the external auditors, KPMG, which also formed part of the annual report and as presented to the Audit Committee.</p> <p>The members were asked to note the detail on page 109 in that KPMG:</p> <ul style="list-style-type: none"> • Issued an unqualified opinion in relation to the CCG's accounts • Issued a qualified opinion in relation to regularity of the CCG's financial statements. KPMG confirmed that the CCG's expenditure and income had been applied to the purposes intended by Parliament and that the financial transactions conform to the authorities that govern them. They noted that the CCG complied with regulations except for financial performance in and sustainability. • Have a responsibility as external auditors to write to the Secretary of State if there is need to issue a public interest report. They did write to the Secretary of State in accordance with Section 30 of the Local Audit and Accountability Act 2014 in respect of the CCG's failure to ensure that its revenue resource use in any financial year does not exceed the amount specified by NHS England. <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/151	<p>Safeguarding Annual Report 2016/17</p> <p>The members and public were presented with the annual safeguarding report for 2016/17. The purpose being to assure the governing body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding</p>	

No	Item	Action
	<p>children and adults at risk across the CCG area. It was highlighted that the report was a joint report on behalf of both Southport & Formby and South Sefton CCG's for Adult's Safeguarding, with the Children's report to be presented separately and at a later date.</p> <p>The CCG's annual report takes account national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p> <p>The members were informed that the report had been presented to the Quality Committee where a number of items had been highlighted including the training figures presented on page 146 of the meeting pack. The Quality Committee had been provided with an update on the figures as at August 2017 where it was evidenced that there had been an improvement in uptake for both Level 1 and for Level 2 Adults. It had been explained to the Quality Committee that the Level 1 and 2 training was operated on different systems. A definitive list of those that are required to undertake the Level 2 training had now been passed to the CSU and the question raised in relation to how those that were non-compliant with Level 2 should be captured. A further discussion was also held in relation to the Governing Body training. It was recognised that although there had been two governing body training sessions held in 2017, there were still some members that needed to undergo training and arrangements for this was being looked at.</p> <p>The members and the public were taken through the report, specifically in relation to section 4 which provided a summary of progress and areas of work supported in 2016/17. The following areas highlighted:</p> <p>Reference was made to 4.2 and the national discrepancies in relation to the recommendations from the Lampard review for 3 yearly disclosure and Barring Service checks. It was noted that there had been no national guidance received and no Trust had been assessed as having an area of high risk.</p> <p>Further reference was made to 6.1 and the percentage of training compliance. It was requested that the necessary individuals be contacted to complete their training, with the Heads of Service to ensure compliance.</p> <p>The members were asked to note section 8 and discussed the withdrawal of a number of CCG's from the shared service arrangement.</p> <p>RESOLUTION</p> <p>The governing body approved the report.</p>	<p>Helen Smith</p>
<p>DJ left the meeting at 14:35hours.</p>		
<p>GB17/152</p>	<p>Establishing Audit Committees in Common for NHS Southport and Formby CCG and NHS South Sefton CCG</p> <p>The members were presented with a report which proposed the Audit Committees meet in common, to enable the CCG to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with other CCGs.</p> <p>The members were taken through and discussed the content of the report, with the following areas highlighted:</p> <p>Reference was made to section 4. It was asked to be noted that there would be one small change to the Terms of Reference. Contrary to that stated in</p>	<p>DFair/MMcD</p>

No	Item	Action
	<p>section 3, the Committee in Common would only meet four times each year, with an additional meeting held to review the accounts, the format of which is carried out currently. Furthermore, Debbie Fairclough would attend the meetings as subject specialist as and when required. It was confirmed that although MMcD and DCF supported the committee as required, they were not members.</p> <p>RESOLUTION</p> <p>The governing body approved the proposed arrangements to create an Audit Committee in Common.</p>	
GB17/153	<p>Emergency Preparedness, Resilience and Response Assurance (EPRR) and Improvement Plan</p> <p>The members and the public were presented with a paper which reported on the CCG’s self-assessment against the EPRR core standards, an improvement plan for 2017/18 and a statement of compliance which demonstrated “substantial compliance” with only one “amber” rated area identified.</p> <p>The members discussed the report presented. Specific reference was made to section 3 which highlighted two key issues.</p> <p>Firstly the “amber” rating related to the arrangements for “exercising” CCG plans which, although in development, will not be concluded until the autumn. Following approval of the updated Business Continuity Plans, this action is highlighted in the improvement plan, with arrangements for the event to be held on 10th October 2017.</p> <p>Secondly, two actions have been identified that would help support good practice. Firstly to enhance the wording in the annual report in relation to EPRR compliance and secondly to identify a non-executive member of the Governing Body to hold the EPRR portfolio. It was agreed that further discussion was needed on governing body involvement.</p> <p>RESOLUTION</p> <p>The governing body approved the assessed level of compliance and the EPRR improvement plan and work plan.</p> <p>Consideration was given to the nomination of a non-executive governing body member to take a portfolio lead for EPRR and it was agreed that further discussion was needed by FLT and RC.</p>	FLT and RC
GB17/154	<p>Better Care Fund: Update</p> <p>The members and public were presented with a report which provided an update on Sefton’s Better Care Fund 2017-19.</p> <p>The members were taken through the report and highlighted the following:</p> <p>It was explained that the BCF is a collaborative with neighbouring CCG’s and the local authority and that clarification had been received that the fund was for a two year period, 2017-2019.</p> <p>Reference was made to page 176 which detailed the high level funding areas and it was anticipated that sign off would be achieved in line with plan.</p>	

No	Item	Action
	<p>RESOLUTION</p> <p>The governing body received the report and approved delegated responsibility to the Chair and Chief Officer to formally sign off the BCF submission, followed by ratification by the governing body in November.</p>	Tracy Jeffes
GB17/155	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee: June 2017</p> <p>b) Quality Committee: Key issues July 2017 It was requested that this item be removed from the record as not approved.</p> <p>c) Audit Committee: April and May and the Annual Report 2016/17</p> <p>d) Joint Commissioning Committee: None</p> <p>RESOLUTION</p> <p>The governing body received the key issues reports and noted re removal of the Quality Committee Key Issues.</p>	Judy Graves
GB17/156	<p>Finance and Resources Committee Approved Minutes:</p> <p>- June 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/157	<p>Joint Quality Committee Approved Minutes:</p> <p>- Deferred</p>	
GB17/158	<p>Audit Committee Approved Minutes:</p> <p>- April and May 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/159	<p>Joint Commissioning Committee Approved Minutes:</p> <p>- None</p>	
GB17/160	<p>CIC Realigning Hospital Based Care Key Issues</p> <p>- June 2016</p> <p>RESOLUTION</p> <p>The Governing Body received the key Issues.</p>	
GB17/161	<p>Any Other Business</p> <p><u>GB17/161.1 Welcoming of New Governing Body Member Dr Tim Quinlan</u></p> <p>The Chair welcomed Dr Tim Quinlan to his first governing body meeting as the new GP Clinical Director and Clinical Lead for Urgent and Emergency Care.</p>	

GB17/162	<p>Date and Time of Next Meeting</p> <p>Wednesday 1st November 2017, 13:00hrs at the Family Life Centre, Ash Street, Southport, PR8 6JH</p>	
Meeting concluded		15:00hrs
<p>Meeting concluded with a motion to exclude the public:</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

DRAFT

Governing Body Meeting in Public Actions Points from Previous Meeting: September 2017

Date: Wednesday 6th September, 13:05hrs to 15:35hrs
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

No	Item	Action
Public	<p>Questions from the Public</p> <p>A question was raised in relation to the Specsavers contract to provide audiology services and clarification was requested on whether all branches do home visits given that they are all separate franchises? And whether there was any subsequent impact to hospital audiology services?</p> <p>JL to clarify position with MK.</p>	JL
GB17/117	<p>Integrated Performance Report</p> <p>New Indicators</p> <p>Further discussion was had in relation to the new target in 5.5 (Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services) and the information provided by NHSE. It was recognised that as a new indicator and with referral numbers nationally being low, the CCGs would be assessed quarterly. The information had been based on early Alder Hey data from 2016/17. JL to provide further clarification on the data (via Peter Wong).</p> <p>JL to provide clarification.</p>	JL
GB17/149	<p>Planned Care</p> <p>FLT requested Southport & Ormskirk Trust provide an action plan on the issues and, if no success in resolving then the CCG, as commissioners, would need to consider alternative options, as part of pathway re-design.</p> <p>KMcC to contact the trust.</p> <p>Unplanned and Emergency Care</p> <p>Reference was made to the GP Out of Hours calls detailed on page 76 of the meeting pack. Given the challenges faced by the service, it was considered that the information didn't present a full reflection of the calls and a review of the performance metrics was requested.</p> <p>KMcC to request a review of the performance metrics.</p> <p>Mental Health</p> <p>A discussion was had regarding mental health services, including the need for a 'Transforming Care Programme' to be included as part of the performance overview.</p> <p>DCF has requested that LEDER reviews also be included with the Transforming Care Performance information.</p>	<p>KMcC</p> <p>KMcC</p>

No	Item	Action
	<p>KMcC to include the above in all future reports.</p> <p>Quality</p> <p>A discussion was held in relation to the Friends and Family Test indicator and, although the indicator remains challenging, the percentage of those that would recommend Southport & Ormskirk Hospital Trust had increased. An update was given on the indicator monitoring being carried out by the Quality Contract Group. It was recognised that the Trust had recently launched their patient experience strategy that contained a number of pledges however, members were conscious that it needed to be worked through a pace as well as the translation of actual action back to Healthwatch and the CCG. It was agreed that the discussion of the governing body be relayed back to the Quality Contract Group and updates on the actions be given on a quarterly basis.</p> <p>DCF to report back to the Quality Contract Group.</p> <p>Reference was made to the mortality data provided in section 4.4.4. The members were updated on the work being carried out by NHS Digital on the system used for the mortality data. The Chair offered to obtain an update on the status of the work being carried out.</p> <p>RC to obtain an update.</p> <p>A discussion was held regarding the complex nature of the information presented, the importance of understanding what the information was saying and the need to ensure such was user friendly and in a non-statistical format. The comments from the governing body were to be fed back to the report team.</p> <p>KMcC to report back to the team.</p> <p>CQC Inspection</p> <p>The updated CQC practice list will be included within the integrated performance report.</p> <p>JL to inform the team of the above.</p>	<p>KMcC</p> <p>DCF</p> <p>RC</p> <p>KMcC</p> <p>JL</p>
17/151	<p>Safeguarding Annual Report 2016/2017</p> <p>Further reference was made to 6.1 and the percentage of training compliance. It was requested that the necessary individuals be contacted to complete their training, with the Heads of Service to ensure compliance.</p> <p>Helen Smith to contact the relevant individuals.</p>	<p>HS</p>
17/152	<p>Establishing Audit Committees in Common for NHS Southport and Formby CCG and NHS South Sefton CCG</p> <p>Terms of reference of the Audit Committees in Common to be amended.</p> <p>DFair to amend the terms of reference.</p>	<p>DFair</p>
17/153	<p>Emergency Preparedness, Resilience and Response Assurance (EPRR) and Improvement Plan</p> <p>Two actions have been identified that would help support good practice. Firstly to enhance the wording in the annual report in relation to EPRR compliance and secondly to identify a non-executive member of the Governing Body to hold the EPRR portfolio. It was agreed that further discussion was needed on governing body involvement.</p>	

No	Item	Action
	FLT and RC to have a further discussion and report back to Governing Body.	FLT/RC
17/154	Better Care Fund: Update Better Care Fund to be formally signed off by Chair and Chief Officer. TJ to organise the sign off of the Better Care Fund.	TJ

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/181	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
Report date: November 2017	
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 <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
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 and as part of the North Mersey LDS.
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 (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body November 2017

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 Update

QIPP remains a key priority for the CCG and staff continue to focus their efforts on delivery.

In February 2017, May 2017 and August 2017 the CCG held facilitated events in which leads were tasked with the identification of new schemes for 2017/18 and 2018/19 to mitigate risk of under delivery of the original plan. Key CCG representatives subsequently met on 21st September 2017 to collate internal recommendations for Counting and Coding changes and Commissioning Intentions for 2018/19. This piece of work has identified new schemes and work is ongoing internally to determine if those changes will achieve savings in year.

A report presented to Joint QIPP Committee on 17th October 2017 provided a snapshot position of the CCG's financial position at Month 6, 2017/18, reporting £3.466m savings year to date. The report also highlighted the positive work to date and recommended next steps to alleviate pressures on some schemes identified as potentially not being able to deliver savings in year. The Joint QIPP Committee facilitated a focussed discussion on Planned Care Scheme updates and plans to adopt the same structure for the next meeting in November 2017 with scheme updates from a specific domain within the QIPP plan.

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 and the North Mersey LDS.

2. Care for You – Southport & Ormskirk Hospital Services Review

The work on Care for You continues with there being a requirement from the Regulators to produce detailed business case documentation. The resources for this are currently being identified. Positive progress continues to be made in development of a clinical strategy. Outline deadlines are on target to be met and these will help the Trust drive the agenda.

3. CORE 24 Hospital Mental Health Liaison Service

The CORE 24 hospital mental health liaison service was formally launched on 29th September 2017. Following a successful bid to NHS England by Mersey Care NHS Foundation Trust supported by the A&E Delivery Board, pump prime investment of £999,502 was secured to provide enhanced A&E and inpatient ward mental health liaison services provided in the three acute hospital sites within the North Mersey footprint. This investment has enabled:

- Provision of 24/7, on site, distinct service to the three acute hospitals (Royal, Aintree and Southport) A&E;
- Provision of 1 hour response to emergency referrals and 24 hour response to urgent ward referrals;
- Staffing of the liaison service at or close to the recommended levels for CORE 24.

The funding made available builds on the foundation of existing local investment in acute liaison mental health services. NHS England has outlined that savings resulting from this new investment need to be reinvested to maintain services for the benefit of the local populations.

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

4. SEND

The Health SEND Strategic Working Group continues to meet since its establishment in July 2017. Leads from the group have started to be identified to take forward the work of the sub-groups as they are established.

The CCGs are awaiting a response from the Local Authority regarding joint arrangements for the auditing of Education Health Care Plans (EHCPs) – this has been followed up in a discussion between the Chief Nurse / DCO in October 2017 with the LA Head of Education.

A meeting has been scheduled for 17th October 2017 to further progress the Sefton ASD Pathway. The pathway development has been signalled in the CCGs' commissioning intentions.

The DCO / DMO model options appraisal has been considered by the Health SEND Strategic Working Group. A follow-up teleconference is being planned to support a further discussion to inform the preferred model for consideration.

A further monitoring meeting has taken place with NHSE / DfE on 3rd October 2017 – feedback remains positive.

5. Continuing Health Care – ADAM Dynamic Purchasing System (DPS)

The Chief Finance Officer and Chief Nurse continue to have oversight of developments for the purposes of assurance. A proposal had been submitted to the CCGs regarding the re-instatement of the DPS for End of Life patients which has been reviewed. Questions remain regarding escalation to support assurance and a meeting has been scheduled for 31st October 2017 to discuss through with the ADAM Team / CSU before the paper is taken to Leadership Team to agree possible re-instatement for End of Life Packages of Care.

6. Continuing Health Care – DSTs Undertaken in Acute Trust Environments

The CCGs were required to submit improvement plans to NHSE to reduce the number of full CHC assessments using the Decision Support Tool (DST) undertaken in the acute setting. The percentage of DSTs taking place in the acute setting was 30% for Quarter 1 for NHS Southport & Formby CCG and this has now increased to 57% in Quarter 2. A recovery plan has been developed for NHS England highlighting actions the CCG will undertake, the detail of which will be managed in the Quality Committee.

The provision of quality data from CSU that is used to populate the template needs further work and discussions are ongoing at Director level within CSU, additional support has been put in place by CSU to inform improvements in data quality and timeliness. The CCGs have also raised this challenging scenario with provider colleagues in order to ensure that all required fields are completed, including that which details location that the DST was undertaken, prior to submission to CSU.



Southport and Formby Clinical Commissioning Group

7. Aintree University Hospitals NHS Foundation Trust – Quality & Performance Concerns

Following the completion of the Quality Risk Profile Tool (QRPT) on 22nd September 2017, at a meeting co-ordinated by NHSE C&M, a provisional date has been early November 2017 for the CCGs and Trust to meet to review the QRPT before liaising back with NHSE

8. Aintree University Hospitals NHS Foundation Trust – CQC Visit

The CQC have recently visited AUH to undertake the first part of their Chief Inspector of Hospitals inspection regime. Verbal feedback was given at the October 2017 CQPG by the Trust Director of Nursing and the well-led component is now awaited. The Quality Committee will be informed of the outcome of the inspection once known.

9. Gram-negative Blood Stream Infection

The CCGs submitted their reduction plan to NHSE regarding Gram-negative Blood Stream Infections as per the national directive. Feedback has been received from NHSE and they will require an update against the plan in December 2017. The feedback will be discussed at the next GNBSI meeting which is scheduled for 26th October 2017.

10. Alder Hey Children's NHS Foundation Trust – CQC Inspection Outcome

The Trust was inspected on 19th & 20th April 2017 and 5th May 2017. The outcome was published on 5th October 2017. The findings are shown in the table 1.

Table 1: AHCH CQC Inspection Outcome

Overview	
Overall Rating	Good
Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good
CQC Inspections & Ratings of Specific Services	
Medical Care	Good
Urgent & Emergency Services (A&E)	Good
Neonatal Services	Good
Transitional Services	Good
Surgery	Requires Improvement
Intensive / Critical Care	Good
End of Life Care	Outstanding
Out-Patients	Requires Improvement

The Trust progress against resulting action plans will be monitored via the CQPG and the CCGs will be liaising with LCCG as the co-ordinating commissioner for this provider as appropriate via this forum in addition to discussions at the Collaborative Commissioning Forum which is in place.

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.

11. Update on Freshfield Surgery Contract Procurement

The procurement is now live and we are working with NHSE on the procurement timetable. Letters have recently been sent to all registered patients to keep them informed.

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

12. Paediatric Audiology

Alder Hey Children's Hospital NHS Foundation Trust has been confirmed the new provider of paediatric community audiology services in Southport. The Trust is expected to fully mobilise the service based at Southport Centre for Health and Wellbeing in January 2018. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave NHS Southport and Formby CCG notice to cease. Since then, the CCG has been working hard to put an interim solution in place with Southport & Ormskirk Hospital NHS Trust, whilst it carried out discussions to secure a longer term provider.

This short term solution with Southport & Ormskirk is helping to ensure the young patients who have been waiting for an appointment can be appropriately reviewed and treated without further delay. The agreement with Alder Hey is expected to offer improvements in patient care, as community audiology will be integrated into wider specialist paediatric services such as speech and language, physiotherapy and occupational therapy, which transferred to the children's hospital as part of the recent transaction process in line with the CCG's Shaping Sefton vision for more joined up and responsive care.

13. Integrated Care Reablement Assessment Service (ICRAS)

ICRAS Sefton launched on 2 October 2017 for both step up and step down care. In terms of hospital discharge processes, lanes 1-3 are now in operation with lane 4 (complex patients) to follow once an appropriate community bed base has been identified.

Collaborative work is under way across the area to try and source an appropriate bed base as quickly as possible and a number of options are under consideration. In the absence of a suitable bed base, however, it has been challenging for the Trust in particular to describe any visible benefits in addition to those provided by CERT at the current time. That is not to diminish, however, the considerable work that has gone on between the community team and the social work teams to refine and align their service delivery, moving to full integration once a suitable bedbase has been sourced.

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

14. Integration Framework

At the Health and Wellbeing Executive Group on 16th October, the draft Integration Framework which was produced as part of the 2017-19 Better Care Fund was discussed and agreed as the process by which we would look to further strengthen our closer with the Sefton Council. The first phase of this work is a visioning exercise, involving a wider range of stakeholders, to further shape what integrated services could look like for our population to inform further discussions at the Health and Wellbeing Board. Phase one of this new framework is due to be completed by December 2017.

15. Better Care Fund

The Better Care Fund was agreed by all parties, submitted to NHSE in September 2017 and is presented to the Governing Body for ratification.

16. NHSE Directors Visit to S&O Hospital NHS Trust – 23rd October 2017

Directors from NHS England are undertaking a series of provider visits over the next 12 months and visited S&O Hospital NHS Trust on Monday 23rd October. The focus of the visit was on recognising and appreciating excellent care and service provision. As part of the visit, the Directors expressed a wish to see the Accident & Emergency Department.

The visit was well received both by the NHSE Directors and staff within the Trust.

17. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
November 2017

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/182	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Report date: October 2017							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The QIPP performance dashboard provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the QIPP plan and receives updates across the following domains: planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care, Shaping Sefton and other schemes.							
Recommendation The Governing Body is asked to receive this report.	<table style="float: right;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives <i>(x those that apply)</i>	
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.
	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 and as part of the North Mersey LDS.
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.

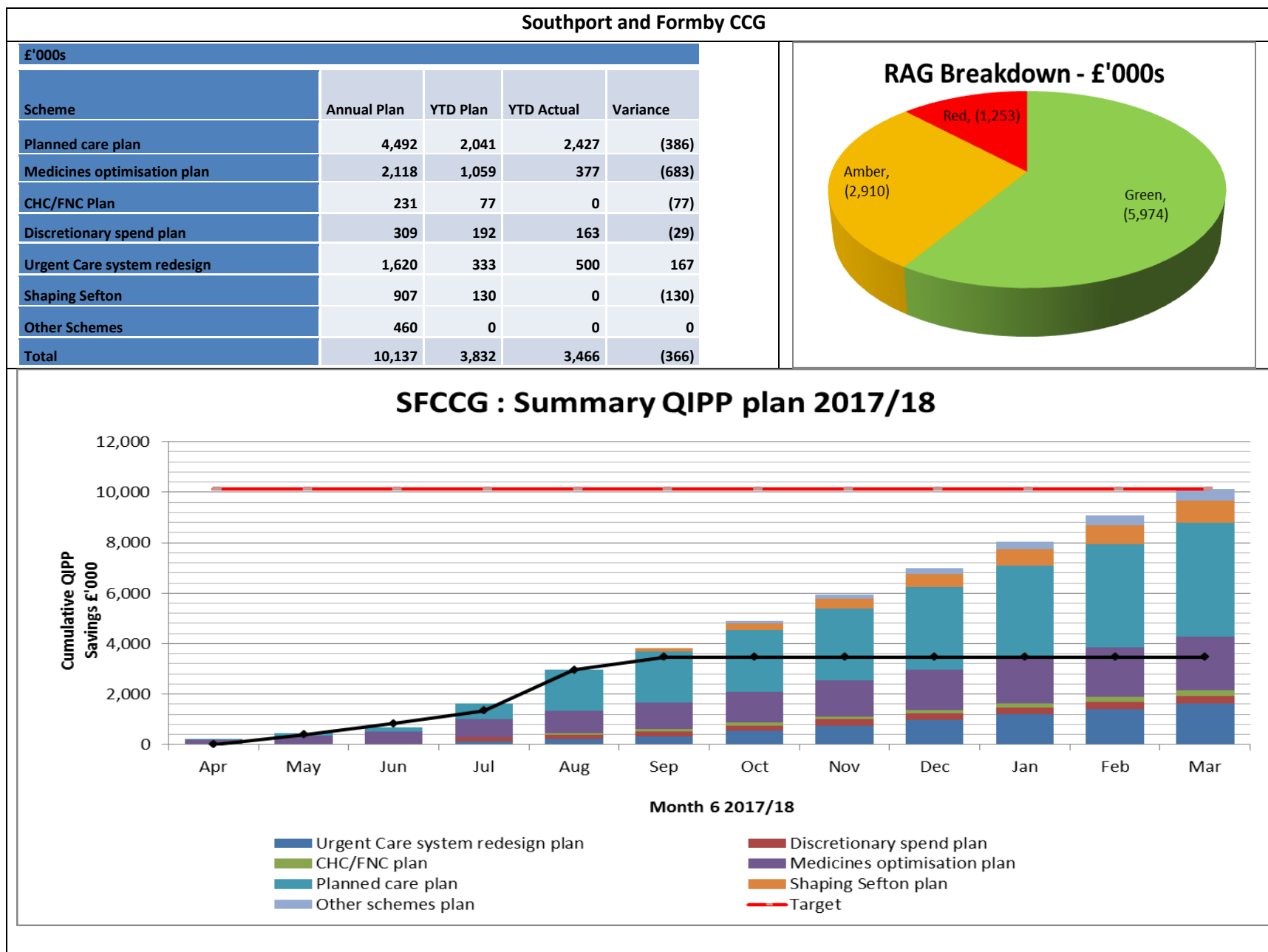
To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads.
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA.
Legal Advice Sought	Y			
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes.
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 17 th October 2017.

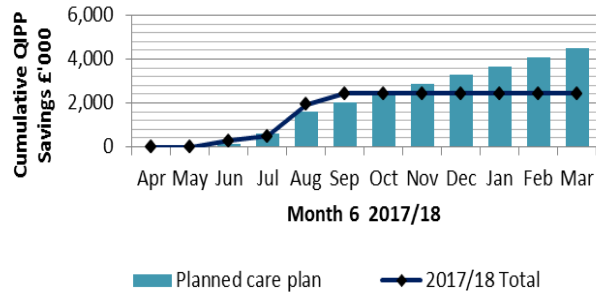
Links to National Outcomes Framework (*x those that apply*)

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

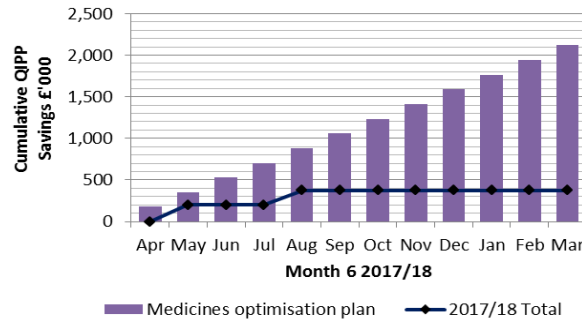
QIPP SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 6



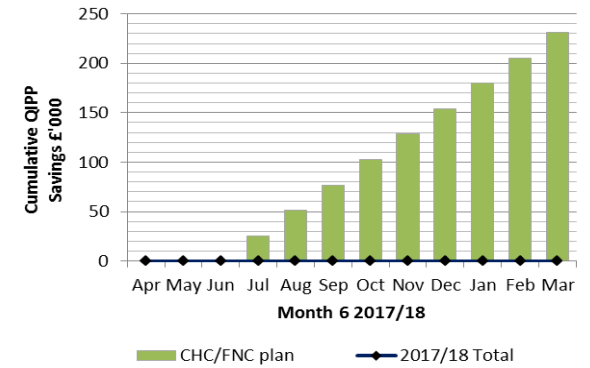
SFCCG : QIPP target - Planned Care



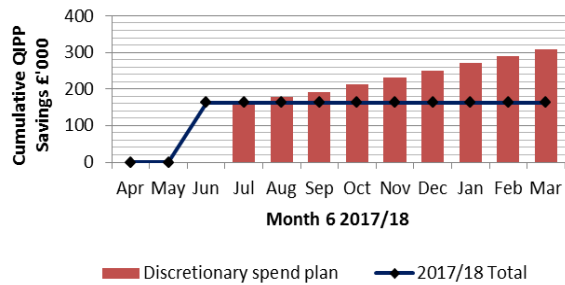
SFCCG : QIPP target - Medicines Optimisation



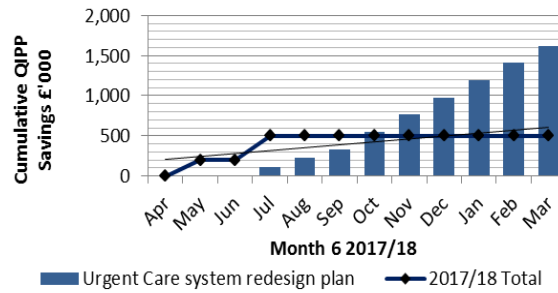
SFCCG : QIPP target - CHC/FNC



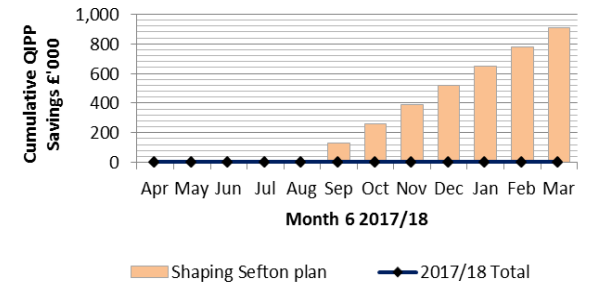
SFCCG : QIPP target - Discretionary spend



SFCCG : QIPP target - Urgent Care



SFCCG : QIPP target - Shaping Sefton Programmes



MEETING OF THE GOVERNING BODY OCTOBER 2017

Agenda Item: 17/183	Author of the Paper: Name Karl McCluskey Position Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000						
Report date: October 2017							
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.	<table style="border: none;"> <tr><td>Receive</td><td style="border: 1px solid black; text-align: center;">x</td></tr> <tr><td>Approve</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	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 and as part of the North Mersey LDS.
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.
	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 (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Southport & Formby Clinical Commissioning Group Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 5 (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
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
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
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
Ambulance - Category One*		
Ambulance - Category Two*		
Ambulance - Category Three*		
Ambulance - Category Four*		

*August ambulance data is unavailable at present. Provisional data for these new indicators anticipated in October

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer-term recovery plan and will be repaid with planned surpluses in future financial years.

The QIPP savings requirement, assessed at the start of the year, to deliver the agreed financial plan is £10.137m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at Month 6, £3.466m QIPP savings have been achieved with further savings planned in future months.

Cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contracts with Southport & Ormskirk NHS Trust and Independent Sector providers. The year to date underperformance has been assigned as a QIPP saving in Month 6.

The year to date financial position is a deficit of £0.6m and the full year forecast financial position is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

Planned Care

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 17.3% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 15.4% higher when compared to 2016/17.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018. The latest data for E-referral Utilisation rates is August 2017 when the CCG recorded 51%. This shows an improvement in performance compared to last month when 43% was recorded.

The CCG failed the less than 1% target for Diagnostics in August recording 2.7%. Out of 1036 patients, 54 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15) and colonoscopy (18). Although this is a slight decline on last month's performance, this is an improvement on 3 months ago when 5.41% was recorded. Southport and Ormskirk also failed to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During July, the Trust failed the diagnostic monitoring standard reporting 2.35% of patients waiting in excess of 6 weeks, a decline on previous month.

In August Southport & Ormskirk Trust reported 7 cancelled operations for non-clinical reasons not being offered another date within 28 days, bringing the year to date total to 42.

The CCG achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in July with a performance of 93.44% but are failing year to date 91.44% due to previous month's breaches. The CCG also failed the target of 90% year to date for 62-day screening year to date, despite having no patients in August, due previous month's breaches, recording 84.21%. Lastly, they are also failing the 62 day standard reaching 72.97% in August (80.23% year to date) having 10 breaches out of a total of 37 patients.

Southport & Ormskirk achieved the target of 94% in July for patients requiring surgery within 31 days, recording 100%, but unfortunately are failing year to date (93.75%) due to just 1 breach in April. Southport & Ormskirk are also under the 85% target for the 62 day standard recording 77.38% in August and year to date 80.10%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust had seen an increase in response rates for inpatients over recent months, from 11.1% in February to 18.5% in July. However this has decreased again in August to 13.3%. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase from 90% in July to 91% in August, which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 6% in August and is therefore still greater than the England average of 2%.

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£697k/-4.4%. However, applying a neutral cost variance for those Trusts within the "Acting as One" block contract arrangement results in there being a total under spend of approximately £794k/5%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 data shows the CCG are below plan.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for August reached 88.42%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 91.4%.

Southport & Ormskirk had no 12-hour breaches in August, with the year to date figure remaining at 14 (3 in April, 9 in May and 2 in July).

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

August 2017 has seen a similar number of calls 111 calls made by Southport and Formby patients compared to last month, with 1,623 in July and 1,625 in August. There has been a reduction when compared to August 2016, from 2,281 (7% reduction).

The number of calls from Southport and Formby patients to the GP OOH service has risen in August 2017 to 938, an increase of 3.6%. This is in line with previous year's reporting. GP OOH calls from nursing homes within Southport and Formby have reduced slightly from 89 to 86. Compared to the same point in the previous year, year to date the current financial year has received 74 more calls.

Southport & Ormskirk failed the stroke target in August recording 48.65%, with only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows no change in performance from July. During August 2017, there were 13 TiA's referrals, 4 of these were reportable for which the Trust were 25% compliant.

The CCG reported a Mixed Sex Accommodation rate of 2.0 which equates to a total of 8 breaches in August. All 8 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 12 mixed sex accommodation breaches (a rate of 2.2) and have also breached the zero tolerance threshold. Of the 12 breaches, 8 were for Southport & Formby CCG and 4 for West Lancashire CCG.

There were 5 new cases of Clostridium Difficile attributed to the CCG in August. 15 have been reported year to date. (5 apportioned to acute trust and 10 apportioned to community). For Southport & Ormskirk year to date the Trust has had 3 cases against a plan of 15 (1 new case in August), so is under plan. An E.coli target for CCGs for 2017/18 has been set at 121 cases, this is being monitored and there have been a total of 61 cases April to August against a plan of 57.

There are 89 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 47 of these incidents apply to Southport & Formby CCG patients. 42 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Southport and Ormskirk hospital increased to 7 in August, an increase of 4 on last month. Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 3. Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family and have decreased from 1.8% in July to 1.4% in August. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 80% in July to 58% in August, falling further below than the England average of 87%. The percentage not recommending has increased from 11% in July to 29% in August, rising further above the England average of 7%.

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £374k/2.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £651k/4.8%.

Mental Health

The Trust failed to achieve the target of 95% for patients under CPA followed up within 7 days of discharge in August with 93.8%. Just 1 breach was a Southport & Formby CCG patient. The breach occurred due to 3 failed attempts to contact the patient.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target missed, the provider reported less Southport & Formby patients entering treatment in month 5. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end. Referrals decreased slightly in Month 5 by 5.3% with 248 compared to 262 in Month 4. 67.34% of these were self-referrals, which is comparable from 67.56% in Month 4. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 42 Month 4. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery remained high at 55.3% in month 5 (from 55.1% in month 4). This exceeds the minimum standard of 50% and the year- end projection is 51.3%.

Following the implementation of the new methodology the latest data on the HSCIC websites show that Southport & Formby CCG are recording a dementia diagnosis rate in August of 71.2%, which exceeds the national dementia diagnosis ambition of 67%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH). NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

There are also new plans for Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is 100%.

Community Health Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from Southport & Ormskirk Hospital, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc. A project plan has been shared with the CCG which outlines timescales for validation by service.

Primary Care

The Family Surgery inspected in August and achieved a 'good' rating. No further inspections have taken place in September.

Better Care Fund

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 30th September 2017.

The year to date financial position is a deficit of £0.6m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

The cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer-term improvement plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first six months of the financial year which are offset with underspends in other areas. The main areas of forecast overspend are within the Continuing Healthcare, Programme Projects and Reserves budgets covering the following areas:

- Cost pressures for Continuing Healthcare and Funded Nursing Care package – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System is being progressed.
- Cost Pressures in respect of pass through payments for PbR excluded drugs and devices
- Costs for referral management and prior approval services to support QIPP schemes
- Commissioning non acute, over spend for community set up costs
- Overspend in Wrightington Wigan & Leigh Hospital in respect of increased Trauma and Orthopaedic activity, although this is offset with underspending in other providers.

The cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contracts with Southport & Ormskirk NHS Trust and Independent Sector providers. The year to date underperformance has been assigned as a QIPP saving in Month 6.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. Further work to develop a robust QIPP plan and ongoing profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency Reserve	✔
	0.5% Non-Recurrent Reserve	✔
Breakeven	Financial Balance	✔

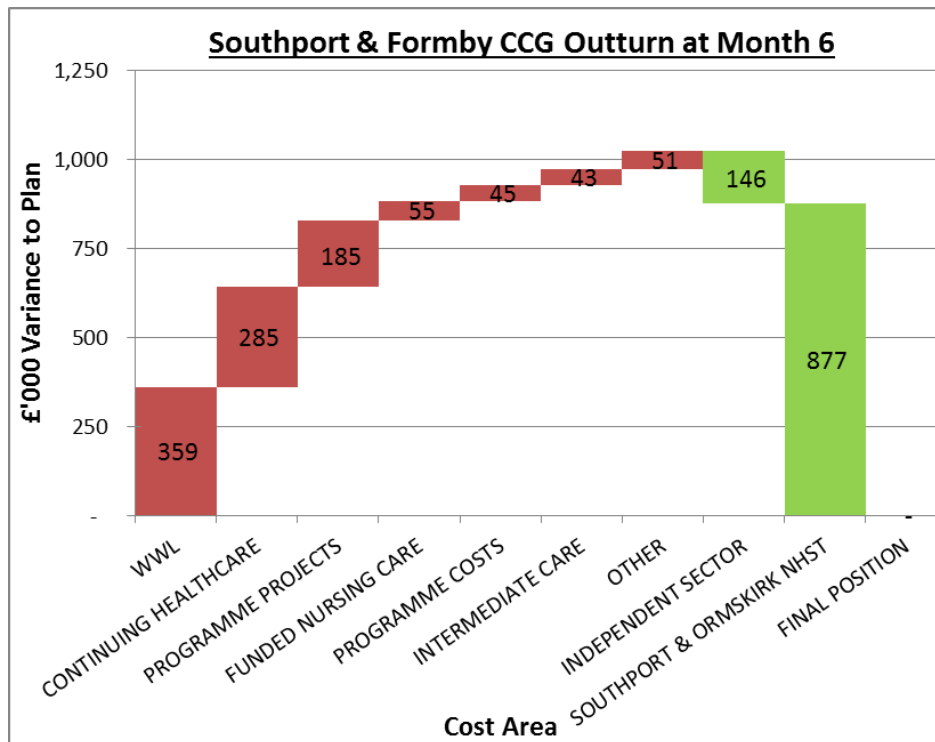
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.466m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.59%
	NHS - Volume YTD > 95%	94.82%
	Non NHS - Value YTD > 95%	97.21%
	Non NHS - Volume YTD > 95%	95.96%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England. A meeting to assess year to date performance was held on 9th October.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHSE.
- The current financial plan is to achieve a break-even position in year, this is the best case scenario and is dependent on delivery of the QIPP savings requirement in full.
- QIPP Delivery is £3.466m to date which is £0.3m behind planned delivery at Month 6.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.060m for 2017/18. The underspend is due to vacant posts.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume, which is slightly below the 95% target.

2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2, which presents the CCGs outturn position for the year.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.
- The main financial pressures relate to overperformance at Wrightington, Wigan and Leigh (WWL) Hospital, and cost pressures on the Continuing Care and Programme Projects budgets.
- The forecast overspend relates to the following areas:
 - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
 - Cost pressures relating to Continuing Healthcare packages.
 - Costs for referral management and prior approval services (Programme Projects budget).
 - Overspend on Funded Nursing Care (FNC).
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital.

2.3 Provider Expenditure Analysis – Acting as One

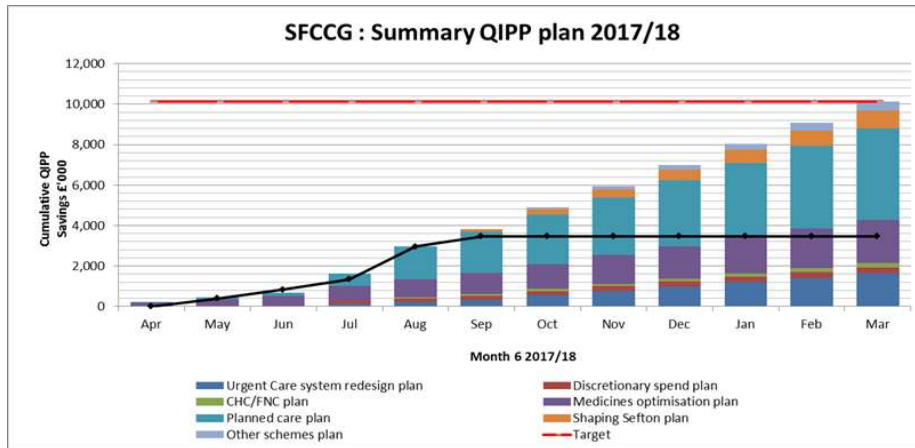
Figure 3 – Acting as One Contract Performance

Provider	Over/(Under) Performance £m
Aintree University Hospital NHS Foundation Trust	£0.486
Alder Hey Children’s Hospital NHS Foundation Trust	£0.023
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	£0.005
Liverpool Heart & Chest NHS Foundation Trust	£0.010
Royal Liverpool and Broadgreen NHS Trust	-£0.157
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.003
Grand Total	£0.364

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.364m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	3,192	1,569	(269)	4,492
Medicines optimisation plan	2,118	0	2,118	1,888	0	230	2,118
CHC/FNC plan	231	0	231	15	216	0	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	120	1,500	1,620	500	1,000	120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	200	80	180	460
Total QIPP Plan	7,607	2,530	10,137	5,974	2,895	1,268	10,137
QIPP Delivered 2017/18				(3,466)		0	(3,466)

- The 2017/18 QIPP target is £10.137m (opening position). This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the joint QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. Forecast delivery is £7.429m which is 73% of the required saving.
- As at Month 6, the CCG has achieved £3.466m QIPP savings in respect of the following schemes:
 - Prescribing - £0.377m
 - Third Sector Contracts - £0.149m
 - Other Elective - £1.9m
 - Right Care MCAS - £0.374m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
- The Year to Date underperformance on provider contracts (mainly Southport and Ormskirk) has been assigned as a QIPP saving in Month 6. Further savings will be achieved if the current trend continues.

- The forecast QIPP delivery for the year is £7.429m which represents 100% of schemes rated Green and 50% of schemes rated Amber. A proportion of the plan remains rated red, work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
Revised surplus / (deficit)	(6.549)	(3.588)	(10.137)
Forecast Outturn (Operational Budgets)	(1.778)	1.778	0.000
Reserves Budget	0.000	0.000	0.000
Management action plan			
QIPP Achieved	2.966	0.500	3.466
Remaining QIPP to be delivered	4.641	2.030	6.671
Total Management Action plan	7.607	2.530	10.137
Year End Surplus / (Deficit)	(0.720)	0.720	0.000

- The CCG forecast financial position is breakeven
- The underlying position is a deficit of £0.720m; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**

Figure 6 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(6.671)	(6.671)	(6.671)
Predicted QIPP achievement (Months 6-12)	5.199	3.963	0.741
Reserves / I&E impact	0.318	0.318	0.318
Forecast Surplus / (Deficit)	(1.154)	(2.390)	(5.612)
Further Risk	(0.607)	(1.095)	(4.175)
Management Action Plan	1.761	1.761	1.261
Risk adjusted Surplus / (Deficit)	0.000	(1.724)	(8.526)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of £1.724m and assumes that QIPP delivery will be £7.429m in total with further risk and mitigations as per the best case scenario. The likely case has improved by

£1.000m since the last months report, this is due to an agreed stretch target with NHS England of £0.500m and a reduction of risks relating to NCSO following discussions with NHS England. The stretch target is yet to be actioned and will be monitored for the remainder of the year.

- The worst case scenario is a deficit of £8.526m and assumes reduced QIPP delivery, additional risks in respect of prescribing (No Cheaper Stock Option), elective activity and winter pressures.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18					
	M12	M1	M2	M3	M4	M5	M6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	11	11	11
Receivables	2,041	1,478	2,167	1,817	1,824	1,502	3,311
Cash	160	4,183	5,135	1,791	4,777	4,805	2,914
Payables & Provisions	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)	(11,615)	(11,707)
Value of debt > 180 days old (6months)	723	723	723	723	734	734	722
BPPC (value)	98%	101%*	100%	99%	100%	100%	100%
BPPC (volume)	96%	97%	96%	94%	94%	95%	95%
* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed BPPC data							

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £0.722m. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been discussed at the CCG’s Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG’s position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD for 2017/18 was notified at £181.225m at Month 6. The actual cash utilised at

Month 6 was £91.837m which represents 50.70% of the total allocation. The balance of MCD to be utilised over the rest of the year is £89.388m.

- Performance against BPPC targets continues to improve. Work will continue to review performance to identify items which are incorrectly categorised and therefore affecting performance on a monthly basis

2.7 Recommendations

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

- The year to date financial position is a deficit of £0.6m. The forecast financial position is breakeven. This assumes that the CCG will recover this position in the latter half of the year. This represents the CCG’s best case scenario assuming that the current trends lead to delivery of savings and that the QIPP plan is delivered in full. The CCG’s most likely case scenario forecasts a deficit after risk and mitigation of £1.724m.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited or no 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 has been evident from member practices which has enabled the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCG’s resources.

3. Planned Care

3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

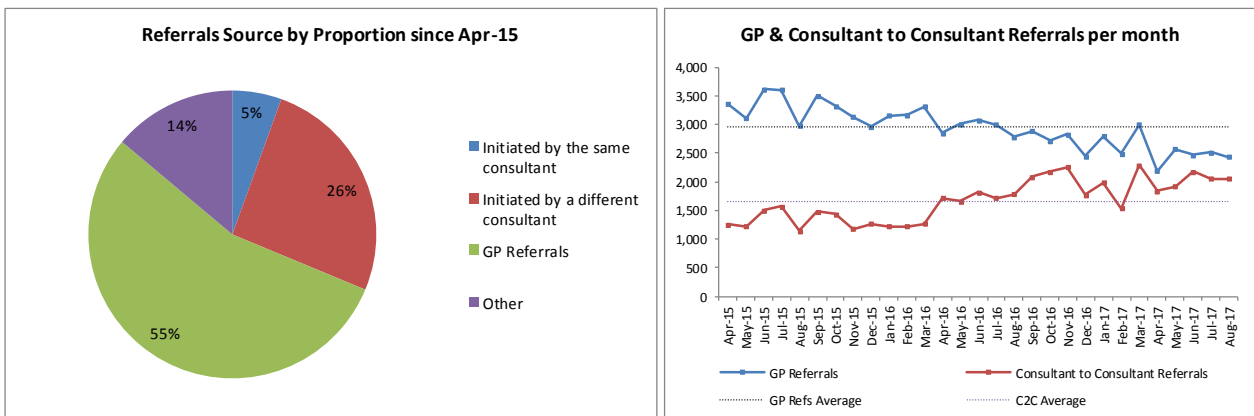


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	Jul-17	Aug-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,185	2,572	2,472	2,513	2,438	14,725	12,180	-2,545	-17.3%
GP Total			2,185	2,572	2,472	2,513	2,438	14,725	12,180	-2,545	-17.3%
Other	01	following an emergency admission	270	226	256	231	270	2,283	1,253	-1,030	-45.1%
	02	following a Domiciliary Consultation	1		1	2	1	4	5	1	25.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	295	259	1,373	1,393	20	1.5%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,200	1,330	1,560	1,448	1,451	4,641	6,989	2,348	50.6%
	06	self-referral	190	176	166	145	153	691	830	139	20.1%
	07	A Prosthetist			1			2	1	-1	-50.0%
	08	Royal Liverpool Code (TBC)	27	41	46	41	50	203	205	2	1.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	14	17	122	101	-21	-17.2%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	55	270	294	24	8.9%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	6	8	2	33.3%
	13	A Specialist NURSE (Secondary Care)	3	2	1	6	2	19	14	-5	-26.3%
	14	An Allied Health Professional	84	115	97	91	98	837	485	-352	-42.1%
	15	An OPTOMETRIST	78	92	85	65	119	461	439	-22	-4.8%
	16	An Orthoptist	1	6	2	2	4	23	15	-8	-34.8%
	17	A National Screening Programme	57	48	30	43	34	364	212	-152	-41.8%
	92	A GENERAL DENTAL PRACTITIONER	39	31	32	42	32	210	176	-34	-16.2%
	93	A Community Dental Service						0	0	0	#DIV/0!
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	246	255	1,333	1,119	-214	-16.1%
Other Total			2,490	2,609	2,907	2,730	2,803	12,842	13,539	697	5.4%
Unknown				1			1	5	2	-3	-60.0%
Grand Total			4,675	5,182	5,379	5,243	5,242	27,572	25,721	-1,851	-6.7%

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, with the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards.

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 17.3% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 15.4% higher when compared to 2016/17. Significant increases within Clinical Physiology being the main cause for variance.

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17. A coding change was

implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - August	80% by Q2 17/18 & 100% by Q2 18/19	51.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018.

The latest data for E-referral Utilisation rates is August 2017 when the CCG recorded 51%. This shows an improvement in performance compared to last month when 43% recorded. CCG's Informatics provider assisting practices to further utilise the e-referral system.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - August	<1%	2.70%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - August	<1%	2.35%	↑

The CCG failed the less than 1% target for Diagnostics in August recording 2.7%. Out of 1036 patients, 54 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15) and colonoscopy (18).

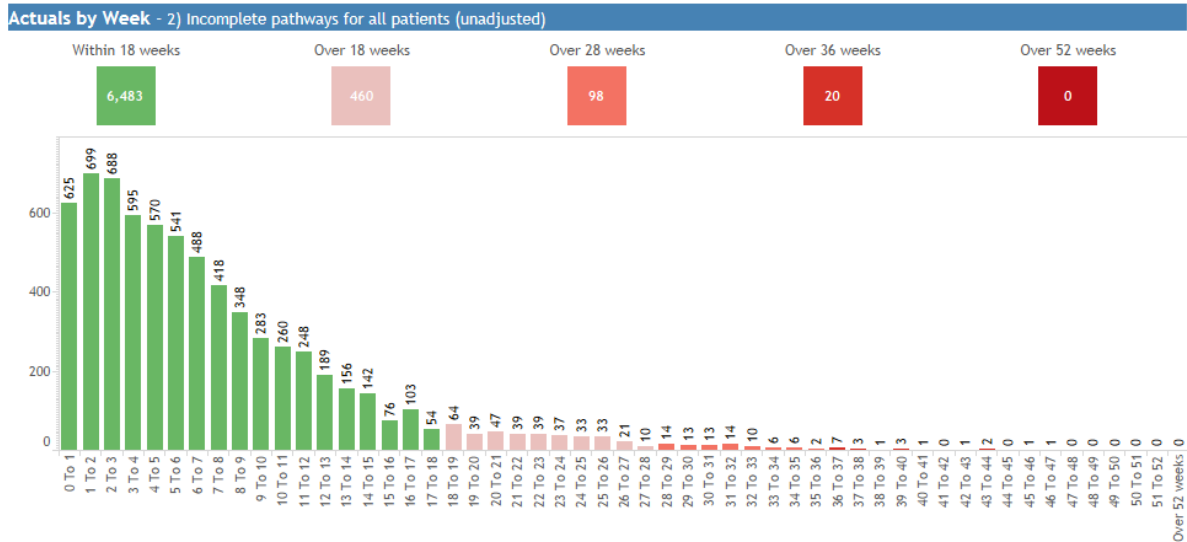
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. August's performance has seen an increase from 1.5% to 2.4%. In reviewing service provision, capacity and demand has a significant part to play in the activity and breaches that occur. Actions are being taken to provide a PTL pivot for all diagnostic services with the aim to manage all diagnostic activity prospectively during Friday's performance meeting and in service teams daily / weekly in order to consider providing additional capacity in advance where possible to mitigate and or reduce the risk of breaches. Some diagnostic services simply do not have the physical space or specialist kit and so other service delivery initiatives are being explored. The ECHO service has significant staffing issues as 1 member of staff is off sick and one is due to leave leaving one member of staff insitu. A review of 3rd party provisions being costed up to provide immediate substantive NHS staff cover and to manage turnaround and activity. Currently reviewing dermatology and Echo cover and obtaining costing and activity delivery options.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - August	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - August	92%	93.38%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - August	92%	93.74%	↔

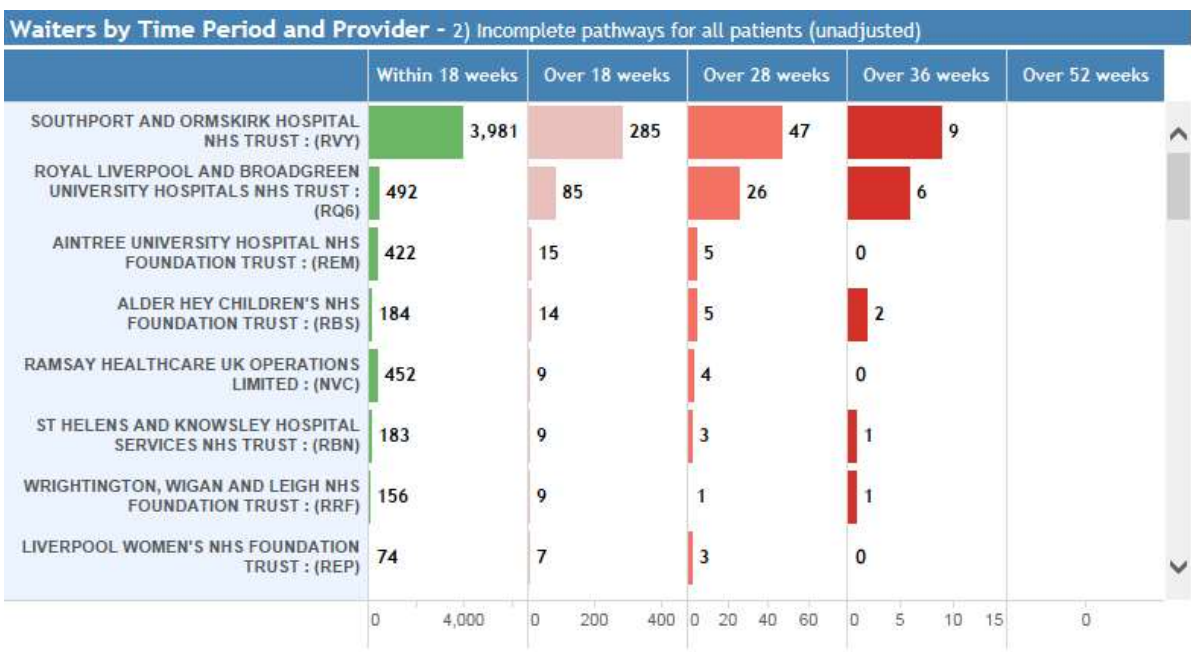
3.3.1 Incomplete Pathway Waiting Times

Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

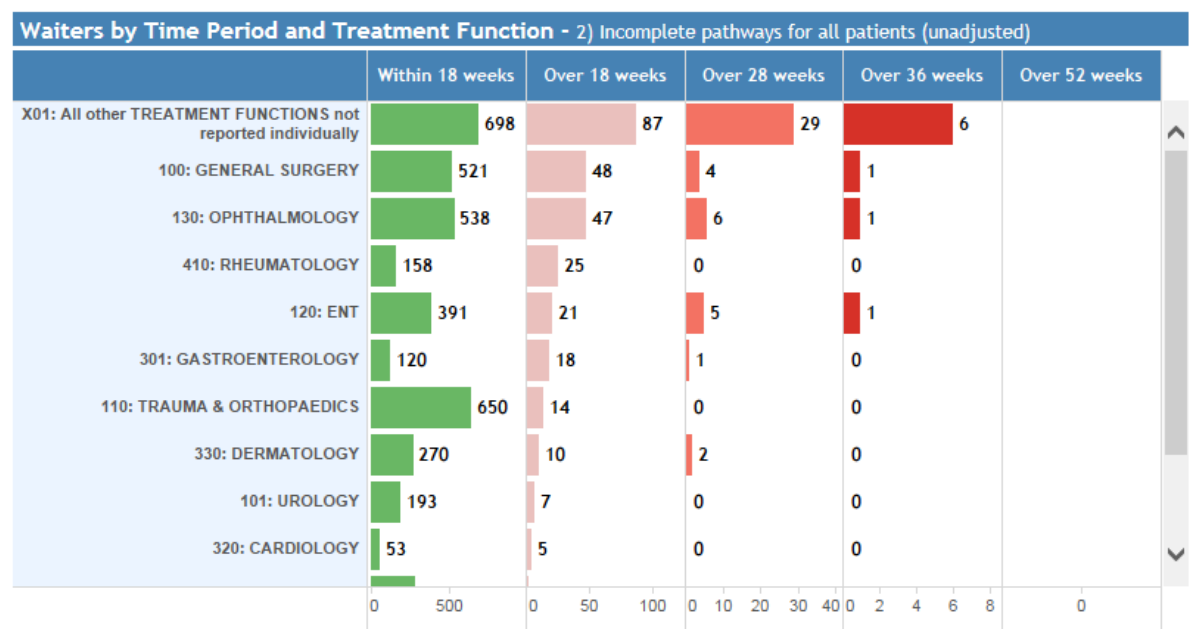
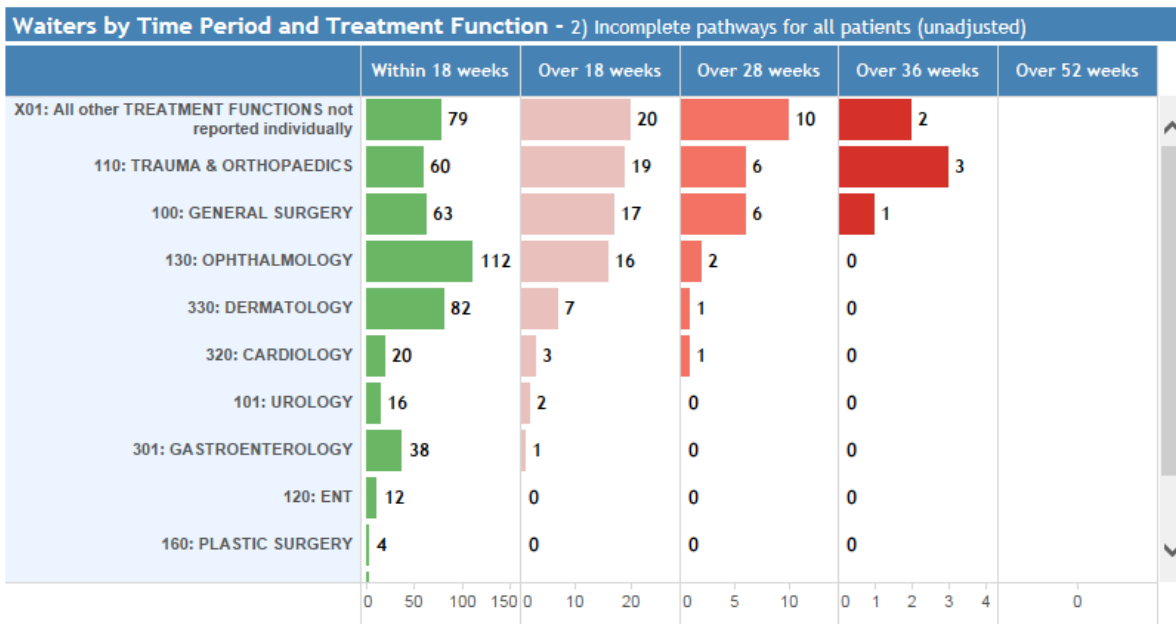


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Southport & Ormskirk	General Surgery	40	Attended appt 19/09/2017 TCI Admission 25/09/2017	New Patient 14/12/2016 required MRI. MRI 13/01/17 F/up 10/03/17 required operation Pre-op 24/03/17, re swab 16/06/17, re swab 19/09/17 Operation 25/09/17
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	42	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	43	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	45	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Alder Hey	All Other	46	has a OPD Appt date	Community Medicine
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	43		Patient listed for surgery at week 1 of 18 week pathway Patient booked for surgery 02/10 (week 48)

Royal Liverpool & Broadgreen did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of August 2017, (85.70%). Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and Respiratory Medicine) are resulting in the 'Other' category failing the target.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	17/18 - August	0	7	↑

Southport & Ormskirk reported 7 cancelled operations in August, bringing the total YTD figure to 42. The Trust contacted for further information regarding the breaches.

3.4.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	17/18 - August	0	0	↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

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)	17/18 - August	93%	94.18%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - August	93%	94.92%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - August	93%	91.44%	↑
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)	17/18 - August	93%	N/A	↔

The CCG achieved the target of 93% in August for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 93.44% but are failing year to date 91.44% mainly due to previous months breaches. In August, there were a total of 61 patients and 4 patient breaches.

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients and the importance of delivering timely and effective messages to patients about the timescale for appointments.

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - August	96%	98.58%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - August	96%	98.63%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - August	94%	96.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - August	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - August	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - August	94%	93.75%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - August	98%	98.67%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - August	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in August for 31 day subsequent treatment recording 100%, but are failing year to date due to 1 breach in April. The breach was a skin patient and the wait was 38 days due to an ENT capacity problem.

3.5.3 - 62 Day Cancer Waiting Time Performance

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)	17/18 - August	85% (local target)	85.45%	↑
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)	17/18 - August	85% (local target)	91.56%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - August	90%	84.21%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - August	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - August	85%	80.23%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - August	85%	80.10%	↔

The CCG had no patients in August for 62-day wait from referral from an NHS screening service but are still failing year to date recording 84.21% due to previous breaches.

The CCG failed the 85% target for the 62 day standard in August recording 72.97% with 10 breaches out of 37, and year to date with 80.23%. The longest wait was 171 days, a gynaecological patient at Southport & Ormskirk whose delay was due to 3 trust pathways and delay in referral to Clatterbridge on day 145. All breaches of 104 days or more are subject to harm reviews.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in August with 77.38% and YTD with 80.10%. In August there were the equivalent of 9.5 breaches out of 42 patients seen in total.

NHS England’s National Plan identifies particular Trusts with a small number of excess breaches (referred to as ‘quick wins’) and with numbers of avoidable breaches that should take quick actions to deliver the standard. The Trusts have weekly performance calls with NHS England. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18. Identified Trusts are as follows:








- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust
- Aintree Hospital NHS Trust
- Liverpool Women’s Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	13.3%		96%	91%		2%	6%	
Q1 - Antenatal Care	N/A	-		96%	*	—	2%	*	—
Q2 - Birth	N/A	12.0%		96%	96%		2%	0%	—
Q3 - Postnatal Ward	N/A	-		94%	95%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	*	—	1%	*	—

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust had seen an increase in response rates for inpatients over recent months, from 11.1% in February to 18.5% in July. However this has decreased again in August to 13.3%. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase from 90% in July to 91% in August, which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 6% in August and is therefore still greater than the England average of 2%.

For maternity services, the percentage of people who would recommend and not recommend the service, for those areas where data has been captured, are in line with the England average. (If an organisation has less than five respondents the data will be suppressed with an * to protect against the possible risk of disclosure).

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The CCG 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 is being addressed.

The Deputy Director of Nursing from the Trust attended the CCG EPEG meeting in July to present the Trust's Patient and Carer Strategy. Patients and carers were involved in the development of this new strategy. The Trust have agreed to return in 4 months to provide an update for this and to evidence improvements as a result of the new strategy.

The CCG dashboard aims to monitor patient experience from all acute and community providers, this is up-dated quarterly and cited at EPEG.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£697k/-4.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £794k/5%.

At individual providers, Aintree (£172k/11%) and Wrightington, Wigan and Leigh (£154k/34%) are showing the largest over performance at month 5. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£790/9%).

Figure 14 - Planned Care - All Providers

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	7,369	8,280	911	12%	£1,591	£1,762	£172	11%	-£172	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,109	3,004	-105	-3%	£225	£228	£3	1%	-£3	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,011	924	-87	-9%	£418	£408	-£10	-2%	£10	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,101	849	-252	-23%	£253	£239	-£14	-6%	£14	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	6,632	6,375	-257	-4%	£1,225	£1,171	-£54	-4%	£54	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,048	933	-115	-11%	£314	£316	£1	0%	-£1	£0	0.0%
ACTING AS ONE TOTAL	20,270	20,365	95	0%	£4,026	£4,122	£97	2%	-£97	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98	158	60	61%	£18	£46	£28	150%	£0	£28	150%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£3	£3	0%	£0	£3	#DIV/0!
FAIRFIELD HOSPITAL	46	32	-14	-31%	£8	£6	-£2	-24%	£0	-£2	-24%
ISIGHT (SOUTHPORT)	1,731	2,191	460	27%	£358	£368	£10	3%	£0	£10	3%
RENACRES HOSPITAL	6,123	5,150	-973	-16%	£1,637	£1,459	-£178	-11%	£0	-£178	-11%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	45,383	42,071	-3,312	-7%	£8,625	£7,836	-£790	-9%	£0	-£790	-9%
SPIRE LIVERPOOL HOSPITAL	157	163	6	4%	£37	£34	-£3	-8%	£0	-£3	-8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,829	2,079	250	14%	£461	£446	-£15	-3%	£0	-£15	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	175	141	-34	-19%	£51	£31	-£21	-40%	£0	-£21	-40%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	84	121	37	45%	£15	£25	£10	65%	£0	£10	65%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	67	67	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	129	118	-11	-8%	£42	£36	-£6	-15%	£0	-£6	-15%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,257	1,715	458	36%	£450	£604	£154	34%	£0	£154	34%
ALL REMAINING PROVIDERS TOTAL	57,011	54,039	-2,972	-5%	£11,704	£10,910	-£794	-7%	£0	-£794	-7%
GRAND TOTAL	77,282	74,404	-2,878	-4%	£15,729	£15,032	-£697	-4.4%	-£97	-£794	-5.0%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	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	4,560	4,604	44	1%	£2,483	£2,329	-£154	-6%
Elective	651	593	-58	-9%	£1,662	£1,446	-£216	-13%
Elective Excess BedDays	153	88	-65	-43%	£37	£21	-£16	-44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	625	260	-365	-58%	£105	£45	-£60	-57%
OPFASPCL - Outpatient first attendance single professional consultant led	5,595	4,748	-847	-15%	£969	£810	-£158	-16%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,578	626	-952	-60%	£120	£54	-£66	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,290	14,939	-1,351	-8%	£1,343	£1,219	-£124	-9%
Outpatient Procedure	11,275	11,920	645	6%	£1,506	£1,522	£16	1%
Unbundled Diagnostics	4,657	4,293	-364	-8%	£401	£389	-£11	-3%
Grand Total	45,383	42,071	-3,312	-7%	£8,625	£7,836	-£790	-9%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Month 5 continues the trend of the previous in 2017/18 showing under performance in both activity and finance positions across the majority of PODs. Day case activity picked up slightly in June and July but has since dropped in August. Elective activity has picked up slightly in the latest two months but remains below planned levels in each of the months in 2017/18. Trauma & Orthopaedic activity in both Elective and Day Case PODs is a main factor in the under-performance; linked to the continued performance of the MCAS service.

Other notable specialties affecting Day Case figures are General Surgery, ENT, Ophthalmology and Clinical Haematology. Further staffing and capacity issues in Pain Management is also contributing to the reduced levels.

Outpatient activity and finance is also below planned levels for the year with the Trust showing a shift in activity from attendances to procedures in line with new guidance and coding rules. The main specialties contributing to the lower levels of activity are Ophthalmology, General Medicine, Rheumatology and Gynaecology, but the majority of specialties are under plan. The main factor for the reduced levels is the decrease in GP referred activity since April, sustained throughout 2017/18.

Alongside reduced levels of GP referred activity is the impact of Joint Health, Federation Cardiology service and Dermatology redirected referral to DMC. All this is affecting planned care activity as a whole. As noted by the planned care table across all providers, no shift in activity has been seen thus indicating a genuine decrease.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 16 - Planned Care – Aintree University Hospital NHS Foundation Trust 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	338	379	41	12%	£198	£275	£77	39%
Elective	175	151	-24	-14%	£398	£348	-£50	-13%
Elective Excess BedDays	44	49	5	11%	£11	£12	£1	6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	58	31	-27	-47%	£12	£7	-£5	-44%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	106	65	-41	-39%	£5	£3	-£2	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	1,172	1,288	116	10%	£203	£221	£19	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	66	45	-21	-32%	£6	£5	-£1	-17%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	164	383	219	133%	£4	£9	£5	133%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,045	3,164	119	4%	£251	£256	£5	2%
Outpatient Procedure	1,070	1,436	366	34%	£157	£207	£50	32%
Unbundled Diagnostics	740	825	85	11%	£52	£69	£17	33%
Wet AMD	390	464	74	19%	£295	£351	£55	19%
Grand Total	7,369	8,280	911	12%	£1,591	£1,762	£172	11%

Aintree performance is showing a £172k/11% variance against plan with individual PODS varying between over and under performance. Day case activity is the highest over performing area with a variance of £77k/39% against plan. This over performance is principally within Cardiology and Breast Surgery with year to date variances against plan of £27k/258% and £22k/275% respectively.

Outpatient procedures are also over performing against plan at month 5, primarily within Ophthalmology, with a year to date cost variance of £21k/47.8%. In addition to this, the Wet AMD POD is £55k/19% above plan for Southport & Formby CCG at Aintree.

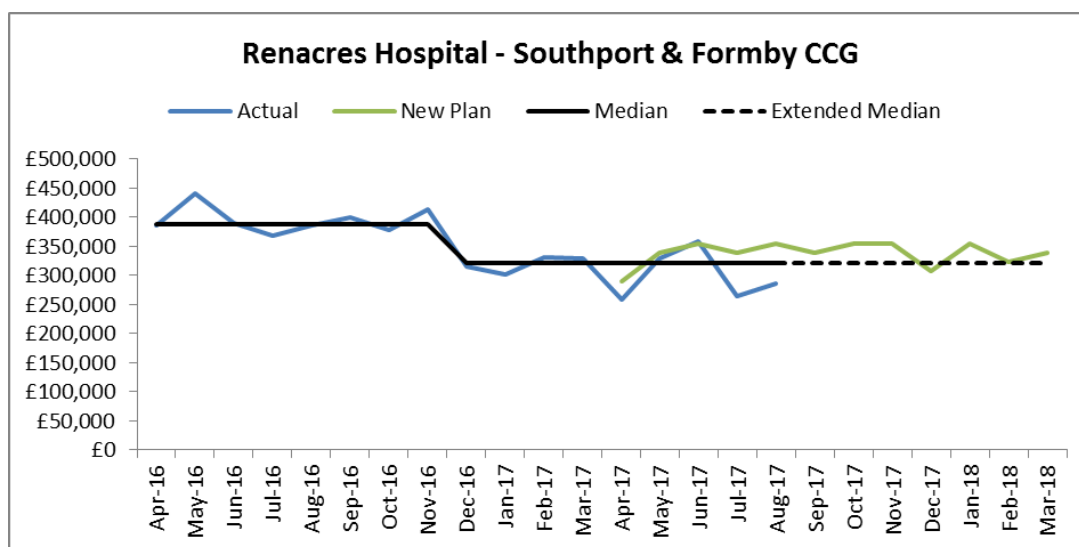
Despite the indicative overspend at Aintree, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

3.7.4 Renacres Trust

Figure 17 – 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	686	563	-123	-18%	£683	£541	£-142	-21%
Elective	107	111	4	4%	£456	£481	£25	5%
OPFASPCL - Outpatient first attendance single professional consultant led	1,388	1,046	-342	-25%	£223	£175	£-49	-22%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,521	1,268	-253	-17%	£98	£83	£-15	-15%
Outpatient Procedure	1,001	642	-359	-36%	£104	£100	£-3	-3%
Unbundled Diagnostics	514	359	-155	-30%	£47	£32	£-15	-31%
Physio	906	732	-174	-19%	£27	£21	£-5	-19%
Outpatient Pre-op	0	429	429	#DIV/0!	£0	£25	£25	#DIV/0!
Grand Total	6,123	5,150	-973	-16%	£1,637	£1,459	£-178	-11%

Renacres performance is showing a £-178k/11% variance against plan with the majority of PODS under performing at month 5. Day case activity is the highest underperforming area with a variance of £-142k/21% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 18 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust 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	9	14	5	59%	£1	£1	£1	59%
Daycase	72	92	20	29%	£95	£131	£36	38%
Elective	45	61	16	35%	£258	£336	£78	30%
Elective Excess BedDays	13	13	0	4%	£3	£3	£0	-2%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	37	6	20%	£2	£3	£1	41%
OPFASPCL - Outpatient first attendance single professional consultant led	160	255	95	59%	£22	£35	£14	63%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	73	28	62%	£3	£4	£1	54%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	88	26	43%	£1	£2	£1	43%
OPFUPSPCL - Outpatient follow up single professional consultant led	597	735	138	23%	£36	£44	£8	23%
Outpatient Procedure	109	190	81	74%	£15	£25	£11	71%
Unbundled Diagnostics	115	157	42	37%	£14	£18	£4	27%
Grand Total	1,257	1,715	458	36%	£450	£604	£154	34%

Wrightington, Wigan and Leigh performance is showing a £154k/34% variance against plan with the majority of PODS over performing at month 5. Elective activity is the highest over performing area followed by day cases, with a variance of £78k/30% and £36k/38% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Elective costs are due in large to Very Major Knee and Hip Procedures for Non-Trauma (CC Score 0-1). Day case costs can be attributed to activity across a number of HRGs, many with zero plan set.

3.7.6 iSIGHT Southport

Figure 19 – Planned Care - iSIGHT Southport by POD

iSIGHT (SOUTHPORT) 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	397	469	72	18%	£249	£234	£15	-6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	5	1	-4	-78%	£1	£0	£1	-78%
OPFASPCL - Outpatient first attendance single professional consultant led	325	290	-35	-11%	£47	£42	£5	-11%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	122	62	-60	-49%	£9	£4	£4	-49%
OPFUPSPCL - Outpatient follow up single professional consultant led	785	957	172	22%	£43	£53	£9	22%
Outpatient Procedure	99	412	313	317%	£10	£35	£26	266%
Grand Total	1,731	2,191	460	27%	£358	£368	£10	3%

Isight performance is showing a £10k/3% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £26k/266% above plan at month 5 due to activity related to the HRG 'Contrast Fluoroscopy Procedures with duration of less than 20 minutes'.

3.8 Personal Health Budgets

Southport & Formby CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	14	60		64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	0	68	0	72	0
4) GP registered population (total number per CCG)	124289	124289	124289	124289	124289	124289	124289	124289
Rate of PHBs per 100,000 GP registered population	48.27	11.26	51.49	0.00	54.71	0.00	57.93	0.00

Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

3.9 Smoking at Time of Delivery (SATOD)

Quarter 1 – 2017/18

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	239	239	956
Number of women known to be smokers at the time of delivery	22	22	88
Number of women known not to be smokers at the time of delivery	212	212	848
Number of women whose smoking status was not known at the time of delivery	5	5	20
Data coverage %	97.9%	97.9%	97.9%
Percentage of maternities where mother smoked	9.2%	9.2%	9.2%

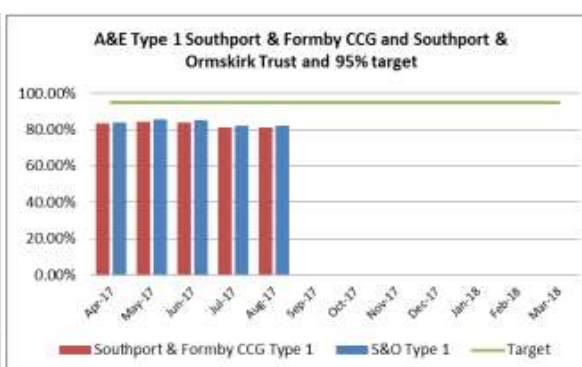
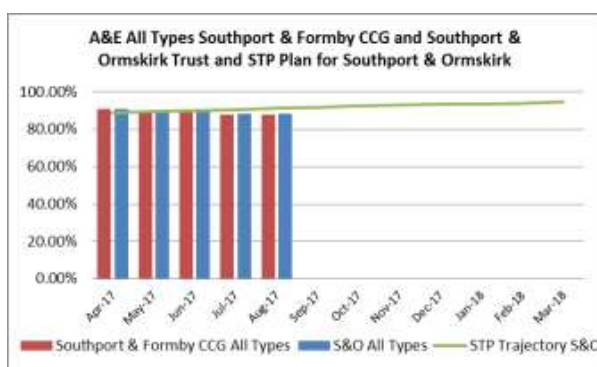
The CCG is above the data coverage plan of 95% at Q1 and also under the national ambition of 11% for the percentage of maternities where mother smoked, there is no national target for this measure.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - August	95.00%	89.09%	↔	Southport & Formby CCG failed the 95% target in August reaching 88.08% (YTD 89.09%). In August 372 attendances out of 3,120 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	17/18 - August	95.00%	83.11%	↔	Southport & Formby CCG failed the 95% target in August reaching 81.52% (YTD 83.11%). In August, 372 attendances out of 2,013 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	17/18 - August	STF Trajectory Target for August 91.4%	89.54%	↔	Southport & Ormskirk have reported 88.42% in August, below the STF target of 91.4% August plan (YTD 89.54%). In August, 1,068 attendances out of 9,225 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - August	95.00%	84.01%	↔	Southport & Ormskirk have failed the target in August reaching 82.27% (YTD 84.01%). In August, 1,067 attendances out of 6,018 were not admitted, transferred or discharged within 4 hours.	

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	89.54%



Southport & Ormskirk Hospital have agreed revised quarterly Cheshire & Merseyside 5 Year Forward View (STP) trajectories for A&E with NHS Improvement. Monthly trajectory targets have been calculated by the Trust from the mid points from the quarterly targets agreed between the trust and NHS improvement. 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.

Southport & Ormskirk's performance against the 4-hour target for August reached 88.42%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 91.4% for August, and year to date 89.09%. Disappointingly, performance for the Southport site alone against the 4-hour target was 75.3% compared to 84.8% last year. There was a 1.8% increase in overall ED attendances, a 6.4% increase within major's category compared to the same month last year. Despite the increase in activity at the front door, there was an 8.9% decrease in admissions compared to last year, and the overall conversion rate from attendance to admission was 33.16% compared to 36.94% last year. ED continues to consider alternative pathways for patients to avoid admission, which is evident from the reduction in admissions. ED has had a successful recruitment drive with the appointment of 4 locum



consultants for a period of 12 months; however, the junior doctor's changeover at the start of August saw a number of unfilled training grade vacancies alongside the loss of 3 full time clinical fellow. The department is pursuing the expansion of Advanced Nurse Practitioners (ANPs) to create some stability in the lower tiers of the medical staff rota.

Long-term actions

The trust has identified key actions, which have been agreed at executive level as part of the ECIP programme and for our winter plan. A senior member of staff has been assigned responsibility for each initiative.

- A&E exit pathway - a range of initiatives including relaunch of 'golden patient', boarding, effective use of EAU and discharge lounge
- Real time information - finalisation of daily dashboard and implementation of the electronic control centre. A discharge dashboard is being further developed as part of the daily system huddles, a similar dashboard for the front door is in development, this will feed into a higher level dashboard for the AED delivery board.
- SAFER - review and relaunch the programme of work
- Safe at all times Southport and Ormskirk – reconfiguration of the ward locations to develop more assessment areas and reduce ward areas, due to go live on Southport site in November, starting with moving the Stroke ward, then moving surgical areas. This same principle is to be applied to the Ormskirk site with more elective work being moved over to create improved flow.
- D2A beds - implementation of ICRAS model. The CCG's are currently working with West Lancashire CCG and all providers to try and reach a solution regarding our D2A bed base. The issues are predominantly workforce related as opposed to bed base and finance.
- Medicines management - a range of initiatives to include transcribing policy, ready-made packs, use of Rowlands, Omnicell, non-medical prescribers.

In terms of discharge and therapy support, the trust is significantly ahead in terms of ICRAS implementation. They have been using the Lane approach since last winter and are on with an internal development programme to up skill ward staff in discharges lanes 1 and 2, relaunching the SAFER bundle will help to expedite non-complex discharges. The daily discharge huddles have improved communication between hospital and community staff, the colocation of local authority staff, ICRAS staff and Mental Health should work towards improving this further.

In terms of improving AED performance we are working together to try and proactively manage surges in pressure. There is a lot of transformation occurring, in both the acute and community, where both providers have had to continue with service provision whilst going through a procurement which has led a degree of workforce instability.

The CCG's have weekly meetings set up with Karen Jackson, CEO throughout winter and up to March 18, bi weekly 'ready for discharge' operational meeting set up with both acute, community and local authority presence progress on our initiatives report to the sub group, issues are then escalated to the AED delivery board if required.

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	17/18 - August	0	14	↔

Southport & Ormskirk had no 12-hour breaches in the month of August (year to date 14). CCG awaiting RCA's for patient breaches in previous months.

4.2 Ambulance Service Performance

In August, NWS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first.










NWS is the second largest ambulance service in the country, covering over 5400 square miles geographically and employing over 4900 staff. NWS have worked closely with staff during the implementation of ARP, which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 minutes**.
- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least **9 out of 10 times within 120 minutes**.
- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least **9 out of 10 times within 180 minutes**.

Previous performance targets and new ARP Targets

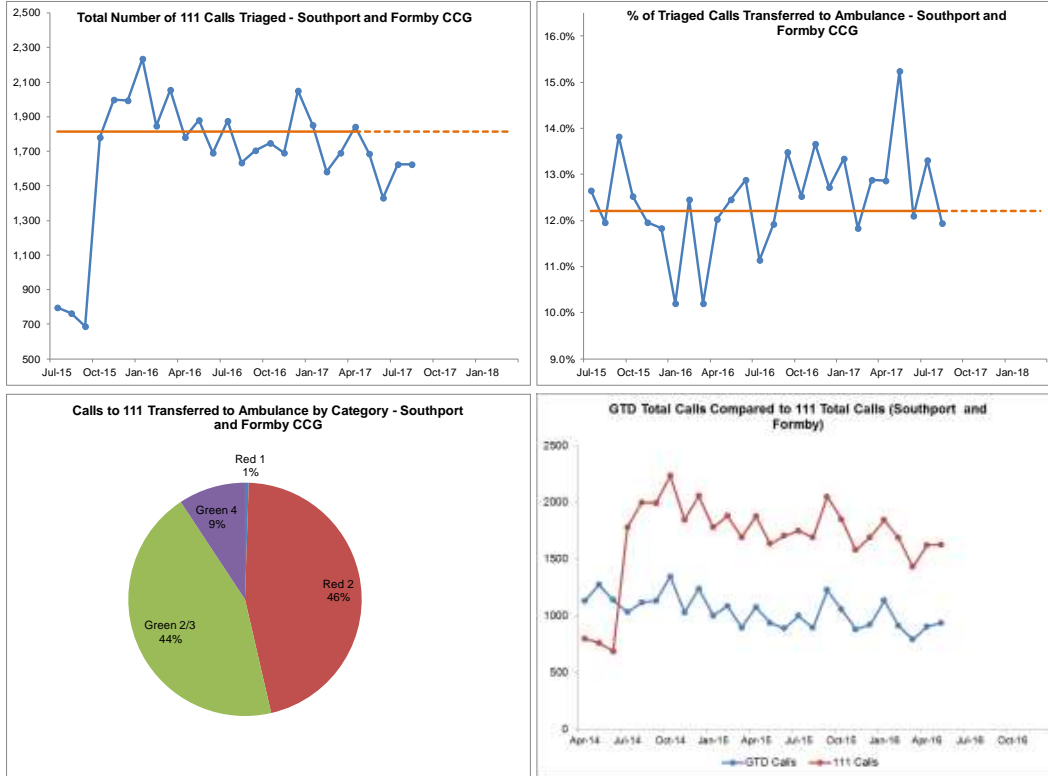
CURRENT				FUTURE ARP							
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified				
 RED 2 Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified				
ALL RED		95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 GREEN 1 Emergency Care	(NWS 5%)		If conveyed, transporting vehicle stops the clock CATEGORY 3 Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified	
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		 CATEGORY 4 Less Urgent Calls				10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified	
 GREEN 3 Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock		The new response system will: <ul style="list-style-type: none"> Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions Further prioritises a time critical response for the most life threatening conditions Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted. Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time. 					
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response									
ALL GREEN	50% of calls NWS (56%)	No national targets (local apply)									

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - August	0	159	↑ ↓	The Trust recorded 159 handovers between 30 and 60 minutes, this is an improvement on last month when 192 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - August	0	94	↓	The Trust recorded 94 handovers over 60 minutes, this is an improvement on last month when 131 were reported.

August saw a marginal improvement compared to last month in the average notification to handover time (22:24 minutes), but this is still a drop in performance compared to April - June inclusive). The department continues to experience pressures during periods of escalation with over occupancy and severely limited space. At the end of August, the department started a pilot using radiology sub-wait overnight and at weekends to safely manage and care for 4 patients, improving privacy and dignity. Feedback from the clinical team has been positive, but there is still work to do to drive down some of the delays in ambulance handovers. A visit to Liverpool Royal is being planned to review their SOPs and protocols.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



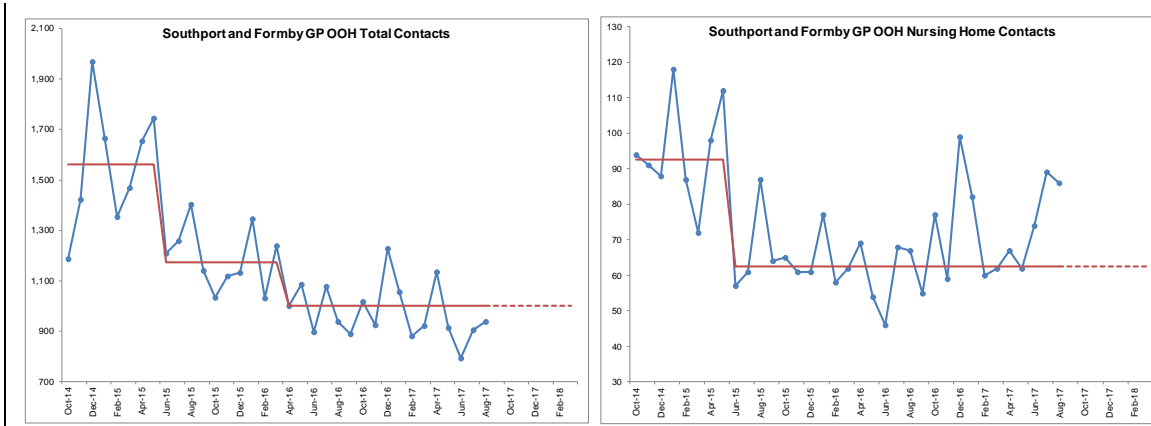
The number of calls in August 2017 remains similar to the previous month. When compared to the same point in the previous year, there have been 656 (7%) fewer calls YTD.

The breakdown for outcomes of 111 calls in August 2017 is as follows:

- 60% advised to attend primary and community care
- 16% closed with advice only
- 12% transferred to ambulance
- 10% advised to attend A&E
- 3% advised to other service.

Year to date, 16% of calls have been closed with advice only. This is a reduction on the previous year where 18.9% of calls were ended this way. This reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend A&E and advised to attend other services.

4.3.2 GP Out of Hours Calls



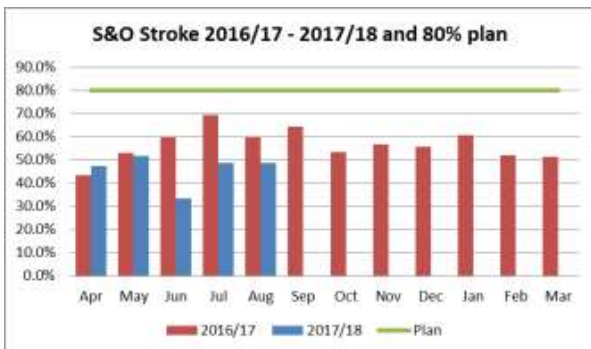
The number of calls from Southport and Formby patients to the GP OOH service has risen in August 2017 to 938. When compared to the same point in the previous year, there have been 300 fewer calls so far in the first 5 months of 2017/18.

GP OOH calls from nursing homes within Southport and Formby have reduced slightly to 86 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 74 more calls to nursing homes.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	17/18 - August	80%	48.65%	↔
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - August	60%	25.00%	↑



Southport & Ormskirk failed the stroke target in August recording 48.65% with only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows no change in performance from July. This indicator remains a significant challenge. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in next 2-3 months. An options appraisal is being considered and shared with North Mersey Board to support patient flow and dedicated placement on stroke ward.

The trust is reconfiguring their internal ward layout as part of the 'safe at all times' plan. The first move is the Stroke unit, which will also incorporate the hyper acute stroke unit, telemetry is currently being installed and the planned move will be November if not sooner. This will ensure that all the specialist provision is in the one place and create more bed base, which is fit for purpose. The outcome should be improved 4 hour to stroke ward and 90% occupancy indicator. Both West Lancashire and Southport & Formby CCGs met with the all providers and Elaine Day for the stroke network to review the commissioning of early supportive discharge services. Providers are currently reviewing the agree service specification with regards to what elements they can provide, the business case is then to be reviewed by the trust and then taken through the CCGs internal processes to determine investment.

During August 2017, there were 13 TiA's referrals, 4 of these were reportable for which the Trust were 25% compliant. The key theme for reasons for breaches was delays in referrals being received following on from 1st seen and Clinic Capacity. To address the issue of clinic capacity an additional TiA clinic has now set-up every Monday, Tuesday & Thursday within AEC, this will allow for flexible capacity for urgent TiAs to be seen in a more timely manner. This went live on Monday 11th September.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - August	0.00	2.00	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - August	0.00	2.20	↓

The CCG reported a Mixed Sex Accommodation rate of 2.0, which equates to a total of 8 breaches in August. All 8 breaches were at Southport & Ormskirk NHS Trust.

In August the Trust had 12 mixed sex accommodation breaches (a rate of 2.2) and has therefore breached the zero tolerance threshold. Of the 12 breaches, 8 were for Southport & Formby CCG and 4 for West Lancashire CCG. Although there has been an increase in mixed sex breaches in August they all relate to delayed discharges from CCU to an acute bed. These occurrences have happened on 17 days out of the month. Work continues as part of the 'patient flow' project to review location and provision of beds across both sites and we are relocating A ward from Ormskirk Hospital to Southport Hospital this month. There are further plans to ensure capacity meets demand.

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - August	20	15	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - August	15	3	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - August	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - August	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - August	57	61	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - August	No Plan	88	↓

There were 5 new cases of Clostridium Difficile attributed to the CCG in August. 15 have been reported year to date. (5 apportioned to acute trust and 10 apportioned to community). For Southport & Ormskirk year to date the Trust has had 3 cases against a plan of 15 (1 new case in August), so is under plan.

There were no new cases of MRSA reported in August for the CCG or the Trust and therefore both are compliant.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the target is 121, which is being monitored. There have been a total of 61 cases April to August against a plan of 57 (11 cases in August). There are no targets for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - August	100	118.48	↑
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16	100	115.88	↑

HSMR is reported for May 2017 rolling 12 month figure of 118.48 (latest).

SHMI for December 16 was 115.88 (Expected deaths– 1,166; Observed deaths – 1,352).

HSMR and SHMI are high and outside the expected limits. While both should take account of, and 'even out', factors (such as age and co-morbidities) that increase the risk of dying, and should therefore reflect the quality of care provided, this depends on the completeness of coding, itself reliant on documentation in the notes. Other technical variables also affect some of these statistics, and it is therefore acknowledged that they are better regarded as a warning of possible poor care. While coding of comorbidities is continually being looked at, we cannot afford to assume that this is the reason for

high mortality statistics, and must therefore triangulate these with other sources of information. About 90% of deaths are reviewed to ensure that care was appropriate, and this shows very few (and recently no) avoidable deaths. No Datix reports of avoidable death have been received in this period. This mortality review process is itself changing to a more robust, targeted process and standardised reports will come to Board from the end of Q3. Our performance in the AQUA audit for pneumonia has improved greatly. A 'deteriorating patient' initiative is under way including physical redesign of SDGH to create a deteriorating patient hub. MACIC has requested a deep dive into mortality from pneumonia and UTI.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 5.

There are 89 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 47 of these incidents apply to Southport & Formby CCG patients. 42 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients.

In total there are 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 being Southport and Formby CCG patients. 2 remain open for >100 days at the Trust, one relates to a pressure ulcer for West Lancashire CCG community services, which will be transferred over to Virgin Healthcare Ltd. Five incidents were reported in August (18 YTD) and zero Never Events. 3 incidents were closed in month (23 YTD).

Lancashire Care NHS Foundation Trust (LCFT) reported 0 incidents in month, and there are two year to date which both occurred in July. One incident is subject to police investigation, the other a pressure ulcer. The pressure ulcer action plan which transitioned across, has been reviewed which will be tabled at the CQPG for final sign and ongoing monitoring. Clarification has been sought, to support robust serious incident processes from NHS East Lancashire and South Cumbria and NHS E C&M.

Mersey Care NHS Foundation Trust – There are five open incidents on StEIS for Southport and Formby CCG patients. Zero incidents have been reported in month (1 YTD), with zero Never Events. There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

4.6 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

Average Delayed Transfers of Care per Day - Southport and Ormskirk Hospital - April 2016 – August 2017

Reason For Delay	2016-17												2017-18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
B) PUBLIC FUNDING	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	0	0	1	1	0	0	1	2	0	0	2	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	
DI) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	1	
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3	
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	5	2	5	7	4	5	6	8	8	6	3	6	7	4	5	3	7

The average number of delays per day in Southport and Ormskirk hospital increased to 7 in August, from just 3 in July. Of the 7 delays, 3 were due to patient or family choice, 2 were waiting for further NHS non-acute care, 1 was awaiting a nursing home placement and 1 was awaiting community equipment/adaptations.

Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 3.

Agency Responsible and Total Days Delayed - Southport and Ormskirk Hospital - April 2016 – August 2017

Agency Responsible	2016-17												2017-18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 211 in August, compared to 107 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 115 to 211.

The total number of days delayed caused by social care and by both remain at zero.

Average Delayed Transfers of Care per Day - MerseyCare - April 2016 – August 2017

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4
DI) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	30	34	36	41

The average number of delays per day at MerseyCare increased to 41 in August from 36 the previous month. Of the 41 delays, 8 were due to housing, 8 were awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 4 awaiting residential care home placements, 3 awaiting care package in own home, 2 awaiting public funding, 1 awaiting community equipment/adaptations, 1 patient or family choice, 1 disputes and 1 other.

Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

Agency Responsible and Total Days Delayed - Merseycare - April 2016 – August 2017

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132

The total number of days delayed caused by NHS was 613 in August, compared to 403 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 477 to 613 (136). The total number of days delayed caused by Social Care was 526 in August, compared to 574 in July showing a decrease of 48. Merseycare also have delays caused by both which was 132 in August, a decrease from the previous month of 149.

Average Delayed Transfers of Care per Day – Lancashire Care - April 2016 – August 2017

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	2	2	1	1	1	0	1	2	2	3	2	2	2	3	4	4	4
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	0	0	0	0	0	1	1	1	1	0	0
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3	3
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3	3
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3	3
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	15	16	17	13	13

The average number of delays per day at Lancashire Care remained at 13 in August. Of the 13 delays, 4 were due to public funding, 4 awaiting nursing home placement, 2 awaiting residential care home placements, 2 disputes and 1 housing.

Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 4.

Agency Responsible and Total Days Delayed – Lancashire Care - April 2016 – August 2017

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214

The total number of days delayed caused by NHS was 37 in August, compared to 133 last month. Analysis of these in August 2017 compared to August 2016 shows a decrease from 185 to 37 (148). The total number of days delayed caused by Social Care was 157 in August, compared to 170 in July showing a decrease of 13. Lancashire Care also have delays caused by both, which was 214 in August, an increase from the previous month of 113.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NNAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.




Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity and also exploring changing these to discharge to assess beds.

Weekly meetings between the Trust and CCG to discuss medically fit for discharge patients have been arranged.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Aug-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	1.4%		87%	58%		7%	29%	

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.
 If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

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 response rates and have decreased from 1.8% in July to 1.4% in August.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 80% in July to 58% in August, falling further below than the England average of 87%. The percentage not recommending has increased from 11% in July to 29% in August, rising further above the England average of 7%.

As previously mentioned the Trust have launched a new Patient and Carer strategy which was developed with patients and carers. The Trust will provide an update on improvements seen from this at the November EPEG meeting.

FFT is a standard agenda item at the monthly CQPG meetings.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £374k/2.8%. However,

applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £651k/4.8%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a -£688k/-6% underspend.

Figure 20 - Month 5 Unplanned Care – All Providers

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
Aintree University Hospital NHS Foundation Trust	607	1,016	409	67%	£364	£658	£294	81%	-£294	£0	0.0%
Alder Hey Children's NHS Foundation Trust	373	383	10	3%	£151	£155	£3	2%	-£3	£0	0.0%
Liverpool Heart and Chest Hospital NHS Foundation Trust	62	62	0	0%	£212	£216	£4	2%	-£4	£0	0.0%
Liverpool Women's NHS Foundation Trust	121	108	-13	-11%	£162	£184	£22	14%	-£22	£0	0.0%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	687	522	-165	-24%	£344	£302	-£42	-12%	£42	£0	0.0%
Walton Centre NHS Foundation Trust	2	2	0	18%	£17	£14	-£3	-18%	£3	£0	0.0%
Acting as One Total	1,851	2,093	242	13%	£1,251	£1,528	£277	22%	-£277	£0	0%
Central Manchester University Hospitals NHS Foundation Trust	37	39	2	6%	£12	£10	-£3	-23%	£0	-£3	-23%
Countess of Chester Hospital NHS Foundation Trust	0	16	16	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
Southport and Ormskirk Hospital NHS Trust*	23,858	23,942	84	0%	£12,142	£11,454	-£688	-6%	£0	-£688	-6%
St Helens and Knowsley Hospitals NHS Trust	220	203	-17	-8%	£117	£84	-£34	-29%	£0	-£34	-29%
University Hospital of South Manchester NHS Foundation Trust	20	16	-4	-19%	£3	£6	£3	84%	£0	£3	84%
Warrington and Halton Hospitals NHS Foundation Trust	0	28	28	0%	£0	£12	£12	0%	£0	£12	#DIV/0!
Wirral University Teaching Hospital NHS Foundation Trust	46	66	20	42%	£18	£36	£18	96%	£0	£18	96%
Wrightington, Wigan and Leigh NHS Foundation Trust	35	47	12	35%	£20	£54	£34	175%	£0	£34	175%
ALL REMAINING PROVIDERS TOTAL	24,216	24,357	141	1%	£12,313	£11,662	-£651	-5%	£0	-£651	-5%
GRAND TOTAL	26,067	26,450	383	1%	£13,564	£13,190	-£374	-2.8%	-£277	-£651	-4.8%

*PbR

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 21 - Month 5 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	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	15,619	15,940	321	2%	£2,142	£2,216	£74	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	4,777	4,348	-429	-9%	£8,034	£7,369	-£665	-8%
NELNE - Non Elective Non-Emergency	437	660	223	51%	£1,021	£967	-£53	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	44	5	-39	-89%	£15	£2	-£13	-87%
NELST - Non Elective Short Stay	499	449	-50	-10%	£344	£309	-£36	-10%
NELXBD - Non Elective Excess Bed Day	2,482	2,540	58	2%	£586	£591	£5	1%
Grand Total	23,858	23,942	84	0%	£12,142	£11,454	-£688	-6%

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£688k/-6%. The main driver behind the low levels relates to Non-Elective admissions with a 9% reduction in activity and £665k/-8% reduction in spend.

A number of specialties are under-performing and affecting the overall bottom line, however the main specialty contributing to this is Geriatric Medicine making up just over a third of the total under spend.

The reduction in non-elective activity and cost is mirrored by an over spend in the Trusts Ambulatory Care Unit (ACU) which is currently £512k over spent. Changes in the pathway and increased opening times have allowed more activity to be redirected to this unit and, as such is, showing such a large variance.

Work is ongoing in the Information Sub Group to look at the effects of the changes in ACU and the current tariff structure.

4.9 Aintree and University Hospital NHS Foundation Trust

Figure 22 - Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Urgent 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
AandE	357	552	195	55%	£48	£75	£27	56%
NEL - Non Elective	148	263	115	77%	£261	£464	£204	78%
NELNE - Non Elective Non-Emergency	9	12	3	41%	£25	£59	£34	135%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - Non Elective Short Stay	19	29	10	55%	£13	£21	£8	63%
NELXBD - Non Elective Excess Bed Day	75	85	10	14%	£18	£20	£2	12%
Grand Total	607	1,016	409	67%	£364	£658	£294	81%

4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £294k is mainly driven by a £204k/78% over performance in Non-Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology and Respiratory Medicine.

Despite this indicative overspend; there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 23 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 31/08/2017	2017/18 Plan	Variance from Plan	Variance on 31/08/2016
1 Common Mental Health Problems (Low Severity)	3	-	3	1
2 Common Mental Health Problems (Low Severity with greater need)	9	5	4	2
3 Non-Psychotic (Moderate Severity)	71	88	- 17	38
4 Non-Psychotic (Severe)	219	209	10	24
5 Non-psychotic Disorders (Very Severe)	40	40	-	6
6 Non-Psychotic Disorder of Over-Valued Ideas	25	28	- 3	-
7 Enduring Non-Psychotic Disorders (High Disability)	135	128	7	12
8 Non-Psychotic Chaotic and Challenging Disorders	76	77	- 1	4
10 First Episode Psychosis	62	73	- 11	15
11 On-going Recurrent Psychosis (Low Symptoms)	209	260	- 51	58
12 On-going or Recurrent Psychosis (High Disability)	246	182	64	71
13 On-going or Recurrent Psychosis (High Symptom & Disability)	103	97	6	10
14 Psychotic Crisis	15	18	- 3	2
15 Severe Psychotic Depression	3	4	- 1	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	17	13	4	5
17 Psychosis and Affective Disorder – Difficult to Engage	24	28	- 4	-
18 Cognitive Impairment (Low Need)	180	216	- 36	49
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	510	692	- 182	231
20 Cognitive Impairment or Dementia Complicated (High Need)	355	266	89	112
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	67	58	61
Cluser 99	247	167	80	81
Total	2,674	2,658	16	4

5.1.1 Key Mental Health Performance Indicators

Figure 24 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	93.8%
Rolling Quarter				100%	100%	96.9%

The Trust failed to achieve the target of 95% in August with 93.8%. Just 1 breach was a Southport & Formby CCG patient. The breach occurred due to 3 failed attempts to contact the patient.



Figure 25 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%
Rolling Quarter				100%	100%	100%

Figure 26 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	100%	50%	100%	50%
Rolling Quarter				88%	100%	80.0%

5.1.2 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires MerseyCare board level approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

Commissioners are meeting the Trust on 19th October 2017 to discuss CRHT fidelity and there is clear expectation that work will commence very shortly to upgrade the Trust's response to those people who experience crisis. Clinical commissioners will be invited to be involved in this service redesign work.

The CORE 24 mental health liaison service was launched on 29th September 2017. The CORE 24 monies have enabled an addition 25.4WTE staff to be deployed across the three acute sites on the North Mersey local delivery footprint. The Trust has reported that only two band 5 nursing posts remain to be recruited to. The allocation of £995k in 2017/18 was on a non-recurring basis on the expectation that the liaison service should be become self- sustaining.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress continues to be reported against the remedial action plan however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017 and these are being recruited to. The Trust is also exploring the use of nurse prescribing input in to the service, but if feasible this would not be available until January 2018.




To enable though put from the service back into primary care a draft Adult ADHD protocol has been developed and has been circulated to the Sefton LMC for comment.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. A meeting has been arranged for 27th October 2017 to discuss a proposal to utilise ex LCH community resource within the Mersey Care community contract to undertake reviews.

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.2%		88%	93%		5%	1%	

MerseyCare are reporting above the England average for percentage recommended for Friends and Family recording 93%, an improvement on July when 85% was reported. For percentage not recommended the Trust has reported 1% in August. This is below the England average of 5% and an improvement on July when 4% was reported.

5.2 Improving Access to Psychological Therapies

Figure 27 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166	188	220	227	202							
Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% required	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.95%	1.27%
	2017/18	0.87%	0.98%	1.15%	1.19%	1.06%							
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	49.0%	45.0%	50.0%	55.1%	55.3%							
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%							
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%							
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	107	119	125	165	128							
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1	9	5							
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	50	62	86	68							
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	87.2%	92.0%	87.8%	90.5%	87.5%							

Cheshire & Wirral Partnership reported 202 Southport & Formby patients entering treatment in Month 5. This is an 11.0% decrease from the previous month when 227 patients entered treatment. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end, which equates to 1.4% each month. The access rate for Month 5 was 1.06% and therefore failed to meet the standard.

Referrals decreased slightly in Month 5 by 5.3% with 248 compared to 262 in Month 4. 67.34% of these were self-referrals, which is comparable from 67.56% in Month 4. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 43 Month 5 compared to 42 in Month 4. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery remained high at 55.3% in Month 5 (from 55.1% in Month 4). This exceeds the minimum standard of 50% and the year- end projection is 51.3%.

Cancelled appointments by the provider remained stable at Month 5 with 42 compared to 40 in Month 4. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased from 101 in Month 4 to 144 in Month 5 (42.6% increase). The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

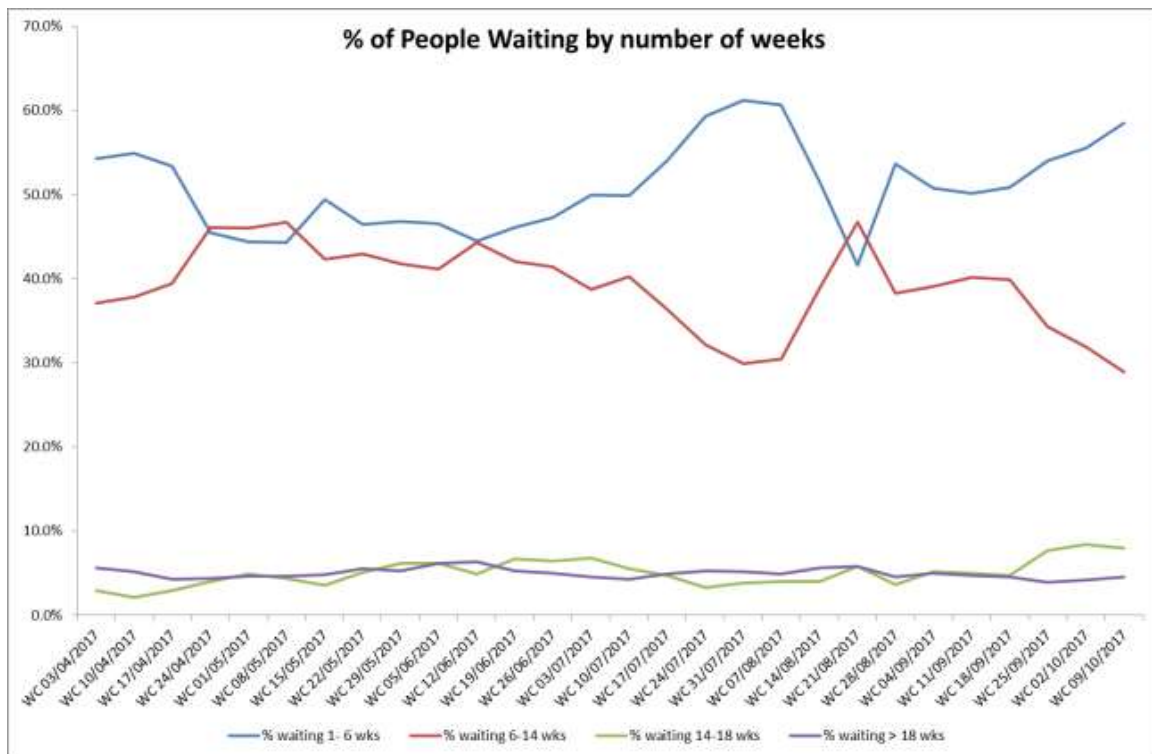
In Month 5 98.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.3% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition, they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well received.

NHS Southport & Formby CCG – Access Sefton % Internal waiters 03/04/2017 – 09/10/2017



The chart above illustrates internal waits activity for April to the week commencing the 9th October 2017 over this 28-week reporting period. The percentage of people waiting 6 to 14 weeks for a second appointment has seen a downward trend in July as the percentage of those waiting just 1 to 6 weeks saw an increase.

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%	71.2%
Target	66.7%	66.7%	66.7%	66.7%	66.7%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in August 2017 of 71.2%, which exceeds the national dementia diagnosis ambition of 66.7%.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	400	100	125	155	185	565
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	-	-	-	-	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	21.3%	21.3%	-	-	-	-	30.1%

An update will be provided on a quarterly basis. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2		2		2	
%	100.00%	0.00%	100.00%		100.00%		100.00%	

Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	1	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2		2		2	
%	100.00%	100.00%	100.00%		100.00%		100.00%	

In quarter 1, the CCG had 1 patient under the Urgent referral category, and this patient was seen within 1 week so performance against the 1 week target was 100% against 95% target. Under the Routine category, 3 patients were referred. Of the three, two have been seen (known as 'complete' pathways*), with one at 4-5 weeks and one at 7-8 weeks and one is still incomplete at quarter end (waiting 1-2 weeks).

*The performance in this category is calculated against completed pathways only, so performance is 0% against the 95% standard.

6. Community Health

6.1 Lancashire Care Trust Community Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. The Trust has a 6 month SLA in place with Southport & Ormskirk for data to be shared to allow Lancashire Care to meet their reporting requirements with the CCG. Lancashire Care is having internal discussions around their reporting options going forward; to either extend the SLA or use the clinical system EMIS themselves. However, they are planning a Trust wide migration over to a different clinical system, RiO, in 2018. This is expected to take 3-4 years.

An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from Southport & Ormskirk Hospital, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

A project plan has been shared with the CCG which outlines timescales for validation by service. The following services have been validated:

- Contingence – the Trust has commented on how hard staff have worked during this validation process, and is now confident with the quality of data being reported from the service. The Trust

plans to undertake an audit in this service in the next few months to ensure staff members are still recording information correctly on the system.




- Treatment Rooms – the Trust is in the process of validating this service with the teams and expects validations to be completed by the end of October 2017.
- District Nursing – the Trust is in the process of validating this service with the teams and expects validations to be completed by the end of October 2017.
- Adult Therapies, Podiatry and Falls services were contacted in September with plans for data to be reviewed in October 2017.

6.1.2 Quality

The CCG Quality Team are holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

A review has taken place of all KPIs (Mersey Care Community and Lancashire Care). KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience are being prioritised.

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.0%	1.7%		96%	98%		2%	0%	

Lancashire Care is above the England average for recommended for Friends and Family recording 98%, showing no change in performance compared to last month. The Trust is recording below the England average of 2% for not recommended in August with 0%, an improvement on last month when 1% was reported.

6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 5 2017/18 YTD the costs for Southport & Formby CCG patients were £21,636, compared to £194,237 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 546 in 16/17 to 199 in 17/18.

MSK

At month 5 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past two months), compared to £37,615 at the same time last year. Activity has decreased significantly from 247 initial contacts and 274 follow-ups in 16/17 M5 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M5 YTD.

6.2 Any Qualified Provider – Specsavers

Adult Hearing

At month 5 2017/18 YTD, the costs for Southport & Formby CCG patients were £84,130, compared to £82,297 at the same time last year. Comparisons of activity between the two time periods show that activity has increased from 283 in 16/17 to 313 in 17/18.

6.3 Percentage of children waiting more than 18 weeks for a wheelchair

Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	15	6	15		15		15	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	16	6	16		16		16	
%	93.75%	100.00%	93.75%		93.75%		93.75%	

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity.

Quarter 1 shows 100% against the target of 93.75%.

6.4 Children’s Community Audiology Service

An interim solution has been put in place for children and young people experiencing longer than expected waits for appointments with the paediatric community audiology service at Southport Centre for Health and Wellbeing. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave the CCG notice to cease. Since then, the CCG has been working hard to reinstate the service and is currently in discussions with Alder Hey Children’s NHS Foundation Trust about taking on the running of this service but arrangements like this take time to finalise. Also, some work is needed to bring the existing audiology equipment at Houghton Street up to technical standards, which will also take some time to complete.

Until the new provider is in place, the CCG has secured an interim agreement with Southport & Ormskirk Hospital NHS Trust to ensure the 100 young patients waiting for an appointment can be appropriately reviewed and treated without further delay. Parents and carers who have previously contacted Patient Advice and Liaison Service (PALS) about delays to their child’s appointment have been contacted with progress, telling them of the CCG’s progress to secure a long term provider and about interim arrangements.

7. Third Sector Contracts

Reports detailing activity and outcomes during Q2 are underway. This report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carers. This model appears to have been very well received amongst GPs and practice staff, further plans have been put in place to role this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations, a further presentation will be made during October to the Senior Leadership Team.

Promotion of "30 Days of Sefton in Mind", from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) has taken place. Sefton MBC ran 30 stories regarding mental health in Sefton. SWACA were featured as an integral service provided for Women & Children within Sefton.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG, which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model, which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. There have been no recent inspections other than Family Surgery in August which achieved a 'Good' rating.

Figure 28 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	Curzon Road Medical Practice	n/a	Not yet inspected the service was registered by CQC on 1 July 2016					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Center	17 August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	n/a	Not yet inspected the service was registered by CQC on 24 June 2016					
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTOC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTOC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard.

The framework draws together in one place almost 60 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks

- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	n/d Maternal smoking at delivery 16-17 Q3	10.7%	↓	2/11	101/209	R 121a	n/a High quality care - acute 16-17 Q4	58	↑	9/11	101/209		
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	33.5%	↓	8/11	110/209	R 121b	n/a High quality care - primary care 16-17 Q4	61	○	10/11	182/209		
R 103a	n/d Patients who achieved NICE t 2015-16	43.2%	↓	1/11	23/209	R 121c	n/a High quality care - adult social care 16-17 Q4	59	○	8/11	143/209		
R 103b	n/d Attendance of structured education 2014	2.2%	↓	9/11	149/209	R 122a	n/d Cancers diagnosed at early stage 2015	52.7%	↑	7/11	87/209		
R 104a	n/d Injuries from falls in people 16-17 Q3	2,249	↓	8/11	159/209	R 122b	n/d Cancer 62 days of referral to 16-17 Q4	76.9%	↓	7/11	156/209		
R 105a	n/a Utilisation of the NHS e-referral 2017 Q3	44.4%	↑	9/11		R 122c	✓ One-year survival from all cancers 2014	71.7%	↑	2/11	32/209		
R 105b	n/a Personal health budgets 16-17 Q4	14	↓	5/11	84/209	R 122d	n/d Cancer patient experience 2015	8.7	○	9/11	74/209		
R 105c	n/a % of deaths in hospital 16-17 Q2	41.4%	↑	10/11	186/209	R 123a	n/d IAPT recovery rate 2017 Q1	47.0%	↓	9/11	145/209		
R 105d	n/d LTC feeling supported 2016 Q3	62.2%	↓	10/11	151/209	R 123b	n/d EIP 2 week referral 2017 Q3	53.8%	↓	9/11	202/209		
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	906	↑	8/11	111/209	R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔	9/11	146/209		
R 106b	✗ Inequality - UCS 16-17 Q3	2,557	↑	11/11	182/209	R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔	11/11	191/209		
R 107a	✗ AMR: appropriate prescribing 2017 Q2	1.14	↓	8/11	136/209	R 123e	n/a MH - OAP 16-17 Q4	75.0%	↓	11/11	158/209		
R 107b	✗ AMR: Broad spectrum prescribing 2017 Q2	7.9%	↓	5/11	65/209	R 124a	✗ LD - reliance on specialist input 16-17 Q4	70	↑	5/11	146/209		
R 108a	n/a Quality of life of carers 2016 Q3	0.76	↓	11/11	200/209	R 124b	n/d LD - annual health check 2015-16	25.1%	○	11/11	190/209		
Sustainability							R 125a	n/d Neonatal mortality and stillbirth 2015	7.0	↓	8/11	119/209	
R 141a	n/a Financial plan 2016	Red	○	9/11	141/209	R 125b	n/a Experience of maternity services 2015	71.2	○	11/11	207/209		
R 141b	n/a In-year financial performance 16-17 Q4	Red	↔	10/11	141/209	R 125c	n/a Choices in maternity services 2015	60.5	○	9/11	191/209		
R 142a	n/a Improvement area: Outcomes 16-17 Q3	50.0%	↔	8/11	165/209	R 126a	n/a Dementia diagnosis rate 2017 Q3	71.0%	↑	5/11	77/209		
R 142b	n/a Improvement area: Expenditure 16-17 Q3	50.0%	↑	9/11	163/209	R 126b	n/d Dementia post diagnostic support 2015-16	75.5%	↓	8/11	183/209		
R 143a	n/a New models of care 16-17 Q4	N	○			R 127a	n/a Delivery of an integrated urgent care 2017 Q1	5	↑	5/11	65/209		
R 144a	n/a Local digital roadmap in place 16-17 Q4	Y	○			R 127b	n/d Emergency admissions for UC 16-17 Q3	2,584	↓	9/11	135/209		
R 144b	n/a Digital interactions 16-17 Q4	70.8%	○	5/11	48/209	R 127c	✗ A&E admission, transfer, discharge 2017 Q3	88.2%	↑	6/11	122/209		
R 145a	n/a SEP in place 2016-17	Y	○			R 127e	n/d Delayed transfers of care per patient 2017 Q3	14.1	↑	8/11	115/209		
Well Led							R 127f	n/d Hospital bed use following emergency 16-17 Q3	511.4	↑	5/11	120/209	
R 161a	n/a STP 2016-17	Green	○	1/11	1/209	R 128a	n/d Management of LTCs 16-17 Q3	850	↑	6/11	88/209		
R 162a	n/a Probity and corporate governance 16-17 Q4	Fully Compliant	↔	1/11	1/209	R 128b	n/d Patient experience of GP services 2016 Q3	90.4%	↑	2/11	11/209		
R 163a	n/a Staff engagement index 2016	3.68	↓	10/11	197/209	R 128c	n/a Primary care access 2017 Q3	0.0%	↔	5/11	115/209		
R 163b	n/a Progress against WRES 2016	0.08	○	3/11	33/209	R 128d	n/d Primary care workforce 2016 Q9	0.87	↓	10/11	164/209		
R 164a	n/a Working relationship effectiveness 16-17	69.95	↑	9/11	86/209	R 129a	✓ 18 week RTT 2017 Q3	94.1%	↑	6/11	25/209		
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↔	4/11	108/209	R 130a	n/a 7 DS - achievement of standards 2016-17	0.0%	○	1/11			
Key							R 131a	n/a People eligible for standard 16-17 Q3	60.2	↓	7/11	48/209	
Worst quartile in England		Interquartile range		Best quartile in England									

10.1 Clinical Priority Areas

Dementia		Cancer		Mental Health				
126a	Dementia diagnosis rate	72.5%	↑	↑	IAPT recovery rate	51.8%	↑	↑
		71.0%	7.4%	7.4%		47.0%	15.4%	15.4%
126b	Dementia post diagnostic support	65.1%	↑	↓	EIP 2 week referral	36.4%	↓	↓
		75.5%	1.2%	1.2%		53.8%	8.7%	8.7%
122a	Cancers diagnosed at early stage	52.7%	↑	↑	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores
		52.7%	4.9%	4.9%		40.0%	5.0%	5.0%
		47.8%	↑	↓	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores
		76.9%	15.5%	15.5%		47.5%	5.0%	5.0%
122b	Cancer 62 days of referral to treatment	92.4%	↑	↓	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores
		76.9%	76.9%	76.9%		75.0%	75.0%	75.0%
122c	One-year survival from all cancers	71.7%	↑	↑		75.0%	12.5%	12.5%
		71.7%	13.0%	13.0%				
122d	Cancer patient experience	8.7	↑	↑				
		8.7	0.0%	0.0%				

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance, which is of concern.

Month 4 remains in the report as month 5 NHS England activity was not available at the time of completion.

Southport & Formby CCG's Month 4 Submission

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3056	2329	-23.8%	A number of changes have affected referral figures at the CCGs main acute provider. A shift in coding of Physio referrals from GP to Other in latter part of 2016/17 appears to show a variance in both measures. This is approx. a drop in GP referrals by 245 a month and a corresponding increase in 'other'. A change in recording ECG referrals in the Trust caused a spike in referral activity for Clinical Physiology from 'Other' referrals but did not impact on contracted activity levels. GP referrals have decreased due to a number of schemes, Joint Health, RMS, Cardiology Pilot, however further work is being completed on this as other specialties are affected. Increases in C2C referrals are being investigated in the Information meeting with the CCGs main provider.
Other	1714	1970	14.9%	
Total (in month)	4770	4299	-9.9%	
Variance against Plan YTD	17562	17860	1.7%	
Year on Year YTD Growth			0.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4010	3547	-11.5%	Outpatient activity is below plan both YTD and in month due to the drop in referrals flowing to the Trust, with the focus on GP referred activity. As with the comments for referrals above a number of schemes have had an affect on the levels of activity at the CCGs main provider as well as at other local Trusts. Joint Health, RMS and Cardiology services have dropped levels of outpatient activity within T&O, Dermatology, and Cardiology. Other specialties will be affected also within RMS. The drop in first attendances will also affect the numbers of follow up activity seen. Further work is being undertaken to understand the reasons for the drop in both referrals and thus activity. The two main providers affected are S&O Trust as well as Renacres ISTC. Please note Liverpool Women's Trust have not submitted SUS data for July, this is approx. 50 first and 130 follow up attendances missing. Please can you check the data you receive is also missing this activity.
Follow Up	8558	8021	-6.3%	
Total Outpatient attendances (in month)	12568	11568	-8.0%	
Variance against Plan YTD	47371	45349	-4.3%	
Year on Year YTD Growth			-6.0%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	1898	1664	-12.3%	Elective and Day Case figures have dropped due to lower levels of GP referred activity flowing. Planned levels for July are at it's peak for the year while a drop in Day Case activity is causing a larger variance. Activity for July is in line statistically for the previous months, while YTD activity remains slightly lower due to cancellations in procedures in April and May which have previously been reported.
Variance against Plan YTD	7326	6478	-11.6%	
Year on Year YTD Growth			-6.4%	
Urgent & Emergency Care				
Type 1	-	3700	-	Local monitoring shows YTD variance against plan at 1% with a less than 1% variance in month. Type 1 activity is reporting a 2.7% increase from last year.
Year on Year YTD			2.6%	
All types (in month)	3946	4169	5.7%	
Variance against Plan YTD	15046	15906	5.7%	
Year on Year YTD Growth			4.0%	
Total Non Elective spells (in month)	1423	1161	-18.4%	The drop in activity against plan and previous years levels is focused at the CCGs main Acute Provider Southport Trust. Planned levels are in line with the period planning was enacted. Since then activity has dropped due to pathway changes at the Trust and increased usage of the Ambulatory Care Unit (ACU). During this period ACU increased opening times furthering the impact on NEL admissions.
Variance against Plan YTD	5479	4897	-10.6%	
Year on Year YTD Growth			-7.4%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G								G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%								94.176%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G							R	
		Actual	91.304%	90.41%	85.106%	95.385%	93.443%								91.438%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G							G	
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%								98.575%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G							G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%								100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R							G	
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%								98.667%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G							G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%								96.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R											R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%												80.347%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R												R	
		Actual	100.00%	71.429%	100.00%	75.00%	-												84.21%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	70.08%	65.92%	62.53%	64.67%													65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	61.82%	58.54%	54.30%	60.42%													58.953%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	68.94%	64.43%	64.68%	64.17%													65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	64.61%	60.49%	62.90%	61.55%													62.28%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	92.54%	90.08%	89.39%	89.80%													90.432%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	86.30%	86.13%	80.70%	84.97%													84.632%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And FormbyCCG	RAG	G								G
		Actual	100.00%								100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And FormbyCCG	RAG	G	G	G	G	G							G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%								84.615%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And FormbyCCG	RAG	G	G	G	G	G							G	
		Actual	70.63%	70.86%	70.45%	70.26%	71.20%								
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And FormbyCCG	RAG	G								G
		Actual	100%								100%
		Target	95%	95%	95%	95%	95%	95%			
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And FormbyCCG	RAG	R								R
		Actual	1								1
		Target	1	1	1	1	1	1			
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And FormbyCCG	RAG	G								G
		Actual	0								-
		Target	1	1	1	1	1	1			

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R											R	
		Actual	3	3	3	5	8												22
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R											R	
		Actual	0.87	0.83	0.80	1.42	2.27												22.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G											G	
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%												93.766%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G											G	
		Actual	0	0	0	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R											R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%												3.445%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G											G	
		Actual	0	0	0	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G															G	
		Actual	100.00%																100.00%
		Target	92.00%					92.00%					92.00%					92.00%	

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm
HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G								G
		YTD	0	0	0	0	0	0								-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G								G
		YTD	6	9	10	10	15	18								18
		Target	6	9	13	18	20	24	27	29	29	29	32	38	24	

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R								R
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%								88.53%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R								R
		Actual	91.097%	89.396%	90.319%	88.266%	88.423%	85.69%								88.925%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G								R
		Actual	3	9	0	2	0	0								14
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/184	Author of the Paper: Judy Graves Corporate Business Manager Email: judy.graves@southseftonccg.nhs.uk Tel: 0151 247 7000						
Report date: November 2017							
Title: Corporate Risk Register and Governing Body Assurance Framework Update							
Summary/Key Issues: The Governing Body is presented with the updated CRR and the GBAF as at October 2017. The GBAF and CRR has been updated and reviewed by members of the leadership team and scrutinised by the Audit Committee.							
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table style="width: 100%;"> <tr> <td>Receive</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
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 and as part of the North Mersey LDS.
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 (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	X			Reviewed by Senior Managers, Audit Committee and Leadership Team

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

Report to Governing Body NOVEMBER 2017

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at October 2017.

The GBAF and CRR has been updated by Senior Managers and Heads of Service, scrutinised by the Audit Committee and reviewed by the Leadership Team.

2. Position Statements November 2017

2.1. Governing Body Assurance Framework (GBAF)

There are a total of 7 risks against the 6 strategic objectives for Southport & Formby CCG:

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	2
High	8-12	4
Extreme	15 - 25	1

GBAF Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks (c) new risks:

GBAF Highlights	Update
1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	<p>Extreme Risk</p> <ul style="list-style-type: none"> Updated QIPP plan submitted to QIPP committee Request for additional resource submitted to NHSE Under performance at S&O linked to possible impact of QIPP schemes

2.2. Corporate Risk Register

There are 25 operational risks rated high or above that are recorded on the Southport and Formby CCG CRR as at October 2017:

- There are six new Quality risks and include risks in relation to the decreased capacity within the quality team, SEND and Serious Incidents (SF043, SF044, SF045, SF046, SF048, SF053).

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	13
Extreme	15 - 25	12

CRR Highlights

Please see the following which updates on the extreme risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF021	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	Transition Board established along with Clinical Leaders group, Provider Group and Activity and Finance Group. Draft timetable outlined with NHSI and STP reviewing resource support for overall programme.	16
SF026	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	The North Mersey Stoke Board have progressed work on operational arrangements for "drip and shift" of hyper-acute patients at weekends. Plan remains to pilot this in the calendar year.	16
SF016	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	Winter Plan developed and agreed and submitted to the A&E Delivery Board for approval. ICRAS (Integrated Care Reablement and Assessment) model scheduled for implementation 1st October.	16

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF039	There is a risk of a gap in service for paediatric audiology due to the current provider serving notice on the service.	Paper presented to the leadership team regarding funding for further equipment testing which is needed. In September it became apparent that the estimate was likely to be in line with actual cost. In recognition of this, Alder Hey Foundation Trust have been offered the full estimate value. No response has been received and the AO has escalated to the Alder Hey CO on 27th September. A response is anticipated by 29th September. A full mobilisation plan to address, in particular the follow up waiting list, will be developed alongside contract variation.	20
SF020	Delay's in specialist review of referrals which may result in a potential risk to patients (Choose and Book)	ASI rates are not in line with CQUIN trajectory and continue to rise . A full analysis is being prepared for MMcD	16
SF033	Risk that patients could be harmed or receive inadequate care due to lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system	Regular meeting established to manage current risks between provider senior managers & commissioners - Meetings held in July 2017, August 2017 and September 2017. Formal letter sent to MCT re commissioner concerns. Response received from provider outlining plan to address concerns to be reviewed in October 2017	16
SF043	There is a risk that decreased capacity within the quality team due to secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB	New Staff member now in post from September 2017 to cover team member secondment Programme manager quality and safety JD reviewed and amended , sent to HR for AFC job matching in September 2017 Commence recruitment for programme manager Quality & Safety once outcome known. Paper submitted to Leadership Team re capacity issues within Quality team, August 2017 Chief Nurse contributed to overall Leadership Team paper on team re-alignment to deliver CCG priorities/QIPP	16

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF054	There is a risk to the delivery of the joint SEND written statement of action due to CCG capacity and current financial challenges faced by the CCG	<p>Paper drafted by Leadership Team to consider re-alignment of teams to deliver against CCG priorities</p> <p>First monitoring meeting held DFE and NHSE in August 2017 with positive feedback reported to the JQC</p>	16
SF046	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	<p>Commissioner concerns discussed and reviewed at AUH CCF, August & September 2017</p> <p>Telecom held with NHSE to discuss assurance process & plans to increase surveillance level of the trust, September 2017.</p> <p>Surveillance level increased from routine to enhanced & reported to AUH, September 2017</p> <p>Meeting co-ordinated by NHSE to undertake the QRP tool, and held September 2017.</p> <p>Submitted to NHSE Sep 2017</p>	20
SF048	There is a risk to patients and family experience for those in their EOL period following the implementation of the ADAM dynamic purchasing system.	<p>Assurance still not provided with regards recovery action plan from both quality and finance perspective</p> <p>CCG await further clarification from CSU before reverting back to ADAM DPS for commissioning of EOL packages</p>	16
SF053	Obstetric middle grade rota likely to be inadequately staffed from November due to staff shortages.	Vanguard is exploring wider network solutions across all providers.	20
SF044	CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.	<p>CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects.</p> <p>NM Finance review and challenge Acting as One arrangements regarding</p>	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
		<p>delivery of joint reduction in expenditure to deliver system control total and organisational financial balance.</p> <p>Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures.</p>	

3. Next Steps

Following review and scrutiny by the Audit Committee and Leadership Team, work will now commence on reviewing the process to ensure fit for purpose..

4. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Corporate Risk Register

5. Recommendations

The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.

Judy Graves
Corporate Business Manager
November 2017

Southport and Formby CCG
Governing Body Assurance Framework
2017/2018
Update: September 2017

The Governing Body Assurance Framework (GBAF) aims to identify the principal or strategic risks to the delivery of the CCG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and the key mitigating actions required to reduce the risks towards the appetite risk score. The GBAF also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG.

The table below sets out the strategic objectives lists the various principal risks that relate to them and highlights where gaps in control or assurance have been identified. Further details can be found on the supporting pages for each of the Principal Risks.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. 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.	1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	Debbie Fairclough	20	16	<ul style="list-style-type: none"> Updated QIPP plan submitted to QIPP committee Request for additional resource submitted to NHSE Under performance at S&O linked to possible impact of QIPP schemes
2. 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 and as part of the North Mersey LDS.	2.1 N/A		9	9	<ul style="list-style-type: none"> Risk being assured through Strategic Objective 1 and QIPP.
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> New national set performance metrics introduced and being presented to the Governing Body in October 2017
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> Business Continuity plans approved Composite plan and strategy approved Training and awareness raising continues Development Plan in place

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
4. 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.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> The CCG is participating in the GPFV international recruitment programme Primary Care Workshop to review strategy and funding is scheduled
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Performance continues to be maintained	Jan Leonard	9	6	<ul style="list-style-type: none"> High level transformation plan now received. Plan to be reviewed by the CCG and presented to the Governing Body.
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> BCF plans approved

Strategic Objective 1	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.			
Risk 1.1	Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position			
Risk Rating Initial Score Current Score	5x4=20 5x4=16		Lead Director Debbie Fairclough Date Last Reviewed 29 th September 2017	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> QIPP plan remains under constant review by the Joint QIPP Committee and the Governing Body QIPP update provided at leadership team every week QIPP week held in May to identify new schemes QIPP week held during July to identify further schemes and plan for 2018/19 Senior QIPP programme manager being recruited to lead on key schemes and support delivery Ongoing dialogue with provider to align QIPP with CIP and looking at GIRFT packs Prioritisation session being held with Governing Body Implementation of a referral management system Stretch QIPP plan for medicines optimisation being developed Further evaluation and assessment of all schemes 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> Additional resource required to support QIPP schemes – support requested from NHSE 	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> Rapid implementation of big schemes required – End of Life, pain management 	Debbie Fairclough	Commenced July 2017
		<ul style="list-style-type: none"> Deep scrutiny of major schemes by Joint QIPP Committee 	Debbie Fairclough	October 2017
		<ul style="list-style-type: none"> Activity management plans to be requested from provider (not progressed due to contracting issues) CCG continues to seek out all areas of inefficiency and developing appropriate plans to address 	Debbie Fairclough	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Outcome of audit by NHSE in March shows that we have good arrangements in place Delivery of QIPP targets – monitored month on month Full review of all QIPP activity undertaken in May – June providing assurances that the CCG is doing all it can to identify efficiencies Under performance at main provider in respect of referrals 		Full assessment and analysis required on reasons for decline in referrals so that CCG can determine if current patterns will continue		
Additional Comments:		Link to Risk Register:		
		SF006		

Strategic Objective 2	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 and as part of North Mersey LDS.		
Risk 2.1			
Risk Rating Initial Score 5 x 3 = 15 Current Score 3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed September 2017		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
Joint QIPP and transformation scheme methodology in place. Alignment of QIPP schemes to blueprints has been completed. Stocktake of blueprints underway and to be considered at QIPP committee in October.	Action	Responsible Officer	Due By
	Stocktake of blueprints	Debbie Fairclough and Fiona Doherty	October 2017
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> . 			
Additional Comments:	Link to Risk Register:		
<ul style="list-style-type: none"> . 	??? check F&R		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score Current Score	4x4 = 16 2x4 = 8	Lead Director Karl McCluskey Date Last Reviewed September 2017	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Aristotle Business Intelligence portal in place and training provided to localities, practices, locality managers and commissioning leads. Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. Management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between contracting teams and CPQG to ensure adverse quality performance is triangulated New nationally set performance metrics for ambulance performance and CAMHS introduced 	Action	Responsible Officer	Due By
	Continued monitoring of associated risks	All	on-going
	Governing Body Development Session will focus on new ambulance performance metrics and CAMHS	Karl McCluskey	October 2017
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained 			
Additional Comments:	Link to Risk Register:		
	QUA002 , QUA005 , QUA008 , QUA009 , QUA020 , QUA022 .		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracy Jeffes Date Last Reviewed September 2017	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans Emergency Planning training taken place in last 12 months Corporate Governance Group has responsibility for ensuring compliance CCG Statutory Lead is Chief Delivery and Integration Officer 	Action	Responsible Officer	Due By
	Business continuity plans have been refreshed by all CCG teams. <i>All plans and strategies approved by F&R in September 2017.</i>	Tracy Jeffes	Completed
	Composite plan and strategy to be finalised. <i>All plans and strategies approved by F&R in September 2017.</i>	M&L CSU lead	Completed
	Ongoing training for key staff – multiagency response training event. Exercising of Business Continuity Plans.	Tracy Jeffes	September 2017
	<i>NHSE Self-Assessment Assurance process completed. Development Plan in place.</i>	Tracy Jeffes	September 2017 - Completed
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> NHSE assurance through self-assessment and improvement plan 	NHSE assurance process to be repeated in September 2017 - <i>Completed</i>		
Additional Comments:	Link to Risk Register:		
	*** need to add risk number		

Strategic Objective 4	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.			
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed September 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee with NHSE Operational group that reports to Joint Committee LQC in place for 17/18 GP five year forward view plan The CCG is participating in the GPFV international recruitment programme 		Action	Responsible Officer	Due By
		North Mersey LDS Group for GPFV delivery	J Leonard	Monthly meeting
		NHSE LDS Support team in place for GPFV	J Leonard	
		Primary Care Workshop to review strategy and funding is scheduled	J Leonard	October 2017
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development GPFV plan monitoring LQC monitoring 				
Additional Comments:		Link to Risk Register:		
		SF042		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Transformation of community services delayed by mobilisation of community contract		
Risk Rating	Lead Director		
Initial Score	3x3=9	Jan Leonard	
Current Score	2x3=6	Date Last Reviewed	
		September 2017	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor feedback on services Quality Committee monitoring of services 	Action	Responsible Officer	Due By
	High-level transformation plan in place and received 26/9/17.	Jan Leonard	March 2018 Completed
	Transformation plan to be reviewed by the CCG and presented to the Governing Body.	Jan Leonard	October 2017
	Performance against plan to be monitored through monthly contract meetings	Jan Leonard	In Year
	Fortnightly meetings between CCG Lead and Provider to progress transformation agenda	Jan Leonard	March 18
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
Feedback from stakeholders and patients Delivery against transformation plan			
Additional Comments:	Link to Risk Register:		

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans			
Risk Rating Initial Score Current Score	3x3= 9 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed September 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. Number of key joint commissioning posts in place 4. Integrated Commissioning Group established 5. Making It Happen – joint approach to integration approved 6. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 		Action	Responsible Officer	Due By
		Approach to implementation of “Making it Happen” agreed. Completed	Mel Wright/ Tracy Jeffes	September 2017
		Initial pooled budget arrangements within BCF agreed. Completed.	Martin McDowell	June 2017 September 2017
		Finalise iBCF and BCF once final guidance published, aligned to “Making it Happen”	Tracy Jeffes	TBC September 2017
		New Section 75 agreed by all parties	Tracy Jeffes	September 2017
		Implementation of MIAA recommendations	Tracy Jeffes	November 2017
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ol style="list-style-type: none"> 1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed 				
Additional Comments:		Link to Risk Register:		
		SS040		



Corporate Risk Register

Current Version	October 2017		
Previous Version	v5	Updated Date	Mar-17
Document File Path			

Responsible Committee/Team	Committee / Team ID	CRR ID	Date Risk Added	Previous ID		Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Quality Team Review Date	Trend
Quality Committee	QUA003	SF021	Apr-15	QUA033	Karl McCluskey	Redesign & Commissioning	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	1. Jointly commissioned independent sustainability review being undertaken by Deloitte in agreement with West Lancs CCG, Southport & Ormskirk Hospital and Southport Formby CCG - Superseded. Care for You programme launched July 2017. Led by Southport & Formby CCG in conjunction with West Lancs and S&O. Programme also has input from NHSE and NHSI with support from the Northern Clinical Senate.	5	4	20	Determine CCG requirements for in-hospital services Enhance clinical engagement to inform clinical model - Superseded. Further work required to cement and agree governance structure, reporting lines and accountability.	CCG now formally part of North Mersey LDS CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16. Reports presented to GB in September 2016. Model shared with GB in September. Engaging with local clinicians to develop a collaborative view of in-hospital services. Case for change developed jointly with S&O and West Lancs CCG, considered and endorsed with the NM LDS in April 17, further agreed at Tri Board with West Lancs CCG, SFCCG and S&O in May 17. Launch Clinical Event scheduled for 24th May. Strategic Meeting with NHSI scheduled end of May. KMcC: New governance structure being developed as part of North Mersey Hospitals Review. Terms of Reference drafted, to go through the governance process by September. NHSI Clinical Leadership agreed and in place. PIMO support agreed, due to commence September. Outline plan to be developed by the end of September for NHSI and NHSE. Transition Board established along with Clinical Leaders group, Provider Group and Activity and Finance Group. Draft timetable outlined with NHSI and STP reviewing resource support for overall programme.	4	4	16	Sep-17	Jul-17	↔
Quality Committee	QUA005	SF026	Q1 2016/17	QUA043	Karl McCluskey	Redesign & Commissioning	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	1. Monthly review of stroke performance incl. SSNAP 2. Monthly review of constitutional targets and mortality	4	4	16	External review required - a Strand Review commissioned by CCG - completed Awaiting Stroke Network Case for Change for North Mersey to be considered at the STP and North Mersey LDS in November 2017.	S&O CEO attended GB Part 2 to outline intended actions following reviews. Further progress up-date provided by S&O CEO in April 17. Detailed paper considered by GB in May 17 to provide assurance on CCG measures taken to date. CCG agreed clear commissioning position for Stroke services at S&O. Meeting with NHSE and Stroke network to agree way forward at the end of May. Clinical leads across NM agreed options for HAS provision at weekend, currently being developed operationally for Sep-17. KMcC: ...November/December 2017. Review of current service position for stroke treatment presented to the governing body in June 2017. In conjunction with the Stroke Network the strategic vision for services across North Mersey to be developed by the end of August 2017. The North Mersey Stoke Board have progressed work on operational arrangements for "drip and shift" of hyper-acute patients at weekends. Plan remains to pilot this in the calendar year.	4	4	16	Sep-17	Jul-17	↔
Quality Committee	QUA007	SF001			Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients (Southport and Formby)	1. Monthly contract meetings 2. Clinical Quality and performance meetings by patient choice and complex pathways 3. Clinical lead for contracts and quality 5. Clinical meetings with Cancer Leads and Manager. 6. Managerial lead for cancer has action plan in place. 7. Weekly and monthly monitoring through SMT and contractual performance. 8. RCA for any 62 day breaches 10. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 11. Integrated Performance Report developed and presented to Governing Body. 12. Action plans in place for failed areas; progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn	Consultant Radiology resourcing continues to hinder pathway performance for 62 days Trust is actively recruiting Locums being employed Linking with other Trusts for Support. Discussed in April CQPG regarding Radiology Staff Resource NHSE's National Plan identifies particular Trusts listed below with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18 - Warrington and Halton Hospital NHS Trust - Southport and Ormskirk NHS Hospital Trust - Aintree Hospital Trust NHS - Liverpool Women's Hospital NHS Trust - Clatterbridge NHS Hospital Trust LCL issue for South Sefton described below also affects Southport and Formby patients for haematological cancers Weekly performance calls with NHSE, NHSI and provider..	4	3	12	Sep-17	Jul-17	↔

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Quality Committee	QUA008	SF001	Prior Q3 2013/14	BUO001 SS	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients.	<ol style="list-style-type: none"> Monthly contract meetings Clinical Quality and performance meetings Clinical lead for contracts and quality Clinical meetings with Cancer Leads and Manager. Managerial lead for cancer has action plan in place. Weekly and monthly monitoring through SMT and contractual performance. RCA for any 62 day breaches Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team). Integrated Performance Report developed and presented to Governing Body. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews. 	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn	<p>The likelihood score remains higher than the initial score due to lack of sustained month on month performance.</p> <p>Challenges in managing referrals from NHS screening service due to complicated pathways. Issue raised with Spec Comm & NHSE CCG to escalate at Q2 assurance review with NHSE.</p> <p>Discussed at April's CCG meeting.</p> <p>Sarah McGrath to update - Mandate from NHSE May 2017 on recovery and operating model for 62 day cancer standard. Both Aintree and S&O classed as marginally breaching Trusts. Rapid Recovery Teams will work with the Trusts to audit the PTL and application of the 10 High Impact Actions and agree an action plan to be fully implemented by 31.7.17.</p> <p>NHSE's National Plan identifies particular Trusts listed below with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18</p> <ul style="list-style-type: none"> Warrington and Halton Hospital NHS Trust Southport and Ormskirk NHS Hospital Trust Aintree Hospital Trust NHS Liverpool Women's Hospital NHS Trust Clatterbridge NHS Hospital Trust <p>Additional meeting with CCG, CEOs of RLBUHT, Clinical Lead LCL, NHSI to gain assurance. RE: Performance & Quality Improvement meeting held 30-8-17. 70%-80% performance expected by December 2017. Reported to GB September 2017</p>	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA009	SF016	Apr-15	QUA024	Karl McCluskey (Dave Warwick)	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the Trust (SF)	<ol style="list-style-type: none"> A&E delivery Board in place to monitor & manage performance S&F subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body. Monthly Quality meeting: reported to Governing Body (SF) Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and fed into Governing Body Operational Service level meetings held: DW: currently weekly MADE events, weekly DTOC Teleconference and bi weekly Purple to Gold meeting Monthly contractual Performance meetings Monthly Integrated Performance Report: reported to Governing Body. Monthly Quality meeting: reported to Governing Body. (SS) 	3	3	9	Recovery plan agreed STF trajectory agreed	<p>ECIP review undertaken in Nov and draft report shared with CCG</p> <p>Enhanced recruitment of nursing staff to support ambulance turnaround times</p> <p>A&E staff resource (Medical and Nursing) discussed in April's CQPG.</p> <p>Trust activity recruiting.</p> <p>RCA 12 hour breaches perceived as per timeline fed back to Trust at Aintree CQPG in April discussion on low levels of harm due to long waits at A&E. Report to Aintree Board on harm over previous 12 months.</p> <p>Will come to CQPG.</p> <p>The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance.</p> <p>Not meeting constitutional target or STF trajectory.</p> <p>Increased number of 12 hour breaches for which RCAs are being completed. Frailty Unit opened in Dec to support patient flow and turnaround.</p> <p>Winter Plan developed and agreed and submitted to the A&E Delivery Board for approval.</p> <p>ICRAS (Integrated Care Reablement and Assessment) model scheduled for implementation 1st October.</p>	4	4	16	Sep-17	Jun-17	↔
Quality Committee	QUA011	SF028	Q1 2016/17	QUA045	Jenny Owen	Quality	Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRo to raise at quality committee. HRo to add to corporate risk register.				<ul style="list-style-type: none"> All providers informed of risk LCH & Aintree have this on their risk registers Pan Mersey Sub Group informed All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulise. This will identify the size of the problem and enable patients to receive a review & education. An update to be presented at the August Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	<p>Clinical Leads have received the data which is currently being reviewed to ascertain. Due to numbers of patients identified and capacity issues to conduct patient reviews, it has been agreed that the Respiratory Lead will work with Clinical Leads to put forward a business case with a number of options for agreement at the QIPP committee in February 2017.</p> <p>Case discussed at Clinical QIPP Committee on 7th March 2017. The cost to implement the patient review was discussed and the programme lead was asked to see if there was any alternatives funding streams for example via pharmaceutical companies. This was explored and unfortunately this was unavailable. A short to longer term plan was developed. In the short term Medicines Management will provide education for the patient via a telephone call and patient leaflet. The Community Respiratory Team have agreed to review all patients over the summer months whilst the service is less busy. The longer term solution will require a whole system approach, this will be developed over the next couple of months.</p> <p>Route map for integration finalised Joint working with LA regarding CHC. Further joint development to intermediate care plans. Making Integration Happen approved by GB. Integrated Commissioning group progressing work on key priorities.</p> <p>Clinical QIPP agreed to proceed phase 3 funding for training. This will cease in July but wont be funded further.</p>						

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									4	5	20		Plan for community respiratory reviews of outstanding patients agreed at Clinical QIPP Advisory Group. To confirm date of commencement. JK. Report produced following Feedback from Clinical QIPP on 7.3.17. This report was presented to Clinical QIPP in May and it was agreed that a contract variation would be utilised to enable Aintree Trust to review all South Sefton Patients and Community respiratory Team to review Southport and Formby patients. This option was explored by the project team and due to capacity in CRT & long waiting times to the Trust the following was agreed: 1. Practice Medicines Management Technician to conduct a search of all patients prescribed nebulised therapies in the past 2 years – they will be separated by current and past patients. This will reduce the number of patients to be reviewed initially whilst capacity of the CRT increases. 2. Current patients will be referred to either Community Respiratory Team or the Acute Trust for a full review – dependent on clinical suitability. 3. Practice Medicines Management Technician will put a message on the record of all past patients requesting that the patient is referred to either CRT or the Trust for a full review before issuing a prescription. 4. CCG to organise a clinical training session on nebuliser use and alternatives. This will be delivered at a PLT session by one of the Aintree Consultants who are supporting the process. 5. Respiratory Lead to do pathway development work with services across the system to enable an improved system wide approach. 6. All Practices gave permission to proceed. Respiratory Lead Sent to Medicines Management Lead on 13.9.17 7. Medicines management to start search of all patients prescribed nebulised therapies in the past 2 years and refer to appropriate service – by 31st October 2017 8. Reviews at providers to commence from November onwards – agreement of number per month to be negotiated with providers.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA012	SF036	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capstick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	Discussed at QSG regarding plans for lessons learned in May & July 2016 Discussions at Quality Committee in May and July 2016 & GB July 2016 Meeting of MPs by Chief Officer July & Aug 2016 Chronology of CCG involvement in performance management of provider - on-going to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MAA review Sept 2016	Joint presentation to QSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH. MAA review on-going - reporting date likely to be spring 2017. MAA review completed and presented to Joint Quality Committee in February 2017. Significant assurance given with a Lessons Learnt event planned for Governing Body Development Sessions after April 2017. MAA Review will go to GB in March 2017 and Audit Committee in April 2017. Kirkup Review underway. CCG have received letter from NHSI, including Terms of Reference. MAA Report presented to Audit Committee. Contact made to AQUA to support recommendations to paper. Joint letter drafter, to be sent to NHSE & CCG from North Mersey CCGs. Additional resource secured in quality team to support delivery of recommendations. Lessons learned Governing Body session confirmed for June. Presentation to governing body received and awaiting Kirkup. SS Clinical Vice Chair attending Merseycare Community CQPG. - Lessons learnt & progress against MAA review presented to July 2017 GB - Progress to date against action plan reviewed by Chief Nurse and Deputy Chief Nurse September 2017 - Letter sent c final MAA report to NHSE & CCG - SSCCG clinical vice chair has attended community contract review meeting. CQPG to review performance of CCG teams - CCG senior leaders interviewed as part of Kirkup review (July 2017)	3	4	12	Sep-17	Sep-17	↔
Quality Committee	QUA015	SF039	Sep-16	N/A	Jan Leonard (Billie Dode)	Redesign & Commissioning	There is a risk of a gap in service for paediatric audiology due to the current provider serving notice on the service.	Contract has a 6 month notice period	5	4	20	1. Contacted alternative provider 2. Paper on options to go to Leadership Team	June 2017. Bridgewater service ceased on May 1st. Alder hey have not picked up service provision. Patients are in the system and being referred with no service covering. Mitigating actions; Head of commissioning met with Alder hey on 1st June to go through outstanding actions. Agreed information required and escalated to senior management level for responses. Chief nurse escalated to DON at Bridgewater and AH, requested confirmation that patients are not at risk and Bridgewater state risk is of not being seen as follow up. CRR increased as result. Feedback requested for Monday 5th June. Paper presented to the leadership team regarding funding for further equipment testing which is needed. In September it became apparent that the estimate was likely to be in line with actual cost. In recognition of this, Alder Hey Foundation Trust have been offered the full estimate value. No response has been received and the AO has escalated to the Alder Hey CO on 27th September. A response is anticipated by 29th September. A full mobilisation plan to address, in particular the follow up waiting list, will be developed alongside contract variation.	5	4	20	Sep-17	Jul-17	↔

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Quality Committee	QUA019	SF020	Apr-15	QUA032	Sarah McGrath of Team	Redesign & Commissioning	Delay's in specialist review of referrals which may result in a potential risk to patients (Choose and Book)	<ul style="list-style-type: none"> Standard Operating Procedures in place with specialties that ensure the reviewed of daily ASI reports to ensure patients are appointed in a timely manner a specialist review of referral. Based on agreed flags, referrals escalated to service for a decision on appointing (seek agreement for overbooking or additional clinics). Monthly meetings with the trust with clinical representation from CCG Bi-monthly RTT meeting with the trust – C&B standing agenda item Identification of high risk areas and process of monitoring/reporting 	4	3	12	<ul style="list-style-type: none"> Escalation through a letter via CCF to the chief executive (Catherine Beardshaw). Clinical risk of patient referral (ASI) not being triaged in a timely manner, added to Trust risk register. Project plan developed to tackle key issues resulting in the large number of appointment slot issues (ASIs), including high risk areas. Interim process established with high risk services to ensure timely review of referrals (Dummy clinics) Trust monitoring of Clinical business units via reporting mechanism Interim targets set to ensure timely review of referrals (Max. 2ww = 2 days, urgent = 1 weeks, Routine = 6 weeks). 2017/18 CQUIN designed to encourage a move away from any paper based processes. 	For Q2 to Q4 providers will be required to evidence that: Services are published and available to receive referrals through NHS e-Referral Service as set out in the Milestones below. The numerator will be the count of published first outpatient services listed on the Directory of Services e-RS extract EBSX05; and Adequate slot polling is taking place to allow patients to book appointments evidenced by a reduction in 'Appointment Slot Issues' to a rate of 4% or less, the numerator for this measure will be the number of Appointment Slot Issues received by provider. There is a national CQUIN in place with acute providers to ensure availability of all clinics through ERS by March 2018. However there is a mis-match of trajectory timescales with the expectations for 80% referrals to be made on ERS by Q2 2017/18 and 100% by Q2 18/19. ASI rates are not in line with CQUIN trajectory and continue to rise. A full analysis is being prepared for MM&D	4	4	16	Sep-17	Jul-17	↑
Quality Committee	QUA021	SF027	Q1 2016/17	QUA044	Karl McCluskey (Mel Wright)	Redesign & Commissioning	There is a risk that the North Mersey Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers resulting in disjointed planning and provision of acute services impacting patient care	<ol style="list-style-type: none"> CCG formal member of the North Mersey LDS Modelling work on patient flows has commenced 	3	3	9	<ul style="list-style-type: none"> Identify gaps and Priorities Draft a LDS plan Build a financial framework Enhance mental health as a component of LDS SFCCG associate member of LDS Alliance 	LDS plans for North Mersey and the Alliance completed for Oct as part of overall STP Plan Consolidation of crosscutting themes between Liverpool/SCCG/SFCCG being progressed. S&O invited to attend NM LDS Leadership Group and currently reconsidering the organisational position on membership of the Alliance LDS, given accepted patient Flows. Joint "connecting the Clinicians" approach agreed with S&O and West Lancs CCG underpinned by joint case for change. Draft governance structure for NM Hospital group in place and meeting with NHS to finalise agreed approach scheduled for end May. So far, the only services to go out to public consultation are Orthopaedics and ENT. For Orthopaedics, an exercise was undertaken to review the number of patients likely to be affected by change and the number was 57. An appropriate method of engaging with these patients has been agreed. As to wider service reconfiguration, there is as of yet no date for the commencement of this work, so I would suggest this risk is closed pending commencement of that work.	3	4	12	Sep-17	Jul-17	↔
Quality Committee	QUA025	SF033	Jun-15	STA038	Debbie Fagan	Quality	Risk that patients could be harmed or receive inadequate care due to lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system	<ol style="list-style-type: none"> Reporting position to Leadership Team Monitor through Quality Committee Agenda item for contract meeting KPIs in contract for Looked After Children Statutory 903 return will be presented to Corporate Parenting Board by LA: CPB chaired by an elective member 	5	4	20	<ul style="list-style-type: none"> Data quality exercise to be carried out. Areas of assessment is on data to 31st March 2015 and will include: <ul style="list-style-type: none"> whether or not assessed - if assessed, at what stage - whether assessments have been carried out but information not forwarded. Lessons Learnt event to be held - by July 15 	Current designated nurse for LAC has left CCG team, new appointment made and awaiting start date and designated LAC nurse function being picked up by Head of Safeguarding. LCH LAC activity continues to be monitored during LCH transition. No concerns re LAC systems activity. Will be discussed at next CQPG when Q2 data will be reviewed. Performance discussed at CQPG. Concerns re timeliness of LAC reviews raised. CCG Safeguarding serviced offered support to LCHT. Performance also discussed at CQPG and CCF. Carleen Barnes has developed a further suite of KPIs to negotiate into the contract for 2017/18. The LAC Annual Report has been presented to the GB and Corporate parenting Board. Current update on performance is meeting national targets with increased support from CCG Safeguarding. Discussion with Interim Director of Nursing at LCH on transition of Safeguarding staff and sustainability of service to be continued with Merseycare as new provider as part of handover. Update as at 12/08/17 Feedback received from interim DoN at LCH but still ongoing concerns post transition from LCH to North West Boroughs regarding staff expertise and knowledge, leadership for both LAC and YOT, and overall decreased performance for LAC activity. Review of DD Dr for LAC commenced by LCCG and awaiting further comment from Alder Hey on leadership function. Supervision of AC nurses now being provided by NWB for update at next Merseycare CPG. Regular meeting established to manage current risks between provider senior managers & commissioners - Meetings held in July 2017, August 2017 and September 2017. Formal letter sent to MCT re commissioner concerns. Response received from provider outlining plan to address concerns to be reviewed in October 2017	4	4	16	Sep-17	Sep-17	↔
Quality Committee	QUA025	SF002	Apr-15	BUO017	Tracy Jeffes	Corporate	CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	<ol style="list-style-type: none"> Roles of Locality Managers and Team reviewed Locality Plan in place Key issues reported to Governing Body Wrap around support team identified to support localities Key priority in Organisational Development plan 	3	4	12	<ul style="list-style-type: none"> Clear focus for localities in relation to the QIPP agenda and influence over commissioning priorities Clear role out plan for use of Aristotle 	Monthly Locality meetings reinstated, new locality manager appointed across all localities. GB Development session focusing on localities with clear areas for engagement identified. Locality plan in place. Increased engagement in ROSS and use of Aristotle. Work continues.	3	4	12	Sep-17	Jul-17	↔
Quality Committee	QUA026	SF035	Jun-16	N/A	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services	<ol style="list-style-type: none"> Participating in the Health Education North West workforce planning process. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' 	4	3	12	<ol style="list-style-type: none"> Through STP process seek additional investment to fill identified gaps Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery Working with LMC on a scheme to attract more GPs to Sefton 	On-going work through STP continues.	4	3	12	Sep-17	Jul-17	↔

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Quality Committee	QUA033	SF 049	1.3.17	N/A	Debbie Fagan	Quality	Non-delivery against recommendations from the recent joint SEND CQC/OFSTED inspection.	1. Regular reporting on Improvement Plan once agreed by CQC and DfE via the JQC and updates to GB. 2. NtSE identified local support for CCG. 3. SEND identified as a priority area within local government arrangements for integrated working e.g. Integrated Commissioning Group through Health & Wellbeing process.	5	3	15	1. Identified strategic lead and commissioning manager for SEND. Already in place. 2. Agreed priority area for the Integrated Commissioning Group. 3. Working Group set up with LA to develop the management plan. 4. Identify support for the issues from NtSE/DfE. 5. Continue to review provider performance e.g. Paediatrics Speech and Language via routine contract meetings. 6. Ensure SEND inspection requirements are contained in any equality handover to new providers. Nt. 7. Radiology - Long standing recruitment problem. There continues to be a vacant post and recruitment to these posts is a national problem. Trust outsourcing where possible. The Directorate Manager and Clinical Director will be agreeing an action plan to take these forward as a result of a review carried out by NtSI Independent Consultancy Firm. 8. Cardio-Respiratory - Key member of team recently returned from long term sickness. 9. Urodynamics - During the cyber attack, a number of clinics were cancelled. 5 weekly lists lost since April. The plan is to coordinate additional lists, these discussions are underway with both consultants and nursing team. 10. Endoscopy - This is due to the lost activity from 12/5/17 until 18/5/17 as a result of the cyber attack. 11. Cytoscopy - A number relate to the cyber attack, no clinics available re-book to avoid breaches. 12. An action plan with timelines to be reported at the next contract meeting.	1. Working Group has met and ongoing dates have been scheduled. Chief Nurse and Director of Children's Social Care have attended first Improvement Meeting with NtSE/DfE. Meetings commenced to look at a future model for the discharge of functions of the DCO/DfM. 2. Awareness raising session regarding SEND reforms commenced with local providers. 3. Outcome of SEND inspection reported through CCGs governance process. SEND Plans presented at extraordinary Overview and Scrutiny Committee at LA. National Lead for SEND attending for a meeting with CCG and LA on 20/06/17. Revised SEND action plan to be submitted by 10/7/17. Further Scrutiny and input from regional and national NtSE leads following input from Sefton LA. SEND action plan sent as per process. feedback received from OFSTED September 2017 three health SEND strategic group meetings have taken place to monitor the action plan. Monitoring reviewed by DfE and NtSE. Next meeting due October 2017. Currently on plan	4	3	12	Sep-17	Sep-17	↔
Quality Committee	QUA035	SF050	3.5.17		Gordon Jones	Redesign & Commissioning	Reporting of the new access standards for Early Intervention Psychosis is key element of the Mental Health Services Data Set. Compliance with this is dependent on the Trust being able to flow the data through their clinical system. It was due to be captured within the RIG system but this has been delayed which could impact on reporting. Reworded: Compliance with Mental Health Data Set reporting for Early Intervention Psychosis at per NtSE requirements	Currently manual systems continue to be used. EPEX is currently being updated to an R32 Version to enable data capture and this is currently being tested. The planned go live date is now the end of September.	3	4	12	Oversight by Joint Liverpool Sefton Early Intervention Psychosis Implementation Group (LIT), NtSE and within the contracting framework. Ongoing work to ensure that that R32 meets the requirements. This is also on the Trust's risk register. Testing is still ongoing and Trust manual EIP and R32 reporting is being run with few inconsistencies so they are increasingly confident that R32 will be able to fulfil NtSE requirements. This issue is a regular agenda item at bi-monthly LIT. Going to CQPG. The planned go live date is now the end of September.	4	3	12	Sep-17	Jul-17	↔	
Quality Committee	QUA036	SF051	30.5.17		Gordon Jones	Redesign & Commissioning	Merseycare have written to Commissioners that they are unable to accept any new ADHD referrals as the existing service is at full capacity. The absence of a Shared Care Agreement prevents patients throughput. Reworded: Risk of smooth patient flow from secondary care to primary care due to service overcapacity and lack of agreed shared care.	Issue continues to be monitored.	4	3	12	Shared Care for ADHD is related to the wider Meds Management/Shared Care issues across Sefton. Activity will continue to be monitored. Meds Management have nearly completed a completed a proposed local shared care document for ADHD for adults. The draft should be completed and sent for comment in early October 2017. This will need to be agreed by LMC and Merseycare. In the interim severe cases will be considered via the IFR panel.	4	3	12	Sep-17	Jul-17	↔	

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Quality Committee	QUA037	SF042	Jan-17		Jan Leonard (Angie Price)	Quality	Primary medical care services are under significant pressure due to increased workload, workforce issues.	GP Five Year Forward View Plan Local Quality Contract - increased investment.	4	3	12	Reviewing LQC for 17-18. Working with LMC on options GP Five Year Forward View Implementation on STP footprint. Convening an LQC working group to inform LQC for 18/19	Joint Commissioning Committee to review in April 2017. Standard agenda item on Joint Commissioning Committee. All practices are signed up to Local Quality Contract. Joint Committee is reviewing GPFV plan and NHSE to provide information relating to GPFV funding for CCG. GPFV - developing plans for 7 day access to primary care services for implementation October 18. C&M wide bid for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped. Action learning sets to release time in general practice has been offered to all practices. Provider for care navigator training identified, a plan is being developed for roll out to practices Information regarding primary care allocations from NHSE finance department have been received. CCG is obtaining clarification on figures received.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA040	SF052	Jun-17	N/A	Debbie Fagan	Quality	Risk of sub performance of safeguarding service with focus on LAC. Risk of IHA not being completed as per schedule. Risk of need for LAC not being identified appropriately. Reword risk.	Meeting with new provider 16/06/17 and Q4 performance review to identify current issue; identify this as a system rather than provider issue. LCH commissioned safeguarding review discussed in terms of findings;	4	4	16	LAC performance against indicators	System wide LAC meeting lead by CCG/ Local Authority planned. Performance monitored at CCGP and provider safeguarding meeting. CCG Safeguarding service reviewing LAC activity to determine if resource can meet IHA Schedule.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA044	SF043	Sep-17		Debbie Fagan	Quality	There is a risk that decreased capacity within the quality team due to secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB	-Regular one to ones in place with team members -Regular team meetings in place	4	4	16	Regular review of team capacity and re-alignment at leadership team	New Staff member now in post from September 2017 to cover team member secondment Programme manager quality and safety JD reviewed and amended, sent to HR for AFC job matching in September 2017 Commence recruitment for programme manager Quality & Safety once outcome known. Paper submitted to Leadership Team re capacity issues within Quality team, August 2017 Chief Nurse contributed to overall Leadership Team paper on team re-alignment to deliver CCG priorities/QIPP	4	4	16	Sep-17	Sep-17	new
Quality Committee	QUA045	SF054	Sep-17		Debbie Fagan	Quality	There is a risk to the delivery of the joint SEND written statement of action due to CCG capacity and current financial challenges faced by the CCG	Regular progress updates to Chief Officer -Monitoring of ? Via local and internal governance arrangements -Formal monitoring meetings established with DFE & NHS with outcome reporting to central government office	4	4	16	Regular updates to the JOC Health SEND strategic group established July 2017	Paper drafted by Leadership Team to consider re-alignment of teams to deliver against CCG priorities First monitoring meeting held c DFE and NHSE in August 2017 with positive feedback reported to the JOC	4	4	16	Sep-17	Sep-17	new
Quality Committee	QUA046	SF045	Sep-17		Debbie Fagan	Quality	There is a risk that the CCG process in place to enable staff to report Serious Incidents is not understood, which will result in lost opportunities for lessons to be learnt		4	3	12	- Quality Team will be the single point of contact for all Serious Incidents being raised on SIEIS, where the incident needs to be raised on SIEIS by the CCG. - The Serious Incident Standard Operating Procedure to be reviewed to include all CCG employees responsibility for raising serious incident on SIEIS. The revised SOP to be presented at QC - The SOP will need to be disseminated across all CCG employees, with the support of HR, staff bulletin and team meetings	Action is to notify LT members for agenda item at the respective team meetings	4	3	12	Sep-17	Sep-17	new
Quality Committee	QUA047	SF046	Sep-17		Debbie Fagan	Quality	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	Integrated performance reports produced monthly and presented to GB Provider performance discussion at OC Regular COPGS/CRM in place with provider Exception reporting to C&M QSG at every meeting AUH CCF in place	4	5	20	Regular one to ones established with new provider DoN Review level of concern against the NHSE ORP Matrix working between CCG Ops and Quality teams	Commissioner concerns discussed and reviewed at AUH CCF, August & September 2017 Telecom held with NHSE to discuss assurance process & plans to increase surveillance level of the trust, September 2017. Surveillance level increased from routine to enhanced & reported to AUH, September 2017 Meeting co-ordinated by NHSE to undertake the QRP tool, and held September 2017. Submitted to NHSE Sep 2017	4	5	20	Sep-17	Sep-17	new
Quality Committee	QUA049	SF048	Sep-17		Debbie Fagan	Quality	There is a risk to patients and family experience for those in their EOL period following the implementation of the ADAM dynamic purchasing system.	Regular meetings with CSU and DPS supplier Weekly remedial action plan updates received Weekly telecon in place	4	4	16	Temporary suspension in place Re-instatement of previous brokerage system Increase provider engagement sessions rolled out by CSU	Assurance still not provided with regards recovery action plan from both quality and finance perspective CCG await further clarification from CSU before reverting back to ADAM DPS for commissioning of EOL packages	4	4	16	Sep-17	Sep-17	new
Quality Committee		SF053	Sep	N/A	Debbie Fagan	Quality	Obstetric middle grade rota likely to be inadequately staffed from November due to staff shortages	1. Trust have alerted the CCG week commencing 18th September. 2. Trust has met with Liverpool Womens to explore feasibility of support options. 3. Joint assessment of issue with the vanguard undertaken 4. Vanguard is exploring wider network solutions across all providers	5	4	20	Vanguard is exploring wider network solutions across all providers		5	4	20	Sep-17	Sep-17	new

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Finance and Resource	FR001	SF044	Q1 2017/18	N/A	Martin McDowell	Finance	CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.	<ul style="list-style-type: none"> Robust review of all CCG expenditure through monthly management accounting routines. Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. Ongoing monitor throughout the year. Focussed QIPP week (May 2017) to explore possible QIPP opportunities. Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. Assurance from Internal Audit re. financial systems. Develop stretch QIPP plan – July 2017. 	3	5	15	<ul style="list-style-type: none"> CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects. NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance. Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. 		4	5	20	Sep-17	Sep-17	↑

Responsible Committee/Team	Committee/Team ID	Date Risk Added	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend
		Apr-15	Stephen Astles		Risk to service delivery as a result of an LCH restructure that impacts on LCH staff supporting Sefton.	1. Weekly meetings: reported to SMT and SLT 2. Clinical Leadership 3. Clinical Forum 4. Contract Meetings 5. Collaborative monthly meetings 6. Senior LCH management team now in place	3	4	12		Risk closed LCH now transferring to new provider	3	3	9						
Quality Committee	QUA001	Apr-15	Stephen Astles		Increase in delayed discharge as a result of LCH and Aintree Discharge teams failing to work collaboratively.	1. Monthly meetings with LCH and Aintree: reported to CCF (Collaborative Commissioning Forum) 2. Collaborative work with Liverpool and Knowsley CCG's	3	3	9		Closed Duplicate of risks SF016 & SS019	3	3	9	Jun-16					↔
Quality Committee	QUA004	Q3 Dec 2014	Jan Leonard	Redesign & Commissioning	The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	1. pro-active engagement exercise with effective public and key stakeholders completed and report presented to Governing Body in March 2015. 2. Safe services have been put in place via Aintree Hospital Trust - Patient Safety maintained throughout 3. Equality Impact Assessment 4. External review commissioned with and action plan pulled together based on the outcome and recommendations.	4	4	16	Sufficient access in other providers A pathway in place for follow-up patients (previously seen at S&O)	Risk Closed Meeting held in summer with all providers convened by clinical network, confirmed by CCG that no further changes to commissioning footprint. Minor issues to be resolved amongst providers	2	2	4	Dec-16					
Quality Committee	QUA010	Apr-15	Billie Dodd	Redesign & Commissioning	Risk to delivery of community services as a result of Southport & Ormskirk Community Services not performing as expected	1. 'Facing the Future Together': combined programme with West Lancs (delivering and improving community services with milestones) 2. 'Facing the Future Together' Programme Board 3. Milestones meetings held 4. Managing process with trust to ensure cost implications are considered 5. SFCCG GB agreed to go to market for community services with implementation date April 1st 2017 6. New community services lead in post at ICO	4	4	16	*District Nurses carrying out additional duties: consideration to be given on how to capture activity data. Now have activity and performance data however need to develop a set of outcomes *Community Emergency Team seeing twice the amount in 14/15 than seen in 13/14: consideration to be given on how to capture and linkages with quality and performance. *Facing the Future document to be reviewed: needs to be more outward facing with outcome measures.	Risk Closed Community Services reprocurd	3	1	3	Jun-16					
Quality Committee	QUA030	Apr-15	Karl McCluskey	Redesign & Commissioning	There is a risk to the delivery of community services caused by the transfer of existing services from LCH to interim NHS Provider resulting in poor patient care	1. Sustainability review completed led by TDA (Trust Development Authority) with South Sefton CCG and Liverpool CCG. 2. Transaction Board now in place to oversee transfer of services 3. Outline timetable in place for transfer with shortlisted NHS Providers now agreed	4	4	16	There are no additional systems or controls that can be put in place currently Governance structure in place with NHS Improvement and regular updates provided to Governing Body	RISK Closed Merseycare now mobilising	1	4	4	Jun-16					
Quality Committee	QUA031	Split from original risk Q3 Dec 2014, reworded April 2015	Karl McCluskey	Redesign & Commissioning	Risk that patients could receive inadequate care due to failure of implement local delivery of strategic blueprints and programmes (CVD and Respiratory)	1. Strategic blueprints 2. Strategic programmes 3. Primary Care Dashboard 4. Integrated performance report 5. Updates to SMT 6. Clinical and managerial leads identified for all blueprints and programmes.	3	5	15		Risk Closed Transformation schemes ceased and superceded by QIPP schemes concentrating on planned care			0	Jun-16					
Quality Committee	QUA018	Apr-15	Karl McCluskey	Redesign & Commissioning	Failure to progress an integrated approach across providers as a result of not delivering against the CCG's strategic blueprint for Shaping Sefton.	1. Blueprints established and agreed 2. Kings Fund supporting progress and development	3	3	9		Risk Closed Transformation schemes ceased and superceded by QIPP schemes concentrating on planned care	3	3	9	Jun-16					
Quality Committee	QUA017	Apr-15	Karl McCluskey	Redesign & Commissioning	The supplementary 800k investment in Mersey Care for 2015/16 does not deliver required transformation resulting in diminished quality of care and lack of contribution to strategic Mental Health priorities	1. Clinical transformation Board established jointly with LCCG 2. Agreed priorities in place 3. Business Cases confirmed	4	3	12	1. Mental Health Lead to write to Merseycare setting out CCG financial commitment for 2016-17	Risk Closed Part of forecast outturn - part of 'acting as one' block contract 17-18	3	3	9	Jun-16					

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

A risk which attracts a score of 12 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

Consequence Score for the CCG if the event happens		
Level	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> • None or very minor injury. • No financial loss or very minor loss up to £100,000. • Minimal or no service disruption. • No impact but current systems could be improved. • So close to achieving target that no impact or loss of external reputation.
2	Minor	<ul style="list-style-type: none"> • Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG. • A financial pressure of £100,001 to £500,000. • Some delay in provision of services. • Some possibility of complaint or litigation. • CCG criticised, but minimum impact on organisation.
3	Moderate	<ul style="list-style-type: none"> • Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault. • Moderate financial pressure of £500,001 to £1m. • Some delay in provision of services. • Could result in legal action or prosecution. • Event leads to adverse local external attention e.g. HSE, media.
4	Major	<ul style="list-style-type: none"> • Individual death / permanent injury/disability due to fault of CCG. • Major financial pressure of £1m to £2m. • Major service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £100,000 not covered by NHSLA. • Risk to CCG reputation in the short term with key stakeholders, public & media.

Level	Descriptor	Description
5	Catastrophic	<ul style="list-style-type: none"> • Multiple deaths due to fault of CCG. • Significant financial pressure of above £2m. • Extended service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £1,000,000 not covered by NHSLA. • Long term serious risk to CCG's reputation with key stakeholders, public & media. • Fail key target(s) so that continuing CCG authorisation may be put at risk

Likelihood Score for the CCG if the event happens		
Level	Descriptor	Description
1	Rare	<ul style="list-style-type: none"> • The event could occur only in exceptional circumstances. • No likelihood of missing target. • Project is on track.
2	Unlikely	<ul style="list-style-type: none"> • The event could occur at some time. • Small probability of missing target. • Key projects are on track but benefits delivery still uncertain. • Less important projects are significantly delayed by over 6 months or are expected to deliver only 50% of expected benefits.
3	Possible	<ul style="list-style-type: none"> • The event may occur at some time. • 40-60% chance of missing target. • Key project is behind schedule by between 3-6 months. • Less important projects fail to be delivered or fail to deliver expected benefits by significant degree.
4	Likely	<ul style="list-style-type: none"> • The event is more likely to occur in the next 12 months than not. • High probability of missing target. • Key project is significantly delayed in excess of 6 months or is only expected to deliver only 50% of expected benefits.
5	Almost Certain	<ul style="list-style-type: none"> • The event is expected to occur in most circumstances. • Missing the target is almost a certainty. • Key project will fail to be delivered or fail to deliver expected benefits by significant degree.

MEETING OF THE GOVERNING BODY November 2017

Agenda Item: 17/185	Author of the Paper: Carlene Baines Designated Nurse Children in Care Carlene.baines@haltonccg.nhs.uk 0151 495 5469						
Report date: October 2017							
Title: Children in Care Annual Report 2016/17							
<p>Summary/Key Issues: This is the second Children in Care Annual Report to NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group (CCG) Quality Committee. The purpose of the report is to provide assurance that the CCGs are fulfilling their statutory duties in relation to Children in Care.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2017/18.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	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 and as part of the North Mersey LDS.
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.
	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 (<i>x those that apply</i>)
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			Joint Quality Committee

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	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
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body November 2017

1. Executive Summary

- 1.1 This is the second Children in Care Annual Report to assure the Governing Body that the Clinical Commissioning Groups (CCGs) are fulfilling their statutory duties in relation to children and young people requiring statutory intervention into their lives and are placed in the care of the Local Authority, The report covering the period from 1 April 2016 to 31 March 2017.
- 1.2 The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton Local Authority and the commissioned health providers.

2. Introduction and Background

- 2.1 The Children in Care annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2017/18.
- 2.3 The Annual Report provides the Governing Body with an update of the developing and emerging agenda for Children in Care.
- 2.1 The report includes performance data in respect of timeliness of statutory health assessments. The challenges faced by commissioned health services to adequately respond to national requirements and also outline the future implications, challenges and key work streams for 2017/18.

3. Key Issues

- 3.1 The Children in Care agenda is rapidly changing, with increasing numbers of children coming into care nationally and more health complexities being identified for the cohort in general
- 3.2 The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton Local Authority and the commissioned health providers

4. Conclusions

- 4.1 The CCG works in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of this group of children; performance against standards for CiC requires additional monitoring and scrutiny
- 4.2 Key priorities for the CCG for 2017/18 have been identified to support compliance with NHS England Benchmarking tool and in reference to recommendations from the CQC Not Seen, Not Heard Report

5. Recommendations

The Governing Body is requested to approve the Children in Care Annual Report

Appendices

Appendix 1 NHS Southport and Formby & NHS South Sefton CCGs Children in Care Annual Report

Carlene Baines
October 2017

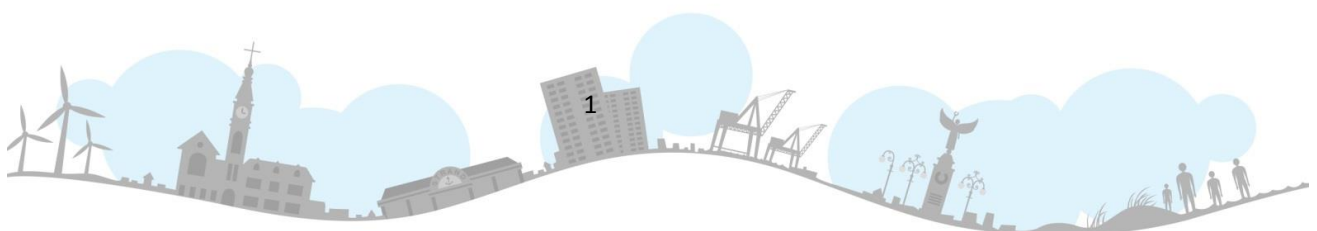
Children in Care

Annual Report

2016/17

Author: Carlene Baines

Designated Nurse for Children in Care



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1. Executive Summary

1.1 This is the Second Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as Sefton CCGs). The report is in relation to Children in Care and is authored by the CCG's Designated Nurse for Children in Care. The role of the Designated Nurse is a purely strategic role and separate from any clinical responsibilities as detailed in the *Intercollegiate Role Framework for Looked after Children (RCPCH, 2015)*.

1.2 In April 2016, Sefton Metropolitan Borough Council was subject to an Ofsted inspection of the services for children in need of help and protection, children looked after and care leavers; a review of the effectiveness of the Local Safeguarding Children Board ran concurrent. The findings in relation to Looked after children and care leavers indicate current provision requires improvement. Timeliness of Initial and Review Health Assessments was found not to be good enough, and delays for some children in receiving Child and Adolescent Mental Health Services (CAMHS) was highlighted.

1.3 In November 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection in Sefton to judge effectiveness in the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required due to significant areas of weakness in the local area practice. Areas of improvement were identified in relation to children in care with timeliness of initial health assessments again being highlighted. In addition, it was recognised that the alignment of CiC Statutory Health Plans with Education and Health Care Plans (EHCP) was required to appropriately inform the overall care planning process.

1.4 It is the role of the CCGs and commissioned services to address the unmet health needs of children in care by working in collaboration to empower young people and enable them to reach their full potential. Health, in its broadest sense, is the key to allowing children and young people to benefit from life enhancing opportunities. The expected outcome is that all children in care, for whom the CCG are responsible, will experience improved health and be motivated and inspired to continue to take responsibility for their own health care.

1.5 This report will provide an overview of population, outline the performance of services, evidence good practice and key achievements, recognise challenges and identify developments for 2017/18.

1.6 It is produced in line with duties and responsibilities outlined in *Statutory guidance on Promoting the Health of Looked after Children (DfE/DH, 2015)* issued to Local Authorities and Clinical Commissioning Groups under sections 10 and 11 of the Children Act. It is written in the context of a holistic model of health, which ensures the wider determinants of health and well-being are considered. Consideration will be given to the key messages and recommendations of the *CQC report Not Seen, Not Heard (July 2016)* alongside the findings of the *NHS England CCG Benchmarking Exercise 2016*; a piece of work commissioned by NHS England to provide insight into commissioning practice across the North of England in relation to Children in Care.



2. Introduction

2.1 The purpose of the report is to provide Sefton CCGs and key partners with an overview of the progress and challenges in supporting and improving the health of children in care in Sefton and those placed in borough by other authorities. The report has been produced in partnership with health providers and covers the period from 1 April 2016 to 31 March 2017.

2.2 Children in Care are often referred to as 'Looked After Children'. In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. Looked after children fall into four main groups:

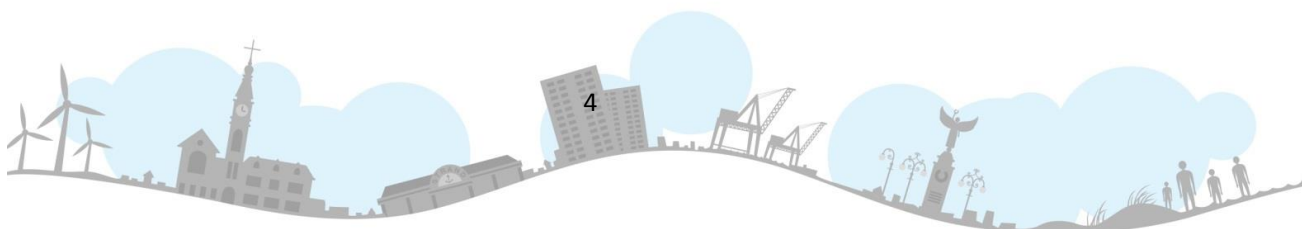
- Children who are accommodated under voluntary agreement with their parents
- Children who are the subject of a care order or interim care order
- Children who are the subject of emergency orders for their protection
- Children who are compulsorily accommodated; this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement

2.3 The term 'looked after children' includes unaccompanied asylum seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a special guardianship order.

2.4 Children in care find it hard to relate to the term 'Looked After' and its abbreviated form of 'LAC'. Many find it derogatory to be defined in such a way, often sighting that the phrase may be misinterpreted as one that implies they are 'lacking' as individuals. Children also highlight that every child should be 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by the State. The remainder of this report will therefore refer to 'Children in Care' or 'CiC'; the term 'Looked After' and 'LAC' will only be used in a legislative context.

2.5 Children and young people in care share many of the same health risks as their peers, often however, to a greater degree, with many children and young people continuing to experience significant health inequalities. Meeting the health needs of these children and young people requires a clear focus on access to services. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinated care

2.6 Sefton CCGs are able to effectively influence outcomes for children in care acting as a 'Corporate Parent'. Corporate Parenting is a collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children in care. Every good parent knows that children require a safe and secure environment in which to grow and thrive (Sefton Corporate Parenting Strategy, March 2017). The Chief Nurse and the Designated Nurse for Children in Care are active members of the Sefton Corporate Parenting Board.



3. Governance, Accountability and Assurance

3.1 The NHS has a major role in ensuring the timely and effective delivery of health services to children in care and care leavers. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England make clear the responsibilities of CCGs and NHS England to this vulnerable group.

3.2 The Designated Nurse for CiC is hosted within the Shared CCGs Safeguarding Service with the current post holder being employed since October 2016. Accountability for Designated Professionals for Children in Care is set out within the 2015 NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework.

3.3 The separate post of Designated Nurse for Children in Care (CiC) for Sefton CCGs was developed in May 2015, with the portfolio for children in care having previously sat with the Designated Nurse for Safeguarding Children. Designated Professionals for Children in Care take a strategic and professional lead across the whole health community providing clinical expertise to Clinical Commissioning Groups and partner agencies on the specific health needs of the cohort.

3.4 Strategic oversight of services is essential to the role to ensure that robust clinical governance of NHS health services for CiC is in place. As a result assurance can be provided to the CCG's Governing Bodies that clear commissioning arrangements are in situ and that services are fit for purpose.

3.5 Performance of provider services is determined via analysis of Key Performance Indicators (KPIs) and scrutiny of the adherence to the agreed standards for Children in Care. The current KPI schedule for providers is monitored quarterly and reported to the CCG Quality Committee.

4. National Profile of Children in Care

4.1 The demographics for Children in Care nationally are taken from the Statistical First Release (SFR) England for the year ending 31 March 2017.

Key Findings:

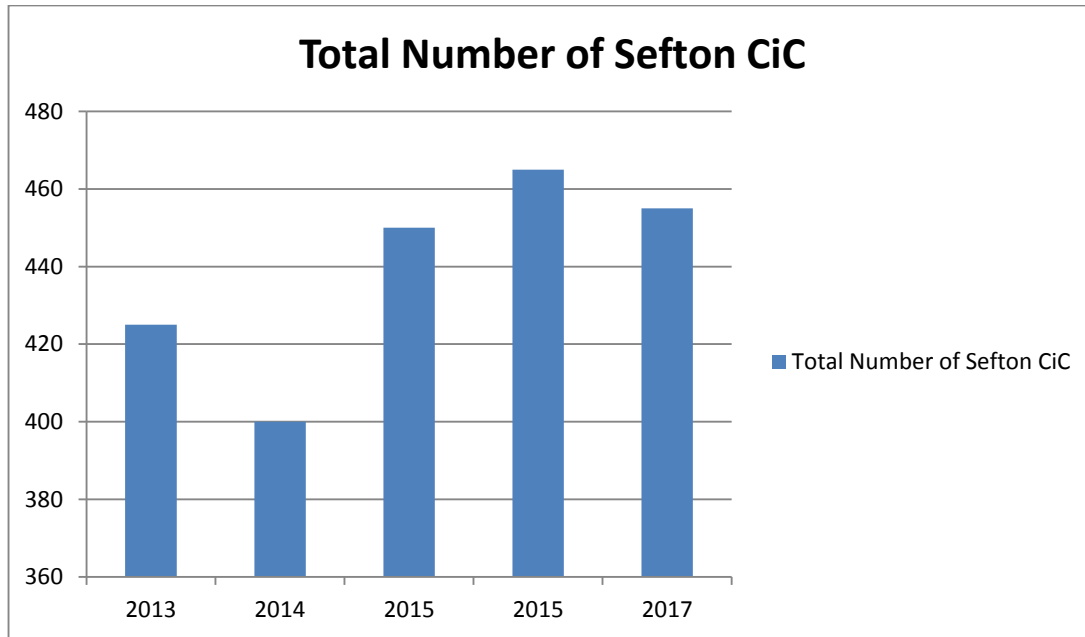
- There were 72,670 Children in Care in England as of 31 March 2017; an increase of 3% on 2016 figures and continues the trend of the last nine years
- The number of children entering the care system in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year
- The number of children ceasing to be 'looked after' in 2016-17 has fallen by 2% compared with the previous year
- In 2016 adoptions fell for the first time since 2011 (12%) and in 2017 the number of children in care being adopted has fallen again by 8% to 4,350



5. Overview of Sefton’s Children in Care

5.1 The overall number of children in care to Sefton MBC has remained above the national average per 10,000 populations; a consistent finding since 2012. This upward trend mirrors the national picture and the sixth year running that the North West region has experienced increasing numbers. Out of the twenty-three North West Local Authorities, Sefton is ranked thirteen in terms of total number of children in care.

5.2 Graph 1, below, indicates total number of children in care in Sefton at the end of each financial year. As of 31st March 2017 the total cohort of children in the care of Sefton MBC was **455**.

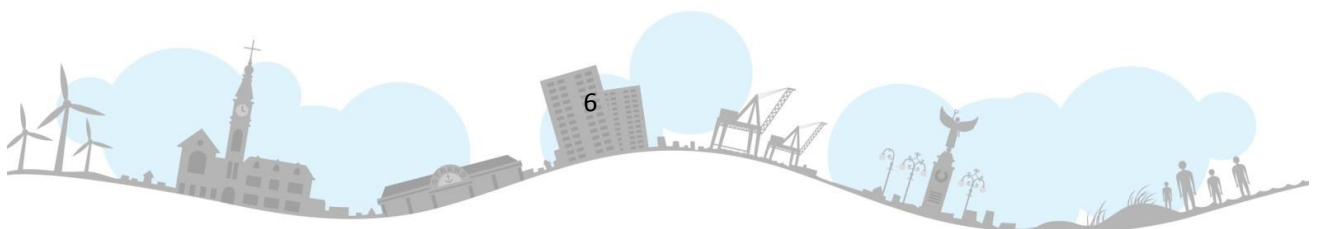


Graph 1 Sefton Children in Care Cohort

5.3 Whilst the end of year figures above provide an overview, consideration must be given to children who may enter and leave the care system throughout the year. Sefton MBC ‘looked after’ a total of **620** children from April 2016 to March 2017.

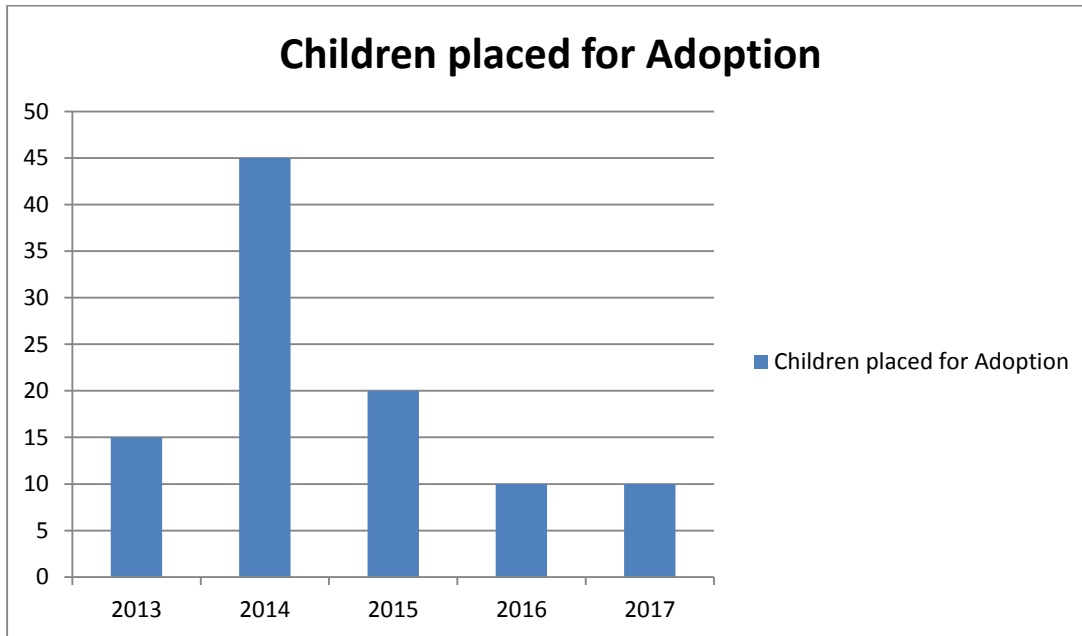
5.4 The new into care cohort is identified as **174** children requiring initiation of a care episode by Sefton MBC. Reflective of national figures the number of children under the age of one entering care has decreased with an overall 10% reduction in numbers of new into care children in Sefton being aged between 0-4years. At the opposite end of the spectrum Sefton has reported **144%** increase in children aged 16-17years entering care; narrative around this relates to unaccompanied asylum seeking children requiring accommodation, homelessness, Child Exploitation both sexual and criminal, involvement with Organised Crime Groups and identification of safeguarding concerns following assessment.

5.5 The number of children ceasing to be in the care of the local authority by end of reporting period was **180**; this is an increase from 2016. Children’s care episodes end for a variety of



reasons with the majority for Sefton children achieving permanency via return to their family. The recent Ofsted inspection raised concerns regarding the high proportion of children in care in Sefton who are placed at home with parents (21%); as a result, Sefton MBC have focused on this group resulting in 26 children's 'placed with parents' Care Orders being discharged between September 2016-end of March 2017.

5.6 In keeping with national trends Sefton has seen a reduction in children being placed for adoption, with only 6% of those ceasing to be looked after and achieving permanency via this route.



Graph 2 Sefton children placed for adoption

5.7 Twenty-two North West LAs submitted data in relation to adoption as an outcome; Sefton was ranked lowest in terms of numbers of children. On average, the region saw **17%** of children achieving permanency as a result of adoption; Cumbria successfully placed **32%** of children ceasing to be looked after in adoptive placements. Bolton and Wigan are noted to have seen a similar number of children ceasing to be in the care of the Local Authority, **185** and **175** children respectively, yet the numbers of children finding their forever family through adoption was four times that of Sefton children.

5.8 It is, however, important to consider the data in context; it is possible that the reduction in children aged below four years entering the care system may have resulted in fewer children having adoption identified as an appropriate plan for permanency. This, coupled with a large proportion of children in Sefton ceasing to require care as a result of return to parents and family, must also be contemplated.



6. Children placed out of Sefton

6.1 Where a CCG or a Local Authority, or both where they are acting together, arrange accommodation for a child in care in the area of another CCG, the “originating CCG” remains the responsible CCG and as such retains commissioning responsibilities. Sefton MBC place approximately **139** children (30%) out of Borough but for whom Sefton CCGs are the originating CCG. In most cases, placements within a small radius will be sought; Sefton place approximately **91** children in the Merseyside area with the majority of children identified as living in Liverpool.

6.2 Assurance around health needs being addressed for those children and young people is sought via the implementation of a robust quality assurance process, audit and scrutiny. Escalation processes are embedded between commissioned health teams and the Designated Nurse for CiC if difficulties in the completion of health assessments and access to health services are identified.

6.3 Additional work to map and understand this cohort more fully is ongoing with the Designated Nurse for CiC currently collating data to be reported on in 2017/18 Annual Report

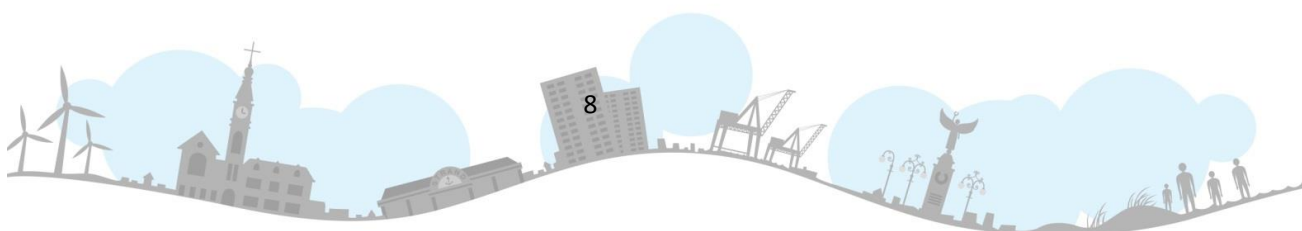
7. Children placed in Sefton via other Authorities

7.1 *Who Pays? Responsible Commissioner Guidance (NHS England, 2013)* states that individual CCGs have a responsibility for children and young people placed in the area whom are receiving a primary care service. However, for children in care, the overall responsibility for co-ordinating the statutory health assessment remains with the originating CCG.

7.2 Review of the current reporting arrangements is being undertaken to ensure that there is an accurate reflection of the current details and placing authorities of children placed in Sefton. There are discrepancies with the number of children recorded as being placed within Sefton by the commissioned provider CiC health team in comparison to data held by Sefton MBC but on average 120 CiCOLAs (Children in Care Other Local Authorities) will be the responsibility of Sefton CCGs at any one time.

7.3 Decisions to place children outside of the originating Local Authority area often relate to placements with family members or children requiring provision to assist in reducing risks related to Child Sexual Exploitation, Missing from Home or offending behaviours. Anecdotal information from provider services indicates that this population generally present with a high level of complex need.

7.4 CiC should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.



8. Ethnicity

8.1 Children in care are predominantly white according to national statistics; 75% of children at 31 March 2017 were white, 9% were of mixed ethnicity, 7% were black or black British, 5% were Asian or Asian British and 3% were other ethnic groups. The breakdown of ethnic groups has not been routinely mapped by Sefton CCGs and therefore not available. The ethnicity of children new into care in Sefton during 2016/17 however has been collected; it is likely that this is indicative of the ethnicity breakdown of Sefton's CiC cohort as a whole which identifies the majority of Sefton CiC as being White British.

8.2 Over the last five years there have been small increases in the proportions of children in care of non-white ethnicity which is likely to reflect the increase in the number of unaccompanied asylum seeking children. Sefton MBC did not submit data as part of the national statistical return in 2016/17 but at the time of inspection it was noted that four UASC had been accommodated by the local authority.

9. Commissioning arrangements of health provision for Children in Care in Sefton

9.1 South Sefton CCG and Southport & Formby CCG are responsible for commissioning health services for CiC in Sefton. In 2016/17 reporting period statutory health assessment provision was commissioned from both Liverpool Community Health Trust (LCH) and Alder Hey Children's Foundation NHS Trust (AHCH). Child and Adolescent Mental Health Services (CAMHS) are also commissioned from AHCH Trust and Sexual Health services from Southport and Ormskirk NHS Hospital Trust.

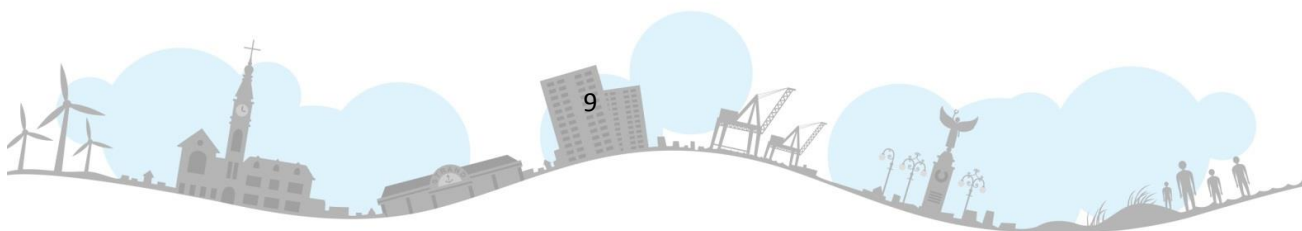
9.2 Liverpool Community Health Children in Care Health Team

9.2.1 The Children in Care Health team was hosted by Liverpool Community Health NHS Trust (LCH) during the reporting period in a co-located service responsible for provision to both Sefton and Liverpool Children in Care as part of a wider Adult and Children's Safeguarding offer.

9.2.2 Commissioning arrangements for the team facilitate partnership working with Sefton MBC to ensure health provision to children and young people new into the care is available. Robust arrangements are in place to maintain service delivery for the existing cohort of CiC in Sefton, inclusive of CiCOLAs and those placed out of area, by ensuring that high quality statutory health assessments are completed in a timely manner.

9.2.3 The team has experienced significant change within the last 12 months with areas such as recruitment and retention alongside sickness and capacity issues further impacting on the stability of the service. The dissolution of LCH as an organisation, and resultant transaction of all services to alternative health trusts via the NHS Improvement plan, restricted the ability of both provider and Sefton CCGs to make any adjustments to the agreed service specification in attempt to mitigate risks arising as a result of turbulence within the team.

9.2.4 Although outside the reporting period the team is now hosted by MerseyCare, with an agreed subcontract to North West Boroughs Health Foundation Trust (NWBH). Sefton CCGs



are supportive of this arrangement on the basis that any risk in the system will be reduced following the major shift in local health services. A recent tender of the 0-19s Public Health service as commissioned by Sefton MBC, has seen the award of this contract to NWBH also.

9.2.5 The transaction of services will promote the development of a Sefton-only facing CiC health team as part of the Safeguarding Children Service which is inclusive of the Sefton Young Offender Health Nurses. The Named Nurse for Safeguarding/CiC for Sefton (1 WTE Band 8a) has management and operational oversight of the delivery of this provision.

9.2.6 During the reporting period, and continuing under the new commissioning arrangements, the 16-18 year old 'care leaver' cohort continue to have access to a dedicated Link Nurse (1 WTE Band 6). Administrative support (1 WTE Band 3) specifically for CiC is in place to manage data flow relating to care status, health assessments and placement changes.

9.2.7 The team were granted access to Sefton MBC electronic case recording system Liquid Logic in October 2016. This advancement was as a result of numerous partnership meetings involving the CCGs, LA and Sefton CiC health team and deemed necessary to help improve timeliness of communication between agencies. As a result the Sefton CiC health team have needed to review, update and monitor a variety of systems and processes to ensure they are reflective of any changes.

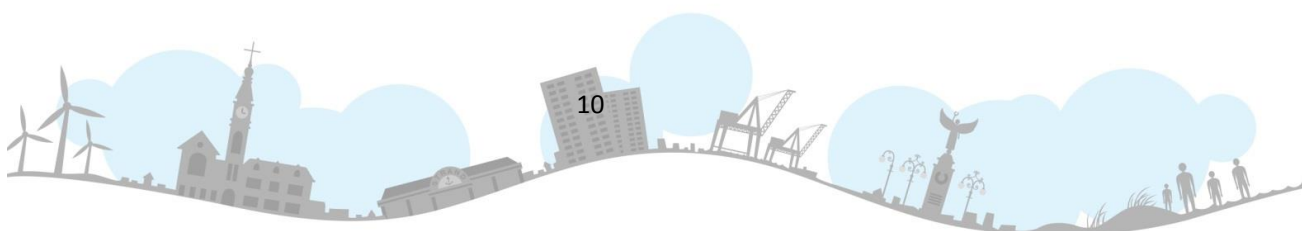
9.3 Alder Hey Children's NHS Foundation Trust (AHCH)

9.3.1 Alder Hey Children's NHS Foundation Trust delivers the medical services for Children in Care and those with a plan of adoption. The team consists of a Clinical Lead for CiC, an experienced Paediatric Consultant with expertise in neurodevelopment, and a Specialist Nurse for CiC, in addition to dedicated administrative resource. The team is further supported as a result of organisational arrangements which embed the service within the overall Statutory Safeguarding Children Service at the Rainbow Centre. Additional resource is available from the Community Paediatric Team and Medical Advisors, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for children in the Sefton area.

9.3.2 The team work closely with the Designated Nurse in supporting the health agenda for CiC taking an active role at Corporate Parenting events and contributing to both local inspections

9.3.3 The Medical Advisors are involved in all stages of the Adoption Process for children and adults. Medical Advisors also have an obligation to attend permanence panels and are responsible for 'Adult Health Clearances' for all for foster carer, adoption, Special Guardianship Orders and kinship care applications.

9.3.4 Sefton CCGs are currently in negotiation with the Trust to secure the provision of a Designated Doctor for CiC. This post will be jointly commissioned with Liverpool CCG and Knowsley CCG and has been identified as a risk since 2015



10. Statutory Assessments

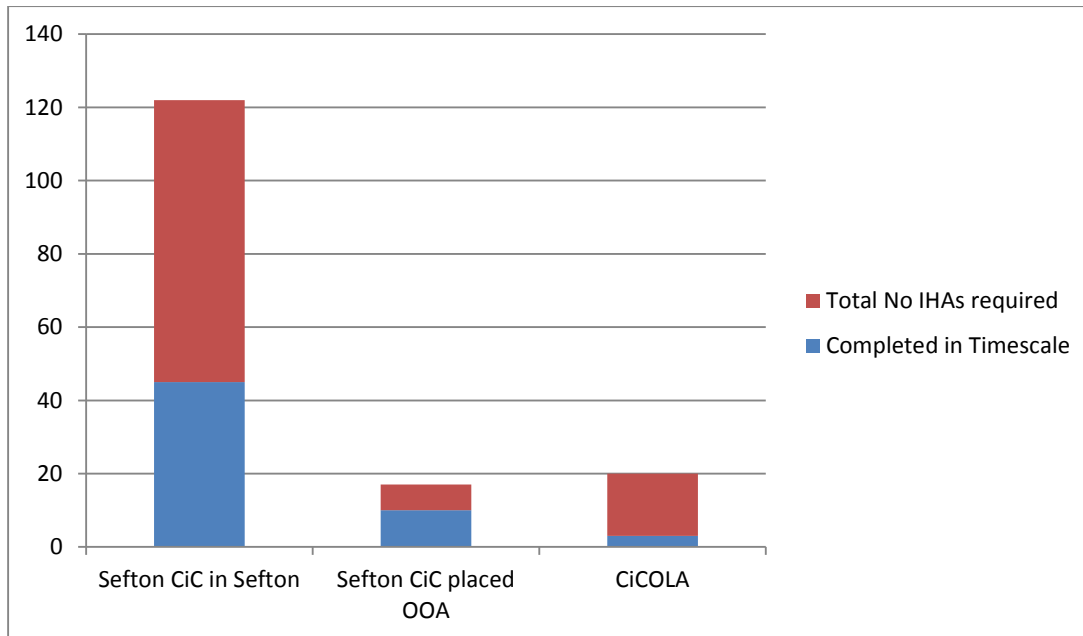
10.1 Initial Health Assessments

10.1.1 Initial health assessments (IHA) are required to be completed within 20 working days of a child entering care. All initial health assessments are completed by a qualified doctor which is a requirement set out in Statutory Guidance. The IHA should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer.

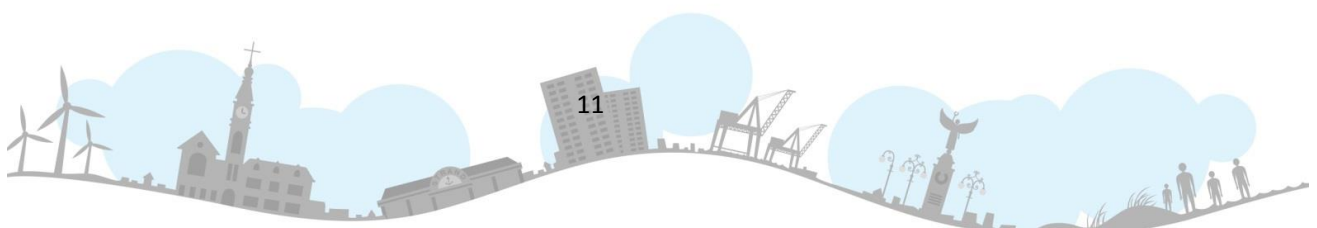
10.1.2 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. Children’s social care and commissioned health services must work proactively together to facilitate timely assessments. Improvements in notification have resulted from an ‘Alert’ system via Liquid Logic but concerns remain that this process is not being fully utilised, contributing to delay in assessment experienced by some children.

10.1.3 Timely notification is just one step within the IHA pathway to be completed if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is also required.

10.1.4 In the year April 2016 - March 2017, **174** children entered the care of Sefton MBC however only **139** children were reported as requiring Initial Health Assessment by LCH Sefton CiC team during the reporting timeframe. This discrepancy may relate to children who entered care briefly and left before the 20 day assessment timeframe alongside those who entered the system late in the reporting period therefore requiring IHA in the following financial year.



Graph 4 Timeliness of Initial Health Assessment



10.1.5 Graph 4 provides overview of performance for both the LCH Sefton CiC health team and AHCH CiC team in completing IHA within timescale. There are many factors at play in achieving 100% compliance with the KPI threshold as set; for Sefton CiC placed out of area there is a reliance on other health teams to facilitate the assessment process and for the CiCOLA cohort it is often the case that significantly delayed notification of new into care status means completion of entire pathway within 20 working days is unachievable from the outset.

10.1.6 From the information available **40%** of Sefton children new into care had their IHAs completed in a timely manner, irrelevant of placement area. This is a reduction from the **51%** total compliance rate achieved last year but above the national average of **33%**.

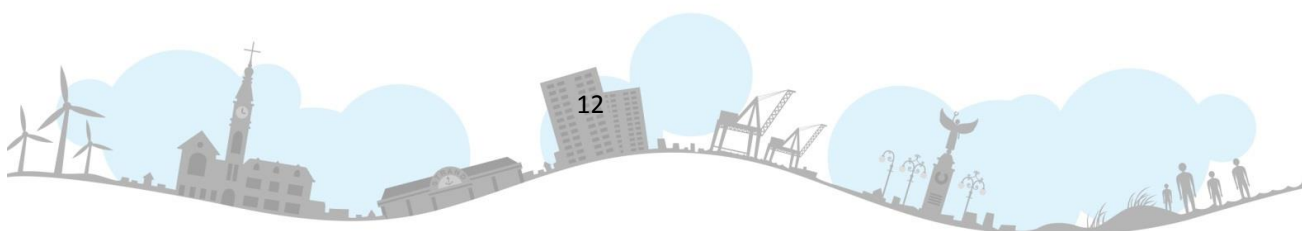
10.1.7 It is clear that performance must improve, particularly as this concern was highlighted in the recent Ofsted Inspection. Joint audit between the CCG and LA has already been completed (2017/18 reporting period); this maps performance across all parts of the IHA pathway against an adapted NHS E IHA exemplar pathway (appendix 1). Initial findings have highlighted process concerns from a community provider perspective; a clear action plan to improve performance has been agreed and will be monitored by the Designated Nurse for CiC.

10.2 Review Health Assessments

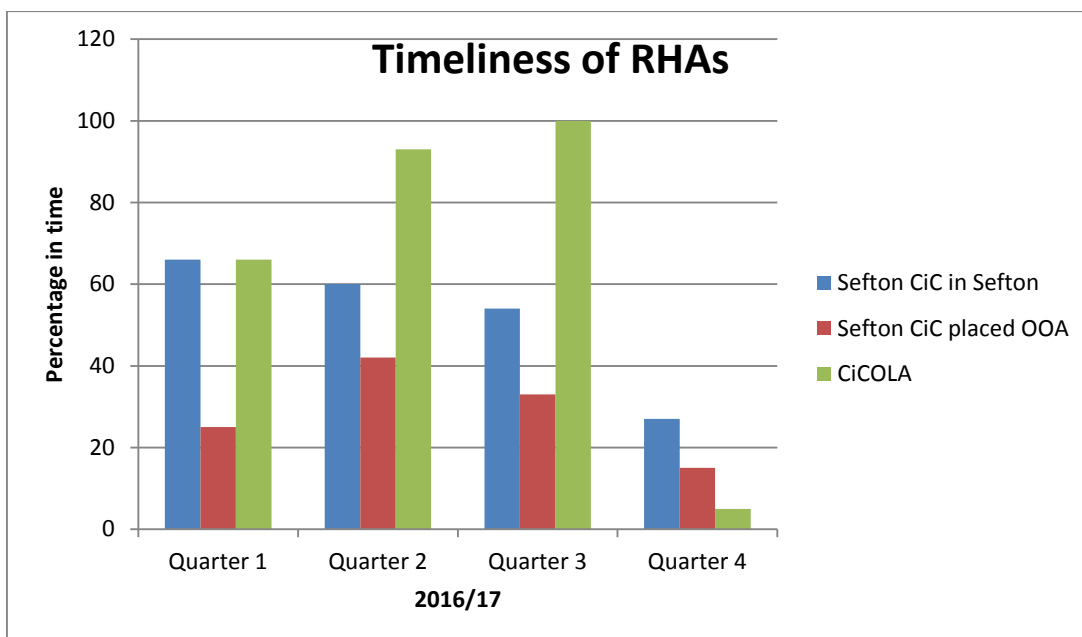
10.2.1 Review Health Assessments (RHAs) are a statutory requirement for all CiC, and are required to be completed every six months for children under the age of 5 years and annually for children over this age. The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and Independent Reviewing Officer (IRO).

10.2.2 Health visitors and School Nurses within the 0-19 service complete the assessments for the majority of the children, whilst the CiC Link Nurse completes assessments for young people aged 16-18 years. The 0-19 service is commissioned via Public Health and from 1st April 2017 the provider changed to North West Boroughs Health Foundation Trust. Completion of, or contribution to, RHAs is included within the contract specification for this service.

10.2.3 In April 2016 the Health Practitioner Checklist/Audit assessment tool was implemented and all RHAs are now being quality assessed via this tool (Appendix 2). The tool was developed by the Designated Nurse for CiC and has been adopted regionally as standard and promoted via NHS E National CiC subgroup as an exemplar tool. Review health assessments which do not meet the required standard are now returned to the assessing practitioner for amendment. Further monitoring and audit of health assessments which did not meet the required standards is to be implemented. Quality assurance during the reporting period was the sole responsibility of the joint Sefton/Liverpool CiC health team however changes as of the 1st April 2017 will ensure that the Designated Nurse for CiC oversees this process from a CCG perspective for assessments that are completed under the guidance of the Responsible Commissioner (children placed out of area/CiCOLA).



10.2.4 Completion of the RHA's in a timely manner has been a challenge for LCH CiC health team; quarterly KPI data identifies performance that is significantly below the 100% compliance threshold (see Graph 5 below). Similarly to IHA, the RHA process is reliant on the performance of external practitioners/services but service specification is explicit in identifying responsibility for improving performance is with the specialist team with the support of the Designated Nurse for CiC.



Graph 5 Timeliness of Review Health Assessment

10.2.5 The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSDA903 return to Central Government.

10.2.6 Performance for 2016/17 showed an improvement in relation to RHA from the previous year; it is felt that increased monitoring, scrutiny and assurance oversight by the CCG has supported a more favourable return than that of 2015/16. It must be noted however that this performance is related to completion of assessment within year and not timeliness of that assessment.

10.2.7 Whilst the publication of National SSDA903 health data is not available until December 2017 it is possible to provide a projection of the anticipated return using information provided by both LCH and Sefton MBC

10.2.8 A cohort of **336** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return; **299** children had a review health assessment undertaken within the reporting period (**89%**), an increase of **3%**

10.2.9 A number of factors have contributed to the **37** children being counted as not receiving statutory review assessment. These include:



- Non-engagement – A number of children refuse to participate or are not encouraged to engage in the assessment process despite several attempts to undertake
- Late return –Children receiving assessments out of timescale (after 31st March 2017) and therefore are counted as incomplete within the return
- Children placed out of area – There is a reliance on receiving provider health teams to comply with requests for health assessments; often these children will experience delay, inconsistent approach in completion or no offer of a service

11. National Health Indicators – Sefton Children

11.1 Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the LA and CCG in understanding the needs of this cohort to enable the commissioning of health services which are able to focus on improving outcomes.

11.2 Dental Health

11.2.1 All CiC are encouraged to register with a local dentist of their choice with advice relating to oral hygiene being provided by health practitioners completing statutory health assessments. Practitioners completing children’s health assessment must record the dental practice and dates of appointments attended. This information assists the Local Authority in confirming compliance with routine dental checks as part of the 903 return.

11.2.2 Unratified figures suggest that **246** children out of **336** were up to date with recommended dental examination (**73%**); this is a **4%** reduction on last year. Unfortunately there is no breakdown of data to indicate if the reasons underlying this figure are due to difficulties with access to dental service, refusal/non-compliance or inaccurate reporting.

11.3 Immunisations

11.3.1 Research suggests that children in care often enter the system with incomplete immunisations. It is therefore a priority of the local authority and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by the Health Protection Agency and Public Health England.

11.3.2 A total **284** children (**85%**) out of the 903 cohort were identified as being up to date as per current immunisation schedule at the end of March 2017; this is an improvement of **8%** on last year. Sefton LSCB recently raised a concern regarding poor uptake of immunisations for children in care citing data from Public Health England Fingertip report; upon review this data appears inaccurate for 2016 and is likely to have been taken from the 2015 statutory return. It has been agreed that further audit and analysis of children in care immunisations will be undertaken by the Designated Nurse for CiC in conjunction with Public Health colleagues



11.4 Strengths and Difficulties Questionnaire

11.4.1 Children in care are twice as likely to have a diagnosable mental health disorder as their peers. This is in view of their pre and post care experiences which include attachment difficulties, trauma and the effects of abuse on the developing brain. It is therefore important to measure, on a regular basis, the emotional and behavioural difficulties experienced by children in care. Commonly this is achieved via the Strengths and Difficulties Questionnaire (SDQ); a clinically accepted brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. It is internationally validated and simple to administer.

11.4.2 The SDQ provides information to help social workers form a view about the emotional well-being of individual children. It is a requirement of the SSSA903 that local authorities must ensure that the child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

11.4.3 In Sefton, the current arrangement for completion of SDQs sits with the Local Authority. Best practice dictates that information in the completed questionnaires is collected by the local authority and the child's total difficulties score is worked out and available to inform the child's health assessment. It has been highlighted however that there is no formal communication process between social care and health providers in regard to the SDQ findings for individual children.

11.4.4 During the 2016/17 reporting period the Local Authority reported that **175** children out of eligible cohort had a Carer's SDQ completed. It is clear from quality assurance of health assessments that the findings of individual SDQs are not effectively shared with health colleagues; this often impacts on the ability to effectively coordinate care in relation to improving emotional health and wellbeing. This is a priority area for review in 2017/18.

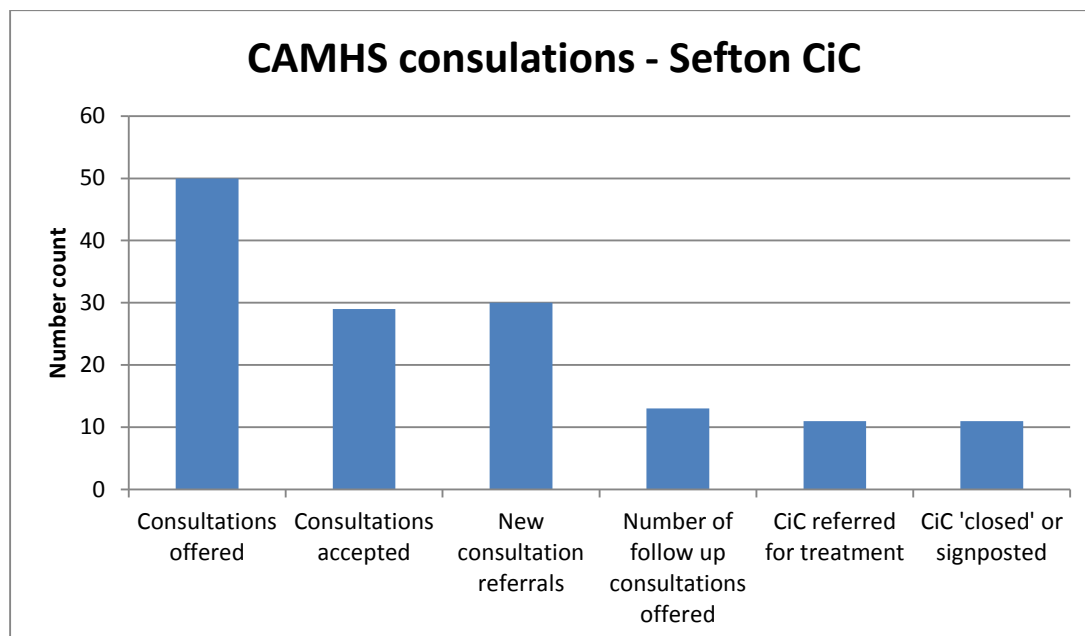
12. Child and Adolescent Mental Health Service (CAMHS)

12.1 The Sefton CAMHS service is delivered by AHCH who provide a range of support to professionals, children, young people and their families to meet both the mental and emotional needs of those children who reside in Sefton.

12.2 Children in Care present to CAMHS with similar difficulties to the general population though they frequently have more than one problem and a history of significant adverse early life experiences. Engaging some young people can take time and often alternative approaches are required.

12.3 Consultation to social workers and those caring for and involved with CiC was offered on a weekly basis during the reporting period. This service offered consultation from a CAMHS perspective to foster carers, residential social workers, social workers, family centre workers, education professionals and sometimes birth parents. Children aged 16 years and over were invited to be part of consultation meetings to help inform and influence their care.





Graph 6 CAMHS Consultation offer to Sefton CiC

12.4 The average wait time for consultation following referral was reported as seven weeks. Any children in care requiring specialist CAMHS intervention following consultation was primarily offered an appointment within four weeks.

12.5 Children who need an emergency service are assessed the same day at A&E, with those requiring a 'less urgent' response being seen within two weeks at Single Point of Access.

12.6 Data in relation to Sefton CiC receiving CAMHS intervention had not been routinely recorded until January 2017. During quarter 4 the service reported that **14** Sefton CiC received direct intervention via AHCH CAMHS practitioners

12.7 Children often present with multiple difficulties, emotional dysregulation and self-harm. In addition, challenging and aggressive behaviour were common themes noted from referral with a high prevalence of attachment issues, low mood, and anxiety being diagnosed.

12.8 Funding for the CiC Consultation service has now been withdrawn; no rationale for this has been provided by CAMHS or the LA. As such it is difficult to consider any potential risks to CiC as a result but will be monitored as to impact.

13. Sexual Health

13.1 Research illustrates that children in care are three times more likely to become teenage mothers than peers who have not experienced local authority care (*Coram Report, 2015*). This report also identified that mainstream programmes aren't tailored to the specific needs of this group of children. In the main, young people in Sefton access local sexual health services provided by Southport & Ormskirk NHS Hospital Trust. There is no specific service dedicated to Children in Care.



13.2 The service is confidential and able to offer a choice of walk-in, or appointment clinics and designated 'under 25's only' sessions. Service users can state a preference to be seen by either male or female staff.

13.3 Services provided include issuing of contraception (all methods), sexually transmitted infection testing and treatments including HIV, free condoms and pregnancy tests. In addition, there are referral clinics for psycho-sexual counselling and erectile dysfunction.

13.4 The clinic service is supported by a clinical outreach service (referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some CiC who have faced challenges in engaging with, and accessing clinical services

13.5 Sexual Health is assessed routinely as part of the annual RHA. This provides a prime opportunity to deliver key public health messages and provide young people information around accessing services and addressing their sexual health needs. Assessing practitioners are additionally guided to discuss healthy relationships, puberty, and to consider risk of Child Sexual exploitation.

14. Safeguarding Children in Care

14.1 The *Real Voices* report on CSE (*Coffey, 2014*) stressed that Children in Care are particularly vulnerable due to their higher levels of emotional health difficulties and special education needs. Additionally, it highlighted the risks to children who go missing from care raising concerns that, despite legislation, independent children's home often fail to notify local authorities when children move in from other areas.

14.2 Annual data relating to CiC who are at risk of CSE is unavailable due to the nature of bi-annual reporting by Sefton MBC Safeguarding Unit. However, data available for Quarter 3 & 4 identified that **18 Sefton CiC** and **22 CiCOLAs** were referred to the Multi Agency Safeguarding Hub (MASH) due to CSE concerns.

14.3 Children who are considered to be at high risk of being sexually exploited, and those who are considered as currently being sexually exploited, continue to be referred for discussion at the monthly Multi Agency CSE Panel (MACSE). Representatives from agencies working directly with the child are invited to attend to ensure the Multi Agency CSE Plan is appropriate.

14.4 In April 2016 NHS England directed all CCG and Provider services to identify a nominated lead for CSE. The nominated lead for Sefton CCGs is the Designated Nurse for Safeguarding Children.

14.5 One in five children and young people who go missing from home or care are at risk of serious harm (*Coffey, 2014*). There are major concerns about the links between children running away and the risks of child sexual exploitation. Missing children are also vulnerable to other forms of exploitation, violent crime, gang exploitation, and drug and alcohol misuse.



14.6 Sefton MBC is required to submit data on an annual basis with regard to children in care who are reported as 'missing' or 'absent'. A total of **70 children** (11%) were recorded as missing from care episode in 2016/17; 410 episodes of 'missing' were recorded against these children with an average of six incidents per child. **45** children were reported as missing from care on more than one occasion therefore further analysis of the data would suggest that these children were the subject of **385** episodes (average of nine incidents per child).

14.7 There were 150 episodes of unauthorised absence reported by the LA relating to **25** individual children. Children are deemed to be absent if they are away from placement without agreement but professionals are aware of their whereabouts.

14.8 Concerns have been raised nationally around the categorisation of children in care who are not in placement when they should be. Children reported as absent may often be with family members or someone with whom they have a relationship with; suggesting they are absent merely implies that they are at a place that has not been agreed by their social worker but this fails to identify potential risks posed from individuals whom they come into contact with whilst they are there.

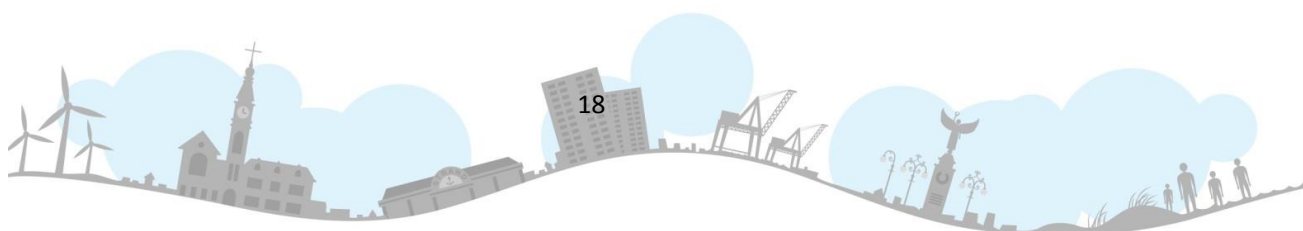
15. Care Leavers

15.1 *Promoting the Health of Looked after Children (DfE/DH, 2015)* states that CCGs have a role in commissioning health provision taking into account the specific requirements for young people identified as care leavers in the **Leaving Care Act (2000)**. They are required to ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need and that arrangements are in place to ensure a smooth transition for those moving from child to adult health services.

15.2 There are approximately **130** care leavers aged between 19-21 years within Sefton. National data return requires the Local Authority to report outcomes for this group in relation to education, training and employment; figures indicate that **15** care leavers are recorded as having an illness or disability, and a further **15** are pregnant or parenting which has resulted in them being unable to access employment or education.

15.3 Further review of the current 'offer' from commissioned health services is required to ascertain compliance with statutory guidance. On leaving care, young people are provided with a health passport providing details of their medical history and advice on navigating universal health services and their health provision sits with Primary Care.

15.4 CCG and Local Authority responsibility for the transition arrangements of young people leaving care to adults services is set out in *Nice Guidance - Transition for YP using health and social care services* and *Statutory Guidance on promoting the health of LAC and Care leavers (DfE/DH, 2015)*. This includes the development of a locally shared vision and policy for transition arrangements. In 2016/17 commissioned health teams were not required to submit performance data in relation to care leavers, this has been reviewed for 2017/18 reporting period with the introduction of a number of 'Care Leaver' metrics within the KPI schedule to enable oversight of compliance with guidance.



16. Role of Primary Care

16.1 Primary Care providers have a vital role in the identification of the health care needs of children and young people who are in or leaving care. They often have prior knowledge of the child/young person and have statutory responsibilities to:

- Accept CiC as a registered patient seeking the urgent transfer of the medical records if the child is placed over three months.
- Act as advocate for the child, contribute and provide summaries of the health history of a child who is in care, including their family history to inform the Statutory Health Assessment process and legal proceedings e.g. Adoption
- Ensure that referrals to specialist services are timely, taking into account the needs and high mobility of children in care
- Ensure the clinical records make the 'looked after' status of the child clear, so that particular needs are acknowledged and forwarded for each statutory health review.

16.2 The GP held patient record is unique health record and is able to integrate all known information about health and events to provide an overview of health priorities and to review that health care decisions have been planned and implemented.

16.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC Health Team in NWBH to ensure that the Lead clinical record is updated and health needs followed up within the Primary Care setting. It has been recognised that a further review of the robustness of this process is required with provider teams having to clearly demonstrate that information sharing pathways are effective and is therefore is a further priority for 2017/18.

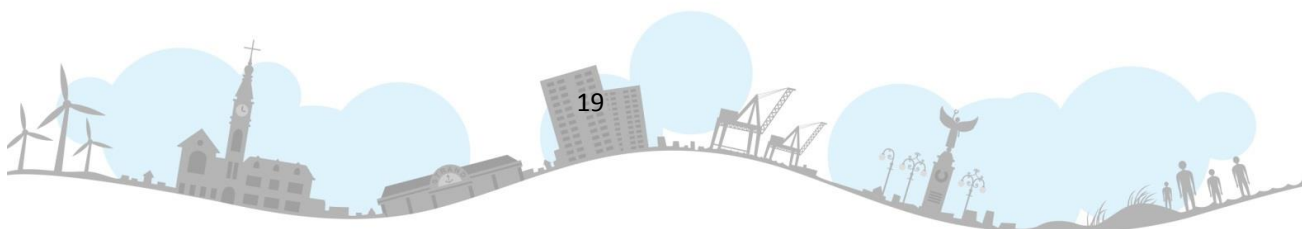
17. The Responsible Commissioner

17.1 NHS South Sefton CCG and NHS Southport & Formby CCG are the responsible commissioners of health services for children who are taken into the care of Sefton MBC. When children in care are placed out of area it is the responsibility of Sefton MBC, as lead agency, to advise health as stakeholders, to ensure that children maintain exemplary access to relevant health services. This includes the originating CCG and the receiving CCG where the child or young person has been placed.

17.2 In Sefton, the sharing of information in relation to children placed out of area is coordinated by the Sefton CiC Health Team (NWBH) following notification by the Local Authority.

18. Payment By Results (PBR)

18.1 The Department of Health, with NHS England, Monitor, the Royal Colleges and other partners, has developed a mandatory national currency and tariff for statutory health assessments for children in care placed out of area. In 2016/17, a standard letter was



devised informing all CCGs across England that Sefton CCGs would charge for statutory health assessments in line with national tariff.

18.2 It has been highlighted that the process linked to the PBR recharge was not robust, with the framework supporting the implementation of Responsible Commissioner not always clear. A new process, which now includes additional scrutiny and oversight by the Designated Nurse for CiC was implemented in May 2017.

18.3 Assurance is obtained that the completed assessment meets required standards by reviewing against the Health Practitioner Checklist/audit assessment tool (appendix 2). The Payment By Results Tariff was aimed at improving quality, access to services and providing resources into local areas to meet the demand. However, in view of the way CCGs across England has commissioned services in different ways this has caused further delay in accessing services prior to invoicing arrangements being confirmed. This is currently being reviewed as part of the Regional and National CiC Forums, led by NHS E with clear directive to CCGs being standardised.

19. Conclusion

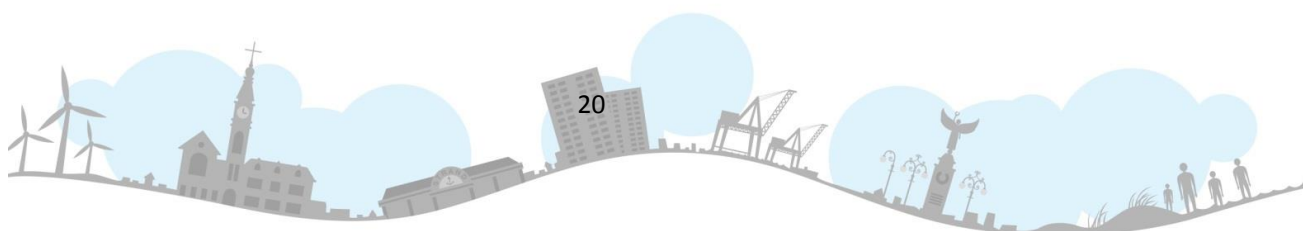
19.1 It is clear, in the writing of this report that the services being provided to children in care in Sefton have been under intense scrutiny during 2016/17. Inspection of Local Authority Services in April 2016, closely followed by the Joint SEND Inspection in November 2016 have generated a set of 'must do' actions to ensure children in care are safe, healthy and are encouraged to achieve their full potential.

19.2 Sefton CCG has worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of this group of children. The performance of commissioned services to deliver the statutory standards for CiC has, at times, been inconsistent.

19.3 The dissolution of LCH has unquestionably affected the ability of provider services to maintain a consistent, high standard of service to children in care. Whilst the transition of services to new organisations did not occur until April 2017 the uncertainty surrounding how future provision would be configured negatively impacted on performance in many areas and this performance will continue to be monitored through 2017/18.

19.4 The role of the Designated Nurse for CiC has now been fully embedded within the CCGs Shared Safeguarding Service and has provided the opportunity for increased scrutiny of many aspects of health care delivery to this vulnerable group of children.

19.5 In depth analysis of Key Performance Indicators has informed the priorities for the coming year and they are written using recommendations from *Not Seen, Not Heard (CQC, 2016)* to ensure a child-centred approach. The triangulation of this information, in conjunction with a review of the *NHS E CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services 'Right People, Right Place, Right Time, Right Outcomes'* has helped to provide a contextual view to assist Sefton CCGs in ensuring effective commissioning to meet the health needs of children in care.



20. Key Priorities for 2016/17

Children & Young People should have a voice
<ul style="list-style-type: none"> • Consultation with CiC and care leavers to inform services design and delivery and address barriers for young people accessing health services • Alignment of EHCP/CiC Health plans for children in care with SEND supported by the development of robust communication pathway and complimentary training programme for health practitioners
Improving outcomes for children: the 'so what' factor
<ul style="list-style-type: none"> • Improved performance around national performance indicators – greater compliance by commissioned services around KPIs • Audit of statutory CiC health assessments • Robust implementation of Responsible Commissioner and associated quality assurance • Review of current SDQ process to facilitate incorporation with RHA process • Development of 'Was Not Brought' protocol for situations where children have failed health appointments
Quality of multi-agency Information sharing
<ul style="list-style-type: none"> • Establish robust information sharing within Primary Care Services and GP contribution to inform the statutory health assessment process • Review of training for health care staff including Primary Care Practitioners on their roles & responsibilities as corporate parents as commissioners of health services • Implementation of 'Care Leaver Code' to identify patients registered with GPs whom are defined as care leavers to enable them provide timely access to services where appropriate
Transition and Access
<ul style="list-style-type: none"> • Review of care leaver <i>Health Passport</i> process; utilisation of this to inform transition plan and improve pathways between services • Review of commissioned services in providing extended provision to care leavers and Sefton CiC placed out of area
Leadership
<ul style="list-style-type: none"> • Review of NHS E Benchmarking Exercise to ensure full compliance with the 33 standards • Contribute to NHS E work plan for Safeguarding/CiC – Standardisation of KPIs, facilitation of CiC Summit

"We only get one chance at life...help us make the best of it"

Rebekah, Sefton Care Leaver

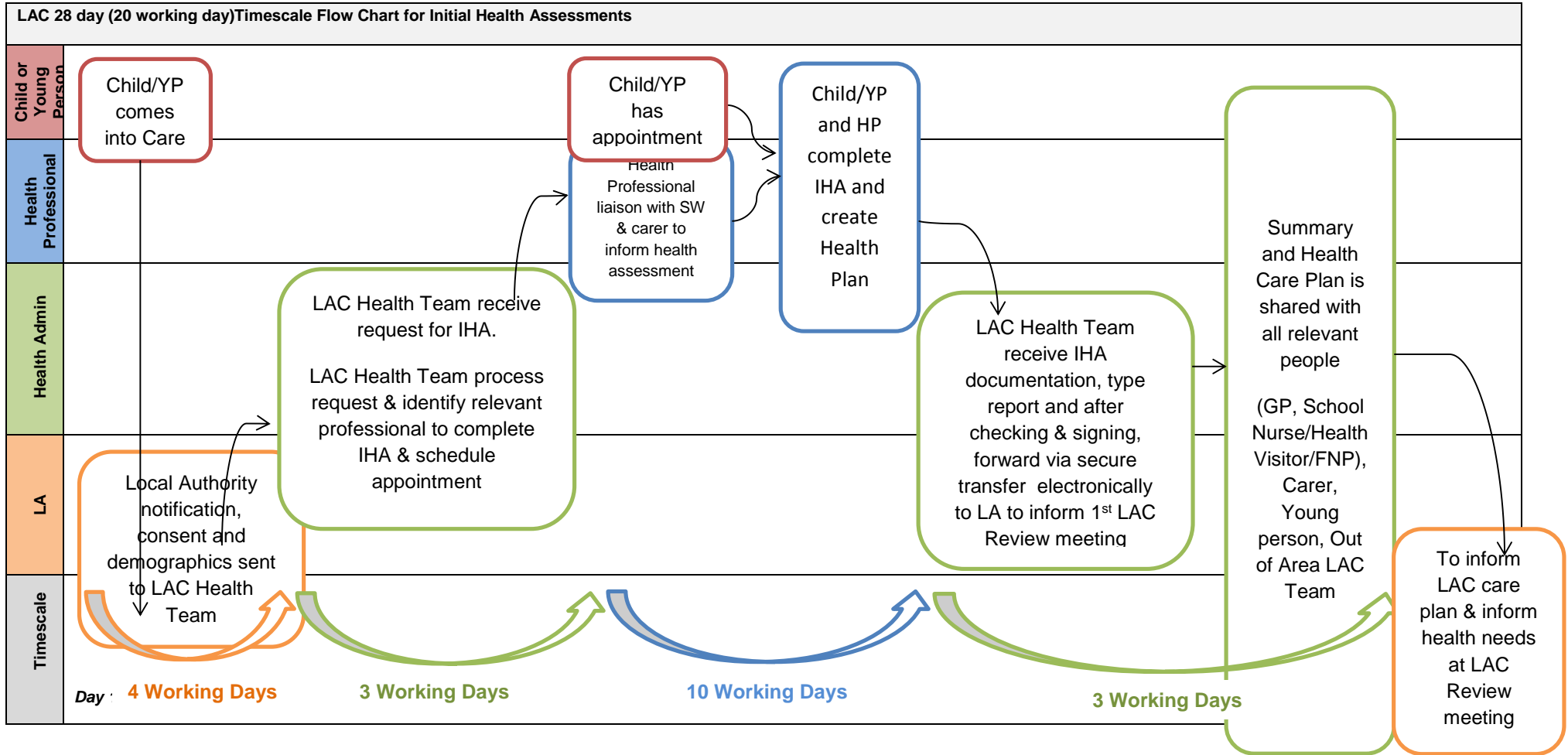


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Appendix 1



Appendix 2

Looked After Children Health Assessment– Practitioner Checklist

(Based on 2014/15 National Tariff Payment System)

The checklist guides practitioners through the criteria and quality indicators for completion of the assessment. Evidence of quality indicators must be documented within Parts B and Part C of the health assessment. The assessment and checklist will be reviewed by the Provider Children in Care Health Team and/or the Designated Nurse on behalf of Sefton CCGs. It will be used to support payment against the agreed quality framework where applicable

Please complete and return along with full health assessment and additional documents requested

Child's Name:			Date of Birth:	
			NHS No:	
Type of Assessment: INITIAL REVIEW (Delete as appropriate)	Date of Request:	Date Assessment Due:	Date of Completion of Assessment:	
Part B of BAAF Paperwork			Yes/ No N/A	Comments
Young person with capacity to consent has signed to say they understand the need for the assessment and have agreed to be seen and to information being shared. Have they been offered a choice of venue and the chance to be seen alone? If typed please document that verbal consent has been agreed (include date)				
Evidence that information has been gathered to inform assessment from child's social worker and other health agencies providing care (e.g. CAMHS, GP, Therapists)				
Evidence of discussion to consider health events since last assessment i.e. A& E attendance, Illness, Immunisations)				
Evidence of assessment (at least 3 indicators for each to be evident)				
<ul style="list-style-type: none"> • Physical Health: management of medical conditions, Sleep issues, Diet, Illness, Physical activity, Height & Weight (BMI must be calculated), Allergies • Developmental Health: Gross & Fine Motor skills, developmental milestones (Ages & Stages), Puberty, educational overview including key transitions in school, independence skills • Emotional Health / Behavioural: Attachment, SDQ with score detailed within assessment(if available), anxiety, stress, depression, self-harm, positive mental health, friendships, self-esteem, behaviour 				
Dental health -discussion around oral health, sugar intake,				

drinks, diet and tooth brushing needs to be evident		
Vision – date of last vision, use of glasses		
Health professional involvement: details of health agency involvement including last/future appointments		
Immunisation Status: immunised as per schedule, details of recent immunisations and any required in future		
Medication: details of any medication or equipment required		
Keeping safe: Children 0 to 9yrs – safety in the home, appropriate supervision, road safety, exposure to second hand smoke Children 10 to 18yrs – consider risk of CSE, missing from care episodes, internet safety, road safety		
Healthy Relationships: including personal checks, puberty & body changes, sexual health and access to services (must be evidence of appropriate discussion for ALL children over 10)		
Exposure to substance: Evidence that alcohol / substances have been discussed – ‘Drugs, Alcohol & Me’ screening tool must be completed and referenced within assessment		
Voice of the Child: for younger children evidence this by considering interaction with carer, for older children reflect how they feel about their health		
The social worker does not see Part B of the assessment therefore a comprehensive summary report and a detailed ‘SMART’ health plan is essential The summary should be the key points from the assessment with a clear analysis of the ‘so what does this mean’ and ‘what impact / difference is this making for the child’		
Part C: Summary Report and Health Plan	YES/NO N/A	Comments
Overview of health since last assessment: summarise Part B of assessment i.e. A & E attendances, illness or injuries (Section 1)		
Present physical and dental health: Must include date of last dental check, overview of growth (BMI) (Section 4)		
Developmental health/Educational concerns: summarise finding from developmental assessments, comment on current level of functioning, analyse & consider impact (Section 6)		
Emotional Health: overview of emotional & behavioural development, attachment, evidence of analysis		
Lifestyle: overview of keeping safe, risk-taking behaviours, relationships & sexual health		
Health Concerns: Children & Young People’s, Carers’ and other professionals’ concerns about health are evident and recorded in the summary with action in health plan where appropriate		
Date of Dental Check: Must be recorded (underneath Health Action Plan)		
Immunisations: up to date, detail any outstanding within summary and plan		
Health plan: focused on needs of the young person rather than being task focused (the word Asthma, Diabetes, Eczema is not sufficient)		
Timescales and identified responsible person: Recommendations have specific timescales, avoid ‘ongoing’		

GP and Dental Practice: names of both noted		
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The Children in Care Health Team are required to input certain data within Social Care Systems, it imperative that a copy of all requested documentation is returned with original copies remaining within the child's health record		
Return Documents Check	YES/NO	Comments
Childs name, DOB & NHS Number on every page		
Full Health Assessment with Summary & Plan (PartC) being typed		
Immunisation Printout – For children placed in or placed by external trusts (where available)		
SDQ questionnaire Carers Report – 2 page complete document (not score only) for children age 4-16yrs inclusive (If requested – not standard for all assessments)		
Substance Misuse 'Drugs, Alcohol & Me' screening tool (Age 10-18yrs inclusive) – Return completed tool		
Universal developmental checks up to date (for children under 5yrs)		

I agree that the completed Initial/Review Health Assessment meets the criteria and quality standards of the practitioner checklist

Competent to Level 3 of the Intercollegiate Competency Framework ¹	YES/NO
Name of practitioner completing health assessment:	
Designation:	Date:

Internal Quality Assurance		
Assessment meets required standard?	Yes	No
Name:	Designation:	Date:

¹RCGP, RCN, RCPCH (2015) Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate role framework.
http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

MEETING OF THE GOVERNING BODY November 2017

Agenda Item: 17/186	Author of the Paper: Dwayne Johnson Director Social Care and Health Email: Dwayne.johnson@sefton.gov.uk Tel: 0151 934 3333
Report date: November 2017	
Title: Development of Family Wellbeing centres	
Summary/Key Issues: The Council faces significant demographic and financial pressures. The proposal of creating Family Wellbeing Centres is part of the Early Intervention & Prevention project approved by Council in March 2017. This proposed model will tackle the multiple needs of families in a more joined-up way.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	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 and as part of the North Mersey LDS.
	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.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

Links to National Outcomes Framework (<i>x those that apply</i>)	
	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 November 2017

1. Executive Summary

- 1.1 Our communities have told us that we need to be more joined up most recently through the consultation on Imagine Sefton 2030. We have listened to this feedback and developed plans for a more integrated preventative approach across the borough
Proposals are based around proposals to have three integrated family and children centre bases called Family Wellbeing Centres.
- 1.2 We believe that our plans will make the most of the money that we have available, allowing us to continue to support those most in need and offer our families, children and young people the opportunity to enjoy many health and wellbeing activities.

2. Introduction and Background

- 2.1 For some time our communities have told us that they want a joined up approach. In March 2017 Council Members approved the concept of locality working. As part of this work the Director of Health and Social Care has led a review of the current Children's Centre and Family Centre offer, delivery points and associated funding.
- 2.2 Since the introduction of the Children and Family Centres in 2006-2007 there has been no overall strategic vision or strategic direction, and given the significant change in successive government and local policies, Sefton now wants to take a strategic approach.
- 2.3 The Director of Health & Social Care has held internal working groups and conducted a number of meetings with Headteachers and the Centre Managers to develop a strategic approach. In addition, visits to all the Children and Family Centres have been undertaken, including some visits alongside Cabinet Members.
- 2.4 Following extensive work a draft strategic vision for the future of the Children & Family Centres has been undertaken and resulted in the strategic vision presented within this paper

Context – Children's Centres

- 2.5 Currently within Sefton, there are 10 Children's Centres operating from a number of schools, Council and community bases. Nine Centres are based on Nursery or Primary School premises; they operate as a commissioned service, governed by the school and quality assured by the School Readiness Team. The tenth centre is under direct management of the Council and operates from a Council building.
- 2.6

Children's Centre	Phase & yr. established	Governance
Cambridge	1 27/04/2007	Commissioned service, governed by Cambridge Nursery School
Linaker	1 11/07/2006	Commissioned service, governed by Linaker Primary School

Litherland	1 24/03/2006	Commissioned service, governed by Litherland Moss Primary School
Netherton	1 18/09/2006	Council
Seaforth	1 13/02/2006	Commissioned service, governed by Sand Dunes primary School
Springwell	1 23/03/2006	Commissioned service, governed by Springwell Primary
First Steps (Kings Meadow & Farnborough Road)	2/3 25/02/2008	Commissioned service, governed by Farnborough Road Infant School
Hudson	2 25/02/08	Commissioned service, governed by Hudson Primary School
Waterloo/Thornton	2 01/11/07	Commissioned service, governed by Waterloo Primary School
Freshfield	3 28/02/2010	Commissioned service, governed by Freshfield Primary School

2.7 The 10 centres are located across Sefton, primarily serving areas of deprivation. However the size of the locality they serve is very different and ranges from 792 to 3,356 under 5's within the reach area.

Context - Family Centres

2.8. The Family Centre resource has traditionally been aligned to support Children's Social Care assessments, plans and interventions. In 2012 the Council restructured this resource alongside Children's Centres, Integrated Youth Support, Aiming High and Emotional Health and Wellbeing to form the new Early Help Service. Since its creation the Family Centre team have maintained integrated working with Children's Social Care (CSC) alongside the development of an Early Help offer and leadership of Early Help plans. The allocation of resources has shifted from 100% CSC to 70% CSC and 30% Early Help.

2.9 The Council operate 4 Family Centres:

- Netherton – Netherton Children's Centre, Magdalen Square, Netherton
- Seaforth – Seaforth Children's Centre, 39 Caradoc Road, Seaforth
- Marie Clarke – Alt Road, Bootle
- Southport – St Andrews Place, Talbot Street, Southport

NB. 2 Centres are co-located with Children's Centres (Netherton and Seaforth)

2.10 Although the family centre functions and core offer differ to Children Centres the data scrutinised clearly identifies similar cohorts of families attending both centres, or outreach services. Clearly by integrating the centres it is possible to offer a more universal offer which is in line with our proposed strategic approach. This would provide better outcomes with more joined up partnership working with a focus on health and well-being, identifying early help and preparing children for school. It also provides some opportunities to identify efficiencies through staffing changes.

3. Key Issues

The Operating Model

- 3.1 The proposals for remodelling and developing a family well-being service is part of a wider transformation process relating to Early Intervention and Prevention – Locality Teams. The proposals will create five distinct geographical service delivery areas across the Borough, which align to the three identified localities.
- 3.2 The strategic direction for a Family Wellbeing service clearly outlines the vision and approach the Council wishes to adopt. It was proposed that we widen the offer to 0-19 by providing outreach support into schools and the community. This would complement the approach the Council has taken surrounding health and well-being services and their approach to multi-disciplinary working in the context of working within defined bases.
- 3.3 The key principles of the family well-being service are to:
- Respect families starting points, and intervene early to provide the required support in a timely way.
 - Develop a “whole family” approach where root cause issues can be addressed and families limit the number of times they need to tell their story
 - Ensure a focussed response on providing improved outcomes for the children and young people themselves on occasions where the “whole family” approach does not work.
 - Ensure that the child's voice is heard and that safeguarding thresholds are maintained through service redesign and delivery
 - Ensure a targeted and evidence-based approach for those children and families who are in the greatest need
 - Support children and families that are failing to thrive or reach their potential, particularly with regard to attachment, language acquisition and early childhood milestones
 - Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton and improve access to targeted support to address health inequalities.
- 3.4 It is proposed that each locality will be served by a lead Family and Wellbeing ‘hub’. A Manager will be allocated to each locality. The lead ‘hub’ centre will be responsible for co-ordinating the delivery of the family well-being service and managing the distribution of activity and staff within their area according to need. The impact on staffing will be a reduction of management. Frontline and admin staffing will be reduced according to the formula. This approach will allow for increased joint planning and management across the whole locality and particularly in relation to service design and improvement.
- 3.5 In order to account for the large geographical area; the North and Central localities will be sub divided into two service delivery hubs – this will ensure that the budget and staffing can be aligned closer to communities.
- 3.6 It is expected that each lead ‘hub’ will be supported by the majority of remaining Children’s Centres and Family Centres, which will operate as link or satellite centres and will effectively be delivery points.
- 3.7 Although the existing Family Centre functions differ to Children Centres; the data scrutinised, clearly identifies, in some cases, similar cohorts of families attending both family and children’s centres. By integrating the centres it is possible to offer a more universal offer which is in line with our strategic approach. This will provide improved outcomes with more joined up partnership work. A renewed focus will be on health and well-being, identifying early help and supporting families through periods of need. It will also provide some opportunities to identify efficiencies through staffing changes.

- 3.8 The proposed new model will support the concept as outlined in the Statutory Guidance for Children's Centres 2013, which states that children's centres are as much about making appropriate and integrated services available, as they are about providing premises in particular geographical areas. In practical terms, this means less centres will be registered as standalone children's centres with Ofsted. The remaining centres will be listed as linked or satellite sites and will no longer be subject to individual inspections.
- 3.9 The table below highlights the differences between the current operating model (including existing reach areas) to the proposed service delivery areas and their place within the locality model.

Locality area	Proposed Main Base Additional	Complementary Bases
North	Talbot Street - Potential Family Wellbeing centre	Linaker Freshfield Farnborough & Kingsmeadow
South	Waterloo - Potential Family Wellbeing centre Or Marie Clarke - Potential Family Wellbeing centre	Cambridge Seaforth (the place that you currently use may change)
Central	Netherton – Potential Family Wellbeing Centre	Hudson Litherland Thornton Springwell

- 3.10 The proposed model also aligns with how we anticipate Children's Centres will be inspected by Ofsted in the future. Rather than a single centre inspection, it is expected that they will be considered as part of the overall Children's Service inspection regime; as recent Joint Targeted Area Inspections have included some inspection of Children's Centre service delivery. In practical terms, this means less centres will be registered as standalone children's centres with Ofsted. The remaining centres will be listed as linked or satellite sites and will no longer be subject to individual inspections.
- 3.11 The proposed operating model will be delivered from a number of key sites, either community or school based. This network of delivery points will ensure services can be delivered close to the community and ensure travel times are not drastically increased for service users accessing the provision. It will enable a more focused and targeted approach to meeting resident needs and priorities.
- 3.12 Further detailed work will be required to determine conclusively which buildings the offer will be delivered from, however, the strategic vision is committed to delivering the offer as close to the community as possible.
- 3.13 Location of the three proposed Family and Well-Being Centres - To deliver the new funding formula the proposal is to have one main family well-being hub within each locality and each overseen by a manager. This central hub would see the delivery of children centre and family centre functions. Existing children's centres would potentially be delivery sites along with additional outreach venues.
Proposed sites include:
- North – Talbot Street

- Central – Netherton Children’s Centre and Family Centre
- South – Waterloo Children’s Centre or Marie Clarke Family Centre

4. Finance Background

- 4.1 Funding for each Children’s centre is based on historic reasoning. When subject to detailed analysis it appears not to follow any pre-determined formula or clear rationale. This is highlighted when the Children’s Centre budget is aligned to the number of under 5’s the centre serves. The amount of budget per under 5 ranges from £99 to £334, with the average amount of £206.
- 4.2 The Children’s Centre budget is distinct from the school, with any deficit returning to the Local Authority as opposed to being incorporated into school budgets. In the vast majority of cases comprehensive re-charges are made to the school to cover utilities, cleaning, maintenance etc. Charges are often also made for management oversight and/or admin and caretaking support. However, currently there is no standardised fee or calculation set, to determine this amount across the centres.

5. Proposed funding formula to support new operating model

- 5.1 As funding has been based on historic reasoning, conversations with head teachers have confirmed there is a will to develop a funding formula which will provide a more equitable and fair distribution of funding across our most deprived areas. It is anticipated that this will provide improved outcomes where most needed. In line with the strategic vision outlined above it is proposed that a new funding formula is introduced which will encompass both current Children Centre and Family Centre delivery by way of a new Family Well-being service. The formula will allocate staffing and operational costs on a clearly defined basis that reflects the ambition of the service within the resources available.
- 5.2 The proposal is that a weighted funded model is adopted which takes account of levels of deprivation and need across pre-determined reach footprints within localities, and that this supports a flexible and well trained workforce.
- 5.3 Officers are developing a model which will propose to set out staffing resources to reflect an allocation for universal / targeted outreach, early years home visits, early intervention family work, family intervention to support social care cases, admin and data oversight.
- 5.4 It is anticipated that the formula will weight the following factors, subject to a detailed assessment of an equality report:
- Numbers of children (0-5) within each reach area with higher weighting for
 - areas of deprivation in higher IDACI banding. (IDACI is the Income Deprivation Affecting Children Index)
 - A weighting linked to the proportion of referrals to social care
 - Numbers of early help cases
 - Population for 6-19 year olds
 - Time allocated to social care cases
- 5.5 The effect of the new funding formula will be that existing children’s centres will be unlikely to have the same budget as they currently have now.

6. Legal considerations

- 6.1 In order to implement the new operating model, consideration will be given to the relevant legislation incorporated within the Childcare Act 2006.

7. Consultation and Engagement

- 7.1 In order to gain the views of the public, service users, partners and staff and realise statutory requirements on the proposed changes to the delivery of Family Centre and Children's Centre roles within Sefton it will be necessary to enter a period of consultation and engagement. A more detailed plan will form the basis of a report presented to the Public Engagement & Consultation Panel, available [here](#).
- 7.2 The feedback from this consultation will be considered by Cabinet in December 2017

8. Equality Impact Assessment

- 8.1 It will be essential that careful consideration is given to the Council's statutory duties under the Equality Act 2010, particularly section 19 and section 149 of the act. With this in mind, we will conduct a full equality analysis across the programme, with recommendations where appropriate, for consideration by Cabinet and Council prior to any final decision being made.
- 8.2 Re-configuration of activities delivered at Children's Centres – In order to ensure a greater understanding of the specific changes to services on offer, an analysis of information and data will be required on which services will continue to be delivered, reduced and or ceased in line with the new proposals linked to protected characteristic, demographic needs and usage trends. Assessment will also be required on the how families currently access or are signposted into the provision along with the reasons why.
- 8.3 Funding formula – as this is new policy and practice, an equality analysis will be required, to ensure that the new funding formula meets PSED and does not inadvertently contain bias that will disadvantage any protected groups.
- 8.4 Due to the potential impact on staff, service users any anyone with a significant interest, there will be, as part of a consultation and engagement strategy, meaningful and clear communications to all appropriate parties enabling them to form considered responses. Given the breadth and reach of the programme there are a number of aspects which will need to be given specific consideration and analysis in order to help form a coherent proposal for consulting upon.

9. Property Considerations

- 9.1 Further detailed work is required to determine conclusively which buildings the offer will be delivered from. However, the strategic vision is committed to delivering the offer as close to the community as possible. An equality analysis report and consultation will assist with this

10 Recommendations

- To note the principles associated with Family Wellbeing Centres (3.3)
- To note the approach being taken towards the development of a funding formula.

Appendices

There are no appendices to this report

Dwayne Johnson
Director of Social Care and Health
November 2017

MEETING OF THE GOVERNING BODY November 2017

Agenda Item: 17/187	Author of the Paper: Mel Wright Planning Lead Melanie.wright@southseftonccg.nhs.uk
Report date: November 2017	
Title: Better Care Fund Submission	
Summary/Key Issues: The purpose of this report is to request that the Governing Body ratify the 2017-19 Better Care Fund submission, which was duly signed by the Chair and Chief Officer with agreed delegated responsibility in September 2017.	
Recommendation	
1	The Governing Body is asked to ratify the 2017-19 Better Care Fund submission. Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>
2	The Governing Body is asked to confirm delegated authority to the Chair and Chief Officer to sign the Section 75 agreement in support of the BCF submission on its behalf.

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 and as part of the North Mersey LDS.
	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.
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 (<i>x those that apply</i>)
Patient and Public Engagement	√			Responds to previous engagement on integrating services and addressing needs highlighted in the Joint Strategic Needs Assessment.
Clinical Engagement	√		x	Individual schemes have received clinical input where appropriate.
Equality Impact Assessment			x	
Legal Advice Sought		√		Will be required for associated section 75.
Resource Implications Considered	√			
Locality Engagement			x	
Presented to other Committees	√			

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

Report to Governing Body November 2017

1. Introduction and Background

- 1.1. The Governing Body was presented with an update on progress towards Sefton's 2017-19 Better Care Fund (BCF) submission at the meeting in September 2017.
- 1.2. At that meeting, the Governing Body approved delegated responsibility to the Chair and Chief Officer to sign the submission on its behalf, pending formal ratification at the November 2017 meeting.
- 1.3. The purpose of this report is therefore to seek formal ratification of Sefton's 2017-19 BCF submission.

2. Progress

- 2.1. On 20 September, the CCG was requested by NHS England:
 - to increase the trajectory for Delayed Transfers of Care by 0.03% which equated to an reduction of an additional 19 bed days across the Sefton Health and Wellbeing Board footprint; and
 - to evidence progress towards implementation of the eight High Impact Change Model (https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20model%20CHIP_05_1.pdf).
- 2.2. The CCG complied with this request and resubmitted the BCF on 22 September 2017.

3. Assurance Categorisation

The CCG has not yet received a formal rating in relation to its submission, however, informal discussions suggest our submission is likely to be approved with conditions. The table below describes the ratings categorisation.

Rating	Overview	Criteria	Next steps
Approved	<ul style="list-style-type: none"> Plan agreed by Health and Wellbeing Board Plan meets all requirements 	<ul style="list-style-type: none"> All planning requirements and KLOEs met National Conditions met (including that the plan is agreed by the HWB) 	<ul style="list-style-type: none"> Plan is put forward for approval by NHS England following consultation with the IPB. NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
Approved with conditions	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 met Meets most planning requirements 	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example: <ul style="list-style-type: none"> Narrative plan (vision, approach to risk management) needs improvement; or National Condition 4 not fully met Not all Metrics not agreed Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced Assurance panel are confident that the area can agree a plan by November 	<ul style="list-style-type: none"> NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget Provide formal feedback to areas on actions needed to gain approval and timescale. Area and BCM to consider any support required Area to implement improvements prior to submitting a revised plan to their HWB.
Not approved/ not submitted	<ul style="list-style-type: none"> One or more minimum funding contributions not included or Plan is not locally agreed. Plan is not submitted 	<ul style="list-style-type: none"> Several planning requirements not met including: <ul style="list-style-type: none"> One or more of National Conditions 1, 2 or 3 not met. Little or no progress towards agreement on National Condition 4. Metrics are not set or not accompanied by plan Plan is not submitted DTOC ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities). 	<ul style="list-style-type: none"> Provide feedback to areas on actions needed to deliver a compliant plan Area and Better Care Support Team notified If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October Support provided to area to produce an escalation plan

4. Progress Report on Section 75

4.1. Work is under way on development of a new Section 75 which is the legal agreement to facilitate the pooling of the funds outlined within the Better Care Fund and described below:

Enabling Workstream	2017/18 £'000	2018/19 £'000
Early Intervention and Prevention	£68,000	£69,000
Early Years	£906,000	£923,000
Longer Term Care	£619,000	£0
	£8,104,093	£8,315,000
Intermediate Care and Reablement	£1,846,586	£1,881,883
	£3,644,037	£3,939,506
	£2,990,000	£2,990,000
	£1,666,000	£1,698,000
iBCF	£7,964,663	£10,954,918

4.2. It is anticipated that this work will be completed by the end of November and delegated authority from the Governing Body is sought to allow the Chief Officer to sign the agreement on the CCG's behalf.

5. Recommendations

- 5.1. The Governing Body is asked to ratify the attached 2017-19 BCF submission.
- 5.2. The Governing Body is asked to confirm delegation authority to the Chair and Chief Officer to sign the Section 75 agreement in support of the BCF submission on its behalf.

Appendices

- Appendix 1 Sefton's 2017-19 Better Care Fund Submission (a copy of the appendices there to are available upon request).

Mel Wright
Planning Lead
October 2017

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 19th July 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario is £3.476m deficit. 	<ul style="list-style-type: none"> CCG will not deliver its NHS England control total / statutory duty. 	<ul style="list-style-type: none"> Continue to identify further QIPP opportunities / bring forward 18/19 schemes into 17/18.

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

- F&R committee risk register reviewed – agreement to adjust post mitigation score to 20 for the following key risks:
 - FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.
 - FR001a: CCG fails to deliver its QIPP target in 2017/18.
- Slow progress with QIPP. Ahead of plan at this stage. Need to revise phasing.
- Practice prescribing budgets – committee ratified recommendations of JMOG.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 20th September 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG's likely case scenario forecasts deficit of £2.7m for the year end. 	<ul style="list-style-type: none"> CCG not on target to deliver statutory duty / financial target. 	<ul style="list-style-type: none"> CCG will need to find further cost saving schemes to address proposed deficit.

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

- The committee reviewed the risk register and agreed to keep the current scoring. It was agreed to add a risk in regards to the outstanding debt over six months old from Southport and Ormskirk Hospital, related to CQUIN 2015/16 (£670k) and Breast Referral Services (£50k). AO and MMcD to action.
- The committee approved the Business Continuity Policy, Business Continuity Strategy, Business Continuity Management Plan, Crisis Management Plan and Incident Response Plan subject to minor amendments. The plan relating to GPs will be tested at a future Governing Body Development Session.
- HR dashboard was reviewed. It was noted that the CCG has comparatively low levels of sickness when benchmarked against other CCGs in the CSU area.
- Improvement and Assurance Framework (IAF): the committee asked for a short exception report in areas where the CCG is not performing well.
- Prescribing costs continue to reduce.
- The committee approved the Pan Mersey APC recommendation for the commissioning of RIFAXIMIN 550mg tablets (Targaxan®) for the treatment of Hepatic Encephalopathy.
- Chief Finance Officer and Head of Medicines Management to review the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis as part of the overall high cost drug strategy with local providers.

Key Issues Report to Governing Body

Quality Committee Meeting held on 27 th July 2017	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)

1. Initial contract meeting has taken place with Lancashire Care NHS Foundation Trust as the new provider of community services.

Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 27th July 2017

Chair:
Debbie Fagan

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

1. Revised Terms of Reference for the Committee
2. New function of the committee in the oversight of QIA as part of the CCGs' QIPP processes and governance

Key Issues Report to Governing Body

Part A Joint Quality Committee Meeting held on 31 st August 2017	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)

1. **S&O Serious Incidents** – improvement in systems and processes evident to the CCG in terms of improved quality of RCAs being received and timeliness in response
2. **Numbers of open Serious Incidents on STEIS** - CCG to focus on 2015 / 16 open SI's with a request to meet with Director of Nursing for a final decision to close and ensure lessons are learnt
3. **AQuA Quarterly Mortality Report** - latest quarterly mortality report was reviewed and the trust status noted. Action to liaise with data analyst and GP clinical leads to gain further understanding of the data. CCQ discuss the report at the S&O Collaborative Commissioning Forum and to agenda at the next CQPG for the purposes of assurance.

Key Issues Report to Governing Body

Part B Joint Quality Committee Meeting held on 31 st August 2017 Southport & Formby CCG and South Sefton CCG	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)
1. SEND - Written statement of action now been deemed fit for purpose by the DFE/NHSE the first monitoring meeting has taken place with amber/green rag rating.
2. CQC inspection report into St Joseph's Hospice - The inadequate rating has been reported into the Quality Committee along with information regarding how the CCG's are working in partnership with the provider in order to support the improvements whilst admissions remain restricted.
3. Queens Court Quality Impact Assessment - The Quality Committee have reviewed the QIA and have made the recommendation if funding was to remain at the same level Queens Court Hospice if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity.
4. NHSE DST Letter – This was presented to the Quality Committee and the need for further data quality assurance checks discussed prior to the submission of any required action plan.
5. Safeguarding Annual Report - It was received by the Committee and recommended the report be presented to Governing Body

Key Issues Report to Governing Body

Audit Committee Meeting held on Wednesday 12th July 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG received Annual Audit Letter for 2016/17 from external auditors (KPMG). 	<ul style="list-style-type: none"> CCG did not deliver its revised statutory duty of £4.0m issued as part of legal directions. 	<ul style="list-style-type: none"> CCG continues to review all elements of its commissioning portfolio to look to reduce costs / continue to provide safe services.

Information Points for Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> Write-off of two small debts agreed – totalling £248.89. CCG awaiting response from Southport & Ormskirk Trust regarding old year issues - CQUIN / Breast Services premium. Petty Cash Policy & Procedure approved. Review Governing Body Assurance Framework (GBAF) against risk themes reported by MIAA assurance framework reviews. Internal audit progress in line with plan. 2017/18 external auditors (Grant Thornton) reported outline plan for the financial year. Updated Managing Conflicts of Interest and Gifts and Hospitality Policy approved. Seek clarity regarding updates (quarterly). Corporate Risk Register and GBAF received and approved. <ul style="list-style-type: none"> - risk re. potential merger with South Sefton CCG and Liverpool CCG to be discussed at Leadership Team: risk around reputational issues, support from all bodies, diverting attention, uncertainty for staff, retaining local focus from merger, GP sustainability/pay. GBAF – review mitigated risk for performance through appropriate committee.

- Review possibility / practicalities of a joint Audit Committee with South Sefton CCG. Possibility for the first joint meeting to be in October 2017.
- Review of Remuneration Committee arrangements for assurance that the committee has acted within delegated responsibilities.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Wednesday 11th October, 2017

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
GPFV Funding	Concerns that the level of funding received is not sufficient to deliver the transformation required.	Continue to work through GPFV structure to ensure that the CCG receives all available funding.

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

The committee reviewed the Terms of Reference and no changes were required.

Key Issues Report

Southport & Formby Localities

July to September 2017

AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. August 2017- ongoing problem with a home regarding dressings, irrigation and catheters.	<ul style="list-style-type: none"> • Patient care could be affected • Prescribing costs where practices expected to prescribe dressings inappropriately. 	<ul style="list-style-type: none"> • KW advised that DN's should do catheters and will address, nor bladder washouts and would be surprised if this is happening. Dressings are still a problem and although Lancashire Care have taken over it is still a work in progress. There is a new service launching next week with a centralised system so dressings can be ordered centrally and the DN should have a supply.
2. Tissue Viability Nurses	<ul style="list-style-type: none"> • Patient Care as identified that no cover in place 	<ul style="list-style-type: none"> • DN team escalating internally.
3. Electronic discharge letters- copies of paper still being received.	<ul style="list-style-type: none"> • Increase to workload due to paper copies of electronic discharge letters being received 	<ul style="list-style-type: none"> • It was noted that background IT issues have caused this- the receipt of paper is a failsafe against non-receipt of electronic discharge letters
4. Oxycodone prescribing	<ul style="list-style-type: none"> • Issues with 12/24 hour release. 24 release is same strength as the 12 hour release, which could cause prescribing issues. 	<ul style="list-style-type: none"> • Practices have been advised to prescribe Longtec by brand. Pharmacies have been informed about this. LT to look into possibility of a clinical system popup being created to alert GP's when prescribing Oxycodone

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. RMS	<ul style="list-style-type: none"> • Patients disengaging with referral process due to language barriers • Patients not answering calls from RMS due to them appearing as "unknown numbers" 	<ul style="list-style-type: none"> • RMS going out to practice managers meeting SF September 2017 to discuss issues and advise on workarounds.
2. Menopause Clinic	<ul style="list-style-type: none"> • Not commissioned by CCG, generating prescribing costs as well as referral costs (Trust referring patients in such a way as to 	<ul style="list-style-type: none"> • This is being progressed with the Trust by JL and KW.

Key Issues Report Southport & Formby Localities July to September 2017



	look like the referral has come from the GP)	
3. DN communication	<ul style="list-style-type: none"> • Messages left with Reception, difficulties with GP getting through to DN on calling offices. • DN's using bypass numbers to try and book appointments for patients 	<ul style="list-style-type: none"> • Agreed that practices will supply bypass number details to DN team. • Agreed that IMc will reiterate that bypass numbers are NOT for using to book appointments.
4. Learning Disability Health Checks (DES scheme)	<ul style="list-style-type: none"> • In depth check required, with lots of examinations that the nurse cannot do 	<ul style="list-style-type: none"> • Tracy Reed visiting practices to support with uptake of health checks
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Inappropriate workload from S&O	<ul style="list-style-type: none"> • Inappropriate delegation of secondary care work back to primary care 	<ul style="list-style-type: none"> • Work being progressed to discuss with Trusts- LMC collating examples of such requests. Item being picked up at monthly CCG/NHSE primary care operational group. DC advised practices that where any of his patients are discharged back to primary care without three DNA's, he refers patients to PALS at the Trust to follow up.
2. Learning Disability Health Checks (DES scheme)	<ul style="list-style-type: none"> • In depth check required, with lots of examinations that the nurse cannot do 	<ul style="list-style-type: none"> • Tracy Reed visiting practices to support with uptake of health checks

Key Issues Report

Southport & Formby Localities

July to September 2017



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Learning Disability Health Checks (DES scheme)	<ul style="list-style-type: none"> Technical issues with nationally rolled out template 	<ul style="list-style-type: none"> Template has had local fixes applied to support practices in using it.
2. Housebound Flu	<ul style="list-style-type: none"> Unclear as to whether DN's will be carrying out housebound flu vaccinations for patients on their caseload 	<ul style="list-style-type: none"> IMc has advised that the DN team will not be doing this work this year. To be discussed at locality meeting October.

Finance and Resource Committee Minutes

Wednesday 19th July 2017, 10.30am to 12.30pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<p>Attendees (Membership) Helen Nichols Gill Brown Jan Leonard Susanne Lynch Martin McDowell Dr Hilal Mulla</p> <p>Ex-officio Member* Fiona Taylor (from item FR17/95 onwards)</p> <p>Apologies Debbie Fagan Alison Ormrod Colette Riley</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member (Chair) Lay Member Chief Redesign & Commissioning Officer CCG Lead for Medicines Management Chief Finance Officer GP Governing Body Member</p> <p>Chief Officer</p> <p>Chief Nurse & Quality Officer Deputy Chief Finance Officer Practice Manager</p> <p>PA to Chief Finance Officer</p>	<p>HN GB JL SL MMcD HM</p> <p>FLT</p> <p>DF AO CR</p> <p>TK</p>
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓	A	✓	✓	✓				
Gill Brown	Lay Member	A	✓	✓	A	✓	✓				
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓				
Dr Emily Ball	GP Governing Body Member	✓	A	✓							
Colette Riley	Practice Manager	A	✓	✓	✓	✓	A				
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	A				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	✓	✓	✓	✓				
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓				
Fiona Taylor	Chief Officer	*	*	✓	*	*	✓				

No	Item	Action
FR17/91	<p>Apologies for Absence Apologies for absence received from Debbie Fagan, Alison Ormrod and Colette Riley.</p>	
FR17/92	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR17/98: Estates & Technology Transformation Fund (ETTF): Proposed Expenditure Plan</i> HM declared an interest in his position as GP at a practice in Southport, which could be affected by the ETTF Proposed Expenditure Plan. The committee agreed for this item to be put forward to the Approvals Committee for discussion and approval. • <i>Item FR17/100: Southport & Formby CCG Practice Prescribing Budgets 2017/18</i> HM declared an interest in his position as GP at a practice in Southport, which will be impacted by the practice prescribing budgets for 2017/18. He also declared he has been involved in discussions in the budget setting process but without knowledge of practice names. The Chair decided that HM can attend and participate in discussion during this item. In arriving at this course of action the Chair considered the voting balance, the level of lay representation and the balance of officer representation at the meeting. HM has been appointed as the CCG's medicines management clinical lead and therefore it was appropriate that those expert views could be considered to enable the committee to make a clinical decision. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. 	
FR17/93	<p>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.</p>	
FR17/94	<p>Action points from the previous meeting</p> <p>FR17/54 - NHS England Financial Monitoring Report MMcD confirmed work on reviewing cost behaviours is ongoing. He noted that members of the senior finance team are working on a finance (Q1 2017/18) presentation for the CCG Financial Recovery Meeting with NHS England on 25th July 2017. The recovery meeting presentation will be circulated to the committee when finalised. The committee agreed to close the actions under item FR17/54 on the tracker.</p> <p>FR17/62 - Action points from the previous meeting (FR16/130 - Financial</p>	MMcD

No	Item	Action
	<p>Strategy Update) It was agreed that the circulation to the committee of the presentation for the CCG Financial Recovery Meeting with NHS England on 25th July 2017 would supersede this action. Action closed.</p> <p>FR17/67 - Financial Plan 2017/18 - Update on reserves The reserves budget table is still to be added to the monthly finance report. Action open.</p> <p>FR17/72 - Prescribing Spend Report – Month 11 2016/17 MMcD confirmed the CCG has contacted Tom Knight (Head of Primary Care at NHS England) regarding the issues relating to pharmaceutical prescribing codes not being changed for GPs. This affects both GPs starting at and leaving Sefton based practices. Due to other pressures, this issue is currently not a priority for NHS England but they are aware of the issue. An update will be provided at the next Finance & Resource Committee meeting on 20th September 2017.</p> <p>FR17/82 - Action points from the previous meeting (FR17/72 - Prescribing Spend Report – Month 11 2016/17) The risk related to pharmaceutical prescribing code issues has been added to the Finance & Resource Committee Risk Register. Action closed.</p> <p>FR17/82 - Action points from the previous meeting (FR17/72 - Prescribing Spend Report – Month 11 2016/17) JL has briefed SL on the discussion at the last Finance & Resource Committee meeting regarding requests for repeat medication. SL has discussed the matter with Go to Doc. It was agreed to close this action.</p> <p>FR17/82 - Action points from the previous meeting (FR17/72 - Prescribing Spend Report – Month 11 2016/17) An update on the procurement of new anticoagulant clinics is on the agenda. Action closed.</p> <p>FR17/83 – Month 2 Finance Report Explanatory notes in regards to the Month 2 Finance Report have not yet been circulated. The committee agreed to close the action on the tracker with assurance that the figures in the final report presented to the Governing Body are correct.</p> <p>FR17/83 - Month 2 Finance Report MMcD noted that the finance report has adopted a new format and will clearly differentiate between QIPP target and QIPP plan. Work is ongoing to strengthen the 'run-rate' reporting. The treatment of historic deficit or surplus is still to be made explicit and is therefore to remain on the action tracker. It was agreed to close the rest of the bullet points in this action on the tracker.</p> <p>FR17/86 - Prescribing Spend Report – Month 12 2016/17 - The YTD Practice Report table in Appendix 1 of the prescribing spend report has been split for ease of reference. Action closed.</p> <p>FR17/86 - Prescribing Spend Report – Month 12 2016/17 Re. issue on whether there is a quality issue regarding non-medical prescribers (NMPs) not being registered with NHS Business Service Authority at some</p>	<p>AO</p> <p>MMcD</p>

No	Item	Action
	<p>practices. SL confirmed she has been liaising with Brendan Prescott (Deputy Chief Nurse and Head of Quality and Safety, S&F CCG) in regards to supporting the Quality team with clinical supervision sessions for NMPs. JL to liaise with DF regarding production of a CCG NMP policy. This action is to supersede the current action on the tracker.</p>	JL
FR17/95	<p>Finance Report - Month 3</p> <p>MMcD presented the finance report for Month 3 and noted the new format of the report. The new format is a work in progress and will develop with future reports. He provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 30th June 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's most likely case scenario is forecasted at £3.476m deficit. The best case scenario is to breakeven, based upon the delivery of the QIPP target in full. The worst case scenario is a deficit of £5.101m. • There is a financial pressure concerning iSight with a forecast overspend of £329k. A meeting between iSight representatives, FLT and MMcD will be arranged to discuss the contract between iSight and the CCG. • Analysis of referrals since April 2016 has shown a reduction in referrals overall. Work is being carried out in the CCG to understand how the referral management system is working and to determine its contribution to the reduction in referrals. • There is slow progress with delivering QIPP but the CCG is ahead of plan at this stage. There is, however, a significant increase in the plan in the latter part of the financial year to reach the QIPP target; MMcD noted he will work with AO to revise the QIPP phasing. <p>The following comments were made:</p> <ul style="list-style-type: none"> • HN queried the following bullet point which provides commentary on the CCG's financial position in section 6 entitled 'Risk': 'The underlying position (recurrent position) is breakeven' MMcD explained that this statement is based upon the delivery of the QIPP target in full. He confirmed this caveat will be added to future finance reports when this statement is made. • A discussion took place about the need to understand the rise in activity associated with consultant to consultant referrals. JL noted the CCG is unable to obtain sufficient level of detail to understand whether any changes to pathways are influencing this increase. There is a policy in place, related to referrals, at Southport & Ormskirk NHS Trust. JL will raise this issue at the Southport & Ormskirk Hospitals Contract Review Meeting for the information sub group to review. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>MMcD / AO</p> <p>MMcD / AO</p> <p>JL</p>
FR17/96	<p>Finance Strategy update</p> <p>The committee agreed to defer this item to the next Finance & Resource Committee meeting on 20th September 2017. The presentation relating to the CCG recovery plan (for the CCG Financial Recovery Meeting with NHS England on 25th July 2017) will be circulated to committee members.</p>	
FR17/97	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register and agreed to adjust the post</p>	

No	Item	Action
	<p>mitigation score for the following risks to 20 (likelihood post mitigation score of 4 and consequence post mitigation score of 5).</p> <ul style="list-style-type: none"> FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18. FR001a: CCG fails to deliver its QIPP target in 2017/18. <p>The risk register is to be updated with the agreed changes.</p> <p>MMcD provided an update on risk FR002 in relation to the Adam Dynamic Purchasing System. MMcD and DF participated in a teleconference with Midlands & Lancashire CSU on Tuesday 18th July regarding issues relating to the Adam system and End of Life Care. He reported that following a discussion between MMcD and DF, the CCG took the decision to suspend all end of life packages from Adam. This was due to delays in the system contributing to patients not receiving appropriate care and not dying in their preferred location.</p> <p><i>The committee received the risk register and agreed on changes following review.</i></p>	MMcD
FR17/98	<p>Estates & Technology Transformation Fund (ETTF): Proposed Expenditure Plan</p> <p>The committee agreed for this item to be put forward to the Approvals Committee for discussion and approval.</p>	
FR17/99	<p>Prescribing Spend Report – Month 1 2017/18</p> <p>SL provided an overview of Southport & Formby CCG's prescribing activity for GP practices at month 1 (April 2017). There is a 12.8% reduction in total actual costs compared to the same point last year. She noted there were three less dispensing days in April 2017 compared to April 2016, which will have contributed to this reduction.</p> <p>SL noted the Medicines Management team is working on understanding the variance across practices on spend per weighted population.</p> <p><i>The committee received this report.</i></p>	
FR17/100	<p>Southport & Formby CCG Practice Prescribing Budgets 2017/18</p> <p>SL presented the Medicines Management team process to determine practice prescribing budgets for 2017/18. A conversation took place relating to a cap on increases / decreases applied to individual practice budgets and the proposed methodology was agreed.</p> <p><i>The committee ratified the process to determine practice level prescribing budgets for 2017/18.</i></p>	
FR17/101	<p>Update on procurement of new anticoagulant clinics</p> <p>JL confirmed that despite a rise in DOAC prescribing, the number of patients visiting the community anticoagulation service has not reduced. The CCG is working with the current provider, Aintree University Hospital, to understand this trend. JL noted the number of patients within the service is in line with the expected benchmark for the population.</p>	

No	Item	Action
	<p>A bidder day for a new service model was held last week; the new service specification will focus on self-testing and innovative use of technology. JL noted that given the activity in the current service, the CCG will need to ensure that sufficient transition is built in towards a new model. JL to provide a further update at the next Finance & Resource Committee meeting on 20th September 2017.</p> <p><i>The committee received this verbal update.</i></p>	JL
FR17/102	<p>Any Other Business None.</p>	
FR17/103	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting Wednesday 20th September 2017 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Finance and Resource Committee Minutes

Wednesday 20th September 2017, 10.30am to 12.30pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<p>Attendees (Membership) Helen Nichols Debbie Fagan Susanne Lynch (from item FR17/115 onwards) Martin McDowell Dr Hilal Mulla Alison Ormrod Colette Riley</p> <p>In attendance Billie Dodd Tracy Jeffes (Items FR17/104 – FR17/110)</p> <p>Apologies Gill Brown Jan Leonard</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member (Chair) Chief Nurse & Quality Officer CCG Lead for Medicines Management Chief Finance Officer GP Governing Body Member Deputy Chief Finance Officer Practice Manager</p> <p>Head of Commissioning Chief Delivery and Integration Officer</p> <p>Lay Member Chief Redesign & Commissioning Officer</p> <p>PA to Chief Finance Officer</p>	<p>HN DF SL MMcD HM AO CR</p> <p>BD TJ</p> <p>GB JL</p> <p>TK</p>
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓	A	✓	✓	✓	✓			
Gill Brown	Lay Member	A	✓	✓	A	✓	✓	A			
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓			
Dr Emily Ball	GP Governing Body Member	✓	A	✓							
Colette Riley	Practice Manager	A	✓	✓	✓	✓	A	✓			
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓	A	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	A	✓			
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	✓	✓	✓	✓	A			
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓	✓			
Fiona Taylor	Chief Officer	*	*	✓	*	*	✓	*			

No	Item	Action
FR17/104	<p>Apologies for Absence Apologies for absence were received from Gill Brown and Jan Leonard. Billie Dodd was in attendance on behalf of Jan Leonard.</p>	
FR17/105	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR17/114: ETTF Improvement Grants</i> CR declared that The Hollies Surgery, where she is Practice Manager, is party to a scheme submitted to NHS England for ETTF funding alongside other local practices, which may impact on or be covered within this agenda item. It was noted that this item was specific to an Improvement Grant expression of interest received from Cumberland House Surgery. The Chair decided that CR can participate in discussion during this item but would not be involved in any decision making. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. 	
FR17/106	<p>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.</p>	
FR17/107	<p>Action points from the previous meeting</p> <p>FR17/67 - Financial Plan 2017/18 - Update on reserves AO confirmed the reserves budget table will be included in the finance report from month 6 onwards. It was agreed for AO to circulate the month 5 reserves position to the Finance & Resource Committee prior to the next meeting.</p> <p>FR17/83 - Month 2 Finance Report The treatment of historic deficit / surplus has been made explicit in the financial report. Action closed.</p> <p>FR17/94 - Action points from the previous meeting (FR17/54 - NHS England Financial Monitoring Report) The finance presentation for the CCG Financial Recovery Meeting with NHS England on 25th July 2017 has been circulated to the Finance & Resource Committee. MMcD noted that part of this presentation has been shared with the Wider Constituent Group. Action closed.</p> <p>FR17/94 - Action points from the previous meeting (FR17/72 - Prescribing</p>	AO

No	Item	Action
	<p>Spend Report – Month 11 2016/17) MMcD noted the Medicines Management team is reviewing prescribing code issues with a view to establishing assurance around the accuracy of charges. CR noted that salaried GPs having their own prescribing codes could lead to the potential alignment of costs to the wrong practice. CR confirmed she would raise this issue at the next practice managers’ meeting and advocate that salaried GPs use the prescribing code of the practice senior partner. This would help ensure costs are correctly aligned to the practice. This action is to supersede the current action on the tracker.</p> <p>FR17/94 - Action points from the previous meeting (FR17/86 - Prescribing Spend Report – Month 12 2016/17) DF confirmed that a draft CCG NMP policy has been produced and that Brendan Prescott (Deputy Chief Nurse and Head of Quality and Safety, S&F CCG) will arrange to review this with the Medicines Management team. Action closed.</p> <p>FR17/95 - Finance Report - Month 3 The QIPP phasing has been revised. Action closed.</p> <p>FR17/95 - Finance Report - Month 3 The caveat, as detailed on the Action Tracker, has been added to the finance report. Action closed.</p> <p>FR17/95 - Finance Report - Month 3 In reference to the issue of the rise in activity associated with consultant to consultant referrals, BD reported that the Southport & Ormskirk Hospital information subgroup has been tasked with a deep dive review after a preliminary review showed the difficulty of obtaining data. An update is to be provided at the next Finance & Resource Committee meeting in October 2017. This action is to supersede the current action on the tracker.</p> <p>FR17/97 - Finance & Resource Committee Risk Register The risk register has been updated with the agreed changes at the Finance & Resource Committee meeting on 19th July 2017. Action closed.</p> <p>FR17/101 - Update on procurement of new anticoagulant clinics BD provided an update on the procurement of new anticoagulant clinics. The procurement process has commenced; the deadline for submission of bids is 13th October 2017. Action closed.</p>	<p>CR</p> <p>JL</p>
FR17/108	<p>Midland and Lancashire CSU: Summary Service Report TJ presented the Summary Service Report produced by Midlands and Lancashire CSU. TJ highlighted known service issues in relation to the CHC process regarding the Adam Dynamic Purchasing System. She also noted minor issues in regards to HR service delivery, detailed in the report. A review of these issues is underway. She noted all other areas of service delivery were satisfactory or above.</p> <p>TJ referred to a recent audit on collaborative arrangements between the CCG and CSU, carried out by Mersey Internal Audit Agency (MIAA). She noted that the audit reached a positive conclusion, with assurance that the CCG and the</p>	

No	Item	Action
	<p>CSU have robust controls in place to ensure that reporting and monitoring of performance and Key Performance Indicators are adequate.</p> <p>MMcD referred to the following sentence in section 3 of the report, regarding CHC: <i>“On Tuesday 18th July with the CCGs Chief Nurse, Chief Finance officer, and numerous Midlands and Lancashire Colleagues concerns were discussed:”</i> MMcD noted that the sentence structure suggests that the concerns belonged to the CSU. He clarified that the concerns discussed at this meeting had been raised by the CCG. TJ confirmed she would ensure that the CSU amend this in the report.</p> <p>In reference to <i>Annex B: Customer Satisfaction Scores</i>, a query was raised as to why some areas were scored 3 but coloured amber (dissatisfied), when the key showed a score 3 to be green (satisfied). It was established that this was due to the rounding up of scores such as 2.5 and 2.6.</p> <p><i>The committee received this report.</i></p>	MMcD (TJ)
FR17/109	<p>HR Performance Dashboard</p> <p>TJ presented the HR performance dashboard. It was noted that the CCG has a good record for monthly sickness absence rates when compared with other CCGs in Cheshire and Merseyside, according to benchmarking data held by Midlands & Lancashire CSU.</p> <p><i>The committee received this report.</i></p>	
FR17/110	<p>Business Continuity Policy, Strategy, Plan; Crisis Management Plan; and Incident Response Plan</p> <p>TJ provided an overview of the following policies and strategies.</p> <ul style="list-style-type: none"> • Business Continuity Policy • Business Continuity Strategy • Business Continuity Management Plan • Crisis Management Plan • Incident Response Plan <p>TJ confirmed the CCG and CSU will be facilitating staff training and staff awareness communications in regards to these policies and strategies. She noted the CSU will facilitate a session with the Senior Management Team to review a standard operating procedure for these policies and strategies. The committee agreed that a similar session should also be held at a future Governing Body Development Session. TJ to action.</p> <p>VPN access for key members of staff was identified as a risk area in regards to the Business Continuity Management Plan. MMcD commented that the potential implementation of fast access laptops could mitigate this risk in the longer term.</p> <p>HN noted that there were some misplaced references to South Sefton in the policy and strategy documents. TJ confirmed these references would be</p>	MMcD (TJ)

No	Item	Action
	<p>corrected.</p> <p><i>The committee approved the Business Continuity Policy, Business Continuity Strategy, Business Continuity Management Plan, Crisis Management Plan and Incident Response Plan subject to the removal of any misplaced references to South Sefton CCG.</i></p>	
FR17/111	<p>Finance Report - Month 5</p> <p>AO provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st August 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's likely case scenario forecasts a deficit after risk and mitigation of £2.717m. • Work is progressing to resolve data quality issues with CHC packages following the implementation of the Adam Dynamic Purchasing System. • £2.966m QIPP savings have been achieved as at Month 5. • BPPC targets have been achieved to date, except for NHS invoices by volume which is slightly below the 95% target. <p>MMcD noted the finance team are working on a presentation for the Governing Body Development Session on 4th October, which details the CCG's current financial position.</p> <p>The following requests were made, which are to be actioned:</p> <ul style="list-style-type: none"> • HN referred to the graph showing the CCG Outturn at Month 5 and requested that future reports include a summary of budget movements in the financial year to make explicit the opening budgets, in-year movements and revised budgets. • Regarding the financial forecast, HN requested that any impact from the previous financial year is made explicit from the current financial year. • HN noted that the finance report in its new format does not contain the reconciliation with the figures within the prescribing report, which used to be included in previous reports. The reconciliation is to be included in the newly formatted report. • HN referred to the table showing the Risk Adjusted Financial Position in section 6 of the report. She asked for all elements of this table to be expanded in future reports. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	AO
FR17/112	<p>Finance Strategy update</p> <p>MMcD confirmed an update on the financial strategy will be part of the presentation that is given to the Governing Body at the Development Session on 4th October 2017.</p>	
FR17/113	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register and agreed to keep the current scoring. It was agreed to add a risk in regards to the outstanding debt over six months old from Southport and Ormskirk Hospital, related to CQUIN 2015/16 (£670k)</p>	AO &

No	Item	Action
	<p>and Breast Referral Services (£50k). AO and MMcD to action.</p> <p><i>The committee received the risk register and agreed on the addition of the above proposed risk to the register.</i></p>	MMcD
FR17/114	<p>ETTF Improvement Grants</p> <p>MMcD reported that Cumberland House Surgery has requested support from the CCG for an Improvement Grant expression of interest to create a further two clinical rooms to accommodate a pharmacist and Mental Health liaison. The committee noted that this request is in line with the estates strategy for the CCG and agreed to support it.</p> <p><i>The committee received this report.</i></p>	
FR17/115	<p>CCG Improvement and Assurance Framework Q4 2016/17</p> <p>MMcD presented the Improvement and Assurance Framework Q4. It was agreed for an exception report to be requested for performance areas in the lowest performing quartile of CCGs nationally. MMcD to action.</p> <p><i>The committee received this report.</i></p>	MMcD
FR17/116	<p>Prescribing Spend Report – Month 3 2017/18</p> <p>It was noted that Southport and Formby's position for month 3 (June 2017) shows an underspend of £802k (-3.6% on a budget of £22.021m). Southport and Formby GP surgeries are forecast to be underspent in totality.</p> <p>SL noted the prescribing spend report includes practice level run charts in Appendix 3; these charts monitor potential out of area prescribing and will help to alert the medicines management team to any potentially erroneous prescribing.</p> <p><i>The committee received this report.</i></p>	
FR17/117	<p>Quarter 1 Prescribing Performance Report 2017/18</p> <p>SL presented the quarterly report noting prescribing performance for the first quarter of 2017/18 for Southport & Formby CCG practices. The report compares activity against the first quarter of 2016/17.</p> <p>SL noted that Southport & Formby CCG shows a percentage reduction in overall prescribing activity, with actual cost growth at -2.9% and item percentage growth at -0.6% in the 12 months up to June 2017.</p> <p><i>The committee received this report.</i></p>	
FR17/118	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendations:</p> <ul style="list-style-type: none"> • RIFAXIMIN 550mg tablets (Targaxan®) for the treatment of Hepatic 	

No	Item	Action
	<p>Encephalopathy</p> <ul style="list-style-type: none"> • Anti-TNFs for the treatment of Mono / Oligoarthritis <p>SL confirmed that the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis is not a NICE recommendation.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of RIFAXIMIN 550mg tablets (Targaxan®) for the treatment of Hepatic Encephalopathy.</i></p> <p><i>The committee provided delegated authority to SL and MMcD to review the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis pending discussions in relation to funding of high cost drugs.</i></p>	SL & MMcD
FR17/119	<p>System risk reserve and unplanned drug price reductions in 2017/18</p> <p>MMcD presented a letter from Paul Baumann, Chief Financial Officer, NHS England regarding system risk reserve and unplanned drug price reductions in 2017/18. The letter, dated 26th July 2017, was sent to CCG accountable officers and chief financial officers. It was noted that £120m nationally would be held in reserve by NHSE rather than being made available to CCGs. The letter outlined plans for release of this funding to CCGs, stating that it would be contingent on delivery of financial plan.</p> <p><i>The committee received this letter and noted its contents.</i></p>	
FR17/120	<p>Individual Funding Request Service Q1 2017/18</p> <p>BD provided an overview of the Q1 (2017/18) report for the Individual Funding Request (IFR) Service. She noted that the IFR team received 34 applications on behalf of NHS Southport & Formby CCG in the reporting period.</p> <p><i>The committee received this report.</i></p>	
FR17/121	<p>Quality Premium Report</p> <p>BD presented the Quality Premium Report, which outlines the Quality Premium requirements for 2017/18 performance to date.</p> <p><i>The committee received this report.</i></p>	
FR17/122	<p>Better Care Fund Update</p> <p>MMcD confirmed the CCG has agreed its Better Care Fund plan and continues to work with Sefton Council, through the Integrated Commissioning Group in order to develop plans for integration.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/123	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2017 	

No	Item	Action
	<p>The committee received the minutes of the IM&T Steering Group meeting in March 2017. MMcD highlighted that the Sefton CCGs have agreed to proceed with the move of the CCGs' IT infrastructure from Bevan House to AIMES.</p> <p><i>The committee received the minutes of the IM&T steering group meeting.</i></p>	
FR17/124	<p>Any Other Business</p> <p><u>Finance and Resource Committee meeting in November 2017</u></p> <p>The Chair noted that MMcD is unable to attend the Finance & Resource Committee meeting scheduled for 15th November 2017 due to a diary clash with a learning set. It was agreed to rearrange this meeting to 22nd November 2017, 10am-12pm.</p>	TK
FR17/125	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 18th October 2017</p> <p>10.30am to 12.30pm</p> <p>Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Joint Quality Committee Minutes Part B – NHS South Sefton CCG / Southport & Formby CCG

Date: Thursday 27th July 2017, 9am – 11.30am

Venue: Boardroom, 3rd Floor. Merton House, Stanley Road. Bootle. L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	Chair & GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimnagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager Quality and Performance	JS

Apologies

Dr Doug Callow	GP Clinical Quality Lead (SFCCG)	DC
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS

Minutes

Jacqui Bal	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jul 17
Dr Rob Caudwell	GP Governing Body Member		√		L	L	√		√	√	L	√	√	√
Paul Ashby	Practice Manager, Ainsdale Medical Centre		L		√	A	√							
Graham Bayliss	Lay Member for Patient & Public Involvement		A		√	√	A		√	√	√	√	A	√
Lin Bennett	Practice Manager, Ford		√		A	√	A		A	A				L
Gill Brown	Lay Member for Patient & Public Involvement		√		√	A	√		A	√	√	√	A	√
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead		L		L	A	√		A	A	L	A	A	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation		√		A	A	A		A	A	L	A	A	A
Billie Dodd	Head of CCG Development		√		√	L	√		√	A	L	√	A	√
Debbie Fagan	Chief Nurse & Quality Officer		√		√	√	√		√	√	√	√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality		√		√	A	A		√	L	L	A	√	√
Dr Dan McDowell	Secondary Care Doctor		A		A	A	A		√	A	√	A	A	A
Martin McDowell	Chief Finance Officer		√		√	A	A		√	A	A	√	√	A
Dr Andrew Mimmagh	Clinical Governing Body Member		A		A	√	√		√	L	L	A	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor				√	A	A		A	A	√	√	A	A

- √ Present
- A Apologies
- L Late or left early

Part B

No	Item	Actions
17/092	Welcome & Introductions / Apologies for Absence DF welcomed everyone to Part II of the meeting and explained that this is the joint part of the meeting being held in the new format following feedback from the Joint Development Session.	
17/093	Declarations of Interest regarding Agenda Items None declared	
17/094	Minutes and Key Issues from the previous meeting. The minutes were approved subject to amendments provided by DF and saved as the final version.	

No	Item	Actions
17/095	<p>Matters Arising / Action Tracker</p> <p>17/65 (i) DF to contact Dan Seddon at PHE to gain feedback following concerns that had been raised regarding the quality of the RCA. DF reported that she had received an out of office and so had forwarded the request for an update to the named person indicated on the e-mail. Is awaiting a response at the time of the meeting. Outcome: C/F to the next meeting.</p> <p>17/65 (ii) GH to e-mail DW at AUH to discuss issues relating to histology. Outcome: Action completed – remove from the tracker.</p> <p>17/065(iii) GH to report to the CQPG for July re: Choose & book GH provided an update. Outcome: Action completed – remove from the tracker</p> <p>17/65 (iv) Commissioner Quarterly Controlled Drug Report. HR to amend the report for the purposes of accuracy. Outcome: Action completed – remove from the tracker</p> <p>17/065(v) GH to request numbers and commentary from Medical Director at AUH regarding the Dementia Fair Rescue Plan BP provided an update. Outcome: Action completed – remove from the tracker</p> <p>17/65 (vi) Readmissions need to be explored with Dave Warwick DF has liaised with Dave Warwick. Outcome: Action completed – remove from the tracker</p> <p>17/65 (vii) The next Planned Care Group meeting needs the relevant KPIs showing slot availability has reduced at both AUH and RLBUHT Outcome: C/F to the next meeting.</p> <p>17/65 (viii) Issue to be raised on the key issues log to the Governing Body DF stated this has been included on the key issues log. Outcome: Action completed – remove from the tracker</p> <p>17/065(ix) Meeting scheduled for Friday with the Safeguarding Service in attendance to develop any subsequent action for Mersey Care. Meeting has taken place. Outcome: Action completed – remove from the tracker</p> <p>17/065 (x) Prison Services Patient Discharges Outcome: C/F to next meeting</p> <p>17/065 (xi) IAPT – ensure the Draft Prioritisation Process is copied through to the JQC JS to liaise with GO’C. Outcome: C/F to next meeting.</p>	

No	Item	Actions
	<p>17/065(xii) LCCG Lead Providers Outcome: Action completed – remove from the tracker</p> <p>.17/065(xv) Clarify gaps in junior doctors numbers BP raised with the Trust and issue with new clinical rotas for junior doctors as opposed to fewer junior doctors. Trust finding solutions to this challenge. Outcome: Action completed – remove from the tracker</p> <p>17/065(xix) LWH the section mentioned along with comments on EPR reports will be picked up and rectified. CP to raise with LWH at CQPG. Outcome: Action completed – remove from the tracker</p> <p>17/065(xx) LWH GH will e-mail WH asking to arrange discussion on requests for safeguarding information from GP practices. Outcome: C/F to next meeting.</p> <p>17/065(xxi) as per 17/065(xx) Outcome: C/F to next meeting.</p>	
17/096	<p>Terms of Reference</p> <p>ToR have been revised to reflect the new three part agenda for the Joint Quality Committee. Highlighted changes have been accepted. Once amendments have been made the ToR will go to Governing Body for approval.</p>	
17/097	<p>Summary of JQC Development Session June 2017</p> <p>Notes of session were agreed and GBr suggested that patient stories should be considered in general.</p>	
17/098	<p>Chief Nurse Report</p> <p>The Chief Nurse report was presented and received by the Committee. Key areas were highlighted for discussion.</p>	
17/099	<p>SEND Written Statement of Action</p> <p>This paper presents the Quality Committee with the revised SEND Written Statement of Action (Action Plan) which was re-submitted to the regulators on 6th July 2017. This was reported to the Governing Bodies with the latest draft being available on the day of the meeting and the final version sent to members following submission. At the time of writing this report, feedback was still being awaited from the regulators. A monitoring meeting has been scheduled for August between the CCGs, LA, NHSE and DfE.</p>	

No	Item	Actions
17/100	<p>DCO Q1 Quarterly Update 2017/18</p> <p>The report was presented to the committee to provide an update to the Sefton SEND Strategic Steering Group on the following:</p> <ul style="list-style-type: none"> • DCO activity for Q1 2017-18. • Specific requests made of the DCO. • Status of provider health services post NHS Improvement led Transaction process • Service issues • Complaints, compliments and comments. <p>The committee were asked to note that this report had also been presented to the Sefton SEND Strategic Partnership Board and it had been received favourably by members.</p>	
17/101	<p>Month 2 Joint CCG Provider Performance Report</p> <p>The report was presented to the Committee with narrative and accompanying performance dashboard in relation to:</p> <ul style="list-style-type: none"> • Royal Liverpool & Broadgreen University Hospitals Trust • Liverpool Heart & Chest Hospital Foundation Trust • Liverpool Women's NHS Foundation Trust • Alder Hey Children's Foundation Trust <p>The reports were received and exceptions discussed. Issues raised regarding provider narrative which would be addressed back with LCCG as co-ordinating commissioner. The Committee noted the new style of reports with trend analysis now included. BP confirmed that the KPIs for the paediatric services that had been awarded to AHCH are being monitored vis the AHCH CCF and CQPG as these are important for improvements in relation to SEND.</p>	
17/102	<p>Issues from Clinical QIPP Committee / QIA Activity</p> <p>BP raised as a new standing agenda item to reflect JQC responsibility as part of QIPP and QIA process.</p>	
17/103	<p>Joint Quality Strategy</p> <p>BP presented the revised Quality Strategy for the CCGs. Members provided comments and amendments for consideration. BP to amend accordingly. The Committee approved the revised strategy subject to the amendments.</p>	

No	Item	Actions
	<p>Action:</p> <p>BP to make suggested amendments to the revised Quality Strategy.</p> <p>Revised strategy approved subject to these amendments.</p>	<p>BP</p>
17/104	<p>CCG Safeguarding Service Q4 Update</p> <p>The report was received by the committee. The committee were asked to note the continued improvement in performance at S&O although the contract performance notice does remain open. Slight downturn in performance noted at AUH although they remain on reasonable assurance. Mersey Care contract performance notice remains open but positive progress is being demonstrated.</p>	
17/105	<p>CCG Clinical Quality Quarterly Report – Nursing Home Clinical Quality & Safeguarding Q4.</p> <p>The report provides an update on Clinical Quality Indicators and CQC inspection ratings for nursing homes at Q4. TF took the Committee through the report, highlighting inadequate homes.</p> <ul style="list-style-type: none"> • The report provides an update on Clinical Quality Indicators and CQC inspection rating for nursing home at Q4. • Information on ADAM, the dynamic purchasing tool in relation to quality indicators • Section 42 Safeguarding enquiries in nursing homes <p>Gbr raised a query on the criteria for assessing quality in care homes and TF to discuss outside the meeting.</p>	
17/106	<p>CD Occurrence Report Q1</p> <p>The Quality Committee received the Commissioner Quarterly CD Report to NHS England CD AO for Quarter 1, 2017-18.</p>	
17/107	<p>Tracheostomy Standards Letter</p> <p>The letter was received by the committee and highlighted a death related to a tracheostomy at a hospital in our Network. Its purpose was to remind colleagues of the risks that patients with tracheostomies are exposed to. This letter has been raised at provider contract meetings as appropriate.</p>	
17/108	<p>Key Issues Log (identified in this part of the meeting)</p> <ul style="list-style-type: none"> • Revised Terms of Reference for the Committee <p>New function of the committee in the oversight of QIA as part of the CCGs' QIPP processes and governance</p>	
17/109	<p>Any other business</p> <p>Eating Disorder Service – GP colleagues raised concern that workload was being passed from Mersey Care to Primary Care. GP Mental Health Lead is aware and is raising with the provider via the CQPG.</p>	

APPROVED

Joint Quality Committee Minutes Part C – NHS Southport & Formby CCG

Date: Thursday 27th July 2017, 9am – 11.30am

Venue: Boardroom, 3rd Floor. Merton House, Stanley Road. Bootle. L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	Chair & GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager Quality and Performance	JS

Apologies

Dr Doug Callow	GP Clinical Quality Lead (SFCCG)	DC
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS

Minutes

Jacqui Bal	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jul 17
Dr Rob Caudwell	GP Governing Body Member		√		L	L	√		√	√	L	√	√	√
Paul Ashby	Practice Manager, Ainsdale Medical Centre		L		√	A	√							
Graham Bayliss	Lay Member for Patient & Public Involvement		A		√	√	A		√	√	√	√	A	√
Lin Bennett	Practice Manager, Ford		√		A	√	A		A	A				L
Gill Brown	Lay Member for Patient & Public Involvement		√		√	A	√		A	√	√	√	A	√
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead		L		L	A	√		A	A	L	A	A	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation		√		A	A	A		A	A	L	A	A	A
Billie Dodd	Head of CCG Development		√		√	L	√		√	A	L	√	A	√
Debbie Fagan	Chief Nurse & Quality Officer		√		√	√	√		√	√	√	√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality		√		√	A	A		√	L	L	A	√	√
Dr Dan McDowell	Secondary Care Doctor		A		A	A	A		√	A	√	A	A	A
Martin McDowell	Chief Finance Officer		√		√	A	A		√	A	A	√	√	A
Dr Andrew Mimmagh	Clinical Governing Body Member		A		A	√	√		√	L	L	A	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor				√	A	A		A	A	√	√	A	A

- ✓ Present
- A Apologies
- L Late or left early

Part C

No	Item	Actions
17/110	<p>Welcome & Introductions / Apologies for Absence</p> <p>DF explained that as the Joint Quality Committee was being held in its new format following feedback from the committee development session, there were no Part 1 minutes to be considered for accuracy and matters arising. Minutes from the previous meeting are on the Part 2 agenda.</p> <p>Apologies were received from DC; PC; JC; DMcD; JSi.</p>	
17/111	<p>Declarations of Interest regarding Agenda Items</p> <p>None declared</p>	

No	Item	Actions
17/112	<p>Month 2 Southport & Formby CCG Performance Report / Handover Documents</p> <p>This report presents the committee with the performance report by exception in relation to:</p> <ul style="list-style-type: none"> (1) Southport & Ormskirk Hospitals Trust; (2) Mersey Care NHS Foundation Trust (Mental Health Services) including Cheshire and Wirral Partnership (IAPT Services). (3) Lancashire Care Foundation Trust (Community Service) and Quality Handover Document <p>Mortality performance at S&O have been discussed at the Executive Improvement Board and the Trust are revising the mortality review process with the mortality review group becoming a sub-committee of S&O Board. The Trust are awaiting feedback from NHS Digital on the mortality data artefact. Stroke performance remains challenging with a focus on TIA patients being reviewed within 24hrs and discussions are progressing regarding support from AUH – concerns remain on performance with the same issues being reported even though support is being planned from AUH and discussions that are taking place at the Stroke Network. AED performance discussed and the work of the A&E Delivery Board. BD to share AED delivery board report with GBr outside of the meeting.</p> <p>It was reported that meeting is being led by DC on AED pathway with a visit being planned to the Trust.</p> <p>RC raised radiology activity as an issue and potentially having a negative impact on performance of other services. This is being addressed via contract arrangements.</p> <p>It was also noted that Lancashire Care data is now being submitted by the provider to the CCG Business Intelligence Team and that the first contract meeting has taken place. Patient safety and patient experience indicators developed as part of the LCH lessons learnt process with NHSE are to be negotiated into the contract with the provider to give assurance following the procurement process.</p>	
	<p>Action: BD to share A&E Delivery Board paper with GBr outside of the meeting.</p>	BD

No	Item	Actions
17/113	<p>Annual Complaints Report Southport & Formby CCG</p> <p>BP presented the report compiled by NHSE(C&M) detailing complaints activity, data and themes for General Practice for the time period 1st April 2016 – 31st March 2017. The themes identified were as follows:</p> <ul style="list-style-type: none"> • Clinical care • Removal from practice list • Access to services • Prescriptions • Communication • Premises • Staff attitude <p>The committee were asked to note that the Quality Team had asked that this report be an agenda item for discussion at the next NHSE / CCG joint commissioning meeting (primary care).</p>	
17/114	<p>GP Quality Lead / Locality Update</p> <p>Nothing to report at this time</p>	
17/115	<p>Key Issues Log (issues identified from this part of the meeting)</p> <p>The following key issues are to be notified to the Governing Body:</p> <p>Initial contract meeting has taken place with Lancashire Care NHS Foundation Trust as the new provider of community services.</p>	
17/116	<p>Any other business</p> <p>None reported.</p>	
	<p>Date & Time of Next Meeting</p> <p>Thursday 31st August 2017 0900 - 1200 Boardroom 3rd Floor Merton House</p> <ul style="list-style-type: none"> • 0900hrs -1000hrs Part A SFCCG • 1000hrs – 1100hrs Part B Joint Meeting SSCCG / SFCCG • 1100hrs-1200hrs Part C SSCCG 	

Joint Quality Committee Minutes Part B – Southport & Formby CCG and South Sefton CCG

Date: Thursday 31st August 2017

Venue: Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager / Govn Body Member (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimnagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Gail Winder		

Apologies

Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Graham Bayliss	Lay Member (SSCCG)	
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	
Dr Andy Mimnagh	Chair & Governing Body Member (SSCCG)	
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	

Minutes

Jo Bou-zeid	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Dr Rob Caudwell	GP Governing Body Member	√												
Graham Bayliss	Lay Member for Patient & Public Involvement	A												
Lin Bennett	Practice Manager, Ford	√												
Gill Brown	Lay Member for Patient & Public Involvement	√												
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A												
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A												
Billie Dodd	Head of CCG Development	A												
Debbie Fagan	Chief Nurse & Quality Officer	√												
Dr Gina Halstead	Chair and Clinical Lead for Quality	A												
Dr Dan McDowell	Secondary Care Doctor	A												
Martin McDowell	Chief Finance Officer	A												
Dr Andrew Mimmagh	Clinical Governing Body Member	A												
Dr Jeffrey Simmonds	Secondary Care Doctor	A												

- ✓ Present
- A Apologies
- L Late or left early

Part B

No	Item	Actions
17/126	Welcome, Introductions & Apologies Apologies received from GH, FLT, DMcD JS to be replaced with Emma Bracewell for future invites.	
17/127	Declarations of Interest None	
17/128	Minutes & Key Issues from previous meeting Approved	

No	Item	Actions
17/129	<p>Matters Arising / Action Tracker</p> <p>17/065(i) - DF to contact Dan Seddon at PHE to gain feedback following concerns that had been raised regarding the quality of the RCA DF to follow up as Dan Seddon currently on leave. Outcome: Carried forward to the next meeting.</p> <p>17/065(vii) - The next Planned Care Group meeting needs the relevant KPIs showing that slot availability has reduced at both AUH and RLBUHT. Dave Warrick is currently on leave and back next week. DF to follow up and action outside of the committee. Outcome: Closed</p> <p>17/065(x) - Prison Service Patient Discharges - Will raise this with Geraldine O'Carroll and the team and pick up at the next meeting. Due to annual leave, DF to pick up with Geraldine O'Carroll. Outcome: Carried forward to the next meeting.</p> <p>17/065(xi) - IAPT Ensure the Draft Prioritisation Process is copied through to the JQC. No update available for this meeting. Outcome: Carried forward to the next meeting.</p> <p>17/065(xx) - LWH - GH will email WH asking to arrange for conversations with our GP Clinical Leads in South Sefton and stating that this issue has been raised at Quality Committee this morning. No update available for this meeting. Outcome: Carried forward to the next meeting.</p> <p>17/065(xxi) - Safeguarding - the issue will be raised through the safeguarding service and they can liaise with Wendy Hewitt who will have a conversation through the Business Manager to the Board. KG gave an update. Discussions have been had with WH regarding streamlining processes and raising these issues with the Multi Agency Safeguarding Hub (MASH) and LSCB. Outcome: Closed</p> <p>17/103 - BP to make suggested amendments to the revised Quality Strategy Amendments have been made and are subject to approval. Outcome: Closed.</p> <p>17/105 - TF to discuss with GBr outside of the committee the assessment of quality in nursing homes Action complete. Outcome: Closed.</p>	

No	Item	Actions
17/130	<p>Chief Nurse Report</p> <p>Summary/Key Issues:</p> <p>DF presented the Chief Nurse Report. The Committee received the report and noted the following key issues:</p> <p>Section 2 Sefton SEND Written Statement of Action The revised SEND Written Statement of Action has now been deemed 'fit for purpose' by OfSTED and the CQC. The first monitoring meeting with the DfE and NHSE has taken place in August 2017 to monitor progress against the plan. A monitoring report has been submitted to the national team which the CCGs have been informed states an agreed progress measure of 'Amber / Green' against all 5 strands of the plan.</p> <p>Section 6 Quality & Performance at AUH At the August 2017 meeting of the AUH CCF there was a focused discussion on the quality concerns emerging at the Trust – NHSI and CQC were represented at the meeting and NHSE were informed that a discussion had taken place. These discussions were verbally reported to the C&M Quality Surveillance meeting and the CCGs are managing this through the NHSE quality surveillance process. For the purposes of transparency, the Chief Nurse at AUH has been informed of discussions both at the CCF and the QSG by the CCG Chief Nurse.</p> <p>Section 8 Kirkup Review – Liverpool Community Health NHS Trust SSCCG attended for interview as part of the Kirkup Review (LCH) on 27th July 2017. The CCG were represented by the Chair, Clinical Vice Chair, Chief Officer, GP Clinical Quality Lead, Chief Nurse and Deputy Chief Nurse. The report is expected to be published in the autumn of 2017.</p> <p>Section 9 Gram Negative Blood Stream Infection (GNBSI) Reduction Plan The CCGs are required to develop a GNBSI Reduction Plan by September 2017. The CCGs have established a GNBSI Reduction Steering Group across the local health economy which included representation from West Lancashire and Liverpool and have met twice. It is envisaged that this Steering Group will drive forward the reduction plan and facilitate closer collaborative working across the STP / LDS footprint.</p> <p>There has been some concerns expressed regarding the CCGs holding patient identifiable data in order to deliver on the requirements set out in parts of this ambition and CSU is working with the CCGs to find a solution to ensure deliverability against such elements of the ambition / plan.</p>	

No	Item	Actions
17/131	<p>NHSE C&M Quality Surveillance Group Exception Report</p> <p>BP presented the Cheshire & Merseyside Quality Surveillance Group Exception Report. The paper provides an exception report on quality issues for providers which were presented to the August 2017 NHSE C&M QSG. The Committee are asked to note that a verbal update was given in addition to this report by the CCG regarding the discussion that took place about commissioner concerns relating to AUH at the August 2017 AUH Collaborative Commissioning Forum.</p> <p>The Committee were also informed that St Joseph's Hospice had received an inadequate rating following a recent CQC inspection and is currently restricted to admissions. The CCGs are working in partnership with the provider and the CQC to support the necessary improvements required. From a quality surveillance perspective, the provider will remain under close scrutiny with the Care Home Quality Team from the CSU undertaking regular visits along with the CCGs' Medicines Management Team..</p>	
17/132	<p>Queens Court Hospice – Specialist Level Palliative and End of Life Care Services</p> <p>BP presented the QIA which was completed as a result of a proposal relating to services provided by Queens Court Hospice. The committee reviewed the QIA and noted the risk score to patient experience and safety should the CCG's contribution to the funding of services need to be reduced. . The JQC acknowledged the excellent standard of care provided and recommended that if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity.</p>	
17/133	<p>NHSE DST Letter</p> <p>The Joint Quality Committee received the paper which highlighted the planned national reduction in Delayed Transfers of Care (DTOCs). The CCGs are required to ensure that less than 15 % of all full NHS CHC assessments take place in acute hospital setting. The CCGs must ensure that in more than 80% of cases with a positive NHS CHC checklist, the CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist</p> <p>NHSE have provided a list of 100 CCG's currently reporting that over 30% of full NHS CHC assessments are taking place in an acute hospital setting. SSCCG and SFCCG feature in the list of CCGs were more than 30% are undertaken within an acute Trust environment.</p> <p>The Quality Team have requested CSU check the data and figures are correct before they are formalised and published nationally on 14th September 2017. There will also be a discussion with the Deputy Director of Nursing with a view to submitting an action plan.</p>	
17/134	<p>Sefton CCG's Annual Safeguarding Report 2016/17</p> <p>The CCGs' Safeguarding Annual Report for 2016/17 was received by the committee. The training figures for the CCG were noted and the need for further improvement. The Safeguarding service was asked to re-check the document for purposes of accuracy to ensure both CCGs are consistently referenced throughout. The work undertaken by the team was noted in supporting the CCG to discharge their statutory responsibilities along with the priorities for 2017/18. The Committee recommended the annual report for presentation to the Governing Body for approval.</p>	

No	Item	Actions
17/135	<p>Key Issues Log (identified in this part of the meeting)</p> <ul style="list-style-type: none"> • SEND - Written statement of action now been deemed fit for purpose by the DFE/NHSE the first monitoring meeting has taken place with amber/green rag rating. • CQC inspection report into St Joseph's Hospice - The inadequate rating has been reported into the Quality Committee along with information regarding how the CCG's are working in partnership with the provider in order to support the improvements whilst admissions remain restricted. • Queens Court Quality Impact Assessment - The Quality Committee have reviewed the QIA and have made the recommendation if funding was to remain at the same level Queens Court Hospice if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity. • NHSE DST Letter – This was presented to the Quality Committee and the need for further data quality assurance checks discussed prior to the submission of any required action plan. • Safeguarding Annual Report - It was received by the Committee and recommended the report be presented to Governing Body 	
17/136	<p>Any Other Business</p> <p>None</p>	
	<p>Date & Time of Next Meeting</p> <p>10am – 11am Thursday 28th September 2017 3A Meeting Room, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Joint Quality Committee Minutes Part A – NHS Southport and Formby CCG

Date: Thursday 31st August 2017, 9am – 10.30am

Venue: Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager / Govn.Body Member (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In attendance

Tracey Forshaw	Head of Vulnerable People (SFCCG / SSCCG)	TF
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR

Apologies

Graham Bayliss	Lay Member (SSCCG)	GB
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator CSU	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Billie Dodd	Head of Commissioning	BD
Lin Bennett	Practice Manager / Govn.Body Member (SSCCG)	LB
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT

Minutes

Jo Bou-zeid	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Dr Rob Caudwell	GP Governing Body Member	√												
Graham Bayliss	Lay Member for Patient & Public Involvement													
Lin Bennett	Practice Manager, Governing Body Member													
Gill Brown	Lay Member for Patient & Public Involvement	√												
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√												
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation													
Billie Dodd	Head of CCG Development	A												
Debbie Fagan	Chief Nurse & Quality Officer	√												
Dr Gina Halstead	Chair and Clinical Lead for Quality													
Dr Dan McDowell	Secondary Care Doctor													
Martin McDowell	Chief Finance Officer	A												
Dr Andrew Mimmagh	Clinical Governing Body Member													
Dr Jeffrey Simmonds	Secondary Care Doctor	A												

- ✓ Present
- A Apologies
- L Late or left early

Part A

No	Item	Actions
17/117	Welcome, Introductions & Apologies Introductions for purpose of the minutes. Apologies received from MMcD, BD and FLT	
17/118	Declarations of Interest None	
17/119	Minutes & Key Issues from previous meeting Minutes and key issues from the last meeting agreed (Part C of previous meeting)	
17/120	Matters Arising/Action Tracker Possible change of venue for future meetings discussed. Date's to be reviewed on the back of clinical commitments. 17/112 – BD to share A&E Delivery Board Paper with GBr outside of the committee. It was confirmed this action had been completed. Outcome - Closed	

No	Item	Actions
17/121	<p>Q1 2017-18 SI Report</p> <p>TF presented the CCG Quarter 1 2017/18 Serious Incidents Report. The JQC received the report and were asked to note the following:</p> <ul style="list-style-type: none"> • Southport and Ormskirk Hospital NHS Trust (S&O) reported 11 Serious Incidents and 0 Never Events. 12 incidents were closed, 51 incidents remain open, 23 open > 100 days. • S&O have initiated an internal review of paediatric and neonatal deaths, to determine if there is any additional learning, trends or themes to be had. To date no trends or themes have been identified. The CCG have a standing invite to attend the review meetings <p>Open SIs were discussed and the JQC requested further narrative be included in future reports regarding the rationale. TF stated that the delay in some cases was as a result of responses being obtained from the patient's CCG not being received in a timely manner – TF stated that the decision would be made to close by SFCCG if a timely response was not received which would be followed up in writing to the patient's own CCG that was responsible for their care. DF stated that any SIs from 2015 and 2016 that remained open after the next CCG SI meeting would be reviewed by herself and TF and a meeting arranged with the Trust to discuss these cases as a senior level in order to support closure and lessons learnt.</p> <p>It was recognised that there appeared to be an improvement in the systems and processes for SI management within S&O as the RCAs appeared to have improved in quality and timelines were being met more consistently.</p> <p>Lancashire Care NHS Foundation Trust took over the contract for community services on 1st May 2017 and to date zero serious incidents have been raised on StEIS. The CCG is working closely with Lancashire Care, NHS E C&M and NHS Lancashire and South Cumbria, to develop robust governance processes for the management of Serious Incidents as Chorley & South Ribble CCG remaining the RASCI Responsible Commissioner.</p> <p>An extension has been provided by NHS E C&M for the SFCCG StEIS reportable incident which involves Southport and Ormskirk Hospitals NHS Trust. The incident relates to changes in the lung cancer pathway at the trust and the delay in diagnosis and treatment for a patient.</p> <p>DF has met with the Lancashire Care Team for discussions on their ownership of the community elements of the Pressure Ulcer Action Plan going forward and any lessons learnt the action plan will be monitored via the CRM/CQPG..</p>	
	<p>Action:</p> <p>JQC requested a breakdown of reasons for SI's still currently open to be included in future reports.</p> <p>DF and TF to look at closing 2015/16 SI's. A further meeting with the Director of Nursing will be arranged to make a final decision in the next couple of weeks.</p> <p>JQC recommended a letter be sent to none responding CCG's advising cases will be closed with no further opportunity to comment.</p>	<p style="text-align: center;">TF</p> <p style="text-align: center;">TF/DF</p> <p style="text-align: center;">TF</p>

No	Item	Actions
17/122	<p>AQUA Quarterly Mortality Report – S&O</p> <p>DF presented the latest AQUA Quarterly Mortality Report for S&O. The Quality Committee received the report and were asked to note the crude in-hospital mortality rate / crude in-hospital NEL mortality rate in comparison to England and the North West, that the SHMI is higher than the expected range with the possibility that it may increase in the next quarter and the commentary on sepsis which was higher than expected for UTI.</p> <p>A discussion took place on the extensive information contained within the report and the need to have a greater understanding for some members of the committee in order to interpret the information and put it into the right context, GBr reported that she is taking up a training opportunity being facilitated by AQUA regarding mortality. DF suggested that this report be circulated to the Chief Analyst within the CCG and the GP Clinical Lead from SSSCCG who could support a review and feedback to JQC members. The JQC asked for this report to be an agenda item for discussion at the next S&O Collaborative Commissioning Forum (CCF).</p>	
	<p>Action: Becky Williams, Karl McCluskey and Peter Chamberlain will be asked to review and give more of a specialist interpretation of the data to provide a summary of the issues. Summary to be circulated outside of the committee.</p> <p>The report will be taken to S&O CCF for review with West Lancashire CCG and will also be an agenda item at the CQPG.</p>	<p>DF</p> <p>DF</p>
17/123	<p>GP Quality Lead/Locality Update</p> <p>DC provided an update on the positive impact of recent discussions with the Trust regarding work being re-directed inappropriately back to general practice.</p> <p>DC informed the JQC that a meeting has been arranged for 20th September 2017 with the lead A&E Consultant at the Trust to undertake a clinical walk around of the urgent care pathway. DF confirmed that a member of the CCG Quality Team would be accompanying DC on the visit.</p>	
17/124	<p>Key Issues Log (issues identified from this part of the meeting)</p> <ul style="list-style-type: none"> • S&O Serious Incidents – improvement in systems and processes evident to the CCG in terms of improved quality of RCAs being received and timeliness in response • Numbers of open Serious Incidents on STEIS - CCG to focus on 2015 / 16 open SI's with a request to meet with Director of Nursing for a final decision to close and ensure lessons are learnt. • AQUA - latest quarterly mortality report was reviewed and the trust status noted. Action to liaise with data analyst and GP clinical leads to gain further understanding of the data. CCG discuss the report at the S&O Collaborative Commissioning Forum and to agenda at the next CQPG for the purposes of assurance. 	

No	Item	Actions
17/125	<p>Any Other Business</p> <p>GP Out of Hours Service GBr discussed concerns and feedback from recent Out of Hours visit and highlighted the following observations:</p> <ul style="list-style-type: none"> • The number of shifts not being adequately covered. • Gaps in the service. • A lack of communication on who is covering what area and GP's being required to cover other areas leaving their own without cover. • Reticence to undertake home visits at times. • Privacy and dignity issues during consultations. • Recruitment issues <p>These issues are to be raised with the commissioning manager who leads on the contract.</p> <p>Membership It was noted that Helen Roberts is in regular attendance at the meetings. DF to liaise with DFair to discuss membership of the committee to reflect her input into the committee from a medicines management perspective</p>	
	<p>Action: GP Out of Hours visit by GBr to be added to key issues log for discussion at Governing Body. Issues to be raised with the commissioning manager / lead for the contract.</p>	DF
	<p>Date & Time of Next Meeting 9am – 10am Thursday 28th September 2017 3A Meeting Room, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committee Minutes

Wednesday 12th July 2017

10.00am to 11.30am

Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Members		
Helen Nichols	Lay Member (Chair)	HN
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Leah Robinson	Chief Accountant, SFCCG	LR
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ
Apologies		
Gill Brown	Lay Member	GB
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Helen Nichols	Lay Member (Chair)	✓	✓	✓		
Gill Brown	Lay Member	✓	✓	A		
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A		
Leah Robinson	Chief Accountant	✓	✓	✓		
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A	A		
Adrian Poll	Audit Manager, MIAA	✓	A	✓		
Ann Ellis	Audit Manager, MIAA	N	A	N		
Rob Jones	Audit Director, KPMG	✓	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			
Robin Baker	Audit Director, Grant Thornton			A		
Georgia Jones	Manager, Grant Thornton			✓		

No	Item	Action
A17/66	<p>Introductions and apologies for absence</p> <p>The Chair welcomed Grant Thornton to the meeting as the new external auditors for the CCG. MMcD noted he had agreed with KPMG, the CCG's external auditors for 2016/17, that representatives were not required to attend this meeting and that he would present the Annual Audit Letter 2016/17.</p> <p>GJ introduced herself as the audit manager for the CCG's external audit.</p> <p>Apologies for absence were received from Gill Brown, Alison Ormrod, Michelle Moss and Robin Baker.</p>	
A17/67	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A17/68	<p>Advance notice of items of other business</p> <p>The Chair noted two items of other business would be raised at this meeting.</p>	
A17/69	<p>Minutes of the previous meetings and key issues</p> <p>The minutes of the previous two meetings (19th April 2017 and 24th May 2017) were approved as true and accurate records. The key issues logs were approved as accurate reflections of the main issues from the previous two meetings.</p>	
A17/70	<p>Action points from previous meeting</p> <p><u>Actions from Audit Committee meeting on 19th April 2017</u></p> <p>A17/06 Losses and special payments – MMcD has spoken to Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital NHS Trust) about the invoice the Trust is disputing (to the value of £49,770). This is to be discussed further under item A17/71. Action closed.</p> <p>A17/07 Audit Committee Recommendations Tracker – Re. action to review three unresolved discrepancies in charges applied, noted in the Proactive Exercise CHC review (December 2015) table. LR confirmed one discrepancy is now resolved. The remaining two discrepancies are related to CHC packages where the patient had moved to an area covered by a different CCG. On investigation, the Midlands & Lancashire CSU administration team have confirmed that although a patient may move to a different CCG area, the CHC package remains with the original commissioner and therefore, money is not owed to Southport & Formby CCG. The committee were satisfied with the response. Action closed.</p>	

A17/11 CHC Report – Anti-Fraud Proactive Detection Exercise - Re. action to review discrepancies noted from the detailed testing of transactions (from the sample of 40 final payments to providers that was checked for accuracy, following independent verification of dates from the Exeter system to Broadcare). HN confirmed the Anti-Fraud Proactive Detection Exercise Report had been completed before a matching exercise was carried out by Midlands & Lancashire CSU to match the two different sources of date of death. As a result, any money due back to the CCG has been collected. Action closed.

**A17/30 Action points from previous meeting
(A17/15 Review of NFI Matches)**

Review of NFI Matches is on the agenda. Action closed.

A17/31 Information Governance Annual Report

The CCG's Corporate Governance Manager has provided assurance regarding the issue of disposal of confidential waste. There had been a recent change in provider of the confidential waste consoles at the time of the information governance spot checks on 6th and 7th March 2017. There had been some start up issues with the new provider, which have now been resolved. The number of waste consoles has increased to six. Action closed.

A17/31 Information Governance Annual Report

The bi-monthly IG report is on the agenda and will be a standing item for information on each Audit Committee meeting agenda. Action closed.

A17/32 Information Governance Toolkit Review

Laura Teaney (Information Governance Support Officer, ML CSU) has provided assurance that the CCG has adequate IG support. There are now two Information Governance Support Officers supporting the CCG. MMcD confirmed a service review meeting between the CCG and IG representatives took place on 29th June 2017; service review meetings will be held on a quarterly basis. Action closed.

A17/32 Information Governance Toolkit Review

LR has included the two requirements in the IG Governance Toolkit Review report (detailed in the action tracker) in the Audit Committee Recommendations Tracker. Action closed.

A17/36 Losses and special payments

MMcD has spoken to Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital NHS Trust) about the invoice to the Trust to the value of £669,664, which relates to CQUIN 2015. This will be discussed further under item A17/71. Action closed.

A17/37 Audit Committee Recommendations Tracker

LR has updated the NHS Protect Review (September 2016) table in the tracker. Action closed.

A17/39 Audit Committee Annual Report 2016/17

Action completed and closed.

A17/40 Un-audited Annual Accounts 2016/17

Action completed and closed.

A17/41 MIAA Internal Audit Plan 2017/18

AP confirmed a revised plan and scope for QIPP review is being developed. Action closed.

	<p>A17/44 MIAA Head Of Internal Audit Opinion 2016/17 Action completed and closed.</p> <p>A17/47 Risk Management Strategy Action completed and closed.</p> <p>A17/48 Risk Register and GBAF Action completed and closed.</p> <p>A17/49 Register of Interests MMcD confirmed he has had meetings with Debbie Fairclough (Chief Operating Officer at the CCG) and HN to review the register of interests. The register is not on the agenda as, pending approval of the updated Managing Conflicts of Interest and Gifts and Hospitality Policy (item A17/81 on the agenda), the routine call for individuals to make their declarations will be actioned with the updated policy attached, and the register will be refreshed further. Action closed.</p> <p>A17/50 Policy Tracker Action completed and closed.</p> <p>A17/51 Audit Committee Terms of Reference Action completed and closed</p> <p>A17/53 Key Issues of other committees to be formally received - Approvals Committee The key issues report from the Joint Commissioning Committee is on the agenda and will be a standing item for info on each Audit Committee meeting agenda. Action closed.</p> <p><u>Actions from Audit Committee meeting on 24th May 2017</u></p> <p>A17/59 Annual Report and Accounts 2016/17 Both actions under this item have been completed. Actions closed</p> <p>A17/62 Risk Management Strategy Debbie Fairclough has confirmed she has amended the description of the Joint Commissioning Committee and has asked the communications team to upload the Risk Management Strategy to the CCG website. Action closed.</p> <p>A17/63 Risk Register and GBAF MMcD confirmed a moderation process to determine whether risks reflected CCG overall view is in progress. Action closed.</p>	
<p>A17/71</p>	<p>Losses and special payments LR noted three losses have been identified for write off since the Audit Committee meeting on 19th April 2017. The following was agreed in regards to the three losses:</p> <ul style="list-style-type: none"> • Alexander Court Care Home (value: £2,302.08) It was agreed for a final letter to be written to the care home for recovery of the credit value. LR to action. • Jet Document Storage Ltd (value: £48.89) It was agreed for this balance to be written off. • Merck Sharp & Dohme Ltd (value: £200.00) It was agreed for this balance, which relates to a sales invoice raised for sponsorship of a PLT event, to be written off. MMcD suggested that in future, a signed letter is requested from senior management of 	<p>LR</p>

	<p>the potential sponsor organisation which confirms the intention to sponsor. Sponsorship of the PLT event is to be confirmed only upon receipt of this letter. LR to ensure this process is actioned in future.</p> <p>LR noted outstanding debt has been reviewed up to last period end (June 2017) and there are two items greater than £5k and over six months old, for the value of £49,770 and £669,664. The debtor for both items is Southport & Ormskirk Hospital. MMcD confirmed he had raised both outstanding debts with Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital) at a meeting on 6th July 2017. MMcD confirmed Steve Shanahan will be writing to the CCG to address this issue. MMcD to update at the next Audit Committee meeting in October 2017.</p> <p><i>The committee received this report and approved the write off of two of the three losses detailed in the report.</i></p>	<p>LR</p> <p>MMcD</p>
A17/72	<p>Audit Committee Recommendations Tracker</p> <p>LR presented the recommendations tracker and highlighted the following:</p> <ul style="list-style-type: none"> • HMRC Office Holder Contracts – the CCG is still awaiting final confirmation from the HMRC that they accept that payments have been made in good faith. • NHS Protect Review (September 2016) – all actions in the table are now complete. • Assurance on Quality of Services Commissioned Review (January 2017) – all three actions on the tracker are ongoing. <p><i>The committee received this report</i></p>	
A17/73	<p>Review of NFI matches</p> <p>LR confirmed there are currently 25 National Fraud Initiative (NFI) mismatches, which relate to duplicated invoice amounts, creditor references, creditor names or supplier addresses. All of these mismatches are currently under investigation and an update will be provided at the next Audit Committee meeting in October 2017.</p> <p><i>The committee received this report</i></p>	LR
A17/74	<p>Petty Cash Policy & Procedure</p> <p>LR noted the CCG requires a petty cash policy and procedure as there are currently no arrangements in place. She confirmed there will be two separate petty cash boxes (one for Southport & Formby CCG and the other for South Sefton CCG), both of which will be kept in a safe at Merton House. The petty cash float will be £100 for each CCG.</p> <p><i>The committee approved the petty cash policy and procedure.</i></p>	
A17/75	<p>Single Tender Action - PharmOutcomes Software</p> <p>MMcD presented the single tender action form for the provision of PharmOutcomes software to support the delivery of commissioned services in community pharmacy. He noted that options for provision of the software have been reviewed and that the change in provider from Webstar Health to PharmOutcomes will produce a cost saving for the CCG. MMcD confirmed the contract value is in his delegated limits as Chief Finance Officer to sign off.</p> <p><i>The committee received the Single Tender Action form.</i></p>	

<p>A17/76</p>	<p>MLCSU – QIPP Programme Report MMcD presented the QIPP programme report which is the outcome of an NHSE commissioned additional review in March 2017 of the arrangements in place to deliver QIPP.</p> <p><i>The committee received this report.</i></p>	
<p>A17/77</p>	<p>MIAA Internal Audit Progress Report AP provided an overview of the Internal Audit Progress Report. He noted MIAA have completed work on assurance regarding the mechanisms established to support management of the Service Level Agreement with Midlands & Lancashire CSU. He confirmed a positive conclusion has been reached, with assurance that the CCG and the CSU have robust controls in place to ensure that reporting and monitoring of performance and Key Performance Indicators are adequate.</p> <p>AP noted the internal audit progress is in line with plan.</p> <p><i>The committee received this report.</i></p>	
<p>A17/78</p>	<p>MIAA Insight: CCG Assurance Framework Benchmarking AP presented the CCG Assurance Framework Reviews report, which summarises the results of the 2016/17 Assurance Framework reviews across the CCGs in MIAA’s client base and highlights good practice examples and key areas for enhancement.</p> <p>HN asked for future reviews of the Governing Body Assurance Framework (GBAF) to be carried out against the risk themes (listed below) reported by the Assurance Framework Reviews report. MMcD to action this process.</p> <ol style="list-style-type: none"> 1 Corporate Systems and Processes 2 Partnership Working 3 Reconfiguration and Redesign of Services 4 Commissioning 5 Quality Assurance of Providers 6 Financial Duties 7 Public and Patient Engagement 8 Access to Services 9 Performance Targets 10 Primary Care Services <p><i>The committee received this report.</i></p>	<p>MMcD</p>
<p>A17/79</p>	<p>Annual Audit Letter 2016-17 MMcD presented the Annual Audit Letter 2016/17, which summarises the key issues arising from KPMG’s 2016/17 audit of the CCG. MMcD noted the following headlines:</p> <ul style="list-style-type: none"> • KPMG issued an unqualified opinion on the CCG’s accounts on 30 May 2017. • Value for Money conclusion – KPMG were satisfied the CCG had met arrangements for Value for Money except for weaknesses in arrangements over the management of the CCG’s financial performance and position in the period April 2016 to March 2017, which resulted in the financial outturn deficit of £6.695m and failure to meet both the statutory breakeven target and the original agreed control total deficit of £4.000m. • KPMG wrote to the Secretary of State in accordance with Section 30 of the Local Audit and Accountability Act 2014, regarding the CCG’s failure to ensure that its revenue resource use in the 2016/17 	

	<p>financial year did not exceed the amount specified by NHS England. MMcD confirmed the CCG has not yet received any further correspondence from the Secretary of State regarding this matter.</p> <p><i>The committee received the Annual Audit Letter 2016-17.</i></p>	
A17/80	<p>External Audit Progress Report GJ presented the progress report for external audit and reported the outline plan for the financial year. The agreed fee for the audit of the CCG for 2017/18 is £42,000. A detailed audit plan will be brought to the Audit Committee meeting in January 2018.</p> <p>MMcD noted he had attended a Joint Auditor Panel Meeting on 3rd July 2017 facilitated by Robin Baker from Grant Thornton. Attendees included Audit Chairs from St Helens CCG and Wirral CCG. MMcD commented this was a productive meeting and had involved discussion on risk issues for CCGs in general.</p> <p><i>The committee received this report.</i></p>	
A17/81	<p>Updated Managing Conflicts of Interest and Gifts and Hospitality Policy MMcD noted the policy on Managing Conflicts of Interest and Gifts and Hospitality has been updated following the publishing of additional guidance by NHSE in June 2017. He provided a summary of the updates as detailed in the cover sheet of the report.</p> <p>MMcD noted a requirement for communications activity to ensure that individuals the policy applies to (listed in section 4 of the policy) make a declaration when gifts have been offered but not accepted.</p> <p>It was agreed for MMcD to check the policy is consistent with any similar policy of doctors' regulatory bodies (e.g. General Medical Council, British Medical Association etc.).</p> <p><i>The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy.</i></p>	MMcD
A17/82	<p>Risk Register and GBAF MMcD presented the corporate risk register and the Governing Body Assurance Framework (GBAF). MMcD provided a summary of the 7 risks against the 6 strategic objectives for the CCG, detailed in the GBAF. He noted the main risk is related to the CCG's financial position and failure to deliver the CCG's QIPP plan.</p> <p>MMcD confirmed local data was circulated internally on Monday 10th July, which showed there has been a reduction in GP referrals to hospitals when compared to last year. He noted that further work needs to be done to understand how the referral management system is working and whether it is contributing to the reduction in referrals.</p> <p>HN commented that the corporate risk register or GBAF do not cover the risks / issues related to the possible merger of Southport & Formby CCG, South Sefton CCG and Liverpool CCG. These could include reputational issues, requirement of support from all bodies, diverting attention from the CCG's priority work, uncertainty for staff and retaining local focus from the merger. MMcD to raise this with the Leadership Team.</p> <p><i>The committee approved the corporate risk register and GBAF.</i></p>	MMcD

A17/83	<p>Policy Tracker MMcD presented the policy tracker and provided an update on the three policies that are out of their review dates: Infertility Policy, Commissioning Policy and Anti-Fraud Bribery and Corruption Policy. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><i>The committee received this report and noted the updates since the policy tracker was last presented at the Audit Committee meeting on 19th April 2017.</i></p>	
A17/84	<p>Information Governance Bi-Monthly Report MMcD provided an overview of the Information Governance Bi-Monthly report. He noted the report, which covers the period from 1st April 2017 to 26th May 2017, states that the CSU IG team have not been made aware of any actual or near-miss breaches of confidentiality since 1st April 2017. MMcD confirmed there has been a breach in regards to patient information since the period covered by the report. This had initially been classed as a level 2 breach but following IG review, has been downgraded to level 1.</p> <p>HN raised an issue in regards to hardcopy documents with patient data on CCG floors at Merton House. LR to liaise with the CCG's Corporate Governance Manager to review this.</p> <p><i>The committee received this report.</i></p>	LR
A17/85	<p>Key Issues of other committees to be formally received</p> <ul style="list-style-type: none"> • Finance and Resource Committee, March and May 2017 • Quality Committee, March and April 2017 • Joint Commissioning Committee, June 2017 <p><i>The committee received the key issues of the Finance and Resource Committee, Quality Committee and Joint Commissioning Committee.</i></p>	
A17/86	<p>Key Issues of other committees to be formally received</p> <ul style="list-style-type: none"> • Approvals Committee <p>MMcD reported that an Approvals Committee meeting took place on 5th July 2017 in regards to the validation process undertaken and rationale to determine the Primary Care Access Part 1 achievement of the Local Quality Contract. MMcD confirmed the Approvals Committee had accepted the recommendations of the Validation Panel and the process undertaken by the panel to determine the rationale used for the achievement of Primary Care Access Part 1.</p> <p><i>The committee received this verbal update.</i></p>	
A17/87	<p>Any other business</p> <p>i) <u>Future Audit Committee meeting dates</u> TK noted there is a conflict between the meeting times of the Audit Committee and that of the Engagement and Patient Experience Group (EPEG) which GB co-chairs. TK asked for comments on the possibility of changing the scheduled times of the Audit Committee meetings to enable GB to attend both meetings. HN raised the possibility of having joint Audit Committee meetings with South Sefton CCG in future which could lead to a change in meeting dates/times. MMcD noted that a draft terms of reference has been written for a joint Audit Committee, which he will circulate. TK and MMcD to review the practicalities of implementing joint Audit</p>	TK / MMcD

	<p>Committee meetings, with a view to arranging the first joint meeting for October 2017.</p> <p>ii) <u>Review of Remuneration Committee</u> MMcD informed the committee that following recent publication of a report relating to governance arrangements at Liverpool CCG, Debbie Fairclough (Chief Operating Officer, S&F CCG) will be undertaking a retrospective review of Southport & Formby CCG's remuneration committee for assurance that the committee has followed due process and acted within delegated responsibilities.</p>	
A17/88	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting October 2017 (Date, time and location TBC)</p>	

Approved

S&F NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Wednesday 28th June 2017, 10.00am – 11.30am
 Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Rob Caudwell	S&F CCG Clinical Chair	RC
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Susanne Lynch	S&F CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Attendees:		
Sharon Howard	Programme Manager General Practice Forward View	SH
Angela Price	Primary Care Programme Lead	AP
Maureen Kelly	Healthwatch Sefton	MK
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Anne Downey	NHSE Finance	AD
Jan Hughes	NHSE Assistant Contract Manager	JH
Minutes		
Louise Taylor	S&F CCG Commissioning Support Officer (Primary Care)	LT

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	April 17	Jun 17	Aug 17	Oct 17	Dec 17
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓	✓			
Helen Nichols	S&F CCG Lay Member	N	N			
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer	✓	✓			
Dr Rob Caudwell	S&F CCG Clinical Chair	N	✓			
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓			
Susanne Lynch	S&F CCG Head of Medicines Management	✓	A			
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	N			
Attendees:						
Sharon Howard	Programme Manager General Practice Forward View	✓	✓			
Angela Price	Primary Care Programme Lead	✓	✓			
Maureen Kelly	Healthwatch Sefton	A	A			
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N			
Joe Chattin	Sefton LMC	N	✓			
Anne Downey	NHSE Finance	✓	N			
Jan Hughes	NHSE Assistant Contract Manager	✓	A			
Louise Taylor	S&F CCG Commissioning Support Officer	✓	✓			

No	Item	Action
SFNHSE 17/17	Introductions and apologies Apologies were received as noted above.	
SFNHSE 17/18	Declarations of interest Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport and Formby Clinical Commissioning Group. Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website. <i>RC declared an interest in item 17/26 as he is a local GP.</i> <i>KS declared an interest in item 17/26 as she is a local GP.</i>	
SFNHSE 17/19	Minutes of the previous meeting These were agreed as an accurate record.	
SFNHSE 17/20	Action points from the previous meeting 16/11- to close both items.	
SFNHSE 17/21	Report from Operational Group & Decisions Made JL gave an overview of the main action points. A meeting with NHSE Finance is to be arranged but constructive discussions are already ongoing regarding the allocations to primary care. Regarding uncommissioned activity, there have been discussions ongoing with relevant Trusts; RC reported that this has been better of late. The issues regarding EPS messages not being passed on still need to be progressed. It was noted that this represents a patient safety issue.	NHSE
SFNHSE 17/22	Pharmacy Pilot Report SH gave an update on the pilot scheme. It was stressed that the role must be patient facing. It was raised that the guidance states that the employer must be a GP practice and whether this meant that a Federation could not employ. There were questions around what would happen at the end of the 3 years- would the pharmacists need to be employed on a fixed term contract. SH agreed to take this forward.	SH
SFNHSE 17/23	GPFV Report This report was requested to show the Committee a summary of practice level spend in the CCG area for GPFV funding. SH gave a verbal update. Information will be available at CCG level but not practice level detail. NHSE confirmed that they are available to support practices with bid writing. The Chair requested that NHSE supply a written copy of the report.	SH
SFNHSE 17/24	CQC Report- Chapel Lane The practice is due to have a reinspection on Friday 30 th June. JC mentioned that the RCGP have a team who can work with the practice to support them in implementing any necessary changes as a result of CQC inspections. The service is available to non-members of RCGP as well as members. There is a cost of £3- 5k for this service, but JC reported that CCG's could part fund it. JC to forward details of the scheme.	JC
SFNHSE 17/25	Primary Care Dashboard There was a discussion around how this could be used by the Committee. GB, LT and Becky Williams to meet and discuss the dashboard in more detail.	
SFNHSE 17/26	Freshfield Surgery- Outcome of Consultation The outcome of the consultation was that the practice is to be procured at GMS rates.	

SFNHSE 17/27	<p>Any Other Business The Key issues were discussed and agreed. No other items were raised.</p>	
SFNHSE 17/28	<p>Date of next meeting Wednesday 23rd August 2017, 10.00am to 11.30am Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ</p>	
<p>Meeting Concluded 11.20am</p>		

**HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL, SOUTH SEFTON AND SOUTHPORT & FORMBY
CCGS**

**FRIDAY 15TH SEPTEMBER 2017
Boardroom, Liverpool CCG
The Department, Lewis's Building, 2 Renshaw Street, L1 2SA**

Time 12.00pm – 2.00pm

AGENDA

1.	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2.	Declarations of interest	ALL
3.	Minutes and actions from the 9 th June 2017 meeting	ALL
4.	Update on Review of Services Provided by Liverpool Women's Hospital	Dr Fiona Lemmens/Dr Chris Grant Report No: CIC 04-17
5.	Joint Committee Update	All Verbal
6.	Any other business	
7.	Date and time of next meeting: Friday, 13 th October 2017, 12pm to 2pm, Boardroom, Liverpool CCG	

NHS Southport & Formby CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: Committee(s) In Common	Meeting Date: 15 th September 2017	Chair: Dr Simon Bowers
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Key issues:	Risks Identified:	Mitigating Actions:
<p>1. Review of Services Provided by Liverpool Women's Hospital</p>	<ul style="list-style-type: none"> • Assurance regarding the clinical and financial case for the proposal for a new Liverpool Women's Hospital on the Royal Liverpool Campus 	<ul style="list-style-type: none"> • The report from an Independent Clinical Senate confirms the clinical case and the preferred option, leading to decision that there is only one viable clinical option to propose in a formal public consultation • The CIC noted the next steps in the process.
<p>2. North Mersey Joint Committee</p>	<ul style="list-style-type: none"> • To agree a robust terms of reference which reflects the scope of the committee 	<ul style="list-style-type: none"> • AOs working together to finesse the draft terms of reference, which will be considered by Governing Bodies in November 2017.
<p>3.</p>	<ul style="list-style-type: none"> • .. 	<ul style="list-style-type: none"> • ..

Recommendations to NHS Liverpool CCG Governing Body:

1. To note the key issues and risks.