

Governing Body Meeting in Public Agenda

Date: Wednesday 7th February 2018, 13:00 hrs to 15:30hrs

Venue: Family Life Centre, Southport, PR8 6JH

13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Governing Body 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

Margaret Jones	Public Health Consultant, Sefton MBC	MJ
Jan Leonard	Director of Redesign and Commissioning Officer	JL
Karl McCluskey	Director of Strategy & Outcomes Officer	KMcC
Geraldine O'Carroll	Senior Integration Commissioning Officer	GOC
Andy Woods	Senior Governance Manager	AW

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
GB18/1	Apologies for Absence	Chair	Verbal	R	2 mins
GB18/2	Declarations of Interest	Chair	Verbal	R	3 mins
GB18/3	Minutes of Previous Meeting held on 1 st November 2017	Chair	Report	A	5 mins
GB18/4	Action Points from Previous Meeting held on 1 st November 2017	Chair	Report	A	5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB18/5	Business Update	Chair	Verbal	R	5 mins
GB18/6	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB18/7	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB18/8	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
GB18/9	Improvement Assessment Framework (IAF)	KMcC	Report	R	10 mins
Governance					
GB18/10	Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR): Q3 2017/18	DFair	Report	R	10 mins
GB18/11	Register of Interests: December 2017	DFair	Report	R	10 mins
GB18/12	Joint Committee Terms of Reference	FLT	Report	A	5 mins
GB18/13	Disinvestment Policy & Procedure (Cessation and Significant Reduction of Services)	Andrew Woods	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB18/14	Equality and Diversity Annual Report 2017	Andrew Woods	Report	R	10 mins
GB18/15	Commissioning Policies (PLCV; Cataract)	Jan Leonard	Report	Ra	10 mins
For Information					
GB18/16	Key Issues Reports: a) Finance & Resource Committee (F&R): October & November 2017 b) Quality Committee – September 2017 c) Audit Committee – October 2017 d) Joint Commissioning Committee: December 2017 e) Locality Meetings: Q3 2017/18	Chair	Report	Receive	10 mins
GB18/17	F&R Committee Approved Minutes: October 2017 November 2017		Report	Receive	
GB18/18	Joint Quality Committee Approved Minutes: September 2017		Report	Receive	
GB18/19	Audit Committee Approved Minutes: October 2017		Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB18/20	Joint Commissioning Committee Approved Minutes and Key Issues - October 2017		x	Receive	
GB18/21	CIC Realigning Hospital Based Care Approved Minutes - None		x	x	
GB18/22	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/23	Date of Next Meeting Wednesday 7th March 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: 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 1st November 2017, 13:00hrs to 15:00hrs
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

The Governing Body Members in Attendance

Dr Kati Scholtz	Vice Chair	KS
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
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Lyn Cooke	Head of Communications & Engagement	LC
Billie Dodd	Head of Commissioning	BD
Debbie Fairclough	Interim Chief Operating Officer (minute taker)	DFair
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC

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	✓	✓	✓	✓	✓	A	
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	✓	✓	✓	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	✓	✓	✓	✓	A	
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	A	✓	✓	
Fiona Taylor	Chief Officer	✓	A	✓	✓	✓	✓	

No	Item	Action
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No	Item	Action
Questions	<p>Questions from the Public</p> <p>1. In the light of the possible increase in medical services required because of the winter, what are the levels of staff vacancies at the hospital and what is the plan to fill the vacancies?</p> <p>FLT advised that the management of vacancies within hospitals services is the responsibility of the provider and therefore the CCG would not routinely receive updates on those matters. However, in the event that the level of vacancies would likely have an adverse impact on the delivery of services, the provider would notify the CCG so that collaborative solutions can be identified. Information relating to staffing and vacancies can usually be found in the hospitals public board meeting papers available online.</p> <p>2. Noting that MerseyCare, through their suicide prevention strategy, will offer four cycles of psychotherapy to those presenting as suicidal at A&E, is there scope to extend this provision via GPs?</p> <p>HM reported that the CORE 24 contract was now in place with the provider which provides a rapid assessment service for those patients deemed to be at risk. This service is available at Southport and Ormskirk Hospitals, Royal Liverpool and Broadgreen Hospitals and Aintree all have this service in place. In terms of GP support, at present if a patient arrives at the practice and is in crisis the GP is able to refer to the acute crisis team or the CORE 24 service in A&E.</p> <p>3. Referring to page 34 of the performance report (it shows) Renacres outpatient procedures are at around 64% planned activity but costs still around 95% of planned?</p> <p>MMcD advised that the costs are associated with the complexity of the procedures required to be undertaken, so although activity is lower than planned the procedures now being undertaken are more expensive. This has been impacted by the Musculoskeletal Assessment Service (MCAS) that now deals with the low complex issues and the understanding is that patients are not being referred for treatment in Secondary Care as often when compared to the previous service.</p> <p>4. Page 60 of the performance report refers to the third sector engagement with “isolated elderly”. Could that support be extended to the “non-elderly” e.g. those isolated/housebound due to chronic illness</p> <p>MMcD advised that that section of the report was about services for the elderly but services could be extended to those isolated due to chronic illness.</p>	
GB17/176	<p>Apologies for Absence</p> <p>Apologies were given on behalf of Dr Rob Caudwell, Maureen Kelly and Colette Riley.</p> <p>Members noted that HN would Chair the meeting in RC’s absence.</p>	
GB17/177	<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>	

No	Item	Action
GB17/178	<p>Minutes of Previous Meeting: 6th September 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 6th September were approved as a true and accurate record.</p>	
GB17/179	<p>Action Points from Previous Meeting: September 2017</p> <p><i>Integrated Performance Report</i> – new indicators: Members noted the new indicators were included in the updated Integrated Performance Report (IPR) for discussion today.</p> <p><i>Planned Care</i>: Members were advised that updates in respect of ECHO and diagnostics were covered in the updated IPR for discussion today.</p> <p><i>Unplanned and emergency care</i>: Members noted that the data set was under review by the CCG’s Strategy and Outcomes Officer.</p> <p><i>Mental health</i>: Members noted that the Transforming Care Programme is included in the updated IPR for discussion today.</p> <p><i>Quality</i>: KMck advised that there will be an event in December to examine mortality data, performance and reporting in more detail.</p> <p><i>Emergency Preparedness, Resilience and Response and Assurance Improvement Plan</i>: Deferred to the next meeting</p>	
GB17/180	<p>Business Update</p> <p>KS advised the meeting that primary care had been administering the flu vaccine in response to usual risks associated with winter. It was noted that Australia had experienced a particularly difficult “flu season” and the UK is expecting similar issues and preparing accordingly.</p> <p>It was noted that work force pressures continue to impact on GP practice’ as more GPs retire and there are fewer applications to fill the vacancies. NHSE is implementing a programme that seeks to encourage applications from abroad.</p> <p>Practices are continuing to prepare and plan for the mandated “7 day access” requirement that will be in place from October 2018.</p> <p>HN updated members on the outcome of the recovery meeting with NHSE that had taken place on 31st October. There was some acknowledgement that the CCG was making good progress and the approach to QIPP and financial recovery was good practice. NHS England remained clear that it is imperative that the CCG delivers its break even position at year end.</p> <p>RESOLUTION: The governing body received the update.</p>	
GB17/181	<p>Chief Officer Report</p> <p>The Governing Body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and all staff and the executive team continue to focus their efforts on delivery. The CCG will be introducing a “check and challenge” approach to provide further scrutiny of schemes and identify any risks to delivery at an early stage.</p>	

No	Item	Action
	<p>The Chief Officer also advised members that the Care for You (Southport and Ormskirk Hospital Services Review) is being progressed and that that the CORE 24 hospital mental health liaison services had been formally launched on the 29th September 2017. Following a successful bid to NHS England by Mersey Care NHS Foundation Trust supported by the A&E Delivery Board, non-recurrent investment of circa £1m was secured to provide enhanced AED and inpatient ward mental health liaison services provided in the three acute hospital sites within the North Mersey footprint</p> <p>Members were also apprised of the key programmes of work led by the Chief Nurse and the Quality Team, that includes: sustained focus on the SEND programme; addressing concerns in respect of the ADAM procurement system for end of life packages of care; the submission of improvement plans aimed at reducing the number of full CHC assessments undertaken in an acute setting and working with local providers on quality and CQC related matters.</p> <p>The Chief Officer was pleased to report that 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. Members also noted the progress in respect of ICRAS Sefton that had been 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.</p> <p>The Governing Body also received updates on the Integration Framework and noted that the Better Care Fund had been authorised with conditions. The CCG and Sefton MBC responded positively in order to address any outstanding issues and a resubmission was planned for 2nd November.</p> <p>RESOLUTION: The governing body received the report.</p>	
GB17/182	<p>Quality, Innovation, Productivity and Prevention (QIPP) 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.</p> <p>The total QIPP target had been set for 2017/18 at £10.1m, with £3.8m planned for delivery at this stage of the year. Year to date actual was £3.4m which means that the CCG's slightly behind plan. Members noted the continued progress the CCG is making and recognised that the organisation is making every effort to achieve financial sustainability. Members agreed that further action would be required as a significant proportion of the savings are not due to materialise until the latter part of the year. There is to be a further discussion in part 2 on the options available to the Governing Body to deliver the break-even position.</p> <p>FLT reiterated the recognition from NHSE and the improvements made but the need for continued diligence.</p> <p>RESOLUTION: The governing body received the report.</p>	
GB17/183	<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</p>	

No	Item	Action
	<p>and Formby CCG. KMcC presented the report highlighting key areas by exception and responded to queries arising from members.</p> <p>Planned Care</p> <p>Members noted that GP referrals continue to be lower than last year and are in fact 17% lower than in the previous year, this is a position that has been sustained during the first 6 months of the year. Consultant to consultant referrals have increased and the causes are being examined at the information sub groups. Providers are expected to achieve a target of 80% for e-referrals but at present the performance level is at 51% and this will be picked up by the Leadership Team.</p> <p>Concerns relating to the ECHO under performance will be addressed at a meeting scheduled for 7th November. It was noted that this related to staffing levels in respect of sickness absence and was currently being delivered by just one member of staff. The CCG will continue to monitor this with the trust and will seek assurances that remedial actions are being implemented to prevent any further detrimental impact on service delivery.</p> <p>DC queried if it was possible to receive a communication within general practice so that GPs are aware of pressures. KMcC advised that the pressures were not being generated by referrals but were internal staffing issues and the CCG will seek to advise GPs of the issue.</p> <p>GB referred to a previous concern relating to the quality of the data being provided by the trust and sought assurances that this was being addressed and the governing body could rely on the performance data. KMcC confirmed that NHSI had been actively working to resolve this issue and a recovery plan has been requested by the CCG.</p> <p>Unplanned and Emergency Care</p> <p>A&E performance at August was just over 88% and the report set out the number of remedial actions that were now being implemented. Members noted that as winter approaches there will be a substantial increase in pressure on A&E and this position will continue to be subject to close scrutiny. GB expressed concern about the mortality data as S&O is one of ten national outliers. KMcC reported that there is a local event being held in December to explore this in more detail and updates will be brought back to the Governing Body in due course.</p> <p>Stroke</p> <p>Southport and 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. DCF advised members that a clinical audit had been requested on the patients that did not spend the relevant amount of time on stroke unit to determine whether or not that had been detrimental to their care or outcomes.</p> <p>Mental Health</p> <p>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 three failed attempts to contact the patient. IAPT remains behind target in respect of referrals at month 5 but continues to meet the recovery targets. Members were pleased to note that the CCG is now exceeding the dementia target relating to diagnosis.</p> <p>Quality</p> <p>DCF reported that the patient experience strategy had now been signed off by</p>	KMcC

No	Item	Action
	<p>the Trust and that CQPG would continue to seek assurances on its implementation. The CCGs Engagement and Patient Experience Group has also requested updates on progress and were pleased to see that the strategy had now been signed off.</p> <p>There had been breaches in respect of Mixed Sex Accommodation and DCF advised that, although not ideal, they would support the Trust on this if it meant that stroke patients get their care.</p> <p>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. An improvement plan has now been submitted to NHSE.</p> <p>FLT advised members of the change to DTOC reporting which was now undertaken twice a week as winter advances. This is enabling increased surveillance and will enable early intervention should problems arise.</p> <p>Finance</p> <p>MMcD gave an update on the year to date financial position and reported that there is a deficit of £0.6m however; the full year forecast remains to be break even. 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.</p> <p>MMcD advised members of the pressures that 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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>MMcD reported that the CCG's likely cash deficit is £1.724m. 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.</p> <p>RESOLUTION: The governing body received the report.</p>	

No	Item	Action
GB17/184	<p>Governing Body Assurance Framework and Corporate Risk Register</p> <p>DCF presented the GBAF and CRR that had been approved by the Audit Committee. It was noted that a number of risks would now require adjusting as activities to mitigate risks had been implemented. Those changes would be reflected in the Q3 routine updates overseen by the Leadership Team and the relevant committees. By example, risk SF039 relating to paediatric audiology had been addressed as per the detail set out in the report of the Chief Officer.</p> <p>QIPP and financial recovery remain as the highest risk on the GBAF but members were assured that substantial effort was underway to mitigate under delivery. DFair and MMcD assured the governing body that there will continue to be sustained effort by the organisation to address those risks.</p> <p>Members requested an update on pressures emerging in S&O relating to the obstetric service. KMcC reported that the risks were associated with the middle grade rotas and that the CCG had been working collaboratively with the trust to address concerns and mitigate risks to service delivery. The Governing Body were offered assurances that services are safe at present and that the Trust was being proactive in identifying solutions and apprising the CCG of progress.</p> <p>RESOLUTION: The governing body received, reviewed and scrutinised the Governing Body Assurance Framework and Corporate Risk Register.</p>	
GB17/185	<p>Children in Care Annual Report</p> <p>Carlene Baines (CB), Sefton MBC, attended the meeting to present the above report that had previously been reviewed by the Quality Committee. FLT asked if the patterns and levels of out of area placements were consistent with that being seen elsewhere across Cheshire and Merseyside and CB confirmed that the activity was consistent.</p> <p>FLT wished to formally record that the excellent work outlined in the report was attributable to strength and the quality of leadership on this challenging agenda.</p> <p>Members thanked CB for the presentation and approved the report.</p> <p>RESOLUTION: The governing body approved the report.</p>	
GB17/186	<p>Consultation and Engagement Sessions: proposals for the development of family wellbeing centres</p> <p>DJ delivered a presentation that formed an element of the consultation exercise currently underway across the area in respect of the development of family wellbeing centres. The proposals were developed having taken feedback from users of the current services and were tailored around that feedback. It was evident that the current centres were being accessed but not necessarily for their intended purpose so it was appropriate to reconsider the service model.</p> <p>DJ confirmed that the proposals did not include the closure of any centres but did propose the relocation of one; members of the Governing Body and the public in attendance were asked for their feedback and also provided with the details on where additional information could be found. The consultation is due to end on 17th November 2017.</p> <p>DC expressed some concern that the changes could impact on primary care as was often the case when any local service changed. DJ advised that the model is very much focussed on “out-reach” enabling the service to address a broader cohort than under the current arrangements. GB suggested that this work extends to colleges as well as schools and DJ agreed to incorporate into the</p>	

No	Item	Action
	<p>plan.</p> <p>KS asked if it would be possible for the three centres, North, South and Central to be aligned with the four localities across Southport and Formby and DJ confirmed this would be done.</p> <p>DJ also advised that he and his colleagues would be very keen to discuss any potential co-location options and asked GP members to contact him to progress further.</p> <p>RESOLUTION: The governing body received the presentation and thanked DJ for the consultation.</p>	
GB17/187	<p>Better Care Fund: Update</p> <p>MMcD advised that the IBCF had been approved with conditions and a letter had been received from the Better Care Support Team on 26th October. The conditions had been addressed by CCG and Local Authority leads and following a conversation with the NHSE lead, the plan was now ready for resubmission, in-line with the deadline of 2nd November.</p> <p>DJ drew members attention to page 175 of the pack that set out the BCF commitment to release £300K to fund re-ablement services that will be accessible to GPs for patients in crisis.</p> <p>RESOLUTION: The governing body received the report and approved delegated responsibility to the Chair and Chief Officer to formally sign off the IBCF re-submission.</p>	
GB17/188	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource (F&R) Committee: 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 <p>RESOLUTION: The governing body received the key issues reports</p>	
GB17/189	<p>Finance and Resources Committee Approved Minutes: July and September 2017</p> <p>RESOLUTION: The Governing Body received the approved minutes.</p>	
GB17/190	<p>Joint Quality Committee Approved Minutes: July and August 2017</p> <p>RESOLUTION: The Governing Body received the approved minutes.</p>	
GB17/191	<p>Audit Committee Approved Minutes: July 2017</p> <p>RESOLUTION: The Governing Body received the approved minutes.</p>	
GB17/192	<p>Joint Commissioning Committee Approved Minutes: June 2017</p> <p>RESOLUTION: The Governing Body received the approved minutes.</p>	
GB17/193	<p>CIC Realigning Hospital Based Care Key Issues – September 2017</p> <p>RESOLUTION: The Governing Body received the key Issues.</p>	

No	Item	Action
GB17/194	<p>Any Other Business</p> <p>There were no items of any other business.</p>	
GB17/195	<p>Date and Time of Next Meeting</p> <p>Wednesday 3rd January 2018, 13:00hrs at the Family Life Centre, 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>		

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

Date: Wednesday 1st November 2017, 13:05hrs to 15:35hrs
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

No	Item	Action
GB17/183	<p>Integrated Performance Report Planned Care</p> <p>DC queried if it was possible to receive a communication within general practice so that GPs are aware of pressures. KMcC advised that the pressures were not being generated by referrals but were internal staffing issues and the CCG will seek to advise GPs of the issue.</p>	KMcC

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/6	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
Report date: February 2018	
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.



Southport and Formby Clinical Commissioning Group

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 February 2018

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 January 2018 the CCG held the fourth in a series of facilitated events in which leads were tasked with the identification of new schemes for 2018/19 to mitigate risk of under delivery of the original plan for 2017/18. During the most recent “QIPP week”, the Joint QIPP Committee presided over “check and challenge” sessions that enabled a thorough analysis of QIPP schemes and anticipated spend in respect of medicines optimisation, planned care, urgent care, end of life services, pain management and MCAS. Whilst good progress has been made it is essential that every effort continues to be made to release efficiencies whilst maintaining the quality of the services we commission.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £10.137m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at month 9, £4676m QIPP savings have been achieved with further savings planned in future months.

The CCG has implemented a number of QIPP schemes to address efficiencies across all areas of spend including medicines management. In 2017/18 changes were made to Care at the Chemist Scheme. I am pleased to report that the scheme remains a well utilised service across Sefton with 714 consultations each month within Southport and Formby. We are writing to all current providers to confirm they will be continuing to offer the service from 1st April 2018 and also writing to all other pharmacies asking them to advise if they would like to offer the service from 1st April 2018.

The Chief Finance Officer will provide a full overview of the financial position as part of the Integrated Performance Report discussions.

2. Commissioning Intentions 2018/19

In November 2017 South Sefton and Southport and Formby CCGs issued a *Commissioning Intentions and Contracts Re- Fresh* document for 2018/19. As there is currently a two year contracting and planning cycle within the NHS, this builds on commissioning intentions formally issued in November 2016. The purpose of the document is to provide further detail and information on CCG priorities and schemes, to identify any new areas and to re-fresh contracts where required. The CCG QIPP schemes are identified within the document with CCG leads allocated for each area.

Cross functional groups within the CCGs are currently working through the Commissioning Intentions, taking forward discussions with providers at an operational or contract planning level. Where required, issues will be escalated to executive leads. The intentions include reference to the updated Merseyside Commissioning Policy (Prior Approval) which will be incorporated into provider contracts. The Sefton Cataract Policy is unchanged in respect of clinical criteria but the process for seeking authorisation has been strengthened.



3. National deed of Variation 2017/19

On 3rd January NHS England issued updated NHS Standard contract documentation for 2017/19. Commissioners are required to implement a National Variation for their contracts to take effect on 1st February 2018. In addition commissioners must use the updated versions for any new contracts they place. The CCG Contracts Team is progressing these changes in accordance with the national timescales.

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.

4. Sefton Health & Care Transformation Board

In Sefton, a Transformation Programme Board has been established to co-ordinate a system approach to care pathways and sustainability of services for the population of Sefton based on the population needs. This Board will include members of key local NHS Providers and Sefton Metropolitan Borough Council.

The inaugural meeting took place on the 24.1.18. Attended by the senior leadership of the partners across Sefton, the meeting focused on its establishment and the acceptance of its terms of reference.

There followed discussion on the three key components of the work, namely care pathway development, placed based care and acute services.

These meetings are currently being chaired by Andrew Gibson-Executive Chair NHS CM and will occur monthly.

This enhancement of approach will enable the CCG to consolidate its strategic priorities and take the "Shaping Sefton" strategic plan further with partners across the system. As this work progresses the Governing Body will receive further updates.

5. Sefton Place Based-Care closer to home workshop

The CCG has been working with the Cheshire & Merseyside Health Partnership over the last few months to build a "Place based approach" to care. This approach is being mirrored by CCG's across Cheshire & Merseyside and is aimed at bringing together health providers, commissioners and Local Authorities in an effort to drive integration of care.

The first place based workshop took place on the 31.1.18 as part of the newly formed Sefton Transformation Programme.

6. Transforming Care Partnership

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. The oversight of the C&M TCP has recently moved from Knowsley CCG to C&M NHSE through the leadership of Hazel Richards Director of Nursing.



Work is underway across the partnership to create an annual work plan and to ensure an overall effective governance structure and performance framework. This work draws on the roles of NHSE specialised commissioning and the North West operational Delivery Network.

7. Aintree University Hospitals NHS Foundation Trust Merger with Royal Liverpool

The Outline Business Case (OBC) for the proposed merger transaction between Aintree University Hospital NHS FT (AUHFT) and the Royal Liverpool and Broadgreen University Hospitals NHS Trust was submitted to regulator NHS Improvement (NHSI) to review following both Trust Boards' approval of the OBC in October.

NHSI has fed back to both Trusts on the initial findings from its review. NHSI is supportive and committed to the strategic direction of the two Trusts. This is reinforced by its recommendation to continue developing the business case, particularly the work on the patient benefits case.

The review highlighted the challenge of meeting the timeline for the proposed merger, whilst delivering the Royal Liverpool's other major programmes. The latter includes the move to the new Royal Liverpool University Hospital, the financial recovery programme and the Electronic Patient Record implementation, which also involves AUHFT.

NHSI has proposed some changes to the current timeline and will now conclude its OBC review in summer 2018 with the recommendation that the Trusts submit a Full Business Case (FBC) by the end of 2018.

This does bring a delay to the proposed merger date from 1 October 2018 to 1 April 2019. The Trusts will use this extra time to continue to develop and strengthen the work of the integrated planning teams to ensure a smooth transition in bringing clinical services together. For more information please email trust.communications@aintree.nhs.uk

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

8. Improving cancer 62 day wait performance

On 23rd January, Jeremy Hunt wrote the CCG Chair to offer congratulations to the CCG on the improvements on the proportion of cancer patients receiving definitive treatment within 62 days of referral. Performance has increased from 77.3% to 89.7% and is recognised as an excellent demonstration of how improvements can be obtained in a short space of time.

9. Southport and Ormskirk Hospital Trust NHSI ECIP MADE Event

A two week Multi agency discharge event (MADE) was facilitated by the NHS Improvement (NHSI) Emergency Care Improvement Programme (ECIP) during the first two weeks of January 2018 in recognition of the need to improve the performance of urgent care.

The CCGs were represented by members of the Quality and Commissioning Teams who provided both operational and strategic support to the Trust over the two week period and this has continued to support the finding of the MADE event. A formal report will be produced for presentation to the A&E Delivery Board.



Both the Chief Nurse and the new Head of Quality and Safety have spent a considerable amount of time at Trust to support the improvement work on patient flow. The Head of Quality and Safety has developed a new discharge flow process with Trust and LCFT discharge planning colleagues which was introduced on 15th January and the CCG continues to support its introduction.

10. Southport & Ormskirk Hospitals NHS Trust – CQC Chief Inspector of Hospitals Visit

The Care Quality Commission (CQC) have undertaken their Chief Inspector of Hospitals visit to the Trust with the 'Well-led' element taking place in December 2017. The outcome of the inspection is awaited.

Following the November 2017 meeting of the Joint Quality Committee and the review of the CCG information submitted to the CQC to inform their key lines of enquiry, the Deputy Chief Nurse contacted the CQC to relay the CCG concerns in relation to the continuity of leadership.

11. Southport & Ormskirk Hospitals NHS Trust – Executive Improvement Board

The S&O Executive Improvement Board (EIB) last met on 12th January 2018. The Trust remains at Risk Summit level of assurance. The Trust have provided assurance and confirmed the continued ability to deliver the Obstetrics contract and have described the progress of the ongoing improvement work.

Going forward, the meeting will now be chaired by NHSI and the remit of the EIB expanded to include issues wider than quality. S&O have recently announced the arrival of Ann Farrar as Interim CEO prior to the appointment of the new permanent CEO Silas Nicholls.

12. Lancashire Care NHS Foundation Trust - CQC Chief Inspector of Hospitals Visit

The Trust is expecting the Chief Inspector of Hospitals Visit within the next 4 weeks. They have received the dates for the Well-led element which is in February 2018. This implies the unannounced visit is imminent. At the CRM / CQPG Meeting on 18th January 2018, the Trust informed commissioners to expect an invite shortly for a stakeholder meeting with the CQC.

13. SEND Update

The quarterly joint monitoring meetings continue with the Department for Education (DfE), NHS England, Local Authority and CCGs. The last meeting took place on 15th December 2017. Feedback received is that the DfE representative has liaised with NHSE and will be reporting to the Minister the recommendation that Sefton be stepped down from this level of monitoring as we have made satisfactory progress against the Written Statement of Action.

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.

14. Formby-Estates Technology & Transformation Fund (ETTF) Update

The CCG has submitted a revised Project Initiation Document (PID) to NHS England in respect of the proposed scheme in Formby to co-locate up to three practices and community services at a single site. The CCG is seeking clarification that central funding will be available to ensure that the



revenue cost implications of the scheme are neutral. The GB is asked to re-affirm its support for the scheme which is consistent with the CCG's Estates strategy."

15. National Diabetes Prevention Programme

A new report has found that Healthier You, the National Diabetes Prevention Programme, has registered over 1000 patients across the whole of Sefton since it launched in January 2016. The report was co-authored by experts from NHS England, Public Health England and the charity Diabetes UK. Our performance data shows that around 86% of local residents joined the programme once referred, one of the highest uptakes of any area in the country. The programme has been particularly successful at reaching those groups who typically do not attend weight loss programmes and groups who are at significantly greater risk of developing Type 2 diabetes.

The project is expected to save both NHS Southport and Formby CCG and NHS South Sefton CCG a combined £48,500 at the end of this financial year, the second year the programme has been running, as diabetes to diagnosis rates stabilise and associated treatment costs are reduced.

This is forecast to rise to a total £112,000 after 5 years. Sefton has been acknowledged as an area of good practice, and the CCGs' project team has attended several events and workshops to share experiences and learning. The current contract, which is managed locally in collaboration with NHS England, will end on 31 March 18 and will be superseded by a Cheshire and Merseyside contract and delivery model which could result in changes to how the local programme is delivered and managed.

The procurement process is underway and a new provider announcement is due later in January. The CCG is also currently working in collaboration with Sefton Council public health team to develop and embed a health check referral pathway and to link with other programmes, such as Active Sefton.

The success of the programme led BBC Radio Merseyside to visit Bootle and interview Dr Nigel Taylor about the programme. You can listen to a recording of the feature here:

<http://www.southportandformbyccg.nhs.uk/get-informed/latest-news/airtime-for-diabetes-prevention-in-sefton/>

You can also watch patients and doctors talking about the programme on the CCG's YouTube channel:

<https://www.youtube.com/watch?v=xwKJOQWqZO4&list=PLgoTUaz3ZkhOmd52FBLx80NNKRXOwgWtD>

16. Achieving World Class Cancer Outcomes

The CCG Integrated Assurance Framework (IAF) identifies that one year survival and cancer patient experience metrics for Southport and Formby CCG are in the best quartile nationally.

The community- based Macmillan Centre in Southport serves to promote the cancer recovery package with access to practical, emotional and financial support. The Centre also facilitates physical activity programmes for cancer patients in line with a strong evidence base that increased physical activity helps recovery from cancer and cancer treatments and reduces the risk of recurrence in several tumour groups.

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

17. Winter Support

Over the last two months additional support has been put into place to enable the transfer of patients from S&O to the community. This has meant the CCG has had to purchase additional beds within the care home sector.

It has also necessitated the review of the systems and processes which wrap around these beds predominately provided by the Community Emergency Response Team in Lancashire Care NHS Foundation Trust and the role of social workers to support the discharge planning process.

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

18. Integrated Community Reablement and Assessment Service (ICRAS)

Implementation of ICRAS at Southport and Formby has commenced, but has been particularly challenging over winter. Moving forward the system will need to ensure that the ICRAS methodology is embedded within the work on the five high impact actions for improvement. This work should help support a more effective flow through the system. Dr Tim Quinlan is the CCG clinical lead for this work.

19. Making it Happen-Integration agenda update

In late Autumn 2017, the Integration Framework was adopted as the process by which we would progress commissioning and thereby delivery integration in Sefton. However, the decision has been made to consider this process alongside the context of the wider Sefton Transformation Programme within the place based work in Sefton.

20. Better Care Fund

During December 2017, the CCG with Southport & Formby CCG and Sefton Council received formal notification of the approval of our Better Care Fund (BCF) submission. A performance framework has been developed and will report regularly to the Health and Wellbeing Executive Group, the Integrated Commissioning Group and ultimately the Health & Wellbeing Board. The associated Section 75 is being finalised accordingly.

On January 31st, the national BCF team and other external colleagues will be visiting Sefton on a "Local Learning Visit." This is an opportunity for our local teams, working across health and social care, to showcase our integration work, and in particular our recently implemented Integrated Care and Reablement Scheme (ICRAS) programme.

21. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
January 2018

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/7	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Report date: January 2018							
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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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.
	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.

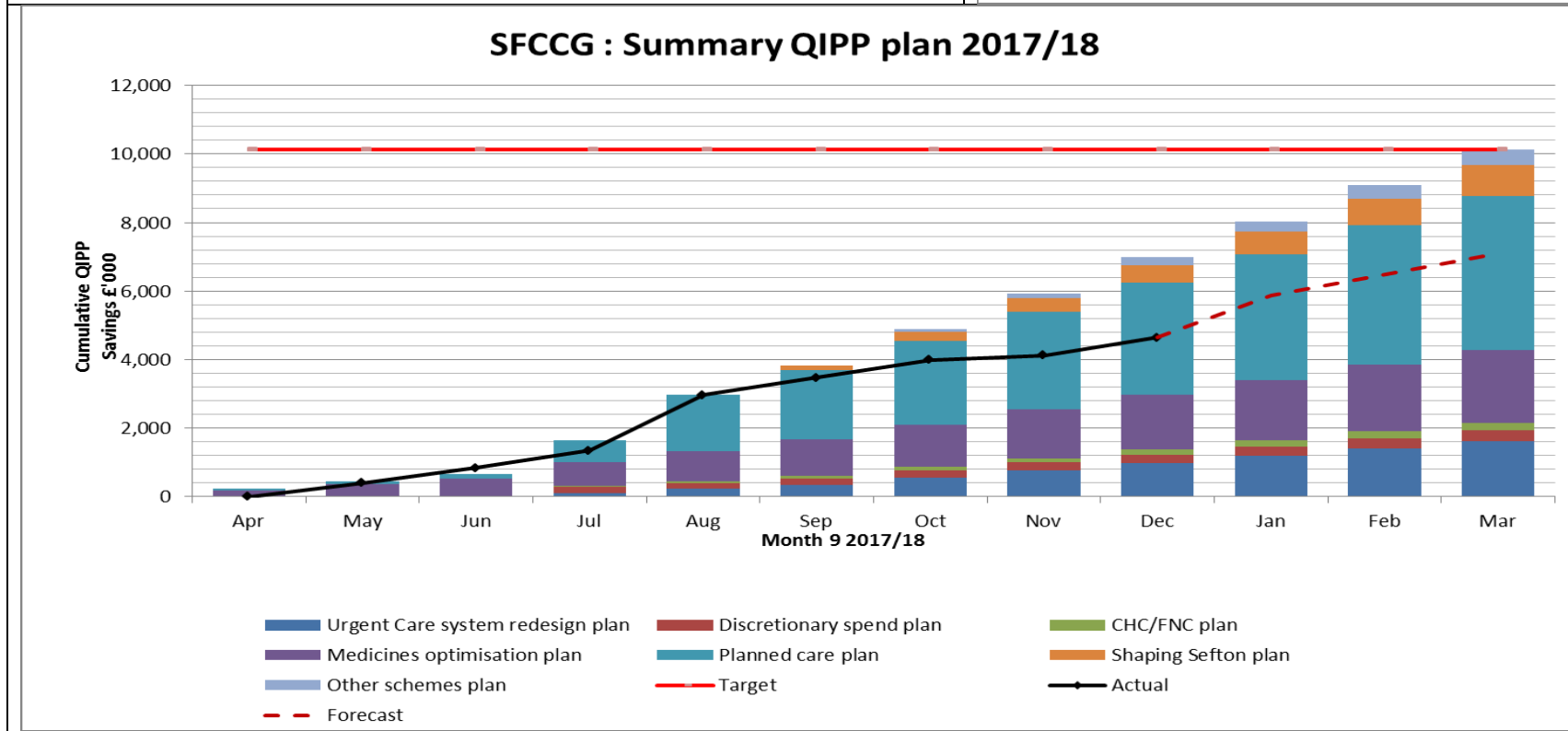
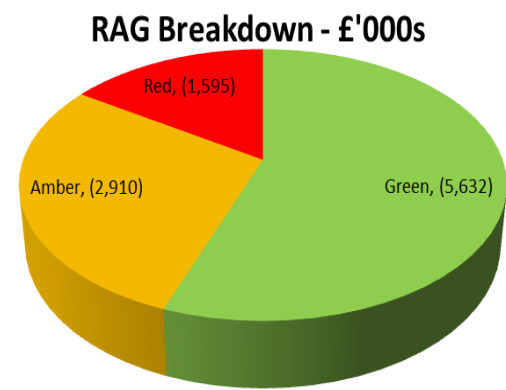
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public 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 monthly position was presented in an alternative format to Joint QIPP Committee representatives on 16 th January 2018.

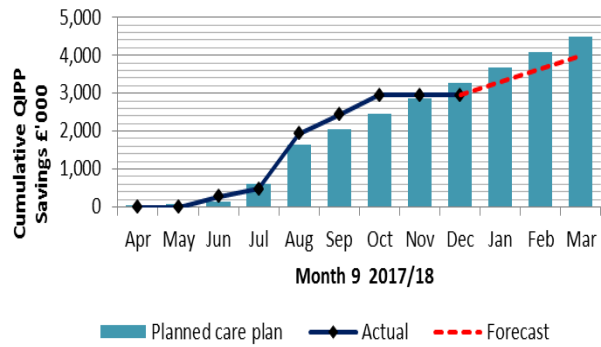
Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of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

QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 9

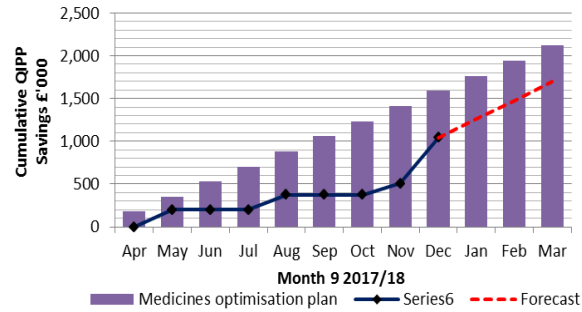
Southport and Formby CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	4,492	3,266	2,950	(317)
Medicines optimisation plan	2,118	1,589	1,046	(579)
CHC/FNC Plan	231	154	0	(154)
Discretionary spend plan	309	251	181	(70)
Urgent Care system redesign	1,620	977	500	(477)
Shaping Sefton	907	518	0	(518)
Other Schemes	460	230	0	(230)
Total	10,137	6,984	4,676	(2,308)



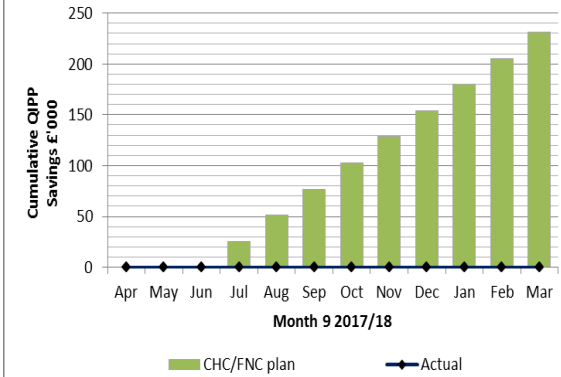
SFCCG : QIPP target - Planned Care



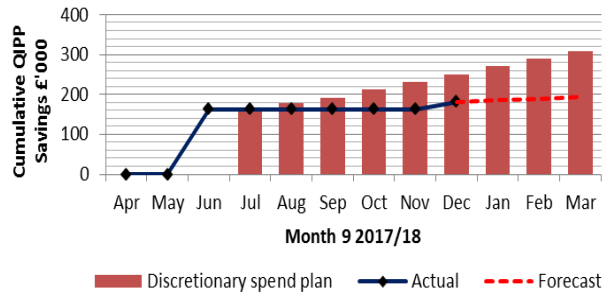
SFCCG : QIPP target - Medicines Optimisation



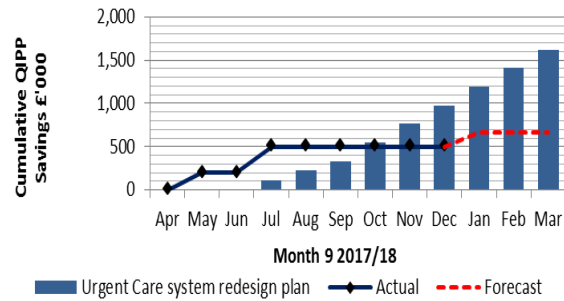
SFCCG : QIPP target - CHC/FNC



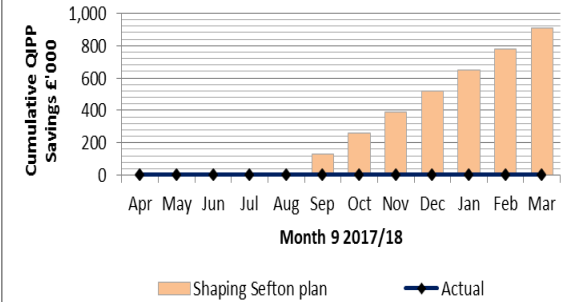
SFCCG : QIPP target - Discretionary spend



SFCCG : QIPP target - Urgent Care



SFCCG : QIPP target - Shaping Sefton Programmes



MEETING OF THE GOVERNING BODY FEBRUARY 2018

Agenda Item: 18/08	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: January 2018							
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="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">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>	
	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.
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X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
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	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 8 (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)	Red	SORM
Cancer 2 Week GP Referral	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	SORM
Cancer 14 Day Breast Symptom	Red	Grid
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Red	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Red	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Green	SORM
HCAI - E Coli	Red	Grid
IAPT Access - Roll Out	Green	Grid
IAPT - Recovery Rate	Green	Grid
Mixed Sex Accommodation	Red	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit	Grid	SORM
Stroke who experience TIA	Grid	SORM
Ambulance - Category One*	Grid	Grid
Ambulance - Category Two*	Grid	Grid
Ambulance - Category Three*	Grid	Grid
Ambulance - Category Four*	Grid	Grid

*No ambulance data is unavailable at present due to new indicators being developed.

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 need to be repaid with planned surpluses in future financial years.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £10.137m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at month 9, £4.676m of QIPP savings have been achieved with further savings planned in future months. The likely case is that a further £1.964m will be achieved in the remainder of the financial year, bringing the total achievement to £6.640m.

The year to date position with the main providers shows an underperformance against plan and will result in an underspend for the financial year if the trend continues. The year to date underperformance has been actioned as a QIPP saving in Month 9 and the position is being monitored closely to inform the CCG's forecast for the year end.

The year to date financial position is a deficit of £2.200m, which represents deterioration against the planned deficit of £0.200m. The full year forecast financial position for the CCG's best case is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that significant risk exists in terms of delivering these plans. The CCG's most likely case scenario forecasts a deficit of £. £3.809m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its plan.

Planned Care

GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 7.8% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

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 November 2017 when the CCG recorded 48%. This shows a decline in performance compared to last month (50%).

The CCG failed the less than 1% target for Diagnostics in November recording 3.5%. Out of 2,220 patients, 77 waited over 6 weeks and 21 over 13 weeks for their diagnostic test. Majority of the breaches were for colonoscopy (31) and gastroscopy (18). Southport and Ormskirk also failed to achieve the standard of less than 1% during November, reporting 3.2% of patients waiting in excess of 6 weeks, a decline on the previous month. The majority of breaches were for echocardiography (41) and non-obstetric ultrasound (22).

Southport & Ormskirk reported 16 cancelled operations for non-clinical reasons not being offered another date within 28 days in November, bringing the total YTD figure to 92.

The CCG are failing 3 of the 9 cancer measures year to date. Although achieving 2 week breast for the month of November the CCG are failing year to date due to previous months breaches recording 92.57% (target 93%). The also achieved the 62 days standard in November but again are failing year to date due to previous month breaches, recording 83.64% (target 85%). Lastly the CCG are failing the local target of 85% for 62 day consultant upgrade for November recording 80% and year to date 84.44%.

Southport & Ormskirk achieved the 85% target for the 62-day standard recording 85.42% in November but are failing year to date at 82.73% partly due to previous breaches.

Southport & Ormskirk continues to experience difficulties in relation Friends and Family Test results. The Trust has again seen an increase in response rates for inpatients, from 13.2% in October to 20.1% in November. The percentage of patients that would recommend the inpatient service in the Trust has increased from 88% in October to 90% in November, falling below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in November and is therefore still above the England average of 2%. Please note there is no maternity data available for November. NHS England have stated that they extended the closing dates of the affected collections to increase the possibility of producing accurate outputs.

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.6m/-6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in their remaining a total under spend of approximately £1.6mk/6.4%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 2 data shows the CCG are below plan. The CCG is exploring the increase of PHBs as part of the end of life pathway.

For Smoking at Time of Delivery, the CCG was just over the national ambition of 11% in quarter 2 for percentage of maternities where mother smoked, at 12%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for October reached 80.71%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for November, and year to date 87.43%. November saw the lowest performance against the 4-hour target.

Southport & Ormskirk had 16 12-hour breaches in November, with the year to date figure at 30 (3 in April, 9 in May and 2 in July).

In August, NWS 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. There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWS and County level, it is unlikely that there will be any CCG level data for this financial year.

Ambulance handover times saw the worst performance in over 18 months. The continued pressures in high occupancy levels in ED as a result of bed pressures has significantly impacted on capacity available to support ambulance offloading. Since the beginning of December, additional nursing support has been allocated to increase capacity available.

The number of calls in November 2017 has reduced since the previous month, to 1,537, a reduction of 100. There have been 1,025 (7.3%) fewer calls for the first 8 months of 2017/18 than in the same period of 2016/17.

The number of calls from Southport and Formby patients to the GP OOH service has fallen in for the third consecutive month in November with 801 calls. When compared to the first 8 months of the previous financial year, there have been 505, 6.5%, fewer contacts so far in 2017/18.

Southport & Ormskirk failed the stroke target in November recording 55.0% with only 11 out of 20 patients spending 90% of their time on a stroke unit. This shows a decline in performance compared to the 62.1% in October. For TIA during November there were 3 TIA cases with a higher risk of stroke who were not seen and treated within 24 hours, resulting in 0% recorded. To address the issue of clinic capacity an additional TIA clinic has now set-up every Monday, Tuesday & Thursday within AEC.

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in November. All 10 breaches were at Southport & Ormskirk NHS Trust. In November, the Trust had 11 mixed sex accommodation breaches (a rate of 2.1) and has therefore breached the zero-tolerance threshold. Of the 11 breaches, 10 were for Southport & Formby CCG and 1 for West Lancashire CCG. All of the 11 breaches occurred within critical care due to awaiting transfer to acute beds within the hospital.

There were 2 new case of Clostridium Difficile attributed to the CCG in November. 21 have been reported year to date. (8 apportioned to acute trust and 13 apportioned to community). For Southport & Ormskirk year to date the Trust has had 10 cases against a year to date plan of 21 (4 new cases in November), so is under plan. Southport & Ormskirk had no cases of MRSA in November, but reported 1 case of MRSA in September and will therefore be reporting red against the zero-tolerance threshold for the rest of the financial year. An E.coli target for CCGs for 2017/18 has been set at 121 cases. This is being monitored and there have been 93 cases April to November against the year to date plan of 85.

There are 98 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients. There was 1 Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 6 incidents were closed in month (40 YTD). 27 remain open of StEIS for 100 days. One incident remains open for Southport and Formby CCG.

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 decreased to 9 in November. Analysis of average delays in November 2017 compared to November 2016 shows them to be higher by 1.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family although they have increased slightly from 1.9% in October to 2.2% in November. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 88% in October to 68% in November, failing to achieve

the England average of 87%. The percentage not recommended has increased from 6% in October to 19% in November, which was higher than the England average of 7%.

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£539k/-2.5%. 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 -£844k/-3.9%.

Mental Health

One of the three of the CPA mental health measures were failed in November. The Trust failed to achieve the target of 90% for patients under CPA followed up within 7 days of discharge in November with 90.9%. 1 of 10 patients did not achieve their follow up within the target time. The Provider stated that this patient relocated out of the area, the care home has been contacted and care transferred to a local team.

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is September to November 2017 when 45 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported an increase of 12.1% from previous month of Southport & Formby patients entering treatment in month 8. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. 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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.40% and therefore achieved the standard.

The percentage of people moved to recovery improved with 56.2% compared to 47.4% in Month 7. This satisfies the monthly target of 50%, and takes the year-end projected figure to 50.5%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80 out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%.

Community Health Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. This process is on-going with the first set of service validations due to finish January 2018, these include Chronic Care, Community Matrons, Continence, and Treatment Rooms.

Primary Care

In December, Lincoln House Surgery was inspected by the CQC; the practice scored Overall rating of 'Good' and improvement in 'Safe' being now recorded as 'Good'.

Better Care Fund

A quarterly performance monitoring return was submitted on 19th January on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 December 2017.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The year to date financial position is a deficit of £2.200m, which represents deterioration of £0.200m against the planned deficit. The reported forecast financial position at Month 9 is the CCG’s best case scenario of breakeven. This is in line with previous reports and the likely case scenario is reported after inclusion of further risks and mitigations. The CCG’s likely case scenario forecasts a deficit of £3.809m.

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

Cost pressures have emerged in the first nine months of the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of forecast overspend are within Continuing Healthcare relating to Continuing Healthcare packages, Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to Orthopaedic Activity, Intermediate Care, due to an increase in the number of beds commissioned to support winter pressures and overperformance on the Aintree contract due to high cost drugs and devices outside the Acting as One contract agreement.

The cost pressures are offset by forecast underspends on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contract with Southport & Ormskirk NHS Trust and Independent Sector providers.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. A robust QIPP plan and 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	✘

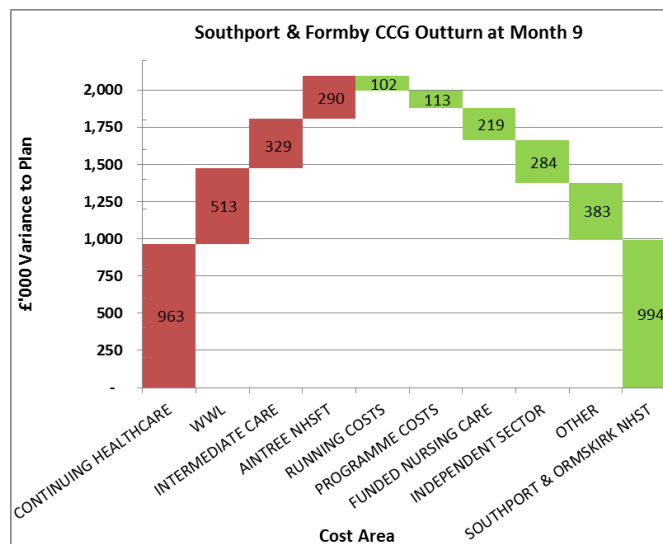
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£4.676m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.55%
	NHS - Volume YTD > 95%	95.75%
	Non NHS - Value YTD > 95%	97.07%
	Non NHS - Volume YTD > 95%	95.24%

- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 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 financial plan agreed at the start of the year was to achieve a break even position in year; this position was dependent on delivery of the QIPP savings requirement in full. The likely case scenario is a deficit of £ £3.809m.
- QIPP Delivery is £4.676m to date which is £2.308m below planned QIPP delivery at month 9.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.102m for 2017/18.
- All BPPC targets have been achieved for the year to date.

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
 - Cost pressures relating to Continuing Healthcare packages.
 - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
 - Increased costs of intermediate care due to an increase in the number of beds commissioned to support winter pressures.
 - Over performance on the Aintree contract due to high cost drugs and devices outside Acting as One agreement.
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital and within the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

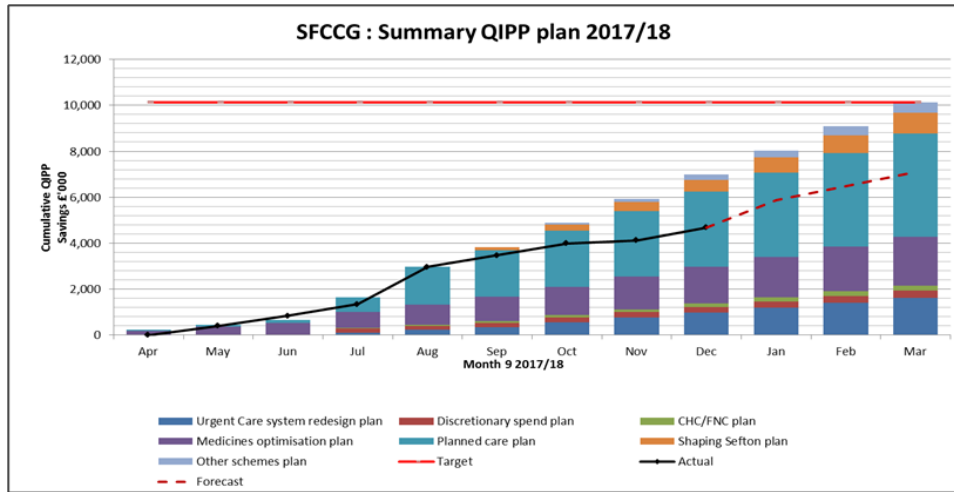
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.635
Alder Hey Children’s Hospital NHS Foundation Trust	£0.021
Liverpool Women’s NHS Foundation Trust	‑£0.016
Liverpool Heart & Chest NHS Foundation Trust	‑£0.050
Royal Liverpool and Broadgreen NHS Trust	‑£0.222
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	‑£0.051
Grand Total	£0.317

- 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 move 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, identification of 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 £0.317m 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	1,696	0	435	2,131
CHC/FNC plan	231	0	231	15	231	(15)	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	63	80	317	460
Total QIPP Plan	7,607	2,530	10,137	5,645	2,910	1,595	10,150
QIPP Delivered 2017/18				(4,676)		0	(4,676)

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year by scheme and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to develop and assure the 2017/18 QIPP plan. The CCG will hold check and challenge sessions with QIPP Leads during QIPP week, commencing 15 January 2018 to fully inform QIPP delivery to 31 March 2018.
- As at Month 9, the CCG has achieved **£4.676m** QIPP savings in respect of the following schemes:
 - Prescribing - £1.046m
 - Third Sector Contracts - £0.149m
 - Other Elective - £2.329m
 - RightCare MCAS - £0.468m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
 - Procedures of Limited Clinical Value £0.042m
 - Discretionary spend £0.032m
- **£0.554m** has been delivered in Month 9 which mainly relates to prescribing savings.
- The forecast QIPP delivery for the year is **£6.640m** 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, although impact is likely to be limited in the remainder of the financial year.

2.5 Risk

Financial Position

- The CCG forecast financial position is breakeven.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**.

Figure 5 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(5.461)	(5.461)	(5.461)
Predicted QIPP achievement (Months 10-12)	2.164	1.964	1.000
Reserves / I&E impact	(2.080)	(2.080)	(2.080)
Forecast Surplus / (Deficit)	(5.377)	(5.577)	(6.541)
Further Risk	(1.484)	(1.614)	(3.789)
Management Action Plan	3.862	3.382	3.189
Risk adjusted Surplus / (Deficit)	(2.999)	(3.809)	(7.141)

- 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 a deficit of **£2.999m**. Further risks are included in respect of Community Services, CHC price increases, NCSO prescribing and potential winter pressures. Mitigations include the CCG contingency, other reserves budgets, contract penalties and return of Primary Care allocation to the CCG.
- The likely case is a deficit of **£3.809m** and assumes that QIPP delivery will be £7.100m in total. Further risk includes the NCSO prescribing cost pressure. Mitigations include a £0.500m penalty being applied to Southport and Ormskirk NHS Trust without re-investment.
- The worst case scenario is a deficit of **£7.141m** and assumes reduced QIPP delivery, that further pressures emerge in year and that the management action plan will not be delivered in full. Further pressures relate to month 9 contract alignment exercise.

2.6 Contract Alignment / Dispute Resolution

Figure 6 – Contract Alignment table

	2017/18 YTD £000		2017/18 YTD £000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Aintree University Hospitals NHS Foundation Trust	3,314	NHS Southport and Formby	3,301	(13)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	2,736	NHS Southport and Formby	2,666	(70)
Southport and Ormskirk Hospital NHS Trust	30,412	NHS Southport and Formby	27,406	(3,006)
Lancashire Care NHS Foundation Trust	4,505	NHS Southport and Formby	4,505	-
Mersey Care NHS Foundation Trust	6,187	NHS Southport and Formby	6,156	(31)
Total	47,154		44,034	(3,120)

- CCGs and Providers were required to report a contract alignment position at Month 6 to highlight any areas of dispute.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
 - £1.669m - CQUIN
 - £0.522m – ACU Follow ups
 - £0.674m – Contract Sanctions
 - £0.600m - Outpatient Procedure Coding
 - £0.165m – PLCP
- The CCG has sent a formal response to issues raised by Southport & Ormskirk NHS Trust and will continue with the mediation process initiated in December 2017. Three issues were taken forward for mediation – CQUIN, ACU Follow ups and Outpatient Procedure Coding. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

2.7 Statement of Financial Position

Figure 7– Summary of working capital

	2016/17		2017/18		
	M12	M6	M7	M8	M9
	£'000	£'000	£'000	£'000	£'000
Non Current Assets	11	11	11	11	11
Receivables	2,041	3,311	2,562	2,470	2,383
Cash	160	2,914	3,721	995	1,995
Payables & Provisions	(9,202)	(11,707)	(13,950)	(11,582)	(12,634)
Value of debt > 180 days old (6months)	723	722	722	723	723
BPPC (value)	98%	100%	100%	100%	100%
BPPC (volume)	96%	95%	96%	95%	97%
* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed BPPC data					

- The 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 along with accrued income and prepayments. Outstanding debt in excess of 6 months old currently remains at £0.723m. 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). The CCG continues to pursue resolution to the outstanding balance in respect

of the CQUIN recovery. Work is being progressed as part of actions in response to the NHS England Contract Alignment Exercise in December 2017. The CCG have accepted the Trust position regarding the Breast Referral Services invoice and this charge is expected to be cancelled.

- 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 was set at £180.556m at Month 9. The actual cash utilised at Month 9 was £136.627m which represents 75.7% of the total allocation. The balance of MCD to be utilised over the rest of the year is £43.929m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

2.8 Recommendations

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

- The year to date financial position is a deficit of £2.200m, which represents deterioration against the planned deficit of £0.200m. At Month 9, the reported financial forecast is breakeven. This position assumes that the CCG will deliver the 2017/18 QIPP requirement in full. Current trends suggest that the CCG will not deliver the required QIPP saving. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £2.905m.
- 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 Governing Body must consider further review of cost savings and service reductions in order to develop a robust contingency plan to meet its statutory financial duty for the year, and into 2018-19.
- 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

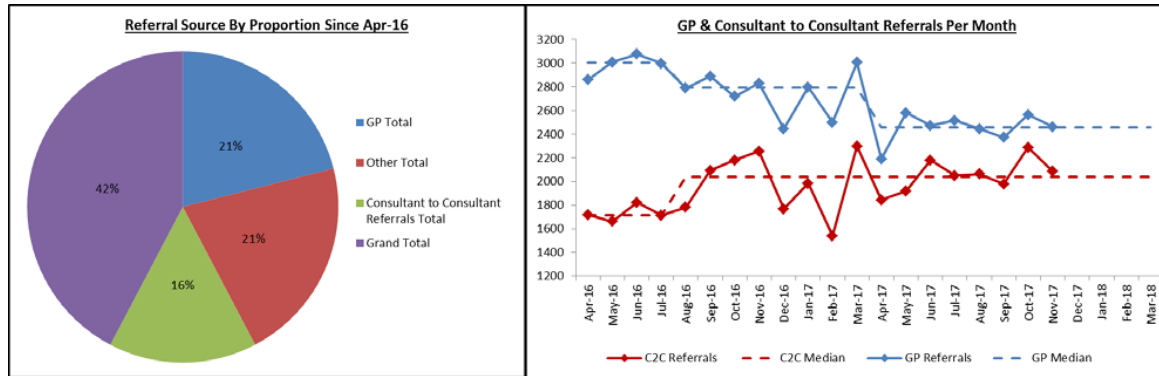


Figure 9 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18							2016/17 YTD	2017/18 YTD	YTD Variance	YTD %	
			Apr	May	Jun	Jul	Aug	Sep	Oct					Nov
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,188	2,578	2,472	2,515	2,444	2,371	2,563	2,460	23,160	19,591	-3,569	-15%
GP Total			2,188	2,578	2,472	2,515	2,444	2,371	2,563	2,460	23,160	19,591	-3,569	-15%
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	4,079	2,053	-2,026	-50%
	2	following a Domiciliary Consultation	1		1	2	1			1	5	6	1	20%
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	295	259	314	352	302	2,110	2,361	251	12%
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,333	1,563	1,448	1,460	1,312	1,536	1,458	8,391	11,310	2,919	35%
	6	self-referral	189	178	167	145	152	152	184	195	1,129	1,362	233	21%
	7	referral from a Prosthetist			1						3	1	-2	-67%
	8	Other	27	41	46	41	50	56	49	43	316	353	37	12%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	180	164	-16	-9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	56	74	73	63	454	505	51	11%
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		8	15	7	88%
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	31	21	-10	-32%
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	1,171	788	-383	-33%
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	729	748	19	3%
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	30	21	-9	-30%
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	500	371	-129	-26%
92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	311	282	-29	-9%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	217	265	261	2,076	1,862	-214	-10%	
	Unknown		1			1				11	2	-9	-82%	
Other Total			2,490	2,615	2,911	2,729	2,814	2,663	3,093	2,910	21,534	22,225	691	3%
Consultant to Consultant Referrals Total			1,843	1,919	2,178	2,049	2,063	1,977	2,287	2,083	15,219	16,399	1,180	8%
Grand Total			4,678	5,193	5,383	5,244	5,258	5,034	5,656	5,370	44,694	41,816	-2,878	-6%



With the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards. At the beginning of 2017/18, the average for monthly referrals decreased by 4% and total referrals are 6% down comparing to 2016/17. October 2017 saw referrals rise to a peak for the current financial year to date. Referrals in November 2017 decreased slightly from the previous month and were consistent with an overall average.

GP referrals in 2017/18 to date are 15% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 7.8% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

A referral management scheme started on 1st October 2017 in Southport & Formby CCG which is currently in Phase I (administrative phase). Phase II referral management includes clinical triage for Dermatology referrals, which is in place.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, 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

Figure 10 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - Nov	80% by Q2 17/18 & 100% by Q2 18/19	48.00%	↓

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.

E-referral Utilisation rates in November 2017 for the CCG as a whole reached 48%. This shows a decline in performance compared to last month (50%). The CCG's Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team are developing monthly practice level E-referral utilisation reports, and NHS Digital have offered to visit practices with the lowest E-referral rates to support them further.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - Nov	<1%	3.46%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - Nov	<1%	3.20%	↓

The CCG failed the less than 1% target for Diagnostics in November recording 3.46%. Out of 2,220 patients, 77 patients waited longer than 6 weeks and 21 of them over 13 weeks for their diagnostic test. The majority of the breaches were for colonoscopy (31) and gastroscopy (18).

The Trust also failed the less than 1% target for Diagnostics in November recording 3.20%. Out of 2965 patients, 95 patients waited longer than 6 weeks with 4 of these patients over 13 weeks for their diagnostic test. The majority of breaches were for echocardiography (41) and non-obstetric ultrasound (22).

November's performance was 3.2%, breaching the less than 1% target. Non-obstetric ultrasound - LTS additional activity agreed for December/January. ECG - Service affected by technical staff resignation and periods of sickness - LTS due back mid-January and successfully recruited to technician vacancy 18th December giving 3 months' notice. Urodynamics - backlog has reduced month on month and should resolve in January 2018. Colonoscopy/Flexi/Gastroscopy - Your Medical has been insourced to undertake additional lists with the view to clear the entire backlog by June 2018. Cystoscopy - The department are adhering to the reasonable notice requirement and now the 41 day target but as both had been commenced in month we have seen an increase in breaches for patients already booked.

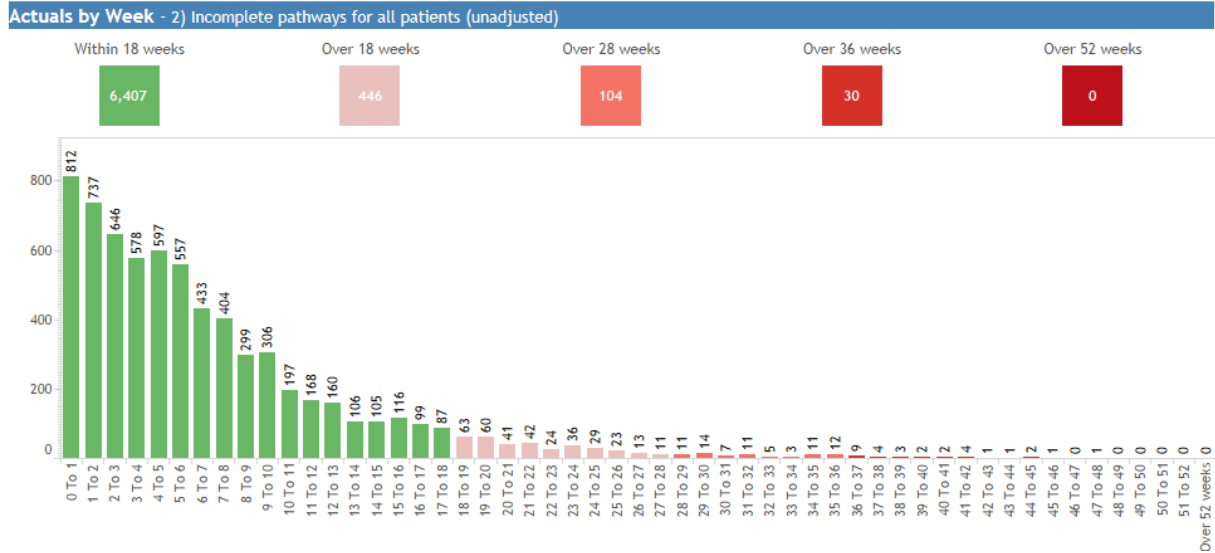
3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) 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 - Nov	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - Nov	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 - Nov	92%	93.49%	↔
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 - Nov	92%	95.06%	↑

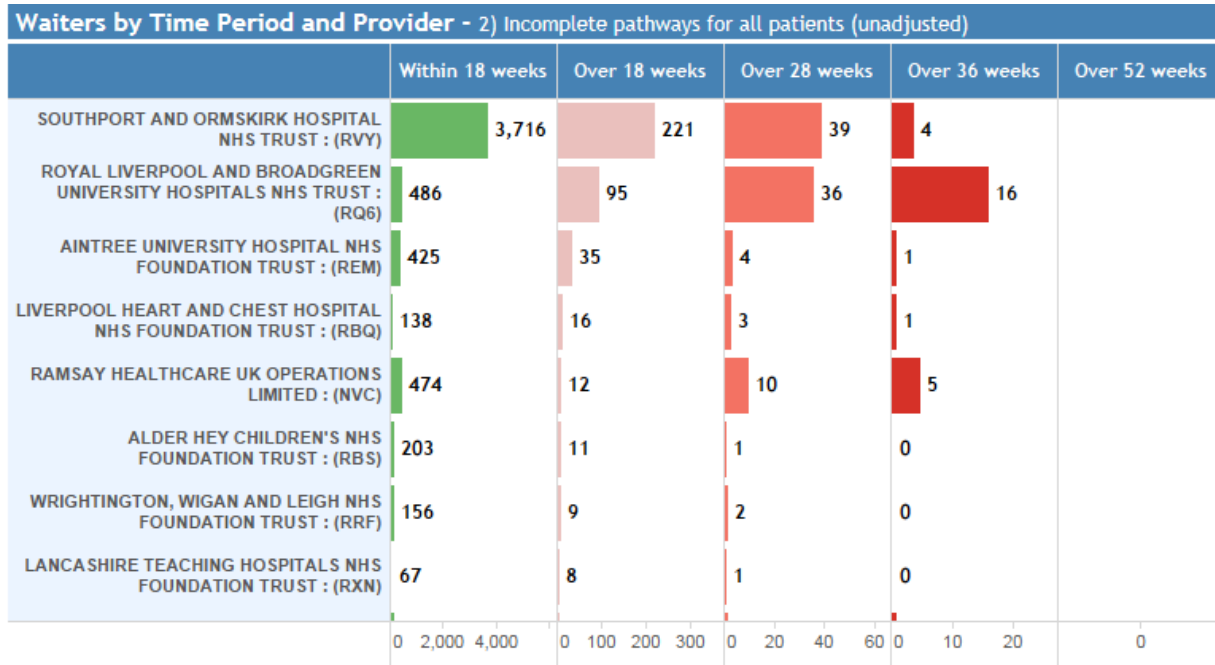
3.3.1 Incomplete Pathway Waiting Times

Figure 13 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - 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 15 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

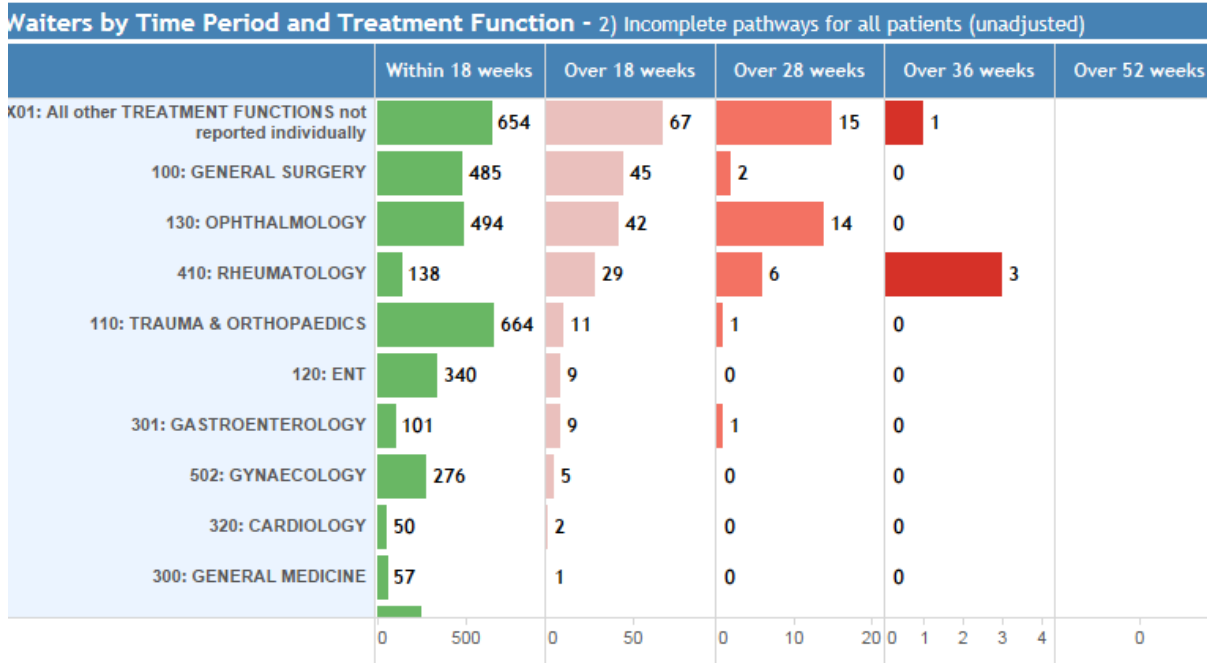
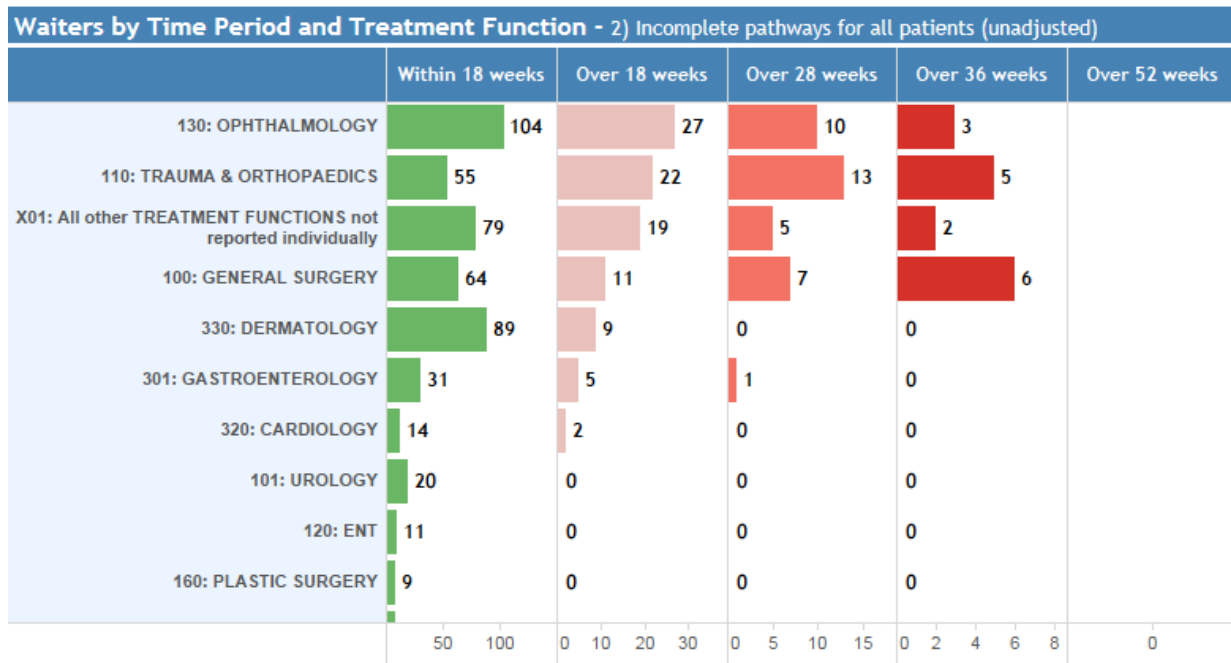


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 177 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Ramsey Healthcare	T&O	40		Treatment completed on 15/12/2017	Had 2 follow-up OPd appts then wished to delay surgery which was completed on 15/12/2017.
Southport & Formby	Ramsey Healthcare	T&O	41		Patient has been discharged	Patient has been discharged as they did not wish to proceed to surgery at this time.
Southport & Formby	St Helens & Knowsley	Plastic Surgery	41		TCI 23/01/2018	Patient listed for surgery at week 1 of 18 week pathway. No capacity - consultant only to do, patient dated for 23-1-18 (week 49).
Southport & Formby	Royal Liverpool	T&O	40	N84014	TCI 11/01/2018	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	General Surgery	41	N84021	Patient treated in December	
Southport & Formby	Royal Liverpool	T&O	41	N84617	TCI to be confirmed	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	Ophthalmology	42	V81998	Patient treated in December	
Southport & Formby	Royal Liverpool	General Surgery	43	N84617	TCI to be confirmed	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	General Surgery	44	N84017	Patient treated in December	
Southport & Formby	Royal Liverpool	All Other	44	N84008	Patient treated in December	
Southport & Formby	Royal Liverpool	General Surgery	45	N84012	Patient treated in December	
Southport & Formby	Royal Liverpool	T&O	47	N84008	Patient treated in December	

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

Figure 188 – Southport & Ormskirk Cancelled Operations

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 - Nov	0	16	7 ↓

Southport & Ormskirk reported 16 cancelled operations in November, bringing the total YTD figure to 92. The Trust has reported that of the 16 cancelled operations in November: 15 were due to no bed availability, there was 1 where the theatre time elapsed.

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

Figure 19 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	17/18 - Nov	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

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 - Nov	93%	94.58%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	93%	95.40%	↑
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 - Nov	93%	92.57%	↑

The CCG has achieved the target of 93% in November for patients urgently referred with breast symptoms, with a performance of 100% but continues to fail year to date with 92.58% due to previous months breaches. In November there were a total of 46 patients and no patient breaches.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this will reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - Nov	96%	98.56%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	96%	98.92%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Nov	94%	97.35%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Nov	94%	98.48%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	94%	96.30%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Nov	98%	98.41%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

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 - Nov	85% (local target)	84.44%	↓
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 - Nov	85% (local target)	91.24%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Nov	90%	91.18%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Nov	85%	83.64%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - Nov	85%	82.73%	↑

The CCG had 10 patients in November for 62 day wait for first definitive treatment following a consultant's decision to upgrade with 2 breaches recording 80%, but unfortunately are failing the 85% local target year to date due to previous breaches, recording 84.44%.

For the 62 days standard, the CCG achieved the 85% target in November recording 88.64% (5 breaches out of 44). Despite this achievement, the CCG is still failing year to date at 83.64%.

The Trust achieved the 85% target in November for the 62 day standard recording 85.42% but are still failing year to date 82.73% due to previous breaches. In November, out of 48 patients there was the equivalent of 7 breaches.

3.6 Patient Experience of Planned Care

Figure 23 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Nov-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%	20.1%		96%	90%		2%	4%	

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 has again seen an increase in response rates for inpatients, from 13.2% in October to 20.1% in November. The percentage of patients that would recommend the inpatient service in the Trust has increased from 88% in October to 90% in November, although is still below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in November and is therefore still above the England average of 2%.

There is no maternity data available for November. NHS England have stated that they extended the closing dates of the affected collections to increase the possibility of producing accurate outputs. Unfortunately, some of the data issues could not be resolved in time, and given the level of issues with data concerning Maternity services, it has not been possible to validate the returns to produce an output in time for publication. Every effort is being made to produce this as soon as possible, subject to data quality considerations.

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.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.6m/-6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in their remaining a total under spend of approximately £1.6m/6.4%.

At individual providers, Aintree (£227k/9%) and Wrightington, Wigan and Leigh (£176k/24%) are showing the largest over performance at month 8. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£1.7m/-12%) and Renacres (-£242k/-9%).

Figure 24 - 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	12,115	13,740	1,625	13%	£2,622	£2,848	£227	9%	£227	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,061	5,067	6	0%	£366	£353	£13	-3%	£13	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,647	1,467	-180	-11%	£681	£636	£45	-7%	£45	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,788	1,338	-450	-25%	£411	£362	£49	-12%	£49	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	10,797	10,518	-279	-3%	£1,994	£1,960	£34	-2%	£34	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,706	1,551	-155	-9%	£512	£465	£47	-9%	£47	£0	0.0%
ACTING AS ONE TOTAL	33,115	33,681	566	2%	£6,586	£6,624	£38	1%	£38	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	157	254	97	61%	£30	£68	£38	130%	£0	£38	130%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	66	66	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
FAIRFIELD HOSPITAL	77	59	-18	-23%	£13	£12	£1	-5%	£0	£1	-5%
ISIGHT (SOUTHPORT)	2,769	3,745	976	35%	£572	£594	£21	4%	£0	£21	4%
RENACRES HOSPITAL	9,950	8,547	-1,403	-14%	£2,661	£2,418	£242	-9%	£0	£242	-9%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	75,649	69,225	-6,424	-8%	£14,378	£12,669	£1,709	-12%	£0	£1,709	-12%
SPIRE LIVERPOOL HOSPITAL	256	268	12	5%	£60	£81	£20	34%	£0	£20	34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,996	3,557	561	19%	£751	£777	£26	3%	£0	£26	3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	475	418	-57	-12%	£117	£85	£32	-27%	£0	£32	-27%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	135	205	70	52%	£24	£45	£20	83%	£0	£20	83%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	100	100	0%	£0	£22	£22	0%	£0	£22	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	210	201	-9	-4%	£69	£48	£21	-30%	£0	£21	-30%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,039	2,528	489	24%	£741	£916	£176	24%	£0	£176	24%
ALL REMAINING PROVIDERS TOTAL	94,715	89,173	-5,542	-6%	£19,415	£17,744	£1,672	-9%	£0	£1,672	-9%
GRAND TOTAL	127,830	122,854	-4,976	-4%	£26,001	£24,368	£1,633	-6.3%	£38	£1,672	-6.4%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 25 - 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	7,601	7,267	-334	-4%	£4,139	£3,668	£471	-11%
Elective	1,085	976	-109	-10%	£2,771	£2,293	£479	-17%
Elective Excess BedDays	255	122	-133	-52%	£61	£29	£33	-53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,042	441	-601	-58%	£175	£77	£98	-56%
OPFASPCL - Outpatient first attendance single professional consultant led	9,326	7,921	-1,405	-15%	£1,615	£1,357	£258	-16%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,630	986	-1,644	-63%	£200	£86	£113	-57%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,154	24,795	-2,359	-9%	£2,238	£2,019	£219	-10%
Outpatient Procedure	18,794	19,815	1,021	5%	£2,510	£2,516	£6	0%
Unbundled Diagnostics	7,763	6,902	-861	-11%	£668	£624	£43	-6%
Grand Total	75,649	69,225	-6,424	-8%	£14,378	£12,669	£1,709	-12%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Month 8 shows a continued Trend for the previous months in 2017/18 with nearly all aspects of planned care under-performing against planned level. In month the financial levels show an under-performance of approx. £300k with both Elective and Day Case contributing two thirds to the under spend.

Elective and Day Case performance is below across a number of specialties with General Surgery and Trauma & Orthopaedics the two main areas below planned levels. Both Specialties have been below planned levels for the majority of months in 2017/18, and well below levels previously seen in 2016/17.

The Trust has struggled throughout the year to achieve planned levels with a number of factors affecting performance. Staffing levels at the Trust as well as reduced GP referrals and the impact of joint Health, among other things, have all resulted in lower planned care performance.

Work is currently on-going looking at the total planned care levels for the CCG to ascertain whether the Trust has lost market share in some aspects. Early indications suggest, although some providers are above planned levels, overall activity across the CCG has reduced.

The Trust is actively seeking to bring activity and financial levels back in line with contracted performance. The Trusts Referral to Treatment performance remains above the target levels but due to staffing issues across a number of specialties is not excessively high.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 26 - 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	556	597	41	7%	£325	£445	£120	37%
Elective	286	223	-63	-22%	£653	£521	£-132	-20%
Elective Excess BedDays	72	65	-7	-9%	£18	£16	£-2	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	97	37	-60	-62%	£20	£8	£-12	-60%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	172	113	-59	-34%	£7	£5	£-3	-35%
OPFASPCL - Outpatient first attendance single professional consultant led	1,933	2,162	229	12%	£334	£368	£34	10%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	109	77	-32	-29%	£10	£8	£-2	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	268	610	342	128%	£6	£15	£8	128%
OPFUPSCL - Outpatient follow up single professional consultant led	4,992	5,369	377	8%	£411	£435	£24	6%
Outpatient Procedure	1,780	2,428	648	36%	£261	£346	£85	33%
Unbundled Diagnostics	1,202	1,305	103	9%	£84	£111	£27	32%
Wet AMD	650	754	104	16%	£492	£570	£78	16%
Grand Total	12,115	13,740	1,625	13%	£2,622	£2,848	£227	9%

Aintree performance is showing a £227k/9% variance against plan at month 8. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £120k/37%, £85k/33% and £78k/16% respectively. The over performance within day cases is principally within Breast Surgery and Cardiology.

The over performance within outpatient procedures is primarily within Ophthalmology and Respiratory medicine. The latter has seen a significant increase in activity related to the HRG - DZ37A (Non-Invasive Ventilation Support Assessment, 19 years and over).

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 27 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,114	917	-197	-18%	£1,110	£886	£-225	-20%
Elective	174	181	7	4%	£740	£799	£58	8%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	2,256	1,704	-552	-24%	£363	£289	£-74	-20%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,472	2,077	-395	-16%	£159	£138	£-21	-13%
Outpatient Procedure	1,627	1,135	-492	-30%	£168	£175	£6	4%
Unbundled Diagnostics	835	591	-244	-29%	£76	£53	£-24	-31%
Physio	1,473	1,156	-317	-22%	£43	£34	£-9	-22%
Outpatient Pre-op	0	786	786	#DIV/0!	£0	£46	£46	#DIV/0!
Grand Total	9,950	8,547	-1,403	-14%	£2,661	£2,418	£-242	-9%

Renacres performance is showing a -£242k/-9% variance against plan with the majority of PODS under performing at month 8. Day case activity is the highest underperforming area with a variance of -£225k/-20% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. 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 28 – 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	14	21	7	49%	£1	£2	£1	50%
Daycase	118	126	8	7%	£157	£173	£16	10%
Elective	75	97	22	30%	£426	£538	£112	26%
Elective Excess BedDays	21	27	6	30%	£5	£6	£1	24%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	50	63	13	26%	£4	£6	£2	55%
OPFASPCL - Outpatient first attendance single professional consultant led	260	383	123	47%	£35	£55	£20	56%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	73	110	37	50%	£4	£6	£2	44%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	99	134	35	36%	£2	£3	£1	36%
OPFUPSCL - Outpatient follow up single professional consultant led	970	1,071	101	10%	£58	£66	£8	13%
Outpatient Procedure	177	281	104	59%	£24	£38	£14	56%
Unbundled Diagnostics	183	215	32	17%	£22	£23	£1	4%
Grand Total	2,039	2,528	489	24%	£741	£916	£176	24%

Wrightington, Wigan and Leigh performance is showing a £176k/24% variance against plan with all PODS over performing at month 8. Elective activity is the highest over performing area followed by outpatient first attendances, with a variance of £112k/26% and £20k/56% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Very major knee and hip procedures (with a CC score of 0-1) are the highest over performing HRGs for the CCG although there are also small amounts of activity against many HRGs with zero plan.

3.7.6 iSIGHT Southport

Figure 29 – 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	635	728	93	15%	£398	£358	-\$40	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	7	2	-5	-73%	£1	£0	-\$1	-73%
OPFASPCL - Outpatient first attendance single professional consultant led	519	521	2	0%	£75	£75	£0	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	195	69	-126	-65%	£14	£5	-\$9	-65%
OPFUPSCL - Outpatient follow up single professional consultant led	1,255	1,691	436	35%	£69	£93	£24	35%
Outpatient Procedure	158	734	576	365%	£15	£62	£47	306%
Grand Total	2,769	3,745	976	35%	£572	£594	£21	4%

Isight performance is showing a £21k/4% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £47k/306% above plan at month 8 due to activity related to the HRG - RD30Z (Contrast Fluoroscopy Procedures with duration of less than 20 minutes). Outpatient follow up attendances are also over performing against plan by £24k/35% at month 8.

CCG BI and Contracts teams continue to investigate the coding and grouping processes of iSight activity and finance. Investigations are to obtain assurances that the most appropriate tariff is being charged for each episode of care.

In the meantime, iSight have undertaken procurement of a new Clinical PAS system in order to comply with National Data Submission requirements i.e. SUS. Implementation timescales and future processes are to be agreed via the Contract Review meetings. Possible contract variations and SLA's are also to be agreed in terms of data processing and recording.

Until the new system is procured, the CCG have proposed that all cataract surgery is coded as HRG BZ34C Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1 as a default position unless exceptionality can be demonstrated for a more complex HRG to be assigned. When this approach is agreed, a new finance and activity plan will be varied into the contract.

3.8 Personal Health Budgets

Figure 30 - 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	17	64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	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	14.48	54.71	0.00	57.93	0.00

The CCG reported 17 personal health budgets (PHBs) at the end of Q2, which is an increase of 3 from Q1. This remains below the NHS England target for PHBs for CCGs. The CCG is exploring the use of PHBs as part of the end of life pathway, via CHC fast tracks utilised by Warrington CCGs. Mersey Internal Audit Agency have recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

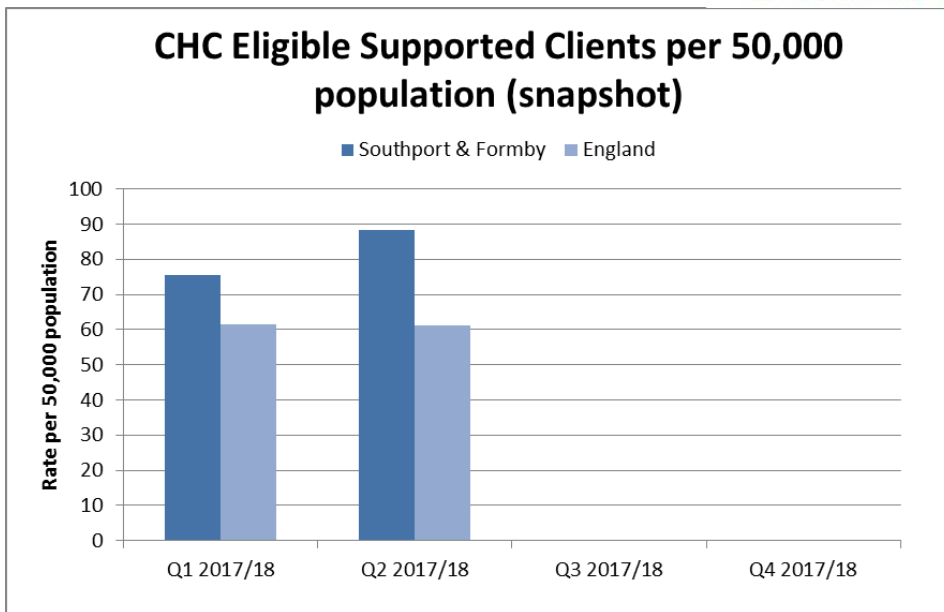


Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

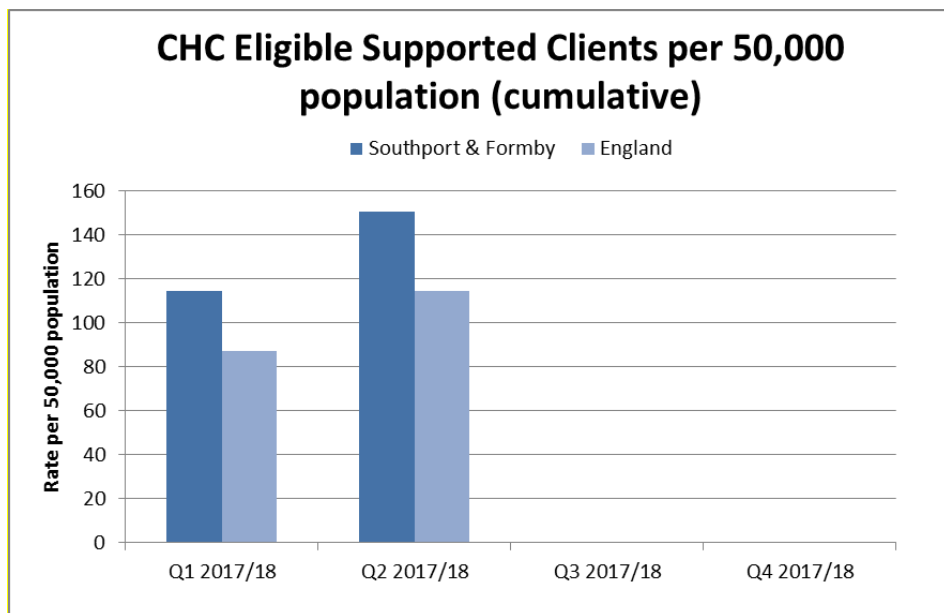
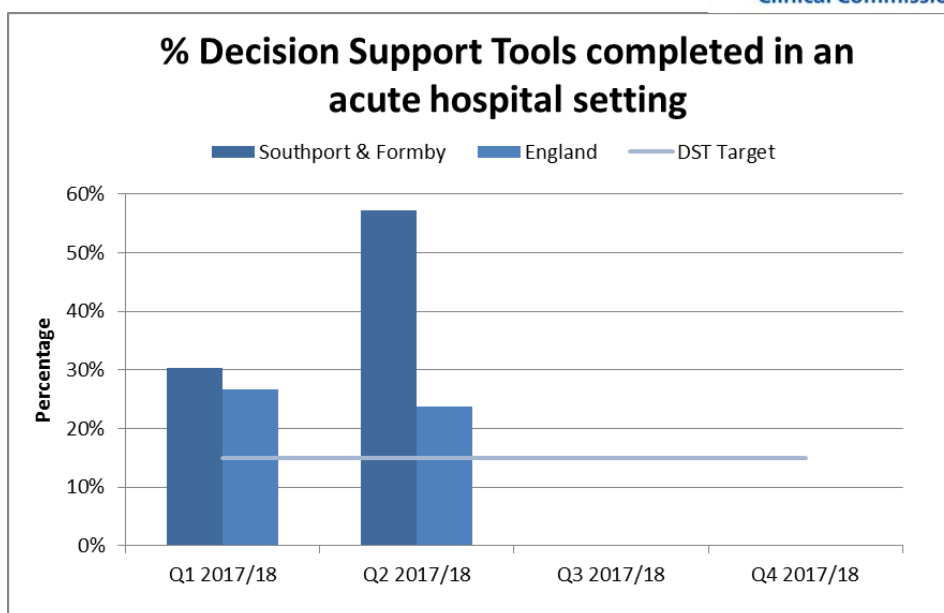


Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby was higher than the national average of 27% in Q1, and increased to 57.1% in Q2. Data submissions are being validated to ensure accuracy.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 34 - Smoking at Time of Delivery (SATOD)

	Southport & Formby			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	239	276	515	1030
Number of women known to be smokers at the time of delivery	22	33	55	110
Number of women known not to be smokers at the time of delivery	212	241	453	906
Number of women whose smoking status was not known at the time of delivery	5	2	7	14
Data coverage %	97.9%	99.3%	98.6%	98.6%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	10.7%

The CCG is above the data coverage plan of 95% at Q2 but is unfortunately just over the national ambition of 11% for the percentage of maternities where mother smoked, with 12%. However, year to date the CCG remains under target at 10.7%.

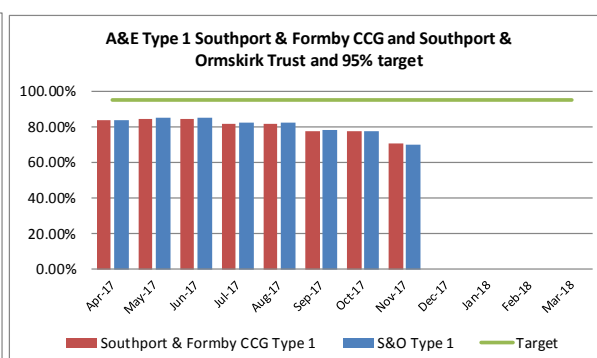
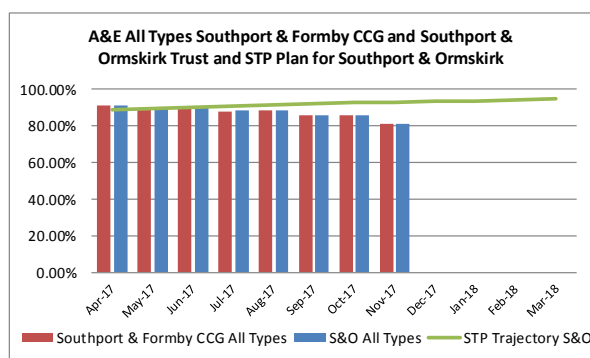
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Nov	95.00%	87.18%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Nov	95.00%	80.13%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - Nov	STF Trajectory Target for Nov 93%	87.43%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - Nov	95.00%	80.74%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	87.43%



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 November reached 80.71%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93% for November, and year to date 87.43%. Disappointingly, November saw the lowest performance against the 4-hour target.

Performance against the 4-hour target remains below the agreed trajectory with NHSI and a number of conference calls have been held with NHSE regarding pressures on the Southport site. Overall A&E attendances increased by 13.4% compared to November last year (4304 attendances compared to 3731 in 2016); majors attendances increased by 13.5% across the month (3198 majors attendances compared to 2768 in 2016). The increase in majors patients does have an impact on EDs ability to turn cubicle spaces around timely as these patients can be higher in acuity and reliant on diagnostic testing and specialty input to determine whether admission is required.

The conversion rate from attendance to admission saw a 10% reduction compared to last year (1307 admissions compared to 1510 admissions in Oct 16), which is testament to the collaborative working across the CBUs to consider alternative pathways to admission. Flow remains a significant challenge and escalation areas continue to be heavily relied upon overnight in order to maintain safety.

Intensive support from NHSI commenced at the end of November to support a work programme around Patient Flow and the rollout of SAFER across the wards. A MADE event was held on 12/12/17 with engagement from community partners and CCGs to understand some of the current delays across the urgent care system and agree collaborative actions to address these. A number of winter schemes have been identified to deliver improvements in flow, including proposals for some estates work within the ED, and increasing capacity in the community to support our patient demographics. ED medical staffing remains a concern with a number of junior doctor vacancies and high reliance on locum agency staff. 2 new ANPs have been appointed to continue efforts to develop a sustainable medical workforce, and a number of appointments have been made to Physicians Assistant posts to start in March 2018.

The Trust reconfigured some wards during November in order to implement "safe at all times" to bring acute, medical and surgical care wards into one place. The work at Southport also included creation of a clinical communications hub, to support bed management and give oversight of activity across the hospital to underpin safe care.

The CCG has also commissioned ten additional beds at Sutton Grange for the winter period (March 2018).

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 and 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 the 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.

Figure 36 - A&E Performance – 12 hour breaches

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 - Nov	0	16	↑

Southport & Ormskirk had 16. 12-hour breaches in the month of November. Breaches reported so far in the year; 3 in April, 9 in May and 2 in July, a total of 30 year to date.

As a result of the pressures in managing flow, there were a number of 12 hour breaches during the last weekend of November. The Friday and Saturday had seen over 80% of ED attendances majors category, in addition to a deficit of discharges. An internal incident had been called by the Exec on call with continued escalation to CCG on call, NWS and NHSE on call. Diverts had been continually sought, additional matron support had been called to the site. Additional escalation areas had been opened with input from the clinical teams in identifying appropriate patients. However, there was a still a significant shortage of beds to avoid the 12 hour breaches.

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. Although ARP is now live, the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWAS 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. NWAS 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.

NWAS 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**.

There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWAS and County level, it is unlikely that there will be any CCG level data for this financial year.

Figure 37 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP				
 RED 1 Life Threatening	3% of calls (NWAS 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 (NWAS 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	
 GREEN 1 Emergency Care	(NWAS 5%)	95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 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	(NWAS 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	(NWAS 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	(NWAS 14%)	NW local target 60 mins / 240 mins response						
 ALL GREEN	50% of calls (NWAS 56%)	No national targets (local apply)						

Figure 38 - Ambulance handover time performance

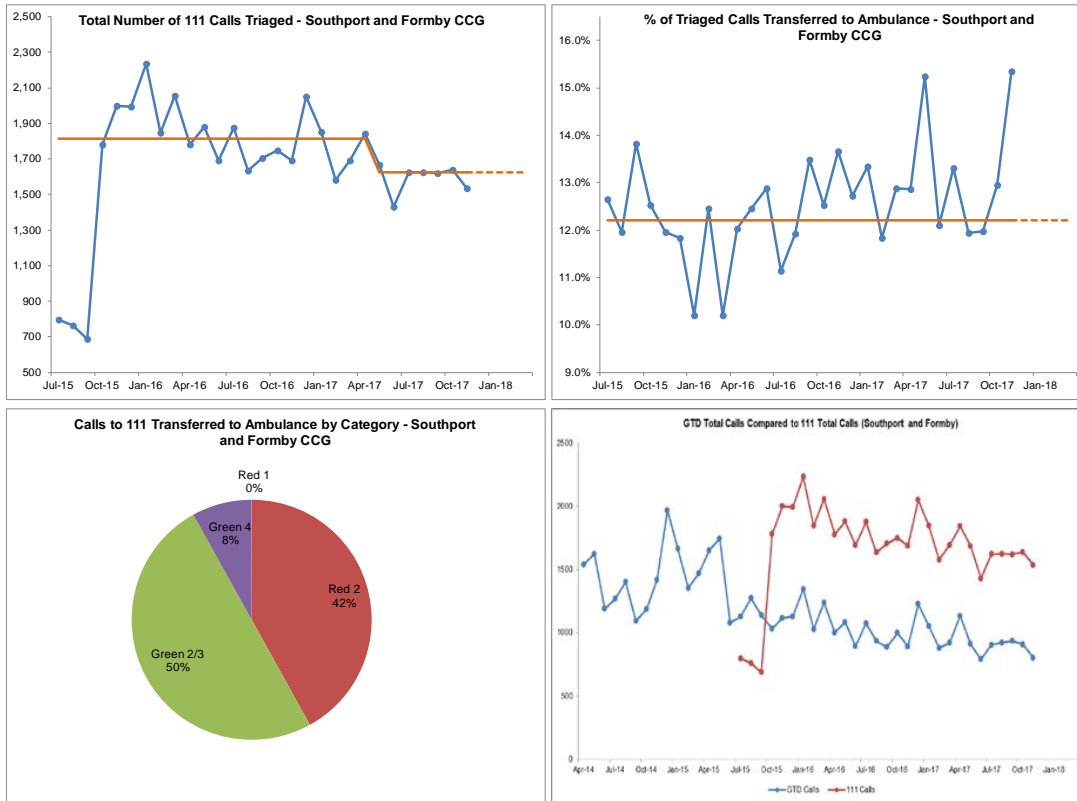
Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - Nov	0	273	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - Nov	0	271	↑

Ambulance handover times saw the worst performance in over 18 months. The continued pressures in high occupancy levels in ED as a result of bed pressures has significantly impacted on capacity available to support ambulance offloading. Since the beginning of December, additional nursing support has been allocated to increase capacity available. Proposals for estates work within ED will create some additional space for triage and increase the number of cubicle spaces within the department, which will, in turn, support timely ambulance handovers, and the department is working closely with NWAS colleagues to deliver improvements.

There has been an increase in ALO support to the Trust and 3 additional trollies have been purchased to reduce the amount of time that patients spend on an ambulance trolley. Through the A&E Sub Delivery Group, NWAS continue to escalate their concerns that there are no other commissioned services available for them to send patients as an alternative to ED - other areas have an Acute Visiting Service (AVS) commissioned for NWAS to access.

4.3 NWS, 111 and Out of Hours

111 Calls



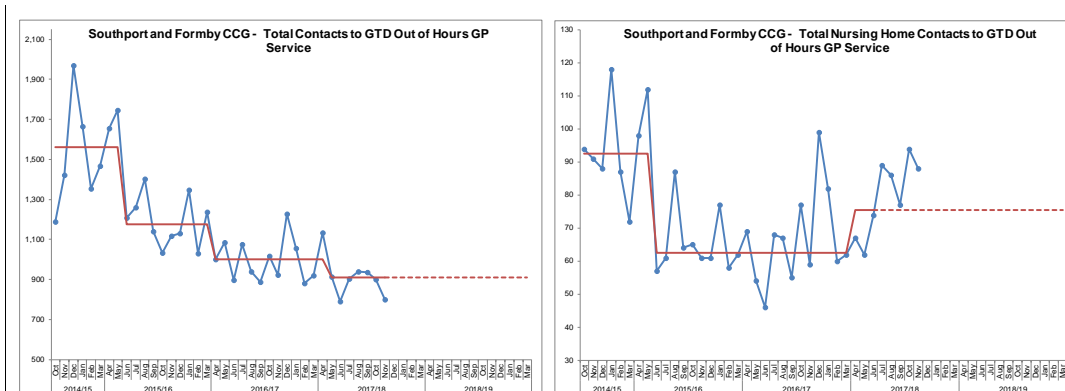
The number of calls in November 2017 has reduced since the previous month, to 1,537, a reduction of 100. There have been 1,025 (7.3%) fewer calls for the first 8 months of 2017/18 than in the same period of 2016/17.

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

- 60% advised to attend primary and community care
- 14% closed with advice only
- 15% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

There has been a reduction in the proportion of calls being closed with advice only when compared to the same point in the previous year. At month 8 2016/17, 18.5% of calls ended this way compared to 15.8% in 2017/18. This reduction has been countered by increases in the proportion of calls being: advised to other services, advised to primary and community care and transferred to ambulance.

4.3.1 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has fallen in for the third consecutive month in November with 801 calls. When compared to the first 8 months of the previous financial year, there have been 505, 6.5%, fewer contacts so far in 2017/18.

GP OOH calls from nursing homes within Southport and Formby have reduced slightly in November to 88, however this is still a higher number than the average. There have been 142 more calls in the first 8 month of 2017/18 than in the same period in 2016/17, an increase of 28.7%.

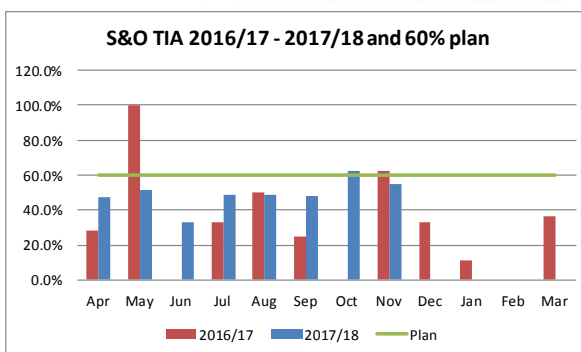
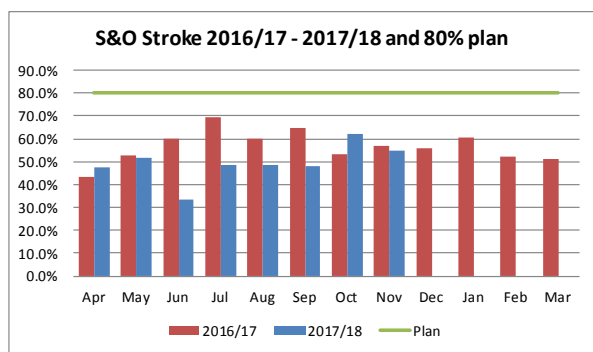
Overall, the calls to the GTD Out of Hour GP service are increasing for nursing homes, but reducing in other calls.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 39 - 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 - Nov	80%	55.00%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - Nov	60%	0.00%	↓



Southport & Ormskirk failed the stroke target in November recording 55.0% with only 11 out of 20 patients spending 90% of their time on a stroke unit. This shows a decline in performance compared to the 62.1% in October.

This indicator remains a challenge as reported previously. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in the next few months but this has not been realised to date. An options appraisal is being considered and shared with North Mersey Board to support patient flow and dedicated placement on stroke ward.

For TIA during November there were 3 TIA cases with a higher risk of stroke who were not seen and treated within 24 hours, resulting in 0% recorded. To address the issue of clinic capacity an additional TIA clinic has now set-up every Monday, Tuesday & Thursday within AEC.

4.4.2 Mixed Sex Accommodation

Figure 40 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - Nov	0.00	2.50	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Nov	0.00	2.10	↓

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in November. All 10 breaches were at Southport & Ormskirk NHS Trust.

In November, the Trust had 11 mixed sex accommodation breaches (a rate of 2.1) and has therefore breached the zero-tolerance threshold. Of the 11 breaches, 10 were for Southport & Formby CCG and 1 for West Lancashire CCG.

All of the 11 breaches occurred within critical care due to awaiting transfer to acute beds within the hospital.

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Nov	29	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - Nov	24	10	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Nov	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Nov	86	93	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - Nov	No Plan	139	↑

There were 2 new case of Clostridium Difficile attributed to the CCG in November. 21 have been reported year to date against a plan of 29 (8 apportioned to acute trust and 13 apportioned to community). For Southport & Ormskirk year to date the Trust has had 10 cases against a plan of 24 (4 new cases in November), so is under plan.

There were no new cases of MRSA reported in November for the CCG and therefore the CCG is compliant. Southport & Ormskirk reported no new cases of MRSA in November but remain above the zero tolerance threshold year to date with the 1 case of MRSA reported in September.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the annual target is 121 which is being monitored. There has been a total of 93 cases April to November against a plan of 86 (12 cases in November). Southport & Ormskirk has reported 139 cases year to date, with 13 new cases in November. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 42 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - October	100	116.97	↑
Summary Hospital Level Mortality Indicator (SHMI)	17/18 - October	100	115.88	↓

There is no update for HSMR for November. It has been relatively stable, though still high, at about 117 for the last four months after reaching a peak of 119 in December. In response: we are exploring how we can review deaths in the high risk diagnoses in more depth; the deteriorating patient action plan will be presented to MACIC at the October meeting; we are purchasing additional modules for Vital-Pac to strengthen our management of the deteriorating patient; a mortality advisor from NHSE is to visit the Trust to discuss how we are addressing our mortality figures; and the regional analyst from NHSI will be conducting a WebEx conference call with us in November to help us analyse our data more effectively. Training in the new mortality review methodology will take place in November.

Latest SHMI available (April 16 to March 17) is 118.7. All the actions described under 'HSMR' are also applicable to SHMI.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 8

There are 98 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 55 apply to Southport & Formby CCG patients. 43 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients. 1 serious incident remains open for SFCCG. There was 1 Never Event reported in month with 2 YTD (Liverpool Women's, S&O). 6 incidents were closed in month (40 YTD). 27 remain open of StEIS for 100 days.

Of the 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 17 remain open for >100 days. Four incidents were reported in November (39 YTD). There was one Never Event reported in month (1YTD). 17 remain open for greater than 100 days.

There are three incidents open on StEIS for Lancashire Care NHS Foundation Trust (LCFT). Zero incidents were reported in month (2 YTD), with 1 legacy community pressure ulcer. Zero Never Events reported YTD. Two incidents remain open greater than 100 days.

Mersey Care NHS Foundation Trust reported one incident for Southport and Formby CCG patients (6 YTD), with zero Never Events (0 YTD). There were one incident closed in month (29 YTD). 39 remain open on StEIS, 9 for Southport and Formby patients. 17 remain open for > 100 days (3 SFCCG).

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.

NHS England are replacing the previous patient snapshot measure 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.

Figure 43 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – November 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	Sep	Oct	Nov			
A) COMPLETION ASSESSMENT	0	0	0	0	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	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	0	0	2	2	3			
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0				
DII) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	1	2	1				
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1				
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0	1	1	1				
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3	3	2	7				
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0				
I) HOUSING	0	0	0	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	7	13				

The average number of delays per day in Southport and Ormskirk hospital decreased to 9 in November. Of the 9 delays, 4 were due to patient or family choice, 3 were waiting for further NHS non-acute care, 1 awaiting care package in own home and 1 awaiting community equipment/adaptations.

Analysis of average delays in November 2017 compared to November 2016 shows them to be higher by 1 (13%).

Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – November 2017

Agency Responsible	2016-17												2017-18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov			
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211	220	384	271			
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0	0	4	1			
Both - Days Delayed	0	0	0	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 271 in November, compared to 384 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 235 to 271.

The average number of days delayed caused by social care has decreased to 1 in November compared to 4 in October. The average number of days delayed caused by both remains at zero.

Figure 45 - Average Delayed Transfers of Care per Day at MerseyCare - April 2016 – November 2017

The average number of delays per day at MerseyCare decreased slightly to 40 in November. Of the 40 delays, 8 were due to housing, 8 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 5 awaiting completion assessments, 3 awaiting residential care home placements, 3 awaiting care package in own home, 3 patient or family choice, 2 public funding, 1 dispute and 2 were classed as 'Other'.

Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 1 (2.4%).

Figure 46 - Average Delayed Transfers of Care per Day at MerseyCare - April 2016 – November 2017

Agency Responsible	2016/17												2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov				
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	705				
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	327				
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	166				

The total number of days delayed caused by NHS was 705 in November, compared to 704 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 604 to 705 (101). The total number of days delayed caused by Social Care was 327 in November, compared to 396 in October, showing a decrease of 69. MerseyCare also have delays caused by both which were 166 in November, a 7.8% decrease from the previous month when 178 were reported.

Figure 477 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – November 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	Sep	Oct	Nov				
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	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	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	0	0	1				
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	2	1	1	1	3				
DII) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3	4	6	5	2				
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	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	1	1	1				
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3	2	2	2	1				
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3	1	0	0	0				
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0				
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	16	15	17	13	13	14	13	12				

The average number of delays per day at Lancashire Care decreased slightly to 12 in November, from 13 reported in October. Of the 12 delays, 4 were awaiting public funding, 3 awaiting residential care home placement, 2 awaiting nursing home placement, 1 dispute, 1 patient or family choice and 1 awaiting further NHS non-acute care.

Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 6 (33.3%).

Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – November 2017

Agency Responsible	2016-17												2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov				
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37	36	43	76				
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157	177	127	120				
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214	217	260	146				

The total number of days delayed caused by NHS was 76 in November, compared to 43 last month. Analysis of these in November 2017 compared to November 2016 shows a decrease from 182 to 76 (58% decrease). The total number of days delayed caused by Social Care was 120 in November, compared to 127 in October, showing a decrease of 7. Lancashire Care also have delays caused by both, which was 146 in November, a decrease from the previous month when 260 was reported.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute

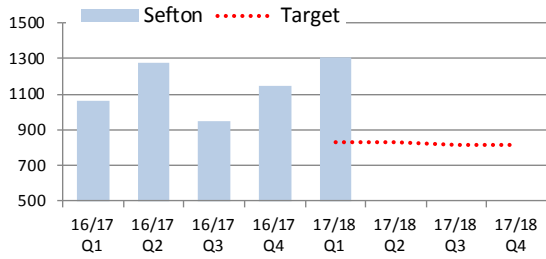
Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay top domiciliary providers in an attempt to attract additional capacity into the local market.

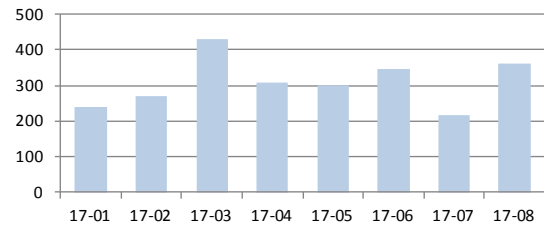
4.7 ICRAS Metrics

The Integrated Community Reablement and Assessment Service (ICRAS) commenced in October 2017 with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. The teams are working together to not only support discharge from hospital, but significant progress is being made in supporting people to avoid unnecessary hospital admission as well. Reports from colleagues within the system, particularly in South Sefton, are reporting the positive impact of the scheme, both personally and professionally and how this has improved the patients' journeys. Phase 2 (incorporating patients with more complex discharge needs) will be phase 2, planned for 1 April 2018. Specific metrics for the service are still being developed, but the metrics below are some of the outcomes being reported to Sefton Health and Wellbeing Board as part of an integration dashboard.

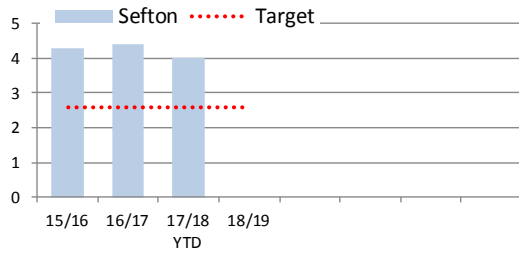
Delayed Transfers of Care - Delayed Days - Rate per 100,000 (iBCF Target) ↑



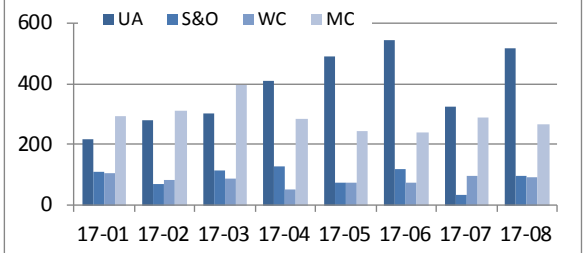
Delayed Transfers of Care - Non-Acute Days Attributed to NHS ↑



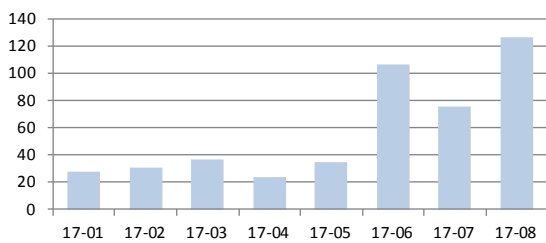
Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target) ↑



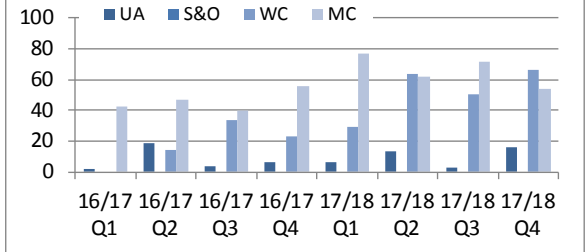
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) ↑



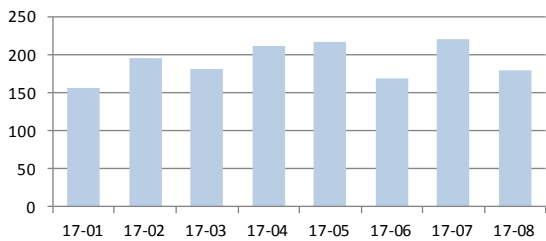
Delayed Transfers of Care - Acute Days Attributed to Adult Social Care ↑



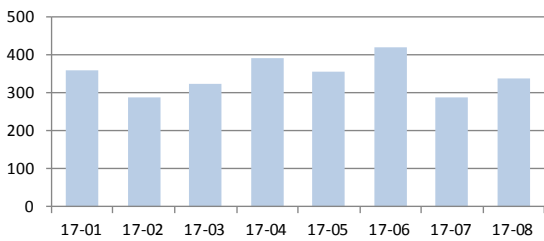
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC ↑



Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care ↓



Delayed Transfers of Care - Acute Days Attributed to NHS ↑



4.8 Patient Experience of Unplanned Care

Figure 49 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Nov-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%	2.2%		87%	68%		7%	19%	

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 increased from 1.9% in October to 2.2% in November.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 88% in October to 68% in November, failing to achieve the England average of 87%. The percentage not recommended has increased from 6% in October to 19% in November, which was higher than 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.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£539k/-2.5%. 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 -£844k/-3.9%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who is reporting a -£895k/-5% underspend.

Figure 50 - Month 8 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	958	1,582	624	65%	£575	£948	£373	65%	£-373	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	595	654	59	10%	£242	£252	£11	4%	£-11	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	99	97	-2	-2%	£338	£346	£8	2%	£-8	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	191	178	-13	-7%	£258	£296	£38	15%	£-38	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,095	794	-301	-27%	£549	£432	£-117	-21%	£117	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	4	1	49%	£27	£20	£-7	-26%	£7	£0	0.0%
ACTING AS ONE TOTAL	2,940	3,309	369	13%	£1,989	£2,294	£305	15%	£-305	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	59	62	3	6%	£20	£24	£4	19%	£0	£4	19%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	26	26	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	38,236	38,336	100	0%	£19,498	£18,603	£-895	-5%	£0	£-895	-5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	354	345	-9	-2%	£188	£160	£-28	-15%	£0	£-28	-15%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	31	24	-7	-24%	£5	£8	£2	48%	£0	£2	48%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	38	38	0%	£0	£15	£15	0%	£0	£15	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	74	86	12	16%	£30	£38	£8	28%	£0	£8	28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	68	13	24%	£31	£73	£42	134%	£0	£42	134%
ALL REMAINING PROVIDERS TOTAL	38,809	38,985	176	0%	£19,772	£18,928	£-844	-4%	£0	£-844	-4%
GRAND TOTAL	41,749	42,294	545	1%	£21,761	£21,222	£-539	-2.5%	£-305	£-844	-3.9%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 8 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	24,991	25,560	569	2%	£3,427	£3,598	£171	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	7,683	6,768	-915	-12%	£12,921	£11,838	£-1,083	-8%
NELNE - Non Elective Non-Emergency	698	1,139	441	63%	£1,630	£1,688	£57	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	71	68	-3	-4%	£24	£28	£5	20%
NELST - Non Elective Short Stay	803	706	-97	-12%	£554	£490	£-63	-11%
NELXBD - Non Elective Excess Bed Day	3,991	4,095	104	3%	£943	£961	£18	2%
Grand Total	38,236	38,336	100	0%	£19,498	£18,603	£-895	-5%

*PbR only

4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£895k/-5%. The main driver behind the low levels relates to Non-Elective admissions with a -12% reduction in activity and -£1m/-8% reduction in spend.

Nearly half of the under-spend in non-elective admissions is located within Geriatric Medicine, currently £441k. Other notable specialties are Trauma & Orthopaedics (-£160k), and General Medicine (-£134k).

For all the under-spend in non-elective admissions, an equally large overspend can be seen within the GPAU service at the Trust, currently £930k above plan. Discussions are on-going with the Trust as to the pathway and service requirements for GPAU.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 8 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	562	821	259	46%	£75	£111	£36	48%
NEL - Non Elective	234	373	139	59%	£412	£659	£247	60%
NELNE - Non Elective Non-Emergency	13	15	2	11%	£40	£68	£28	70%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - Non Elective Short Stay	30	50	20	69%	£20	£35	£14	68%
NELXBD - Non Elective Excess Bed Day	118	248	130	109%	£28	£57	£29	103%
Grand Total	958	1,582	624	65%	£575	£948	£373	65%

4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £373k is mainly driven by a £247k/60% 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 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 30/11/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	3	-	3	3
2 Common Mental Health Problems (Low Severity with greater need)	11	5	6	6
3 Non-Psychotic (Moderate Severity)	60	88	- 28	26
4 Non-Psychotic (Severe)	211	209	2	3
5 Non-psychotic Disorders (Very Severe)	41	40	1	1
6 Non-Psychotic Disorder of Over-Valued Ideas	22	28	- 6	5
7 Enduring Non-Psychotic Disorders (High Disability)	131	128	3	5
8 Non-Psychotic Chaotic and Challenging Disorders	70	77	- 7	7
10 First Episode Psychosis	72	73	- 1	-
11 On-going Recurrent Psychosis (Low Symptoms)	208	260	- 52	49
12 On-going or Recurrent Psychosis (High Disability)	247	182	65	65
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	97	8	8
14 Psychotic Crisis	13	18	- 5	5
15 Severe Psychotic Depression	4	4	-	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	16	13	3	3
17 Psychosis and Affective Disorder – Difficult to Engage	26	28	- 2	2
18 Cognitive Impairment (Low Need)	158	216	- 58	56
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	481	692	- 211	210
20 Cognitive Impairment or Dementia Complicated (High Need)	377	266	111	111
21 Cognitive Impairment or Dementia (High Physical or Engagement)	164	67	97	97
Cluster 99	272	167	105	105
Total	2,692	2,658	34	46

5.1.1 Key Mental Health Performance Indicators

Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge

The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
		95%	100%	100%	100%	100%	93.8%	100%	90.0%
Rolling Quarter				100%	100%	96.9%	97%	90.0%	90.5%

The Trust failed to meet the 7 day target with 1 of 10 patients not achieving their follow up within the target time. The Provider stated that this patient relocated out of the area, the care home has been contacted and care transferred to a local team.

Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-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%	66.7%	100%	100%
Rolling Quarter				100%	100%	100%	92.9%	100%	100%

Figure 566 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-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%	60.0%	40.0%	50%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%	42.9%

5.2 Out of Area Placements (OAP's)

Figure 57 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	0
	May 17 to Jul 17	0
	June 17 to Aug 17	0
Q2 2017/18	Jul 17 to Sep 17	0
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	45

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is September to November 2017 when 45 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

5.2.1 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 has established an urgent pathway work-stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this

work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. The CCG and the Sefton LMC are seeking to meet with the Trust so as ensure that any planned changes in respect of pathways between primary and secondary care agreed.

Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking address.

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. This work was presented at the most recent CQPG meeting held in December 2017.

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 was reported against the remedial action plan at the recent CQPG meeting in December 2017 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 and the trust has reported that the vacant sessions will be filled in January 2018. The recently Sefton LMC approved shared care protocol for adult has been approved by the Trust and transfers of patients back to primary care are expected to commence in January 2018.

In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton general practices and Churchtown practices in Southport to forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer's disease. Initial work will focus on gathering baseline evidence from general practices involved and community nursing teams involved. The target cohort are those patients who are prescribed Acetyl-Cholinesterase or Memantine. Cross referencing GP and community data will help understand demand /capacity issues.

5.3 Patient Experience of Mental Health Services

Figure 58 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Nov-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%	2.4%		88%	90%		5%	4%	

MerseyCare exceeded the England average for percentage recommended for Friends and Family recording 90%, this has increased from the previous month. For percentage not recommended, the Trust has reported 4% in November. This is below the England average of 5% although increased slightly from the 3% in October.

5.4 Improving Access to Psychological Therapies

Figure 59 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

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	167	188	221	229	203	207	239	268				
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is 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%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%				
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	48.5%	44.5%	48.4%	54.8%	51.9%	49.2%	47.4%	56.2%				
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%	98.6%	99.4%	99.4%				
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%	100.0%	99.4%	100.0%				
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	108	118	127	166	138	141	158	162				
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	9	2	9				
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	49	61	86	69	65	74	86				
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%	90.9%	89.5%	92.2%	89.7%	89.7%				

Cheshire & Wirral Partnership reported 268 Southport & Formby patients entering treatment in Month 8. This is a 12.1% increase from the previous month when 239 patients entered treatment.

Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.40% and therefore achieved the standard.

Referrals decreased in Month 8 by 14.0% with 301 compared to 350 in Month 7. 66.8% of these were self-referrals, which is a decrease from the 71.7% in Month 7. 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 decreased slightly in Month 8 with 50 compared to 54 in Month 7. 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 improved with 56.2% compared to 47.4% in Month 7. This satisfies the monthly target of 50%, and takes the year-end projected figure to 50.5%.

Cancelled appointments by the provider saw an increase in Month 8 with 80 compared to 58 in Month 7. 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.

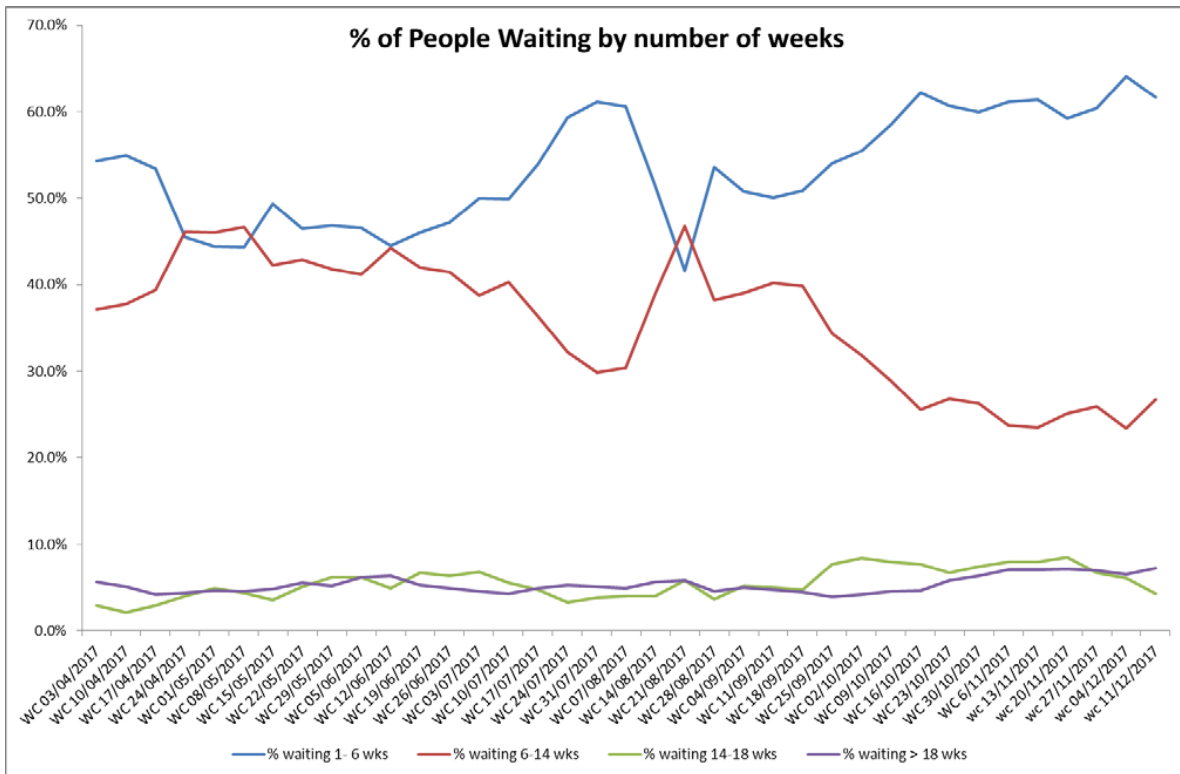
The number of DNAs reduced slightly from 118 in Month 7 to 114 in Month 8. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In Month 8 99.4% 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%. 100% of patients have 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.

Figure 60 - NHS Southport & Formby CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for the period April 2017 to October 2017 over the 37 week reporting period. The current number of internal waits is 441 people, when internal wait reporting commenced in October 2016 the number of internal waiters totalled 512 people.

5.5 Dementia

Figure 61 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576	1570
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%	71.2%	71.9%	72.6%	72.2%
Target	66.7%	66.7%	66.7%	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 November 2017 of 72.2%, which exceeds the national dementia diagnosis ambition of 66.7%.

5.6 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Figure 62 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	35	30	140	30
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	100	80	565	80
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	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.	5.3%	4.3%	30.1%	4.3%

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80* out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%. 20* more patients needed to have received treatment to achieve the quarter 1 target.

*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a *, and all other values are rounded to the nearest 5.

5.7 Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services

Figure 63 - 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		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2		2	
%	100.00%	0.00%	100.00%	100.00%	100.00%		100.00%	

Figure 64 - 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	0	2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2		2	
%	100.00%	100.00%	100.00%	0 Patients	100.00%		100.00%	

In quarter 2, the CCG had no patients under the Urgent referral category. Under the Routine category, two patients were referred. Of the two, both have been seen (known as 'complete' pathways) within 4 weeks, and therefore the CCG is performing above the 95% target at 100%.

6. Community Health

6.1 Lancashire Care Trust Community Services

Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams.

This process is on-going with the first set of service validations due to finish January 2018, these include Chronic Care, Community Matrons, Continence, and Treatment Rooms.

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, with those focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience being prioritised.

6.2 Patient Experience of Community Services

Figure 65 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Nov-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%	1.6%		96%	96%		1%	1%	

Lancashire Care meeting the England average for recommended for Friends and Family recording 96% which is unchanged from last month. The Trust is also meeting the England average of 1% for not recommended in November, which has remained unchanged from the 1% reported last month.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 7 2017/18 YTD the costs for Southport & Formby CCG patients were £38,755, compared to £285,082 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 820 in 16/17 to 365 in 17/18.

MSK

At month 8 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past five months), compared to £49,949 at the same time last year. Activity has decreased significantly from 329 initial contacts and 513 follow-ups in 16/17 M7 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M8 YTD.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 8 2017/18 YTD, the costs for Southport & Formby CCG patients were £136,657, compared to £153,099 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 545 in 16/17 to 502 in 17/18.

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

Figure 66 - Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (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	Nil Return	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	Nil Return	16		16	
%	93.75%	100.00%	93.75%	Nil Return	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%. Unfortunately there was a nil return for quarter 2 due to the Trust missing the submission deadline.

7. Third Sector Contracts

Funding for 2018-19 has now been confirmed by the CCGs senior leadership team. Letters confirming commissioning intentions and funding arrangements have now been sent to providers. Reports detailing activity and outcomes during Q2 have now been finalised, a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing, cases are now taking longer to resolve. Q3 reports are currently underway

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

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, Women's & Children's Aid (Domestic Violence), Stroke Association and dementia services.

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 roll 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 within the Sefton footprint.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 67 - 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. One practice was inspected in December; Lincoln House Surgery. The practice scored Overall rating of 'Good' and improvement in 'Safe' being now recorded as 'Good'.

Figure 68 – 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	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
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	26 October 2017	Good	Good	Good	Good	Good	Good
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	15 December 2017	Good	Good	Good	Good	Good	Good
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

Sefton Health and Wellbeing Board 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 (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC 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.

Quarterly performance monitoring returns are required to be submitted by Health and Wellbeing Boards. Q2 was submitted on 17th November and Q3 on 19th January 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q3 BCF performance is as follows:

Figure 69 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 70 – BCF High Impact Change Model assessment

		Maturity assessment			
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 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 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. 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 the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

123b: Improving Access to Psychological Therapies – access

124c: Completeness of the GP learning disability register

105c: Percentage of deaths with three or more emergency admissions in last three months of life

132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

10.2 Q1 Improvement & Assessment Framework Dashboard








Figure 71 – Q1 2017/18 IAF Dashboard

NHS Southport and Formby CCG

2016/17 Year End Rating:

Requires Improvement

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 102a	% 10-11 classified overweight 2013/14 to 2015/16	33.4%	↓	9/11	102/207	R 121a	High quality care - acute 17-18 Q1	56	↓	9/11	166/207		
103a	Diabetes patients who achieved 2015-16	43.2%	↓	1/11	23/207	R 121b	High quality care - primary care 17-18 Q1	63	↑	10/11	171/207		
103b	Attendance of structured education 2014	2.2%	↓	9/11	148/207	R 121c	High quality care - adult social care 17-18 Q1	59	↑	9/11	157/207		
R 104a	Injuries from falls in people aged 65-17 Q4	2,224	↓	10/11	160/207	122a	Cancers diagnosed at early stage 2015	52.7%	↑	6/11	87/207		
R 105b	Personal health budgets 17-18 Q1	11	↓	6/11	103/207	R 122b	Cancer 62 days of referral to treatment 17-18 Q1	82.5%	↑	5/11	93/207		
R 106a	Inequality Chronic - ACS & UC 16-17 Q4	2,769	↓	11/11	167/207	122c	One-year survival from all cancers 2014	71.7%	↑	2/11	32/207		
R 107a	AMR: appropriate prescribing 2017 06	1.111	↓	10/11	126/207	R 122d	Cancer patient experience 2016	8.9	↑	3/11	25/207		
R 107b	AMR: Broad spectrum prescribing 2017 06	8.2%	↑	6/11	74/207	R 123a	IAPT recovery rate 2017 06	50.8%	↓	5/11	110/207		
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 06	3.0%	↓	10/11	191/207		
Sustainability							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141b	In-year financial performance 17-18 Q1	Amber	↑			R 123c	EIP 2 week referral 2017 08	72.0%	↑	7/11	144/207		
R 144a	Utilisation of the NHS e-referral 2017 06	47.0%	↑	8/11	130/207	123d	MH - CYP mental health (not available)						
						123f	MH - OAP (not available)						
Leadership							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 162a	Probity and corporate governance 17-18 Q1	Fully Compliant ↔				R 124a	LD - reliance on specialist IP care 17-18 Q1	66	↓	7/11	141/207		
163a	Staff engagement index 2016	3.68	↓	9/11	194/207	124b	LD - annual health check 2015-16	25.1%	○	11/11	189/207		
163b	Progress against WRES 2016	0.08	○	3/11	33/207	124c	Completeness of the GP learning disability register (not available)						
164a	Working relationship effective 16-17	69.95	↑	7/11	86/207	R 125d	Maternal smoking at delivery 17-18 Q1	9.4%	↑	2/11	79/207		
166a	CCG compliance with standards of public and patient participation (not available)					125a	Neonatal mortality and stillbirths 2015	4.0	○	5/11	71/207		
R 165a	Quality of CCG leadership 17-18 Q1	Amber ↔				125b	Experience of maternity services 2015	71.2	○	11/11	204/207		
						125c	Choices in maternity services 2015	60.5	○	9/11	188/207		
Key							Better Care						
						R 126a	Dementia diagnosis rate 2017 08	71.2%	↑	6/11	76/207		
						126b	Dementia post diagnostic support 2015-16	75.5%	↓	8/11	180/207		
						R 127b	Emergency admissions for UC 16-17 Q4	2,498	↓	10/11	121/207		

R	127c	A&E admission, transfer, disc 2017 09	85.8%	↓	8/11	155/207	
R	127e	Delayed transfers of care per : 2017 08	14.9	↑	8/11	149/207	
R	127f	Hospital bed use following enr 16-17 Q4	507.4	↓	7/11	113/207	
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)					
R	128b	Patient experience of GP servi 2017	87.0%	↓	7/11	60/207	
	128c	Primary care access (not available)					
R	128d	Primary care workforce 2017 03	0.92	↑	10/11	150/207	
R	129a	18 week RTT 2017 08	93.4%	↓	4/11	22/207	
	130a	7 DS - achievement of standards (not available)					
R	131a	% NHS CHC full assessments t 17-18 Q1	30.4%	○	7/11	110/207	
	132a	Sepsis awareness (not available)					

10.1 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

Dementia		Cancer		Mental Health	
126a	Dementia diagnosis rate	72.5%	↑	7.4%	2015 08 2017 03
		71.0%	↑	65.1%	↑
126b	Dementia post diagnostic support	76.7%	↑	1.2%	2014-15 2015-16
		75.5%	↓	75.5%	↓
122a	Cancers diagnosed at early stage	52.7%	↑	4.9%	2012 2015
		52.7%	↑	47.8%	↑
	Cancer 62 days of referral to treatment	92.4%	↑	15.5%	13-14 Q1 16-17 Q4
		76.9%	↓	76.9%	↓
122c	One-year survival from all cancers	71.7%	↑	13.0%	1999 2014
		71.7%	↑	58.7%	↑
122d	Cancer patient experience	8.7	↑	0.0%	2015
		8.7	○	8.7	○
123a	IAPT recovery rate	51.8%	↑	15.4%	2015 03 2017 01
		47.0%	↓	36.4%	↓
	EIP 2 week referral	62.5%	↑	8.7%	2016 11 2017 03
		53.8%	↓	53.8%	↓
123c	MH - CYP mental health	40.0%	↑	5.0%	16-17 Q1 16-17 Q4
		40.0%	↔	35.0%	↔
123d	MH - Crisis care and liaison	47.5%	↑	5.0%	16-17 Q1 16-17 Q4
		47.5%	↔	42.5%	↔
123e	MH - OAP	87.5%	↑	75.0%	16-17 Q1 16-17 Q4
		75.0%	↓	12.5%	↓

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. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Figure 72 - Southport & Formby CCG's Month 8 Submission

November 2017 Month 08	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
				Continued trend in November of reduced GP referrals against plan with 'Other' referrals above plan but decreasing compared to the previous month. A shift in coding of Physiotherapy from GP referred to 'Other' at Southport Trust is one of the reasons for the large variances within the two groups. A number of schemes have reduced GP led referrals such as Joint Health and Referral Management Scheme, this is mainly affecting T&O as well as Dermatology. Further impacts are noted in Cardiology with the Southport GP federation providing diagnostic services which has reduced Cardiology referrals. Other increases are mainly focused within Clinical Physiology, this referral information was added onto Southport Trusts clinical system part way through 2016/17. This activity relates to Inpatient diagnostic referred activity and thus doesn't affect the contract. Small increases for other referrals within such specialities as T&O, General Surgery, Urology and Gastroenterology have been noticed. Referral patterns for part of the monthly information meetings with our main providers and any variances beyond the statistical norm are discussed.
GP	2954	2477	-16.15%	
Other	1631	2221	36.17%	
Total (in month)	4585	4698	2.46%	
Variance against Plan YTD	35081	36624	4.40%	
Year on Year YTD Growth			0.90%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3638	3745	2.94%	Both first and follow up attendances are above plan in November but have decreased when comparing to the previous month. OPFA remain below plan for the year to date with OPFUP slightly above plan. Novembers activity is not beyond the statistical norm and is in line with previous months levels. It is expected the year to date performance for first attendances will start to shift as the seasonal plan reduces somewhat during the latter half of the year.
Follow Up	8214	8664	5.48%	
Total Outpatient attendances (in month)	11852	12409	4.70%	
Variance against Plan YTD	94190	93134	-1.12%	
Year on Year YTD Growth			-6.00%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				Elective admissions remain low against the plan with ongoing staffing issues, low GP referrals and schemes such as Joint Health all having an impact. It is not expected the CCGs main provider will regain planned levels in the coming months. The CCG and Trust continues to achieve RTT.
Elective Ordinary spells				
Total Elective spells (in month)	-	1684	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.60%	
Urgent & Emergency Care				
Type 1	-	3344	-	Local monitoring of A&E activity suggests the variance against plan YTD as much closer and within the 3% threshold. Current YTD performance against plan is at 0.5%.
Year on Year YTD			0.90%	
All types (in month)	3762	3854	2.45%	
Variance against Plan YTD	30177	31636	4.83%	Non-elective activity continues to under perform against planned levels. One of the main reasons for this is the Ambulatory Care Unit at Southport Trust. Changes to the ACU service opening times in the latter half of 2016/17 has seen increased activity flow via this route with patients not being admitted. This service doesn't currently flow activity via SUS and as such activity is not captured in the reports.
Year on Year YTD Growth			2.00%	
Total Non Elective spells (in month)	-	1140	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.00%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													
		Q1			Q2			Q3			Q4			YTD	
		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	G	G					G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%					94.576%
		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	G	R	G					R
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%					92.568%
		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 (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%					98.564%
		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	G	R					G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%					98.485%
		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	R	G	G					G
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%					98.413%
		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	G	G					G
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%					97.351%
		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	G	G	G								R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%									83.929%
		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		G	G	G								G	
		Actual	100.00%	71.429%	100.00%	75.00%	-	100.00%	100.00%	100.00%									91.176%
		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 Formby CCG	RAG	G	G	G		G
		Actual	100.00%	97.436%	100.00%		98.507%
		Target	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 Formby CCG	RAG	G	G	G	G	G	R	G					G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%					68.00%
		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 Formby CCG	RAG												R	
		Actual													
		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 Formby CCG	RAG	G	R			G
		Actual	100%	0%			100%
		Target	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 Formby CCG	RAG	R	R		R	
		Actual	1	1		2	
		Target	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 Formby CCG	RAG	G	G		G	
		Actual	0	0		-	
		Target	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	R	R					R
		Actual	3	3	3	5	8	14	10	10					56
		Target	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	R	G					R
		Actual	0.87	0.83	0.80	1.42	2.30	4.11	2.72	0.00					56.00
		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

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	G	G					G
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%	93.492%					93.609%
		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%
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	G	G					G
		Actual	0	0	0	0	0	0	0	0					0
		Target	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	R	R					R
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%					3.233%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

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	G	G					G
		Actual	0	0	0	0	0	0	0	0					0
		Target	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	R					G
		Actual	100.00%	0.00%					100.00%
		Target	92.00%	92.00%	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	G				G	
		YTD	0	0	0	0	0	0	0	0	0				-
		Target	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	G				G	
		YTD	6	9	10	10	15	18	19	23	25				25
		Target	6	9	13	18	20	24	27	29	29	29	32	38	29

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	R				R	
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.511%	81.011%	80.564%				86.446%
		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%
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	R				R	
		Actual	91.097%	89.396%	90.319%	88.266%	88.423%	85.69%	85.546%	80.713%	80.309%				86.645%
		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%
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	G	R	R			R	
		Actual	3	9	0	2	0	0	0	16	65				95
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY FEBRUARY 2018

Agenda Item: 18/09	Author of the Paper:						
Report date: January 2018	Becky Williams Strategy & Outcomes Officer Becky.Williams@southportandformbyccg.nhs.uk 01512477192						
Title: Southport and Formby Clinical Commissioning Group Improvement and Assessment Framework 2017/18 Quarter 1 Exception Report							
Summary/Key Issues: This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.							
Recommendation	<table style="margin-left: auto;"> <tr><td>Receive</td><td style="text-align: center;">X</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	X	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	X						
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.
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			Dashboard presented to Finance & Resource Committee upon release each quarter.

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 the Governing Body February 2018

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 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. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q1 dashboard was released to CCGs 22 November 2017, before public release on My NHS on 30 November 2017.

Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators have been identified as residing in the best or worst quartile (25%) of CCGs nationally.

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

The IAF dashboard is included in the Integrated Performance Report presented to Governing Body monthly for review and assurance.

2. Introduction and Background

A dashboard is released each quarter by NHS England outlining performance for all performance 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.

An update of the six clinical property areas for Q1 2017/18 is awaited.

3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (20%) of CCGs nationally, or identified as a Key Line of Enquiry (KLOE) by NHS England. KLOEs are identified by three consecutive data points in the same direction.

Indicator No.	Indicator Description	Q1 2017/18 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65yrs +	Worst quartile, but improving	Jan Leonard/ TBC/ TBC	No strategy in place, Community Provider has not recruited to falls service lead vacancy	CCG has developed a joint integrated programme with the Local Authority (Integrated Commissioning Group). The CCG has reviewed its existing falls incidence and assessed opportunities in relation to Rightcare. A draft strategy was considered through QIPP Committee in June 2017.	2018/19
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile but improving	Jan Leonard/ Rob Caudwell/ Sharon Forrester	Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived decile has about three times as many emergency admissions compared to the least deprived decile at a national level.	Locally a Primary Care Streaming service commenced in October 2017. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex ACS presentations, may increase. This development may over time, reduce the volume of ACS admissions into the acute Trust.	March 2018
121a	Provision of high quality care in hospitals	Worst quartile, and deteriorating	Debbie Fagan/ Doug Callow/ Brendan	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is	Hospital quality is monitored through a number of forums including Clinical Quality and Performance Group, and CCG Quality Committee. In these forums, Providers are held to account for their performance and	March 2018

			Prescott	calculated from the total CQC score for the core services, divided by the total maximum score available.	action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to Executive: Executive forums.	
121b	Provision of high quality care in primary care	Worst quartile but improving	Debbie Fagan/ Doug Callow/ Brendan Prescott	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is calculated from the total CQC score for the service, divided by the total maximum score available from the CQC's 5 key questions.	Primary Care quality is monitored through a number of forums including the Joint Operational Group, and Primary Care Joint Commissioning Committee. In these forums, action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to CCG Quality Committee, and Governing Body.	March 2018
121c	Provision of high quality care in adult social care	Worst quartile but improving	Debbie Fagan/ Doug Callow/ Brendan Prescott	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is calculated from the total CQC score for the service, divided by the total maximum score available from the CQC's 5 key questions.	Quality in Adult Social Care is monitored through a number of forums including Integrated Commissioning Group. In these forums, action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to Health and Wellbeing Board. Overview and Scrutiny Committees may also review performance.	March 2018
123b	IAPT Access rate	Worst quartile, and deteriorating	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	June 2017 performance of 2.2% was reported in the Q1 IAF release, against the 3.75% target for Q1-3 (year end (Q4) target 4.2%).	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade.	October 2017 data indicates access rate reached 1.25% which is on track with target.

124b	LD Annual Health checks	Worst quartile, no trend	Jan Leonard/ Hilal Mulla/ Tracy Reed	2015/16 performance is reported in the Q1 2017/18 IAF and at 25.1%. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders. Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. Local data for 2017/18 Q2 suggests deterioration in performance (12% YTD).	Q4 2017/18
125b	Women's experience of maternity services	Worst quartile nationally, no trend	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 71.2% CCG is ranked 204 of 207 CCGs.	Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits. Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care.	2016 data release
125c	Women's choices of maternity services	Worst quartile nationally, no trend	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 60.5% CCG is ranked 188 of 207 CCGs.	Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits. Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care.	2016 data release
126b	Dementia post	Worst quartile, and	Jan Leonard/	2015/16 performance is reported in the Q1 2017/18	Practices should develop a planned programme of activity to establish internal	2015/16 data 75.5% which is

	diagnostic support	deteriorating	Hilal Mulla/ Kevin Thorne	IAF and at 75.5% CCG is ranked 180 of 207 CCGs nationally. Low uptake by some practices.	routines to appropriately review patients with dementia and engage with carers as per QOF guidance. Awareness raising and support from Sefton Alzheimer's Society and Sefton Carers centre should also assist practices to meet these requirements.	deteriorating but still above QOF requirement of 70%.
163a	Staff engagement index	Worst quartile, and deteriorating	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. The indicator of workforce engagement will show the extent of progress in good engagement across the patch which will inform discussions between the CCGs and their provider organisations on how further progress can be made. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.	2018/19

4. Conclusions

The indicators identified as requiring improvement are all either existing metrics reported through the Integrated Performance Report, meaning actions are already in train and are monitored for improvement on a monthly basis to Governing Body e.g. IAPT recovery, dementia diagnosis, emergency admissions, DTOC, RTT. Or they form part of Operational Plans for 2017-19 e.g. Falls, e-referrals, CYPMH transformation. These newer metrics have been added to the Integrated Performance Report for 2017/18 onwards to ensure performance and mitigating actions are monitored.

A timetable for reporting has now been published by NHS England (subject to change) which means the following reports will be available as follows:

Financial Quarter	Estimated dashboard release by NHSE
Q1	22/11/17
Q2	31/01/18
Q3	23/04/18
Q4	July 2018 TBC

5. Recommendations

The Committee is asked to note the contents of the exception report.

Appendices

Appendix 1 – CCG IAF Dashboard

Becky Williams
January 2018

Appendix 1 – CCG IAF Dashboard Q1 2017/18

Better Health		Period	CCG	Peers	England	Trend
R	102a % 10-11 classified overweight	2013/14 to 2015/16	33.4%	↓	9/11	102/207
	103a Diabetes patients who achieve	2015-16	43.2%	↓	1/11	23/207
	103b Attendance of structured edu	2014	2.2%	↓	9/11	148/207
R	104a Injuries from falls in people	6 16-17 Q4	2,224	↓	10/11	160/207
R	105b Personal health budgets	17-18 Q1	11	↓	6/11	103/207
R	106a Inequality Chronic - ACS & UC	16-17 Q4	2,769	↓	11/11	167/207
R	107a AMR: appropriate prescribing	2017 06	1.111	↓	10/11	126/207
R	107b AMR: Broad spectrum prescri	2017 06	8.2%	↑	6/11	74/207
	108a Quality of life of carers (not available)					

Sustainability		Period	CCG	Peers	England	Trend
R	141b In-year financial performance	17-18 Q1	Amber	↑		
R	144a Utilisation of the NHS e-referr	2017 06	47.0%	↑	8/11	130/207

Leadership		Period	CCG	Peers	England	Trend
R	162a Probity and corporate govern: 17-18 Q1		Fully Compliant	↔		
	163a Staff engagement index	2016	3.68	↓	9/11	194/207
	163b Progress against WRES	2016	0.08	○	3/11	33/207
	164a Working relationship effective	16-17	69.95	↑	7/11	86/207
	166a CCG compliance with standards of public and patient participation (not available)					
R	165a Quality of CCG leadership	17-18 Q1	Amber	↔		

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

Better Care		Period	CCG	Peers	England	Trend
R	121a High quality care - acute	17-18 Q1	56	↓	9/11	166/207
R	121b High quality care - primary care	17-18 Q1	63	↑	10/11	171/207
R	121c High quality care - adult social	17-18 Q1	59	↑	9/11	157/207
	122a Cancers diagnosed at early sta	2015	52.7%	↑	6/11	87/207
	122b Cancer 62 days of referral to t	16-17 Q4	76.9%	↓	7/11	155/207
	122c One-year survival from all can	2014	71.7%	↑	2/11	32/207
R	122d Cancer patient experience	2016	8.9	↑	3/11	25/207
R	123a IAPT recovery rate	2017 06	50.8%	↓	5/11	110/207
R	123b IAPT Access	2017 07	2.2%	↓	10/11	190/207
R	123c EIP 2 week referral	2017 08	72.0%	↑	7/11	144/207
	123d MH - CYP mental health (not available)					
	123f MH - OAP (not available)					
	123e MH - Crisis care and liaison (not available)					
R	124a LD - reliance on specialist IP ce	17-18 Q1	66	↓	7/11	141/207
	124b LD - annual health check	2015-16	25.1%	○	11/11	189/207
	124c Completeness of the GP learning disability register (not available)					
R	125d Maternal smoking at delivery	17-18 Q1	9.4%	↑	2/11	79/207
	125a Neonatal mortality and stillbi	2015	4.0	○	5/11	71/207
	125b Experience of maternity servic	2015	71.2	○	11/11	204/207
	125c Choices in maternity services	2015	60.5	○	9/11	188/207
R	126a Dementia diagnosis rate	2017 08	71.2%	↑	6/11	76/207
	126b Dementia post diagnostic sup	2015-16	75.5%	↓	8/11	180/207
R	127b Emergency admissions for UC	16-17 Q4	2,498	↓	10/11	121/207
R	127c A&E admission, transfer, disc	2017 09	85.8%	↓	8/11	155/207
R	127e Delayed transfers of care per	2017 08	14.9	↑	8/11	149/207
R	127f Hospital bed use following em	16-17 Q4	507.4	↓	7/11	113/207
	105c % of deaths with 3+ emergency admissions in last three months of life (not available)					
R	128b Patient experience of GP servi	2017	87.0%	↓	7/11	60/207
	128c Primary care access (not available)					
R	128d Primary care workforce	2017 03	0.92	↑	10/11	150/207
R	129a 18 week RTT	2017 08	93.4%	↓	4/11	22/207
	130a 7 DS - achievement of standards (not available)					
R	131a % NHS CHC assessments takin	16-17 Q4	30.4%	○	5/11	99/207
	132a Sepsis awareness (not available)					

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/10	Author of the Paper: Debbie Fairclough QIPP Programme Manager Email:Debbie.fairclough@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: January 2018	

Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map

Summary/Key Issues:

The Governing Body is presented with the updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at the end of December 2017 (Q3 2017/18). Also attached is a heat map which summarises all the mitigated risks of the CCG with a score of 12 and above. This will aid an overview of the CRR.

The GBAF has been updated by the respective leads and presented for review to the Leadership Team on 2nd January 2018.

Risks in the CRR have been reviewed by the relevant teams and/or committees with an update provided by each of the respective leads. The CRR was presented to the Leadership Team on 2nd January 2018 for review and the Audit Committee.

Recommendation

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

Receive
Approve
Ratify

X

Links to Corporate Objectives (X those that apply)

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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			The risks have been reviewed by the respective committees / teams and presented to the Leadership Team for review.

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 the Governing Body January 2018

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at the end of December 2017 (Q3 2017/18).

The GBAF has been updated by the respective leads and presented for review to the Leadership Team on 2nd January 2018 and the Audit Committee on 10th January.

The CRR has been reviewed by the relevant teams and/or committees with an update provided by each of the respective leads. This was presented to the Leadership Team on 2nd January 2018 for review and the Audit Committee on 10th January.

2. Position Statement December 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 • At month 8 it is highly unlikely that the full QIPP plan will be delivered and this will impact on the CCGs overall financial position

2.2. Corporate Risk Register

There are 33 operational risks rated high or above that are recorded on the Southport and Formby CCG CRR as at December 2017:

- There are four new Quality risks and are in relation to packages of care, staffing rota at the Ormskirk Maternity Unit, St Joseph's admissions, overdue follow-up appointments at Southport & Ormskirk hospital.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	23
Extreme	15 - 25	10

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	Further revised governance structure established with the Cheshire and Merseyside Partnership (STP). Transformation Programme Board meeting on 24/1/18. Outline project plans for acute services, clinical pathways and care closer to home to be considered.	20
SF026	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	Cheshire and Merseyside Strategy for stroke including North Mersey is to be considered at STP level in December 2017 and at North Mersey Leadership Group in January 2018.	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	Notable decline in performance with increased 12 hour breaches. Full escalation through A&E Delivery Board. NHSI and NHSE resources on site. CCG commissioned additional community bed capacity. Weekly escalation measures in place.	20

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.	<p>Alder Hey has agreed to pic service up from 1st April; contract team working through contract. Expected finalised January 2018. In the meantime S&O are reviewing referrals on a cost case basis and Alder Hey and the CCG have agreed information sharing confidentiality agreement. This will ensure that the follow-ups are captured.</p> <p>Alder Hey are working on the upgrades to the estate and equipment.</p>	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	LAC meeting held November 17. Action plan aligned to Business Continuity Plan. Issues on LAC and plans remain. Meeting scheduled for December 17 with Mersey Care and North West Boroughs.	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	Head of Quality and Safety recruited to commence full time in January 18. One of two Practice Nurse Leads out on secondment. Hours have been increased for the remaining Practice Nurse Lead in order to ensure cover.	16
SF046	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	QRP awaiting final sign off after AUH comments. Awaiting Spec Comm update. Trust on enhanced surveillance. QRP to be completed December 17.	20
SF049	There is a risk that the reduction in numbers of the middle grade medical staffing rota at Ormskirk Maternity Unit will impact on the quality of care and outcomes for mothers and babies.	<p>Regular meetings with NHSE, NHSI and commissioners on S&O plans to recruit locum cover. Vanguard summit to review and organise area support to S & O. Agenda item at CCF. Weekly telecom in place.</p> <p>Rota now covered until February 2018. Chief Officer formally written to trust on staffing assurance. Health Economy discussions continue on longer term</p>	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
		solutions.	
SF054	Risk of patients potentially being put at harm due to the number of overdue follow up appointments across a number of specialities at Southport and Ormskirk hospital.	<p>Provider/ commissioner. Regulator weekly meetings to review overdue list and oversee recovery plan.</p> <p>Daily situations reports being fed up to the weekly group to identify actions and review progress across the specialities.</p> <p>Any priority patients being reviewed by the Trust and any harms identified being reviewed at the Trust's meeting of harm.</p> <p>CCG reviewing capacity of commissioned services to support review of patients</p> <p>Trust access policy being reviewed by the Trust.</p>	16
SF044	CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.	<p>Robust review of all CCG expenditure through monthly management accounting routines.</p> <p>Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning.</p> <p>Ongoing monitor throughout the year.</p> <p>Focussed QIPP week (May 2017) to explore possible QIPP opportunities.</p> <p>Scheme of delegation in place internally to limit authority to commit CCG resources to senior management.</p> <p>Assurance from Internal Audit re. financial systems.</p> <p>Develop stretch QIPP plan – July 2017.</p>	20

3. Appendices

- Appendix A – Governing Body Assurance Framework
- Appendix B – Corporate Risk Register
- Appendix C – Heat Map

Southport and Formby CCG
Governing Body Assurance Framework
2017/2018
Update: December 2017: Q3

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	20	<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 At month 8 it is highly unlikely that the full QIPP plan will be delivered and this will impact on the CCGs overall financial position
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 presented to the Governing Body in October 2017 Monthly performance calls with NHSE to review all constitutional targets
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans	Tracy Jeffes	5	4	<ul style="list-style-type: none"> Business Continuity plans approved Composite plan and strategy

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	could result in the CCG failing to meet its statutory duties as a Category C responder.				<ul style="list-style-type: none"> approved Training and awareness raising continues Development Plan in place NHSE Self-Assessment Assurance process completed.
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 has been held LQC planning meetings in conjunction with the LMC continue to be held.
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. Providers continue to share activity data and highlight opportunities to make changes.
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 Final guidance published and aligned to "Making it Happen"

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 4 x 5 =20 Current Score 4 x 5 =20	Lead Director Debbie Fairclough Date Last Reviewed 20 December 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 Check and challenge sessions being introduced Ongoing pursuit and identification of additional efficiency schemes Prioritisation session with Governing Body in December Robust contract management of providers QIPP week to run week commencing 15th January 2018 	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"> 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:		
At month 8 the QIPP plan is under delivering despite continued efforts to improve delivery and ongoing monitoring of risks.	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			Lead Director Karl McCluskey
Initial Score	5 x 3 = 15		Date Last Reviewed
Current Score	3 x 3 = 9		22 December 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
		Stocktake of blueprints. Operational Group held October 2017 to review CCG priorities and blue prints. Reaffirmed three existing priorities and agreed set of programmes in place of blueprints. Programmes now incorporated into single PMO process with QIPP. Draft programme plans on a page completed.	Debbie Fairclough and Fiona Doherty
		Review of Shaping Sefton Strategy to be completed.	October 2017
		New governance arrangements developed with Cheshire and Merseyside Partnership (STP) to support advancement of ‘Sefton Placed Based Transformation Programme’. Programme Board meeting in January 2018.	March 2018
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
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Additional Comments:		Link to Risk Register:	
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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	Lead Director Karl McCluskey Date Last Reviewed 22 December 2017	
	2x4 = 8		
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. Completed.	Karl McCluskey	October 2017
	Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic performance - 62 day cancer performance - Dermatology RTT performance 		
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 20 December 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 with plans and strategies refreshed September 2017. Composite plan and strategies approved by F&R September 2017. 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 NHSE Self-Assessment Assurance process completed. Development Plan in place. 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	February 2018
		Ongoing training for key staff – multiagency response training event. Exercising of Business Continuity Plans.	Tracy Jeffes	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"> NHSE assurance through self-assessment and improvement plan 		System wide Pan Flu Planning scheduled for March 2018.		
Additional Comments:		Link to Risk Register:		

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 21 December 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. Workshop held. Key issues where to try and secure a two year LQC for stability within the practices and to visit each locality to gain their thoughts on the transformation agenda.	J Leonard	October 2017 February 2018
	International recruitment application submitted by NHSE on behalf of the CCGs. We await the outcome.		January 2018
	LQC planning meetings in conjunction with the LMC continue to be held.		January 2018
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		
		21 December 2018		
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 High-level transformation plan in place and received 		Action	Responsible Officer	
		Transformation plan to be reviewed by the CCG and presented to the Governing Body. Presented to the Governing Body. Completed.	Jan Leonard	October 2017
		Performance against plan to be monitored through monthly contract meetings. Providers continue to share activity data and highlight opportunities to make changes. For example capacity within phlebotomy service has been changed to offer a domiciliary service as a result of matching need verses capacity.	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	Lead Director			
Initial Score	Tracy Jeffes			
Current Score	Date Last Reviewed			
3x3= 9	20 December 2017			
3x3=9				
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"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Number of key joint commissioning posts in place Integrated Commissioning Group established Making It Happen – joint approach to integration approved, with implementation agreed. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 Pooled budget arrangements within BCF agreed. 	Action	Responsible Officer	Due By	
		Finalise iBCF and BCF once final guidance published, aligned to “Making it Happen”. Completed.	Tracy Jeffes	September 2017
		New Section 75 agreed by all parties	Tracy Jeffes	September 2017 December 2017
	Implementation of MIAA recommendations	Tracy Jeffes	November 2017 January 2018	
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"> MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed 				
Additional Comments:	Link to Risk Register:			
	SF040			



Corporate Risk Register

Current Version	V7		
Previous Version		Updated Date	Dec-17

Responsible Committee/Team	Committee/Team ID	CRR ID/SF	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 realized)	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	QUA002	SF011	Q3-1 January 2015	QUA011	Karl McCluskey (Gordon Jones)	Redesign & Commissioning Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	1. Monthly performance meeting with provider. 2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer including easier on line referral. 6. Working across CWP IAPT sites to ensure data consistency and quality 7. Group session in place	4	3	12	1. Additional focus on Did Not Attend 2. Re-advertising services with GP practice 3. Using CVS to advertise to general public. 4. Increased group work. 5. From October 2016 new referral who require following up will be seen within 6 weeks.	Early indicators of reduced DNAs and heightened level of self-referral. Target remains challenging in terms of patient numbers. Requested expert team to support the CCG in improving performance. NHSI team have been formally engaged and working with provider. Performance in Q1 for access was suboptimal. Ongoing marketing of the service and more patient group work linking to third sector to provide more counselling. GJ. Self referrals have increased within the Access Selfion service. The numbers of internal waiters have reduced and progress made in reducing excessive internal wait times. Internal waits are monitored on weekly basis. NHSI team completed their work in October 2016 and they have identified key areas for service improvement to enable targets to be achieved. The service has enabled additional clinical capacity to be utilised and has implemented robust clinical management processes to reduce clinical variation. In addition the service is offering group work. Further initiatives in place focusing on specific; GP practices, community groups and local employers. Group sessions are also in place. NHSI returning to the CCG to review if any additional measures can be taken to improve access: Q4 2017/18. Exploring potential for IAPT referrals with the Neuro Vanguard programmes: January 2018. Risk increased as a result of target not being met, despite all areas being actioned.	4	3	12	Dec-17	Jul-17	↑
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	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. External support from NHSI and NHSE formally in place.	5	4	20	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 Tr Board with West Lancs CCG, SFCOG and S&O in May 17. Launch Clinical Event scheduled for 24th May. Strategic Meeting with NHSI scheduled end of May. NMAC. New governance structure being developed as part of North Mersey Hospitals Review. Terms of Reference drafted, to go through governance process by September. NHSI Clinical Leadership agreed and in place. PMO 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. Further revised governance structure established with the Cheshire and Merseyside Partnership (STP). Transformation Programme Board meeting on 24/1/18. Outline project plans for acute services, clinical pathways and care closer to home to be considered.	5	4	20	Dec-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 3. Completion of external review	4	4	16	Awaiting Stroke Network Case for Change for North Mersey to be considered at the STP and North Mersey LDS in November 2017. Formally requested a review of rehab provision at Southport and Ormskirk in an effort to enable an Early Supporting Discharge Service to be commissioned. due to be commenced in January 2018.	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 NHS provision at weekend, currently being developed operationally for 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 Stroke 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. Cheshire and Merseyside Strategy for stroke including North Mersey is to be considered at STP level in December 2017 and at North Mersey Leadership Group in January 2018.	4	4	16	Dec-17	Jul-17	↔
Quality Committee	QUA006	SS44-SF016	Apr-15	QUA024	Karl McCluskey	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 (SS) SF	1. A&E delivery Board in place to monitor & manage performance 2. North Mersey subgroups in place 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body 5. Monthly Quality Meeting: reported to Governing Body	3	3	9	Recovery plan agreed STP trajectory agreed and being met @ M11 Met for year end however, have failed on performance and trajectory for Q1. Weekly board rounds undertaken within dept to support patient flow by Chief Nurse	The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance. Not meeting constitutional target despite meeting STP trajectory end of March 2017. Increased number of 12 hour breaches for which RCAs are being completed. Frailty unit opened in Dec to support patient flow and turnaround 12 hour breaches still in evidence. Overall performance being reviewed by A&E Delivery Board. Comprehensive performance review at CCF (Collaborative Commissioning Forum) integrating with quality, culminating in agreed escalation monitoring with NHSE. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the trust accordingly. Notable decline in performance with increased 12 hour breaches. Full escalation through A&E Delivery Board. NHSI and NHSE resources on site. CCG commissioned additional community bed capacity. Weekly escalation measures in place.	5	4	20	Dec-17	Sep-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 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 addresses 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 - Cambridge 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	Dec-17	Jul-17	↔

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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.	4	5	20	All providers informed of risk LCH & Aintree have risk 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 facilities to run a search on all patients prescribed nebuliser. 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	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. Case discussed at Clinical QIPP Committee on 7th March 2017. The cost to implement the patient review was discussed and the respiratory lead was given 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. 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. Clinical QIPP agreed to proceed phase 3 funding for training. This will cease in July but work not funded further.	4	3	12	Dec-17	Dec-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 Caprak's report and outcome of parliamentary adjournment debate.	Mersey OSG CCF COPG Pro-active comms team	3	4	12	Discussed at OSG 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 OSG 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 Session, 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 NHS, including Terms of Reference. MAA Report presented to Audit Committee. Contacts 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 COPG.*	3	4	12	Dec-17	Dec-17	↔
Quality Committee	QUA015	SF039	Sep-16	N/A	Jan Leonard (Bille Dood)	Redesign & Commissioning	There is a risk of a gap in service for paediatric audiology due to the current provider serving notice on the current.	Contract has a 6-month notice period - Contract agreed. IG agreement Temporary contract and cost case basis confirmed.	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 AHT requested confirmation that patients are not at risk and Bridgewater state risk is of not being seen as follow up. CRR progressed as result. Feedback requested for Monday 5th June.	4	4	12	Dec-17	Jul-17	↓
Quality Committee	QUA019	SF020	Apr-15	QUA032	Sarah McGrath on Team	Redesign & Commissioning	Delay in specialist review of referrals which may result in a potential risk to patients (Chose and Book)	* Standard Operating Procedures in place with specialities 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	* 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. 2w + 2 days, urgent = 1 weeks, Routine = 6 weeks). 2017/18 COJIN assigned 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 number of published first outpatient services listed on the Directory of Services e-RS extract EBS305; and Adequate slot polling is taking place to allow patients to book appointments evidenced by a reduction in 'Appointment Slot losses' to a rate of 4% or less, the numerator for this measure will be the number of Appointment Slot losses received by provider. There is a national COJIN in place with acute providers to ensure availability of all clinics through ERS by March 2018. However there is a mismatch 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 COJIN trajectory and continue to rise. A full analysis is being prepared for MM&D. ASI rate continues to reduce month on month and polling range extended, will continue to be monitored.	3	4	12	Sep-17	Jul-17	↓

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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	1. Reporting position to Leadership Team 2. Monitor through Quality Committee 3. Agenda item for contract meeting 4. KPIs in contract for Looked After Children 5. Safeguarding 903 return will be presented to Corporate Parenting Board by LA. CPB chaired by an elective member	5	4	20	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 COPGS when Q2 data will be reviewed. Performance discussed at COPGS. Concerns re timeliness of LAC reviews raised. CCG Safeguarding services offered support to LCHIT. Performance also discussed at COPGS and CCF. Carlen Baines 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 Mersey care as new provider as part of handover. Update as at 12/06/17 Feedback received from interim DON at LCH but all ongoing concerns post transition from LCH to North West Boroughs regarding staff expertise and knowledge, leadership for both LACE and YOT, and overall decreased performance for LAC activity. Review of DD for LAC commenced by LOCC and awaiting further comment from Alder Hey on leadership function. Supervision of AC nurses now being provided by NWB for update at next Mersey care CPG. Lessons Learnt event to be held - by July 15	4	4	16	Dec-17	Dec-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	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over commissioning priorities Clear role out plan for use of Aristote Work continues. Director level discussions in each locality to determine development of locality plans to support the GP forward view.	3	4	12	Dec-17	Jul-17	↔				
Quality Committee	QUA033	SF049	1.3.17	N/A	Debbie Fagan	Quality	Non-delivery against recommendations from the recent joint SEND COC/OFSTED inspection.	1. Regular reporting on Improvement Plan once agreed by CCG and DfE via the JOC 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. 4. Regular progress updates to Chief Officer 5. Monitoring of SEND Action Plan via local and internal governance arrangements 6. Formal monitoring meetings established with DfE & NHS with outcome reporting to central government office	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 NHSE/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 quality handover to new providers. Mf: 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 NHS Independent Consultancy Firm. 8. Cardio-Respiratory - Key member of team recently returned from long term sickness. 9. Uroynamics - During the cyber attack, a number of clinics were cancelled. 5 weekly lists lost since April. The plan is to co-ordinate 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. 13. Regular updates to the JOC 14. Health SEND strategic group established July 2017	4	3	12	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 NHSE/DfE. Meetings commenced to look at a future model for the discharge of functions of the DCOD/DMO. 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 NHSE 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 NHSE. Next meeting due October 2017. Currently on plan. SEND update submission sent December 17. Remains on track. SEND assessment currently out for comment. Risk is a duplication of QUA033 (SF048 & S055); contents of risk QUA033 added.	4	3	12	Dec-17	Dec-17	↔
Quality Committee	QUA037	SF042	Jan-17		Jan Leonard (Angle 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 GPSFV plan and NHSE to provide information relating to GPSFV funding for CCG. GPSFV - developing plans for 7 day access to primary care services for implementation October 18. CAM wide bid for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped. R STP wide bid has passed the regional panel, national panel currently considering bid - outcome to be announced December 28th. 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. Care navigator training started for 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	↔			

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Quality Committee	QUA039	SF061	Jun-17	N/A	Gerakline O'Carroll	Quality Notwithstanding that joint packages of care are in place, there is a risk that reviews are not being undertaken in a timely manner. CCG Governing Body requires assurance that reviews are being undertaken in line with Mental Health Act and construction requirements and that they are being undertaken by an appropriately trained practitioner. In 2014 there were reported to the IPA Board that high levels of sickness and vacancies were impacting on the trust's capability to fulfill CCA reviews. This situation is also impacting on the performance of MLCSU into the risk holding to ensure that part of their contract with the CCGs as a provider is their own right.	1. Review of packages of care is an MHA and contractual requirement. 2. IPA Programme Board is also in place which is attended by MLCSU 3. Contract framework in place (inc CQPG).	4	4	16	Issue has been raised at Contract meetings and CQPG, but there is still no assurance that reviews have been undertaken by Mental Health Care. The issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with GCG National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Money Care SI reports to ascertain if there is any correlation with reviews not being carried out.	Provider / commissioner meeting postponed in December 2017 and to be rearranged in January 2018.	4	3	12	Dec-17	Jul-17	↔
Quality Committee	QUA040	SF040	Jun-17	N/A	Debbie Fagan	Quality Risk of sub-performance of safeguarding service with issues on LAC. Risk of child abuse being completed as per schedule. Risk of need for LAC not being identified appropriately. Reworded: Risk of Children in Care not receiving adequately Health Assessment may lead to inadequate provision of care to meet health needs.	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 CQPG and provider safeguarding meeting. CCG Safeguarding service reviewing LAC activity to determine if resource can meet IHA Schedule. Performance improved but still issues. Reviewed at regular meetings every eight weeks with providers.	4	3	12	Dec-17	Dec-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 Commerce 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 Head of Quality and Safety recruited to commence full time in January 18. One of two Practice Nurse Leads out on secondment. Hours have been increased for the remaining Practice Nurse Lead in order to ensure cover.	4	4	16	Dec-17	Dec-17	↔
Quality Committee	QUA045	SF044	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 SEND Action Plans local and internal governance arrangements. Formal monitoring meetings established with DFE & HSE with systems 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 with DFE and NHSE in August 2017 with positive feedback reported to the JOC track - awaiting outcome of realignment paper. Re-alignment paper sent to Governing Body December 17.	4	4	16	Dec-17	Dec-17	↔
Quality Committee	QUA047	SF048	Sep-17		Debbie Fagan	Quality There is a risk that challenging performance at Arden University Hospital will impact on the quality of care and outcomes for patients	Integrated performance reports produced monthly and presented to GB Provider performance discussion at QC Regular CQPG/CRM in place with provider Exception reporting to CAM Q&S at every meeting ALH CCF in place	4	5	20	Regular one to ones established with new provider DoN Review level of concern against the NHSE QRP Matrix working between CCG Ops and Quality teams	Commissioner concerns discussed and reviewed at ALH 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 ALH, September 2017 Meeting co-ordinated by NHSE to undertake the QRP tool, and held September 2017. Submitted to NHSE Sep 2017. QRP awaiting final sign off after ALH comments. Awaiting Spec Comm update. Trust on enhanced surveillance. QRP to be completed December 17.	4	5	20	Dec-17	Dec-17	↔
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 telecom in place	4	4	16	Temporary suspension in place Re-statement 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. ADAM mandated December 17. Daily updates to Quality until week ending 15.12.17 then weekly updates. Packages of care have been commissioned.	3	4	12	Dec-17	Dec-17	↓
Quality Committee	QUA050	SF049	Oct-17		Debbie Fagan	Quality There is a risk that the reduction in numbers of the middle grade medical staffing role at Ormskirk Maternity Unit will impact on the quality of care and outcomes for mothers and babies.	1. Trust have alerted the CCG week commencing 18th September. 2. Trust has met with Liverpool Women's 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	Rota covered until November 2017. Local commissioner meeting with Vanguard. Input planned for October 2017. Analysis work on postcode to determine flow if service is reduced and impact on other providers. Vanguard is exploring wider network solutions across all providers	Regular meetings with NHSE, NHS and commissioners on S&O plans to recruit locum cover. Vanguard summit to review and organise area support to S & O. Agenda item at CCF. Weekly telecom in place. Rota now covered until February 2018. Chief Officer formally written to trust on staffing assurance. Health Economy discussions continue on longer term solutions.	5	4	20	Dec-17	Dec-17	New
Quality Committee	QUA054	SF064	Dec 17: Q3 17/18	N/A	Debbie Fagan	Quality Risk of patients potentially being put at harm due to the number of overdue follow up appointments across a number of specialities at Southport and Ormskirk hospital.	1. Provider commissioner. Regulator weekly meetings to review overdue list and oversee recovery plan. 2. Daily situations reports being fed up to the weekly group to identify actions and review progress across the specialities. 3. Any priority patients being reviewed by the Trust and any harms identified being reviewed at the Trust's meeting of harm. 4. CCG reviewing capacity of commissioned services to support review of patients Trust access policy being reviewed by the Trust.	4	4	16			4	4	16	Dec-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 day (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. Focused QIPP weeks (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	Nov-17	Nov-17	↑

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Quality Committee	QUA004	SF013	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 an 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	SF022	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 reproced	3	1	3	Jun-16
Quality Committee	QUA031	SF010	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	SF017	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	SF015	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 outcom - 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.

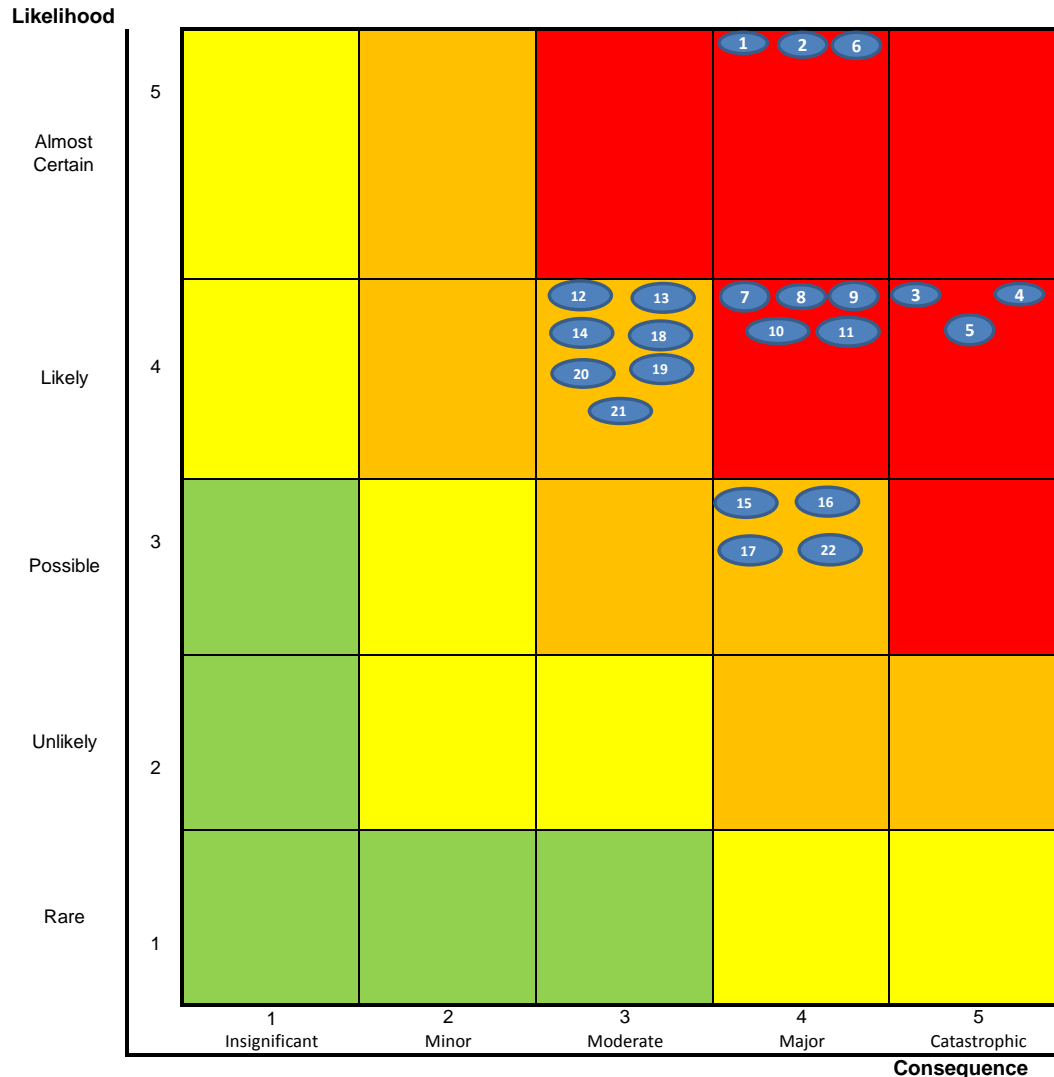
**SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP
(MITIGATED SCORES - 12 AND ABOVE)**

APPENDIX C

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



Significant Risks



Key Risks	Risk Owner
1 Sustainability of S&O Hosps - fin pressures, clinical staff shortages (20)(5x4)	KMcC
2 Non delivery A&E target - patient flow S&O (20)(5x4)	KMcC
3 Delivery of statutory break even 17/18 (20)(4x5)	MMcD
4 Delivery of QIPP target and impact on financial position 17/18 (20)(4x5)	MMcD
5 Quality of care - AUH challenging performance (20)(4x5)	DF
6 Quality of care - reduction in middle grade doctors Ormskirk Mat (20)(5x4)	DF
7 Quality of care - stroke services below performance & quality (16)(4x4)	KMcC
8 Gap in paediatric audiology - provider serving notice (16)(4x4)	JL
9 Patient care - lack of commissioner assurance looked after children (16)(4x4)	DF
10 Provision of QA to GB decreased capacity in Quality Team (16)(4x4)	DF
11 Patient care - lack of follow up appointments specialties at O&S (16) (4x4)	DF
12 Not delivering National KPI Access Psychological Therapies (12)(4x3)	KMcC
13 Not meeting 62 day Cancer Target - complex pathway AUH (12)(4x3)	KMcC
14 Infectory hospital admissions - poorly maintained nebuliser equipt (12)(4x3)	JO
15 Reputational damage as a result of LCH 'Capsticks' Report (12)(3x4)	DF
16 Patient care - delay in specialist reviews AUH (12)(3x4)	SMcC
17 Locality working not leading to greater clinical engagement (12)(3x4)	TJ
18 Non-delivery of recommendations SEND/OFSTED team inspection (12)(4x3)	DF
19 Significant pressure on primary medial care - increase in workload (12)(4x3)	DF
20 Lack of timely reviews joint packages or S117 MH Care (12)(4x3)	GO
21 Children in care not receiving adequate h/c assess LCH/Msycare (12)(4x3)	DF
22 Patient and family experience EOL period - ADAM purchasing (12)(3x4)	DF

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/11	Author of the Paper: Debbie Fairclough QIPP programme manager Email: Debbie.fairclough@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: January 2018	
Title: Register of Interests	
Summary/Key Issues: The register of interests is updated on a regular basis. The attached report presents the Governing Body with the most up to register as at 31 st December 2017.	
Recommendation	
The Governing Body is asked to receive the register.	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	

Process	Yes	No	N/A	Comments/Detail (<i>X those that apply</i>)
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 and Formby CCG Register of Interests
Governing Body Members and Employees

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Graeme	Allan	Employee (Primary Care Cancer Lead)	MacMillan		✓		Direct	Clinical Lead for Cancer: information and support service locally CQ17/42 Clinical QIPP - Declaration on item in relation to McMillan	2007	current	Interest declared at relevant meetings Interest declared at meeting	
Alain	Anderson	Employee	Nil									
Paul	Ashby	Governing Body	Ainsdale Medical Centre	✓			Direct	Practice Manager at Ainsdale Medical Centre		current	Excluded from decision making regarding General Practice	Resigned from position 22nd December 2016
Jane	Ayres	Employee	Southport and Formby Health Ltd (GP Federation)	✓			Direct	Board Director of Southport and Formby Health Ltd (GP Federation)		Current	Interest declared at relevant meetings	
Emily	Ball	Governing Body	The Hollies GP Practice (General Practice)	✓			Direct	Partner at The Hollies Practice	2016	current	Excluded from decision making regarding General Practice	Governing Body Position expired as at end 31st March 2017. However still carries out ad hoc Clinical Lead role.
			SF GP Federation (NHS)		✓		Direct	Member of SF GP Federation	2016	current	Interest to be declared at relevant CCG meetings	
			NHS Provider (NHS)			✓	Indirect	Business Partners (GP) Spouse employed by a local provider: Southport & Ormskirk as Gastro Consultant.	2016	current	Interest to be declared at relevant CCG meetings	
Christine	Barnes	Employee	Royal Preston Hospital			✓	Indirect	Daughter is a Clinical Pharmacist		current	Interest declared at relevant meetings	
Gillian	Beardwood	Employee	Nil									
Sara	Boyce	Employee	Nil									
Christopher	Brennan	Employee	Nil									

Correct as at: 02/01/2018
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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Gillian	Brown	Governing Body	Sandilands Associates (Governance and Engagement)	✓			Direct	Sole director of Sandilands Associates	2016	current	Interest to be declared at appropriate and relevant CCG meetings	
			Southport College		✓		Direct	Governor at Southport College	2016	current	No mitigation required	
			NWC Innovation Agency	✓			Direct	Director of Connected Health Citites	25 July 2016	current	Interest to be declared at appropriate and relevant CCG meetings	
			British National Formulary Joint Formulary Committee	✓			Direct	Lay Member	12 May 2017	current	Interest to be declared at appropriate and relevant CCG meetings	
			New Charter Housing	✓			Direct	Non Executive Director	7 August 2017	current		
Jayne	Byrne	Employee	Nil									Left: 31st October 2017
Doug	Callow	Governing Body	Chapel Lane Surgery (General Practice)	✓			Direct	GP Partner - Chapel Lane Surgery		current	Excluded from decision making regarding General Practice	
			Callow Medical Services	✓			Direct	Director - Callow Medical Services		April 2017	Excluded from decision making regarding this organisation	
			Callow Medical Services			✓	Direct	Wife is Company Secretary at Callow Medical Services		April 2017	Interest to be declared at relevant CCG meetings	
			Eli Lilly and Company Ltd	✓			Direct	Contracted (role of Speaking and Advisory)	September 2016	September 2016	Interest to be declared at appropriate and relevant CCG meetings	
Ian	Campbell	Employee	Nil									
Claire	Campbell	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Rob	Caudwell	Governing Body	The Marshside Surgery (General Practice)	✓			Direct	Partner – The Marshside Surgery	2005	current	Excluded from decision making regarding General Practice	
			The Family Surgery (General Practice)	✓			Direct	Partner – The Family Surgery	2016	current	Excluded from decision making regarding General Practice	
			Caudwell Medical Services LTD	✓			Direct	Director – Caudwell Medical Services LTD	2013	current	Excluded from decision making regarding this organisation	
			Allbright Domestic Services		✓		Indirect	Wife is Director at Allbright Domestic Services	2015	current	Interest to be declared at relevant CCG meetings	
			West Lancs CCG (NHS)		✓		Indirect	Business Partner is the Contract holder for primary medical care in West Lancs CCG and anticoagulation services in West Lancs CCG	2016	current	Interest to be declared at relevant CCG meetings	
			S&F GP Federation (NHS)		✓		Indirect	Practice Manger is director of S&F GP Federation	2015	current	Interest to be declared at relevant CCG meetings	
			DMC Healthcare (NHS)	✓			Direct	Contract with DMC healthcare to provide minor surgery	2016	current	Excluded from decision making regarding this organisation	
Matthew	Collings	Employee	Nil									
Lyn	Cooke	Employee	Nil									
Sandra	Craggs	Employee	Nil									
James	Creese	Employee	Nil									
Sue	Crump	Employee	Nil									
Angela	McMahon	Employee	Nil									
Daniel	Curran	Employee	Nil									
Emma	Dagnall	Employee	Nil									
Julie	Dillon	Employee	Nil									
Billie	Dodd	Employee	Nil									
Fiona	Doherty	Employee	Nil									
Ally	Dwyer	Employee	Nil									
Tina	Ewart	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Debbie	Fagan	Employee and Governing Body Member	NHS South Sefton CCG (NHS)		✓		Direct	Joint appointment as Chief Nurse at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	current	Protocols in place with Chairs, GB & SLT of both organisations	
Debbie	Fahy	Employee	Nil									
Debbie	Fairclough	Consultant - Interim Chief Operating Officer (temporary)	DF Consulting	✓			Direct	Owner	May 2016	Current	No risk as not a contact. But to be excluded from decision making with regard to this organisation	
			Knowsley CCG			✓	In-direct	Step daughter (Danielle McCulloch) employed by Knowsley CCG as Commissioning Manager	May 2016	Current	No action required	
			St. Helens CCG	✓			Direct	Management consultancy support through DF Consultancy to St. Helens CCG (governance/QIPP & ad hoc projects)	May 2016	Current	No risk however interest to be declared at relevant meetings	
			Cheshire and Merseyside STP	✓			Direct	Management consultancy support through DF Consultancy to Cheshire and Merseyside STP (governance)	May 2016	Current	No risk however interest to be declared at relevant meetings	
			Halton CCG	✓			Direct	Provision of consultancy Support	March 17	Current	No risk however interest to be declared at relevant meetings	
Lesley	Fazenfield	Employee	Nil									
Anna	Ferguson	Other: Clinical Lead	Strand Medical Centre	✓			Direct	GP Partner	2003	Current	To be excluded from decision making with regard to this organisation	Partner of South Sefton CCG member practice
			Sefton MBC	✓			Direct	Clinical Lead for Sexual Health	August 2012	Current		
			South Sefton CCG	✓			Direct	Clinical Lead for Transgender Service	August 2017	Current		
Brett	Finch	Employee	Nil									
Sharon	Forrester	Employee	Nil									
Tracey	Forshaw	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Rob	Foster	Consultant		✓				Director and Shareholder in Rob Foster Consulting Ltd	1 April 2016	Current		
				✓				Currently working with Knowsley CCG	1 July 2016	Current		
				✓				Commencing work with GP Health Connect Ltd (GP Federation in Halton)	1 February 2017	Current	Employee is a management consultant and does not have any decision making authorities. Interests will be declared when attending any relevant meetings	
					✓			Spouse is a manager in Greater Manchester CCGs, leading estates redevelopment across Primary Care	1 April 2016	Current		
Mariola	Fothergill	Employee	Nil									
Lesley	Fazenfield	Employee	Nil									
Susan	Fryer	Employee	Nil									
Adam	Gamston	Employee	Nil									
Luke	Garner	Employee	Nil									
Laura	Gibson	Employee	Nil									
Lisa	Gilbert	Employee	Nil									
Ian	Gilmore	Employee	Nil									
Emily	Golightly	Employee	Nil									
Judy	Graves	Employee	Nil									
Georgina	Halstead	Employee	Concept House Surgery 17 Merton Road Bootle L20 3BG	✓			Direct	Partner	2013	current	Interest declared at relevant meetings	
Grace	Harris	Employee	Nil									
Maria	Hawkins	Employee	Nil									
Lesley	Hayes	Employee	Nil									Left
Jo	Herndlhofer	Employee	Nil									
Jackie	Hill	Employee	Nil									
Terry	Hill	Employee	Aintree University Hospital (NHS)		✓		Indirect	Brother employed by Aintree University Hospital	2014	Current	Interest declared at relevant meetings	
			St. Helens CCG (NHS)		✓		Indirect	Partner employed by St. Helens CCG	2016	Current	Interest declared at relevant meetings	
Tracy	Jeffes	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Dwayne	Johnson	Governing Body (co-opted from Sefton MBC)	Nil									
Alison	Johnston	Employee	Nil									Left 28th July 2017
Gordon	Jones	Employee	Nil									
Josh	Jones	Employee	Nil									
Margaret	Jones	Governing Body (co-opted from Sefton MBC)	Nil									Co-opted member - Deputises for DPH
Chicco	Kandemiiri	Contractor	Nil									Left
Rebecca	Kelly	Employee	Nil									
Maureen	Kelly	Governing Body (co-opted from Healthwatch)	Nil									Pending update
Mervyn	Kennedy	Employee	Nil									
Jenny	Kristiansen	Employee	Nil									
Tahreen	Kutub	Employee	Nil									
Christine	Lea	Employee	Nil									
Jan	Leonard	Employee	SF GP Federation (NHS)		✓		Indirect	Sister is a member of the SF GP Federation		current	Internal governance process mitigates this risk via committee / approvals process.	
Niall	Leonard	Governing Body	Roe Lane Surgery (General Practice)	✓			Direct	GP Partner - Roe Lane Surgery		Current	Excluded from decision making in regards to General Practice	Position expired as at end 31st March 2017
			Cumberland House Surgery (General Practice)		✓		Indirect	Wife is GP Partner - Cumberland House Surgery		Current	Interest declared at relevant meetings	
								Director - Extracta Medico-			Excluded from decision making in	
Cathy	Loughlin	Employee	Nil									
Danielle	Love	Employee	Nil									Left April 2017
Susan	Lowe	Governing Body	Ashurst Healthcare Ltd	✓			Direct	Director - Current provider of Services at Hightown Surgy SSSCG	1 March 2016	Current	Excluded from decision making regarding General Practice	
			The Village Surgery, Formby	✓			Direct	Practice Manager Partner	April 2017	to date	Excluded from decision making regarding General Practice	
			CQC Advisory			✓	In-direct	Professional	April 2014	May 2017	Interest declared at respective meetings	
Anne	Lucy	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To			
Susanne	Lynch	Employee	Cambridge Road Pharmacy (NHS)		✓		Indirect	Husband is a business partner and superintendent pharmacist for Cambridge Road Pharmacy	2014	Current	Interest declared at relevant meetings		
Christine	Marsh	Employee	Nil										
Karl	McCluskey	Employee	Nil										
Dave	McCoy	Employee	Nil										
Rebecca	McCullough	Employee	Nil										
Martin	McDowell	Employee and Governing Body	NHS South Sefton CCG (NHS)		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations		
			St Helens and Knowsley NHS Trust (NHS)			✓		Indirect	Partner is Assistant Director of Finance at St Helens and Knowsley NHS Trust	2015	Current	Excluded from decision making in regards to St Helens and Knowsley NHS Trust	
			Southport & Formby and South Sefton CCGs	✓				Direct	Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)		Current	Declaration submitted in advance, Chair notified in advance, declaration declared at the commencement of the meeting, MMcD vacated meeting whilst item was discussed.	
Pamela	McGorry	Employee	Nil										
Clair	McGovern	Employee	Nil										
Sarah	McGrath	Employee	Nil										
Moira	McGuinness	Employee	Nil										
Claire	McGuinness	Employee	Nil										
Ryan	McKernan	Employee	Nil									Left: last working day 7th December 2017	
Lesley	McKinnell	Employee	Nil										
Linda	McLaughlin	Employee	Nil										
Ruth	Menzies	Employee	Nil										

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Hilal	Mulla	Governing Body	The Corner Surgery	✓			Direct	GP Partner - The Corner Surgery	1 April 2002	Current	Excluded from decision making regarding general practice. Interest declared at relevant meetings. Conflicts may arise as part of LQC or other GMS related work.	
			GTD Healthcare (Go to Doc)	✓			Direct	Sessional work for GTD, out of hours service	April 2013	Current	Excluded from decision making regarding this organisation. Interest declared at relevant meetings. Conflict may arise when awarding OOH contracts	
			Mulla Mediacal Services Ltd	✓			Direct	Private medical work	August 2016	Current	Interest declared at relevant meetings.	
			S & F Federation	✓			Direct	Is a member of the S&F Federation and could potentially gain financially from any contract awarded to the Federation.	November 2016	Current	Excluded from decision making regarding this organisation	
Tanya	Mulvey	Employee	Nil									Left
Helen	Nichols	Governing Body Member	St Lukes C of E Primary School			✓	Direct	Governor & Vice Chair St Lukes C of E Primary School, Formby	2011	Current	Interest declared at relevant meetings	
			Liverpool University			✓	Indirect	Spouse is Professor of Chemistry at Liverpool University	2000	Current	Interest declared at relevant meetings	
Anthony	North	Employee	Nil									
Geraldine	O'Carroll	Employee	Nil									
Alison	Ormrod	Employee	Liverpool Community NHS Trust (via Sellich Partnership)			✓	Indirect	Son is employed as Financial Support Officer as fixed term contractor.	3 January 2017	20 June 2017	Interest declared at relevant meetings. Exclusions from discussions/decision making where conflicted.	
Colette	Page	Employee	Merseycare NHS Trust (NHS)		✓		Indirect	Spouse Works for Mersey Care Trust		Current	Interest declared at relevant meetings	

Correct as at: 02/01/2018
* employee of Southport and Formby CCG only

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Southport and Formby CCG Register of Interests
Governing Body Members and Employees

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Sejal	Patel	Employee	Pfizer (Pharmaceutical company)		✓		Indirect	Spouse works for Pfizer		current	Excluded from decision making in regards to this organisation	
			AstraZeneca (Pharmaceutical company)		✓		Indirect	Sister is employed by AstraZeneca		current	Excluded from decision making in regards to this organisation	
			Octapharma (Pharmaceutical company)		✓		Indirect	Sister is employed by Octapharma		current	Excluded from decision making in regards to this organisation	
Sophie	Pradnam	Employee	Nil									
Brendan	Prescott	Employee	Aintree Hospital (NHS)		✓		Indirect	Spouse is an employee at Aintree University Hospital	2013	Current		
Linda	Pye	Employee	Central Manchester University Hospitals NHSFT (NHS)		✓		Indirect	Partner Operational Finance Director at Central Manchester University Hospitals NHSFT	2015	Current	Excluded from decision making regarding Central Manchester University Hospitals NHSFT	
Helen	Quinn	Employee	Nil									
Chloe	Rachelle	Employee	Nil									Maternity Leave until June 2018
Tamara	Ramirez-roman	Employee	Nil									
Colette	Riley	Governing Body Member	The Hollies Surgery (General Practice)	✓			Direct	Practice Manager at The Hollies Surgery Formby	1997	current	Excluded from decision making regarding General Practice	
			St Helens & Knowsley NHS Trust (NHS)		✓		Indirect	Daughter employed by St Helens & Knowsley NHS Trust as Management Accountant (Whiston Hospital)	2016	current	Interest declared at relevant meetings	CR currently on sick leave. Will progress when CR returns.
								Conflict raised at GB meeting (5th July 2017 - 17/135)	5 July 2017	5 July 2017	Conflict raised in advance of meeting in relation to Freshfield Surgery; member registered for GMS services.	
Jo	Roberts	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Helen	Roberts	Employee	NHS South Sefton CCG				Indirect	Spouse works for NHS South Sefton CCG		current		
Thomas	Roberts	Employee	Nil									
Leah	Robinson	Employee	Nil									
Shaun	Roche	Employee	Nil									
Pippa	Rose	Employee	CQC		✓		Direct	Advisor for CQC	2014	Current	Does not work in the local area	
Kati	Scholtz	Governing Body	Norwood Surgery (General Practice)	✓			Direct	GP Partner Norwood Surgery	2002	current	Excluded from decision making regarding General Practice	
			Falcon Green Ltd. (Real Estate)	✓			Direct	Shares owned in Falcon Green Ltd. Falcon Green leases premises from the partnership at Norwood Avenue and sublets to a retail pharmacist (Whitworth's Chemist)	2002	current	Excluded from decision making regarding this organisation	
Michael	Scully	Employee	Nil									
Jo	Sebborn	Employee	Nil									
Erika	Setzu	Employee	Aintree University Hospital (NHS)		✓		Indirect	Spouse in Consultant anaesthetist at Aintree University Hospital	2016	current	Excluded from decision making regarding this organisation	
Jeff	Simmonds	Governing Body	Royal Birkdale Golf Club (Merchandising Company)			✓	Direct	Joint Director of Merchandising Company Royal Birkdale Golf Club	2005	Current	Interest declared at relevant meetings	
Jo	Simpson	Employee	Nil									
Jacqueline	Smith	Employee	Nil									
Nadine	Smith	Employee	Nil									
Robert	Smith	Employee	Nil									
David	Smith	Employee	Manor House Primary School			✓	Direct	Governing Body Member of Manor House Primary School, Frodsham		Current	No mitigation required	Left
Terry	Stapley	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Lisa	Tate	Employee	Nil									
Kevin	Taylor	Employee	Nil									
Fiona	Taylor	Employee Governing Body Member	NHS Southport & formby CCG		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations	
			St Ann's Hospice	✓			Direct	Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)	May 2017	Current	Chair notified in advance, declaration declared at the commencement of the meeting, FLT vacated meeting whilst item was discussed.	
			AQuA	✓			Direct	Trustee of St Ann's Hospice, Cheadle	1 January 2017	Current	No mitigation required	
			St Georges Central CE School & Nursery, Tyldesley			✓		Direct	Board Member for AQuA	1 January 2017	Current	Interest declared at relevant meetings
						Direct	Chair of Governors	September 2017	Current	No mitigation required		
Vicky	Taylor	Employee	Nil								Left; first date of sickness 20/3/17 until last date 30/9/17	
Louise	Taylor	Employee	Nil									
Kevin	Thorne	Employee	Nil									
Jane	Tosi	Employee	Nil									
Clare	Touhey	Employee	Nil									
MJ	Vickers	Member Practice	Nil Practice: Bridge Road Medical Centre 66 Bridge Road Litherland L21 6PH									
David	Warwick	Employee	Nil									
Becky	Williams	Employee	Nil									
Jayne	Williams	Employee	Nil									
Peter	Wong	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Andy	Woods	Employee	EDDS	✓			Direct	Main employee of EDDS, EDDS is a shared service between Merseyside CCGs hosted by South Sefton CCG	2013	current	There should be no conflicts arising from the shared service working however; should a conflict arise this will be declared at relevant meetings	
Melanie	Wright	Employee	Nil									

Southport and Formby CCG Register of Interests
Member Practices

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Sarah	Aylward	Member practice	Nil								
Sara	Burns	Member practice	Nil								
Jill	Canavan	Member practice	Nil								
Adele	Farrell	Member practice	Nil								
Deborah	Finn	Member practice	Nil								
Louise	Forshaw	Member practice	Nil								
Lydia	Hale	Member practice	Southport and Formby Health Ltd (GP Federation)		✓		Direct	Director of Southport and Formby Health Ltd (GP Federation)	2015	Current	Interest declared at relevant meetings
Lydia	Hale	Member practice	Southport and Formby Health Ltd (GP Federation)	✓			Direct	Board Director of Southport and Formby Health Ltd (GP Federation)		Current	Interest declared at relevant meetings
Timothy	Irvine	Member practice	Southport and Formby CCG (NHS)		✓		Direct	Locality Lead	2016	Current	Interest declared at relevant meetings
Christopher	Jackson	Member practice	Nil								
Sue	Lowe	Member practice	Nil								
Lindsay	McClelland	Member practice	Southport and Formby Health Ltd (GP Federation)		✓		Direct	Director of local federation Southport and Formby Health Ltd.	2015	current	Interest declared at relevant meetings
Shaun	Meehan	Member practice	Nil								
Colette	Nugent	Member practice	Nil								
Halina	Obuchowicz	Member practice	Nil								
Maria	Parish	Member practice	Nil								
Elizabeth	Quinlan	Member practice	Nil								
Timothy	Quinlan	Member practice and Governing Body	Nil								

Correct as at: 02/01/2018

Southport and Formby CCG Register of Interests
Member Practices

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Christine	Randall	Member practice	Pharmacy First (NHS)	✓			Direct	Rental income from onsite pharmacy	2011	Current	Interest declared at relevant meetings
			Southport and Formby CCG (NHS)		✓		Indirect	Husband deputy Chair of Southport and Formby CCG	2013	Current	Interest declared at relevant meetings
			Extracta Medico-Legal Ltd.	✓			Direct	Director at Extracta Medico-Legal Ltd.	2010	Current	Interest declared at relevant meetings
Julia	Ronson	Member practice	Nil								
Alan	Ryan	Member practice	The Grange Surgery	✓			Direct	Partner at The Grange Surgery	1993	current	Interest declared at relevant meetings
Nabeel	Shaikh	Member practice	Nil								
Kim	Speed	Member practice	Southport and Formby CCG (NHS)		✓		Direct	GP New Ways of Working Steering Group	2016	Current	Interest declared at relevant meetings
Deborah	Sumner	Member practice	Nil								

Southport and Formby CCG Register of Interests
Member Practices

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Simon	Tobin	Member practice	Greenhawk Services Ltd (Real Estate)	✓			Direct	Director of a residential property rental company, Greenhawk Services Ltd which owns shares in another company, Falcon Green Ltd. Falcon Green leases premises from the partnership at Norwood Avenue and sublets to a retail pharmacist (Whitworth's Chemist)	2004	Current	Interest declared at relevant meetings
			RCGP Overdiagnosis Group (NHS)		✓		Direct	Member of the RCGP Overdiagnosis Group	2014	Current	Interest declared at relevant meetings
			CIRC (NHS)		✓		Direct	Advisor to CIRC (Clinical Innovation and Research Centre)	2014	Current	Interest declared at relevant meetings
			Willowbrook Hospice		✓		Indirect	Wife, is a Consultant in Palliative Care and Medical Director of Willowbrook Hospice in St Helen's, Merseyside	2016	Current	
Fred	Weindling	Member practice	Nil								

Southport and Formby CCG Register of Interests
Member Practices

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Abdul	Zubairu	Member practice	Norwood Surgery (General Practice)	✓			Direct	GP Partner at Norwood Surgery	2012	Current	Excluded from decision making regarding organisation
			Falcon Green Ltd (Real Estate)	✓			Direct	Director of Falcon Green Ltd (Renting space to a retail pharmacy)	2012	Current	Excluded from decision making regarding organisation
			Southport and Formby Health Ltd (GP Federation)		✓		Direct	Clinical Director of Southport and Formby Health Ltd (GP Federation)	2015	Current	Interest declared at relevant meetings

Work is ongoing with member practices on the requirements of the new guidance and to complete declarations as appropriate

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/12	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012							
Report date: February 2018								
Title: Establishing a North Mersey Joint Committee of Clinical Commissioning Groups								
Summary/Key Issues: This paper sets out a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs.								
Recommendation		<table border="1" style="border-collapse: collapse;"> <tr><td>Receive</td><td style="width: 20px; height: 15px;"></td></tr> <tr><td>Approve</td><td style="text-align: center;">x</td></tr> <tr><td>Ratify</td><td style="height: 30px;"></td></tr> </table>	Receive		Approve	x	Ratify	
Receive								
Approve	x							
Ratify								
<ul style="list-style-type: none"> • Agree in principle the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs and recommend that establishment to the Wider Group. • Agree in principle the Terms of Reference of the Joint Committee and recommend formal approval of the Terms of Reference to the Wider Group. • Nominate three governing body representatives to sit on the Joint Committee 								
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.
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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 February 2018

1. Purpose

The purpose of this paper is to propose the establishment of a North Mersey Joint Committee across Knowsley, Liverpool, South Sefton and Southport and Formby CCGs, to enable joined-up, effective decision-making for programmes of service redesign and transformation across a defined range of services which are commissioned collectively.

2. Background

The *Next Steps on the NHS Five year Forward View (March 2017)* stated that commissioners and providers need to work closely together to improve the health and wellbeing of their local population. For commissioners this included a call to establish appropriate decision making mechanisms for service improvement/transformation proposals relating to populations larger than a single CCG footprint.

A Joint Committee is a statutory mechanism to support integration and strategic alignment in commissioning decisions. The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees.

The CCGs serving the populations of Knowsley, Liverpool, Southport and Formby and South Sefton propose that North Mersey is the appropriate footprint on which to establish and constitute a Joint Committee as this represents the geography of our NHS health system, where commissioners plan and fund services delivered by a shared network of NHS providers.

There is a track record of collaboration in commissioning in North Mersey which this proposal seeks to build upon. A Committee(s) in Common (CIC) was established across Liverpool, South Sefton and Knowsley CCGs in October 2014 to consider changes in hospital services arising from the Healthy Liverpool Programme. However, the CIC does not have delegated decision making powers; its role has been to make recommendations to constituent Governing Bodies on hospital service change proposals.

3. Purpose and scope of the Joint Committee

The Joint Committee would be responsible for decisions regarding the delivery of agreed programmes of transformation or service redesign across a defined range of services which are commissioned collectively. The services within scope would be defined in an annually agreed forward programme, approved in advance by each CCG.

Individual CCGs would remain accountable for meeting their statutory duties, and the Joint Committee would undertake its delegated functions in a manner which complies with the statutory duties of the CCGs, as set out in the NHS Act 2006.

In delegating specific decisions, agreed through the annual work plan, decisions made by the Joint Committee would be binding on member Clinical Commissioning Groups.

The full member organisations of the North Mersey Joint Committee:

- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG

- NHS Southport & Formby CCG

Each full member organisation would nominate three Governing Body representatives to sit on the Committee, one of which would be an Executive member.

The Joint Committee would aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision would be a majority of 10 out of 12 votes.

In addition to full voting members, the committee may include associate members who are partners with an interest in the decisions to be made but are not legally bound by the decisions of the Committee.

Each CCG Governing Body would receive assurance through representation on the committee as well as the submission of minutes and an annual report to inform annual governance statements.

4. Recommendations

Governing Body is asked to:

- Approve the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs;
- Approve the Terms of Reference and next steps to establish the Joint Committee.

5. Next Steps

A draft Terms of Reference for the North Mersey Joint Committee, at **Appendix 1**, has been developed by the North Mersey Committees in Common, which has representation from each CCG Governing Body. The Terms of Reference remain in draft, pending approval by the Wider Group

Other actions required to establish the Joint Committee include:

- Formal approval of the Terms of Reference to be recommended to the Wider Group
- If approved, it will require an amendment of the CCG constitution to formally include the Terms of Reference of the Joint Committee;
- Implementation of a process to determine the Joint Committee membership from each CCG, associates and in-attendance representation;
- Implementation of an annual forward work programme to be proposed for approval by each CCG;

It is anticipated that each CCG will progress the terms of reference through Governing Bodies and wider membership forums between February and March with the Joint Committee being formally established by 1st April 2018.

Fiona Taylor
Chief Officer
February 2018



NHS Knowsley CCG
NHS Liverpool CCG
NHS South Sefton CCG
NHS Southport and Formby CCG

North Mersey Joint Committee of Clinical Commissioning Groups (CCGs)

1 Introduction

- 1.1 The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may for a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.
- 1.2 The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View.

2 Establishment

- 2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the North Mersey Joint Committee of Clinical Commissioning Groups (CCGs).

3 Role of the Committee

- 3.1 The overarching role of the Joint Committee is to take collective commissioning decisions about services provided for the North Mersey population. Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent the whole North Mersey population, rather than the populations of the CCGs they represent.
- 3.2 Decisions will also support the aims and objectives of the Cheshire & Merseyside STP, whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

4 Remit of the Joint Committee

- 4.1 The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation / service redesign across a defined range of services commissioned collectively by its members. The services within scope will be defined in an annually agreed forward programme, the scope of which may include locally initiated proposals and proposals developed by the Cheshire and Merseyside STP. In setting a forward work programme for delegation to the Joint Committee, members will consider the materiality and geographical scope of proposals, with only significant and collaborative proposals to be included.
- 4.2 The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.
- 4.3 The Joint Committee will develop an annual work plan to reflect the agreed priorities of the Cheshire & Merseyside STP and North Mersey Plan, where joint commissioning decisions are required. The draft work plan will be presented to the respective CCG Governing Bodies for approval, defining the conditions for progressing individual work streams in advance of the work commencing. The priorities within each of the work streams will align with that of the Cheshire & Mersey STP and will incorporate/take account of any proposals or dependencies that need consideration or decisions.

5 Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective decisions on the review, planning and procurement of health services within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- Agree an annual work plan for approval by each Governing Body
 - Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
 - Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
 - Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
 - Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation
 - Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
 - Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
 - Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.
- 5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:
- Management of the conflicts of interest (section 14O)
 - Duty to promote the NHS Constitution (section 14P)
 - Duty to exercise its functions effectively, efficiently and economically (section 14Q)
 - Duty as to the improvement in quality of services (section 14R)
 - Duties as to reducing inequalities (section 14T)
 - Duty to promote the involvement of patients (section 14U)
 - Duty as to patient choice (section 14V)
 - Duty as to promoting integration (section 14Z1)
 - Public involvement and consultation (section 14Z2)

- 5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes from each meeting and an annual report to inform constituent members' annual governance statements.
- 5.5 The Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

6 Membership

- 6.1 The Committee will have two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee
- 6.2 The full member organisations are:
- NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport & Formby CCG
- 6.3 Each full member organisation will nominate three Governing Body representatives to sit on the Committee, one of which must be an Executive GB member.
- 6.4 Chairing of the Joint Committee will be managed on a 6 month rotation between the four CCG members.
- 6.5 Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.
- 6.6 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the North Mersey footprint.
- 6.7 Other organisations, including local authorities within the North Mersey area, may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals.
- 6.8 Representatives from NHS England will be co-opted to attend as required.

7 Deputies

- 7.1 A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

8 Decision-Making

- 8.1 The Joint Committee will aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision will be by achieving a majority by members of 10 out of 12 votes.

9 Quoracy

- 9.1 The meeting will be considered quorate with two representatives of each CCG (including the Joint Committee Chair); one representative from each CCG must be an executive GB member.

10 Meetings

- 10.1 The Joint Committee shall meet at least annually and then as required in order to deliver the workplan; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.
- 10.3 Meetings with other Joint Committees in the Cheshire & Merseyside STP footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.
- 10.4 Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

11 Conflicts of Interest

- 11.1 Individual members of the Joint Committee will have made declarations to their own CCG; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website.
- 11.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.
- 11.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 above.
- 11.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 11.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 11.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

12 Attendance at meetings

- 12.1 Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

13 Administration

- 13.1 Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.
- 13.2 Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

14 Review

- 14.1 These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

MEETING OF THE GOVERNING BODY

February 2018

Agenda Item: 18/13	Author of the Paper: Andy Woods Senior Governance Manager (Merseyside Inclusion Service) andrew.woods@southseftonccg.nhs.uk 07825111596						
Report date: February 2018							
Title: Revised disinvestment policy and procedure							
Summary/Key Issues: The report presents NHS Southport & Formby Clinical Commissioning Group's revised Disinvestment Policy (Appendix 1). The policy was approved by the Governing Body in November 2016. As a result of the review some changes to the policy have been made. The original section six of the policy entitled 'Disinvestment: Stages and Flow Charts' has been removed and relevant sections have been incorporated into section five of the policy. Many of the points contained within the original section are no longer relevant as the CCG has reviewed all areas of spend across the CCG. The policy will continue to ensure the CCG's decision making process operates within its legal requirements and support the CCG to demonstrate that it is making the most effective use of public money to meet the needs of its population.							
Recommendation The Governing Body is asked to approve the policy.	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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.
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		Requires all disinvestment proposals to undergo stringent patient and public engagement and consultation
Clinical Engagement		x		Requires all disinvestment proposals to undergo appropriate clinical engagement
Equality Impact Assessment		x		Requires all disinvestment proposals to consider Public Sector Equality Duty (section 149 Equality Act 2010)
Legal Advice Sought		x		
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			The policy was approved by the Joint QIPP committee and Governing Body in November 2016

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

Title: Disinvestment Policy and Procedure (Cessation and Significant Reduction of Services)	
Scope: NHS Southport & Formby CCG	Classification: Policy
Replaces: updated and reviewed disinvestment policy	
Authors/Originators: Andy Woods – Senior Governance Manager (Merseyside CCGs, Equality & Inclusion Service)	
Chief Officer: Fiona Taylor, Chief Officer	
Authorised by: CCG Governing Body	Date: November 2016 February 2018
To be read in conjunction with: Governance Policies	
Issue Date: January 2017	Review Date: January 2018

Version Control

Version	Date	Reviewed By	Comment
2	16/01/2018	Andy Woods	The original section six of the policy entitled 'Disinvestment: Stages and Flow Charts' has been removed and relevant sections have been incorporated into section five of the policy. Many of the points contained within the original section are no longer relevant as the CCG has reviewed all areas of spend across the CCG.

Approved by: Governing Body
 Date: November 2016
 Draft reviewed policy to be approved by Governing Body
 Jan 2018

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Approved by: Governing Body
 Date: November 2016
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 Body
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1 Background

- 1.1 It is important for NHS Southport & Formby Clinical Commissioning Group (CCG) to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time, within the context of unprecedented financial challenges within the NHS. This policy's main objective is to connect all key programmes within the CCG that generates proposals for disinvestment with one single process and oversight procedure.
- 1.2 To ensure that limited resources are consistently directed to the highest priority areas, the CCG has identified the need to develop a Disinvestment (cessation and reduction of services) Policy and Procedure that sets out the agreed principles for disinvesting in a service, so that either funds can be saved or redirected where appropriate.
- 1.3 Disinvestment decisions will take account of clinical quality and outcomes, cost effectiveness, usage, duplication, patient satisfaction and priority of service and are made on the information and evidence available. The decisions will follow a defined process and clear lines of accountability and responsibility. These include consideration around all our legal requirements such as: Equality legislation; Human Rights legislation and consultation with the public, providers and all interested parties.
- 1.4 For the purpose of this policy the following definition has been applied:
- Disinvestment:** This relates to the withdrawal of funding from a provider organisation such that services are ceased or significantly reduced.
- Please note:** When a service is going through the normal cycle or decommissioning and re commissioning, without any significant change; this process will be outside this policy and treated as business as usual.
- 1.5 When a programme has been identified as one of significant change but not disinvestment then the principles and process in this policy can be used.

2 Introduction

- 2.1 The CCG's long term commissioning strategy and financial challenges require clarity on when and how services should be disinvested and a robust procedure that will be adopted to ensure these decisions are rational and properly managed.
- 2.2 Where key programme reviews such as QIPP Programmes, contracts cycles or other sources identify the need to disinvest in a service, a number of stages will required to make the case for change. These will include:
- Project Initiation Document (PID) process (identifying potential savings and filtering viable ideas).
 - Rightcare – Review commissioning for value
 - Business case for change and evidence of usage and performance (prioritisation tool)

- Equality implications (Both pre and post consultation)
- Clinical Quality implications (Quality Impact Assessment and prioritisation)
- Consultation /engagement and communication requirements
- Correct governance and decision making processes

3 The CCG's Approach to Disinvestment

- 3.1 The objective of the policy is to:
- Connect with all the key programmes that generate proposals for disinvestment with one single process and oversight
- 3.2 The aims of this policy are to:
- Provide a lawful, rationale and robust process that demonstrates how the proposal to disinvest has been identified and actioned
 - Contribute to the delivery of the CCG's commissioning strategy and priorities.
 - Highlight the process in which commissioners need to take when disinvesting
 - Ensure the CCG is operating within its legal parameters

4 Structure, Roles and Responsibilities

- 4.1 The Governing Body
- 4.1.1 The Governing Body, as the legally accountable body for NHS resources on behalf of the membership of the CCG ultimately take the decision with regard to the disinvestment of any service following the criteria and process set out in this document. The Governing Body has delegated the responsibility for oversight and delivery of QIPP and disinvestment to the Joint QIPP Committee. The Governing Body ultimately has sign off of all decisions.
- 4.2 Joint QIPP Committee
- 4.2.1 The Joint QIPP Committee monitors progress of all schemes and can call in any scheme for additional scrutiny at any time.
- 4.2.2 No final decision will be made by the Joint QIPP committee on behalf of Governing Body without consideration to:
- Business case for change and evidence of usage and performance
 - Equality implications
 - Quality implications
 - Consultation /engagement findings
 - Lawfulness
 - Rationality of the process
 - Rationality and efficacy (clear thought through process).
- 4.3 **Clinical QIPP Advisory Group**
- 4.3.1 The Clinical QIPP Advisory Group is not a decision making group. It supports the QIPP Committee by ensuring there is robust clinical input and advice into clinical QIPP schemes.
- 4.3.2 The Clinical QIPP Advisory Group is the key mechanism for:
- Providing full clinical assessment of all schemes

Approved by: Governing Body
Date: November 2016

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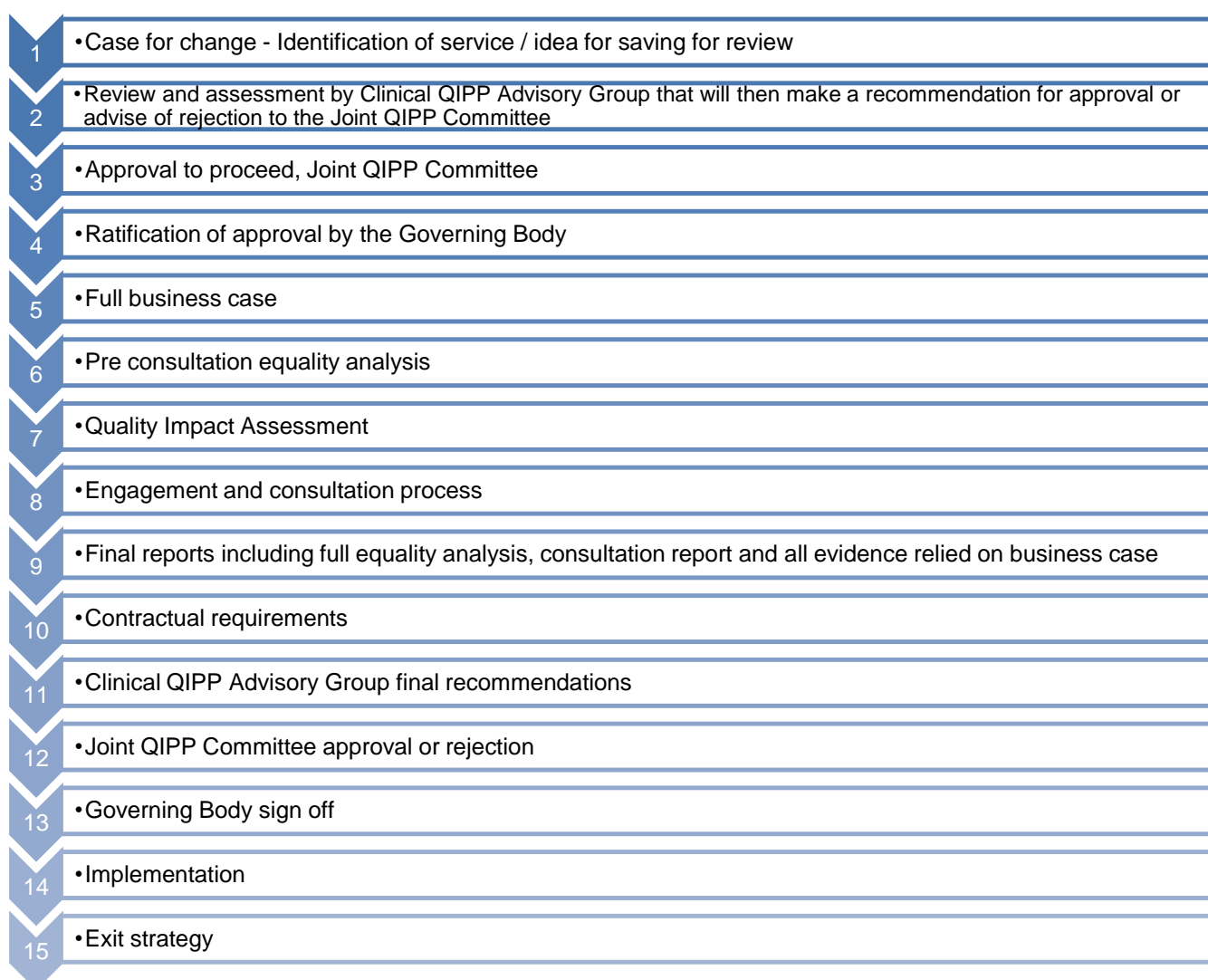
- Evaluating potential ideas and initial proposals regarding disinvestment
 - Ensuring that all legal requirements have been considered
 - Reviewing the case for change and weigh the savings against the risks and prioritise accordingly
 - Ensuring relevant subject matter experts from equality, clinical quality, consultation and engagement and legal
 - Quality assuring and overseeing the disinvestment process
 - Making recommendations to the Joint QIPP Committee for those cases the group believe should be progressed
 - Advising the Joint QIPP Committee of those cases that shall not be progressed setting out the reasons why
 - Reviewing and evaluating full business case
 - , including equality and quality assessments
 - Identifying which services will be subject to further work through the disinvestment process
 - Overseeing timelines for consultation and engagement and ensure timescales are built into performance and planning
 - Providing assurance that proposals are evidence based and are compliant with clinical guidelines (including NICE), the law, good practice and this policy/procedure
 - Making recommendations to the Joint QIPP Committee on any other matter relevant to disinvestment or reduction in service provision
- 4.4 All groups, committees, wider membership and the Governing Body will operate under the following principles:
- Any conflict of interest will be declared in accordance with the CCGs policy (July 2016)
 - The process will be clear and transparent
 - All areas of spend will be considered
 - Consideration will be given to consequences (clinical, quality, financial or otherwise)
 - Work will seek to maximise in year savings as well as areas with longer term opportunities
 - Proposals must consider the trade-off between scale of benefit and resource required to implement
 - Recommendations should not undermine the CCG's longer term plan or Commissioning Strategy
 - Recommendations must be evidently reasonable
 - Recommendations must be compliant with CCG's statutory duties and responsibilities
- 4.5 CCG Senior Responsible Officers
- 4.5.1 Chief Operating Officer (and QIPP Lead)
- Has responsibility for creating the governance and reporting structures to enable monitoring of QIPP plans and for providing assurance to the Governing Bodies that appropriate arrangements are in place.
- 4.5.2 Senior responsible Officers (SRO's)
- This includes the CCG's commissioning managers and QIPP work stream leads. SRO's are responsible for the commissioned services.
- They are required to undertake the following actions:
- Identify services for consideration of disinvestment or reduction in provision

- Provide an initial case for change of the service to be reviewed

Subject to recommendation by Clinical QIPP Advisory Group to the Joint QIPP Committee for approval, the SRO needs to further develop proposals by:

- Develop the full business case
- Develop equality analysis report and consultation / engagement plan, (in conjunction with subject matter experts)
- Assist the Clinical QIPP Advisory Group and joint QIPP Committee in its recommendation to the Governing Body on the disinvestment or reduction in provision of a service
- Ensure that the evidence behind why the case is being proposed for a disinvestment or reduction in service provision decision is clear and appropriate
- Ensure appropriate communications and engagement with other stakeholders via the Communications and Engagement team
- Secure any appropriate legal advice if necessary

5 Disinvestment Procedures



Approved by: Governing Body
Date: November 2016

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5.1 Generating the case for change

5.1.1 The initial case for change will identify the anticipated or actual impacts of any disinvestment, including legal and reputational risks and anticipated savings.

5.1.2 The process must show that the savings will be realistic and achievable.

5.1.3 The full business case

In addition to the above, the SRO will consider the following areas:

- Workforce implications
- Market implications
- Geographic implications e.g. impact on transport links etc.
- Over supply of services
- Impact on partner organisations
- Impact on patients and public
- Political implications
- Potential exit strategy

The aim of the business case is to identify if the service:

- is no longer the statutory responsibility of the CCG
- is no longer shown to be a component of the CCG's core provision
- is not linked to a CCG priority
- no longer meets the needs of the population
- is of low or poor quality
- does not demonstrate value for money
- is of high expense and low outcomes (Rightcare)
- is demonstrating ongoing poor performance identified through the contract monitoring process and / or feedback from patients, public and partners, there is evidence of poor patient experience
- is not sufficiently meeting the health needs of the population
- does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- does not meet the standards of a modern NHS as defined by: NHS England / NICE
- is linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Is linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is over supplying due to professional assessments (need for CCG to control quality and quantity of referrals)
- is of limited clinical evidence, quality or safety
- is linked to efficiencies in delivering services (provider Cost Improvement Programmes)
- is linked to oversupply of services (duplication/ market place for patients has changed)
- Is not demonstrating value for money
- was a pilot and funding has been rolled over
- was funded through non recurrent monies and has been rolled over
- benefits and assumptions have not been realised
- is unable to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract

- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

5.2 Clinical QIPP Advisory Group recommendations

5.2.1 Once the initial case for change has been prepared it will be presented to the Clinical QIPP Advisory Group for review.

The following will be considered by the Clinical QIPP Advisory Group when developing the case for change:

- Rational process
- Polycentric decision making (whole system approach, which is proportionate across the system)
- Managing the negative impact on the services identified for potential disinvestment and mitigating against them
- The potential destabilising effect on other services and organisations e.g.
- Council or neighbouring CCG commissioned services
- Exit Strategy
- Evidence for the recommendations taken in information such as:
 - Like for like comparisons (comparing apples and apples when considering ceasing one service of many that provide similar services).
 - Gaps in care created by disinvestment
 - Patient experience
 - Cost and performance
 - Any positive or negative impact on patient care and the wider community (i.e. carers)

5.2.2 Until the Clinical QIPP Advisory Group is satisfied that the case for change is robust the case for change will not be considered by any other committee.

5.2.3 Making good decisions regarding health care priorities involves the exercise of fair and rational judgment and at times professional discernment.

5.2.4 Although there is no single objective measure on which such recommendations can be based, these will be fully informed taking into account the needs of individuals and the community, whilst recognising the CCG needs to achieve a financial balance, its discernment will be affected by factors such as the NHS Constitution, Sustainability and Transformation Plans (STP) guidance, NICE technology appraisal guidance and Secretary of State Directions to the NHS.

5.2.5 The Clinical QIPP Advisory Group will adopt a robust approach to its disinvestment or reduction in service provision recommendations by ensuring decisions are lawful and consistent.

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made
- Assuring that appropriate engagement and or formal consultation has taken place when and where necessary and is fed into the full equality analysis report
- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity
- Providing a means of explaining the reasons behind the decisions made

- Managing the risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful
- Ensuring the vision, values and goals of the CCG are reflected in business decisions
- Ensuring any perceived or actual conflicts of interest are identified

5.3 Criteria for developing proposals for disinvesting services case for change

5.3.1 Legitimate reasons for disinvesting a service may be some of the following:

- The service provided is no longer the statutory responsibility of the CCG
- The service is no longer shown to be a component of the CCG's core provision
- Service not linked to a CCG priority
- No longer meet the needs of the population
- Are of low quality
- Do not demonstrate value for money
- Are of high expenditure and low outcomes (Rightcare)
- Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners (poor patient experience)
- Are not sufficiently meeting the health needs of the population
- Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- Do not meet the standards of a modern NHS as defined by: NHS England / NICE
- Are linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Are linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is of limited clinical evidence, quality or safety
- Are linked to efficiencies in delivering services (Cost Improvement Programmes)
- Are linked to oversupply of services (duplication/ market place for patients has changed)
- Are possible savings linked to estates
- Are not value for money
- Over supply due to professional assessments (need for CCG to control quality and quantity of referrals)
- The original service was a pilot and funding has been rolled over
- The original service was funded through non recurrent monies and has been rolled over
- The original decision to fund a service was made on assumptions that have not realised
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money, as demonstrated through financial review
- The investment in a service does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- Service fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

No disinvestment of the service will commence until the relevant statutory requirements have been met. This would include the engagement/ consultation report and full equality analysis report and quality impact report presented to the Joint QIPP Committee for their consideration, prior to making a final decision/ recommendation to Governing Body.

- 5.4 Engagement and Consultation Process
- 5.4.1 Following the development of a proposal, the engagement and consultation process will commence. Advice on engagement should be sought from the Communications and Engagement Team, and Equality Teams
- 5.4.2 The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders and **all interested parties** following any proposal for potential disinvestment or the reduction in provision of services.
- 5.4.3 The engagement and consultation will include the appropriate methods and timescales to engage with the public, patients and stakeholders and this will be informed by the pre consultation equality analysis, stakeholder analysis and matrix
- 5.4.4 An appropriate period of consultation will be undertaken and the outputs fully considered before any decision to disinvest or reduce service provision is made.
- 5.4.5 The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.
- 5.4.6 Sefton Metropolitan Borough Council's Overview and Scrutiny Committee will be involved in line with current guidance.
- 5.5 Clinical QIPP Advisory Group final recommendation
- 5.5.1 Following the engagement and consultation process, the SRO will present a final report to the Clinical QIPP Advisory Group. Once the group has reviewed the information provided, a final recommendation will be presented to the Joint QIPP Committee.
- 5.5.2 The recommendation will first be shared with the provider so as to enable them to raise any final matters which may then be considered by the Joint QIPP Committee
- 5.5.3 Following the completion of statutory reports, should any indicate that disinvestment is not viable or appropriate, the outcome will be submitted to Clinical QIPP Advisory Group with a recommendation from the SRO to accept the findings and remove the proposal from the disinvestment programme. The Joint QIPP Committee will be notified and given the reason behind the decision. The Joint QIPP Committee will in turn advise the Governing Body through its key issues reporting process.
- 5.6 Joint QIPP Committee Approval
- 5.6.1 The Joint QIPP Committee, as the committee with delegated responsibility for QIPP decisions, will ultimately make the decision with regard to the disinvestment of any service following the criteria and process set out in this policy. The Governing Body will be asked to ratify that decision.
- 5.6.2 The committee will make the appropriate decision following their review of the information:
1. **Non approval to the disinvestment recommendation**
If the committee does not agree to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory Group, the provider and the local stakeholders. The SRO shall complete these actions.
 2. **Approval to the disinvestment recommendation**
If the Joint QIPP Committee agrees to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory group, the Governing Body,

the provider and the local stakeholders. The SRO shall complete these actions and implement the exit strategy.

3. Request more information

The Joint QIPP Committee may request more information if they are unable to make a final decision, this will developed and presented back to the committee within the agreed time period. The SRO shall complete these actions.

5.7 Implementation

5.7.1 Actions subsequent to approval to disinvest

5.7.2 Following the Joint QIPP Committee's decision to disinvest, the CCG will commence the disinvestment process.

5.7.3 The responsibility for serving notice to the provider is with the executive lead for that provider contract and will be done via the relevant contract manager or as otherwise determined by the CCG Accountable Officer.

5.7.4 The CCG, in line with the approach for transparency and openness, will provide intelligence to the provider (as part of the notification letter) as to why the service has been ceased or significantly reduced through disinvestment, *for example, the disinvestment of a service has been based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.*

5.7.5 The CCG will also communicate clearly what 'next steps' will be undertaken in the process.

5.8 Exit process

5.8.1 The SRO and contracts team will work closely with the provider (following notification of a decision to disinvest) on delivering the 'Exit Plan' outlining actions required by both parties for smooth service cessation/ significant reduction.

5.8.2 The plan will cover at a minimum:

- Patient continuity of care
- Patient records(if applicable)
- Staff
- Estate
- Equipment
- Stock (where funded by the commissioner)

5.8.3 The commissioner will ensure mechanisms are in place where, in conjunction with the provider, execution of the exit plan is actively managed.

5.8.4 Disinvestment of any service will be managed in line with the "Principles and Rules for Cooperation and Competition" regulation (2012) and related Monitor Guidelines.
<https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-andcompetition>

5.8.5 Disinvestment of any service will also be processed in line with the CCG's Financial Polices and contractual requirements.

- 5.9 Recordkeeping and reporting
- 5.9.1 An auditable record and trail of all decision making and all communications relating to each disinvestment decision and contract termination will be kept by the CCG.
- 5.9.2 This is vital, both to demonstrate that the process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

6. Prioritisation principles and Tools

6.1 Background

6.1.1 .Distributing NHS resources is a complex activity. To date, it has been carried out mainly according to:

- historical patterns of activity and spend;
- demand as expressed by patients and healthcare professionals;
- the arrival of new technological and/or service innovations; and
- ad-hoc service pressures arising during the year.

6.1.2 However, allocating NHS resources today requires a different approach; demand for NHS services now exceeds the current available supply and the NHS is facing unprecedented financial challenges. This is not expected to change in the foreseeable future. This means that not all services can be provided and so prioritisation and decision making has become a pressing consideration. It is vital that decisions to prioritise services are not based on intuitive methods, incomplete information or conflict with the CCG's overall strategic goals. It is important that the impact on health is explicit when decisions are made to provide resource for some areas and not others.

6.1.3 Any prioritisation framework must therefore provide a robust, transparent and fair process to:

- maintain or improve (were possible) clinical quality and the health and wellbeing of the population
- be operationally more efficient;
- increase public and patient confidence;
- lawful
- achieve financial balance and ongoing financial sustainability;
- meet the requirements of good corporate governance;
- and be underpinned by a sound evidence base wherever possible

6.2 Application of the prioritisation tools

6.2.2 Ideas to disinvest can be based on a prioritisation tool for each service or intervention under consideration so that the evidence base can be assessed later and comparisons made. The tool sets out four evidence areas for assessing services and interventions:

- Does it work and how close is it to core priority?
- Does it add value to society/ health inequalities?
- Is it a reasonable cost to the public?
- Is it the best way of delivering the service?

6.2.3 Evidence in each of these areas is assessed against 18 criteria or 'factors to consider'; they are defined in the tool and they will be subject of rigorous testing by Clinical QIPP Advisory Group and the Joint QIPP Committee

The completed information for each service/intervention/proposal under consideration will be presented by its compilers to QIPP.

Appendix 1 Prioritisation Tool

Does it work?		
1.	Quality Clinical effectiveness <ul style="list-style-type: none"> • Patient experience • Patient Safety • effectiveness 	If not effective, this does not need to go through further process, can make decision to disinvest. See Quality Impact Assessment
2.	Health gain and outcomes	Life expectancy, healthy life expectancy, quality of life and risk factors Review Rightcare – Performance compared to peer group
3.	Is it over subscribed / is there an over demand	<ul style="list-style-type: none"> • Is there any way of controlling through put? • Are providers creating over demand (is this clinically appropriate?) • Is service underfunded?
Does it add value to society?		
4.	Strategic fit with CCG priorities and legal duties	How close is it to core priorities Is there a statutory duty to provide the service/function? If it is a statutory duty can efficiencies be made?
5.	Strategic fit with 5 Year forward view	https://www.england.nhs.uk/ourwork/futurenhs/
6.	Strategic fit SDP	
7.	Population and individual impact	Proportionality: a balance between the needs of a group of patients, and that of the wider community Does this only affect one particular group?
8.	Health Inequities	Reduce or widen?
9.	Equality implication PSED	Equality Analysis Report
Is it a reasonable cost to the public?		
10.	Affordability/ efficiencies	Can we release resources for alternative uses to achieve the same aim? Can this be bought from a cheaper source? Pooling budgets with partners (What are the opportunity costs for other services or interventions (including those of partners)?
11.	Cost effectiveness and value for money	Expenditure in relation to outcomes Review Rightcare – Performance compared to peer group
12.	Is there over supply of services	Duplication of services

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13.	Through put of patients/ service users	Low through put of patients for service provision?
Is it the best way of delivering the service?		
14.	Alternative services	Ward based services compared to community based services Private and Public sector versus Community Voluntary/ Third sector?
15.	Impact on services elsewhere	<ul style="list-style-type: none"> • Is there an impact for other health service (For example A&E)? • Is there an impact for non-health services? (For example, social services)
16.	Workforce implications	<ul style="list-style-type: none"> • Will it increase or decrease or change human resources and skills mix? • Will it have legal HR implications? (TUPE, redundancy, recruitment/ retention)
17.	Geography	Is it in the best place to deliver the service? <ul style="list-style-type: none"> • Rural issues • Transport issues • Parking • Access
18.	Physical buildings and estates	Is it beyond service Does it need decommissioning Is it operating at full potential/ capacity

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/14	Author of the Paper: Andy Woods Senior Governance Manager (Merseyside CCGs Equality & Inclusion Service) Andrew.woods@southseftonccg.nhs.uk Mobile: 07825111596									
Report date: January 2018										
Title: Equality and Diversity Annual report 2017										
Summary/Key Issues: To present the CCG's Equality and Diversity Annual Report 2017, provide an update on progress against the Equality Objectives Plan 2015/18 (and workforce requirements),										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 10%; text-align: center;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>The Governing Body is recommended to:</p> <ul style="list-style-type: none"> • Note the Equality and Diversity Annual Report 2017 (Appendix A); • Note progress made against the Equality Objectives Plan 2015/18 		Recommendation	Receive	<input checked="" type="checkbox"/>		Approve	<input type="checkbox"/>		Ratify	<input type="checkbox"/>
Recommendation	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.

	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
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body February 2018

1. Executive Summary

The CCG has produced, for receiving, an annual Equality and Diversity Report 2017 which demonstrates how the CCG has paid 'due regard' to the Public Sector Equality Duty and aims to eliminate discrimination, advance equality of opportunity and foster good community relations. Its publication will meet the specific equality duty requiring all public sector organisations to publish their equality information annually and set Equality Objectives.

2. Introduction and Background

The CCG is required to pay due regard to the Public Sector Equality Duty as defined by the Equality Act 2010. The Equality Act 2010 Specific Duties require organisations to set strategic equality objectives, which can be seen on the Equality Objectives Plan 2015/18.

The CCG as part of the NHS Assurance Framework are required to undertake and implement the NHS England Equality Delivery Systems 2 (EDS2).

3. Key Issues

3.1 ANNUAL EQUALITY & DIVERSITY REPORT 2016/17 (Appendix A)

The CCG has produced an annual Equality & Diversity Report which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty's (PSED) three aims to eliminate discrimination, advance equality of opportunity and foster good community relations and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

3.2 EQUALITY DELIVERY SYSTEMS 2

The CCG adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. The CCG's grades can be viewed in *Appendix A section two*. The CCGs performance and grades have progressed from 'developing' status across all outcomes to 'achieving' status in seven outcome areas and this demonstrates the CCG is improving its equality performance.

The CCG's NHS England (NHSE) EDS2 Summary Report (Appendix B) outlines how the CCG implemented the toolkit and the current grading of the CCG.

The CCG is working collaboratively with other Merseyside CCGs and key providers such as Aintree Hospital NHS Trust, Alder Hey and Liverpool Heart and Chest on implementing EDS 2 over the 2017/18 to ensure all services are responding to the needs of the population in line with the Five year Forward View and Strategic Transformation Plans.

3.3 EQUALITY OBJECTIVE PLAN 2016-2019

All Public authorities are required to meet their specific duties under the Equality Act 2010 to set Equality objectives every 4 years. As a result of the EDS 2 process, the CCG has significantly revised their Equality Objective Plan 2016- 2018 (Appendix A, section three, Appendix 1 of the annual report) which has been developed which aims to improve access and outcomes for people who share protected characteristics. The plan represents the key priority areas the CCG will be focussing on, including the need to consider people who share protected characteristics when the CCG makes difficult commissioning decisions during these unprecedented financial times within the NHS. The Governing Body approved the 4 year Objectives in January 2016

4. Conclusions

By receiving the Annual Report and approving the Equality Objective Plan the CCG will continue to pay due regard to the exacting Public Sector Equality Duty and strive to continue to address barriers people with protected characteristics face.

5. Recommendations

The Governing Body is recommended to:

- Note the Equality and Diversity Annual Report 2017 (Appendix A);
- Note progress made against the Equality Objectives Plan 2015/18

Appendices

Appendix A – Annual Equality & Diversity report 2017

Andy Woods
Senior Governance Manager
January 2018

**NHS Southport & Formby CCG
EQUALITY & DIVERSITY ANNUAL
REPORT
2017**

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Southport and Formby Clinical Commissioning Group

Foreword

There is clear evidence that people's health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, religion/belief, transgender, marital/civil partnership status and pregnancy/maternity status.

NHS Southport & Formby Clinical Commissioning Group strives to commission services that meet the needs of our communities in relation to access and outcomes for patients and we understand that this is more important than ever given the unprecedented financial pressures that the NHS currently faces and the challenges outlined in the 5 year forward view.

Gill Brown, Southport & Formby CCG's Lay Member for Patient and Public

1.0 Introduction

This document is the CCG's annual Equality & Diversity Report which sets out how the CCG is working with the Equality Act 2010 and in particular paying 'due regard' to the Public Sector Equality Duty's (PSED) three objectives to:-

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristics include; age disability, gender reassignment status, religion or belief, sex, sexual orientation, marriage and civil partnership status

This document outlines the CCG's approach to embedding Equality & Diversity within the organisations via the EDS 2 toolkit, setting Equality Objectives, monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and that we have robust processes in place to consider our Public Sector Equality Duty (PSED) when we are making commissioning decisions. The report also outlines our strategy and plans to ensure we have strong engagement with people who share protected characteristics.

1.1 'Due regard' and equality analysis reports

"Due regard" is a legal requirement and means that the Governing Body of the CCG has to give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does.

'Due regard' can be paid by the Governing Body, officers can only support this process by developing information and presenting views to the Governing Body. The reports that go to the Governing Body are Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs)

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The reports will test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. The CCG is under a statutory duty to comply with The Equality Act 2010. Recommendations will be part of the reporting process, the Governing Body in making decisions have to consciously take into consideration the content of the reports as part of their deliberations and decision making process. Failure to do this would be grounds for Judicial Review.

Equality Analysis reports cannot be done after a decision is made as this is unlawful and could be grounds for Judicial Review.

Southport & Formby CCG is becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programme.

Equality Analysis reports have to consider the effect or impact of any change to policy, practice or procedure against all the protected characteristics this means that there has to be a strong link to the consultation and engagement process in order to identify different peoples perspectives and concerns.

Training and support has been given to all staff making them aware of the process and there are strong support mechanisms in place to help staff and the organisation to develop and deliver timely and accurate reports

2.0 Equality Delivery Systems (EDS2)

We have adopted the Equality Delivery System (EDS2) as our performance toolkit to support us in demonstrating our compliance with the Public Sector Equality Duty. The Equality Delivery System (EDS2) is a tool-kit that can support the CCG to improve access to the services we provide for our local communities, consider health inequalities in our borough and provide better working environments, free of discrimination, for those who work with us in the NHS.

The EDS 2 has four key goals (with 18 specific outcomes); **achieving better outcomes, improving patient access and experience, developing a representative and supported workforce and finally, demonstration of inclusive leadership.** Each of these goals can be assessed and a grading applied to illustrate progress in achieving the outcomes and the involvement of the communities and organisations which represent the views of people with protected characteristics. The grading's available are as follows:

Undeveloped if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

Developing if evidence shows that the majority of people in three to five protected groups fare well

Achieving if evidence shows that the majority of people in six to eight protected groups fare well

Excelling if evidence shows that the majority of people in all nine protected groups fare well



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2.1 The local approach to EDS 2

During 2015/16, the CCG's adopted an innovative approach to delivering the EDS 2 Toolkit; engaging with national, regional and local organisations who represent the views of people and communities who share protected characteristics. The CCG undertook one-to-one meetings, workshops, interviews, briefings and research with partner organisations and stakeholders including to name but a few: Healthwatch, The Race Equality Foundation, Deaf Health Champions (Sick of It Report), In Trust Merseyside, Age Concern, Black Minority Ethnic Community Development project (hosted in Sefton CVS). The aim of the engagement was to ensure the CCG understood the 'barriers' communities across protected characteristics face to enable the CCG to improve access and outcomes. As a direct result of our EDS 2 exercise we have significantly revised our Equality Objective Plan (Appendix 2)

The CCG recognises that patients and staff who share certain protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback and this level of engagement with stakeholders will ensure that the entrenched barriers communities face in relation to accessing healthcare services are understood and mitigated as part of the CCG's strategic and operational programmes. Meeting and understanding the needs of people is essential to remove disadvantage and advance equality of opportunity, so we will continue to endeavour to address these issues through mainstream plans, changing service specifications, the way we monitor our NHS providers, business plans and strategies, procurement activity, contract monitoring and discussions with key partners including NHS England, the Local Authority and community, voluntary and faith sectors.

2.2 How did we do?

The EDS2 findings identified a range of actions for CCG's Equality Objective Plan and EDS 2 grading. This process also informed the preparation of the CCG's *EDS2 Summary Submission* to NHS England for 2016/2017, which explains some of our processes.

The CCG's performance and grades have progressed from 'developing' status across all outcomes to 'achieving' status for seven outcome areas and this demonstrates the CCG is improving its equality performance. Once these key issues are being addressed and or mitigated via mainstream business plans then the CCG can maintain its status across the relevant outcomes and goals, during these challenging financial times.

The EDS2 assessment for the CCG can be viewed in **Appendix 1** below and each goal is presented alongside the national EDS 2 grading achieved by the CCG.

The CCG will be working closely on implementing EDS 2 over 2017/18 with other Merseyside CCGs and key providers including Southport & Ormskirk NHS Trust, Alder Hey, Aintree Hospital, Liverpool Heart and Chest and Walton Neurological Centre. This new and innovative approach will ensure that all organisations are addressing the needs of the population as a whole in line with Accountable Care systems and the Five Year Forward View.



Southport and Formby Clinical Commissioning Group

3.0 NHS Southport & Formby CCG Equality Objective Plan 2017/2020 (Appendix Two)

As a direct result of EDS 2 Southport & Formby CCG has developed a specific long term Equality Objectives Action Plan, which will enable the CCG to address barriers through mainstream plans including - changes to specifications, business plans and strategies, improving procurement activity and processes, changing quality contract monitoring and enabling improved information and intelligence exchange with key partners including NHS England, the Local Authority and Community, Voluntary and Faith Sector. Some of the key issue are

- All commissioning organisations need improved processes to enable transparent decision making during unprecedented financial times, to ensure needs are considered and barriers and unequal outcomes are mitigated.
- Translation and interpretation across health services remains varied and standards need to be raised via work through the Quality Contract Schedule for Secondary Care Providers and establishing a base line of standards and usage in Primary Care
- The duty to carry out reasonable adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood, and needs to be addressed via contract monitoring and collaborative work between providers
- Understanding Transgender issues across health services is a key priority and needs to be progressed further within the CCG, the services they commission and Primary Care.

The CCG's current equality objectives are:-

- To make fair and transparent commissioning decisions;
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of our providers through robust procurement and monitoring practice
- To empower and engage our workforce

The Objective Plan has mapped the Objectives, EDS 2 outcomes and Public Sector Equality Duties to each action area.

4.0 Monitoring the Equality & Diversity performance of our key NHS providers

During the year Southport & Formby CCG collaborated with neighbouring CCGs to ensure that contracts with key local NHS providers include requirements to achieve and improve equality and diversity standards, including through the Equality Delivery System.

Providers over 2016 were expected to:

- Show evidence that they has implemented the Accessible Information Standard
- Show and demonstrate progress against their Smart Equality Objectives Plan;
- Complete an EDS assessments
- Provide evidence of compliance with Equality Act 2010 specific duties (including the Workforce Race Equality Standard)
- Only take decisions about service redesign after an equality analysis or equality impact assessment has been carried out to demonstrate due regard of the PSED

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- Provide data on the use of translation and interpretation services.
- Improve and develop awareness of how to provide reasonable adjustments

5.0 Equality & Diversity and the Workforce

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG's workforce. The CCG have developed a Workforce Equality and diversity plan in **Appendix 4** below and this will ensure we are cognisant of Equality Duties and our Workforce Race Equality Standard and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff. The CCG will work closely with the Human Resource Business Partners from Midlands and Lancashire Commissioning Support Unit to ensure compliance with the Equality Act 2010.

5.1 Workforce and EDS 2

A key part of our EDS 2 (Goal 3) assessment focusses on our workforce and for the majority of our outcomes we are graded as developing to achieving status. These grades can be viewed in **Appendix 1**. By rolling out our Equality Workforce Plan over the next two year we intend to progress to **achieving** across all our EDS 2 workforce outcomes.

5.2 Staff Training

Staff working within the CCGs undertakes annual equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally. Furthermore all our staff within the CCG including commissioning programme leads, contract and procurement staff, finance, governing body members within the CCG have received specific training and or support on Equality Acts 2010, Public Sector Equality Duty compliance, specifically during these unprecedented financial challenging times.

6.0 Governance and accountability

The Chief Delivery and Integration Officer will be directly responsible to the Senior Management Team and Governing Body of the CCG for providing the necessary information on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into the Governing Body reporting and meeting cycle. The CCG receives regular updates on E&D performance and risks via a number of groups including the Corporate Governance Group and EPEG and finance and resource Committee.

7.0 Conclusion

The CCG will continue to strive to ensure that the services the CCG commission are accessible to all. During the last twelve months we have made good progress around equality & diversity, developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics. This year's EDS2 exercise has allowed us to fully improve our understanding of what barriers certain communities face and tackle them through mainstream processes and plans. We have

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developed a refreshed and long term Equality Objective Plan 2016-2019 that focuses' on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The CCG has developed a Workforce Equality & Diversity Plan which aims to build on the solid foundations that are already in place. The CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services we commission or the policies we develop.

NHS Southport & Formby CCG is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. This document clearly describes the headline activity that has taken place and more importantly it sets out the work and approaches that need to be undertaken to advance equality of opportunity.

The CCG will continue to monitor our progress against the action plan and report annually and openly on the development of this work and the CCG will ensure that it considers and pays due regard to its exacting Public Sector Equality Duty to support its difficult decision making during these unprecedented financial times in the NHS.

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APPENDIX 1 SOUTHPORT & FORMBY CCG EDS 2 GRADES AND OUTCOMES

NHS Southport & Formby CCG EDS2: The Goals and Outcomes			Current Grade Status 2017	Grade status 2014-2016
Goal	Number	Description of outcome		
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Developing
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Developing
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing	Developing
	1.5	Local health information and communications reach communities	Achieving	Developing
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Developing
	2.3	People report positive experiences of the NHS	Developing	Developing
	2.4	People's complaints about services are handled respectfully and efficiently	Developing	Developing
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Developing
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Developing
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Developing
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing

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Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Developing
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Achieving	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing



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APPENDIX 2 NHS Southport & Formby CCG Equality Objective Plan 2017-2020

The CCGs current equality objectives are:-

1. To make fair and transparent commissioning decisions;
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through robust procurement and monitoring practice
4. To empower and engage our workforce

Protected Characteristic	Key Issue and Barrier Identified	Action and Activity	Responsible Officer	Date	EDS Outcome PSED CCG Equality Objective
Race	Language and cultural barriers	Consider implementation of the new NHS England Translation and Interpretation (T&I) Framework for primary care when it is launched in 2016/17	Chief Delivery and Integration Officer	Awaiting launch In progress	1.1, 1.2,1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4
		Develop a local T&I Policy and awareness raising programme for the CCG and Primary Care (and cross-reference with the NHS England guidance when received).	Senior Governance manager & Chief Delivery and Integration Officer & Head of communications	March 2018 In progress	Eliminate Discrimination Advance Equality Of Opportunity Equality Objectives 1,2,3

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			and engagement		
		Identify relevant data that can support the CCG to measure T&I usage in Primary Care	Senior Governance manager & Primary care lead	July 2017 completed	
		Ensure key secondary care providers continue to report on T&I usage as set out in the Quality Contract Schedule 2016/17	Chief Nurse	Completed – on going	
		CCG to consider developing a Bilingual Volunteer project to provide non- clinical T&I support to the CCG and partners	Senior Governance manager & Chief Delivery and Integration Officer	March 2018 In progress	

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Race	Lack of understanding of which services to access and inappropriate A&E attendance	Work collaboratively with relevant community groups and health services to develop local communications to support appropriate access - including registration with GPs	Senior Governance manager & VCF representatives	March 2018 (In progress)	2.1, 1.1 Advance Equality of Opportunity
		Ensure Specification for CCG funded Community Development (CD) BME related project reflects actions within the Equality Objective Plan and EDS2 exercise Intelligence barriers feeds into CCG	Chief Delivery and Integration Officer	March 2018 Completed	Equality Objectives 1,2

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Race	Lack of Cultural understanding within commissioning and primary and secondary care services	Promote CD BME organisation's offer and promote cultural competency training across CCGs, primary and secondary care	Senior Governance manager	December 2017 Completed	1.1, 1.5, 2.1 Advance Equality Of Opportunity Foster Good Community Relations Equality Objectives 1, 2,3
Disability / age / frail elderly	Lack of understanding of reasonable adjustments by health professionals across health services	Accessible information Standard is embedded across the CCG and promoted across GP Practices	Senior Governance manager & Chief Delivery and Integration Officer	March 2018 In progress	1.1,1.2,1.3,2.1 Advance Equality of Opportunity
		Develop a local T&I policy and awareness raising programme for the CCG and Primary Care. (Future NHS England guidance will be cross referenced into the local policy and programme)	Senior Governance manager & Head of communications	March 2018 In progress	Equality Objectives 1,2,3

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	Implement Accessible Information Standard		and engagement		
	Duty to make Reasonable Adjustments	Develop comprehensive reasonable adjustment guidance to support improvements in standards in Primary, Community and Secondary Care and share with the Local Authority to consider for their services	Senior Governance manager & Chief Delivery and Integration Officer	December 2017 Completed	
		Ensure Accessible Information Standard and the need to make reasonable adjustments is monitored with the providers via the Quality Contract Schedule	CCG E&D Lead and Chief Nurse	Completed	
		Develop and distribute Reasonable Adjustment Guidance Develop communication brief on the Standard to be issued to primary care (GPs)	Senior Governance manager & primary care lead	Completed	

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		Produce brief 'Consider Reasonable Adjustments' CQUIN proposal' and address in Quality schedule	Senior Governance manager	Completed	
Age - young people and working age older citizens	Further explore potential for vulnerable Young People to face disadvantages	Issue will be addressed in the Merseyside Quality Surveillance thematic work stream for mental health and Crisis Care (co-ordinated by Halton CCG's Head of Quality and Chief Nurse)	Senior governance Manager & Chief Nurse	December 2018 In progress	1.1, 1.2, 1.4, 1.3 Advance Equality of Opportunity Equality Objectives 2,3
		Voice of the Child activity – feeds into commissioning activity	Chief nurse	March 2018 Completed	

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Age - older citizens	Waiting times and timescales of referrals and appointments for frail elderly and older citizens living alone	Address concerns raised by age organisations in the community specifically on inappropriate appointment times in Primary and Secondary Care (in conjunction with Halton CCG's Head of Quality and Chief Nurse)	Senior Governance manager & Chief Delivery and Integration Officer	December 2016	1.1,1.2,1.3, 1.4, 2.1, 2.3, Advance Equality of Opportunity
		Implement Accessible Information Standard into provider contracts and monitor	Senior Governance Manager Primary care lead	Completed	Equality Objectives 2,3

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		Ensure Serious Incidents Policy and activity consider PSED and needs associated with protected characteristics via the Quality Surveillance Group in conjunction with Halton CCG's Head of Quality and Chief Nurse	Senior Governance manger & Chief nurse	March 2017 Completed	
Transgender	Lack of understanding of trans issues and variation in service standards	<p>Explore options to improve knowledge and understanding of the Transgender community across health services (issues raised are stored in EDS Engagement Excel spreadsheet)</p> <p>Continue to develop local responses to Trans needs across Primary Care and links with In Trust Merseyside</p>	Senior Governance Manager & Chief Nurse Transgender lead	March 2018 On- going	<p>1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3</p> <p>Eliminate discrimination, Advance Equality of Opportunity</p> <p>Equality Objectives 1,2,3,4</p>

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Sexual Orientation & Transgender	Poorer patient experience and lack of understanding of needs across health services	Develop a proposal to support and improve awareness raising of LBGT issues across the CCG, primary care and secondary care to improve access and outcomes Please note barriers are listed in the EDS2 engagement document	Senior Governance Manager & Head of Communication & Engagement	March 2019 In Progress	1.1, 1.2, 1.4 Eliminate Discrimination Advance Equality of Opportunity Foster Good Community relations Equality Objectives 1,2,3,4
Pregnancy & Maternity	Barriers will be identified via the maternity services review pre and post Equality Assessment process	Barriers will identified via the maternity services review pre and post Equality Assessment process –in line with Improving Me timescales	Co-ordinating CCG lead	March 2018 In Progress	1.1,2.1,1.21.3 Eliminate Discrimination Advance Equality of Opportunity Foster Good Community Relations

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					Equality Objectives 1,2,3,4
All Protected Groups	Human resources and workforce	Develop an Equality Workforce Plan in conjunction with CSU HR Business Partners to be ratified and approved at CCG HR Committee	CSU Business Partner	Completed	3.1,3.2,3.3,3.4,3.5,3.6 Eliminate Discrimination Advance Equality of Opportunity Foster Good Community relations Equality Objective 4
		Embed and implement the Workforce Race Equality Standard	Governance manager & Chief Delivery and Integration Officer CSU HR	April 2016 and repeated in line with NHSE guidance Completed	Equality Objective 4 Advance equality of Opportunity

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			Business Partner		
All Protected Groups		Ensure EDS2 approach and plans are embedded into the refreshed Communications and Engagement Plans & activity	Communication and Engagement Manager & Chief Delivery and Integration Officer	November 2017 Completed	Equality Objectives 1,2,3,4 All PSED 1.1,1.2,2.1,4.2
		Ensure that Governing Body, and other key decision- making panels (including Individual Funding Requests) and programme leads receive the appropriate level of E&D training	Senior Governance Manager & Governance manager & Chief Delivery and Integration Officer	March 2018 In Progress	

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	Develop guidance to support the CCG to pay due regard to PSED for difficult commissioning decisions, including reductions in service and cessations	Senior Governance Manager & Governance manager & Chief Delivery and Integration Officer Chief Operating Officer	June 2016 Completed	
	Continue to monitor and improve the equality performance of providers	Senior Governance Manager & Chief Nurse	On-going	

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	Continue to work closely with NHS provider's Equality Leads through the NHS Equality Leads Provider Forum to improve access and outcomes for protected groups	Senior Governance Manager	March 2018 On – going	
	Ensure governance and decision-making committee templates are reviewed to meet Equality Act 2010 requirements	Senior Governance Manager &	March 2018 In progress	
	Develop guidance and support embedding the Equality Act requirements and Fair Consultation principles into consultation and engagement activity	Senior Governance Manager & Head of Communication & Engagement	March 2018 In Progress	

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		Embed comprehensive Equality Analysis into the CCG's key Projects and redesign Programme Management Process and Quipp	Senior Governance Manager & Chief Operating Officer	March 2017 Completed	
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In the last column each Objective plan action has been mapped to the CCG's Equality Objectives (above), EDS 2 18 outcomes and Public Sector Equality Duties

APPENDIX 3 Key NHS Provider EDS 2 grades

Goal	Number	Merseycare	Liverpool Women's	Aintree	Alder Hey	Wirral and Cheshire Partnership (Access Sefton IAPT)	Lancashire Care	Southport and Ormskirk
Better health outcomes	1.1	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	1.2	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	1.3	Achieving	Developing	Developing	Excelling	Developing	Developing	Developing
	1.4	Achieving	Achieving	Developing	Achieving	Developing	Developing	Developing
	1.5	Developing	Achieving	Developing	Developing	Developing	Developing	Developing
Improved patient access and experience	2.1	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	2.2	Achieving	Achieving	Developing	Achieving	Developing	Developing	Developing
	2.3	Achieving	Achieving	Developing	Developing	Developing	Achieving	Developing
	2.4	Achieving	Achieving	Developing	Developing	Developing	Achieving	Developing
A representative and supported workforce	3.1	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
	3.2	Achieving	Achieving	Developing	Under Developed	Achieving	Achieving	Developing

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	3.3	Achieving	Developing	Developing	Under Developed	Achieving	Developing	Developing
	3.4	Achieving	Developing	Developing	Developing	Achieving	Developing	Developing
	3.5	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
	3.6	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
Inclusive leadership	4.1	Achieving	Developing	Developing	Developing	Achieving	Excelling	Developing
	4.2	Achieving	Developing	Developing	Developing	Achieving	Achieving	Developing
	4.3	Developing	Developing	Developing	Developing	Achieving	Excelling	Developing

APPENDIX 4 Workforce E&D plan and progress report

Task	Activity	Outcome	EDS comparator	Action plan
Policy Proofing 2016-2018	Prioritise policies Identify policy against essential list Identify guidance with policy ¹ and test for indirect discrimination & advancing opportunity	<ol style="list-style-type: none"> 1. Proportional input. 2. Cover fundamental elements of Equality Act 2010 3. Impact assess process against PSED – identifying any remedial actions 	3.4	All CCG HR Policies which have been ratified have now been equality impact assessed. All Policies have been prioritised in relation to Public Sector Equality Duty (PSED). Owner – HRBP Completed
Monitoring 2016-2018	Identify policies and performance for monitoring – check against key tasks: <ul style="list-style-type: none"> • Recruitment • Selection • Review & 	Establish monitoring system Identify indirect discrimination Consider positive action or corrective action	3.1 3.2 3.3 3.4 4.3	These policies have been ratified and have been equality impact assessed. HRBP is currently working with the Workforce Team to establish relevant monitoring systems for each of these key policies. CSU HR team to be EIA trained on October 2017.

¹ policy may be a statement of intention but the process of enacting the policy, i.e. guidance notes, also needs to be proofed

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	<p>performance</p> <ul style="list-style-type: none"> Disciplinary 			<p>Development of Task and Finish Groups to ensure robust processes</p> <p>Owner – HRBP</p> <p>In Progress</p>
<p>Training March 2018</p>	<p>Identify current training programmes linked to E&D</p>	<p>Proof suitability and identify gaps in provision.</p> <p>Check profile of attendees against worker profile</p>	<p>3.3 4.3</p>	<p>A new learning Management system has been implemented with a reviewed and updated Equality and Diversity module</p> <p>As above monitoring systems are currently being implemented</p> <p>Owner – HRBP</p> <p>In Progress</p>
<p>Annual review</p>	<p>Establish best measure for review programme</p>	<p>Performance of policies monitored against PSED</p>	<p>3.3 3.4 3.5 4.3</p>	<p>Equality impact assessments completed as policies produced/reviewed</p> <p>Owner – CCG</p> <p>Supported by HRBP</p> <p>See Monitoring as above.</p> <p>In Progress</p>
<p>Staff surveys</p>	<p>The CCG to consider rolling out staff survey including questions on E&D</p>	<p>Understanding staff relationship with organisational culture to eliminate any institutional</p>	<p>3.4 3.6 4.3</p>	<p>CCG Staff survey drafted</p> <p>Owner – CCG</p> <p>Completed</p>

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		discrimination		
Positive Action	<ol style="list-style-type: none"> 1. Monitor performance against policies to establish base line 2. Identify trends 3. Establish conditions for positive action 	<p>Challenge barriers if data/evidence identifies them</p> <p>Advance equality of opportunity.</p>	<p>3.2 3.5 3.1 3.3 3.5 4.1 4.3</p>	<p>HRBP is currently working with the Workforce Team to establish relevant monitoring systems for each of these key policies</p> <p>Awaiting Task and Finish Groups.</p> <p>Owner – HRBP</p> <p>In progress</p>
Implement NHS Workforce Race Equality Standard	<p>Implement and embed the 9 national Workforce Race Equality Standard indicators</p> <p>Establish conditions for Positive action</p>	<p>Eliminate Discrimination</p> <p>Advance Equality Of Opportunity</p>	<p>3.1 3.3 3.4 3.6 4.1 4.3</p>	<p>As NHS England guidance</p> <p>Completed</p>

MEETING OF THE GOVERNING BODY February 2018

Agenda Item: 18/15	Author of the Paper: Moira Harrison S&FCCG EOL Clinical Lead/Planned Care Lead Email: moira.harrison@southportandformbyccg.nhs.uk 01704 387008						
Report date: February 2018							
Title: Review of Procedures of Low Clinical Value							
<p>Summary/Key Issues: The CCG has been working collaboratively with other local CCGs to review the current Commissioning Policy. The final policies from the first two phases are ready for ratification in order for them to become operational. The final policies and the Equality Impact Assessments are included as appendices with the paper.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to ratify this report</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> </table>	Receive		Approve		Ratify	x
Receive							
Approve							
Ratify	x						

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

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

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

February 2018

1. Introduction and Background

Southport and Formby CCG has been working collaboratively with South Sefton CCG, Halton CCG, Knowsley CCG, Liverpool CCG, St Helens CCG, and Warrington CCG to review and update the procedures and treatments listed in the Commissioning Policy 2014/15.

Providers and CCG clinical leads were invited to provide feedback and commentary on the proposed policies and this has helped to develop the changes.

Midland and Lancashire CSU have recently completed a period of communications and engagement with the public and the finalised policies are now being shared with CCG Governing Bodies for ratification ahead of publication in February / March 2018.

2. Key Issues

Providers have been notified of the revised policies in suite 1&2 and will receive the policies once they have been ratified and it is intended to implement one month after ratification.

The policies are included as appendix A and B and a glossary is included as appendix C. Full Equality Impact assessments have not been included due to the volume of papers but can be viewed via the CCG website.

3. Outcomes

Through the implementation of the revised policy we anticipate:-

- More patients receive appropriate treatment that is evidence based.
- A reduction in the number of procedures undertaken that fall within the category of Procedures of Limited Clinical Value.
- Improved clarity for referring and treating clinicians around the policy.

4. Future Plans

There is a further phase of review covering the final suite of policies.

5. Recommendations

The Governing Body is asked to ratify the policies.

Moira Harrison
Planned Care Lead
February 2018

Appendix A Phase 1 – policies reviewed

Policies with no position change and which did not require engagement

Policy name	Position	Category
Surgery for treatment of Symptomatic Incisional and Ventral Hernias and Surgical correction of Diastasis of the Recti	No Position Change	Not routinely commissioned
Surgery for Asymptomatic Gallstones	No Position Change	Not routinely commissioned
Dilatation and Curettage	No Position Change	Not routinely commissioned
Policy for Private Mental Health Care – Non – NHS Commissioned Services; including Psychotherapy, adult eating disorders, general in-patient care, post-traumatic stress and adolescent mental health	No Position Change	Not routinely commissioned
Policy for Hyaluronic Acid and Derivatives injections for Peripheral Joint Pain	No Position Change	Not routinely commissioned
Hip Replacement Surgery	No Position Change	Restricted criteria
Knee Replacement Surgery	No Position Change	Restricted criteria
Surgical Removal of Ganglions	No Position Change	Not routinely commissioned
Adenoidectomy	No Position Change	Restricted criteria
Policy for Tonsillectomy for recurrent Tonsillitis (excluding peri-tonsillar abscess) Adults and Children	No Position Change	Restricted criteria
Hysterectomy for Heavy Menstrual Bleeding	No Position Change	Restricted criteria
Varicose Veins Treatment	No Position Change	Restricted criteria
Mastopexy – Breast Lift	No Position Change	Not routinely commissioned
Surgical Correction of Nipple Inversion	No Position Change	Not routinely commissioned
Surgical Treatment for Pigeon Chest	No Position Change	Not routinely commissioned
Labiaplasty, Vaginoplasty and Hymenorrhaphy	No Position Change	Not routinely commissioned
Liposuction	No Position Change	Not routinely commissioned
Penile implants	This will now be commissioned under NHS England Pathway	

Policies that included a proposed change and were part of the phase 1 engagement process

Policy name	Position	Category
Surgical Treatments for Minor Skin Lesions	Position Change - this policy will now also apply to Children under age 16 also	Not routinely commissioned
Rhinoplasty	Position change – this policy will now also apply to Children under age 16 also	Restricted criteria
Surgical removal of Lipoma	Position Change	Restricted criteria
Haemorrhoidectomy – Rectal Surgery & Removal of Haemorrhoidal Skin Tags	Position Change	Restricted criteria
Surgical Revision of Scars	No Position Change	Restricted criteria
Cataract	No Position Change	Restricted criteria
Reduction Mammoplasty	Position Change	Restricted criteria
Breast Enlargement	Position Change	Restricted criteria
Removal of Replacement of Silicone Implants	Position Change	Restricted criteria
Male Breast Reduction for Gynaecomastia	No Position Change	Not routinely commissioned
Laser Tattoo Removal	No Position Change	Not routinely commissioned
Apronectomy or Abdominoplasty	No Position Change	Not routinely commissioned
Body Contouring Surgery	No Position Change	Not routinely commissioned
Surgical Treatments for Hair Loss - Alopecia, male patterned baldness and hair transplantation	No Position Change	Restricted criteria
Rhytidectomy – Face or Brow Lift	No Position Change	Restricted criteria
Male Circumcision	No Position Change *	Restricted criteria
Pinnaplasty	Position Change - this policy will now also apply to Children under age 16 also	Not routinely commissioned
Hair removal for excessive hair growth (Hirsutism) – including laser and depilation	Position Change	Restricted criteria

Appendix B – Phase 2 - review of back pain policies

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
<p>Policy for Diagnostic Interventions and Treatments for Early Management of Back Pain</p>	<p>The following treatments should not be offered for the early management of persistent non-specific low back pain.</p> <ul style="list-style-type: none"> • Selective serotonin re-uptake inhibitors (SSRIs) for treating pain. • Injections of therapeutic substances into the back. • Laser therapy. • Interferential therapy. • Therapeutic ultrasound. • Transcutaneous electrical nerve stimulation (TENS). • Lumbar supports Traction. 	<p>Policy for non-invasive interventions for low Back pain and sciatica</p> <p>Acupuncture Acupuncture for low back pain and sciatica is not routinely commissioned</p> <p>Manual Therapy The following procedures are not routinely commissioned:</p> <ul style="list-style-type: none"> • Lumbar traction • Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS) • Manual therapy (spinal mobilisation, manipulation, soft tissue techniques and massage) in isolation. <p>Note: Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.</p> <p>Orthotics The following are not routinely commissioned:</p> <ul style="list-style-type: none"> • Foot orthotics • Rocker shoes • Belts and corsets 	<p><i>There is some difference between the current and proposed policy. The proposed policy is aligned with NG59.</i></p> <p><i>Treatment options have been clearly broken down in the proposed policy into 5 headings:</i></p> <ul style="list-style-type: none"> • Acupuncture • Manual therapy • Orthotics • Electrotherapy • Pharmacology <p><i>These make reference to specific treatments under these areas, all of which are not routinely commissioned.</i></p>

Electrotherapy

The following are **not routinely commissioned**:

- Transcutaneous electrical nerve stimulation (TENS)
- Percutaneous electrical nerve stimulation (PENS)
- Ultrasound
- Interferential
- Laser therapy

Pharmacological interventions The CCG doesn't commission the following of low back pain without neuropathic

The CCG **does not routinely commission** the following in the treatment of low back pain without Neuropathic pain:

- Paracetamol used alone
- Selective serotonin re-uptake inhibitors (**SSRIs**)
- Serotonin– norepinephrine reuptake inhibitors
- Tricyclic antidepressants
- Anti-convulsants
- Opioids for the management of acute back pain (if NSAIDs are contraindicated, ineffective or not tolerated then weak opioids may be given +/- paracetamol)

Patients with neuropathic pain should be managed in line with NICE CG 173:

- Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia)
- 1.1.9 If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not

		<p>tolerated.</p> <ul style="list-style-type: none"> • 1.1.10 Consider tramadol only if acute rescue therapy is needed (see recommendation 1.1.12 about long-term use). • 1.1.11 Consider capsaicin cream[4] for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments. <p><i>Treatments that should not be used</i></p> <p>1.1.12 Do not start the following to treat neuropathic pain in non-specialist settings, unless advised by a specialist to do so:</p> <ul style="list-style-type: none"> • cannabis sativa extract • capsaicin patch • lacosamide • lamotrigine • levetiracetam • morphine • oxcarbazepine • topiramate • tramadol (this is referring to long-term use; see recommendation 1.1.10 for short-term use) • venlafaxine. 	
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Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
X rays and MRI scans as diagnostic tools for back related problems	There is no specific C&M policy around X rays and MRI scans, however it is noted in the comments section of 16.1 that ' <i>X Rays and MRI scans should not be offered unless in a context of referral for surgery.</i> '	<p>Imaging for patients presenting with back pain.</p> <p>X rays, MRI and CT scans are NOT routinely commissioned in non-specialist settings.</p> <p>For patients with non-urgent presentations consider imaging in specialist musculoskeletal settings for people with low back pain with or without sciatica only if the result is likely to change management i.e. prior to surgery.</p>	This policy now brings imaging back pain in line with the latest mandated NICE guidelines issued in November 2016 (NG59).

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
		<p>Imaging is only commissioned where patients present with red flags(see below) or concerns of serious underlying pathology (cancer, infection etc.) and requires urgent management. Emergency Spinal Referral</p> <ul style="list-style-type: none"> • Suspected spinal cord neurology (gait disturbance, multilevel weakness in the legs and /or arms) • Impending Cauda Equina Syndrome (Acute urinary disturbance, altered perianal and/or genital sensation, (reduced anal tone and squeeze – if circumstances permit) • Major motor radiculopathy • Suspected Spinal Infection <p>Priority Spine imaging (Protocol led MRI whole spine unless contraindicated)</p> <ul style="list-style-type: none"> • Past history of cancer *(new onset spinal pain) • Recent unexplained weight loss • Objectively unwell with spinal pain • Raised inflammatory markers (relative to range anticipated for age) Plasma viscosity , CRP , ESR (according to local practice) • Possible immunosuppression with new spinal pain (IVDU, 	<p>Imaging such as X Rays and MRI scans are a poor way to identify and manage patients unless there is evidence or an indication of serious pathology</p>

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
		<p>HIV, Chemotherapy, Steroids).</p> <ul style="list-style-type: none"> • Prolonged steroid use * • Known osteoporosis, with new severe spinal pain <p>Age <15, or >60 years new onset axial back pain *Statistically significant red flags. Although the others listed may not be</p>	

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Facet Joint - Non Specific Back Pain Over 12 Months including radio frequency ablation	<p>Non specific back pain over 12 months – Not routinely commissioned.</p> <p>May have a role as a diagnostic procedure when considering radio frequency ablation. This would require an individual funding request.</p>	<p>Injections for back pain Therapeutic Facet Joint injection, therapeutic medial branch block, prolotherapy, Botulinum Toxin and Trigger Point Injections are Not routinely commissioned</p>	<p><i>There is some difference between the current and the proposed policy. The proposed policy is clear that Therapeutic Facet Joint injection, therapeutic medial branch block, prolotherapy, Botulinum Toxin and Trigger Point Injections are Not routinely commissioned.</i></p> <p><i>The proposed policy covers multiple injection options within one policy rather than having separate policies.</i></p>
Epidural Injection	<p>Radicular Pain – Single injection may be of benefit to enable normal activity to resume in prolapsed disc & spinal stenosis where surgery is not desirable.'</p> <p>'Non Specific Back Pain – Not routinely commissioned'.</p>	<p>Epidural</p> <p>Single shot epidural steroid is of short-term benefit in acute and severe sciatica and may enable normal activity to resume. Benefits and risks should be discussed with the patient. Epidural injections should be targeted at the affected nerve root(s) and under image guidance where required.</p>	
Radiofrequency Facet Joint	<p>The following should not be offered for the early management of persistent non-specific low back pain.</p>	<p>Only one injection should be offered and this should</p>	

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
<p>Denervation Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)</p>	<p>Radiofrequency facet joint denervation.</p> <p>Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT),</p>	<p>only be offered where:</p> <ul style="list-style-type: none"> • symptoms are acute <p>AND</p> <ul style="list-style-type: none"> • The patient is experiencing severe sciatica. <p>Epidural Injection for Non-specific Low Back Pain of greater than 12 months, is not routinely commissioned. Epidural injection for neurogenic claudication in patients with central stenosis is not routinely commissioned.</p> <p>Radiofrequency Facet Joint Denervation</p> <p>Treatments for low back pain will only be commissioned in line with NICE guidance NG59 'Low back pain and sciatica in over 16s: assessment and management' (November 2016)</p> <p>The CCG will fund a single procedure of radiofrequency denervation for people with chronic low back pain when:</p> <ul style="list-style-type: none"> • comprehensive conservative treatment approach has not • worked for them <p>AND</p> <ul style="list-style-type: none"> • the main source of pain is thought to come from structures supplied by the medial branch nerve <p>AND</p> <ul style="list-style-type: none"> • The clinical presentation is consistent with symptoms arising from the facet joint: 	<p><i>The proposed policy states that for epidural injections, these should be offered only where symptoms are acute and the patient is experiencing severe sciatica and that only one injection should be offered.</i></p> <p><i>Epidural Injection for Non-specific Low Back Pain of greater than 12 months and Epidural injection for neurogenic claudication in patients with central stenosis is not routinely commissioned.</i></p> <p><i>The proposed policy now outlines 6 specific criteria a patient must meet in order for one procedure of radiofrequency denervation.</i></p> <p><i>IDET and PIRFT have now been grouped with the disc and decompression procedures, however these remain not routinely commissioned.</i></p>

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
		<ul style="list-style-type: none"> ○ Increased pain unilaterally or bilaterally on lumbar paraspinal palpation ○ Increased back pain on 1 or more of the following: <ul style="list-style-type: none"> ○ extension (more than flexion); rotation; extension/side flexion; extension/rotation ○ No radicular symptoms ○ No sacroiliac joint pain elicited using a provocation test <p>AND</p> <ul style="list-style-type: none"> ● they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral <p>AND</p> <ul style="list-style-type: none"> ● low back pain is chronic in nature <p>AND</p> <ul style="list-style-type: none"> ● The patient has significant short term pain relief to a diagnostic medial branch block. <p>Do not offer imaging for people with low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.</p> <p>Providers who offer radiofrequency denervation will be expected to submit patient outcome data to the UK National Spinal RF Registry http://cl1.n3-dendrite.com/csp/spinalrf/FrontPages/index.html</p>	

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Fusion	<p>Not routinely commissioned. There is limited data on effectiveness and no data on superiority over other treatments.</p> <p>Fusion not commissioned unless the patient has completed an high intensity package of care, including a combined physical and psychological treatment programme.</p> <p>AND</p> <p>Still has severe non-specific low back pain for which they would consider surgery.</p>	<p>Spinal Fusion The following procedures are not routinely commissioned:</p> <ul style="list-style-type: none"> • Fusion • Non-rigid stabilisation techniques • Lateral body fusion in the lumbar spine • Transaxial interbody lumbrosacral fusion • Anterior lumbar interbody fusion (ALIF) • Posterior lumbar interbody fusion (PLIF) • Or any other combination of approach where surgical fixation is performed 	<p><i>There is no difference between the current and the proposed criteria for Non-rigid stabilisation techniques, Lateral body fusion in the lumbar spine, Transaxial interbody lumbrosacral fusion.</i></p> <p><i>For fusion, the current criteria stating Fusion not commissioned unless the patient has completed an high intensity package of care, including a combined physical and psychological treatment programme and still has severe non-specific low back pain for which they would consider surgery has been removed.</i></p> <p><i>The proposed criteria now makes clear that ALIF and PLIF and any other combination of approach where surgical fixation is performed is not routinely commissioned.</i></p>
Non-Rigid Stabilisation Techniques	This procedure is NOT routinely commissioned.		
Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine	This procedure is NOT routinely commissioned.		
Transaxial Interbody Lumbosacral Fusion	This procedure is NOT routinely commissioned.		

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Endoscopic Laser Foraminoplasty	This procedure is NOT routinely commissioned.	<p>Disc and Decompression procedures</p> <p>Spinal decompression i.e. laminectomy, discectomy, facetectomy, foraminotomy, is commissioned where:</p> <ul style="list-style-type: none"> • Patient presents with severe and acute sciatica <p>AND</p> <ul style="list-style-type: none"> • have failed to respond to conservative intervention <p>AND</p> <ul style="list-style-type: none"> • have imaging findings concordant with clinical presentation <p>Patient outcome data must be entered onto the international registry database Spine Tango and providers are expected to regularly participate in the Cheshire and Mersey MDT Spinal Network.</p>	<p><i>There is some difference between the current and the proposed policy.</i></p> <p><i>The proposed policy covers all types of disc and decompression procedures rather than having separate policies.</i></p> <p><i>Endoscopic Laser Foraminoplasty, Endoscopic Lumbar Decompression, Percutaneous Disc Decompression using Coblation for Lower Back Pain, Percutaneous Intradiscal Laser Ablation in the Lumbar Spine, Automated Percutaneous Mechanical Lumbar Discectomy, Prosthetic Intervertebral Disc Replacement in the Lumbar Spine, Intradiscal Electro Thermal Annuloplasty (IDET), and Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT) all remain not</i></p>
Endoscopic Lumbar Decompression	This procedure is NOT routinely commissioned		
Percutaneous Disc Decompression using Coblation for Lower Back Pain	This procedure is NOT routinely commissioned.		
Percutaneous Intradiscal Laser Ablation in the Lumbar Spine	This procedure is NOT routinely commissioned.		
		<p>The following procedures are NOT routinely commissioned:</p> <ul style="list-style-type: none"> • Endoscopic Laser Foraminoplasty • Endoscopic Lumbar Decompression 	

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Automated Percutaneous Mechanical Lumbar Discectomy	This procedure is NOT routinely commissioned	<ul style="list-style-type: none"> • Percutaneous Disc Decompression using Coblation for Lower Back Pain • Percutaneous Intradiscal Laser Ablation in the Lumbar Spine • Automated Percutaneous Mechanical Lumbar Discectomy • Prosthetic Intervertebral Disc Replacement in the Lumbar Spine • Intradiscal Electro Thermal Annuloplasty (IDET) • Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT) 	<i>routinely commissioned.</i>
Prosthetic Intervertebral Disc Replacement in the Lumbar Spine	This procedure is NOT routinely commissioned		<p><i>The proposed policy states that Spinal decompression i.e. laminectomy, discectomy, facetectomy, foraminotomy, is commissioned where:</i></p> <ul style="list-style-type: none"> • <i>Patient presents with severe and acute sciatica</i> <p><i>AND</i></p> <ul style="list-style-type: none"> • <i>have failed to respond to conservative intervention</i> <p><i>AND</i></p> <ul style="list-style-type: none"> • <i>have imaging findings concordant with clinical presentation</i>

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain	This procedure is NOT routinely commissioned.	<p>Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain</p> <p>This procedure is NOT routinely commissioned.</p>	<i>There is no difference between the current and the proposed criteria</i>

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Therapeutic Endoscopic	This procedure is NOT routinely	Therapeutic Endoscopic Division of	<i>There is no difference between the current and the proposed criteria</i>

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
Division of Epidural Adhesions	commissioned.	Epidural Adhesions This procedure is NOT routinely commissioned.	

Glossary

Term	Meaning
NICE guidance	The guidance published by the National Institute for Health and Care Excellence
Not routinely commissioned (a procedure)	This means the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
Spinal Decompression	A procedure to reconstruct the vaginal canal
Epidural	An epidural is an injection in the back to stop you feeling pain in part of your body.
Facet Joint	The facet joints are the joints in your spine that make your back flexible and enable you to bend and twist. Nerves exit your spinal cord through these joints on their way to other parts of your body. Healthy facet joints have cartilage, which allows your vertebrae to move smoothly against each other without grinding.
Therapeutic Endoscopic Division of Epidural Adhesions	Endoscopic epidural procedures are used to treat lower back pain, particularly when radiculopathy is present. The epidural space is examined with an endoscope and further interventions may then be performed, such as mobilising spinal adhesions or administering drugs to inflamed tissue.
Endoscopic Laser Foraminoplasty	The Endoscopic Laser Foraminoplasty procedure opens the lateral recess, decompresses the nerve roots, accepts the settlement and allows continued micromovements at the segmental level. This is expected to avoid the acceleration of degeneration at the adjacent levels. It preserves all options for the patient for the future including "Keyhole" disc replacement, and "Keyhole" fusion as well as conventional fusion or Total Disc Replacement.
Endoscopic Lumbar Decompression	Lumbar decompression surgery is a type of surgery used to treat compressed nerves in the lower (lumbar) spine. It's only recommended when non-surgical treatments haven't helped. The surgery aims to improve symptoms such as persistent pain and numbness in the legs caused by pressure on the nerves in the spine.
Percutaneous Disc Decompression using Coblation for Lower Back Pain	Percutaneous disc decompression is a minimally invasive, highly effective treatment for low back pain caused by contained herniated discs and protruding discs . It is designed to alleviate pressure on a compressed nerve by directly excising the disc that is pushing against the nerve root
Percutaneous Intradiscal Laser Ablation in the	In percutaneous intradiscal laser ablation , a needle is inserted through the outer cover of the disc, into its jelly-like centre. A laser is then inserted through the needle to destroy part of the disc, with the aim of

Term	Meaning
Lumbar Spine	shrinking it.
Automated Percutaneous Mechanical Lumbar Discectomy	This can be used to treat Sciatica and is performed using local anaesthetic with or without conscious sedation. Under fluoroscopic guidance, a cannula is placed centrally within the disc using a posterolateral approach on the symptomatic side. A probe connected to an automated cutting and aspiration device is then introduced through the cannula. The disc is aspirated until no more nuclear material can be obtained.
Prosthetic Intervertebral Disc Replacement in the Lumbar Spine	The diseased disc is partially or fully excised (depending on the prosthesis used). The vertebral endplates and surrounding spinal ligaments are preserved and help maintain implant stability. Single discs can be replaced, or alternatively, several levels can be replaced during the same surgery.
Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain	Peripheral nerve and field stimulation is a type of neuromodulation, which is a surgical procedure that implants electrodes in the body to change how the nervoussystem works. Peripheral nerve and field stimulation involves placing the electrodes directly on nerves or under the skin in the region of pain.
Non-Rigid Stabilisation Techniques	Non-rigid stabilisation (otherwise known as flexible or dynamic stabilisation) of the lumbar spine is intended to improve chronic low back pain by reducing painful movement without rigidly fusing the spine.
Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine	Lateral lumbar interbody fusion (XLIF) is a minimally-invasive procedure used to treat leg or back pain generally caused by degenerative disc disease.
Transaxial Interbody Lumbosacral Fusion	Transaxial anterior lumbar interbody fusion is a minimally invasive spinal fusion procedure used to treat patients with chronic lower back pain.

Appendix C – Glossary

TREATMENT	MEANING
Abdominoplasty/Apronectomy	A procedure to reduce excess skin and fat, improve abdominal contours and scars, and tighten muscles. This is sometimes called a “tummy tuck”
Adenoidectomy	A procedure to remove the adenoids – lumps of tissue at the back of the nose
Aesthetics	These are procedures which relate to cosmetic procedures which are intended to restore or improve a person’s appearance
Alopecia	Hair loss
Analgesics	Painkillers
Asymptomatic	Without symptoms
Augmentation	Increasing in size, for example breast augmentation
Benign	Does not invade surrounding tissue or spread to other parts of the body; it is not a cancer
Binocular vision	Vision in both eyes
Body Mass Index (BMI)	Body Mass Index - a measure that adults can use to see if they are a healthy weight for their height.
Cataract	When the lens of an eye becomes cloudy and affects vision
Cholecystectomy	Removal of the gall bladder
Chronic	Persistent
Co-morbidities	Other risk factors alongside the primary problem
Congenital	Present from birth
Conservative treatment	The management and care of a patient by less invasive means, these are usually non surgical
Depilation	Removal. For example hair depilation
Eligibility/Threshold	Whether someone qualifies. In this case, the minimum criteria to access a procedure
Exceptional clinical circumstances	A patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients, with the same medical condition and at the same stage of progression as the patient.
Functional health problem/difficulty/impairment	Difficulty in performing, or requiring assistance from another to perform, one or more activities of daily living.
Ganglion	A non-cancerous fluid filled lump
Gynaecomastia	Benign enlargement of the male breast
Haemorrhoidectomy	A procedure to cut away haemorrhoids, sometimes called piles
Histology	The structure of cells or tissue under a microscope
Hyperhidrosis	Excess sweating
Hysteroscopy	
Individual Funding Request (IFR)	A request received from a provider or a patient with explicit support from a clinician, which seeks funding for a single identified patient for a specific treatment

TREATMENT	MEANING
Irreducible	Unable to be reduced
Labiaplasty	A procedure to reduce and/or reshape the labia
Lipomata	Fat deposits under the skin
Liposuction	A procedure using a suction technique to remove fat from specific areas of the body.
Malignant/malignancy	Harmful
Mastopexy	A reconstructive procedure to lift the breast
Menorrhagia	Abnormally heavy or prolonged bleeding at menstration
Monocular vision	Vision in one eye only
Multi-disciplinary	Involving several professional specialisms for example in a Multi-disciplinary team (MDT)
NICE guidance	The guidance published by the National Institute for Health and Care Excellence
Not routinely funded (a procedure)	This means the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
NSAIDS	Non-steroidal anti-inflammatory drugs – medication that reduces pain, fever and inflammation
Paediatric(ian)	Medical care concerning infants, children and adolescents usually under 18.
Pathology/pathological	The way a disease or condition works or behaves. This may for example include examination of bodily fluids or tissue e.g. blood testing.
Pinnaplasty	A procedure to pin or correct deformities the ear
Precipitates	Brings about/triggers
Prophylactic	Preventative or prevention
Rationale	Explanation of the reason why
Restricted (a procedure)	This means CCG will fund the treatment <u>if</u> the patient meets the stated clinical threshold for care.
Rhinophyma	A condition causing development of a large, bulbous, ruddy (red coloured), nose
Rhinoplasty	A procedure to shape the size and/or shape of the nose
Rhytidectomy	A procedure to restore facial appearance or function. These are sometime called face or brow lifts.
Symptomatic	Something causing or exhibiting symptoms
Tonsillectomy	A procedure to remove the
Vaginoplasty	A procedure to reconstruct the vaginal canal

Title: POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS		Version: 2		
Next Revision Due:	The policy shall be reviewed on an annual basis or as and when NHSE issues additional guidance	Author	Consultation and Communication	Approved by
Department responsible for this document:	Planned Care	Sarah McGrath	EPEG Big Chats Shared with providers	Joint QIPP Committee Clinical QIPP Advisory Group
DESIGNATION	NAME	SIGNATURE		DATE
Director of Commissioning and Redesign	Jan Leonard			December 2017



POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS

This local policy relates to patients registered with general practitioners in Southport and Formby. It is identified in local contracts as a Prior Approval policy alongside the main Merseyside CCG Commissioning Policy

Start Date: Applies to referrals made from 1 October 2016

Date review due: February 2020

Background

Cataract is the opacification of the lens of the eye, most commonly resulting from the normal ageing process. Trauma, metabolic conditions or congenital problems can also cause cataract. If left untreated, cataracts can lead to a gradual loss of clarity of vision which can have a large impact on quality of life in elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity and to improve the vision-related quality of the patient's life. A best corrected Visual Acuity of 6/9 [Snellen] or better normally allows a patient to function without significant visual difficulties.

Relevant OPCS codes

The following OPCS 4.7 codes are used to identify cataract removal surgery:

- C71.- Extracapsular extraction of lens
- C72.- Intracapsular extraction of lens
- C73.- Incision of capsule of lens
- C74.- Other extraction of lens
- C75.- Prosthesis of lens
- C77.- Other operations on lens

Objectives for Policy

- To ensure cataract surgery is commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- To reduce variation in access to cataract surgery

Guidance for first eye surgery

Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs.

In order to confirm eligibility for payment, providers should ensure all first eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.

The presence of a cataract in itself does not indicate a need for surgery. It is intended that all patients should be fully assessed and counselled as to the risks and benefits of surgery. This assessment will usually be undertaken by an accredited community optometrist prior to referral.

Where both eyes are affected by cataract, the first eye referred for cataract surgery is usually expected to be the eye where cataract has caused the greatest reduction in visual acuity.

This policy does not extend to cataract removal incidental to the management of other eye conditions.

Referral of patients with cataracts to ophthalmologists should be based on the following indications:

1. The patient has sufficient cataract to account for visual symptoms. **AND**
2. The patient has **best corrected visual acuity of 6/9** (Snellen) **or +0.2** (Logmar) **or worse** in the first eye **AND** the reduced visual acuity is impairing their lifestyle. A description of this impact must be documented and accompany the referral information. If both eyes have a similar visual acuity of 6/9, only one eye may be considered for surgery at that time. Impact on lifestyle would include any of the following factors:
 - a. the patient is at significant risk of falls
 - b. the patient's vision is affecting their ability to drive
 - c. the patient's vision is substantially affecting their ability to work or undertake caring responsibilities
 - d. the patient's vision is substantially affecting their ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.

OR

3. The patient has best corrected visual acuity of *better* than 6/9 in the worst eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work
4. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery but which together reduce binocular vision below the DVLA standard for driving.

AND

5. Where the referral has been initiated by an optometrist, there has been a discussion on the risks and benefits of cataract surgery based around the Patient Decision Aid For Cataract. <http://sdm.rightcare.nhs.uk/pda/cataracts/>
6. The patient has understood what a cataract surgical procedure involves and wishes to have surgery
7. In circumstances where the patient has best corrected visual acuity of *better* than 6/9 in the worst affected eye but they are experiencing some other significant impact on their quality of life, not included within 3 or 4 above, the Prior Approval process should be initiated.

Guidance for second eye surgery in patients with bilateral cataracts

Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs

In order to confirm eligibility for payment, providers should ensure all second eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.

1. The patient has sufficient cataract to account for visual symptoms. **AND**
2. The patient has **best corrected visual acuity of 6/12** (Snellen) **or +0.3** (Logmar) **or worse** in the second eye **AND** the reduced visual acuity is impairing their lifestyle. A description of this impact must be documented. Impact on lifestyle would include any of the following factors:
 - a. the patient is at significant risk of falls
 - b. the patient's vision is affecting their ability to drive
 - c. the patient's vision is substantially affecting their ability to work or undertake caring responsibilities
 - d. the patient's vision is substantially affecting their ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.

OR

3. There is a large refractive difference of 2.5 dioptres or more between the two eyes following surgery to the first eye
4. The patient has best corrected visual acuity of *better* than 6/12 in the second/ better eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work
5. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery but which together reduce binocular vision below the DVLA standard for driving.

AND

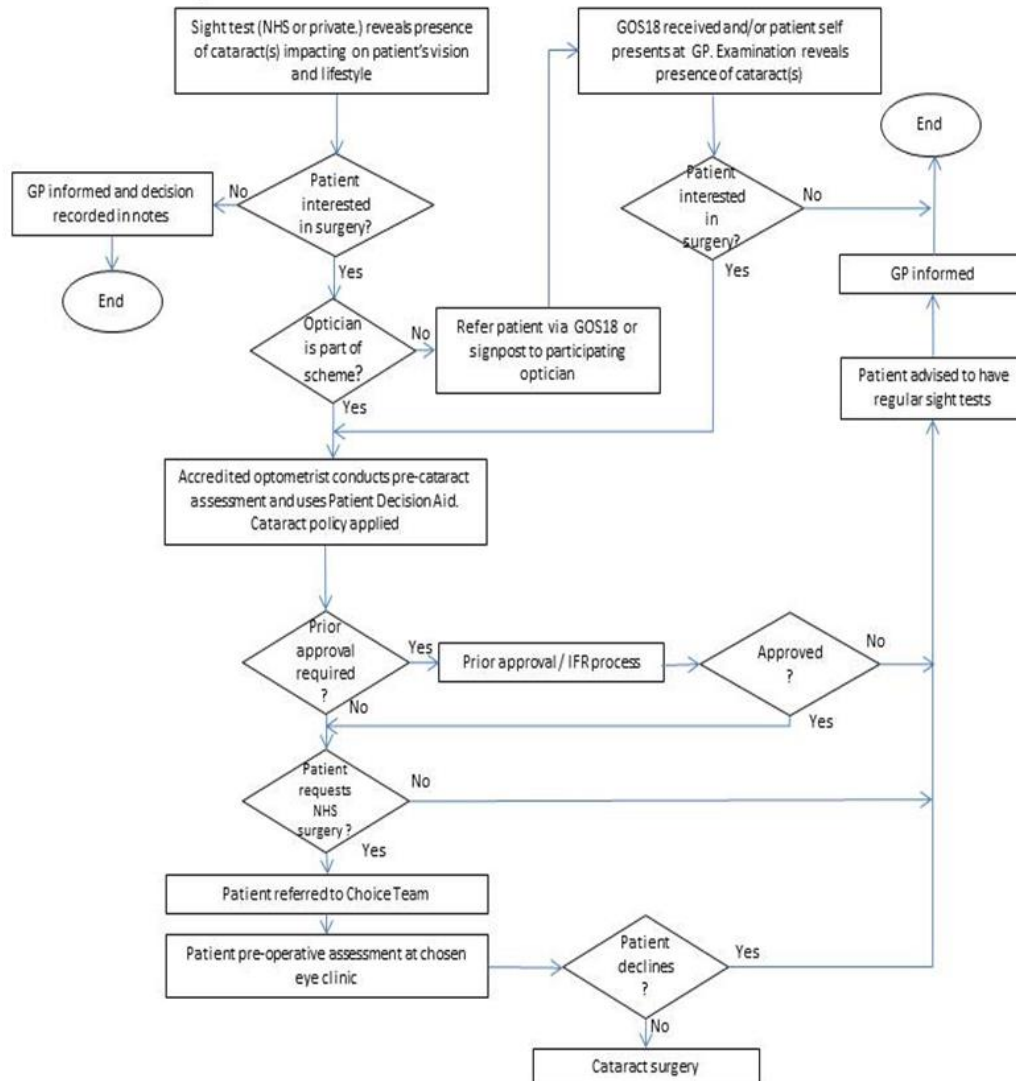
6. Where the referral for second has been initiated by an optometrist, there has been a discussion on the risks and benefits of cataract surgery based around the Patient Decision Aid For Cataract. <http://sdm.rightcare.nhs.uk/pda/cataracts/>
7. The patient has understood what a cataract surgical procedure involves and wishes to have surgery
8. In circumstances where the patient has best corrected visual acuity of *better* than 6/12 in the better/ second eye but they are experiencing some other significant impact on their quality of life, not included within 3 or 4 above, the Prior Approval process may be initiated .

References

Atlas of Variation *Tacking Unwarranted Variation in Healthcare across the NHS* Public Health England, NHS Right Care and NHS England September 2015
Evidence Review Cataract Surgery –ChaMPs May 2014
Royal College of Ophthalmologists *Commissioning Guide for Cataract Surgery* February 2015
NHS Choices
NHS Patient Decision Aids – Cataract
NICE guideline NG77 Cataracts in adults: management Published date October 2017

Pathway

Overview of Care Pathway



Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 18th October 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case scenario is £1.7m deficit excluding NCSO drugs' costs (c. £0.7m) 	<ul style="list-style-type: none"> The CCG is not on target to deliver statutory duty / financial target. 	<ul style="list-style-type: none"> Further review of expenditure / schemes to identify further savings to meet financial target / statutory duty. This needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a deliverable financial plan.

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

- Further review required regarding overspend at Wrightington, Wigan and Leigh (WWL) Hospital relating to increased Trauma and Orthopaedic activity. Assurance required that MCAS is capturing this information.
- An updated prioritisation review will be presented at the Governing Body meeting in November 2017.
- The committee approved the Information Governance Policy and supported the postponement of the review of the Information Governance Handbook until full guidance on the new GDPR is released in early 2018.
- The F&R Committee risk register was approved subject to a scoring amendment.
- The committee received an Exception Commentary report on the CCG Improvement and Assurance Framework Dashboard Q4 2016/17. Regular updates to Governing Body via the Integrated Performance Report.
- Further action required regarding high cost drugs expenditure review with local providers.
- The committee approved the Pan Mersey APC recommendation for the commissioning of the following:
 - ELUXADOLINE Tablets (Truberzi® ▼) for the treatment of Irritable bowel syndrome with diarrhoea
 - DIMETHYL FUMARATE Tablets (Skilarence® ▼) for the treatment of Plaque psoriasis

- The committee provided delegated authority to SL and MMcD to review the commissioning of RANIBIZUMAB intravitreal injection (Lucentis®) for the treatment of Choroidal neovascularisation, where there is assurance that Blueteq is in use.
- Report reviewing GoToDoc contract to be brought to the next committee meeting in November 2017.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22nd November 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case scenario is £1.950m deficit excluding NCSO drug costs (c. £0.7m) 	<ul style="list-style-type: none"> The CCG is not on target to deliver statutory duty / financial target. 	<ul style="list-style-type: none"> Further review of expenditure / schemes to identify further savings to meet financial target / statutory duty. This needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a deliverable financial plan.

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

- Workforce Equality and Diversity Plan progress received.
- CCG is demonstrating 'due regard' for period April 2016 – March 2017 against the Workforce Race Equality Standard (WRES).
- Report on Out of Hours Alternative Primary Medical Services received. Further information regarding shifts covered, how often doctors cover wider areas within shifts requested. Review to also cover other elements of urgent care services.
- F&R risks were agreed. The overall finance risk is recorded at 20 (high risk).
- Prescribing report was received, noting c. 4.6% overall underspend compared with current budget.
- The committee approved the Pan Mersey APC recommendation for the commissioning of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis.
- The committee agreed sign off for Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors.

Key Issues Report to Governing Body

Part A Joint Quality Committee Meeting held on 28 th September 2017	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)

<p>1. Provider Quality & Performance Reports – The performance reports were reviewed</p>
<p>2. S&O Mortality - AQuA report is to be reviewed by the CCG internal team and report to come back to the JQC and CCF. Mortality presentation to be given by the Trust at the next CQPG / CRM along</p>
<p>3. S&O Clinical / Medical staffing challenges – Medical staffing challenges discussed at the CQPG. Presentation for assurance purposes scheduled for the next CQPG / CRM.</p>
<p>4. S&O GP Governing Body Member Urgent Care Visit – Outcome of a recent visit to A&E and a planned further visit to be undertaken discussed.</p>

Key Issues Report to Governing Body



Audit Committees in Common: Wednesday 11th October 2017
Part A: NHS Southport & Formby CCG

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

- The discussion regarding outstanding debt associated with Southport and Ormskirk Hospital NHS Trust to be continued at the Finance & Resource Committee meeting in November 2017.
- Update received on review of NFI matches.
- Internal Audit reviews of CHC and Governing Body Reporting have reached positive conclusions with significant assurance being reported.
- Further moderation to be carried out on Corporate Risk Register. Both Corporate Risk Register and Governing Body Assurance Framework will be presented to the Governing Body in November 2017.

Key Issues Report to Governing Body



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Audit Committees in Common: Wednesday 11th October 2017
Part B: Joint Section (NHS Southport & Formby CCG and NHS South Sefton CCG)

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

The following dates in relation to 2017/18 external audit were confirmed:

- 24th April 2018: CCGs to submit draft annual report and accounts to external auditors and the Department of Health.
- 29th May (9am): External audit of each CCG to be completed.

Subject of GPs looking to transform and operate at scale to be considered for a future Wider Constituent Group meeting agenda for each of the CCGs.

Recommendations from *Review of Remuneration Committee Procedures 2013 – 2017* approved.

Key Issues Report

Southport & Formby Localities

October 2017 to January 2018



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Tissue Viability Nurses	<ul style="list-style-type: none"> Patient Care as identified that no cover in place. 	<ul style="list-style-type: none"> December update- Tissue Viability Nurse is now in post.
2. 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"> Work has been undertaken with iMerseyside/Meds Management team/Clinical leads to produce a protocol. Some practical issues with using the protocol which are being worked through.

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Reports of District Nurses not treating Grade 3 wounds in care home patients.	<ul style="list-style-type: none"> Risk to patient care. 	<ul style="list-style-type: none"> Raised with LCFT relationship provider for investigation with Service Manager- feedback awaited. To be reported to Quality committee via Locality Quality log. Tissue viability nurse appointed within LCFT which it is hoped will resolve these issues.
2. Midwives no longer inputting consultation details on practice clinical systems	<ul style="list-style-type: none"> Patient care. Potential safeguarding issues. 	<ul style="list-style-type: none"> Raised at S&O CQPG in September. System in use by midwives does not communicate with EMIS. Being raised at next Trust CQPG. Raised internally via Quality logs sent to Quality Committee. Technical aspects to be discussed with iMerseyside.

Key Issues Report

Southport & Formby Localities

October 2017 to January 2018

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
GOS18/optom referrals.	<ul style="list-style-type: none"> Examples of Optoms not following referral pathway for glaucoma. 	<ul style="list-style-type: none"> Raised with CCG Lead. Specific examples passed on for investigation. Clarification to practices that only Sefton Optometrists are part of this scheme- therefore Liverpool Optometrists do not follow this pathway and practices may receive referral requests. Clarification sent to practices of the conditions covered by the Sefton scheme.
2. DN Communication	<ul style="list-style-type: none"> Group raised issues with communication to and from DN team. 	<ul style="list-style-type: none"> Bypass numbers requested from practices for circulation to team again. Feedback discussed with LCFT relationship manager for discussion with Service Manager.
3. Merseycare prescribing requests	<ul style="list-style-type: none"> Instances reported where consultants are sending prescribing requests to GP's which should be fulfilled by Merseycare. 	<ul style="list-style-type: none"> Discussion at locality. Reminder to practices to forward examples to CCG. To be reported to Quality committee via Locality Quality logs . Highlighted to relevant CCG Clinical and non-clinical leads.
4. Issues with ambulance response times to General Practice	<ul style="list-style-type: none"> Risk to patient safety. 	<ul style="list-style-type: none"> Notified Head of Commissioning. Raised directly with provider at Contract meeting. Reported to Quality committee via Locality Quality logs.

**Key Issues Report
Southport & Formby Localities
October 2017 to January 2018**



		<ul style="list-style-type: none">• NWAS escalated to Exec team and assurance has been received that significant action has been taken to remedy the situation (it was stated that response times and call pickup times have improved). A report detailing current performance and remedial actions is due to be finalised and sent to Merseyside CCG's.
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Key Issues Report

Southport & Formby Localities

October 2017 to January 2018



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. 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. Conversations to take place with community provider.
2. Issues with ambulance response times to General Practice	<ul style="list-style-type: none"> Risk to patient safety. 	<ul style="list-style-type: none"> Notified Head of Commissioning. Raised directly with provider at Contract meeting. Reported to Quality committee via Locality Quality logs. NWAS escalated to Exec team and assurance has been received that significant action has been taken to remedy the situation (it was stated that response times and call pickup times have improved). A report detailing current performance and remedial actions is due to be finalised and sent to Merseyside CCG's.

Finance and Resource Committee Minutes

Wednesday 18 October 2017, 10.30am to 12.30pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership) Helen Nichols Gill Brown Debbie Fagan Jan Leonard (items FR17/126 – FR17/136) Susanne Lynch Martin McDowell Dr Hilal Mulla Alison Ormrod In attendance Emma Styles Minutes Tahreen Kutub	Lay Member (Chair) Lay Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer CCG Lead for Medicines Management Chief Finance Officer GP Governing Body Member Deputy Chief Finance Officer Information Governance Manager, MLCSU PA to Chief Finance Officer	HN GB DF JL SL MMcD HM AO ES TK
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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	✓	N		
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 (Ex-officio member of F&R Committee)	*	*	✓	*	*	✓	*	*		

No	Item	Action
FR17/126	<p>Introductions and Apologies for Absence Introductions were made. No apologies for absence had been received.</p>	
FR17/127	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to 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"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. 	
FR17/128	<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>	
FR17/129	<p>Action points from the previous meeting</p> <p>FR17/67 - Financial Plan 2017/18 - Update on reserves AO circulated the reserves budget table, which was tabled at the meeting for discussion under item <i>FR17/131 Finance Report - Month 6</i>. She confirmed the reserves budget will be included in future monthly finance reports. Action closed.</p> <p>FR17/107 - Action points from the previous meeting (FR17/72 - Prescribing Spend Report – Month 11 2016/17) CR was not in attendance to report on this action, which is to remain on the tracker.</p> <p>FR17/107 - Action points from the previous meeting (FR17/95 - Finance Report - Month 3) JL provided an update on the issue of the rise in activity associated with consultant to consultant referrals. She noted it has been difficult to obtain data on the originating referrer when reviewing cases. The Southport & Ormskirk Hospital information subgroup is continuing to review the rise in activity and looking into two factors in particular: internally referred ECGs and dermatology referrals. It was agreed for this action to remain on the tracker so that a further update is provided at the next meeting.</p> <p>FR17/108 - Midland and Lancashire CSU: Summary Service Report Tracy Jeffes (Chief Delivery & Integration Officer at the CCG) has asked the CSU to amend a sentence, as detailed on the action tracker, in the CSU Summary Service Report so that it is clear that the concerns discussed at the CCG/CSU meeting on 18th July 2017 had been raised by the CCG. Action closed.</p> <p>FR17/110 - Business Continuity Policy, Strategy, Plan; Crisis Management</p>	

No	Item	Action
	<p>Plan; and Incident Response Plan MMcD confirmed that Tracy Jeffes is arranging a CSU session for the Governing Body, to review a standard operating procedure for the business continuity policies and strategies. This session will be during a forthcoming Governing Body Development Session. Action closed.</p> <p>FR17/111 - Finance Report - Month 5 AO confirmed she will circulate papers addressing the actions related to the finance report on Thursday 19th October 2017.</p> <p>FR17/113 - Finance & Resource Committee Risk Register A risk relating to the outstanding debt over six months old from Southport and Ormskirk Hospital, related to CQUIN 2015/16 (£670k) and Breast Referral Services (£50k) has been added to the risk register. Action closed.</p> <p>FR17/115 - CCG Improvement and Assurance Framework Q4 2016/17 An exception report for the CCG Improvement and Assurance Framework Q4 2016/17 is on the agenda for discussion and included in the meeting pack. Action closed.</p> <p>FR17/118 - Pan Mersey APC Recommendations MMcD and SL are reviewing the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis pending ongoing discussions in relation to funding of high cost drugs. MMcD noted that a meeting is being arranged between the CCG and Aintree University Hospital to discuss high cost drugs. It was agreed to remove this action from the tracker.</p> <p>FR17/124 - Any Other Business The Finance & Resource Committee meeting in November 2017 has been rearranged to take place on 22nd November, 10am-12pm. The venue has been confirmed as Ainsdale Centre for Health and Wellbeing. Action closed.</p>	AO
FR17/130	<p>Information Governance Policy and Handbook ES presented the Information Governance Policy, which was discussed at the Corporate Governance Support Group meeting in September 2017 and has been recommended for approval. She also presented a briefing paper regarding the Information Governance Handbook, which proposes to postpone the review of the handbook until early 2018, when full national guidance on the new General Data Protection Act (GDPR) is released.</p> <p>Committee members requested that key headlines from the Information Governance Handbook be summarised in a one-page document. ES noted the challenges of doing this given the scope of the handbook but confirmed she would discuss this with the Information Governance Team.</p> <p><i>The committee approved the Information Governance Policy and supported the postponement of the review of the Information Governance Handbook until full guidance on the new GDPR is released in early 2018.</i></p>	MMcD (ES)
FR17/131	<p>Finance Report - Month 6 AO provided an overview of the year-to-date financial position for NHS Southport</p>	

No	Item	Action
	<p>and Formby CCG as at 30th September 2017. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG's most likely case scenario forecasts a deficit after risk and mitigation of £1.724m (after adjustment for NCSO [No Cheaper Stock Obtainable] items). • Work is being progressed to resolve data quality issues following implementation of the Adam Dynamic Purchasing System. • The main financial pressures relate to overperformance at Wrightington, Wigan and Leigh Hospital and cost pressures on the CHC and Programme Projects budgets. • QIPP Delivery is £3.466m as at Month 6. • The finance team continue to work on reducing monthly cash balances. <p>AO circulated a paper detailing the Month 6 reserves position for the committee to review.</p> <p>MMcD and AO reported that they met with NHS England on 9th October 2017 to discuss the Month 6 financial position. The discussion with NHS England has resulted in an agreed stretch target of £0.500m and the exclusion of costs relating to NCSO drugs. This has improved the CCG's likely case scenario forecast by £1.000m since the Month 5 report.</p> <p>MMcD provided an update regarding financial stability at Southport and Ormskirk Hospital NHS Trust and advised that the Trust may pursue a block contract with the CCG for the remainder of the financial year. Concerns were raised about the impact of a block contract arrangement on the CCG's financial position. MMcD noted that the support of both NHS England and NHS Improvement would be required in reaching an agreement.</p> <p>MMcD raised the following issues for the committee's attention:</p> <ul style="list-style-type: none"> • Following the last QIPP Committee meeting on 17th October 2017, an updated prioritisation review will be presented at the Governing Body meeting on 1st November 2017. • The recent Red Quadrant report provided recommendations relating to costs of care home provision in the future. At a recent meeting held between CCG and local authority representatives, the CCG confirmed that future increases in costs would be part of a wider prioritisation process. DF stressed the importance of finance being reviewed in conjunction with quality issues. • Referral data for 2016/17 shows a sharp increase in March 2017. MMcD will be reviewing this to understand the reasons behind such an increase in the month of March in order to avoid a similar issue in March 2018. HM commented that he did not think the Quality and Outcomes Framework would have influenced a particular increase in March or Quarter 4. • MMcD referred to overspend at Wrightington, Wigan and Leigh Hospital relating to increased Trauma and Orthopaedic activity. JL confirmed she is working with the CCG's Business Intelligence team to understand the factors behind the rise in activity and will provide an update at the next Finance & Resource Committee meeting on 22nd November 2017. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>JL</p>

No	Item	Action
FR17/132	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register. It was noted that in accordance with the scoring rationale, the post mitigation scores for sub risk FR001b (<i>CCG fails to control expenditure against its opening budgets in 2017/18</i>) should be 4 for likelihood and 2 for consequence. The risk register is to be updated with this scoring.</p> <p>It was noted that the finance team continue to review quality issues with the Adam Dynamic Purchasing System in relation to risk FR002. HN queried whether the potential financial impact resulting from the Red Quadrant report, as discussed under item FR17/131, should be included as a risk. MMcD advised that the issue will be reviewed by the Governing Body prior to potential inclusion on the risk register.</p> <p>In reference to risk FR003 relating to prescribing code issues, it was noted that the Medicines Management team is continuing to review issues with a view to establishing assurance around the accuracy of charges.</p> <p>In reference to risk FR004 relating to aged debt associated with Southport & Ormskirk NHS Trust, MMcD noted that a final letter would be sent to the Trust, outlining the CCG position and seeking resolution as soon as possible. HN reiterated the need to have this issue resolved as a matter of urgency.</p> <p>MMcD noted that risk FR005 relating to lack of VPN access and off site working capability has been added to the risk register.</p> <p><i>The committee approved the risk register subject to the amendments agreed for the post mitigation scoring for risk FR001b.</i></p>	MMcD / AO
FR17/133	<p>Financial Strategy Update</p> <p>An update on the CCG's financial strategy was provided to the Governing Body at its Development Session on 4th October 2017.</p> <p>MMcD confirmed that the CCG's draft 2018/19 budgets will be presented to the Governing Body in January 2018 with a view to signing-off the 2018/19 budgets at the Governing Body meeting in March 2018.</p> <p>It was noted that the Governing Body meeting scheduled for 3rd January 2018 is in the first working week after the Christmas and New Year break, which may impact on attendance. TK to feedback to Judy Graves (Corporate Business Manager at the CCG) with a view to rearranging this meeting to later in the month.</p> <p><i>The committee received this verbal update.</i></p>	TK
FR17/134	<p>Estates Update</p> <p>MMcD confirmed that an estates update was provided at the Governing Body Development Session on 4th October 2017.</p>	

No	Item	Action
	<i>The committee received this verbal update.</i>	
FR17/135	<p>CCG Improvement and Assurance Framework Dashboard Q4 2016/17 – Exception Commentary</p> <p>JL presented the exception commentary on the CCG Improvement and Assurance Framework Dashboard Q4 2016/17.</p> <p>It was agreed that future updates on the CCG Improvement and Assurance Framework did not require review by the Finance and Resource Committee in addition to the Governing Body. It was noted that regular updates are presented to the Governing Body via the Integrated Performance report.</p> <p>JL informed the committee of a monthly Integrated Performance meeting held at the CCG which reviews performance ahead of the Governing Body meetings. She confirmed that Finance & Resource Committee members are welcome to attend a meeting and would ask Becky Williams (Strategy and Outcomes Officer at the CCG) to circulate meeting dates to the committee.</p> <p>The committee also agreed that a deep dive session related to performance be considered for a future Governing Body Development Session. JL to liaise with Tracy Jeffes (Chief Delivery & Integration Officer at the CCG) regarding a performance deep dive session.</p> <p><i>The committee received this report.</i></p>	<p>JL</p> <p>JL</p>
FR17/136	<p>Prescribing Spend Report – Month 4 2017/18</p> <p>SL presented the prescribing report for Month 4 (July 2017). The report details a breakdown of total prescribing budget, which includes prescribing spend in GP practices, prescribing spend in community services as well as an efficiency factor of 1.5% (explained further in the report).</p> <p>In reference to the GP prescribing budget, it was noted that Southport and Formby's position for month 4 shows an underspend of £721k (-3.3% on a budget of £22.021m).</p> <p>In reference to the total prescribing budget, it was noted that Southport and Formby's position for month 4 shows an underspend of £724k (-3.2% on a budget of £22.508m), although some of the opening budget had already transferred to QIPP.</p> <p>It was agreed for future prescribing reports to show the prescribing budget breakdown in a table format in addition to the text explanation currently in the report. SL to action.</p> <p>HN asked for a reconciliation to be shown between the figures in the finance report and those in the prescribing spend report.</p> <p><i>The committee received this report.</i></p>	<p>SL</p> <p>SL & AO</p>
FR17/137	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC</p>	

No	Item	Action
	<p>recommendations:</p> <ul style="list-style-type: none"> • ELUXADOLINE Tablets (Truberzi® ▼) for the treatment of Irritable bowel syndrome with diarrhoea • DIMETHYL FUMARATE Tablets (Skilarence® ▼) for the treatment of Plaque psoriasis • RANIBIZUMAB intravitreal injection (Lucentis®) for the treatment of Choroidal neovascularisation <p>SL confirmed that the commissioning of RANIBIZUMAB intravitreal injection is not a NICE recommendation and not covered by existing NICE Technology Appraisals.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of ELUXADOLINE Tablets and DIMETHYL FUMARATE Tablets.</i></p> <p><i>The committee provided delegated authority to SL and MMcD to review the commissioning of RANIBIZUMAB intravitreal injection in cases where there is assurance that Blueteq is in use.</i></p>	SL & MMcD
FR17/138	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – June 2017 • Information Management & Technology (IM&T) Steering Group – July 2017 <p><i>The committee received the minutes of the SPEP and IM&T steering group meetings.</i></p>	
FR17/139	<p>Any Other Business <u>Improvement Grant BID</u></p> <p>MMcD reported that he has approved an Improvement Grant bid submitted by a practice in Southport and Formby CCG, the value for which is in his delegated limits as Chief Finance Officer to sign off. He has reiterated the importance of future Improvement Grant bids being presented to the Finance & Resource Committee prior to CCG approval and for this to be factored into the sign-off process.</p> <p><u>GoToDoc</u></p> <p>GB enquired about the CCG's monitoring of the GoToDoc service and whether the CCG is getting value for money from the contract. It was agreed for a report to be brought to the next Finance and Resource Committee meeting, which is to detail how the service is monitored and to evaluate performance, quality and value for money for the CCG.</p>	MMcD
FR17/140	<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 the Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 22nd November 2017</p>	

No	Item	Action
	10.00am to 12.00pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

Approved

Finance and Resource Committee Minutes

Wednesday 22nd November 2017, 10.00am to 12.00pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<p>Attendees (Membership) Helen Nichols Jan Leonard Susanne Lynch Martin McDowell Dr Hilal Mulla Colette Riley</p> <p>In attendance Rebecca McCullough David Warwick Andy Woods</p> <p>Apologies Gill Brown Debbie Fagan Alison Ormrod</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member (Chair) Chief Redesign & Commissioning Officer Head of Medicines Management Chief Finance Officer GP Governing Body Member Practice Manager & Governing Body Member</p> <p>Head of Strategic Financial Planning Urgent Care Commissioning Lead Senior Governance Manager (Merseyside CCGs - Equality & Inclusion Service)</p> <p>Lay Member Chief Nurse & Quality Officer Deputy Chief Finance Officer</p> <p>PA to Chief Finance Officer</p>	<p>HN JL SL MMcD HM CR</p> <p>RM DW AW</p> <p>GB DF AOR</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	✓	A	
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Emily Ball	GP Governing Body Member	✓	A	✓							
Colette Riley	Practice Manager	A	✓	✓	✓	✓	A	✓	N	✓	
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓	A	✓	✓	A	
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	A	✓	✓	A	
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	✓	✓	✓	✓	A	✓	✓	
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓	✓	✓	✓	
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee)	*	*	✓	*	*	✓	*	*	*	

No	Item	Action
FR17/141	<p>Apologies for Absence Apologies for absence were received from Gill Brown, Debbie Fagan and Alison Ormrod. Rebecca McCullough attended on behalf of Alison Ormrod.</p>	
FR17/142	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to 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>FR17/146: Out of Hours Alternative Primary Medical Services (GoToDoc)</i> Hilal Mulla declared that he works for GoToDoc as a sessional GP in the out of hours service. It was noted that this agenda item was to be received and not approved. The Chair decided that HM can attend and participate in discussion during this item. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. 	
FR17/143	<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>	
FR17/144	<p>Action points from the previous meeting</p> <p>FR17/107 - Action points from the previous meeting (FR17/72 - Prescribing Spend Report – Month 11 2016/17) CR confirmed she has emailed practice managers about prescribing code issues and has advocated that salaried GPs use the prescribing code of the practice senior partner. Action closed.</p> <p>FR17/107 - Action points from the previous meeting (FR17/95 - Finance Report - Month 3) JL reported that work is ongoing to review the rise in activity associated with consultant to consultant referrals. The Southport & Ormskirk Hospital information subgroup is continuing its deep dive review and in particular is looking into internally referred ECGs and dermatology referrals. The committee noted the ongoing review and agreed to close this action.</p> <p>FR17/129 - Action points from the previous meeting (FR17/111 - Finance Report - Month 5) Papers addressing the actions related to the finance report (detailed on the action tracker from the F&R meeting on 20th September 2017) have been circulated to the committee. Action closed.</p> <p>FR17/130 - Information Governance Policy and Handbook</p>	

No	Item	Action
	<p>Emma Styles (Information Governance Manager, Midlands & Lancashire CSU) has confirmed the IG team will look to produce a summary sheet with key headlines from the Information Governance Handbook when the document is updated in early 2018. This is when full national guidance on the new General Data Protection Act (GDPR) will be released. It was agreed to close this action.</p> <p>FR17/131 - Finance Report - Month 6 JL provided an update on the review of factors behind the rise in Trauma and Orthopaedic activity at Wrightington, Wigan and Leigh Hospital. She confirmed the CCG is undertaking a review to determine whether the rise is due to GPs referring directly, through patient choice or whether the activity is appropriate consultant to consultant activity for procedures that cannot be performed at Southport & Ormskirk Hospital. MMcD commented that further review work is required on sub-specialties and raised an issue regarding the effectiveness of shoulder surgery, recently highlighted in the media. The committee noted that the review of factors is ongoing and agreed to close this action.</p> <p>FR17/132 - Finance & Resource Committee Risk Register The risk register has been updated with the agreed post mitigation scoring for sub risk FR001b (<i>CCG fails to control expenditure against its opening budgets in 2017/18</i>): 4 for likelihood and 2 for consequence. Action closed.</p> <p>FR17/133 - Financial Strategy Update Judy Graves (Corporate Business Manager at the CCG) has emailed Governing Body members to look to potentially rearrange the Governing Body meeting scheduled for 3rd January 2018. This is following feedback from the Finance & Resource Committee that attendance may be affected, given the January meeting date is in the first working week after the Christmas and New Year break. Action closed.</p> <p>FR17/135 - CCG Improvement and Assurance Framework Dashboard Q4 2016/17 – Exception Commentary Dates for the Integrated Performance meetings have been circulated to the Finance & Resource Committee. Action closed.</p> <p>FR17/135 - CCG Improvement and Assurance Framework Dashboard Q4 2016/17 – Exception Commentary JL has liaised with Tracy Jeffes (Chief Delivery & Integration Officer at the CCG) to consider arranging a performance related deep dive session for a future Governing Body Development Session. It was agreed that given the importance of the prioritisation review, a performance related deep dive session could take place in the future but was not essential at this stage. It was agreed to close this action.</p> <p>FR17/136 - Prescribing Spend Report – Month 4 2017/18 The prescribing report now shows the prescribing budget breakdown in a table format in addition to the text explanation. Action closed.</p> <p>FR17/136 - Prescribing Spend Report – Month 4 2017/18 A reconciliation has been done between the figures in the finance report and those in the prescribing spend report. Action closed.</p>	

No	Item	Action
	<p>FR17/137 - Pan Mersey APC Recommendations SL and MMcD have reviewed the commissioning of RANIBIZUMAB intravitreal injection. MMcD noted that the CCG was looking to concentrate roll-out of Blueteq for rheumatology patients and that ARMD is considered low priority given regular testing performed in advance of injections. A letter will be issued to Trusts noting that the Sefton CCGs have agreed to support the introduction of this drug, providing Trusts give assurance on how the introduction of the drug will be monitored. Action closed.</p> <p>FR17/139 - Any Other Business <u>GoToDoc</u> A report detailing how the CCG monitors the GoToDoc service is on the agenda. Action closed.</p>	
FR17/145	<p>Annual Equality and Diversity Workforce Update including Workforce Race Equality Standard AW provided an update on the Workforce Equality and Diversity Plan and Workforce Race Equality Standard (WRES) submission.</p> <p>AW reported the Equality and Diversity Plan has been developed to ensure the CSU Human Resource function is aware of the requirements of the Equality Act and to ensure CCG policies adhere to it. The CSU will ensure all policies are subject to equality analysis and that any trends or barriers are considered and mitigated by the F&R committee.</p> <p>AW confirmed the WRES submission does not highlight any concerns in relation to Black Asian and Minority Ethnic (BAME) workforce issues and demonstrates that the CCG BAME workforce is generally reflective of the population it serves. AW noted that as the CCG's workforce is small, it does not provide an adequate sample to identify key issues via the NHSE WRES template in Appendix B of the report and therefore the data should be considered on this basis.</p> <p>It was noted that the CCG is demonstrating 'due regard' for the period April 2016 – March 2017 against the WRES.</p> <p><i>The committee received the Workforce Equality and Diversity Plan and the Workforce Race Equality Standard submission.</i></p>	
FR17/146	<p>Out of Hours Alternative Primary Medical Services (GoToDoc) DW presented a report on out of hours alternative primary medical services (GoToDoc). The report covers contract monitoring processes in place and highlights activity trends between October 2014 and September 2017.</p> <p>DW noted that monthly GoToDoc contract review meetings take place, which he chairs.</p> <p>DW referred to Figure 2 in the report which shows Southport and Formby out of hours contacts between October 2014 and September 2017. The graph shows that activity has reduced between April 2015 and April 2016 and since then, out of hours contacts have averaged 950 each month.</p> <p>The committee discussed the quality of the service and noted that further review was required to address the following:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Number of shifts covered by out of hours doctors across Sefton. • Number of shifts not covered. • How often doctors cover wider areas (beyond Sefton) within shifts and also whether Sefton is being covered by a doctor located in another area. • The length of time between call and home visit. • Review of all out of hours providers (GoToDoc, NWS, 111, walk in centres) and the percentage of patients that flow to A&E after contacting each of the services. • Review of frequent flyers for the GoToDoc out of hours service to see how many patients were multiple users. <p>It was agreed for an update to be brought to the next committee meeting on 17th January 2018, addressing the above points.</p> <p><i>The committee received this report and agreed that further information was required as noted at the meeting.</i></p>	JL (DW)
FR17/147	<p>Outstanding Debt – Southport and Ormskirk Hospital</p> <p>MMcD reported that a letter will be sent to Southport and Ormskirk Hospital this week regarding settlement of the Trust’s outstanding debt for 2015-16 and 2016-17.</p> <p>The committee agreed that future contract payments, equal to the value of the debt, should be withheld until the matter is resolved and that this principle be included in the letter.</p> <p>MMcD reported that the Sefton CCGs have received a letter from Southport and Ormskirk Hospital this month, regarding concern about its 2017/18 financial position. The letter requests additional funding and agreement to a block contract for the remainder of the financial year. The CCGs have sent a response letter, informing the Trust that they cannot support with additional funding nor agree to a block contract for the remainder of the financial year, given the significant challenges faced by the CCG during the year and noting that the CCG is not on target to deliver its financial plan / statutory duty at this stage of the year.</p> <p><i>The committee received this verbal update.</i></p>	MMcD
FR17/148	<p>Finance Report - Month 7</p> <p>RM provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st October 2017. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG’s likely case scenario forecasts a deficit of £1.950m excluding NCSO drugs’ costs (c. £0.7m). • The CCG is achieving Business Rules apart from delivering a 1% surplus, which was agreed in the CCG financial plan approved by NHS England. • As at month 7, the CCG has achieved £3.989m QIPP savings. The forecast QIPP delivery for the year is £7.292m. <p>The following comments were made:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • MMcD noted that a prioritisation review needs to take place at every Governing Body meeting until the Governing Body is assured that it has a deliverable financial plan. • RM reported that the CCG's performance team have noticed some devices being charged to the CCG that are the responsibility of Specialised Commissioning. A recharge is being actioned and this will reduce the overspend at Aintree University Hospital relating to high cost drugs and devices. • RM commented that the Month 6 underperformance at Southport & Ormskirk NHS Trust is greater than anticipated. • Provider Expenditure Analysis graphs: RM noted an action to check if GP Assessment Unit is included in the non-elective figures in the Non-Elective - Cost graph. • JL noted that as part of contact monitoring, it has been identified that iSight have not adhered to the second eye policy which was part of the commissioning policy review. This issue is being addressed by the CCG. • MMcD noted that an area of concern is prescribing. Identified cost pressures are reducing potential savings that can be made. Check and challenge meetings will be arranged for all QIPP programmes to provide assurance of delivery. • MMcD noted the potential for NCSO cost pressures to return to the CCG's financial position in Month 8. • MMcD has received assurance from NHSE that there is sufficient cash to support the CCG's likely case scenario if this was to materialise. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	MMcD (RM)
FR17/149	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register and explained the rationale for the post mitigation scoring for the following sub risks:</p> <ul style="list-style-type: none"> • <i>FR001a: CCG fails to deliver its QIPP target in 2017/18</i> (likelihood post mitigation score of 4 and consequence post mitigation score of 5; total post mitigation score of 20) • <i>FR001b: CCG fails to control expenditure against its opening budgets in 2017/18</i> (likelihood post mitigation score of 4 and consequence post mitigation score of 2; total post mitigation score of 8) <p>Referring to risk FR002, MMcD reported that the CCG has agreed to reinstate the Adam Dynamic Purchasing System for End of Life packages of care. The decision was based on assurances provided that issues raised earlier in the year by the CCG have been addressed. The CCG will work with the service provider to closely monitor performance.</p> <p><i>The committee approved the risk register.</i></p>	
FR17/150	<p>Benchmarking and VFM</p> <p>It was noted that there was no update to report.</p>	
FR17/151	<p>Prescribing Spend Report – Month 5 2017/18</p> <p>SL presented the prescribing report for Month 5 (August 2017) and the budget</p>	

No	Item	Action
	<p>breakdown in table format which has been incorporated into the report.</p> <p>It was noted that at Month 5, the CCG is forecast to be underspent by 4.6%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £22.508m. SL noted that a final evaluation will be done of the Repeat Prescription Ordering Service (RPOS) pilot, to separate out the savings attributable to the scheme.</p> <p>MMcD provided an overview of the reconciliation between the prescribing figures in the prescribing report and in the finance report, noting that further work was required to confirm the figures presented in both reports.</p> <p>SL and RM to do further work on the prescribing forecast and QIPP programme. HN asked for this to be completed as soon as possible, preferably in time for the Governing Body Development Session on 6th December 2017.</p> <p><i>The committee received this report.</i></p>	SL and MMcD (RM)
FR17/152	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> • TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis <p>SL confirmed that this is a NICE recommendation. It was noted that this was a high cost drug.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis.</i></p>	
FR17/153	<p>Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors</p> <p>SL presented the committee with a recommendation to sign up to the following rebate scheme:</p> <p>GlucoMen® Areo glucose sensors – one of the recommended blood glucose monitoring devices in the Pan Mersey Formulary.</p> <p><i>The committee approved the sign up to the rebate scheme: GlucoMen® Areo glucose sensors.</i></p>	
FR17/154	<p>Individual Funding Request Service Q2 2017/18</p> <p>JL provided an overview of the Q2 (2017/18) report for the Individual Funding Request (IFR) Service. She noted that the top two categories of requests are for Cosmetic Surgery and Ophthalmology treatments/ interventions.</p> <p><i>The committee received this report.</i></p>	
FR17/155	Quality Premium Report	

No	Item	Action
	<p>JL 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>	
FR17/156	<p>Better Care Fund Update</p> <p>MMcD noted that discussions are ongoing between the CCG and Sefton Council regarding the Improved Better Care Fund.</p> <p><i>The committee received this report.</i></p>	
FR17/157	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – September 2017 <p>The committee received the minutes of the IM&T Steering Group meeting in September 2017. MMcD reported that a bid has been submitted to NHS England regarding agile working for corporate staff. This relates to the national funding as opposed to local IM&T funding.</p> <p><i>The committee received the minutes of the IM&T steering group meeting.</i></p>	
FR17/158	<p>Any Other Business</p> <p><u>Potential committee meeting in December 2017</u></p> <p>The committee discussed whether a potential F&R committee meeting was required in December 2017, given the CCG's financial position. It was agreed that as the CCG's financial position will be reviewed at the Governing Body Development Session on 6th December 2017, the F&R committee would next meet on 17th January 2018 as scheduled.</p>	
FR17/159	<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 the Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 17th January 2018</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 A – NHS Southport and Formby CCG

Date: Thursday 28th September 2017, 9am – 10.00am

Venue: Room 3A, 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)	FT
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In attendance

Brendan Prescott	Deputy Chief Nurse / Head of Quality & Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Emma Bracewell	Programme Manager – Quality & Performance	EB

Apologies

Gill Brown	Lay Member (SFCCG)	GB
Julie Cummins	Clinical Quality & Performance Co-ordinator CSU	JC
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr John Wray	Governing Body Member (SSCCG)	JR

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	√	A											
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		A											
Dr Dan McDowell	Secondary Care Doctor													
Martin McDowell	Chief Finance Officer	A	A											
Dr Andrew Mimmagh	Clinical Governing Body Member													
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A											

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

Part A

No	Item	Actions
17/146	Welcome, Introductions & Apologies Apologies received from GB and Dr JS. MMCD will join from Part B of the meeting.	
17/147	Declarations of Interest None reported other than those staff holding dual roles across both CCGs.	
17/148	Minutes & Key Issues from previous meeting Minutes of the meeting and key issues log agreed as an accurate reflection.	
17/149	Matters Arising/Action Tracker 17/121(i) Q1 2017-18 SI Report Outcome: Action not due until November 2017 17/121(ii) Q1 2017-18 SI Report Update: Outstanding SIs to be discussed at SFCCG SI meeting next week. Meeting on hold with the Trust for 12 th October 2017 to discuss any outstanding responses required in order to close SIs. Outcome: Action closed 17/121(iii) Q1 2017-18 SI Report Update: No update available as TF on leave. Outcome: C/F to next meeting 17/122(ii) AQuA Quarterly Mortality Report – S&O Update: Report has been discussed at both the CCF and the S&O CQPG. Outcome: Action closed	

No	Item	Actions
	<p>17/125 GP Out of Hours (Go To Doc) Update: DW has discussed issues with GBr. Issues to be raised at the provider Contract Meeting this week. Outcome: Action closed</p>	
47/150	<p>No.17/150 missing from agenda</p>	
17/151	<p>M4 CCG Performance Report</p> <p>This report presented the committee with the narrative and accompanying provider performance Dashboard. The Quality Committee was asked to receive the report and note the following:</p> <ul style="list-style-type: none"> <p>Southport & Ormskirk Hospitals NHS Trust</p> <p>The Trust reported 2 breaches in July 2017 as a result of patients waiting more than 12 hours in A&E. The CCG is yet to receive the related RCAs to review which are being requested by NHSE. This was also discussed at the CCG Leadership Team meeting. DF has requested a call with the Trust Executive Director of Nursing in order to escalate further and BD will email a deadline date before taking to a contract meeting for further action.</p> <p>SI reports are now submitted on a quarterly basis to the JQC. As the next report is not yet due, DF informed the Committee that a number of notifications had been received from STEIS relating to Ophthalmology incidents including timelines in relation to reporting – these RCAs will be managed through the usual process.</p> <p>Mortality rates were discussed and reference made to action previously highlighted in 17/122(ii). Further review of the AQuA quarterly report to take place by CCG team with feedback to the Committee and CCF. Specific presentation has been requested by commissioners to be delivered by the Trust at the next CQPG / CRM. DF advised that the Paediatric and Neonatal case review meetings are still ongoing with CCG representation as able to attend. An interim report is being awaited following the review of the initial 4 cases.</p> <p>DC gave feedback on the recent visit to AED undertaken by himself and another GP member of the Governing Body. During this visit challenges to the urgent care system, including the challenges in staffing the medical rota, and flow through the hospital was discussed. A further meeting is to be scheduled for another time when the department may be busier.</p> <p>An Executive Improvement Board action for a CQC 'Must Do' Challenge/Deep Dive exercise to be undertaken will shortly take place following the need to re-schedule around the availability of NHSI. BP will represent the CCG at this session scheduled for 29th September 2017 along with GBr.</p> 	

No	Item	Actions
17/151	<ul style="list-style-type: none"> • Renacres Hospital Performance indicators show a RAG rating of green across all areas apart from hand hygiene. There has been one SI reported regarding a cataract operation in June 2017 where the patient required referral to a specialist eye hospital Liverpool for further treatment. The Quality Team will monitor and follow up. • Lancashire Care FT Quality and performance data is still awaited from LCFT. Part of the ongoing work plan of the information sub group for the provider has included data cleansing to ensure robust reporting. It was agreed this may take some months due to LCFT recently taking over the contract for these community services. <p>Some concerns were raised at the CQPG in relation to Safeguarding performance against set KPI's. The Quality Team have suggested a pragmatic approach to the situation given this is the first reporting month with the provider needing to understand the requirements for the data submission. Performance data should be ready for submission in October 2017.</p> <p>A conversation was highlighted from the CQPG in relation to the Pressure Ulcer Reduction Plan and how this will be managed going forward.</p> <p>Transformation work by the provider continues to focus on number of services including Continence and Community Nursing with the trust keen to work together with the CCG and present outputs to the Governing Body.</p>	
17/152	<p>Key Issues Log (issues identified from this part of the meeting)</p> <p>The following key issues were highlighted for presentation to the Governing Body:</p> <ul style="list-style-type: none"> • Provider Quality & Performance Reports – These were reviewed the provider performance reports. • S&O Mortality - AQuA report is to be reviewed by the CCG internal team and report to come back to the JQC and CCF. Mortality presentation to be given by the Trust at the next CQPG / CRM along • S&O Clinical / Medical staffing challenges – Medical staffing challenges discussed at the CQPG. Presentation for assurance purposes scheduled for the next CQPG / CRM. • S&O GP Governing Body Member Urgent Care Visit – Outcome of a recent visit to A&E and a planned further visit to be undertaken discussed. 	

No	Item	Actions
17/153	<p>Any Other Business</p> <p>NHS Digital Mortality Paper GBr circulated a paper prior to the meeting requesting it be reviewed by the committee. The paper from NHS digital details quarterly statistics highlighting trusts with higher than expected number of deaths. S&O are among 10 trusts mentioned in the paper. An action was noted at the last JQC for CCG team to analysis the AQUA mortality data for future discussion with the committee along with the action from the last CQPG.</p> <p>GP Governing Body Members Visit to S&O AED DC highlighted a recent visit to meet with the A&E Clinical Director at the Trust. Concerns were raised in relation to staffing levels, retention and recruitment. Visit also discussed as part of agenda item 17/151.</p> <p>S&O Clinical / Medical Staffing DF and RC further raised the concerns in discussions at the CQPG specifically around staffing and rotas. DF requested the trust deliver a joint presentation on staffing to the CQPG and Contract Review Group. DF and RC provided an update regarding on-going work with the Trust relating to Maternity Services.</p> <p>The committee agreed to amend future JQC agenda's to run AOB followed by a review of Key Issues.</p> <p>Membership It was noted that HR 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>Date & Time of Next Meeting 9am – 10am Thursday 26th October 2017 3A Meeting Room, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committees in Common

Part A: NHS Southport and Formby CCG

Minutes

Wednesday 11th October 2017

Part A: 1.30pm to 2.30pm

3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Members present		
Helen Nichols	Lay Member (Chair)	HN
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Paul Bell	Senior Anti-Fraud Manager, MIAA	PB
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Apologies		
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Georgia Jones	Manager, Grant Thornton	GJ
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	A	
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	A	
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	
Leah Robinson	Chief Accountant [On maternity leave from October 2017]	✓	✓	✓		
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A	A	A	
Adrian Poll	Audit Manager, MIAA	✓	A	✓	✓	
Ann Ellis	Audit Manager, MIAA	N	A	N	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			✓	A	

No	Item	Action
A17/89	<p>Introductions and apologies for absence Introductions were made and apologies for absence were received from the following committee members: Gill Brown and Dr Jeff Simmonds. Apologies for absence were also received from Michelle Moss and Georgia Jones. Paul Bell was in attendance on behalf of Michelle Moss and would present her items on the agenda.</p> <p><u>Quoracy</u> The Chair noted that the meeting was not quorate and that due to this, GB and JS had been asked to review reports marked for approval in advance of the meeting. GB and JS have confirmed they approve all reports for approval on the agenda for Part A, which are listed below: <i>A17/91: Minutes of the previous meetings and key issues</i> <i>A17/98: Corporate Risk Register and Governing Body Assurance Framework.</i></p> <p>The Chair noted that there is a balance detailed under the <i>Losses</i> section of the report for item <i>A17/93: Losses and Special Payments</i>. She noted that although the overall report is marked to be received, a potential decision to write off this balance would require approval by the committee. If a write-off is agreed at this meeting as the best course of action, the Chair will contact GB and JS to confirm whether they agree with this decision. To be discussed further under item <i>A17/93</i>.</p> <p>The resolution for items <i>A17/91, A17/93, A17/98</i> will be raised for ratification at the next meeting on 10th January 2018.</p> <p>The Chair noted that Susan Lowe, (practice manager at The Village Surgery) has recently joined the Southport & Formby Governing Body. The Chair confirmed she would contact Susan Lowe about joining the Audit Committee to fill the vacant Practice Manager Governing Body Member position. The Chair will confirm the outcome to TK to undertake any necessary administrative work.</p>	<p>HN</p> <p>HN</p>
A17/90	<p>Declarations of interest 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 Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A17/91	<p>Minutes of the previous meetings and key issues The minutes of the previous meeting on 12th July 2017 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous two meetings.</p>	
A17/92	<p>Action points from previous meetings</p> <p><i>A17/71 Losses and special payments</i></p>	

	<p>AO confirmed a final letter has been issued to Alexander Court Care Home for recovery of the credit value and will be discussed further under item A17/93. Action closed.</p> <p>A17/71 Losses and special payments AO confirmed the agreed process for PLT sponsorship as detailed in the minutes of the last meeting and on the action tracker, has been actioned. Action closed.</p> <p>A17/71 Losses and special payments An update on the issue of the two outstanding debts associated with Southport & Ormskirk Hospital to the value of £49,770 and £669,664 will be provided under item A17/93. Action closed.</p> <p>A17/73 Review of NFI matches An update on the review of NFI matches is on the agenda. Action closed.</p> <p>A17/78 MIAA Insight: CCG Assurance Framework Benchmarking Action still open and to remain on the tracker.</p> <p>A17/81 Updated Managing Conflicts of Interest and Gifts and Hospitality Policy MMcD confirmed the <i>Managing Conflicts of Interest and Gifts and Hospitality</i> policy is consistent with similar policies issued by the doctors' regulatory bodies. Action closed.</p> <p>A17/82 Risk Register and GBAF Given the pause in plans for the potential merger of Southport & Formby CCG, South Sefton CCG and Liverpool CCG, it was agreed to remove this action from the tracker.</p> <p>A17/84 Information Governance Bi-Monthly Report MMcD confirmed he would action the review of the issue of hardcopy documents with patient data on CCG floors at Merton House. This action is to supersede the current action on the tracker.</p> <p>A17/87 Any other business Future Audit Committee meeting dates Action complete and closed.</p>	MMcD
A17/93	<p>Losses and Special Payments AO reported that no balances had been identified for write-off since the last Audit Committee meeting on 12th July 2017. There was a balance (Alexander Court Care Home; value - £2,302.08) highlighted at the last meeting, which had not been approved for write-off. Following the last Audit Committee meeting, it has been established that the trading company which previously owned Alexander Court Care Home, Esteem Care Ltd, had sold the care home. The new organisation is KPS Care Ltd who have confirmed there is no record of this outstanding balance. It was agreed that the best course of action was to write-off this balance. HN to contact GB and JS for approval of this decision, and notify AO of the outcome.</p> <p>AO reported there are two outstanding invoices greater than £5k and over 6 months as at 30th September 2017; both debts are associated with Southport and Ormskirk Hospital NHS Trust, for CQUIN 2015/16 (£669,664) and Breast Referral Services (£49,770).</p> <p>MMcD provided an update regarding Southport and Ormskirk Hospital NHS Trust's total outstanding debt for the financial years 2015/16 and 2016/17. MMcD indicated that in response to recent discussions with NHS England, a</p>	HN

	<p>further and final letter would be sent to the Trust, outlining the CCG position and seeking resolution as soon as possible. The committee were supportive of this approach; HN reiterated the need to have this issue resolved as a matter of urgency. HN asked for the Trust's outstanding debt to be included on the agenda for the Finance & Resource (F&R) Committee meeting in November 2017. TK to add to the F&R work plan.</p> <p><i>The committee received this report and agreed the write-off of one loss (Alexander Court Care Home) detailed in the report, subject to approval by GB and JS. This will be ratified at the next Audit Committees in Common meeting on 10th January 2018.</i></p>	<p>MMcD</p> <p>TK</p>
A17/94	<p>Audit Committee Recommendations Tracker</p> <p>AO presented the recommendations tracker. She referred to the Better Care Fund table and confirmed that the action related to reporting – risk registers is now complete; BCF risks will be reported to the Health & Wellbeing Board.</p> <p>HN referred to the tables for Better Care Fund and Assurance on Quality of Services Commissioned Review, and noted the length of time for the completion of actions. She noted that a number of actions were listed as still ongoing but had action dates of April 2017 and May 2017. AO confirmed she would meet with the management leads for each of the actions on the tracker for full updates on status prior to the next meeting on 10th January 2018.</p> <p><i>The committee received this report.</i></p>	<p>AO</p>
A17/95	<p>Review of NFI matches</p> <p>AO reported that the finance team are continuing to review the issues identified with 25 National Fraud Initiative (NFI) mismatches, relating to duplicated invoice amounts, creditor references, creditor names or supplier addresses.</p> <p><i>The committee received this report.</i></p>	
A17/96	<p>MIAA Internal Audit Progress Report</p> <p>AP provided an overview of the Internal Audit Progress Report. He reported that two MIAA reviews have been completed since the last meeting on 12th July 2017:</p> <ol style="list-style-type: none"> 1. Review on Continuing Healthcare (CHC): a positive conclusion has been reached with significant assurance on the arrangements in place for determining eligibility and provision of NHS CHC in compliance with the National Framework through evaluation of local procedures and arrangements. 2. Review on Governing Body reporting: a positive conclusion has been reached with significant assurance that the reports to the Governing Body provide sufficient information to enable the organisation to meet its statutory and business objectives. <p>RB commended the significant assurance received for the CHC review, in the context of his role reviewing other CCGs, noting that it was rare to receive reports rated with 'significant assurance' on this issue.</p> <p>AP confirmed that internal audit progress is in line with plan.</p> <p><i>The committee received this report.</i></p>	

A17/97	<p>Anti-Fraud Progress Report PB presented the MIAA Anti-Fraud Progress Report for the period April to September 2017. He noted three items for attention:</p> <ol style="list-style-type: none"> 1. Changes to NHS Protect 2. National Fraud Initiative 3. Closure of Investigation <p>PB provided a brief summary of these items and proposed actions as detailed in the report. In regards to the closure of investigation, he noted that a fraud allegation relating to Funded Nursing Care payments has been investigated on behalf of the CCG and that it has been established that payments have been correctly made in line with the nursing home's contract.</p> <p>PB reported that in accordance with the Anti-Fraud Workplan 2017/18, a proactive detection exercise has been undertaken by the Anti-Fraud Specialist (AFS) in the area of Minor Ailments. The AFS has produced a report with recommendations. MMcD confirmed he is working with the CCG's head of medicines management to provide comments on this report.</p> <p><i>The committee received this report.</i></p>	
A17/98	<p>Corporate Risk Register and Governing Body Assurance Framework (GBAF)</p> <p>MMcD presented the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF), and confirmed that both would be presented at the Governing Body meeting on 1st November 2017.</p> <p><u>Corporate Risk Register</u></p> <p>In reference to the CRR, MMcD noted an emerging risk related to obstetric middle grade rota being likely to be inadequately staffed from November 2017 due to staff shortages. He confirmed meetings have taken place to review staff resources and cover.</p> <p>MMcD referred to risk SF020 (delays in specialist review of referrals may result in a potential risk to patients) and commented he did not think this should be scored as high as 16, which he has reported to the CCG's Leadership Team. He confirmed that further moderation work on the Corporate Risk Register will be undertaken by the Leadership Team. He noted that the risks will be presented in a matrix format in due course which will provide an overall comparative view.</p> <p>HN raised concerns about the mitigation of a number of the risks on the Corporate Risk Register, where the score does not improve post mitigation. She asked for these to be reviewed by the Leadership Team prior to the presentation of the Corporate Risk Register at the Governing Body meeting in November.</p> <p><u>Governing Body Assurance Framework (GBAF)</u></p> <p>MMcD confirmed that the GBAF has undergone a moderation process.</p> <p><i>The committee approved the updates to the CRR and GBAF but noted further moderation work and review of risks need to be undertaken with the CRR. This approval will be ratified at the next Audit Committees in Common meeting on 10th January 2018.</i></p>	MMcD

A17/99	<p>Register of Interests MMcD presented the draft Register of Interests, pending review following the latest submission of declaration of interest returns.</p> <p>HN commented that she has not received the quarterly email for Conflicts of Interest and Gifts and Hospitality returns. MMcD to review this and ensure that the email is being issued quarterly.</p> <p><i>The committee received this report.</i></p>	MMcD
A17/100	<p>Key Issues of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committee, June and July 2017 • Joint Quality Committee, July and August 2017 <p><i>The committee received the key issues of the Finance and Resource Committee and Joint Quality Committee meetings.</i></p>	
A17/101	<p>Key Issues of other committees</p> <ul style="list-style-type: none"> • Approvals Committee July 2017 <p>MMcD reported that an Approvals Committee meeting took place on 5th July 2017 to discuss the Access Validation Phase 2 Local Quality Contract. He noted that the committee ratified the process undertaken by the Validation 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>	
A17/102	<p>Any other business</p> <p>No items of other business were raised at this meeting.</p>	
A17/103	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from Part A of the Audit Committees in Common meeting and these will be circulated as a Key Issues Report to the Governing Body.</p>	
	<p>Date and time of next meeting Wednesday 10th January 2018 1.30pm to 4.00pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committees in Common

Part B: Joint – NHS Southport & Formby CCG and NHS South Sefton CCG Minutes

Wednesday 11th October 2017

Part B: 2.30pm to 3pm

3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Members present – NHS Southport & Formby CCG Audit Committee		
Helen Nichols	Lay Member (Chair)	HN
Apologies: NHS Southport & Formby CCG Audit Committee		
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Members present – NHS South Sefton CCG Audit Committee		
Graham Morris	Lay Member	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member	DMcD
Lin Bennett	Practice Manager and Governing Body Member	LB
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AO
Paul Bell	Senior Anti-Fraud Manager, MIAA	PB
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Debbie Fairclough (for items A17/107-9)	Chief Operating Officer, SFCCG and SSCCG	DF
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

No	Item	Action
A17/104	<p>Introductions and apologies for absence</p> <p>It was noted that the role of Chair in Part B (joint CCG section) of the Audit Committees in Common meeting would alternate between the respective Audit Committee Chairs for Southport and Formby CCG and South Sefton CCG. It was agreed that HN would chair Part B of the meeting today.</p> <p>Apologies for absence were received from the following Southport & Formby committee members: Gill Brown and Dr Jeff Simmonds.</p> <p>The Chair noted that the meeting was not quorate for the Southport & Formby Audit Committee and that due to this, GB and JS had been asked to review reports marked for approval in advance of the meeting. GB and JS have confirmed they approve the one report for approval on the agenda for Part B, listed below: <i>A17/108: Review of Remuneration Committee Procedures 2013 – 2017.</i></p> <p>The resolution for item A17/108 will be raised for ratification at the next meeting on 10th January 2018.</p>	HN
A17/105	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they</p>	

	<p>may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group or NHS South Sefton 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 declared by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A17/106	<p>External Audit Progress Report RB presented the external audit report and noted that a detailed audit plan for each CCG will be presented at the next meeting on 10th January 2018. He confirmed the following external audit 2017/18 deadlines for each CCG:</p> <ul style="list-style-type: none"> • 24th April 2018: CCGs to submit draft annual report and accounts to external auditors and the Department of Health. • 29th May (9am): External audit of each CCG to be completed. <p>RB provided a summary of some of the work Grant Thornton are doing with other organisations in the sector, including support for GPs looking to transform and operate at scale. It was agreed for the subject of GPs looking to transform and operate at scale to be considered for a future Wider Constituent Group meeting agenda for each of the Sefton CCGs. MMcD to review with Tracy Jeffes (Chief Delivery & Integration Officer at the Sefton CCGs).</p> <p>HN noted that the Audit Committees have historically been given delegated authority by the respective Governing Bodies to approve the annual accounts for each CCG in May. RB confirmed he was satisfied with this approach providing the delegation is in place in each CCG's constitution.</p> <p><i>The committee received this report.</i></p>	MMcD
A17/107	<p>MIAA Internal Audit – Governing Body Reporting It was noted that this item had already been discussed under the MIAA Internal Audit Progress Report item in Part A of the meeting for Southport and Formby CCG. The same would be done under the MIAA Internal Audit Progress Report item in Part C of the meeting for South Sefton CCG.</p> <p><i>The committee received this report.</i></p>	
A17/108	<p>Review of Remuneration Committee Procedures 2013 – 2017 DF presented the review of remuneration committee procedures 2013-2017 for Southport and Formby CCG and South Sefton CCG and highlighted the recommendations.</p> <p>For clarity on delegation, the review recommends that the Remuneration Committee handle and approve all matters to do with remuneration except that</p>	

	<p>related to the Chief Officer and Chief Finance Officer. Remuneration matters in respect of the Chief Officer and Chief Finance Officer are to be reserved to the Governing Body following a recommendation by the Remuneration Committee. The Audit Committees supported this approach and agreed that this be proposed for approval to each of the CCG Governing Bodies. DF to action.</p> <p>The review also recommends updating the terms of reference for each Remuneration Committee to ensure they are aligned with the scheme of delegation. The Audit Committees supported this recommendation. The revised terms of reference are to be submitted to each of the CCG Governing Bodies for approval. DF to action.</p> <p>HN noted that NHSE guidance for CCG remuneration for Chief Officers and Chief Finance Officers includes a statement that indicates remuneration committee membership should not include individuals who claim a significant proportion of their income from the CCG. HN highlighted that although she has different work commitments, her role as CCG lay member is her only paid employment, which could potentially preclude her from remuneration committee membership depending on the interpretation of the guidance. Although HN raised this issue in the context of her situation, it was agreed that the issue in general be taken to both Governing Bodies for discussion and resolution.</p> <p><i>The Southport and Formby Audit Committee and South Sefton Audit Committee approved the review of remuneration committee procedures 2013-2017 and:</i></p> <ul style="list-style-type: none"> • <i>supported the recommendations to revise the Remuneration Committee Terms of Reference</i> • <i>Confirmed that remuneration matters in respect of the Chief Officer and Chief Finance Officer are reserved to the Governing Body following a recommendation by the Remuneration Committee.</i> <p><i>** Approval by the Southport & Formby Audit Committee will be ratified at the next Audit Committees in Common meeting on 10th January 2018.</i></p>	<p>DF</p> <p>DF</p> <p>DF</p>
A17/109	<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.</i></p>	
A17/110	<p>Information Governance Bi-Monthly Report MMcD provided an overview of the Information Governance Bi-Monthly report for the period 1st April 2017 to 29th September 2017.</p> <p>GM commented that he had booked a place for an Information Governance training session, which was subsequently cancelled. MMcD confirmed he would ensure GM was sent a list of future training session dates.</p> <p><i>The committee received this report.</i></p>	MMcD
A17/111	<p>Any other business <u><i>Format of Audit Committees in Common meeting</i></u> GM and HN agreed to review the format of the new Audit Committees in Common meeting and provide feedback to MMcD and TK.</p>	GM & HN

<p>A17/112</p>	<p>Key Issues Review MMcD highlighted the key issues from Part B of the Audit Committees in Common meeting and these will be circulated as a Key Issues Report to the respective Governing Bodies of each of the Sefton CCGs.</p>	
	<p>Date and time of next meeting Wednesday 10th January 2018 1.30pm to 4.00pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Approved

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

Date: Wednesday 11th October 2017, 1.30pm – 3.30pm
 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:		
Angela Price	Primary Care Programme Lead	AP
Jan Hughes	NHSE Assistant Contract Manager	JH
Rose Gorman	NHSE Senior Contract Manager	RG
Minutes		
Jo Bou-zeid	Quality Team Business Support Officer	JB

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		N	
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer	✓	✓		✓	
Dr Rob Caudwell	S&F CCG Clinical Chair	N	✓		N	
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓		✓	
Susanne Lynch	S&F CCG Head of Medicines Management	✓	A		A	
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	N		A	
Alan Cummings	NHSE Senior Commissioning Manager	?	?		A	
Attendees:						
Jan Hughes	NHSE Assistant Contract Manager	✓	A		✓	
Sharon Howard	Programme Manager General Practice Forward View	✓	✓		A	
Angela Price	Primary Care Programme Lead	✓	✓		✓	
Maureen Kelly	Healthwatch Sefton	A	A		A	
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N		N	
Joe Chattin	Sefton LMC	N	✓		N	
Anne Downey	NHSE Finance	✓	N		N	

No	Item	Action
SFNHSE 17/37	<p>Introductions and apologies Apologies were received as noted above. JL to discuss Quality team attendance at the meeting with Debbie Fagan, Chief Nurse.</p>	JL
SFNHSE 17/38	<p>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>KS declared an interest as a local GP.</i></p>	
SFNHSE 17/39	<p>Minutes of the previous meeting This June meeting was the last meeting of the Committee and these minutes were for approval. JH requested she be noted as an attendee for the meetings not a member. GB requested item 17/25 on the previous minutes be included in the action tracker. No further comments, the minutes were agreed as an accurate reflection of the previous meeting.</p>	
SFNHSE 17/40	<p>Action points from the previous meeting</p> <p>16/114 – Pharmacy Pilot Update: The Operational Group discussed the action as an ongoing issue and if to pursue any further. The main concern is the number of pharmacists able to employ which does not give enough of an incentive to practices. Agreed to take off the action tracker as an ongoing consideration. GB felt there should be an opportunity to feedback on the restrictions within the scheme. Outcome: Closed</p> <p>17/21 – Meeting with NHSE Finance Update: Progress has been made and financial information obtained which has been analysed. There appears to be areas where practices are not claiming when they could and finance has had ongoing conversations with NHSE regarding the levels of funding available. EPS issues. Ongoing issue with messages being progressed. Ordering issue has been resolved. Outcome: Carried forward</p> <p>17/22 – Clinical Pharmacy Pilot Update: Action is linked to 16/114 and is superseded by the change in guidance. Outcome: Closed</p> <p>17/23 – GPFV Funding Report Update: To be discussed as part of the agenda Outcome: Closed</p>	

	<p>17/24 – RCGP Support Scheme</p> <p>Update: Rose Gorman (NHSE) to confirm if the scheme has in fact ended following a CQC inspection.</p> <p>Outcome: Carried forward.</p>	
SFNHSE 17/41	<p>Report from Operational Group & Decisions Made</p> <p>The Operational Group met in September 2017. Areas to note were discussions including financial modelling, the Trinity practice noted on Part 2 of the agenda for this meeting, resilience funding which is also on the agenda and a review of the risk register. The majority of the meeting concentrated on list closures. No decisions were made at the meeting.</p>	
SFNHSE 17/42	<p>SFCG Operational Plan</p> <p>The original Operational Plan was submitted in December 2016. Following feedback the revised plan has a more positive narrative outlining activities such as local quality contracts, respiratory schemes, Primary Care blueprint and a section on care and improving access to General Practice. There are also sections on workload, work force, bids and current estates.</p> <p>The plan is however now out of date and will need to be updated regularly. The committee agreed the revised month should be noted on the most up to date version rather than numbers for consistency.</p> <p>ACTION – AP to update at next meeting</p> <p>Summary of GPFV funding and S&F CCG allocation.</p> <p>GB noted the summary of funding for CCG and the value of funding does not match the delivery required within the plan.</p> <p>The committee agreed it could only carry on discussions at future meetings, note concerns and report issues to the Governing Body.</p> <p>KS would like to note that the plan outlines a national programme which is not specific to an area and there seems to be nothing addressing the local issues for example over 65's and an aging population, schemes for Care Homes or care at home or funding for winter pressures.</p>	<p>AP</p> <p>JL</p>
SFNHSE 17/43	<p>GP 5 Year Forward View:</p> <p>Discussion regarding different elements, including NHSE finance report for GPFV, the report that describes the different funding schemes available and the amount received by the CCG. This highlighted the lack of funding available to SF CCG compared to others.</p> <p>ETTF technology funds money secured for online training.</p> <p>Training courses for practice manager development</p> <p>GB raised an issue with the local out of hours service. ACTION: Rose Gorman (NHSE) to confirm if GP full indemnity costs will be covered for winter.</p>	<p>RG</p>
	<p>JL highlighted a bid for health and wellbeing matched funding. G OC looking into this for the CCG. AP to confirm.</p> <p>International recruitment. Currently collecting workforce data to support a bid. An expression of interest has been received from 3 GP's in S&F so far with a deadline of Friday.</p>	<p>AP</p>

SFNHSE 17/44	<p>Primary Care Dashboard</p> <p>KS, AP, Becky Williams and Craig Gillespie to meet and discuss the data and any key themes or issues to concentrate on. The data could then be included in the performance report submitted to Governing Body.</p> <p>ACTION: Clinical lead to identify key data to report to the Quality Committee / Governing Body.</p>	KS
SFNHSE 17/45	<p>Review of Terms of Reference</p> <p>Previously reviewed in June 17. Consistent NHSE representative needed at the meetings to remain quorate. The ToR will be taken to NHSE committee. No changes proposed.</p>	
SFNHSE 17/46	<p>Key Issues Log</p> <p>The key issues were discussed and agreed.</p>	
SFNHSE 17/47	<p>Any Other Business</p> <p>No other items were raised.</p>	
SFNHSE 17/48	<p>Date of next meeting</p> <p>Thursday 14th December 2017 5th Floor IM&T Meeting Room, Merton House</p>	

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Wednesday 11 th October, 2017	Chair: Gill Brown
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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.