

## Governing Body Meeting in Public Agenda

**Date:** Wednesday 5 September 2018, 13:00 hrs to 15:15hrs

**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
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
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

### Co-opted Members

Matthew Ashton	Director of Public Health, Sefton MBC ( <i>co-opted member</i> )	MA
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

**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
<b>General</b>					<b>13:15hrs</b>
GB18/139	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB18/140	Declarations of Interest	Chair	Verbal	Receive	
GB18/141	Minutes of previous meeting 4 July 2018	Chair	Report	Approve	
GB18/142	Action points from previous meeting 4 July 2018	Chair	Report	Approve	
GB18/143	Business Update	Chair	Verbal	Receive	
GB18/144	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>Finance and Quality Performance</b>					<b>13:35hrs</b>
GB18/145	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	45 mins
GB18/146	Integrated Performance Report	MMcD/DCF/ Becky Williams	Report	Receive	
GB18/147	Improvement and Assessment Framework 2017/18 Q4 Exception Report	Becky Williams	Report	Receive	
<b>Governance</b>					<b>14:20hrs</b>
GB18/148	Annual Audit Letter	HN / MMcD	Report	Receive	45 mins
GB18/149	Establishing a Sefton Acute Sustainability Joint Committee	FLT	Report	Approve	
GB18/150	Joint Quality Committee Terms of Reference	DCF	Report	Approve	
GB18/151	Safeguarding Supervision Policy (v4)	DCF	Report	Approve	
GB18/152	Safeguarding Children Annual Report 2017/18	DCF / Helen Case	Report	Receive	
GB18/153	Children in Care Annual Report 2017/18	DCF / Helen Case	Report	Receive	
<b>For Information</b>					<b>15:05hrs</b>
GB18/154	Key Issues Reports: a) Finance & Resource Committee (F&R): None b) Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee PTI: August 2018	Chair	Report	Receive	5 mins
GB18/155	Approved Minutes: a) F&R Committee (F&R): None b) Joint Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee: June 2018 e) CIC Realigning Hospital Based Care: None.	Chair	Report	Receive	
<b>Closing Business</b>					<b>15:10hrs</b>
GB18/156	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB18/157	<p>Date of Next Meeting</p> <p>Wednesday 7<sup>th</sup> November 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>6<sup>th</sup> February 2018 3<sup>rd</sup> April 2019 5<sup>th</sup> June 2019 4<sup>th</sup> September 2019</p> <p>All PT1 public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>				
Estimated meeting close					<b>15:15 hrs</b>

**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 4 July 2018, 13:10hrs to 15.50hrs  
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

### The Governing Body Members in Attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Emily Ball	GP Clinical Director	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
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

### Co-opted Member (or deputy) in Attendance

Maureen Kelly	Chair, Healthwatch (co-opted Member)	MK
Charlotte Smith	Consultant in Public Health	CS

### In Attendance

Lyn Cooke	Head of Comms & Engagement	LC
Steve Gowland	Public Health Lead	SG
Debbie Fairclough	QIPP Programme Lead	DFair
Jan Leonard	Director of Commissioning & Redesign	JL
Andrea Watts	Head of Communities	AW
Becky Williams	Strategy and Outcomes Officer	BW
Judy Graves	<i>Minute taker</i>	

### Apologies

Gill Brown	Lay Member for Patient & Public Engagement
Dwayne Johnson	Director of Social Services & Health, Sefton MBC (co-opted member)
Susan Lowe	Practice Manager
Dr Hilal Mulla	GP Clinical Director

### Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance

Name	Governing Body Membership	July 17	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 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	✓	✓	✓	✓	✓
Matthew Ashton (or Deputy)	Director of Public Health, Sefton MBC (co-opted member)	✓	A	A	A	✓	✓	✓
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓	A	✓	✓	A
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	✓	✓



Name	Governing Body Membership	July 17	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	✓	✓	A	A	A	A
Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )	✓	✓	A	✓	A	A	✓
Susan Lowe	Practice Manager	✓	A	✓	✓	✓	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	A	✓	A
Dr Tim Quinlan	GP Clinical Director	A	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	A	✓	✓	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	✓	A	✓	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	✓	✓

**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	Action
Questions	<p><b>Questions from the Public</b></p> <p><b>1. What have been the trends in the average life expectancy from birth and from 65 since 2013 (when CCG started) in comparison with the previous decade, and what is the CCG doing to address issues, if any.</b></p> <p>CS provided the average life expectancy ages from 2010 of males at 77 years old and females at 82 years old, compared to the current year and 78 for males and 82/83 for females. It was recognised that there would be a variation of this across the area and, although there had been minimal increase over the eight year period, it was considered that people were leading a healthier lifestyle.</p> <p>FLT confirmed that the “Well Sefton” presentation, the next agenda item, explained the varying components of the work that is done in partnership with the Local Authority and the varying issues and levels identified. FLT provided some examples of pathways and areas of support for those pathways, including that which is available within the community, and examples of prevention work that is carried out including vaccinations and immunisations, cervical screening and diabetes.</p> <p>Specific reference was made to the frailty work being done to look at anticipatory care planning and what more can be done to support independent living.</p> <p><b>2. I benefitted from one of the 17 procedures which apparently are not cost effective. Does this mean the CCG will not allow doctors to prescribe those procedures?</b></p> <p>FLT confirmed that this was so and was as per a national directive, unless an exceptional case. The case of which would then follow the required process including Clinical Panel Review.</p>	
Presentations	<p>The members and the public were informed that the CCG website would be updated to include the presentations, following the meeting.</p> <p><b>NHS 70<sup>th</sup> Birthday Celebration</b></p>	

No	Item	Action
	<p>A video was shown celebrating the work, commitment and achievements of the NHS and its staff through the years.  <a href="https://www.youtube.com/watch?time_continue=7&amp;v=F-0kZ0HuZtk">https://www.youtube.com/watch?time_continue=7&amp;v=F-0kZ0HuZtk</a></p> <p>The Chair and Chief Officer briefed the members and the public on the local events and activities taking place in recognition and celebration of the occasion, including the lighting up of iconic Liverpool buildings and landmarks in blue on Thursday 5<sup>th</sup> July 2018, and the Mersey Care Fun Day being held at Aintree Racecourse on Saturday 7<sup>th</sup> July 2018. Further NHS70 event information was available on <a href="https://ticksi.com/nhs70">https://ticksi.com/nhs70</a>.</p> <p>The Chair and Chief Officer took the opportunity to thank all of those that work and support the NHS across all areas and sectors.</p> <p><b>Well Sefton</b></p> <p>A presentation was given by Steve Gowland, Public Health Lead, on the Well Sefton programme being delivered across Sefton.</p> <p>Sefton was one of ten pathfinder locations across England delivering a programme originated and delivered with success in Bromley by Bow, London.</p> <p>The presentation took the members and the public through the programme and included that of the partners involved and the support provided by the CCG, the regeneration opportunities being looked at outside normal funding budgets in order to sustain the programme past the initial funding period, the successes delivered in tranche 1, the linking of the practices to the activities and the next steps in tranche 2.</p> <p>Further information was given via two films:  <a href="https://vimeo.com/243218946">https://vimeo.com/243218946</a>  and  <a href="https://www.youtube.com/watch?v=Zfi7efaCU5w&amp;feature=youtu.be">https://www.youtube.com/watch?v=Zfi7efaCU5w&amp;feature=youtu.be</a></p> <p>The work was congratulated by the members as was the need to continue to work with partners to develop the programme. TQ offered his support to the project.</p> <p><b>Sefton Community First Offer</b></p> <p>Andrea Watts, Head of Communities, gave a presentation on Integrated Prevention &amp; Early Help for Communities.</p> <p>The presentation looked at the new ways of working for public services and included the work undertaken in order to recognise what was needed, the work already done, the work being proposed and how this might look.</p> <p>The work recognised the support already provided to families but how this might not be joined up across some areas and agencies for the youngest members of the family.</p> <p>The members supported the need to ensure collaborative working with all involved including the community, the CCG and the Clinical Leadership.</p>	
GB18/104	<p><b>Apologies for Absence</b></p> <p>Apologies were given on behalf of Gill Brown, Dwayne Johnson, Sue Lowe and Hilal Mulla. Charlotte Smith attended on behalf of Matthew Aston.</p>	

No	Item	Action
GB18/105	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both Southport &amp; Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan, Martin McDowell and Dr Jeff Simmonds. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>The Chair advised of advance declarations received:</p> <ul style="list-style-type: none"> <li>• GB18/117 Sefton Place Based Estates Strategy: <ul style="list-style-type: none"> <li>○ CR completed the pre meeting declaration form, declaring a prejudicial interest, advising she was a Practice Manager at The Hollies Surgery in Formby which is part of an ETTF bid included in the GB18/117 agenda item which is listed for approval.</li> <li>○ EB completed the pre meeting declaration form, declaring a prejudicial interest, advising she was a GP at The Hollies Surgery in Formby which is part of an ETTF bid included in the GB18/117 agenda item which is listed for approval.</li> <li>○ DC completed the pre meeting declaration form, declaring a prejudicial interest, advising he was a GP at The Hollies Surgery in Formby which is part of an ETTF bid included in the GB18/117 agenda item which is listed for approval.</li> </ul> </li> </ul>	
GB18/106	<p><b>Minutes of Previous Meeting: 2<sup>nd</sup> May 2018</b></p> <p>The members approved the minutes of 2<sup>nd</sup> May 2018 subject to the following change:</p> <ul style="list-style-type: none"> <li>• The declaration raised under item GB18/72 on Freshfield was in relation to SL and not CR.</li> <li>• Action of HN and GB to be removed from GB18/80.</li> </ul>	
GB18/107	<p><b>Action Points from Previous Meeting: 2<sup>nd</sup> May 2018</b></p> <p>GB18/74: Minutes of Previous Meeting 1 March 2018. Corrections made.</p> <p>GB18/79: 2018/19 figures in appendix 1 page 34 to be re-formatted and re-circulated.</p> <p>GB18/80: IPR - Planned Care. Action was in relation to the deep dive needed on the service but not for HN and GB to review.</p> <p>GB18/80: IPR – Mortality. DCF confirmed that concerns had been highlighted. Regular reports were now being received by the Improvement Board and continued to be discussed through contract meetings. DCF advised the members that AQUA were presenting a report to the Southport &amp; Ormskirk Collaborative in July.</p> <p>GB18/83: North Mersey Joint Committee of Clinical Commissioning Groups. FLT confirmed that the item had been presented to the Wider Constituent Group who had been updated on the governing body recommendations. The Wider Constituent Group voted in favour of the governing body recommendations and approved both the establishment of the Joint Committee and the delegated authority.</p> <p>GB18/84: Collaborative Commissioning Forum for Cheshire &amp; Merseyside. FLT confirmed feedback given and approval was given by South Sefton CCG governing body.</p>	<p>Complete</p> <p>Complete</p> <p>N/A</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>

No	Item	Action
GB18/108	<p><b>Business Update</b></p> <p>RC relayed his congratulations to the Medicines Management team who had been nominated for a prestigious HSJ award.</p> <p>RC referred to a recent article relating to Southport &amp; Ormskirk NHS Trust. RC assured the members and the public that the Trust was at the beginning of a process of changes which needed time to develop.</p> <p>RC shared an information item in relation to additional GP funding, but firstly declared his interest as a GP and partner at The Marshside Surgery and The Family Surgery as a potential prejudicial interest in that the practices might benefit from the funding. RC advised that the funding was available from NHSE. It was hoped that the funding would encourage more collaborative working.</p> <p><b>RESOLUTION:</b> The governing body received the update.</p>	
GB18/109	<p><b>Chief Officer Report</b></p> <p>The Governing Body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.</p> <p>FLT commended the Medicines Management team on the prestigious HSJ nomination. Received as a result of the work on the Sefton Repeat prescription ordering scheme (RPOS).</p> <p>An update was provided on the benefits of the Commissioning Capability Programme which had enabled the CCG to move forward on a number of key strategic issues. The CCG were now looking to do a bid to run a similar session for more senior managers and clinicians across the organisation.</p> <p>FLT highlighted the dilemma and risk in relation to the investment needed for PMO in order to support transformation whilst balancing this against the organisations deficit.</p> <p>The CCG has now received a November 2018 deadline date for the submission of delegated commissioning applications to NHSE, with responsibility to be effective from April 2019.</p> <p>Reference was made to the Lancashire Care NHS Foundation Trust Quality Risk Profile/Quality Summit. The members were assured that the CCG continues to work with the provider as part of the quality surveillance process and in light of some concerns raised following a CQC inspection.</p> <p>FLT identified additional items for verbal update:</p> <p><u>Operational Plan</u></p> <p>The CCG submitted its operational plan to NHSE in April 2018. The plan was developed in accordance with the planning guidance issued in February by NHSE/NHSI.</p> <p>The CCG is now in the process of developing this further so that there is a single, easily accessible Operational Plan for the CCG. This is consistent with feedback we have received from the NHSE assurance team. This will set out in a single document the CCG activity assumptions, the commissioning intentions, the QIPP plan and also provide narrative on how the CCG are responding to the requirements of the Five Year Forward View.</p>	

No	Item	Action
	<p>Once finalised the Operational Plan will be shared with NHSE, widely circulated both internally and externally and copies shared with the governing body.</p> <p><u>Southport &amp; Ormskirk Hospitals NHS Trust</u></p> <p>FLT made reference to the recent article and the update provided by RC under Business Update. FLT added that the Trust is in a period of redevelopment and improvement, with changes being made since the appointment of the new Chief Executive Silas Nicholls.</p> <p><u>Strategic Assurance Framework/PMO</u></p> <p>FLT clarified that prior to going to public consultation on the assurance framework, it first needed to be presented to the NHSE to ensure it passed the “five” tests.</p> <p>Reference was made to page 25 of the meeting pack which provided an update on the PMO work undertaken and planned. Further discussion was had regarding the need for further resource. FLT confirmed that following discussion at the Partnership Board, additional financial support was now being actively sought.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/110	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</b></p> <p>The governing body were presented with the QIPP report which provided 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 plan and receives updates across the domains.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and as at month 2. The opening plan required delivery of £5.64m efficiency savings, with a year to date delivery at month 2 of £0.073m against a year to date plan of £0.272m. The members were asked to note that, at the time of publishing the report, the prescribing information was not fully available.</p> <p>The members were updated on the work to be carried out over the following month. This included a presentation by Medicines Management to the Finance &amp; Resource Committee on QIPP areas. The members discussed the opportunity to learn from the medicines management teams’ methodology. It was confirmed that this would be done as part of the check and challenge process.</p> <p>It was recognised that there were a number of amber rated plans that could be converted to green. More check and challenge meetings were due to be held to identify opportunities and to provide the governing body with assurance on future plans.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/111	<p><b>Integrated Performance Report</b></p> <p>Becky Williams presented the governing body with a report which provided summary information on the performance, quality and finance for Southport &amp; Formby and highlighted the Executive Summary on pages 50 to 52 and the summary dashboard on pages 38 to 44 of the meeting pack. The members</p>	

No	Item	Action
	<p>were taken through the report with the following areas highlighted;</p> <p><b>Planned Care</b></p> <p>The CCG failed the less than 1% target for patients waiting 6 weeks or more for a Diagnostic test in April, recording 5.14%, with the target being impacted by a number of providers.</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in April recording 5.5%, again a decline on last month's performance of 3.5%. In April, out of 3,279 patients, 180 patients were waiting at 6+ weeks and 14 patients at 13+ weeks. The majority of breaches were for non-obstetric ultrasound, cystoscopy and gastroscopy. Southport and Ormskirk Hospital NHS Trust have increased their capacity in order to help clear the backlog.</p> <p>The RTT pathway within 18 weeks of referral to treatment is above target at 92.50% for April. The CCG remains on target compared to some CCGs which are failing the target.</p> <p>NHS England has set CCGs the new target of "total RTT incomplete pathways in March 2019 being no higher than in March 2018".</p> <p>The CCG failed the 93% cancer two week waiting time performance, achieving 91.39%. With 44 breaches out of 511 patients, the majority being as a result of complex diagnostic pathways, outpatient capacity, delays to diagnostic tests and admin.</p> <p>Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for breast service providers should help to reinforce the urgency of these appointments with patients and reduce the number of patient cancellations and DNAs.</p> <p>The members discussed their support to the e-referral system. It was confirmed that Aintree University Hospital NHS Foundation Trust was in a transition period and due to go live in August 2018.</p> <p>Despite the indicative overspend within Aintree, there is no financial impact of this to the CCG due to the Acting as One block contract arrangement in place.</p> <p><b>Unplanned Care</b></p> <p>The CCG failed the two A&amp;E performance targets, this being in line with local averages. Southport &amp; Ormskirk Hospital NHS Trust achieved an 85.57% against an 81.7% set target. The Trust currently has external support from EY and NHSE ECIP in order to support A&amp;E and flow performance across the system. This should assist with the concerns raised by the CCG with the Trust in relation to the current underperformance of ambulance turnaround times, 4 hour target and 12 hour trolley waits.</p> <p>One twelve hours in A&amp;E breach was reported for Southport &amp; Ormskirk Hospital. This was during the Easter Bank Holiday weekend when the Trust experienced significant bed pressures and demand for side rooms had been high.</p> <p>The members were reminded of national Ambulance Response Programme implemented by NWS. The reporting figures were now being received. In April there was an average response time in Southport and Formby of 7 minutes and 53 seconds against a target of 7 minutes for category 1 incidents. For category 2 incidents the average response time was 22</p>	



No	Item	Action
	<p>minutes against a target of 18 minutes. Further detail on performance was shown in figure 38 page 75 of the meeting pack.</p> <p>The members were briefed on the redesign of A&amp;E at Southport &amp; Ormskirk Hospital, which included new ambulance bays, and the estates issues arisen during the development. The new A&amp;E department was due to open in September 2018.</p> <p>FLT advised members that Southport &amp; Ormskirk Hospital NHS Trust had seen an increased pressure over the last two days due to the extreme hot weather. This had resulted in a number of 12hour breaches being reported.</p> <p>Reference was made to the Out of Hours indicators on page 78 of the meeting pack. A deep dive was to be carried out on the service as a result of discussions at committee and governing body level. Thanks were given to the Joint Quality Committee on the work undertaken to progress this.</p> <p>A discussion was had on the stroke and TIA performance detailed on page 78 and 79 of the meeting report. Concern was raised on the length of time the issues continued, despite the work that the Trust had been doing to make improvements. The Chief Executive of Southport &amp; Ormskirk Hospital NHS Trust, Silas Nicholls, to be invited to a governing body meeting in order to provide an update on the service. DCF informed members that the stroke and TIA performance reports had been escalated through contracts. Discussions had also been had with the Trust regarding the CCG concerns.</p> <p>The members were informed that the CCG were confident that the data being extracted for Southport &amp; Ormskirk Hospital NHS to social care delays was correct. Attention is being given to how the data is recorded to ensure that it is as per the national definition. An example of process management in this area has been shared with Chief Executive of Southport &amp; Ormskirk Hospital. The CCG will continue to monitor developments.</p> <p><b>Mental Health</b></p> <p>The access target for Southport &amp; Formby patients for Improving Access to Psychological Therapies (IAPT) failed for month 1, with a 5.3% increase on the previous months 1.14%. Although the percentage of people moved to recovery decreased with 53.3% compared to 58.0% in Month 12, this still satisfied the target of 50%.</p> <p>Recent communications with the NHS Digital team have revealed that the data tables relating to Improve Access to Children &amp; Young People's Mental Health Services (CYPMH) have been removed from the publication. Discussions on the methods used to calculate these measures are on-going between NHS England and NHS Digital. The members highlighted concern with the service in relation to a number of areas including; levels of access and support needed; the need for support within and referrals from schools; integrated working; investment; workforce and capacity; local and national issues. The need for an audit and deep dive of the service was suggested in order to identify issues and areas of priority. Further discussion was had in relation to the possibility of investing in two additional temporary posts until the service needs were understood, and the potential for further funding being available in 2019. It was considered that increased funding for CYPMH would eventually have an impact on reducing the number of adults accessing the equivalent adult services. However any increased investment would need to be systematic and for areas of priority.</p>	<p>FLT</p>

No	Item	Action
	<p><b>Primary Care CQC</b></p> <p>Row Lane, Cumberland House and Ainsdale surgeries were the recent practices to be inspected by the CQC. All received a rating of “good”. The governing body congratulated the practices on the results. FLT would write to congratulate the practices on behalf of the CCG.</p> <p><b>Quality</b></p> <p>An update was given on the CCGs serious incident process. This remains on the CCG risk register with actions being taken to review the process and support mitigation. An improvement plan has been presented to the Joint Quality Committee and approved. Positive feedback has been received on the areas of improvement and a re-visit by NHSE to review the improvements is being planned for July 2018.</p> <p>There had been some challenges in relation to the Southport &amp; Ormskirk Friends and Family test response. With the target remaining stagnant for both those who would recommend the inpatient service and those that wouldn't. Further conversations were to be had with the Trust on how this can be improved.</p> <p><b>Finance</b></p> <p>An update was given on the CCG outturn at Month 2 and the pressures and benefits emerging. MMcD highlighted the main financial pressures from Continuing Health Care with both the cost of high cost cases and the number of high cost patients on the increase.</p> <p>MMcD reported on the full year financial position for the CCG being a deficit of £3.600m against the planned breakeven position. The cumulative CCG position is a deficit of £10.295m which incorporates the historic deficit of £6.695m 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.</p> <p>Members were highlighted to the acting as once contract performance table and informed of the potential for an additional £0.485m pressure on the CCG had it not had the Acting as One arrangement in place, with a full year benefit estimated at £15K.</p> <p>The members discussed the difficulty of funding decisions given the areas that need clear investment. It was recognised that, although there was additional NHS 70<sup>th</sup> birthday funding which would go some way to assist, the CCG still needs to make some difficult decisions.</p> <p><b>Resolution:</b> The governing body received the report.</p>	FLT
GB18/112	<p><b>Joint QIPP and Finance Committee Terms of Reference</b></p> <p>The Joint QIPP Committee terms of reference have now been reviewed as part of the routine annual review process and to also ensure the work of the committee continues to support financial recovery overall, supports delivery of QIPP and its work programme is aligned to the Cheshire and Merseyside Healthcare Partnership programmes and importantly the Sefton Transformation Programme.</p> <p>The members were referred to the changes as outlined in section 2, page 114 of the report and included broadening the scope of the committee and</p>	



No	Item	Action
	<p>changes to the membership and chairing responsibilities.</p> <p>The members were informed that the Joint QIPP Committee and Leadership Team supported the proposed changes.</p> <p>The members noted the inclusion of specific financial recovery responsibilities, the requirement to report to the Finance and Resource Committee and reference to the Sefton Transformation Programme.</p> <p><b>Resolution:</b></p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the renaming of the committee to become the Joint QIPP and Financial Recovery Committee as recommended by the Joint QIPP Committee and Leadership Team</li> <li>• Approved the terms of reference as recommended by the Joint QIPP Committee and Leadership Team</li> <li>• Noted and approved the proposed changes to the Charing arrangements of the committee as recommended by the Joint QIPP Committee and Leadership Team</li> </ul>	
GB18/113	<p><b>Safeguarding Children's and Adults at Risk Policy</b></p> <p>The members were presented with a paper which requested an extension on the current Safeguarding Children &amp; Adults at Risk policy (v9) pending the release of statutory guidance.</p> <p>It was explained that the policy was scheduled for review in November 2017. Key statutory guidance (Working Together to Safeguard Children) was due for publication early 2018 which would heavily impact on the review of this policy. In order that the review of the policy will incorporate the updated statutory guidance, an extension to the CCG policy review date was agreed by the Quality Committee until June 2018 who had also confirmed that the policy was still fit for purpose.</p> <p>At the time of the governing body meeting pack being published the launch of the revised Working Together guidance continued to be delayed. However the awaited guidance had now been published and would be worked through accordingly.</p> <p><b>Resolution:</b> The governing body noted that the policy was being presented to them in relation to their statutory responsibilities and approved a further extension to the policy to enable review of the Working Together to Safeguard Children statutory guidance.</p>	
GB18/114	<p><b>Audit Committee Annual Report 2017/18</b></p> <p>Following review by the Audit Committee in April 2018, the annual report was presented to the governing body in order to provide assurance that the necessary systems, processes and controls were in place to support the delivery of the CCGs objectives, responsibilities and duties. Specifically:</p> <ul style="list-style-type: none"> <li>• an effective system of integrated governance, risk management and internal control remains in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are established;</li> <li>• there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective; and</li> <li>• ISA260 Audit Highlights Memorandum has been reported to the May</li> </ul>	

No	Item	Action
	<p>Audit Committee Meeting as part of the Annual Accounts approval process.</p> <p>The members considered it a full report and thanked HN, Audit Committee, MMcD and the team for their work and commitment.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/115	<p><b>Audit Committee Terms of Reference</b></p> <p>The governing body were presented with an updated Audit Committee Terms of Reference following the review by the Audit Committee on 23<sup>rd</sup> April 2018.</p> <p>The members were highlighted to and noted the necessary changes as listed on page 135 and 136 of the meeting pack, specifically those relating to legislative changes and membership. MMcD confirmed that the context of the terms remained the same.</p> <p><b>Resolution:</b> The governing body approved the updated terms of reference.</p>	
GB18/116	<p><b>Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map Update</b></p> <p>DFair presented the members with the reports as discussed at Audit Committee 24<sup>th</sup> May 2018 and following review by the Leadership Team. DFair asked members to note that the documents were of a moment in time and were presented as per the assured process and format.</p> <p>HN and MMcD updated the members on the discussion at Audit Committee, specifically the submission of the report to accompany 2017/18 sign-off, the changes to the finance risks in relation to the end of 2017/18 close down and the new 2018/19 risks. Discussion was also had on the emerging transformation programme risks. The members recognised the need to invest in PMO, but to balance this against the financial implications.</p> <p>DFair thanked Judy Graves and Phil Rule for the work carried out on the documents, especially in the development of the Heat Map. DFair updated the members on the next steps including the review to be carried out on the risk identification, review and process on both the GBAF and CRR. Comments were requested from the governing body members on anything additional to be included.</p> <p><b>Resolution:</b> Following review and scrutiny, the governing body were satisfied and approved the documents presented.</p>	
GB18/117	<p><b>Sefton Place Based Estates Strategy</b></p> <p>RC reminded the members and public of the prior declarations received from DC, EB and CR. The Chair confirmed that the members could remain in the meeting given its public format, however refrain from involvement in the item.</p> <p>The governing body were reminded of the first estates strategy in November 2015. A reminder was also given on the further update to the strategy to reflect the partnership approach to developing the NHS Estate across Sefton, based on the 'place' footprint and submitted as a draft plan on 31<sup>st</sup> May 2018. The members were informed that the document presented included a small number of changes to that plan, the approach for which was outlined in section 2, page 167 of the meeting pack.</p> <p>Following review of the strategy the members were highlighted to the</p>	

No	Item	Action
	<p>amendments in relation to the proposed trust mergers and the capital projects detail under consideration. Reference was made to the capital investments listed on page 182 of the meeting pack.</p> <p>The members were provided with an updated position on each of the projects listed. The Southport &amp; Ormskirk Hospital site reconfiguration was noted, as detailed, as a high priority by the STP. FLT confirmed that there were other minor bids for across the area, STP has confirmed that the CCG would be sited on any relevant bids.</p> <p><b>Resolution:</b> The members RC, KS, HN, DCF, MMcD, HM, TQ, JS and FLT approved the strategy; DC, EB and CR refrained from involvement in the item.</p>	
GB18/118	<p><b>NHS Health Checks in Sefton</b></p> <p>Charlotte Smith (CS) presented a paper which provided the key findings of the NHS Health Check consultation and engagement process and an update on the programme in Sefton.</p> <p>CS referred to the background of the programme, its statutory function and the challenges encountered in relation to the delivery of the programme in Sefton, listed on page 197 of the meeting pack.</p> <p>CS highlighted the review undertaken on the policy, privacy notice and sharing arrangements in order to draft the information sharing agreement required as a result of the new GDPR regulations. Also highlighted was the review of the Standard Operating Procedures. This was carried out as a result of both the consultation and the prior discussion with the governing body members on the need for the service to have a clear pathway for patients to be referred to their GP should the patient so need. A further discussion was had on this in relation to patients that might not require treatment but might flag as potentially at risk. CS clarified that there was still a number of pathways that needed to be worked through and the LMC were assisting on this.</p> <p>Information on the service was available via the local authority website or by searching "Sefton NHS Health Check". It was commented that the information needed to be able to be easily searched rather than under specific criteria.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/119	<p><b>Key Issues Reports:</b></p> <p>a) Finance &amp; Resource Committee: March and May 2018  b) Quality Committee: February and April 2018  Page 218 should read Stroke Services  Page 220: Should read "The Wider Constituent Group members approved the CCG applying for delegated commissioning".</p> <p>The members were updated on progress of the seven day access to general practice procurement due to go live 1<sup>st</sup> October 2018 and currently available for urgent cases. The service is being based on a national model and will be operated on a hub basis. This will mean that not all practices will be open, but rather sharing resources across the hub.</p> <p>c) Audit Committee: None  d) Joint Commissioning Committee: April and June 2018</p>	

No	Item	Action
	<b>RESOLUTION:</b> The governing body received the key issues reports	
GB18/120	<p><b>Approved Minutes:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee: March and May 2018</li> <li>b) Quality Committee: February and April 2018 Page 218 should read Stroke Services</li> <li>c) Audit Committee: None</li> <li>d) Joint Commissioning Committee: April and June 2018</li> <li>e) CIC Realigning Hospital Base Care: February and April 2018</li> </ul> <p><b>RESOLUTION:</b> The governing body received the approved minutes</p>	
GB18/121	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 5<sup>th</sup> September 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH.</p> <p><u>Future Meetings:</u> The governing body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <ul style="list-style-type: none"> <li>7<sup>th</sup> November 2018</li> <li>6<sup>th</sup> February 2019</li> <li>3<sup>rd</sup> April 2019</li> <li>5<sup>th</sup> June 2019</li> <li>4<sup>th</sup> September 2019</li> </ul> <p>13:00hrs at the Family Life Centre, Southport, PR8 6JH.</p>	
<b>Meeting concluded</b>		<b>15:50hrs</b>
<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 Action Points

Date: **Wednesday 4 July 2018**

No	Item	Action
GB18/111	<p><b>Integrated Performance Report</b></p> <p><b>Unplanned Care</b></p> <p>A discussion was had on the stroke and TIA performance detailed on page 78 and 79 of the meeting report. Concern was raised on the length of time the issues continued, despite the work that the Trust had been doing to make improvements. The Chief Executive of Southport &amp; Ormskirk Hospital NHS Trust, Silas Nicholls, to be invited to a governing body meeting in order to provide an update on the service.</p> <p><b>Primary Care CQC</b></p> <p>Row Lane, Cumberland House and Ainsdale surgeries were the recent practices to be inspected by the CQC. All received a rating of "good". The governing body congratulated the practices on the results. FLT would write to congratulate the practices on behalf of the CCG.</p>	<p>FLT</p> <p>FLT</p>

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/144	<b>Author of the Paper:</b> Fiona Taylor Chief Officer Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 317 3456									
<b>Report date:</b> September 2018										
<b>Title:</b> Chief Officer Report										
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.										
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><b>Recommendation</b></td> <td style="width: 10%; text-align: right;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> <li>a. <b>To delegate</b> authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures (item 1). The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.</li> <li>b. To formally <b>receive</b> this report.</li> </ol>		<b>Recommendation</b>	Receive	<input checked="" type="checkbox"/>		Approve	<input type="checkbox"/>		Ratify	<input type="checkbox"/>
<b>Recommendation</b>	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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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



## Report to Governing Body

SEPTEMBER 2018

### General

#### 1. Management of Allegations Policy and Procedures

The above policy is due for review in September and is currently out to consultation with HR and the Designated Officer Local Authority. The consultation and updates are expected to conclude early September with the policy then being submitted to the Joint Quality Committee for review and recommendation for approval to the Governing Body.

The approvals of safeguarding arrangements are matters that are reserved to the Governing Body, which next meets in November. In order to prevent any delay in the approval, circulation and implementation of the policy the Governing Body is asked to delegate authority to approve the policy to the Joint Quality Committee.

**Recommendation:** *The Governing Body is asked to delegate authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures. The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.*

#### 2. Brexit no-deal scenario

The Chief Executive of the NHS Confederation wrote to CCG accountable officers on 21<sup>st</sup> August advising that technical guidance on how public bodies can prepare for a no-deal Brexit scenario. The first tranche of guidance is expected to be focussed on health and social care.

The Brexit Health Alliance, led by the NHS Confederation, has been working with the government and arm's-length bodies to ensure issues such as the supply of medicines and equipment, medical research and public health are addressed in this guidance. They have also provided feedback from a number of chief executives on key issues it will address.

The Alliance have also voiced concerns about what may happen in the absence of proper planning, and been clear that the guidance must provide clarity on NHS organisations' responsibilities and the support and coordination they can expect from the centre.

The alliance will be reviewing the guidance and issuing guidance to health and social care on next steps. In the meantime the Leadership Team will continue to assess and evaluate the likely impact for the CCG.

#### 3. Bariatric service update

Following the transfer of this service from NHS England specialised commissioning the CCG has assumed a leadership role across Merseyside on behalf of the CCGs.

There has been an increased demand on the service provided by University Hospitals North Midlands (UHNM) and work is underway to understand activity, costs and performance.



**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 and to support delivery of financial recovery.**

#### **4. QIPP and Financial Recovery Update**

The Financial Recovery Plan was submitted to NHS England on 27<sup>th</sup> July and has now been signed off by the NHS England local and regional offices. The Joint QIPP and Financial Recovery Committee (the “QIPP” committee) will have responsibility for overseeing delivery of the plan and for providing assurances to the governing body on the implementation of QIPP and other financial recovery schemes.

Delivery of the plan remains a challenge and significant risks are associated with delivery. We will be seeking to work with our Sefton Provider Alliance colleagues with a view to having a recovery programme that all stakeholders can support.

The CCG has also received NHS England funded support from Deloitte which has focussed on delivery of the Falls QIPP scheme and we are confident that we can now provide some real impetus to that programme of work. The support team will be on site until the end of September and the progress will be reported to and monitored by the QIPP committee.

The High Intensity Users pilot is now underway and activity reports will be reported to the QIPP committee. There will be a thorough post implementation review of the pilot and the findings will be shared with the Clinical Advisory Group and the QIPP committee.

**To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.**

#### **5. Sefton Health and Social Care Transformation Programme**

During the last month KPMG and the NHS Transformation Unit have now completed their work that will underpin the development of the service change proposal. This is a positive step in the programme in achieving the milestone for public consultation in July 2019. There are risks emerging in relation to capacity in achieving tight timescales and work is underway to mitigate against these risks. The Governing Body will receive regular updates on progress.

#### **6. Governance and Decision-Making Framework for Acute Sustainability**

To ensure there is absolute clarity on governance and decision making with the acute sustainability programme a framework is being developed by the Sefton Transformation Board.

The document will set out all the steps required to enable the progression of any service change proposals relevant to Southport and Ormskirk and describe when decision making will be required and by which statutory body. The framework is being developed in accordance with existing statutory decision-making responsibilities and will be shared with the Governing Body once this has been finalised.

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

## 7. 2017-18 Assurance Ratings

The 2017-2018 annual assurance ratings from NHS England, known as Improvement and Assessment Framework (IAF) ratings have praised NHS Southport and Formby Clinical Commissioning Group (CCG) for its notable improvements in cancer care.

The CCG has again been graded as 'requires improvement' in the ratings, which provide a benchmark for CCGs, so they can compare themselves to others and assess where they need to focus. It also gives national and local regulators and partners an indication of where more support is needed.

Highlighting key areas of strength and good practice, the assessment included a statement that the CCG has been successful in the implementation of the Integrated Community Reablement and Assessment Service (ICRAS), which it is recognised will meet the needs of some of the CCG's most vulnerable patients.

## 8. Quality updates

### 8.1 Children's Commissioner – statutory information request

On 1<sup>st</sup> August 2018 the Children's Commissioner wrote to every CCG, Director of Children's Services and Director of Public Health with a statutory request for information about expenditure on mental health and speech and language services for children and young people. The Chief Nurse and Quality Officer and the team are in the process of co-ordinating the CCG's response which is due in by 14<sup>th</sup> September 2018.

### 8.2 Nursing visit to Sefton

On 23<sup>rd</sup> July 2018 the NHSE Director of Nursing / Deputy Chief Nursing Officer for England and the Director of Nursing NHSE North Region visited Sefton to meet the staff and observe the good work being undertaken within the community services that transacted from the former Liverpool Community Healthcare Trust to NHS Mersey Care. They also spent time with the CCGs' quality team to showcase the work we do as nurses working in commissioning along with the other staff members within the team.

### 8.3 Sefton Serious Case Reviews (SCR)

There are currently three serious case reviews being undertaken in Sefton:

- 1) SCR 1 – This report was been published on the Local Safeguarding Children's Board (LSCB) website at the end of July 2018. An action plan to deliver the recommendations will be monitored via the LSCB processes. A briefing has been circulated to all providers including those in general practice by the Named GP for Safeguarding Children.
- 2) SCR 2 – An independent author has been commissioned and terms of reference agreed. The timeline for completion is December 2018.
- 3) SCR 3 – The Chair of the LSCB has supported the recommendation made by the LSCB Practice Review Panel for a further Serious Case Review to be undertaken. This has been reported to the LSCB at the meeting held on 18<sup>th</sup> July 2018. An independent author has been commissioned and terms of reference agreed. The timeline for completion is six months as per the LSCB standard.

#### **8.4 Care Quality Commission (CQC) review of services for Looked After Children (LAC) and Safeguarding**

The CQC undertook a review of LAC and Safeguarding services across Sefton between 23<sup>rd</sup> July 2018 – 27<sup>th</sup> July 2018. The final report is currently awaited and once this has been received and signed off by the CCG will be subject to publication. The CCG Chief Officer will be chairing a “task and finish group” to oversee implementation of any recommendations arising from report. A letter has been sent to all Chief Executives of provider organisations, the Local Authority and NHSE asking for representation from their respective organisations to be part of this group. Once received, the report will be presented through the CCGs and partnership governance arrangements.

#### **8.5 Lancashire Care NHS Foundation Trust Quality Risk Profile / Quality Summit**

The meeting arranged by the Lancashire Team to complete the Quality Risk Profile Tool was held on 29 June 2018 and a Quality Summit took place on 6 July 2018 Chaired by NHSI to discuss the CQC feedback and next steps in terms of support and assurance. The CCG was represented at both of these meetings by the Chief Nurse and awaits further contact from Lancashire colleagues at the time of writing this report in terms of any further input or escalation.

#### **8.6 Barton Park Nursing Home**

On 3 August 2018, following attendance at Magistrates Court, the Care Quality Commission (CQC) served a Section 30 Notice (Closure Notice) on the Choice Classics Ltd in relation to Barton Park and this CQC action can now be reported in the public domain. The CCG worked in partnership with the Local Authority, the CQC and Midlands & Lancashire CSU in the discharge of our duties to safeguard and protect this vulnerable group of residents.

**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.**

### **9. General practice 2018 Survey**

I am delighted to report that Christiana Hartley Medical practice has been identified in the top 10 surgeries in Merseyside from the recent GP survey 2018. Our congratulations go to Dr Farrell and all the team. The full dataset is currently being analysed and the CCG will work to support the membership practices.

### **10. General practice delegated commissioning**

The wider group confirmed their approval to progress to become fully delegated for general practice primary care earlier in the year. During Q2 the CCG has engaged with NHS England to agree the next steps to full application and to agree any transitional arrangements. The wider group received a further update and its meeting on 21<sup>st</sup> August and remain committed to taking on this responsibility.

Delegated commissioning offers an opportunity for Clinical Commissioning Groups to assume full responsibility for commissioning general practice services. This will include contractual GP performance management, budget management and national Directed Enhanced Services (DES). It is important to note however that GP practice contracts still remain between the practice and NHS England and do not novate to the CCG as part of delegated commissioning.

Legally, NHS England retains the liability for the performance of primary care, as with the other

models. NHS England will therefore require robust assurance that its statutory functions are being discharged effectively. The CCG retains its liability to improve the quality of general practice (which is part of its statutory obligations at all levels of commissioning). This model also allows the option to invest in primary care in ways that align to local priorities.

To date the CCG has worked closely with NHS England colleagues as part of joint commissioning and there have been positive levels of cooperation. Delegated commissioning would give greater control over decisions and enable the CCG to further align primary care to the emergent integrated care system in Sefton.

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

### 11. Primary Care Network (PCN) Bids

All four localities within the CCG have been successful in bidding for funding from NHSE for network development funding. Each locality has the opportunity to develop its own unique scheme that addresses local needs.

Key to success will be working collaboratively with other local healthcare providers, the voluntary, community and faith sector and patients to develop place based systems to connect and transform local services to improve the health and wellbeing of patients.

The funding is for a two year period to enable this transformational work to take place.

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

### 12. Locality working

Work continues in the Sefton 'place' on the out of hospital model of care at locality level involving SMBC colleagues. The integrated commissioning agenda continues its development through the Making it Happen strategy. Further focus is being given to the Children's' agenda.

### 13. Recommendation

The Governing Body is asked to:

- a. **To delegate** authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures. The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.
- b. To formally **receive** this report.

**Fiona Taylor**  
**Chief Officer**  
**September 2018**

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/145	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> 0151 317 8454
<b>Report date:</b> August 2018	
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<b>Summary/Key Issues:</b>  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.	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

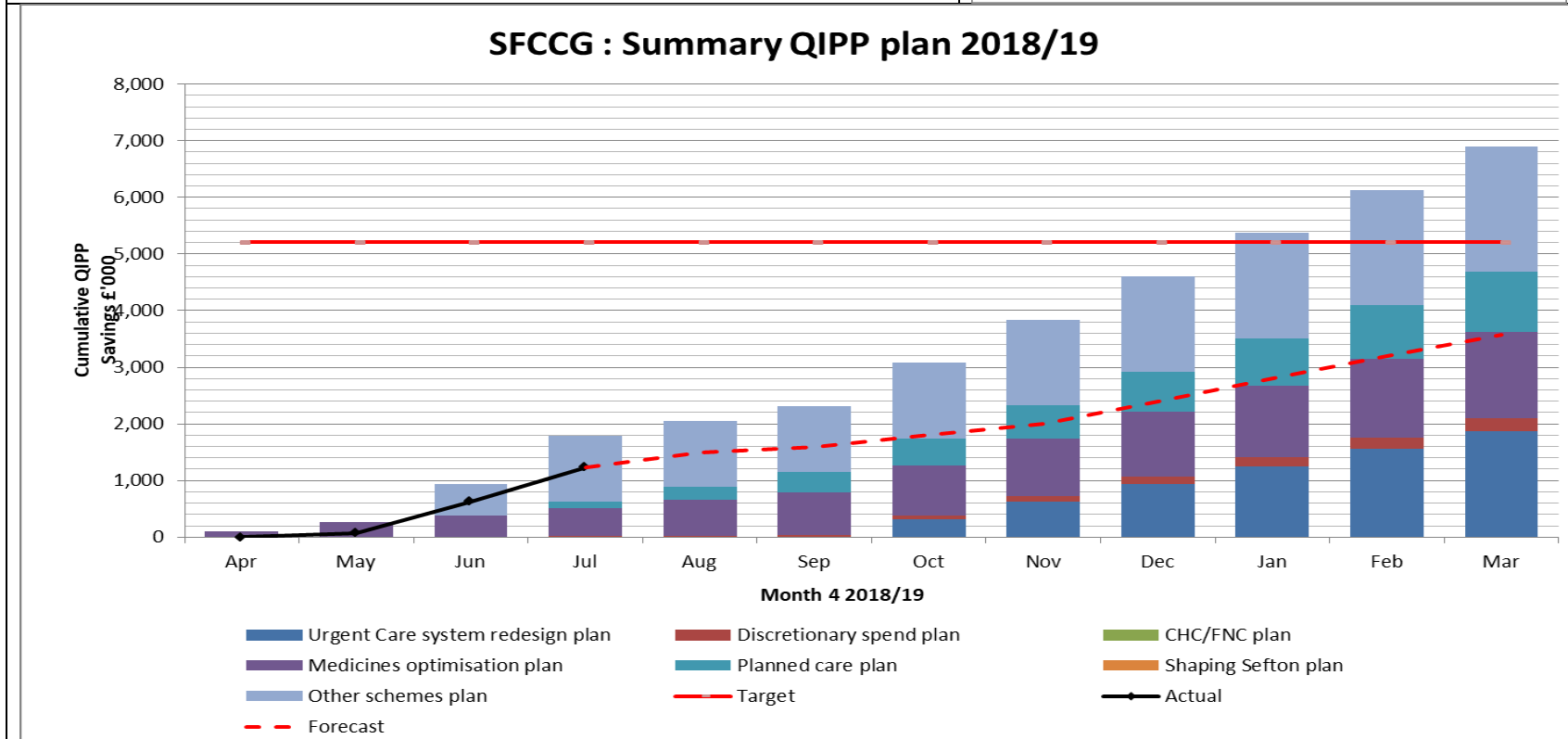
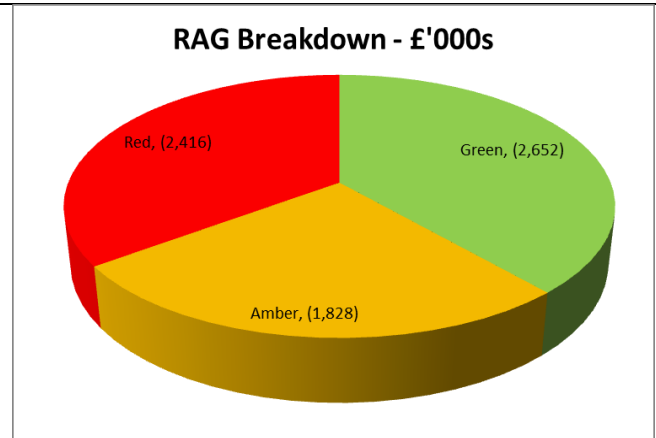
Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping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

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

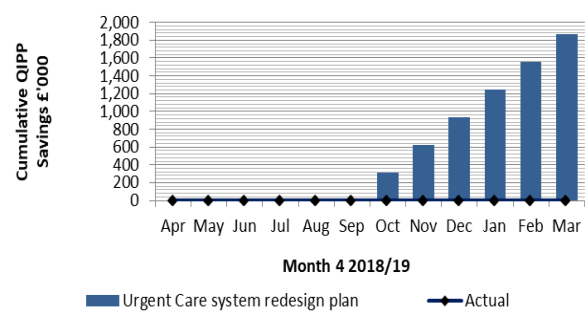
Links to National Outcomes Framework ( <i>x those that apply</i> )	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience 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 4

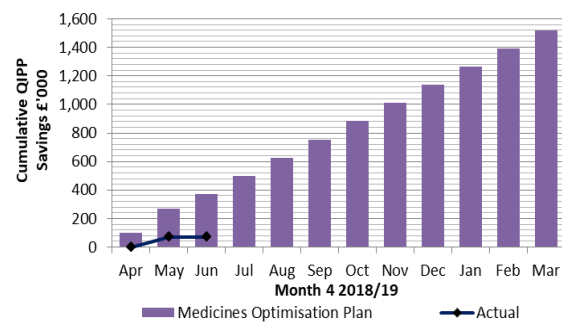
Southport and Formby CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,067	119	0	(119)
Medicines optimisation plan	1,517	500	73	(427)
CHC/FNC Plan	0	0	0	0
Discretionary spend plan	230	14	0	(14)
Urgent Care system redesign	1,870	0	0	0
Shaping Sefton	0	0	0	0
Other Schemes	2,212	1,162	1,162	0
<b>Total</b>	<b>6,896</b>	<b>1,795</b>	<b>1,235</b>	<b>(560)</b>



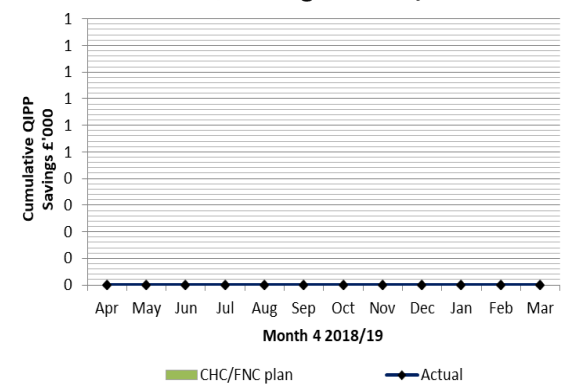
SFCCG : QIPP target - Urgent Care



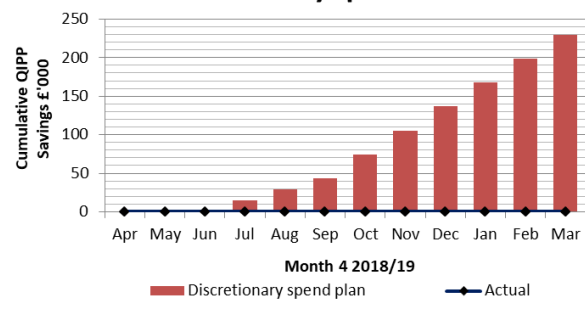
SFCCG : QIPP target - Medicines Optimisation



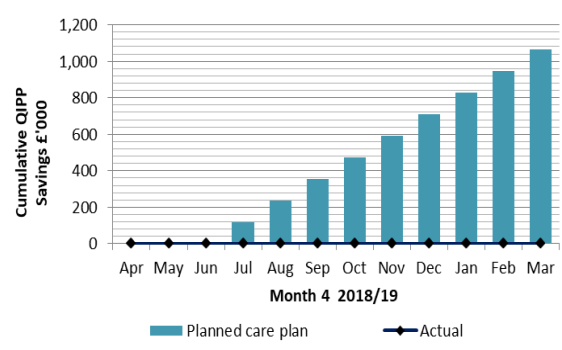
SFCCG : QIPP target - CHC/FNC



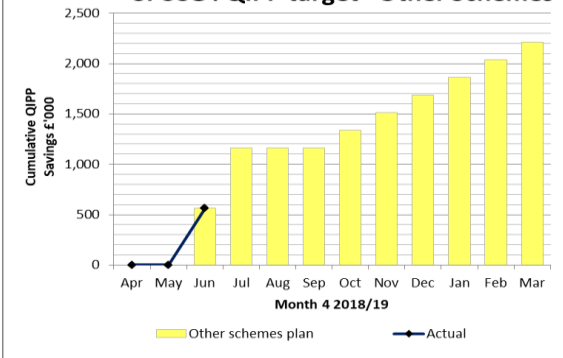
SFCCG : QIPP target - Discretionary spend



SFCCG : QIPP target - Planned Care



SFCCG : QIPP target - Other Schemes





## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/146	<b>Author of the Paper:</b> Name Karl McCluskey
<b>Report date:</b> September 2018	Position Director of Strategy & Outcomes Email: <a href="mailto:Karl.Mccluskey@southportandformbyccg.nhs.uk">Karl.Mccluskey@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8468
<b>Title:</b> Integrated Performance Report	
<b>Summary/Key Issues:</b>  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)	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

<b>Links to Corporate Objectives</b> <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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

# Southport & Formby Clinical Commissioning Group

## Integrated Performance Report

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## Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>E-Referrals</b>																
<a href="#">2142: NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	76%	75%	78%											76.08%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
<b>Referral to Treatment (RTT) &amp; Diagnostics</b>																
<a href="#">1828: % of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R											
		Actual	5.139%	4.667%	4.14%											
		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%	
<a href="#">1291: % of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G											
		Actual	92.47%	93.41%	93.3%											
		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%	
<a href="#">1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G									R		
		Actual	0	1	0										1	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Cancelled Operations</b>																
<a href="#">1983: Urgent Operations cancelled for a 2nd time</a> 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	R									R		
		Actual	0	0	3										3	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

Preventing People from Dying Prematurely

Cancer Waiting Times

<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R	G	G														G	
		Actual	91.39%	93.46%	94.75%															93.21%
		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%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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														R	
		Actual	82.50%	79.55%	92.86%															84.92%
		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%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R	G	G														G	
		Actual	94.87%	98.73%	97.01%															96.88%
		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%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G														G	
		Actual	83.33%	100%	100%															94.74%
		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%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G														G	
		Actual	100%	100%	100%															100%
		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%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G														G	
		Actual	100%	100%	100%															100%
		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%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> 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	R	G	G														R	
		Actual	75.00%	87.50%	91.43%															84.68%
		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%	85.00%

<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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													G	
		Actual	100%	83.33%	100%														95.24%
		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%
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G													G	
		Actual	100%	92.31%	86.67%														93.33%
		Target	85%	85%	85%														85%

### Personal Health Budgets

<b>2143: Personal health budgets</b> Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R																
		Actual	12.8																
		Target	67.45			77.09	86.72	96.36											

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % 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	
		Actual	85.54%	88.58%	90.68%														88.26%
		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%

### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R													R	
		Actual	3	3	4														10
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R													R	
		Actual	0.8	0.8	1.0														
		Target	0	0	0														0





## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

### Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 31 July 2018.

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage.

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31st July 2018 is a deficit of £2.838m. This assumes that QIPP delivery during the year will be £3.566m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan, and that further savings can be implemented to address the shortfall in the plan.

### Planned Care

Year to date GP referrals in month 3 of 2018/19 are 6% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for June, where the CCG reported 78%, an improvement on May but still failing the target.

The CCG failed the less than 1% target for Diagnostics in June recording 4.14%, a slight improvement on last month's performance of 4.67%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 4%, again an improvement on last month's performance of 5.1%.

Southport & Ormskirk reported 3 cancelled operations in June due to running out of theatre time.

The CCG are failing 2 of the 9 cancer measures in month three year to date. They include 2 week breast symptom (84.92%) and the 62 days urgent GP referral metric (84.68%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (82.86%).

For Friends and Family Southport & Ormskirk Hospital NHS Trust has seen a decline in response rates for inpatients, from 18.8% in May to 16.3% in June. The percentage of patients that would recommend the inpatient service in the Trust has remained static at 93% in June and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also declined, from 1% in May to 2% in June but is still in line with the England average of 2%.



Performance at Month 3 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £326k/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a total over spend of approximately £398k/4.5%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for June reached 90.91%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.1% for June.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS have submitted a final recovery plan and improvement plan including a recovery trajectory for Category 1 and 2 calls. The plan is being carefully monitored by commissioners along with NHSE and NHSI with improvement to be demonstrated by end of Quarter 2.

There were 1,547 calls to the 111 service by Southport and Formby patients in June 2018, a reduction on the previous month, but an increase on the same point in the previous year.

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service reduced in June to 785, this is a similar number to the same point in the previous year.

Southport & Ormskirk failed the stroke target in June recording 60% with 12 out of 20 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in June with 6 reportable patients breaching the target. This is the eighth consecutive month 0% has been reported.

The CCG has reported an MSA rate of 1.0, which equates to a total of 4 breaches in June. All 4 breaches were at Southport & Ormskirk NHS Trust.

There was 1 new case of Clostridium Difficile attributed to the CCG in June, bringing the year to date figure to 6 against a plan of 9. 2 cases were apportioned to an acute trust and 4 to the community. Southport & Ormskirk has reported 2 new cases in June bringing the year to date figure to 4, against a plan of 9.

The average number of delayed transfers of care per day in Southport and Ormskirk hospital increased from 4 in May to 5 in June. Of the 5 delays: 3 were due to patient or family choice, 1 awaiting nursing home placement and 1 community equipment/adaptations. Analysis of average delays in June 2018 compared to June 2017 shows no change.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 66% in May to 71% in June, but this is still below the England average of 87%. The percentage not recommended has also improved from 22% in May to 16% in June but this is still above the England Average of 8%.

Performance at Month 3 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/17.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced overspend of approximately £1m/12.8%.

## **Mental Health**

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2017/18. The total number of OAP's in quarter 4 2016/17 was 60 therefore the target for 2018/19 is 40. The latest reporting period is March to May 2018 when 10 OAP days were reported. The CCG is therefore achieving the target and is lower than the previous reporting period when 55 were reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 195 Southport & Formby patients entering treatment in month 3. This is an 11.8% decrease from the previous month when 221 patients entered treatment. The access rate for month 3 was 1.02% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 56.6% compared to 49.7% in the previous month. This exceeds the monthly target of 50%.

## **Community Health Services**

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. A proposal document has been collated by the Trust and shared with the CCG for review.

## **Better Care Fund**

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 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.

## **CCG Improvement & Assessment Framework**

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

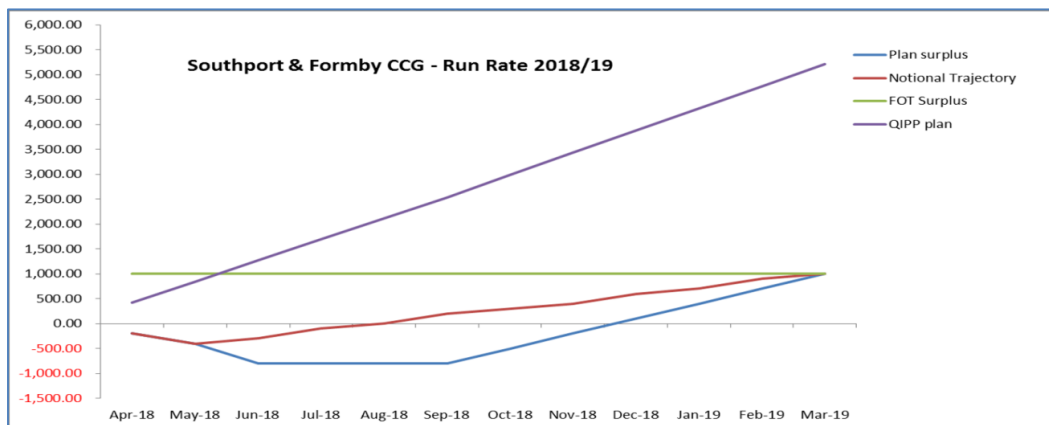
This report focuses on the financial performance for Southport and Formby CCG as at 31 July 2018.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,685	8,080	8,338	258	25,404	719
Corporate & Support Services: admin	2,590	846	771	(75)	2,448	(142)
Corporate & Support Services: programme	2,822	940	899	(42)	2,757	(65)
NHS Commissioned Services	123,513	41,777	42,000	223	124,919	1,406
Independent Sector	5,701	1,940	2,148	207	6,009	308
Primary Care	3,489	1,101	1,183	82	3,616	127
Prescribing	25,231	8,410	8,426	16	25,255	24
<b>Total Operating budgets</b>	<b>188,030</b>	<b>63,095</b>	<b>63,764</b>	<b>669</b>	<b>190,408</b>	<b>2,378</b>
Reserves	(2,353)	669	0	(669)	(4,731)	(2,378)
In Year Planned (Surplus)/Deficit	1,000	(800)	0	800	0	(1,000)
<b>Grand Total (Surplus)/Deficit</b>	<b>186,677</b>	<b>62,964</b>	<b>63,764</b>	<b>800</b>	<b>185,677</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

**Figure 2 – Run Rate 2018/19**



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position
- Q2 plans to breakeven
- Q3 & Q4 plan to return to surplus position through delivery of the QIPP plan

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31st July 2018 is a deficit of £2.838m. This assumes that QIPP delivery during the year will be £3.566m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan, and that further savings can be implemented to address the shortfall in the plan.

The cumulative deficit brought forward from previous years is £10.295m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCGs financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and discusses progress made to date at the same time acknowledging that the positive performance in the delivery of QIPP efficiencies in the past two years increases the challenge for the CCG in delivery of further efficiencies in 2018/19.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads in June and July and the risks associated with delivery have been refreshed.

The QIPP plan reflects the increasing confidence in the delivery of the medicines optimisation plan discussed at the Finance and Resource Committee in July 2018. The revised QIPP plan in the financial recovery plan included further stretch targets (including medicines optimisation/Right care opportunities). This will be presented to the next QIPP and Financial Recovery Committee meeting and an update will be provided to the Finance and Resource Committee in September 2018.

Regarding the year to date financial position, cost pressures have emerged in the first four months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases in 2018-19 and the impact of the continuation of the 28 day discharge from hospital to enable better improved patient flow across the health economy. This equates to a full year cost pressure of £1.579m
- Over performance of £0.500m at Southport & Ormskirk Trust for PbR activity.
- Increased cost of £0.400m within Lancashire Care Trust relating to continence products.
- Increased cost of £0.325m within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds following transfer of services from Liverpool Community Health.
- Over performance of £0.240m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.

The forecast cost pressures are partially offset by underspends in the Acute Commissioning budget and the reserve budget due to the 0.5% contingency budget held.

Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19.

Early pressures in the first four months of the year have been evident and alongside non-delivery of QIPP plans, this will mean that the CCG will need to take further action in terms of finding ways of reducing the cost of services to meet its plan for the year.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind.

A revised savings plan which gives the governing body assurance regarding delivery of the savings target has been established and it is vital that this is implemented, otherwise the CCG risks not delivering its financial plan, for the year.

**Figure 3 – Financial Dashboard**

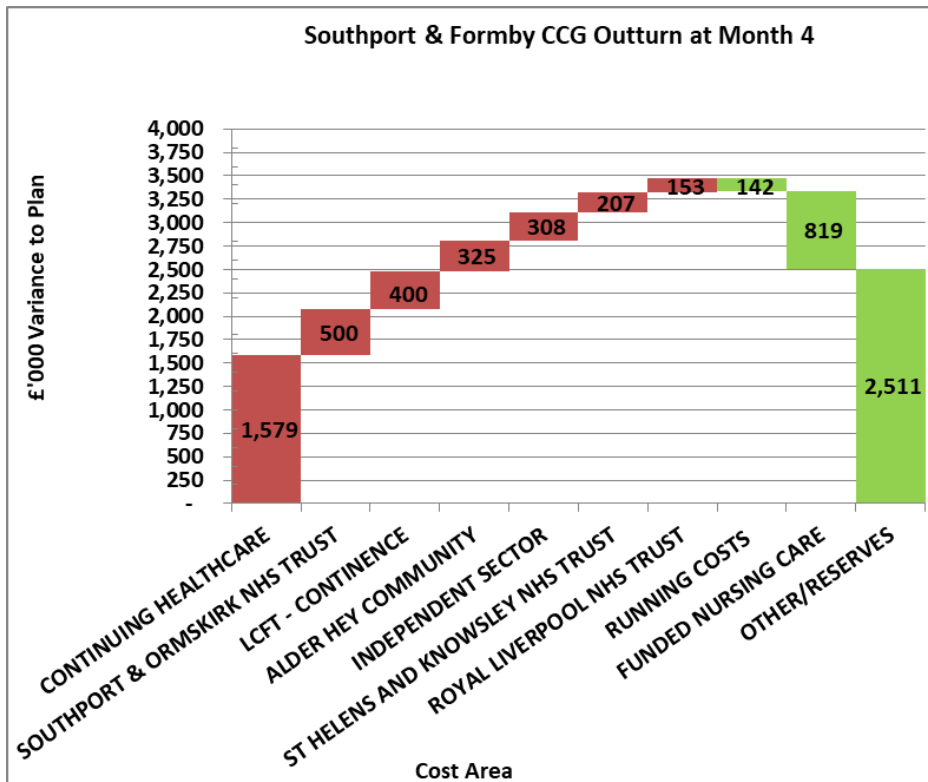
Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency	✔
0.5% Surplus (£1m)	Financial Balance	✔
QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	£1.235m
Running Costs	CCG running costs < 2018/19 allocation	✔
BPC	NHS - Value YTD > 9%	99.19%
	NHS - Volume YTD > 95%	95.46%
	Non NHS - Value YTD > 95	98.20%
	Non NHS - Volume YTD > 95%	92.73%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31st July 2018 for the financial year is a deficit of £2.838m.
- The QIPP target for 2018-19 is £5.210m, delivery is £1.235m to date which is £0.560m below the planned delivery at month 4.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.142m.
- BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

## 2.2 Financial Forecast

The main financial pressures included within the financial position are shown below in figure 4, which presents the CCGs outturn position for the year.

**Figure 4 – Forecast Outturn**



- The CCG's most likely financial position for the financial year is a deficit of £2.838m.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
  - Increased costs within Lancashire Care Trust relating to continence products. (Legacy issue from 2017/18).
  - Increased costs within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds. (Legacy issue from 2017/18).
  - Cost pressures within the Independent Sector, iSight Clinic and One to One Midwives.
- The cost pressures are partially offset by underspends in the Acute Commissioning budget due to a benefit in relation to prior year transactions and the reserve budget due to the 0.5% contingency held.

## 2.3 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		1.235		1.235
NCSO Adjustment	(1.100)				(1.100)
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230				0.230
Community Services investment	0.697				0.697
Intermediate care	0.500				0.500
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	0.325	0.808	(0.634)	(0.055)	0.444
0.5% Contingency Reserve	0.934				0.934
<b>Total Reserves</b>	<b>(3.106)</b>	<b>0.808</b>	<b>0.000</b>	<b>(0.055)</b>	<b>(2.353)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The reserve budget assumes a reduction in NSCO cost pressures which will either materialise through an additional allocation from NHS England or reduced costs on the prescribing budget.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

## 2.4 Provider Expenditure Analysis – Acting as One

Figure 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.292</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.006</b>
Liverpool Women's NHS Foundation Trust	<b>(0.048)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.024)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.182</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.011)</b>
<b>Grand Total</b>	<b>0.397</b>



- 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 over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts 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 over performance spend against plan, this would represent an overspend of £0.397m under usual contract arrangements.
- The CCG is currently benefitting from being within the Acting as One agreement.

## 2.5 QIPP

Figure 7 – QIPP Plan and Forecast

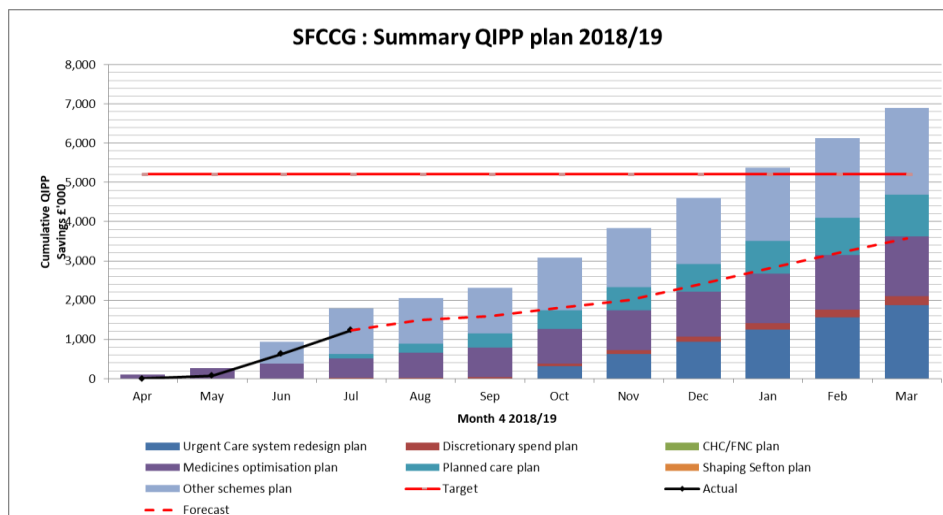


Figure 5 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	93	974	0	1,067
Medicines optimisation plan	1,517	0	1,517	207	810	500	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	130	300	430	130	200	100	430
Urgent Care system redesign plan	1,870	0	1,870	0	54	1,816	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	300	1,311	1,611	561	1,050	0	1,611
<b>Total QIPP Plan</b>	<b>4,884</b>	<b>1,611</b>	<b>6,495</b>	<b>991</b>	<b>3,088</b>	<b>2,416</b>	<b>6,495</b>
<b>QIPP Delivered 2017/18</b>				<b>(634)</b>		<b>0</b>	<b>(634)</b>

- The 2018/19 QIPP target is £5.210m.



- QIPP schemes worth £6.896m have been identified; however £4.244m of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved £1.235m QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.6 Risk

Figure 8 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
<b>Revised surplus / (deficit)</b>	<b>(3.310)</b>	<b>(0.900)</b>	<b>(4.210)</b>
I&E Impact & Reserves Budget	0.000	1.000	1.000
<b>Management action plan</b>			
QIPP Achieved	0.073	1.162	1.235
Remaining QIPP to be delivered	5.137	(1.162)	3.975
<b>Total Management Action plan</b>	<b>5.210</b>	<b>0.000</b>	<b>5.210</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

### Financial Position

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.210m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

## 2.7 Risk Adjusted Position

Figure 9 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	<b>(4.210)</b>	<b>(4.210)</b>	<b>(4.210)</b>
Predicted QIPP achievement	5.210	3.566	3.566
I&E impact	(1.172)	(2.378)	(2.378)
<b>Forecast Surplus / (Deficit)</b>	<b>(0.172)</b>	<b>(3.022)</b>	<b>(3.022)</b>
Further Risk	(0.700)	(1.650)	(4.800)
Management Action Plan	1.872	1.834	1.834
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.838)</b>	<b>(5.988)</b>

- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £2.838m and assumes that QIPP delivery will be £3.566m in total with pressures identified in respect of CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a deficit of £5.988m and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to over performance for Non- Elective activity/costs at Southport and Ormskirk Hospital NHS Trust, increased volume and cost of CHC packages. Also included is an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

## 2.8 Statement of Financial Position

Figure 10 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2	Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	0	0	0	0	0
Receivables	2,655	2,649	2,241	1,907	2,406
Cash	232	4,733	4,687	3,829	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(18,558)	(12,162)
Value of Debt> 180 days	1,774	1,721	1,669	1,743	672

- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old at month 4 is £1.743m and £1.669m of this balance consists of two invoices outstanding with Southport & Ormskirk NHS Trust. Advice from the Trust indicates that these payments are planned for October 2018.
- 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 £185.341m at Month 4. The actual cash utilised at Month 4 was £62.969m which represents 34.0% of the total allocation. The balance of MCD to be utilised over the rest of the year is £122.372m.
- 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 (BPPC). BPPC targets have been achieved year to date

except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

## **2.9 Recommendations**

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

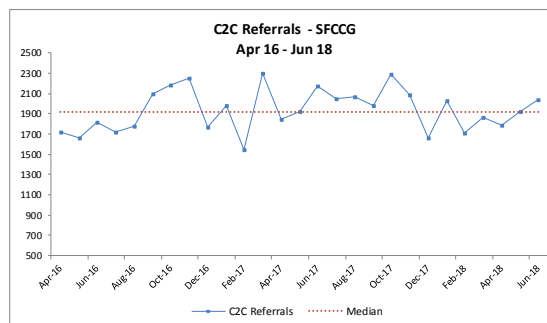
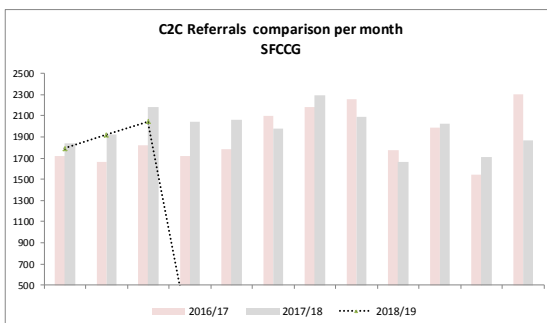
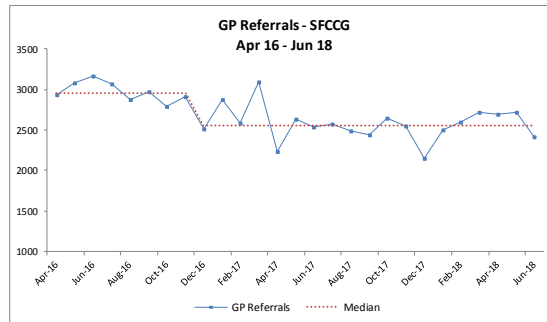
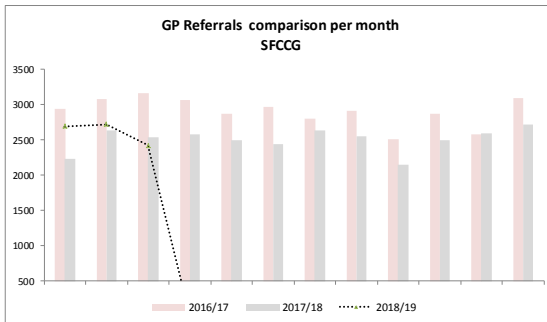
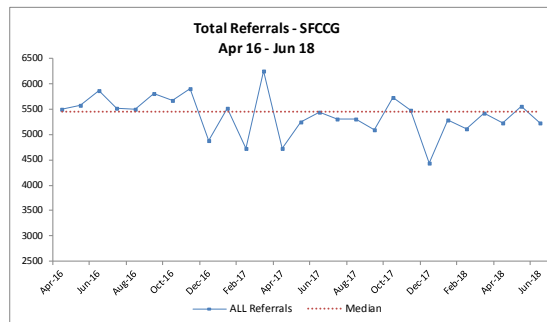
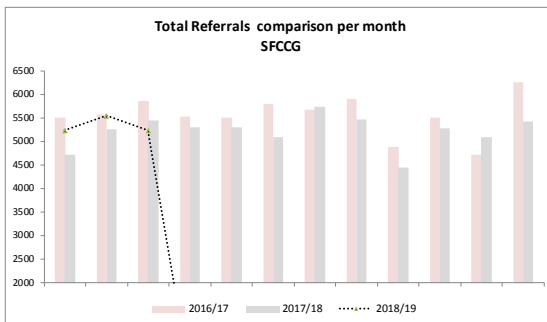
- The full year most likely financial position for the CCG is a deficit of £2.838m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 4 is £1.235m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep online with plan before delivering surplus positions in the last six months of the year.
- 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 have enabled the CCG to make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCG's resources.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

### 3. Planned Care

#### 3.1 Referrals by Source

Figure 11 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2235	2694	459	21%	1843	1791	-52	-3%	4725	5237	512	11%
May	2638	2724	86	3%	1922	1923	1	0%	5255	5557	302	6%
June	2543	2420	-123	-5%	2179	2044	-135	-6%	5454	5235	-219	-4%
July	2575				2048				5305			
August	2493				2065				5310			
September	2438				1980				5103			
October	2642				2292				5741			
November	2555				2091				5474			
December	2145				1663				4447			
January	2502				2026				5296			
February	2599				1708				5109			
March	2723				1867				5422			
<b>Monthly Average</b>	<b>2507</b>	<b>2613</b>	<b>105</b>	<b>4%</b>	<b>1974</b>	<b>1919</b>	<b>-54</b>	<b>-3%</b>	<b>5220</b>	<b>5343</b>	<b>123</b>	<b>2%</b>
<b>YTD Total Month 3</b>	<b>7416</b>	<b>7838</b>	<b>422</b>	<b>6%</b>	<b>5944</b>	<b>5758</b>	<b>-186</b>	<b>-3%</b>	<b>15434</b>	<b>16029</b>	<b>595</b>	<b>4%</b>
<b>Annual/FOT</b>	<b>30088</b>	<b>31352</b>	<b>1264</b>	<b>4%</b>	<b>23684</b>	<b>23032</b>	<b>-652</b>	<b>-3%</b>	<b>62641</b>	<b>64116</b>	<b>1475</b>	<b>2%</b>



Year to date referrals at month 3 are currently up 4% when comparing to the equivalent period in the previous year. Within individual specialties, Ophthalmology is the highest referred to specialty for the CCG but is seeing a year to date increase of 10% compare to 2017/18. In contrast, ENT had seen a significant 38% decrease in referrals comparing to the same equivalent period last year. Of the top five providers in 2018/19, Aintree Hospital has the highest growth in referrals compared to the same period last year of 23%, which is due to high increases in Clinical Physiology. April 2017 shows referrals drop to the lowest they have been over the 2 years this is due to significant drops in consultant to consultant referrals and the Physiotherapy and Ophthalmology specialty.

At the beginning of 2018/19, the average for monthly referrals increased by 25% and total referrals are 4% up comparing to 2017/18. GP referrals in 2018/19 to date are 6% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 3% lower when compared to 2017/18. This can be attributed to significant decreases within the Physiotherapy specialty. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. October sees referrals rise to the highest they have been so far over the two financial years. Referrals in June 2018 have had a 5% decrease when compared to last month with further analysis this decrease in activity is due to a drop in GP referrals and with deeper investigation the drop in GP referrals was caused by an decrease in ENT activity and referrals to Southport & Ormskirk Hospital.

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 Neurology Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for physiotherapy 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 physiotherapy 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 12 – Southport & Formby CCG E Referral Performance**

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - June	80% by Q2 17/18 & 100% by Q2 18/19	78.00%	↑

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

The latest information available for this measure is for June, where the CCG reported 78%, an improvement on May but still failing the target.

### 3.2 Diagnostic Test Waiting Times

**Figure 13 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - June	<1%	4.14%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - June	<1%	4.00%	↓

The CCG failed the less than 1% target for Diagnostics in June recording 4.14%, a slight improvement on last month's performance of 4.67%. In June, out of 2,150 patients, 95 patients were waiting over 6 weeks, and 6 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (31), MRI (14) and cystoscopy (17).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 4%, again an improvement on last month's performance of 5.1%. In June, out of 2,820 patients, 122 patients waited over 6 weeks, and 9 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (59) and cystoscopy (27).

**Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy** - For all scopes patient choice is an issue due to holidays. There are also fewer slots to utilise in core hours due to the current nursing staffing levels, which impacts on achieving the three week notice period for all patients. Waiting list initiative sessions continue on a Saturday and in week. An action plan is underway to open up Room 4 which will have a positive impact on numbers of patients the Trust can do in core hours. Staffing and training timescales are currently being discussed. The action plan will be updated to reflect timescales once confirmed.

**Cystoscopy** – There were 6 outpatient cystoscopies in month, delays due to patient choice. A total of 14 cystoscopies were for general anaesthetic; 4 were urology and 10 urogynaecology patients. Capacity for both outpatient and inpatient lists will be reviewed.

**Non Obstetric Ultrasound** - Due to the reduction of consultant capacity throughout the whole of April and due to the specialist consultant referral demand, capacity was significantly reduced which was compounded by the waiting list activity also increasing. 38 out of 59 breaches were due to capacity issues and the remainder due to circumstances outside of the Trusts control.

The CCG is working with Southport & Ormskirk to seek assurance that the issues causing the underperformance are being addressed.

### 3.3 Referral to Treatment Performance

Figure 14- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	18/19 - June	Target being revised	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	18/19 - June	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - June	92%	93.30%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	18/19 - June	92%	94.70%	↑

NHS England published guidance for 2018/19 states the target for CCGs is to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time no 52 week waiters had been reported, so the plan submitted was 0, but following that two more were reported 1 in February and 1 March 2018. Submission of a revised plan to NHS England is being explored.

The CCG has requested information at specific specialty level for RTT specialties failing at Southport and Ormskirk Trust.

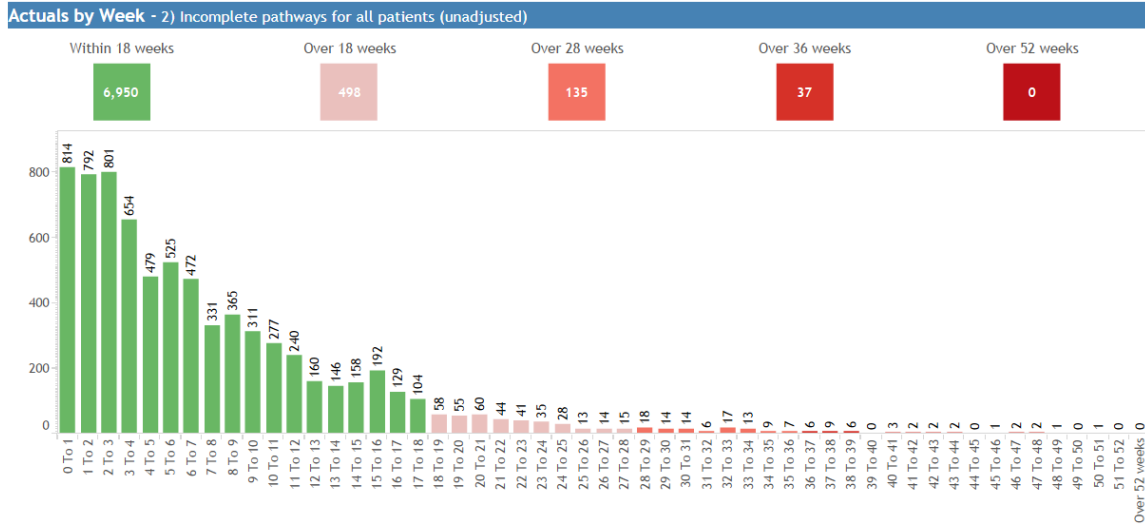
Figure 15 - Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100
2018/19	7,531	7,465	7,448									
<b>Difference</b>	<b>-119</b>	<b>-523</b>	<b>-180</b>									

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In June the CCG reported 7,448 incomplete pathways (180 patients less than June 2017) and is therefore on target to achieve this ambition by March 2019.

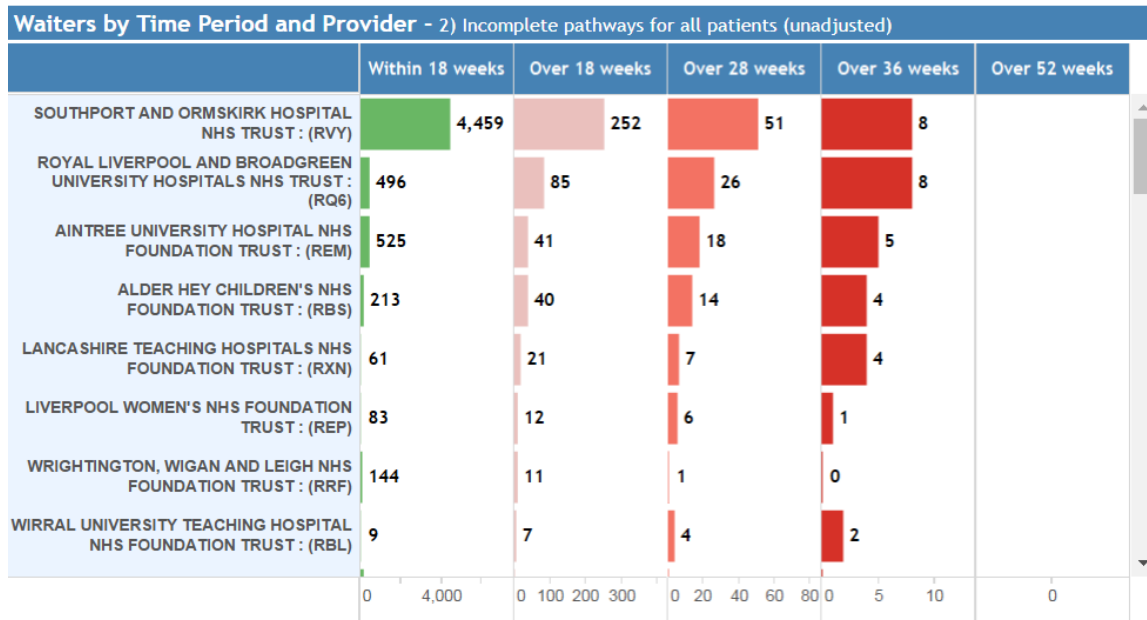
### 3.3.1 Incomplete Pathway Waiting Times

**Figure 16 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting**



### 3.3.2 Long Waiters analysis: Top 5 Providers

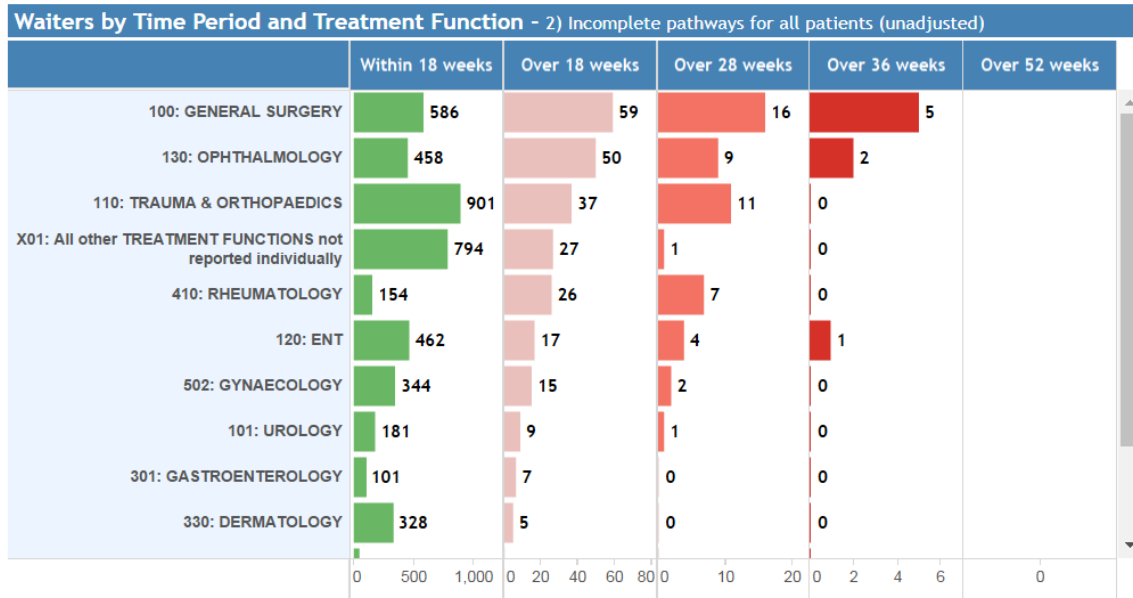
**Figure 17 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers**



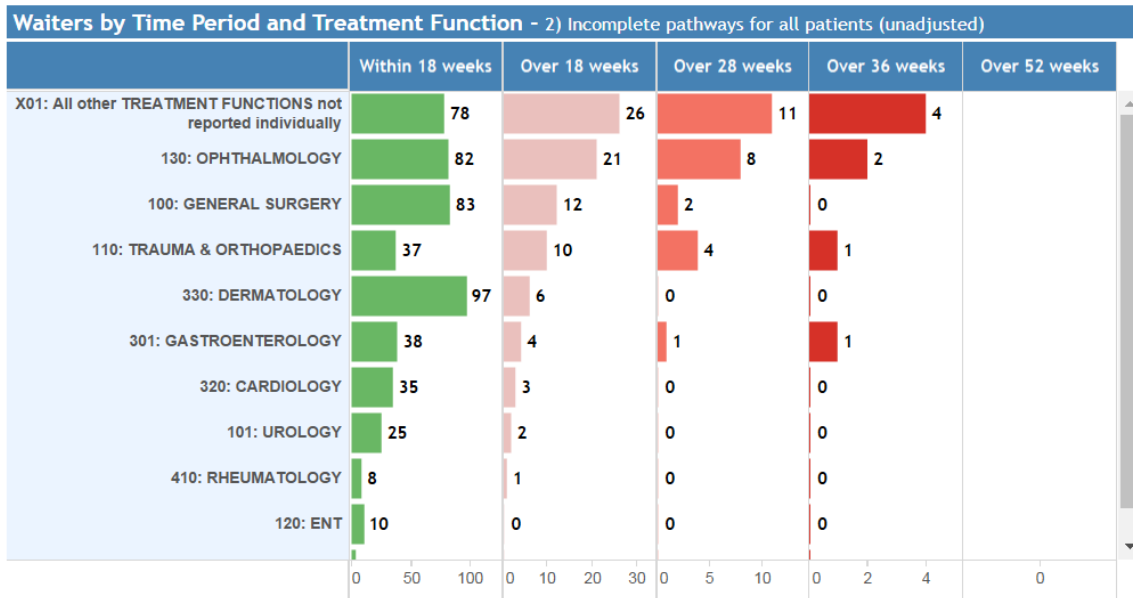


### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

**Figure 18 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust**



**Figure 19 - 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 20 – Southport & Formby CCG Provider Assurance for Long Waiters**

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Aintree	Gastroenterology	40	Awaiting Trust update	
Southport & Formby CCG	Aintree	Thoracic Medicine	47	Awaiting Trust update	
Southport & Formby CCG	Alder Hey	other	40	16/08/2018	Capacity
Southport & Formby CCG	Alder Hey	other	41	22/08/2018	Capacity
Southport & Formby CCG	Alder Hey	other	42	01/08/2018 - cancelled to be rebooked	Capacity
Southport & Formby CCG	Lancashire Teaching	General Medicine	42	Awaiting first appointment to be booked	Capacity first appointment.
Southport & Formby CCG	Royal Liverpool	other	41	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	Gastroenterology	43	No Date Yet	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	Ophthalmology	45	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	Ophthalmology	46	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	other	46	Pathway Stopped	Capacity
Southport & Formby CCG	Southport & Ormskirk	ENT	47	Patient Seen 02/07/18 and discharged	Referred 4/8/17, 1 <sup>st</sup> Appointment 3/10/17, Referred for Pulse Oximetry with Respiratory Nurse. Patient cancelled 23/11/17 and seen 16/1/18. Results sent back to Consultant and Patient cancelled appointments on 21/5/18 and 11/6/18(long wait due to capacity)
Southport & Formby CCG	Southport & Ormskirk	General Surgery	40	Treated 24/7/18	Patient on waiting list 21/9/17. TCI date 01/05/18 but cancelled due to an emergency and again on 10/7/18 as no equipment available.
Southport & Formby CCG	Robert Jones	T&O	50	Patient admitted and treated 26/7/18	Patient required complex spinal surgery
Southport & Formby CCG	North Midlands	General Surgery	48	The patients are either waiting for outpatient appointments or TCIs	These patients are waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North west the Directorate agreed to take on the service for those areas, however demand has far exceeded capacity.
Southport & Formby CCG	Wirral	other	43		Trust no Longer responding to 40 week requests

## 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 21 – Southport & Ormskirk Cancelled Operations**

Cancelled Operations	Period	Target	Actual	Trend
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 - <b>Southport &amp; Ormskirk</b>	18/19 - June	0	3	↑

Southport & Ormskirk reported 3 cancelled operations in June. The Trust has reported that all 3 cancellations were due to running out of theatre time.

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

Figure 22 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - June	0	0	↕

## 3.5 Cancer Indicators Performance

### 3.5.1- Two Week Waiting Time Performance

Figure 23 – Two Week Cancer Performance measures

Cancer waits – 2 week wait	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - June	93%	93.21%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - June	93%	94.46%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - June	93%	84.92%	↑

The CCG has narrowly failed the target of 93% in June for patients referred urgently with breast symptoms with performance of 92.86% and year to date with 84.92%. In June out of a total of 39 patients, 3 breached the target. All 3 breaches were due to patient cancellations.

Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs.

There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and un-necessary referrals.

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 24 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - June	96%	96.88%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	96%	98.05%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - June	94%	94.74%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 25 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
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) <b>(CCG)</b>	18/19 - June	85% (local target)	93.33%	↓
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) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	85% (local target)	91.41%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	18/19 - June	90%	95.24%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - June	85%	84.68%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	85%	82.86%	↑

The CCG achieved the 62 day metric for urgent GP referrals in June but narrowly failed to achieve the 85% target year to date with a performance of 84.68%. Year to date 17 patients out of 111 have breached. Delays in June were due to complex diagnostic pathways and health care provider initiated delay to diagnostic test or treatment planning.

Southport & Ormskirk continues to breach the 90% target for the NHS screening service pathway year to date due to April's performance of 50%, with the equivalent of just 0.5 of a breach out of 1. The Trust has not treated any patients under this service in May or June. The patient treated in April waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust achieved the 85% target for urgent GP referrals in June recording 88.30% but is still failing year to date with 82.86%. In June the Trust reported the equivalent of 5.5 breaches out of 41.5 patients. Two patients delays were due to complex diagnostic pathways, one outpatient capacity issue, one health care provider initiated delay to diagnostic test or treatment planning and two unknown.

### 3.5.4 104+ Day Breaches









The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national backstop policy for managing long waiting cancer patients.

In June Southport & Ormskirk Trust reported two patients waiting longer than 104 days within the 62 day standard metric. One patient was an upper gastrointestinal patient with a complex diagnostic pathway who waited 109 days for treatment. The second patient was a lung patient whose first treatment Trust was Clatterbridge, waited 112 days (delay reason not known).

## 3.6 Patient Experience of Planned Care

**Figure 26 – Southport & Ormskirk Inpatient Friends and Family Test Results**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: Jun-18

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	24.9%	16.3%		96%	93%		2%	2%	
Q1 - Antenatal Care	-	-		97%	NA		1%	NA	
Q2 - Birth	23.2%	9.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	97%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA		1%	NA	

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a decline in response rates for inpatients, from 18.8% in May to 16.3% in June. The percentage of patients that would recommend the inpatient service in the Trust has remained static at 93% in June and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also declined, from 1% in May to 2% in June but is still in line with the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 9%, a further improvement on last month but still significantly below the England average of 23.2%. Of those responses, the percentage of people who would recommend the service is 100%, above the England average of 97%. The percentage who would not recommend the service remained at 0% in June for the fourth consecutive month, performing better than the England average of 1%.

In relation to the 'Postnatal Ward' the percentage who would recommend the service has increased from 94% in May to 97% in June, rising back above the England average of 95%. The percentage who would not recommend the service has fallen again from 3% in May to 0% in June and is now better than the England average of 2%. The 'Postnatal Community Ward' and the 'Antenatal Care' services did not receive any responses in June 2018.

Friends and Family is a standing 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 (EPG) 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 3 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £326k/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a total over spend of approximately £398k/4.5%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 3 with a variance of £113k/43% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£72k/-28%).

Figure 27 - 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	4,394	5,159	765	17%	£948	£983	£36	4%	-£36	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,902	2,046	144	8%	£138	£131	-£6	-5%	£6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	619	387	-232	-37%	£257	£185	-£72	-28%	£72	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	666	520	-146	-22%	£154	£132	-£22	-14%	£22	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,942	4,219	277	7%	£733	£751	£18	2%	-£18	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	634	643	9	1%	£191	£166	-£25	-13%	£25	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	12,157	12,974	817	7%	£2,420	£2,348	-£72	-3%	£72	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101	112	11	11%	£21	£20	-£1	-5%	£0	-£1	-5%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	22	22	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	28	24	-4	-16%	£5	£4	£0	-10%	£0	£0	-10%
ISIGHT (SOUTHPORT)	1,429	1,966	537	38%	£216	£319	£103	47%	£0	£103	47%
LANCASHIRE TEACHING HOSPITAL	0	310	310	0%	£0	£52	£52	0%	£0	£52	-
RENACRES HOSPITAL	3,224	3,556	332	10%	£935	£924	-£11	-1%	£0	-£11	-1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	62	62	0%	£0	£11	£11	0%	£0	£11	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	25,701	25,501	-200	-1%	£4,688	£4,759	£71	2%	£0	£71	2%
SPIRE LIVERPOOL HOSPITAL	101	83	-18	-18%	£27	£24	-£3	-11%	£0	-£3	-11%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,365	1,449	84	6%	£300	£312	£12	4%	£0	£12	4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	177	235	58	33%	£43	£50	£7	16%	£0	£7	16%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	100	100	0%	£0	£20	£20	0%	£0	£20	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	76	76	0%	£0	£23	£23	0%	£0	£23	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	754	1,119	365	48%	£262	£375	£113	43%	£0	£113	43%
ALL REMAINING PROVIDERS TOTAL	32,880	34,615	1,735	5%	£6,498	£6,896	£398	6%	£0	£398	6%
<b>GRAND TOTAL</b>	<b>45,038</b>	<b>47,589</b>	<b>2,551</b>	<b>6%</b>	<b>£8,918</b>	<b>£9,244</b>	<b>£326</b>	<b>3.7%</b>	<b>£72</b>	<b>£398</b>	<b>4.5%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 28 - Planned Care – Southport and Ormskirk NHS Trust by POD

	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
S&O Hospital Planned Care*								
Daycase	2,723	2,666	-57	-2%	£1,380	£1,355	£-25	-2%
Elective	336	350	14	4%	£808	£851	£43	5%
Elective Excess BedDays	52	41	-11	-22%	£13	£10	£-3	-21%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	176	347	171	97%	£31	£68	£38	122%
OPFASPCL - Outpatient first attendance single professional consultant led	2,930	2,781	-149	-5%	£504	£480	£-24	-5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	406	870	464	114%	£35	£86	£51	148%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,224	8,455	-769	-8%	£752	£701	£-51	-7%
Outpatient Procedure	7,243	7,252	9	0%	£934	£957	£24	3%
Unbundled Diagnostics	2,610	2,739	129	5%	£232	£251	£18	8%
<b>Grand Total</b>	<b>25,701</b>	<b>25,501</b>	<b>-200</b>	<b>-1%</b>	<b>£4,688</b>	<b>£4,759</b>	<b>£71</b>	<b>2%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Plans for 2018/19 have been rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

Planned care levels have increased are now showing an over-performance against the planned values year to date at month 3. Over performance is focussed principally within three main points of delivery, Elective procedures, multiple professional first attendances, and multiple professional follow-up attendances.

Within Elective activity General Surgery and General Medicine account for a combined overspend of £48k at month 3. General Medicine figures have increased significantly with the unit cost levels at its highest when looking at previous months, this is being investigated further.

Increases within the multiple professional outpatients setting continue the rise in month 3 with the Trust looking into the reasons for the increase. The specialties with the largest increase are General Surgery and Rheumatology, although a number of other specialties are showing a similar trend.



### 3.7.3 Aintree University Hospital NHS Foundation Trust

**Figure 29 - 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	185	237	52	28%	£115	£180	£65	57%
Elective	102	71	-31	-31%	£234	£144	-£90	-39%
Elective Excess BedDays	26	24	-2	-8%	£6	£6	-£1	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	35	20	-15	-43%	£7	£4	-£3	-38%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	65	62	-3	-5%	£3	£3	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	699	858	159	23%	£121	£149	£28	23%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	40	26	-14	-34%	£4	£3	-£1	-30%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	100	233	133	133%	£2	£6	£3	133%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,826	1,905	79	4%	£151	£152	£1	1%
Outpatient Procedure	644	963	319	50%	£95	£136	£41	43%
Unbundled Diagnostics	438	558	120	28%	£31	£47	£17	55%
Wet AMD	235	202	-33	-14%	£178	£153	-£24	-14%
<b>Grand Total</b>	<b>4,394</b>	<b>5,159</b>	<b>765</b>	<b>17%</b>	<b>£948</b>	<b>£983</b>	<b>£36</b>	<b>4%</b>

Aintree performance is showing a £36k/4% variance against plan at month 3. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £65k/57% and £41k/43% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties seen activity recorded against a number of HRGs with zero plans set including 'Unilateral Major Breast Procedures with CC Score 0-2'.

The over performance within outpatient procedures is primarily within Ophthalmology and primarily a result of increased activity for Intermediate Vitreous Retinal Procedures.

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 Hospital

Figure 30 – 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	356	370	14	4%	£357	£344	£-13	-4%
Elective	72	61	-11	-15%	£309	£262	£-47	-15%
OPFASPCL - Outpatient first attendance single professional consultant led	633	648	15	2%	£107	£110	£3	3%
OPFUPSPCL - Outpatient follow up single professional consultant led	808	847	39	5%	£53	£57	£3	6%
Outpatient Procedure	668	632	-36	-5%	£75	£97	£22	29%
Unbundled Diagnostics	209	283	74	35%	£19	£23	£5	24%
Physio	478	409	-69	-14%	£14	£12	£-2	-15%
Outpatient Pre-op	0	306	306	0%	£0	£18	£18	0%
<b>Grand Total</b>	<b>3,224</b>	<b>3,556</b>	<b>332</b>	<b>10%</b>	<b>£935</b>	<b>£924</b>	<b>£-11</b>	<b>-1%</b>

Renacres performance is showing a -£11k/-1% variance against plan at month 3. Elective and Day case activity are the highest underperforming areas with variances of -£47k/-15% and -£13k/-4% against plan respectively. This is largely a result of reduced activity within Trauma & Orthopaedics against a number of HRGs. However, reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

### 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 31 – 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	5	5	0	-5%	£1	£1	£0	-3%
Daycase	41	58	17	41%	£55	£80	£25	46%
Elective	26	38	12	46%	£149	£213	£64	43%
Elective Excess BedDays	7	17	10	135%	£2	£4	£2	121%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	19	24	5	29%	£1	£2	£0	11%
OPFASPCL - Outpatient first attendance single professional consultant led	97	144	47	49%	£13	£19	£6	48%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	27	70	43	158%	£2	£4	£2	131%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	37	88	51	138%	£1	£2	£1	138%
OPFUPSPCL - Outpatient follow up single professional consultant led	360	486	126	35%	£22	£29	£7	33%
Outpatient Procedure	66	106	40	61%	£9	£14	£5	56%
Unbundled Diagnostics	69	83	14	21%	£8	£8	£-1	-7%
<b>Grand Total</b>	<b>754</b>	<b>1,119</b>	<b>365</b>	<b>48%</b>	<b>£262</b>	<b>£375</b>	<b>£113</b>	<b>43%</b>

Wrightington, Wigan and Leigh performance is showing a £113k/43% variance against plan at month 3 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although only small amounts of procedures against this HRG have been recorded, the associated costs have contributed to the

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over performance at this Trust. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place.

### 3.7.6 iSIGHT Southport

Figure 32 – 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	269	394	125	47%	£125	£187	£62	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	233%	£0	£0	£0	233%
OPFASPCL - Outpatient first attendance single professional consultant led	209	398	189	90%	£30	£57	£27	90%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	21	0	-21	-100%	£1	£0	-£1	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	646	824	178	28%	£35	£45	£10	28%
Outpatient Procedure	284	348	64	23%	£24	£29	£5	21%
<b>Grand Total</b>	<b>1,429</b>	<b>1,966</b>	<b>537</b>	<b>38%</b>	<b>£216</b>	<b>£319</b>	<b>£103</b>	<b>47%</b>

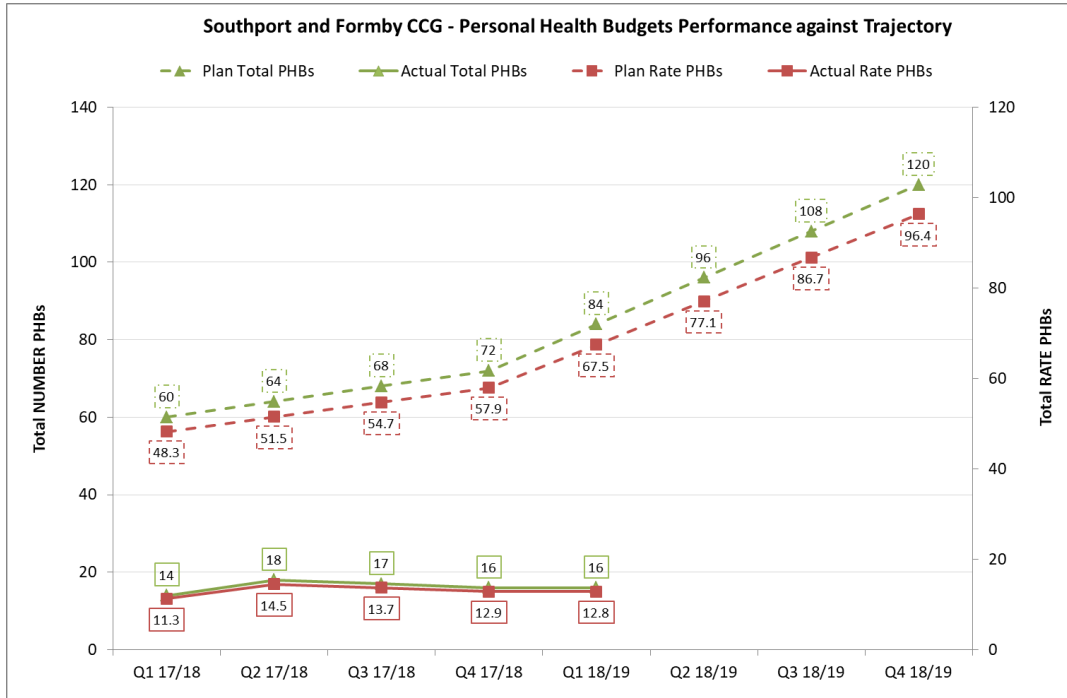
iSight performance is showing a £103k/47% variance against plan with over performance evident against a number of PODs. Day case activity is currently £62k/50% above plan with Cataract Extraction and Lens Implant as well as Minor Cataract Procedures accounting for a large proportion of this over performance.

The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

### 3.8 Personal Health Budgets

Figure 33 - Southport & Formby CCG – 2018/19 PHB Performance



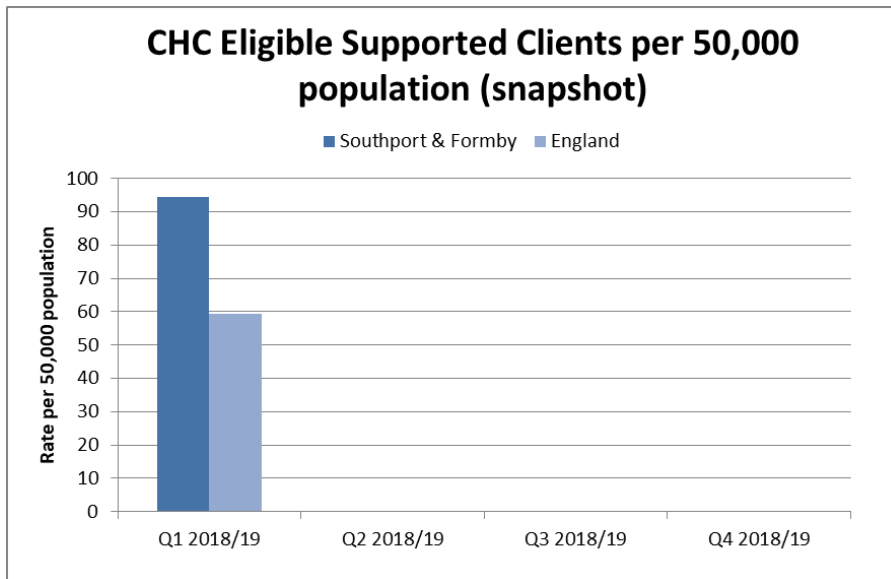
In quarter 1 2018/19 a total of 16 PHBs were reported against a plan of 84. This equates to a rate of 12.8 per 100,000 population compared to the plan of 67.5. This is under the trajectory set by NHS England. A number of initiatives are being explored to increase uptake:

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Community providers and MLCSU have been requested to provide actions to meet compliance at; CQPG, CCQRM and CHC steering group
- **Wheelchairs:** A stakeholder event is scheduled to take place in September with support from Hull CCG, NHS England wheelchair PHB lead. Wheelchair PHBs have been placed as an agenda item at the Integrated Commissioning Group for engagement with Sefton MBC
- **Children Complex Care:** The CCG have been successful with their bid for mentorship from NHS England, with confirmation to be received of the mentor CCG.
- **End of Life Fast Track:** The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead as part of CCG QIPP programme.
- **Mental Health S117:** The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS England event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

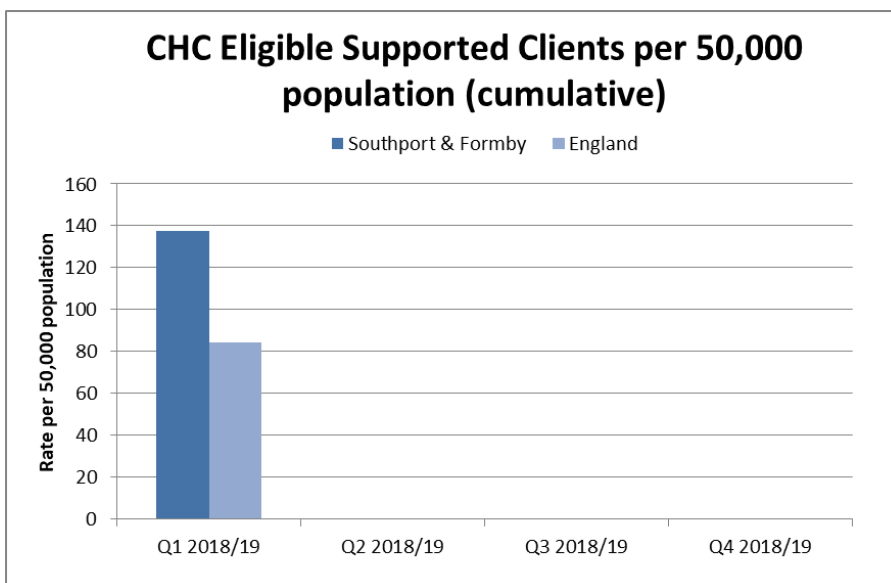
### 3.9 Continuing Health Care (CHC)

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.

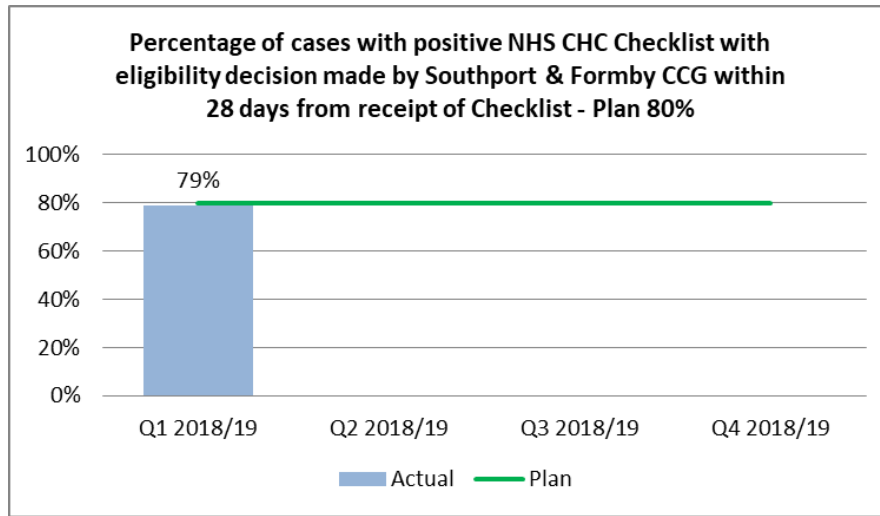
**Figure 34 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 35 - 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**

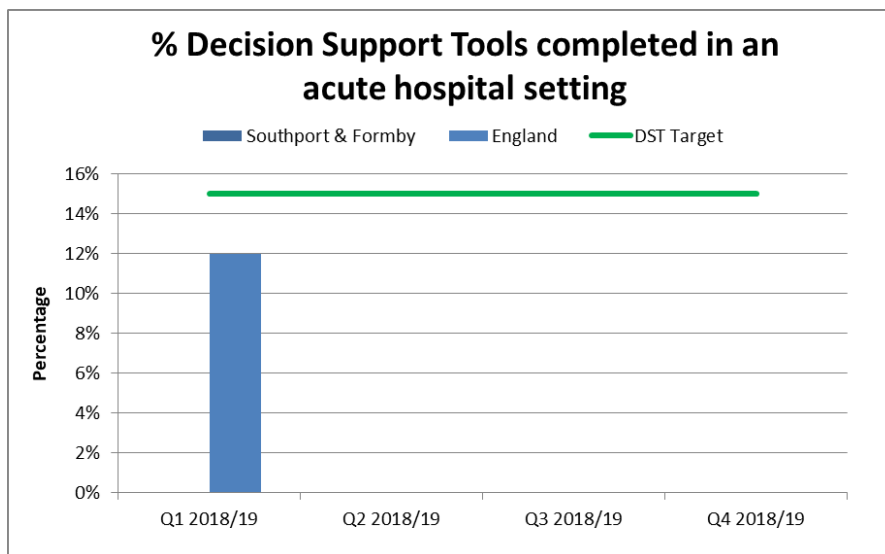


**Figure 36 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



The CCG has performed just under the 80% target for the percentage of decisions within 28 days at 79% in quarter 1 2018/19.

**Figure 37 - 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 0% in quarter 1 2018/19, performing better than the England Average of 12%.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met for the first time in January, bringing together commissioners, providers and Local Authority colleagues.

### 3.10 Smoking at Time of Delivery (SATOD)

Figure 38 - Smoking at Time of Delivery (SATOD)

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	231	231	924
Number of women known to be smokers at the time of delivery	24	24	96
Number of women known not to be smokers at the time of delivery	207	207	828
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	10.4%	10.4%	10.40%

The CCG is above the data coverage plan of 95% in Q1 with 100% and is under the national ambition of 11% for the percentage of maternities where mother smoked, with 10.4%.

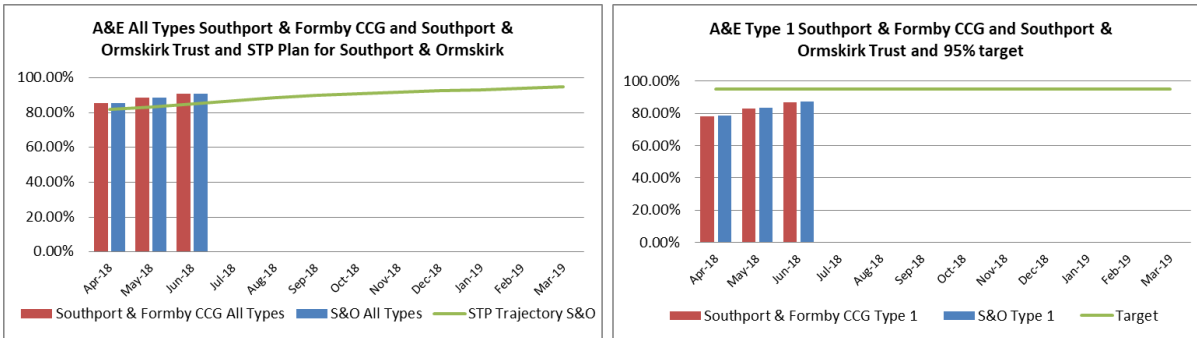
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 39 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - June	95.00%	88.26%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - June	95.00%	82.76%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - June	STF Trajectory Target for June 85.1%	88.40%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - June	95.00%	83.20%	↑

A&E All Types	Apr-18	May-18	Jun-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	%
S&O All Types	85.57%	88.75%	90.91%	88.40%



Southport & Ormskirk’s performance against the 4-hour target for June reached 90.91%, which is above the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.1% for June. This is also an improvement on last month’s performance.

The CCG has asked for a full action plan from the Trust to address the current underperformance in relation to ambulance turnaround times, 4 hour target and 12 hour trolley waits which will be closely monitored via contracts and quality forum.

S&O currently have external support from Ernst & Young and NHS Improvement’s Emergency Care Improvement Programme (ECIP) team in order to support Accident & Emergency Department (AED) and flow performance across the system. They have developed a schedule of work to reset the AED priorities of work which will be taking place over the next three months, this includes:

- Temporarily increasing the bed capacity
- Ring fencing flow critical areas to prevent them from being utilised at times of escalation
- Improvements in estates to increase assessment areas and improve streaming.

The Trust has expressed confidence that the internal improvement plan will address the areas of underperformance and patient experience.

The Clinical Decision Unit has provided some support with flow with the unit regularly seeing 30 patients a day. However, the challenge in inpatient flow and the time that beds on the base wards become available continues to contribute to over-occupancy in ED, and delays to be seen as cubicles become blocked. Phase 3 of the ED estates work (due for completion October 2018) with additional triage, ambulance and ambulant majors’ capacity will support ED in providing additional clinical assessment space. The continued use of the Ambulatory Care Unit as an escalation area has heavily restricted streaming of patients away from ED; where possible ambulatory pathways are used in A&E but patients experience elongated lengths of stay waiting to see the appropriate senior decision maker. Medical Staffing remains a challenge with significant reliance on bank and agency used to fill vacancies, and the variance that this creates.

**Figure 40 - A&E Performance – 12 hour breaches**

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - <b>Southport &amp; Ormskirk (cumulative)</b>	18/19 - June	0	2	↑



Southport & Ormskirk reported one 12-hour breach in June. Despite the improvements that have been seen in timely access to mental health liaison, there are still some delays in accessing mental health beds once a decision has been made to admit the patient to a mental health bed. This is due to the regional and national pressures on mental health bed availability. Where appropriate, patients are risk assessed for their suitability to be transferred into the Observation Ward. On this occasion, the patient presented a significant risk to their self and others and remained in A&E under the advice from the mental health team with a 1:1 nurse in place for part of their care.

Following a meeting with NHS England and the Trust, it was agreed that the Trust would conduct a deep dive which was completed within agreed time frames. The CCG issued a contract performance notice asking that an action plan was developed in response. It was agreed at the contract meeting that the Trust would forward their policies and plan for CCG review. It is anticipated that the performance notice will be closed as a result of this.

## 4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In June there was an average response time in Southport and Formby of 8 minutes 35 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 26 minutes against a target of 18 minutes. Southport and Formby also failed the category 3 90<sup>th</sup> percentile call times but achieved category 4.

**Figure 41 - Ambulance handover time performance**

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - June	0	137	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - June	0	15	↓

In June Southport and Ormskirk reported 137 handovers taking between 30 and 60 minutes, a further decrease on last month when 190 was reported. Handovers longer than 60 minutes also saw further a decrease with 15 in June compared to 32 in the previous month. The Trust has breached these zero tolerance thresholds every month; however performance has improved over the past three months.

Ambulance handover times remain a challenge with June. Although June saw an increase in attendances of 5.9% (257 patients) compared to last year, ambulance arrivals remained relatively static. Poor inpatient bed flow coupled with surges in majors attendances put significant pressure on clinical space within the department. Phase 3 of the ED estates work (due for completion Oct 18) with additional triage space, 4 clinical assessment cubicles for ambulance arrivals and an ambulant majors area will support ED in providing additional clinical assessment space to support flow within the department. A meeting has been held with NWAS to identify measures to ensure that the times recorded are accurate with a rapid improvement event planned w/c 23 July.

As previously reported the North West contract for ambulance services for 2018/19 has been increased by a further £3.5m per annum as part of two year time-limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes additional clinicians.

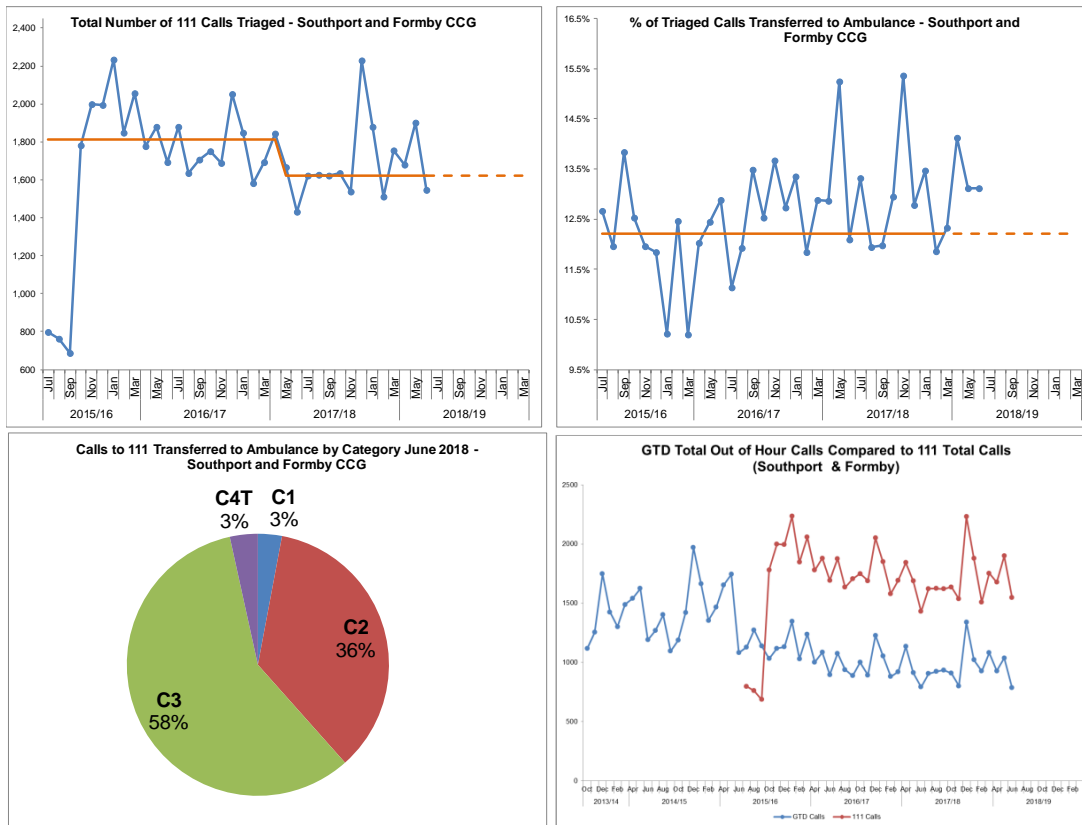
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays. NWS are working in partnership with all acute providers to support improvements.

The ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018. Locally the CCG Head of Commissioning has raised the issue of performance at the CCG Joint Quality Committee. As a result the Head of Commissioning and Deputy Chief Nurse have added this as a risk to the CCG Corporate Risk Register.

### 4.3 NWA, 111 and Out of Hours

#### 4.3.1 111 Calls

Figure 42 – 111 Calls



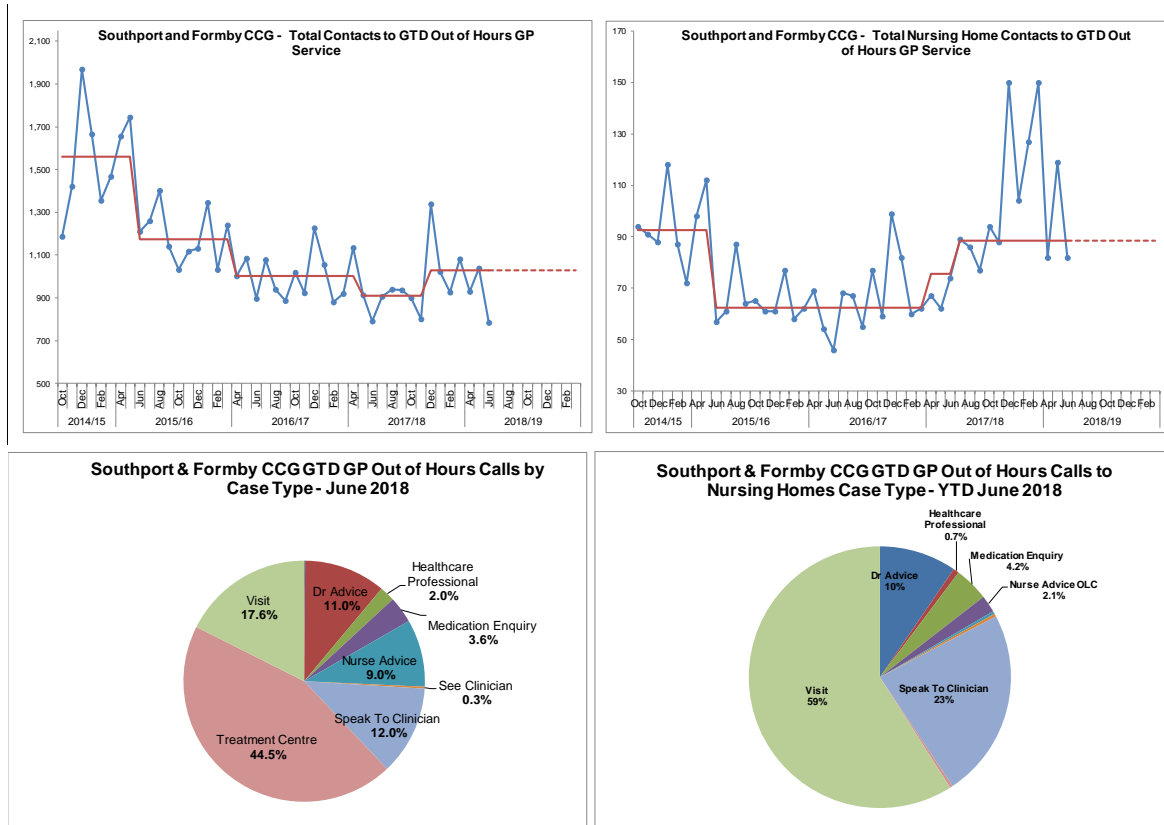
Southport & Formby CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Other Service	Closed with Advice Only
2016/17 %	12.6%	7.8%	58.9%	2.4%	18.3%
2017/18%	13.0%	7.8%	60.7%	3.1%	15.4%
YTD 2018/19 %	13.4%	8.1%	59.9%	3.4%	15.1%

There were 1,547 calls to the 111 service by Southport and Formby patients in June 2018, a reduction on the previous month, but an increase on the same point in the previous year (1,430). Year to date month 3 2018/19 there have been 3.7% more contacts than the same point in the previous year with increases in all call categories except when the call was closed with advice only.

Proportionally, more of the calls in the current year have been advised to attend another service and fewer have been closed with advice only.

### 4.3.2 GP Out of Hours Calls

Figure 43 – GP Out of Hours Calls



Southport & Formby CCG	999	Dr Advice	Healthcare Professional	Medication Enquiry	Nurse Advice	See Clinician	Speak To Clinician	Treatment Centre	Visit	TOTAL
2016/17 %	0.2%	8.5%	0.1%	2.5%	13.0%	2.7%	14.7%	40.1%	18.4%	100.0%
2017/18 %	0.2%	11.8%	0.1%	4.0%	9.7%	0.6%	13.5%	41.3%	18.8%	100.0%
YTD 2018/19 Month 3 %	0.1%	11.8%	0.8%	3.5%	10.1%	0.3%	11.5%	43.0%	18.9%	100.0%

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service reduced in June to 785, this is a similar number to the same point in the previous year. Year to date 2018/19 has seen a reduction in the number and proportion of calls which were call category Speak to Clinician, a reduction of 25%. The number of 'Dr Advice' calls have increased by 13% however.

Overall there have been a similar number of calls year to date as the previous year.

**Figure 44 – Out of Hours Quality Indicators**

Jun-18	Total	%
	Southport & Formby	
QR02 Supply of Clinical Details Compliance	785	97.32%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	71	80.28%
NHS 111 Speak To Performance (Emergency)	36	94.44%
NHS 111 Speak To Performance (Urgent)	67	85.07%
NHS 111 Speak To Performance (Less Urgent)	137	92.70%
QR12 Base Time to Consultation (Emergency)	0	0.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	0	0.00%
QR12 Base Time to Consultation (Urgent)	39	92.31%
QR12 Base Time to Consultation (Urgent Patient Choice)	39	92.31%
QR12 Base Time to Consultation (Less Urgent)	309	99.03%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	309	99.03%
QR12 Visit Time to Consultation (Emergency)	1	100.00%
QR12 Visit Time to Consultation (Urgent)	34	76.47%
QR12 Visit Time to Consultation (Less Urgent)	104	83.65%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	73	84.93%
QR12 Face To Face (Less Urgent)	413	95.16%

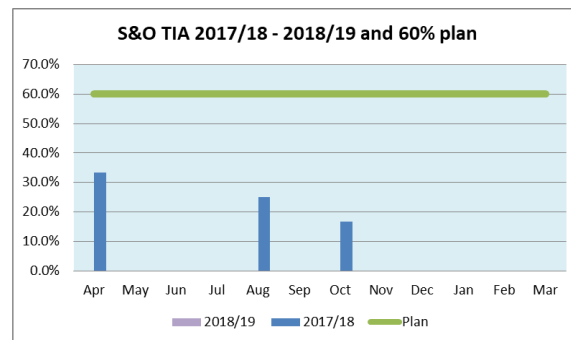
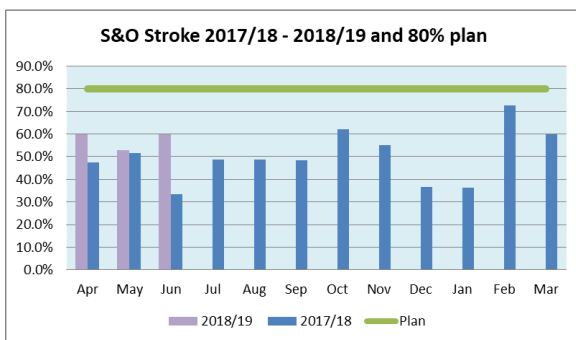
The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 45 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	18/19 - June	80%	60.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	18/19 - June	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in June recording 60%, with 12 out of 20 patients spending 90% of their time on a stroke unit. Delays occurred out of stroke nurse hours and a typical stroke presentation making initial diagnosis problematic.

In relation to the TIAs 0% compliance was reported again in June with 6 reportable patients breaching the target. This is the eighth consecutive month where 0% has been reported. Following the loss of a consultant, a process review is being undertaken by the consultant.

### 4.4.2 Mixed Sex Accommodation

Figure 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE ( <b>CCG</b> )	18/19 - June	0.00	1.00	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE ( <b>Southport &amp; Ormskirk</b> )	18/19 - June	0.00	2.60	↑

The CCG has reported an MSA rate of 1.0, which equates to a total of 4 breaches in June. All 4 breaches were at Southport & Ormskirk NHS Trust.

In June the Trust had 14 mixed sex accommodation breaches (a rate of 2.6) and has therefore breached the zero tolerance threshold. Of the 14 breaches, 4 were for Southport & Formby CCG, 9 for West Lancashire CCG and 1 for South Sefton CCG. All breaches were on critical care, the majority due to awaiting transfer to acute beds within the hospital. Actions to address poor flow are both system-wide and internal.

### 4.4.3 Healthcare associated infections (HCAI)

**Figure 47 - Healthcare associated infections (HCAI)**

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	18/19 - June	9	6	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	9	4	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(CCG)</b>	18/19 - June	27	42	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - June	No Plan	48	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in June, bringing the year to date figure to 6 against a plan of 9. 2 cases were apportioned to an acute trust and 4 to the community. Southport & Ormskirk has reported 2 new cases in June bringing the year to date figure to 4, against a plan of 9.

The CCG and Southport & Ormskirk are both complaint in June and year to date with no cases of MRSA being reported.

There has been a target set for CCGs for E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In June, 13 new cases were reported bringing the year to date total to 42, therefore the CCG has failed the target of 27. Southport & Ormskirk has reported 14 cases in June, 4 less than in May. There are no targets for Trusts at present.

#### 4.4.4 Mortality

Figure 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - June	100	120.40	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	117.73	↑

The 12 month rolling HSMR for February 2018 is 120.4 which remains high and outside of expected limits. While this is slightly higher than the preceding months, the ratio is relatively stable and requires improvement. The activity below gives the detail of the main work streams of the Reducing Avoidable Mortality Project which has been designed to improve mortality and morbidity. The Safety Hub is now up and running and is home to bed, escalation and operational meetings. Processes to improve communication, team work and escalation are to be developed as part of the project.

NHS Digital has recently published Trust-level SHMI data for October 2016 to September 2017. For this time period Southport & Ormskirk are reporting 117.73.

#### 4.5 CCG Serious Incident Management

A meeting took place with NHS England Cheshire & Merseyside on 12th July 2018. Areas of learning have influenced changes to the serious incident reporting group (SIRG) terms of reference and added to the action plan reported through to Joint Quality Committee on a monthly basis. As part of the improvement work Southport Hospital are now invited to attend the SIRG. A report is due to be submitted to NHS England in August. An external MIAA review will take place in Q2.

Southport and Ormskirk Hospitals NHS Trust – There were nine new incidents reported in Month 3 (21 YTD) with one Never Event YTD. 12 were closed in month, 17 closed YTD, with 1 downgraded and removed from StEIS. 56 remain open on StEIS with 29 open for >100 days. A letter of escalation has been sent to the Director of Nursing in relation to number of RCA's which have breached (5). Verbal assurance was requested to come through the July 2018 CCQRM with a formal paper to follow.

Reporting themes; Falls, IG breach and pressure ulcers with actions taken by the Trust which are either coming through CCQRM or at the Quarterly meeting with the Chief Nurse, DoN and MD.

MerseyCare NHS Foundation Trust – There was one incident raised in month with 1 YTD. There are 6 open on StEIS with 5 being open for > 100 days.

Lancashire Care NHS Foundation Trust – There were zero incidents raised in month (4 YTD) with zero Never Events and one closed in month (1 YTD). There are six open on StEIS with two open > 100 days (1 pressure ulcer legacy).

Liverpool Women's – There is 1 incident open of StEIS which have been open for > 100 days

There are 75 incidents open on StEIS where Southport and Formby CCG as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and or for a Southport

55



and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are attributed to:

Number	Provider
2	Cheshire & Wirral Partnership NHS Foundation Trust
1	Liverpool Women's
1	North West Ambulance Service
7	Merseycare
2	The Walton Centre NHS Foundation Trust (NHS E Specialist Commissioning)

Assurance is sought via the lead commissioner for these organisations.

## 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.

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 49 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2017 – June 2018**

Reason For Delay	2017-18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	2	0	0	0	2	2	3	3	3	1	1	0	0	0	0
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
DIJ) AWAITING NURSING HOME PLACEMENT	0	0	1	1	1	2	1	0	2	1	1	1	0	0	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	1	1	1	0	1	0	0	1	0	1
G) PATIENT OR FAMILY CHOICE	3	4	3	3	3	2	7	4	5	3	3	5	8	3	3
H) DISPUTES	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>4</b>	<b>5</b>

The average number of delays per day in Southport and Ormskirk hospital increased from 4 in May to 5 in June. Of the 5 delays: 3 were due to patient or family choice, 1 awaiting nursing home placement and 1 community equipment/adaptations.

Analysis of average delays in June 2018 compared to June 2017 shows no change.

**Figure 50 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – June 2018**

Agency Responsible	2017-18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	196	292	138	166
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	0	0	0	0
Both - Days Delayed	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 166 in June, compared to 138 last month. Analysis of these in June 2018 compared to June 2017 shows similar figures with 158 in June 2017 (5.1% increase).

The average days delayed caused by social care and by both NHS and social care remain at zero in June.

**Figure 51 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – June 2018**

Reason for Delay	2017/18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	2	0	2
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	1	2	4
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	8	12	3
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	3	7	0
D) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	4	5	6
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	1	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	1	0	1	0
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	2	4	5
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0	1	0
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2	4	5
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7	7	3
<b>Grand Total</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>32</b>	<b>29</b>	<b>32</b>	<b>30</b>	<b>30</b>	<b>43</b>	<b>29</b>

The average number of delays per day at Mersey Care decreased to 29 in May. Of the 29 delays: 2 were awaiting a completion assessment, 4 public funding, 3 waiting further NHS non-acute care, 6 awaiting nursing home placement, 1 awaiting care package in own home, 5 patient or family choice, 5 housing and 3 other.

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 5 (-14.7%).

**Figure 52 – Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – June 2018**

Agency Responsible	2017/18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486	827	397
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277	404	261
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127	84	220

The total number of days delayed caused by NHS was 397 in June, compared to 827 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 447 to 397 (-11.2%). The total number of days delayed caused by Social Care was 261 in June, compared to 404 in May. Mersey Care also have delays caused by both which were 220 in June, an increase from last month when 84 were reported.

**Figure 53 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – June 2018**

Reason for Delay	2017-18												2018-19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	2	3	4	4	4	4	4	4	3	4	4	4	4	3	3
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1	0	1	1	0	0
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2	1	1	1	1	1
D) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2	2	1	1	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	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	1	1	1	0	0	0	0	0	0	0
H) DISPUTES	2	2	3	3	2	2	2	1	1	1	1	2	2	3	2
I) HOUSING	5	6	5	3	1	0	0	0	0	0	0	0	0	0	0
O) OTHER	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
<b>Grand Total</b>	<b>16</b>	<b>15</b>	<b>17</b>	<b>13</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>9</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>9</b>	<b>7</b>	<b>6</b>

The average number of delays per day at Lancashire Care decreased slightly to 6 in June, from the 7 reported in May. Of the 6 delays, 3 were awaiting public funding, 1 awaiting residential care home placement and 2 disputes.

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 11 (-64.7%).

**Figure 54 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – June 2018**

Agency Responsible	2017-18												2018-19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80	79	236	173	128	120
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102	46	0	18	31	0
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141	112	77	60	54	60

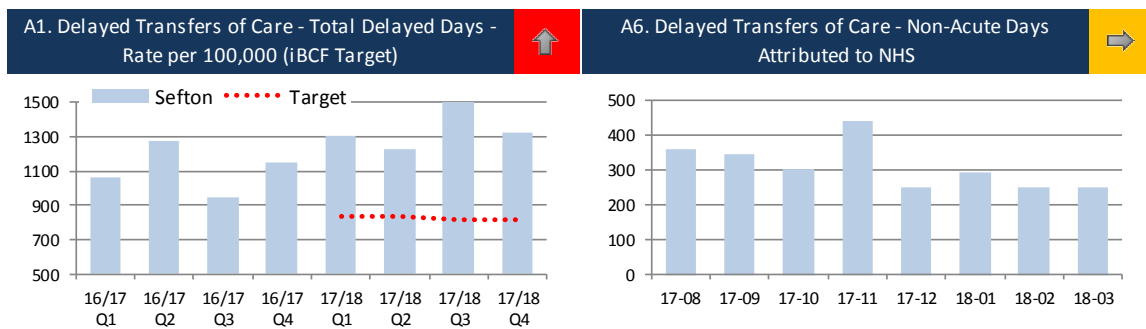
The total number of days delayed caused by NHS was 120 in June, compared to 128 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 199 to 120 (-39.7% decrease). The total number of days delayed caused by Social Care was 0 in June, compared to 31 in May. Lancashire Care also have delays caused by both which was 60 in June, an increase from the previous month when 54 were reported.

### 4.7 ICRAS Metrics

The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs. The ICRAS model is well established within South Sefton but with plans now to extend the range of services which can be accessed through this pathway e.g. reablement support. The aim is to present a streamlined and co-ordinated system to support hospital discharge. Further work is examining a single point of contact which although in place within South Sefton is being reviewed in terms of a North Mersey wide process again to eliminate duplication and potential confusion.

ICRAS continues to support significant savings in terms of admissions avoided. The service will form a key component of future winter planning. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

**Figure 55 – ICRAS Metrics**





### 4.8 Patient Experience of Unplanned Care

**Figure 56 - Southport A&E Friends and Family Test performance**

**Friends and Family Response Rates and Scores**  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: Jun-18

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	12.9%	1.3%	↘	87%	71%	↘	8%	16%	↘

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.3% in June, showing no improvement since last month and remaining below the England average of 12.9%.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 66% in May to 71% in June, but this is still below the England average of 87%. The percentage not recommended has also improved from 22% in May to 16% in June but this is still above the England Average of 8%.

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

## 4.9 Unplanned Care Activity & Finance, All Providers

### 4.9.1 All Providers

Performance at Month 3 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/17.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £1m/12.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital who have a variance of £969k/13% against plan at month 3. Aintree Hospital are also seeing an over performance of £235k/98%.

Figure 57 - Month 3 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	399	703	304	76%	£240	£475	£235	98%	£-235	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	231	236	5	2%	£99	£91	£-8	-9%	£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	38	38	0	1%	£130	£185	£55	42%	£-55	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	73	67	-6	-8%	£104	£96	£-7	-7%	£7	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	412	310	-102	-25%	£208	£293	£85	41%	£-85	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	2	1	97%	£10	£20	£10	94%	£-10	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>1,154</b>	<b>1,356</b>	<b>202</b>	<b>18%</b>	<b>£792</b>	<b>£1,160</b>	<b>£368</b>	<b>47%</b>	<b>£-368</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	29	28	-1	-5%	£11	£22	£11	97%	£0	£11	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	9	9	0%	£0	£1	£1	0%	£0	£1	-
LANCASHIRE TEACHING HOSPITAL	0	64	64	0%	£0	£18	£18	0%	£0	£18	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£3	£3	0%	£0	£3	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	14,528	14,919	391	3%	£7,347	£8,316	£969	13%	£0	£969	13%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	129	163	34	27%	£63	£87	£23	37%	£0	£23	37%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	18	6	-12	-67%	£21	£25	£4	20%	£0	£4	20%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	9	9	0%	£0	£7	£7	0%	£0	£7	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	25	25	0%	£0	£10	£10	0%	£0	£10	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	21	17	-4	-18%	£12	£22	£11	94%	£0	£11	94%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>14,725</b>	<b>15,248</b>	<b>523</b>	<b>4%</b>	<b>£7,453</b>	<b>£8,509</b>	<b>£1,056</b>	<b>14%</b>	<b>£4</b>	<b>£1,056</b>	<b>14%</b>
<b>GRAND TOTAL</b>	<b>15,879</b>	<b>16,604</b>	<b>725</b>	<b>5%</b>	<b>£8,245</b>	<b>£9,669</b>	<b>£1,424</b>	<b>17.3%</b>	<b>£-368</b>	<b>£1,056</b>	<b>12.8%</b>

\*PbR only

## 4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 58 - Month 3 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	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
S&O Hospital Unplanned Care								
A and E	9,747	10,089	342	4%	£1,401	£1,409	£8	1%
NEL/NELSD - Non Elective/Non Elective IP Same Day	2,590	2,903	313	12%	£4,700	£5,694	£994	21%
NELNE - Non Elective Non-Emergency	302	246	-56	-19%	£674	£608	£-66	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	30	8	-22	-73%	£9	£3	£-6	-68%
NELST - Non Elective Short Stay	273	440	167	61%	£192	£313	£121	63%
NELXBD - Non Elective Excess Bed Day	1,585	1,233	-352	-22%	£371	£288	£-83	-22%
<b>Grand Total</b>	<b>14,528</b>	<b>14,919</b>	<b>391</b>	<b>3%</b>	<b>£7,347</b>	<b>£8,316</b>	<b>£969</b>	<b>13%</b>

\*PbR only

## 4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 rebased using the 2017/18 forecasted outturn position with some additional growth in line with national requirements.

Emergency admissions continue to show a much higher cost level when compared against the contract plan and previous trend. The reasons for the increased cost levels are being investigated and queried with the Provider as unit cost levels have increased significantly from October 2017 onwards. Initial findings appear to show shifts within HRG groups to higher complexity scores, which results in higher costs.

Activity levels have increased to the highest levels seen when comparing 2017/18 admissions, this is due to the inclusion of the Clinical Decisions Unit in the emergency admissions data. Clinical pathway agreement has not yet been finalised for CDU as well as ACU and SAU services within urgent care. As such activity will remain within non-elective admissions. Local agreement regarding costs for such pathways will progress once clinical agreement reached.

## 4.10 Aintree and University Hospital NHS Foundation Trust

Figure 59 - Month 3 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospital Urgent Care PODS								
AandE	236	405	169	72%	£32	£58	£26	81%
NEL - Non Elective	97	211	114	118%	£171	£365	£194	114%
NELNE - Non Elective Non-Emergency	6	5	-1	-10%	£17	£20	£3	20%
NELST - Non Elective Short Stay	12	25	13	105%	£8	£17	£9	104%
NELXBD - Non Elective Excess Bed Day	49	57	8	17%	£12	£14	£3	24%
<b>Grand Total</b>	<b>399</b>	<b>703</b>	<b>304</b>	<b>76%</b>	<b>£240</b>	<b>£475</b>	<b>£235</b>	<b>98%</b>

## 4.11 Aintree University Hospital NHS Trust Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £235k/98% is mainly driven by a £194k/114% over performance in Non Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

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 60 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	40	38	2	-2
1 Com Prob Low Sev	7	5	2	6
2 Prob Low Sev/Need	11	13	-2	7
3 Non Psychotic Mod	53	64	-11	-23
4 Non Psychotic Sev	171	212	-41	-41
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	132	131	1	-11
8 Non Psychot Chaot	76	70	6	-2
10 1st Ep Psychosis	77	75	2	11
11 Ongo Rec Psychos	197	210	-13	-11
12 Ongo/Rec Psych	238	246	-8	-3
13 Ong/Rec Psysc High	106	106	0	3
14 Psychotic Crisis	15	11	4	0
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	24	25	-1	2
18 Cog Impairment	141	159	-18	-65
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	434	482	-48	-144
20 Cognitive Impairment or Dementia Complicated (High Need)	353	370	-17	4
21 Cognitive Impairment or Dementia (High Physical or Engagement)	174	159	15	74
Cluster 97	103	98	111	5
Cluster 98	106	156		
<b>Total</b>	<b>2,558</b>	<b>2,714</b>	<b>0</b>	<b>-170</b>

Due to disruption caused by the implementation of the RiO system this report stands as at May and will be updated in future reports.

### 5.1.1 Key Mental Health Performance Indicators

**Figure 61 - CPA – Percentage of People under CPA followed up within 7 days of discharge**

	Target	Apr-18	May-18	Jun-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%
<b>Rolling Quarter</b>				100%

**Figure 62 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-18	May-18	Jun-18
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
<b>Rolling Quarter</b>				100%

**Figure 63 - Figure 16 EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18
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%	66.7%	100.0%
<b>Rolling Quarter</b>				80%

The 2 week waiting standard for EIP continues to be met by the CCG. However the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) audit report identified service deficits in the interventions being offered including physical health interventions and these were the subject of discussion at an NHS England “Deep Dive “ visit held on 21st May 2018. The audit was run between October and January 2018, during which the Family Therapist post only commenced in January 2018 in addition the STP allocated additional resource towards Individual Placement Support advisors in Q1 2018/19 which are provided by the VCF provider Imagine. The CCQI audit will be re-run later in 2018/19 and these developments will have a positive impact on any future result. In respect of physical health the Trust is working to improve monitoring across all areas.



## 5.2 Out of Area Placements (OAP's)

Figure 64 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55
	Mar 18 to May 18	10

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2017/18. The total number of OAP's in quarter 4 2017/18 was 60 therefore the target for 2018/19 is 40. The latest reporting period is March to May 2018 when 10 OAP days were reported. The CCG is therefore achieving the target and is lower than the previous reporting period when 55 were reported.

In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs.

It should be noted that some mental health trusts are continuing to report solely external OAPS on NHS Digital.

### 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.

#### Transformation Update

The Trust, in response to the 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. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge.
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety.

The Trust will be updating the Leadership Team on planned CRHTT developments on 21<sup>st</sup> August 2018.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact has been 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. Meetings have been on-going to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal will be presented to the LMC in September 2018.

### **Psychotherapy waits**

The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address previously reported waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. At the June CQPG the Trust outlined plans to remodel the psychotherapy workforce to enable psychotherapy to be undertaken within CMHT settings aligned to GP practices localities. The plans included:

- Psychological staff to directly deliver routine time limited interventions (16 – 24 sessions).
- Supervision of CMHT nursing staff to deliver low intensity interventions that are currently being undertaken in the existing service configuration.
- Within the CMHT and inpatient settings there will be a tiered approach to Psychological interventions with a much more skilled workforce to deliver interventions.

Quality and BI colleagues will need to be involved to agree the process for reporting activity plan, waiting times and trajectories for reducing the number waiting over 18 weeks.

### **Rio Update**

The Trust implemented its new RiO patient information system on 1<sup>st</sup> June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

### **Safeguarding**

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

### 5.3 Patient Experience of Mental Health Services

**Figure 65 - MerseyCare Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Mersey Care NHS Foundation Trust  
 Latest Month: Jun-18

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	2.8%	3.3%	↘	89%	87%	↘	4%	4%	↘

In June, MerseyCare recorded a response rate of 3.3%, which is above the England average of 2.8%. This is a slight decline on last month when 3.4% was reported. 87% of respondents reported they would recommend the service in June, a decline on last month's performance of 91% and falling below the England average of 89%. The percentage who would not recommend increased to 4% in June, a decline on last month of 2% but still in line with the England average of 4%.

### 5.4 Improving Access to Psychological Therapies

**Figure 66 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	221	195										634
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%	1.16%	1.02%										3.3%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	51.9%	49.7%	56.6%										52.5%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%	99.3%										99.4%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%	100.0%	100.0%										100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	162	133										462
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	11	5	4										20
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78	73										232
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	89.3%	89.4%	89.3%										89.2%

Cheshire & Wirral Partnership reported 195 Southport & Formby patients entering treatment in Month 3. This is an 11.8% decrease from the previous month when 221 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

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 set for Quarter 1 at 4.2% which equates to 1.4% per month. The access rate for Month 3 was 1.02% and therefore failed to achieve the standard.

Referrals reduced in Month 3 with 253 compared to 264 in Month 2. 72.7% of these were self-referrals, which is higher than the previous month. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this easier to complete and is shared at appropriate meetings. GP referrals decreased in Month 3 with 34 compared to 41 in the previous month.

The percentage of people moved to recovery increased with 56.6% compared to 49.7% in the previous month. This exceeds the monthly target of 50%.

Cancelled appointments by the provider saw a slight increase in Month 3 with 44 compared to 40 in Month 2. 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 decreased slightly from 127 in Month 2 to 124 in Month 3. 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 3 99.3% 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 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.

Internal waits, i.e. the wait from referral to treatment continues to improve with support from NHSE. At the start of the contract, there were in excess of 1000 individuals waiting for step 2 therapy alone.

In 2017/18 the decision was made to ring fence the longest waiters at Step 2, with an identified cohort of practitioners working specifically with these clients. This was successful in reducing waits for step 2 (CBT based interventions) to an average of less than six weeks. These average waits have been maintained, with fluctuations between the two CCGs as resource is shifted to meet demand. In an effort to address the need to continually flex resource, telephone work at Step 2 has increased. This prevents the need for a practitioner to be based in a specific location and enables the service to move quickly to address peaks in demand in given areas.

In July 2018 the number of people who have waited over 90 days for follow up appointments reduced from 94 in May 2018 (32 in South Sefton, 62 in Southport & Formby) to 24 people (9 in South Sefton, 15 in Southport & Formby). This is a result of on-going work with ring-fencing long internal waiters and proactively contacting clients.

## 5.5 Dementia

**Figure 67 - Dementia casefinding**

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537									
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2									
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.7%</b>	<b>70.0%</b>	<b>70.3%</b>									
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the NHS Digital website shows that Southport & Formby CCG are recording a dementia diagnosis rate in June 2018 of 70.3%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

**Figure 68 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)**

E.H.9	17/18 Revised Estimate*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	150	150	150	151	601
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877					1,877
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>21.3%</b>					<b>32.0%</b>

The data is published nationally by NHS Digital. The CCG target is to achieve 32% by the end of the financial year. Quarter 1 performance is awaited from NHS Digital.

*\*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

The performance in this category is calculated against completed pathways only.

**Figure 69 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% 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	18	2		5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2		5		3	
%	100.00%	81.82%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

In quarter 1, out of 22 routine referrals to children and young people's eating disorder service, 18 were seen within 4 weeks recording 81.82% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

**Figure 70 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% 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	1	1	1		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1		2		2	
%	100.00%	50.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

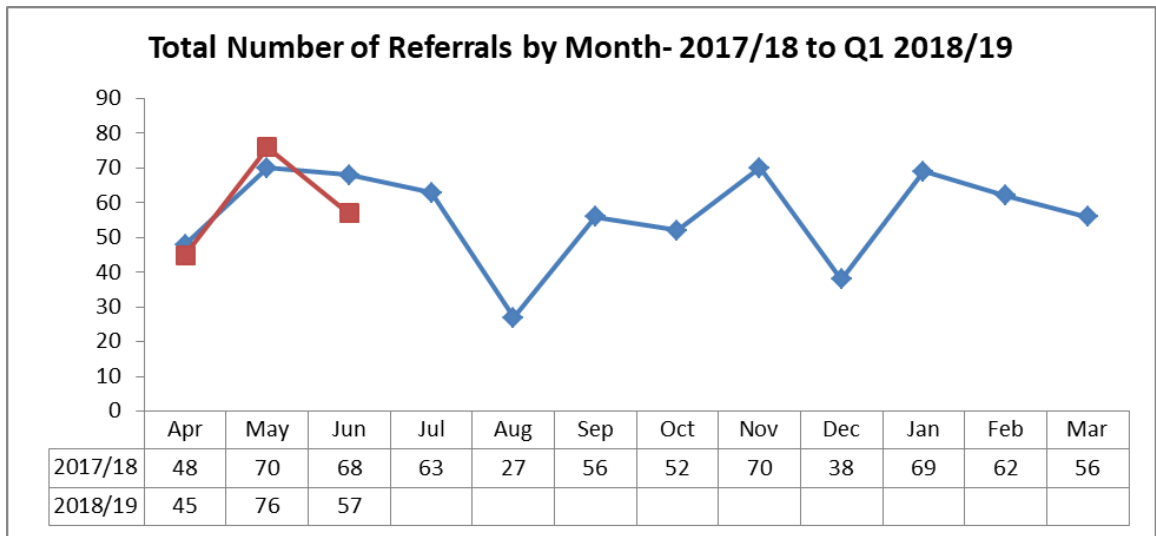
In quarter 1, the CCG had 2 patients under the urgent referral category, 1 of which met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks.

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

## 5.8 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

**Figure 71 – CAMHS Referrals**



Throughout quarter 1 2018/19 there were a total of 178 referrals made to CAMHS from Southport and Formby CCG patients. May saw a 68.9% increase in total referrals (76) compared to the previous month, although the level in June subsequently decreased to 57.

**Figure 72 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	9	33.3%
2-4 Weeks	3	11.1%
4- 6 Weeks	1	3.7%
6-8 weeks	2	7.4%
(blank)	12	44.4%
<b>Total</b>	<b>27</b>	<b>100%</b>

Of those referrals during April to June 2018/19 that have been allocated and an assessment taken place, 33.3% (9) waited between 0 and 2 weeks for the assessment. 44.4% of the allocated referrals in the given time period had no date of assessment suggesting this has yet to take place. An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.



**Figure 73 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	11.1%	33.3%
2-4 Weeks	1	3.7%	11.1%
4- 6 Weeks	3	11.1%	33.3%
6-8 weeks	1	3.7%	11.1%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	3.7%	11.1%
(blank)	18	66.7%	
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>100%</b>

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

66.7% (18) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 18 referrals were discounted, that would mean 44.4% (4) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 12 weeks.

## 5.9 Learning Disability Health Checks

**Figure 74 – Learning Disability Health Checks**

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	754	118	15.6%
<b>Actual</b>	98	64	65.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 1 all 19 practices submitted data, but 2 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.



## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This includes reviews of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. The Trust is now in the process of building reports to meet the CCG's requirements.

Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. The Trust has informed of changes in services which will have an impact on current activity levels, i.e. the levels of activity for the Continence service are anticipated to increase due to increases in the staffing establishment. A proposal document has been collated by the Trust and shared with the CCG for feedback.

#### 6.1.2 Quality

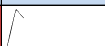


The CCG Quality Team are holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focuses 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 75 - Lancashire Care Friends and Family Test performance**

Friends and Family Response Rates and Scores  
Lancashire Care NHS Foundation Trust  
Latest Month: Jun-18

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	3.7%	1.0%		96%	98%		2%	1%	

Lancashire Care is reporting a response rate of 1% in June against an England average of 3.7%, a slight decline in performance from 1.1% reported in May. The percentage who recommended the service was 98%, showing no change from last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 1% for the sixth consecutive month, below the England average of 2%.

### 6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts are due to expire on the 30<sup>th</sup> September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31<sup>st</sup> March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

### 6.4 Any Qualified Provider – MSK

AQP MSK activity continues to significantly decline across all providers. The Merseyside AQP contracts are due to expire at 30th September 2018 and there has been communications to providers and GPs regarding the arrangements around expiry.

### 6.5 Percentage of children waiting less than 18 weeks for a wheelchair

**Figure 76 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% 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	10	1	10		10		10	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10		10		10	
%	100.00%	100.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

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 a performance of 100%; just 1 patient received equipment within 18 weeks.

## 7. Third Sector Contracts

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant Third Sector Quarter 1 2018-19 Report has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people’s social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans

detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

#### Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

#### Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the Let's Talk Mental Health, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

#### Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physiotherapy & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

#### Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial

outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

#### Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

#### Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

#### Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

#### Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

### Sefton Women's And Children's Aid (SWACA)

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

### Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

### Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

### Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.



### CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

Figure 77 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	133,825	133,825	133,825	133,825	133,825	133,825
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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 at this stage. A CCG working group have developed a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

### 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. Roe Lane Surgery was inspected on 22<sup>nd</sup> May and received an overall 'Good' rating. Cumberland House Surgery was inspected on 31<sup>st</sup> May and received an overall 'Good' rating. All the results are listed below:

Figure 78 – 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	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	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
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
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 Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	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 Centre	30 April 2018	Good	Good	Good	Good	Good	Good
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	
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## 9. Better Care Fund

A quarter 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 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 Q1 BCF performance is as follows:

**Figure 79 – BCF Metric performance**

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



**Figure 80 – BCF High Impact Change Model assessment**

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

## **11. NHS England Monthly Activity Monitoring**

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 3 performance and narrative detailed in the table below.

**Figure 81 – Southport & Formby CCG’s Month 3 Submission to NHS England**

May 2018 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	2631	2361	-10.3%	Referral plans were revised for 2018/19 in line with changes in trend throughout 2017/18. Other referrals should come back in line as the months progress due to the seasonal nature of the plan. Other referrals were slightly above average in both May and June. GP referrals have increased over the past few months with the main focus within Aintree/Renacres Hospitals and not the CCGs main provider. The increased levels of GP referrals to Aintree are across a number of specialties such as Breast Surgery, ENT, Nephrology, and Dermatology. Despite this, analysis by providers has shown that a large majority have seen decreases in GP referrals during June.
Other	2098	2244	7.0%	
<b>Total (in month)</b>	<b>4729</b>	<b>4605</b>	<b>-2.6%</b>	
Variance against Plan YTD	13598	14304	5.2%	
Year on Year YTD Growth			4.7%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4146	3798	-8.4%	Local monitoring of outpatient first attendances have shown them to be in line with a trend of the previous year and as such is not statistically against the trend. Activity was below plan in June but in line with an expected average for 2018. Outpatient follow up attendances were above plan in April and June but in line with an average. Seasonal profile of the plan expects July levels to be closer in line with planned values for both first and follow-up attendances. A decrease in activity is expected in August.
Follow Up	8598	8024	-6.7%	
<b>Total Outpatient attendances (in month)</b>	<b>12744</b>	<b>11822</b>	<b>-7.2%</b>	
Variance against Plan YTD	35674	34294	-3.9%	
Year on Year YTD Growth			0.6%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1436	1390	-3.2%	Elective and Day Case activity plan reduced in line with trend of 17/18 with plan and actual to be more closely aligned as the months progress. Current activity follows trend of 17/18 and as such is not beyond the statistical range.
Elective Ordinary spells	245	207	-15.5%	
<b>Total Elective spells (in month)</b>	<b>1681</b>	<b>1597</b>	<b>-5.0%</b>	
Variance against Plan YTD	4967	4710	-5.2%	
Year on Year YTD Growth			-4.1%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3583	3617	0.9%	The CCGs main provider recorded the highest number of A&E attendances in May (with high levels recorded across North Mersey during this period). Although attendances decreased in June, they remain above average. This recent increase in activity is being monitored closely as higher levels have been noted over the past four months. A&E performance at the Trust remains in a good position despite increases in activity. Local monitoring of activity levels suggests plan and actual are closer to 3.4% variance and not 8.3% YTD. Increases in the plan due to seasonality in the coming months is expected to bring activity levels closer to the 2% margin.
Year on Year YTD			7.1%	
<b>All types (in month)</b>	<b>3997</b>	<b>4168</b>	<b>4.3%</b>	
Variance against Plan YTD	11826	12806	8.3%	
Year on Year YTD Growth			9.0%	
<b>Total Non Elective spells (in month)</b>	<b>1256</b>	<b>1533</b>	<b>22.1%</b>	Changes in pathway and recording within urgent care at the CCGs main provider, mainly within short stay admissions. Introduction of CDU at Southport Trust has caused a large spike in activity in June, which is expected to continue throughout the year due to reporting changes. CCG currently in the process of reviewing and agreeing new urgent care pathways from a clinical viewpoint to then agree a local price structure. Liaising with the Trust to capture CDU specific activity to report on the activity impact since inclusion in the inpatient dataset.
Variance against Plan YTD	3716	4229	13.8%	
Year on Year YTD Growth			11.5%	

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/147	<b>Author of the Paper:</b> Becky Williams Strategy & Outcomes Officer						
<b>Report date:</b> September 2018	<a href="mailto:Becky.Williams@southseftonccg.nhs.uk">Becky.Williams@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Title:</b> Improvement and Assessment Framework 2017/18 Quarter 4 Exception Report							
<b>Summary/Key Issues:</b> This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q4 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.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">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"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	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 NHS Cheshire and Merseyside Healthcare Partnership.
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.

<b>Process</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments/Detail (<i>x those that apply</i>)</b>
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		

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

**SEPTEMBER 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 Q4 dashboard was released to CCGs in August 2018, before public release on My NHS in September 2018. An update of ratings for clinical priority areas has also been published for 2017/18.

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 Q4 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.

### 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.












**Figure 1 – Q4 2017/18 IAF Dashboard  
NHS Southport and Formby CCG**

2017/18 Year End Rating:

Requires improvement

Better Health							
	Period	CCG	Peers	England	Trend		
R 102a	% 10-11 classified overweight	2014/15 to 2016/17	32.8%	↓	8/11	89/207	
	103a	Diabetes patients who achieved	2016-17	43.5%	↑	1/11	19/207
	103b	Attendance of structured education	2016-17 (2015 cohort)	5.5%	↑	8/11	111/207
R 104a	Injuries from falls in people 6	17-18 Q3	2,151	↓	8/11	134/207	
R 105b	Personal health budgets	17-18 Q4	12.89	↓	6/11	118/207	
R 106a	Inequality Chronic - ACS & UC	17-18 Q3	1,964	↓	8/11	83/207	
R 107a	AMR: appropriate prescribing	2018 01	1.090	↑	10/11	125/207	
R 107b	AMR: Broad spectrum prescribing	2018 01	8.3%	↓	8/11	82/207	
	108a	Quality of life of carers	2017	0.66	○	6/11	79/207
Sustainability							
	Period	CCG	Peers	England	Trend		
R 141b	In-year financial performance	17-18 Q4	Red	↓			
R 144a	Utilisation of the NHS e-referrals	2018 02	53.3%	↑	9/11	137/207	
Leadership							
	Period	CCG	Peers	England	Trend		
R 162a	Probity and corporate governance	17-18 Q4	Fully Compliant	○			
R 163a	Staff engagement index	2017	3.67	↓	10/11	195/207	
R 163b	Progress against WRES	2017	0.06	↓	2/11	11/207	
R 164a	Working relationship effective	17-18	67.71	↓	9/11	107/207	
R 166a	CCG compliance with standards	2017	Green	○			
R 165a	Quality of CCG leadership	17-18 Q4	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 Q4	56	↔	9/11	180/207	
R 121b	High quality care - primary care	17-18 Q4	68	↔	5/11	29/207	
R 121c	High quality care - adult social	17-18 Q4	62	↑	5/11	72/207	
	122a	Cancers diagnosed at early stage	2016	49.2%	↓	10/11	167/207
R 122b	Cancer 62 days of referral to treatment	17-18 Q4	77.8%	↓	9/11	160/207	
	122c	One-year survival from all cancers	2015	74.8%	↑	1/11	12/207
	122d	Cancer patient experience	2016	8.9	↑	3/11	25/207
R 123a	IAPT recovery rate	2018 02	59.5%	↔	1/11	6/207	
R 123b	IAPT Access	2018 02	3.3%	↓	10/11	169/207	
R 123c	EIP 2 week referral	2018 03	70.6%	↑	8/11	133/207	
	123d	CYP mental health (not available)					
R 123f	MH - OAP	2018 02	48.6	○	5/11	101/207	
	123e	MH - Crisis care and liaison (not available)					
R 124a	LD - reliance on specialist IP care	17-18 Q4	64	↓	8/11	145/207	
	124b	LD - annual health check	2016-17	39.0%	↑	9/11	170/207
	124c	Completeness of the GP learn	2016-17	0.61%	○	5/11	32/207
	125d	Maternal smoking at delivery	17-18 Q3	10.7%	↓	4/11	94/207
R 125a	Neonatal mortality and stillbirths	2016	3.1	↓	3/11	27/207	
	125b	Experience of maternity services	2017	81.8	○	8/11	137/207
	125c	Choices in maternity services	2017	55.6	○	8/11	184/207
R 126a	Dementia diagnosis rate	2018 03	71.4%	↓	4/11	66/207	
	126b	Dementia post diagnostic support	2016-17	77.1%	↑	8/11	158/207
R 127b	Emergency admissions for UC	17-18 Q3	2,194	↓	7/11	88/207	

	127c	A&E admission, transfer, disc 2018 03	79.5%	↓	8/11	142/207		
R	127e	Delayed transfers of care per 12018 03	15.2	↑	9/11	170/207		
R	127f	Hospital bed use following em 17-18 Q3	466.2	↓	5/11	76/207		
R	105c	% of deaths with 3+ emergenc 2017	3.62%	↓	6/11	19/207		
	128b	Patient experience of GP servi 2017	87.0%	↓	7/11	60/207		
	128c	Primary care access	2018 01	0.0%	↔			
	128d	Primary care workforce	2017 09	0.92	↓	10/11	151/207	
R	129a	18 week RTT	2018 03	92.0%	↓	3/11	33/207	
R	130a	7 DS - achievement of standar 2017	2	○				
R	131a	% NHS CHC assesments taking 17-18 Q4	0.0%	↓	1/11	1/207		
R	132a	Sepsis awareness	2017	Amber	○			

### 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.

To note:

**102a % 10-11 classified overweight / obese is reported on the KLOE as having an improving position, with 32.8% of 10-11 year olds classed as overweight or obese in the national child measurement programme 2014/15 – 2016/17.**

**103a Diabetes patients who achieved NICE treatment targets improved to 43.5% in Q2 when the 2016/17 data was released. The CCG stands as best performing in their demographic peer group and 19<sup>th</sup> best CCG nationally.**

**104a Injuries from falls in people aged 65+yrs. CCG was rated in the worst quartile nationally in Q1. Q2 performance has improved markedly and no longer worst quartile, with Q3 showing a continued improvement.**

**106a Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS) has improved in Q3 and no longer in the worst quartile nationally (1,964). This is also recognised in the KLOE.**

**121b Provision of high quality care in primary care Q2 performance (as measured by an aggregate score of CQC inspection results) improved and so was no longer in the worst quartile, with Q4 performance bringing the CCG into the best quartile.**

**121c Provision of high quality care in adult social care Q2 performance (as measured by an aggregate score of CQC inspection results) improved and so was no longer in the worst quartile, with performance improving further in Q4.**

**122c One year survival for all cancers. Top quartile performance (12<sup>th</sup> best nationally). This is also recognised in the KLOE.**

**122d Cancer patient experience (2016). Top quartile performance (25<sup>th</sup> best nationally).**



123a IAPT recovery rate has improved and is now in the top quartile, ranking 6<sup>th</sup> best nationally in February 2018.

123c Early Intervention in Psychosis has improved and is no longer in the worst quartile (70.6% in March 2018).

124c Completeness of GP LD registers. Top quartile performance (32<sup>nd</sup> best nationally).

125b Women's experience of maternity services has improved and no longer in the worst quartile nationally (81.8).

131a % NHS CHC assessments taking place in an acute hospital setting is ranking 1<sup>st</sup> nationally with 0% in Q4.

Indicator No.	Indicator Description	Q4 2017/18 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
105b	Personal Health Budgets	Q4 2017/18 shows a decline in performance with a rate of 12.89 per 100,000 population	Debbie Fagan/ Tracey Forshaw	Despite awareness raising session and CCG processes provided to community providers, spinal injuries unit at S&O, Merseycare and Sefton MBC, progress has been limited to date.	Delays experienced for a number of complex adults. The CCG and MLCSU reviewed and streamlined the process to ensure that PHBs can be implemented in line with MLCSU scheme of delegation and alternative independent support service identified with improved outcomes. The CCG invested funding for a fixed term Complex care Nurse in MLCSU CHC team to support the assessment of complex patients and PHBs. The CCG have been working with Sefton Carers Centre to support their engagement as an additional independent support service. The CCGs do not currently commission an end to end CHC service; it is currently delivered by multiple providers. An end to end service is being scoped by MLCSU to be approved through the CHC Steering Group. PHBs will become a default position for adults living in their own home in receipt of CHC from April 2019. It has been included as an agenda item at CCQPG, CCQRM and CHC steering for providers and MLCSU to provide assurance on how this agenda will be implemented as business as usual.	2019/20
121a	Provision of high quality care in hospitals	Worst quartile and no improvement since last quarter	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 core	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 action and improvement plans are agreed and scrutinised. Any unresolved issues may	December 2018

				services, divided by the total maximum score available.	be escalated to Executive: Executive forums. The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. The Trust has responded with an action plan to the CQC which has been shared at CCQRM. The CCG contribute information regarding Quality for consideration at the Executive Improvement Board. The new Chief Officer took up the role in April 2018 and the new Executive Director of Nursing came into post in June 2018. The Quality Improvement is monitored via the CCQRM and Quarterly Director meetings between Medical Director, Executive Nursing Director from the Trust and CCG Chief Nurse and Clinical Chair have been established to review quality issues in more detail.	
122a	Cancers diagnosed at early stage	Worst quartile and decline on last quarter	Jan Leonard/ Debbie Harvey/ Sarah McGrath	49.2% was reported in Q4 2017/18, ranking the CCG 167 <sup>th</sup> out of 207 CCGs nationally.	The data relates to 2016. Further analysis being undertaken to understand which tumour groups have seen a decline in early stage diagnosis. A significant amount of work has been undertaken since 2016 in relation to improved pathways e.g. around embedding of NICE guidance for management of suspected cancer, lung cancer and vague symptoms to facilitate quicker diagnosis.	TBC following analysis of which tumour groups have declined
122b	62 day cancer: GP referral to first definitive treatment	Deteriorating and below constitutional standard	Jan Leonard/ Graeme Allen/ Sarah McGrath	Q4 performance 77.8% against 85% constitutional standard, ranking 160 <sup>th</sup> out of 207 CCGs nationally. More recent information available locally for May 2018 (year to date position) shows an improvement at 81.58%. Southport and Ormskirk Hospital have provided a trajectory for full recovery by Jan 2019	Southport and Ormskirk Hospital met with NHSE and Cancer Alliance in August 2018 around plans for 62 days delivery. The main barriers to recovery within the Trust relate to radiology and endoscopy capacity. New escalation and operational processes are being introduced by the Trust including a 7 day policy to ensure there are no delays or more than 7 days between any interventions on a cancer pathway.	Quarter 4 18/19
123b	IAPT Access rate	Worst quartile, but improving	Jan Leonard/ Hilal Mulla/ Geraldine	February 2018 performance (rolling 3 months) of 3.3% was reported in the Q4 IAF release,	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and	March 2019

			O'Carroll	against the 4.2% target. More recent information is available locally for June 2018 (rolling 3 months) also reporting 3.3%, therefore no further improvement.	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. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed. The provider has developed links with Southport KGV College.	
124b	LD Annual Health checks	Improvement but remains worst quartile nationally.	Jan Leonard/ Hilal Mulla	2016/17 performance is reported in the Q4 2017/18 IAF at 39%. 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. GP Practices are commissioned through NHSE to deliver the DES, however through joint commissioning arrangements there is agreement locally, for South Sefton CCG to manage the funding associated with the LD DES. The CCG has formulated a plan to improve local delivery, which includes an option for practices to deliver the DES themselves, or to opt for the DES to be delivered to their eligible registered patients by the local GP Federation.	March 2019
125c	Women's choices of maternity services	Worst quartile and declining.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2017 performance is reported in the Q4 2017/18 IAF and at 55.6%. CCG is ranked 184 <sup>th</sup> of 207 CCGs nationally.	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. The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in	On-going

					March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. In Q3 2017-18, the Trust had issues regarding the staffing on the middle grade medical rota for Obs and Gynae services. This has been addressed for the calendar year 2018 as the Trust has confirmed they are able to meet their contractual requirements and again this has been confirmed at a recent contract meeting. The service is part of the wider review for maternity services with declining numbers of births at the Trust.	
126b	Dementia post diagnostic support	Worst quartile, but improving.	Jan Leonard/ Hilal Mulla/ Kevin Thorne	2016/17 performance is reported in the Q4 2017/18 IAF and at 77.1%. CCG is ranked 158 <sup>th</sup> of 207 CCGs nationally. Low uptake by some practices.	Practices should develop a planned programme of activity to establish internal routines to appropriately conduct a timely review of patient's needs. Sefton wide Dementia resource information has been sent to all practices. GP bulletins contain details and a link to Dementia services in the VCF Sector that people with dementia and their carers can be signposted to as part of their care plan.	2016/17 still above QOF requirement of 70%.
127c	A&E admission, transfers or discharges within 4 hours	Interquartile range but performance declining	Jan Leonard/ Andy Mimmagh/ Janet Spallen	March 2018 shows a decline in performance at 79.5%. More recent information available for June 2018 shows an improvement at 90.91% which is above the agreed recovery trajectory of 85.1% for June 2018.	Performance for this indicator is impacted on significantly by Southport & Ormskirk Trust. The CCG has asked for a full action plan from the Trust to address the current underperformance in relation to ambulance turnaround times, 4 hour target and 12 hour trolley waits which will be closely monitored via contracts and quality forum.  S&O currently have external support from EY and NHSI ECIP team in order to support AED and flow performance across the system. They have developed a schedule of work to reset the AED priorities of work which will be taking place over the next three months, this includes: <ul style="list-style-type: none"> <li>• Temporarily increasing the bed capacity</li> <li>• Ring fencing flow critical areas to prevent them from being utilised at times of escalation</li> <li>• Improvements in estates to increase assessment areas and improve streaming.</li> </ul>	Trust meeting STP target in June.

					The Trust has expressed confidence that the internal improvement plan will address the areas of underperformance and patient experience.	
127e	Delayed Transfers of Care per 100,000 population	Worst quartile but improving	Jan Leonard/ Tim Quinlan/ Sharon Forrester	15.2 per 100,000 population in March 2018.	CCG Urgent Care leads review DTOC's on a weekly teleconference with participation from the acute Trust, Local Authorities and CCG's. This aims to remove blockages which prevent a patient being discharged to their chosen place of care. Additionally, local CCG representatives from North Mersey CCGs 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.	Q4 2018/19
128d	Primary Care Workforce	Interquartile range but declining performance	Jan Leonard/ Kati Scholtz/ Angela Price	September 2017 showed a decline in performance at 0.92. Declining performance can largely be attributed to increasing numbers of GP's retiring. Salaried GP's are fewer in Sefton, as in other parts of the country, due to the attraction of working as a locum- offering greater flexibility for GP's. There are difficulties recruiting due to a number of factors, including more GP's choosing to work as locums, and a lack of trainee posts has also been cited anecdotally.	The work being undertaken to address the recruitment crisis in Sefton is as follows: <ul style="list-style-type: none"> <li>• International Recruitment programme- we held an event in June 2018 which was attended by representatives from 13 Sefton practices.</li> <li>• Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme.</li> <li>• LQC- as part of the Phase 4 LQC, we are asking practices to submit a completed "Wessex Toolkit" which will give us an accurate baseline of current workforce. The completion of this toolkit has been 100% across practices meaning we have a more accurate picture across the area. We have met to discuss the results of this toolkit and any necessary next steps in order to monitor results and support practices. This piece of</li> </ul>	September 2018

					<p>work may be repeated in the future to monitor workforce across the two CCG areas.</p> <ul style="list-style-type: none"> <li>GP Fellowship- we have one practice in South Sefton who have successfully applied to this scheme.</li> </ul> <p>Other work includes looking at schemes which support practice systems and processes to improve workload, which, it is hoped, will make General Practice more manageable on a day to day basis. This includes schemes such as Document Management High Impact Action; Online Consultations software; APEX Insight Tool; and implementing a Digital Programme Training post which will support practices to adopt digital solutions that support efficiencies in workload.</p>	
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. 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
164a	Working Relationship Effectiveness	2017/18 performance shows a decline with 67.71%.	Tracey Jeffes	To identify relationships that need to be strengthened and areas within the system where support may be necessary. Data from NHS England – CCG stakeholder 360 survey 2017-18.	Improved relationships with Sefton MBC through progress on a route map for integration and linking of BCF and wider integration strategy. Improved functioning and governance of the Integrated Commissioning Group High level system leadership through Chief Officer membership of North Mersey LDS and A&E delivery Board. Implementation of system wide intermediate care scheme ICRAS now underway. Development of system wise "Care for You" programme around services for Southport and	2018/19

					Formby Residents. Regular collaboration with Healthwatch and the VCF sector through EPEG and a wide variety of other connections.	
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#### 4. Clinical Priority Areas

Assessments have been undertaken by independent panels for cancer and maternity for the CCG. These were based on clinical indicators used in the CCG IAF for cancer and maternity. NHS England shared the outcomes of these assessments with CCGs on 13th August. These were made available publically on the NHS England website on 16th August and subsequently on MyNHS.

##### Cancer

The CCGs overall rating for cancer is 'Good'. This is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

##### NHS Southport & Formby CCG 2017/18 Performance

<u>Cancer indicator</u>	<u>Indicator value</u>
Cancers diagnosed at early stage	49.2%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	82.8%
One-year survival from all cancers	74.8
Cancer patient experience	8.9 out of 10

##### Maternity

The CCGs overall rating for maternity is 'Requires Improvement'. The overall rating for maternity is based on four indicators;

- Stillbirth and neonatal mortality rate
- Women's experience of maternity services
- Choices in maternity services
- Rate of maternal smoking at delivery

The four maternity metrics were chosen to align with a number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

##### NHS Southport & Formby CCG 2017/18 Performance

<u>Maternity indicator</u>	<u>Indicator value</u>
Stillbirth & neonatal mortality rate	3.1 per 1,000 births
Women's experience of maternity services	81.8 out of 100
Choices in maternity services	55.6 out of 100
Rate of maternal smoking at delivery	10.8%

The CCG are supporting full implementation of the Saving Babies Lives Care Bundle. We 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 are also engaged within the Children &



Maternity Vanguard developments regarding neonatal and maternity care. The CCG are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.

## 5. 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	18/10/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	TBC

## 6. Recommendations

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

**Becky Williams**  
**Strategy & Outcomes Officer**  
**September 2018**

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/148	<b>Author of the Paper:</b>
<b>Report date:</b> September 2018	Document produced by Grant Thornton.  To be presented by: Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk Tel: 0151 317 8350
<b>Title:</b> Annual Audit Letter	
<b>Summary/Key Issues:</b>  The Annual Audit Letter summarises the key findings from the external audit work for NHS Southport and Formby CCG for 2017/18. As this is a public document, the Annual Audit Letter will be displayed on the CCG website.	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive the Annual Audit Letter.	

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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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			Audit Committee – 25 <sup>th</sup> July 2018

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



# Annual Audit Letter

*Year ending 31 March 2018*

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NHS Southport & Formby CCG  
July 2018



# Contents



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## Section

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2. Audit of the Accounts
3. Value for Money arrangements

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## Appendices

- A Reports issued and fees

# Executive Summary

## Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Southport & Formby Clinical Commissioning Group (the CCG) for the year ended 31 March 2018.

This Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee as those charged with governance in our Audit Findings Report on 25 May 2018.

## Our work

<b>Materiality</b>	We determined materiality for the audit of the CCG's accounts to be £3.778 million which is 2% of the CCG's gross revenue expenditure.
<b>Financial Statements opinion</b>	<p>We gave an unqualified opinion on the CCG's financial statements on 25 May 2018, confirming that they presented a true and fair view of the CCG's financial position.</p> <p>As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.</p> <p>We found that expenditure included in the financial statements has been applied for the purposes intended by Parliament except for the fact the CCG reported a deficit of £3.6 million for the year ending 31 March 2018, thereby breaching its duty to break even on its commissioning budget. We therefore issued a qualified regularity opinion.</p>
<b>NHS Group consolidation template (WGA)</b>	We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent in relation to 2017/18, although there was an inconsistency carried over from 2016/17 which we reported. This made no overall difference to the CCG reported figures and was just a classification movement.
<b>Use of statutory powers</b>	We referred a matter to the Secretary of State, as required by section 30 of the Act, on 9 March 2018 because the CCG was planning to breach its revenue resource limit for the year ending 31 March 2018.

## Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the CCG's financial statements and regularity assertion (section two)
- assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the CCG's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

# Executive Summary

## Value for Money arrangements

We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for the arrangements for planning finances effectively to support the sustainable delivery of strategic priorities. Despite the CCG's efforts to provide increased financial stability through the 'Acting as One' contracts, the financial position within the local health economy remains challenging. The CCG recorded a deficit in the year and failed to meet its original agreed control total. Further progress needs to be made with local partners to develop a coherent plan to address the underlying deficit in the local health economy.

We therefore issued a qualified 'except for' Value for Money conclusion.

## Certificate

We certify that we have completed the audit of the accounts of NHS Southport & Formby CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

## Working with the CCG

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May releasing your finance team for other work.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.

- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the CCG's officers and Governing Body members. We look forward to continuing to work with you going forward.

**Grant Thornton UK LLP**  
July 2018

# Audit of the Accounts

## Our audit approach

### Materiality

In our audit of the CCG's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the CCG's accounts to be £3.778 million which is 2% of the CCG's gross revenue expenditure. We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its allocation in the year.

We also set a lower level of specific materiality for related party transactions and senior officer remuneration.

We set a lower threshold of £122,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

### The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give sufficient assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the CCG and with the accounts included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the CCG's business and is risk based. We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.



# Audit of the Accounts

## Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p><b>Operating expenses – purchase of secondary healthcare</b> A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is recognised when the activity has been performed, with accruals raised at the year-end for completed activity for which an invoice has not been issued.</p> <p>We identified the accuracy and occurrence of contract variations as a risk requiring special audit consideration.</p>	<p>As part of our audit work we undertook the following in relation to this risk:</p> <ul style="list-style-type: none"> <li>▪ gained an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluated the design of the associated controls</li> <li>▪ substantively tested secondary healthcare costs including: <ul style="list-style-type: none"> <li>▪ for a sample of high value contracts reconciled the closing contract expenditure to the original contract price.</li> <li>▪ tested contract payment variations to underlying information</li> <li>▪ tested post year end payments to underlying information</li> </ul> </li> </ul>	<p>Our audit work did not identify any significant issues in relation to the risk identified.</p> <p>The CCG included a £1.3m provision in the accounts in relation to disputed amounts due to a local provider. The £1.3m provision was management's best estimate of the likely amount payable. The issue was eventually referred to expert determination and the outcome of that process was in favour of the CCG. Whilst the amount was not material we did report it to the Audit committee and we understand that steps are being taken to seek to resolve the underlying issues that gave rise to the dispute.</p>
<p><b>Management override of internal controls</b> Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance. Management over-ride of controls is a risk requiring special audit consideration.</p>	<p>As part of our audit work we completed;</p> <ul style="list-style-type: none"> <li>– review of accounting estimates, judgements and decisions made by management</li> <li>– testing of journal entries</li> <li>– review of unusual significant transactions</li> <li>– reviewed the completeness of expenditure focusing on cut-off testing and transactions posted in the early weeks of the 2018/19 financial year</li> </ul>	<p>Our audit work did not identify any issues in respect of management override of controls.</p>

# Audit of the Accounts

## Significant Audit Risks Continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p><b>Revenue cycle includes fraudulent transactions</b></p> <p>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p>	<p>We rebutted this presumed risk for the CCG because:</p> <ul style="list-style-type: none"> <li>• revenue does not primarily involve cash transactions</li> <li>• revenue is principally an allocation from NHS England</li> </ul>	<p>As we were able to rebut this presumed risk, no specific audit procedures were required</p> <p>We therefore did not consider this to be a significant risk for the CCG.</p>

# Audit of the Accounts

## Audit opinion

We gave an unqualified opinion on the CCG's financial statements on 25 May 2018, in advance of the national deadline.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.

Our review of the CCG's expenditure highlighted the following issue which gave rise to a qualified regularity opinion.

- As has already been noted the CCG reported a deficit of £3.6 million in its financial statements for the year ending 31 March 2018, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraph 223I of Section 27 of the Health and Social Care Act 2012, to break even on its commissioning budget. As such we issued a qualified regularity opinion.

## Preparation of the accounts

The CCG presented us with draft accounts in accordance with the national deadline, and provided working papers to support them. The finance team responded well to our queries during the course of the audit.

## Issues arising from the audit of the accounts

We reported the key issues from our audit to the CCG's Audit committee as those charged with governance on 24 May 2018.

## Annual Report, including the Governance Statement

We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. We provided comments on the original draft of the Annual Report and the Annual Governance Statement which were addressed in a final revised versions. A number of amendments were made to the remuneration report to ensure disclosures complied with guidance.

## Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

## Other statutory powers

We are also required to refer certain matters to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. We referred a matter to the Secretary of State, as required by section 30 of the Act, on 9 March 2018 because the CCG was planning to breach its revenue resource limit for the year ending 31 March 2018.

## Certificate of closure of the audit

We are also certified that we have completed the audit of the accounts of NHS Southport & Formby CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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# Value for Money arrangements

## Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

*In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.*

## Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work. The key risks we identified and the work we performed are set out overleaf.

## Overall Value for Money conclusion

Despite the CCG's efforts to provide increased financial stability through the 'Acting as One' contracts, the financial position within the local health economy remains challenging. The CCG recorded a deficit in the year and failed to meet its original agreed control total. Further progress needs to be made with local partners to develop a coherent plan to address the underlying deficit in the local health economy.

We concluded that except for the matter we identified in respect of the deployment of resources to achieve strategic objectives, the CCG had proper arrangements in all significant respects. We therefore issued a qualified 'except for' conclusion on your arrangements for securing economy, efficiency and effectiveness in your use of resources.

# Value for Money arrangements

## Key Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p><b>Financial position</b></p> <p>We identified a risk that the CCG is unable to deploy its resources in a sustainable manner because it is unable to secure a stable and sustainable financial position.</p>	<p>We reviewed the CCG's 2017/18 financial outturn position and performance during the year.</p> <p>We examined the CCG's arrangements for putting together and agreeing its Financial Plan from 2018/19 onwards. This included considering savings and efficiency plans, mitigating actions and contingencies.</p> <p>We considered the steps the CCG has taken to seek to manage the situation and whether it is engaging with partners to help develop longer-term solutions.</p>	<p>The CCG, along with the wider Cheshire and Merseyside Health economy, continues to face an increasingly significant financial challenge in 2017/18 and beyond. The 2017/18 control total was to break even, however the CCG has reported a £3.6m deficit for 2017/18.</p> <p>The financial plan for 2017/18 set out that there were significant cost pressures that needed to be addressed if the forecast position was to be delivered and the CCG required QIPP savings of £10.137m at the start of the year. During 2017/18 the Governing Body has received regular finance reports that set out key financial forecasts and risks alongside analysis of progress toward the required QIPP target.</p> <p>The CCG began the year with a QIPP requirement of £10.137m and identified key schemes to support delivery of the required position. As at 31st March 2018 the CCG reported that £6.643m of the QIPP requirement had been delivered and this represents 66% of the requirement.</p> <p>In 2017/18 in an effort to reduce cost pressures, the CCG implemented Acting as One contracts with its main providers for 2 years. These contracts have a positive effect in that they protect against over performance but there is also reduced opportunity to achieve QIPP savings.</p> <p>The CCG has put into place a financial plan for 2018/19 with the target of a £1m surplus in the year. To achieve this the CCG needs to deliver QIPP savings of £5.210m. The CCG has identified these savings of which around £1.78m are high risk.</p> <p>It is clear that the CCG faces a considerable challenge to deliver the required 2018/19 financial position and it remains our view the CCG has more to do to demonstrate that there is a sustainable plan to deliver health care services going forward.</p>

## A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and **confirm there were no fees for the provision of non audit services.**

### Reports issued

Report	Date issued
Audit Plan	April 2018
Audit Findings Report	May 2018
Annual Audit Letter	July 2018

### Fees for non-audit services

Service	Fees £
None	Nil

### Fees

	Planned £	Actual fees £
Statutory audit	42,000	42,000
<b>Total fees</b>	<b>42,000</b>	<b>42,000</b>



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## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/149	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:Fiona.taylor@southseftonccg.nhs.uk">Fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Report date:</b> September 2018							
<b>Title:</b> Establishing a Sefton Acute Sustainability Joint Committee							
<b>Summary/Key Issues:</b> This paper sets out a proposal to establish a Joint Committee between NHS Southport and Formby CCG and NHS West Lancs CCG.							
<table style="width: 100%;"> <tr> <td style="width: 70%;"><b>Recommendation</b></td> <td style="width: 30%;">Receive <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Approve <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to</p> <ul style="list-style-type: none"> <li>• Support the establishment of a Sefton Acute Sustainability Joint Committee;</li> <li>• Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee</li> <li>• Receive the Sefton Acute Sustainability Decision Making Framework</li> </ul>		<b>Recommendation</b>	Receive <input type="checkbox"/>		Approve <input checked="" type="checkbox"/>		Ratify <input type="checkbox"/>
<b>Recommendation</b>	Receive <input type="checkbox"/>						
	Approve <input checked="" type="checkbox"/>						
	Ratify <input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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.



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				
Presented to other Committees				

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

**SEPTEMBER 2018**

### 1. Purpose

The purpose of this paper is to propose the establishment of a Sefton Acute Sustainability Joint Committee, to enable joined-up, effective decision-making for acute services that are commissioned collectively by NHS Southport and Formby CCG and West Lancs CCG.

The full (draft) governance and decision making framework (GDMF) for the acute sustainability programme are provided at Appendix A.

### 2. Background

The *Next Steps on the NHS Five year Forward View (March 2017)* stated that commissioners and providers should collaborate to improve the health and wellbeing of their local population. For commissioners, this included a call to establish appropriate decision making mechanisms for 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 Southport and Formby and West Lancashire form the footprint for the Joint Committee as NHS Southport and Ormskirk Hospitals Trust predominantly provide services for that patient cohort.

### 3. Progress to date

Both CCGs have engaged in extensive discussions about the potential role and function of the committee and further discussions have also been had previously with the governing body and wider group. Throughout the year there has also been further discussion at the Sefton Transformation Programme Board and consultation has taken place with those CCGs that also have a identified patient flow into the Trust.

Those CCGs that were consulted have responded positively to the establishment of the Joint Committee with the request that they are consulted and engaged in discussions about services that may have an impact on their populations.

St Helens CCG have specifically asked they are fully updated on the work of the Joint Committee and have formally requested that they are formally involved in any decisions that affect their population. Work is underway to understand what this means in terms of percentage of patient flow and future decision making.

### 4. Purpose of the Joint Committee

The purpose of the joint committee is to make decisions in respect of the provision of acute services for the specified populations. Individual CCGs 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.

Upon the establishment of the committee, should the wider group approve those arrangements, the Chief Officers of both CCGs will prepare a draft work plan for the committee that will require sign off by the Governing Body and Wider Group before the committee is able to fully take on any decision making responsibilities.

## **5. Recommendations**

The governing body is asked to:

- Support the establishment of a Sefton Acute Sustainability Joint Committee
- Recommend the establishment of that committee to the wider group.

## **Appendices**

Appendix 1 Governance and Decision Making Framework, Sefton Transformation Programme

**Fiona Taylor**  
**Chief Officer**  
**September 2018**

# Sefton Acute Sustainability Joint Committee

## Terms of Reference

NHS Southport and Formby CCG  
 NHS West Lancashire CCG  
 NHS St Helens CCG (service specific)

### Introduction

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 form 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.

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.

### Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

### Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services, including specialised services provided for the Southport and Formby and West Lancashire.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent the whole population.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Healthcare Partnership, 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.

### Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

## Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG, NHS West Lancashire CCG and NHS St Helens 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 acute health services within its delegated remit.

In order to deliver its delegated functions the Joint Committee will:

- Recommend the 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 by each Party's 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.

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).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

## Membership

The Committee has 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

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG
- NHS St Helens CCG (service specific)

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on a three month rotation between the two CCG members.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups within the CCG footprints

Other organisations, including local authorities, 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. Representatives from NHS England will be co-opted to attend as required.

## Deputies

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.

## Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

## Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

## Meetings

The Joint Committee shall meet at least quarterly and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership 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.

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.

## Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; 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 organisation's website.

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.

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.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

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.

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.

## Attendance at meetings

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

## Administration

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.

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.

### **Review**

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.



Sefton  
Health & Care Partnership

Governance and Decision-Making  
Framework  
for Acute Sustainability

Working Document

V 0.4  
23 August 2018

1

<b>Title</b>		<b>Governance &amp; Decision-Making Framework for Acute Sustainability</b>	
<b>Author</b>		Clare Powell, NHS Transformation Unit	
<b>Version</b>		0.4	
<b>Date Created</b>		25.05.18	
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<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
25.05.18	0.1	C Powell	Initial draft
14.06.18	0.2	C Powell	<p>Feedback from Debbie Fairclough, Julie Higgins, Chris Brown/ West Lancs CCG incorporated</p> <p>Additional revisions based on Cheshire East G&amp;DMF feedback</p> <p>Updated contents page</p> <p>More detail added to Exec Summary</p> <p>Redraft and re-order of section 5</p> <p>Updated Figure 4 to include CLG</p> <p>Further detail added to 6.3</p> <p>Added section on conflict resolution (6.4)</p> <p>Figure 6 - Added a footnote to explain assurance tests / 5<sup>th</sup> test</p> <p>Figure 6 route 1 - risks – minor change of language</p> <p>Figure 7 – added presentation to OSC(s) in December</p> <p>Edit of section 7 to reflect joint committee progress and role of West Lancs CCG</p> <p>Updated 10.2.2 to reflect strategic sense check meeting</p> <p>Added recommendations to section 12</p> <p>Appendix 8 Update to draft ToR for ASPB</p> <p>Simplified Figure 8 – Vehicles for decision-making – moved to Appendix 9</p> <p>Minor updates for language / typos throughout.</p>
28.06.18	0.3	C Powell	<p>Figure 5 – S&amp;O Trust Board meeting date TBC</p> <p>Section 9.4 – correction to titles in table</p> <p>Document Status update from ‘draft’ to ‘final’</p>
23.08.18	0.4	M Wright	<p>Correction of reference from ‘Sefton Transformation Board’ to Sefton Transformation Board.</p> <p>Corrected numbering in clause 6.</p>

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## 1. Executive Summary

This governance and decision-making framework has been developed to:

- enable development and endorsement of service change proposals in a robust and compliant manner, ensuring that due process is followed;
- enable future decisions to be owned by the Place; and
- help create the optimum environment for successful implementation.

The following activities have taken place to inform the development of this document:

- Mapping of existing governance and decision-making processes.
- Completing a gap analysis against the Cheshire & Merseyside (C&M) readiness assessment and national guidance.
- Seeking local feedback about local governance system and risks and issues.
- Liaising with NHS England and the NW Senate about external assurance processes.
- Discussing with key leaders the requirements and timeline for governance and decision-making pre- and post-20 July.
- Supporting discussions about the constitution of commissioning decision-making committees at a C&M and Place level.

The document draws on national policy and guidance, in particular NHS England's guidance for ***Planning, assuring and delivering service change for patients (March 2018)*** and highlights gaps and issues where they exist.

This is a live document reflecting that the development of the service change proposal is 'in progress' and that the Sefton Health and Care Transformation Programme Board has only been established since January 2018 and has a developing work programme.

***This document should therefore be treated as a work in progress and an aid to the further development of the governance and decision-making in the Place recognising that the Programme is organic and will continue to change to reflect emerging priorities.***

The framework sets out the following:

- Sections 2 – 3 – The purpose, background and introduction to the governance and decision-making framework.
- Sections 4 - 5 - The C&M Health & Care Partnership (HCP) and Cheshire East Place governance structures and processes and the relationships between them.
- Section 6 – The governance and decision-making structure and processes for the Southport & Ormskirk (S&O) NHS Trust service change proposal in the context of the Place governance; this includes the sequencing and sign off routes and the options and timescales for the work beyond July 2018.
- Section 7 - The decision-making role of Clinical Commissioning Groups (CCGs) as the statutory organisations responsible for involvement, engagement and consultation and the roles and responsibilities of other groups and organisations involved in decision-making.

- Section 8 - Key information about planning for service changes as described in the most recent NHSE guidance.
- Section 9 – A summary of the requirements to engage with local authorities and their scrutiny committees.
- Section 10 – A brief outline of the assurance process including the process for seeking external clinical assurance.
- Sections 11- 12 – Key decisions, recommendations and further actions for the Sefton Transformation Board to consider.

Where necessary, distinctions are made between the ‘service change proposal’ for S&O Acute Services Sustainability as a specific piece of work, the wider acute sustainability work of the Place programme and the Place transformation programme as a whole.

This illustrates the complexity of the governance arrangements for the current programmes of work and highlights the implications of the S&O service change proposal for wider acute services sustainability within the Place.

## 2. Purpose of the Framework

The purpose of this document is to provide a framework for governance and decision-making for the Sefton transformation programme and in particular for the development of a service change proposal for the acute services provided by Southport & Ormskirk NHS Trust (S&O).

Specifically, this governance and decision-making framework:

- Sets out current and proposed governance and decision-making processes required for successful service transformation;
- Makes clear what decisions need to be made by whom and at what point in the process;
- Supports the development of fit for purpose proposals and to avoid a later challenge to the process; and
- Informs the further development and constitution of place-based governance and decision-making processes.

## 3. Background & Introduction

### 3.1 Phase 1 KPMG / NHS TU Commission (November 2017 – January 2018)

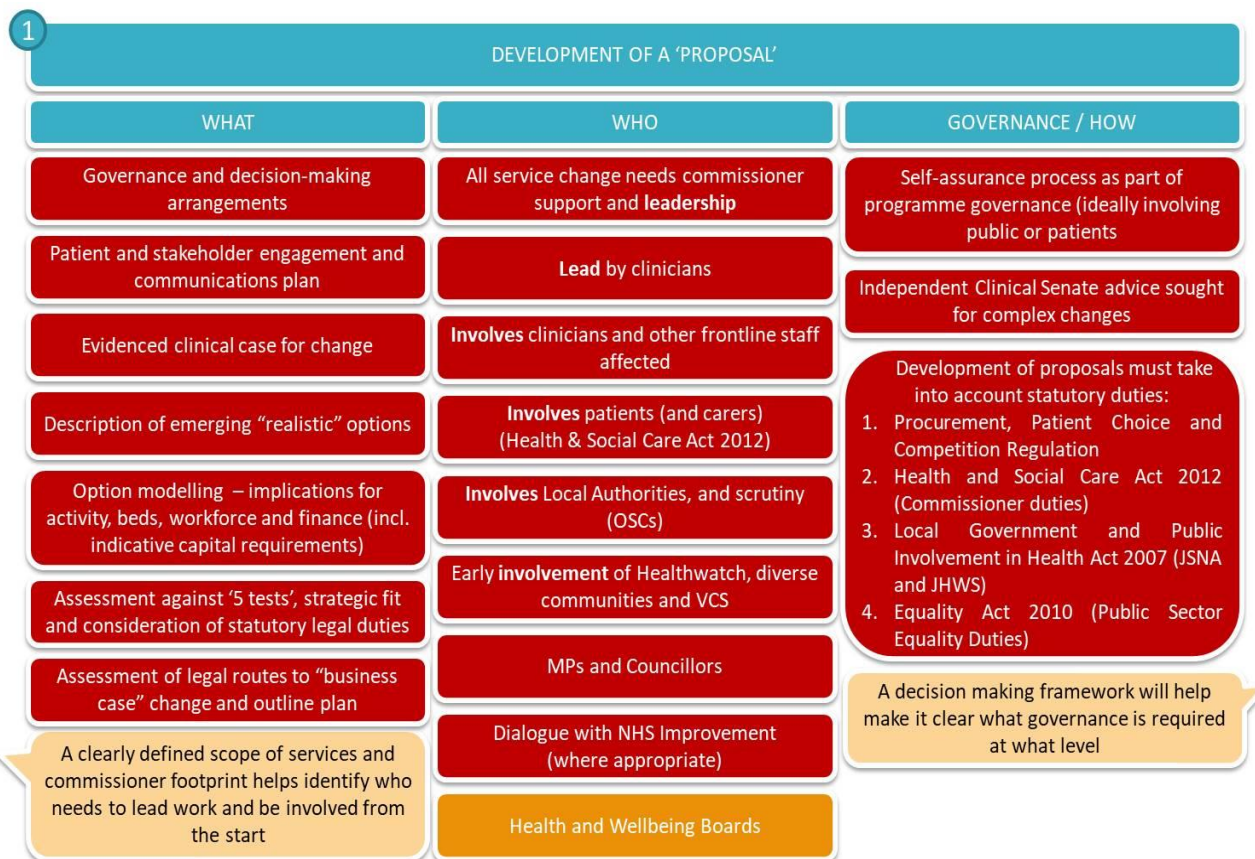
In Phase 1 of the KPMG/TU work, the Cheshire and Merseyside HCP’s readiness to develop and deliver system-wide proposals for sustainable acute services was assessed. This assessment was based upon the characteristics of successful change programmes and the requirements of the NHS Assurance process for service change. The process of assessment was drawn from the NHS Gateway Review methodology which has previously been used in the NHS for assessing high risk programmes and prior to public consultations.

The work from Phase 1 is summarised in the Readiness Assessment (Version 2.3) and the Decision-Making Framework – Discussion Document which were presented at the Acute Sustainability Programme Board on the 14<sup>th</sup> February 2018.

### 3.2 Phase 2 KPMG / NHS TU Commission – February 2018 – July 2018

In Phase 2 of the KPMG/TU work, the focus has shifted from ‘whole Cheshire & Merseyside’ to more intensive support in the Sefton and Cheshire East places; specifically, to support the development of two service change proposals for acute sustainability, one for East Cheshire NHS Trust and one for Southport & Ormskirk NHS Trust by 20 July. Figure 1 summarises the core requirements for a service change proposal based on current guidance and best practice.

**Figure 1 Developing a Service Change Proposal**



This governance and decision-making framework is one of the key deliverables of the Phase 2 work and has been developed to support the development, approval and assurance processes for the service change proposal for S&O acute services; it also has wider application for Sefton governance and decision-making.

It sets out the roles and responsibilities of the governance groups and constituent stakeholder organisations and the requirements for making legal commissioning decisions. This Framework builds on the existing Place governance structures that already exist.

Using this Framework and guidance should support good decision-making and mitigate, as far as possible, the risk of a successful challenge through the Courts i.e. through a judicial review, and/or a referral to the Secretary of State for Health and Care (via the Independent Reconfiguration Panel).

This Framework has been developed with contributions from the Cheshire East and Sefton Places, NHS England (North), the North West and Yorkshire & Humber Clinical Senates and the C&M HCP Leadership Team and reflects the currently available guidance.<sup>1</sup>

## 4. Governance Context

### 4.1 Cheshire & Merseyside Health and Care Partnership

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) has been established to deliver the Sustainability and Transformation Plan for Cheshire and Merseyside. The Partnership is made up of 9 local authorities, 12 clinical commissioning groups and 19 NHS providers and is supported by core senior leadership team.

C&M HCP has taken on the role of 'System Manager' and is holding organisations and partnerships to account for delivery, in particular in the development and implementation of integrated care with councils and the third sector.

It has been agreed that C&M HCP will only lead on matters that are better undertaken at scale; this may include aspects of acute sector sustainability, commissioning at scale, workforce planning, system development and clinical networks.

However, the main focus for change and delivery will be through the development of 'Place-Based Care' where all care, direct and indirect, NHS and non-NHS, for a defined population will be integrated and managed through a single accountable approach; these placed-based communities are currently aligned to the 9 council boundaries, recognising that there may be sound arguments for some adjustments now and in the future.

The 9 Places are:

- Knowsley
- Sefton
- Liverpool
- Halton
- St Helens
- Warrington
- Cheshire East
- Cheshire West and Chester
- Wirral

There are five strategic programmes, including Acute Sustainability, being led through the C&M HCP as illustrated in Figure 2 below.

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<sup>1</sup> NHSE (March 2018) Planning, assuring and delivering service change for patients



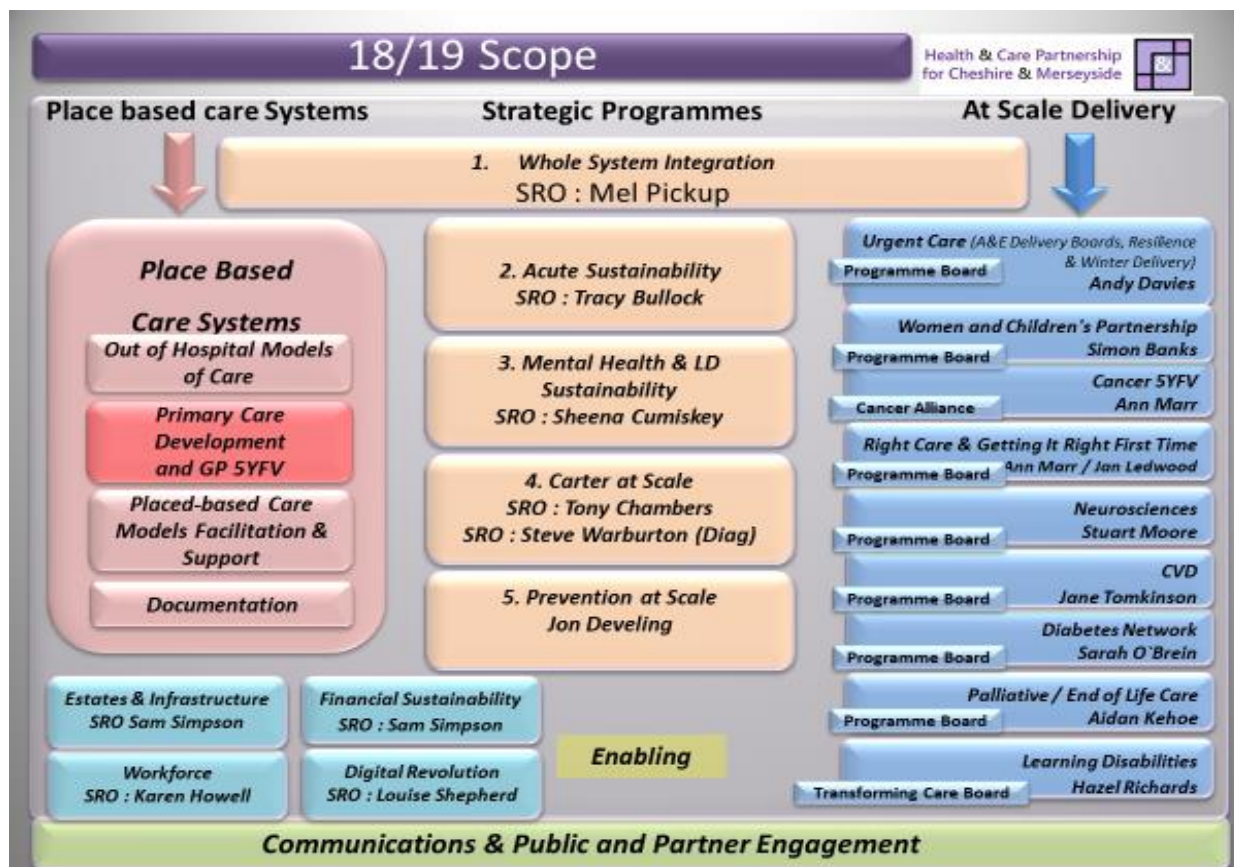


Figure 2 - C&M HCP Transformation Programme

#### 4.2 C&M Acute Sustainability Programme

The C&M Acute Sustainability Programme was established to:

- Develop implementable plans for a sustainable (clinical, finance, workforce) acute health system across Cheshire & Merseyside through a comprehensive business case which has an initial emphasis on Urgent Care, Women & Children’s and Elective Care with particular focus on Southport & Ormskirk (Sefton) and East Cheshire;
- Hold to account the SROs and work undertaken by the Urgent, Women & Children’s and Elective programmes and the work undertaken by external advisors e.g. the KPMG/TU work;
- Model the current and future Cheshire & Merseyside hospital care system and identify the impact and implications of scenarios and of the preferred option(s) particularly on organisational viability and investment requirements (workforce, equipment and estate);
- Identify benefits and develop benefits realisation plans (financial, workforce, clinical sustainability) and a better, more consistent clinical delivery;
- Develop live strategies and plans for:
  - Engagement;
  - Communications;
  - Formal consultation;
  - Risk assessment, monitoring, managing.



- Report to the Cheshire & Merseyside Programme Review Group, System Management Board and Partnership as required;
- Understand and follow decision making approval routes including presentation to Committees in Common.

The Acute Sustainability Programme Board, is accountable to the System Management Board, through Tracy Bullock as Senior Responsible Officer (SRO).

At time of writing, the C&M Acute Sustainability Programme has 5 key workstreams as part of its programme which are:

- Urgent & emergency care services;
- Women's and children's services;
- Elective care services;
- Acute sustainability of East Cheshire NHS Trust (Cheshire East Place); and
- ***Acute sustainability of Southport & Ormskirk (S&O) NHS Trust (Sefton Place).***

As noted earlier, the KPMG/ NHS TU is providing direct support to the two acute sustainability workstreams until 20 July 2018.

The work being undertaken with both ECT and S&O Trusts is focused on the development of service change proposals for acute services, however, the process and outcomes of the work will have wider implications for acute services across the Cheshire East and Sefton Places and potentially for C&M.

### 4.3 Governance and Decision-Making in Sefton and Cheshire East Places

Within Phase 1 of the KPMG/ NHS TU work, the need for the C&M HCP to develop and agree a governance and decision-making framework to support the C&M Acute Sustainability Programme was highlighted.

Given the focus on the acute sustainability of services provided by Southport & Ormskirk NHS Trust (S&O) and East Cheshire NHS Trust (ECT) in Phase 2, the focus of this workstream has shifted to ensure that robust governance and decision-making systems are in place in Sefton and Cheshire East that will support implementation of the service change proposals.

For both Sefton and Cheshire East places, a readiness gap analysis has been completed based on the Phase 1 work.

This has involved engaging provider and commissioner stakeholders to understand:

- Existing and planned governance structures within organisations that relate to programmes of transformation; and
- The partners and stakeholders that need to be involved in the process either as contributors to the development of new models of care, as decision makers or as stakeholders that need to be engaged and consulted with.

In both Sefton and Cheshire East, it is clear that significant progress has already been made to date and further action can be taken by July 2018 so that the local governance and decision-making is fit for purpose to both receive proposals for service transformation and prepare for external assurance.

## 5. Sefton Programme Governance Arrangements

### 5.1 The Sefton Transformation Programme

The Sefton Health and Care Transformation programme currently consists of three main inter-related work streams operating under the coordination and leadership of an overall Programme Director for Sefton, who reports to the Sefton Health and Care Transformation Board; see Figure 3 below.

These work streams are as follows:

**Acute Services – Phase 1 - Southport and Ormskirk** - the initial focus of the work is to produce the service change proposal under development through the KPMG/NHS TU commission, which in turn will connect to the wider work on acute sustainability across C&M. This work is building on the previous review completed in November 2017 by the Northern England Clinical Senate. It links with the care pathways re-design work stream to create the evidence base for clinically-supported service scenarios.

The outputs from the phase 1 acute workstream, whilst initially focussed on S&O, will have wider implications for other acute providers; for example, Sefton commissioners will wish to specify the same, consistent quality and access standards for all of their acute providers.

**Care Pathway re-design** – central to the development of future health and care options, this work co-designed with the Clinical Senate forms the ‘glue in the middle’ between the other two work streams. Informed by best practice and sensitive to GIRFT and RightCare priorities, it is clinically/practitioner-led and makes the best use of front-line time by sharing its outputs across multiple work streams. The initial focus of the work has been on pathways for Southport and Formby and West Lancashire to support the Southport and Formby hospital service change proposal. The work is being led by the Clinical Leaders Group and is monitored via the acute sustainability board.

**Care Closer to Home** – this workstream is focussing on the integration of health and care services between providers of primary care, social care, mental health, community and third party voluntary sector services. The initial Phase 1 work includes:

- The development of a Provider Alliance to lead the integration of services. During set up it has established a common platform for discussion, building trust and purpose and initiated work on a high-level model for integrated community services. Early delivery for the Alliance will focus on developing capability across organisational boundaries by delivering trail blazers of service reform across two localities in South Sefton through integrated primary, community and social care.
- Care Closer to home in Southport and Formby is directly informed by the development work by KPMG/NHS TU through the Care Pathway Re-design and the Acute Services work streams. It will also link in with its West Lancashire equivalent, ‘Building the

Future'. Work has been initiated to support the Provider Alliance to deliver trail blazers service reform across two localities in Southport and Formby through integrated primary, community and social care

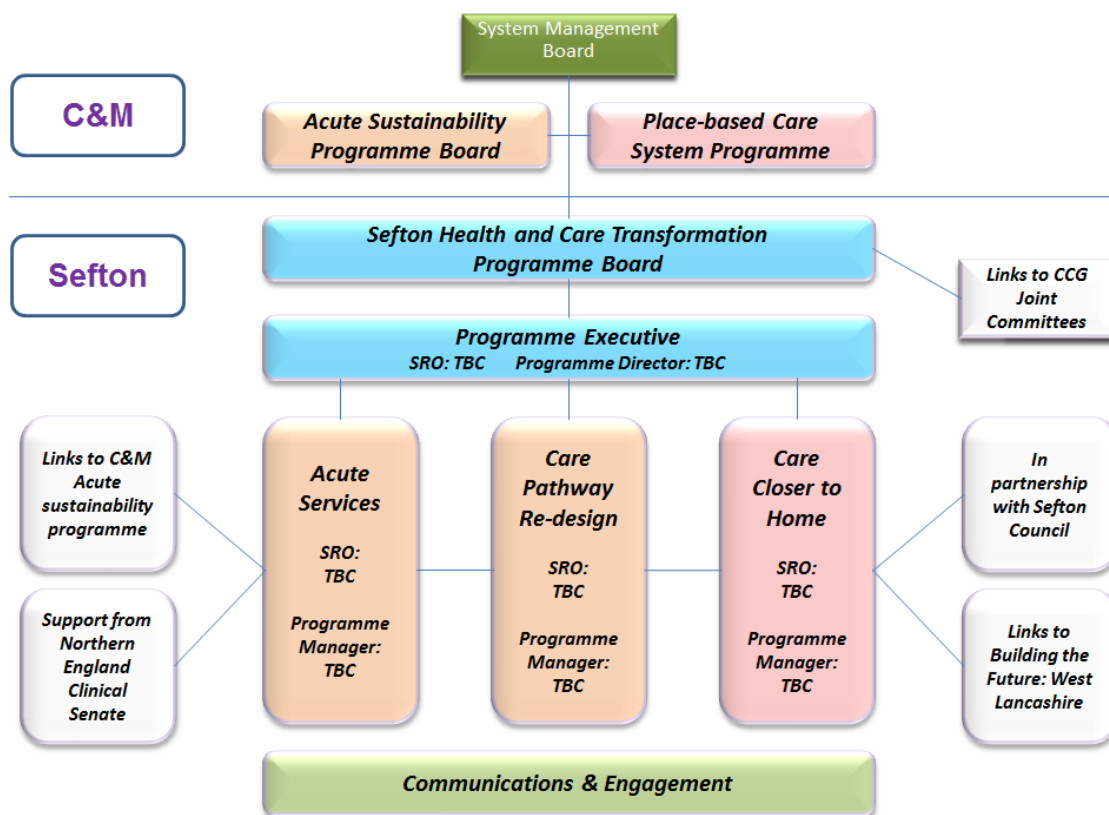


Figure 3. Governance Structure for the Sefton Transformation Programme

*The programme has continued to evolve since its inception with an increasing number of workstreams, workgroups and relationships with other programmes such as the North Mersey acute sustainability programme; therefore, the programme structure needs to be regularly reviewed and updated to reflect these relationships.*

### 5.2 Sefton Health & Care Transformation Programme Board (STB)

The STB is tasked with leading a re-design and enhancement of services across multiple provider organisations in the patch, with priority on the integration of care ‘closer to home’ and on ensuring the longer-term stability of acute services. The membership of this Board seeks to bring together NHS and Local Authority leadership to deliver truly transformational improvements for Sefton residents.

## Membership of the Sefton Health & Care Transformation Programme Board

Members	Name / Title
Executive Chair	Andrew Gibson (C&M Executive Chair)
Southport and Formby CCG; South Sefton CCG	Fiona Taylor (Chief Officer and SRO for the Sefton Transformation Programme)
Sefton Metropolitan Borough Council	Margaret Carney (Chief Executive)
Southport and Ormskirk Hospital NHS Trust	Silas Nicholls (Chief Executive and SRO for the Acute Sustainability Programme)
Mersey Care NHS FT	Joe Rafferty (Chief Executive and SRO for the Care Closer to Home Programme)
Lancashire Care NHS FT	Prof. Heather Tierney–Moore (Chief Executive)
Southport & Formby Health GP Federation	Dr. Lindsay McClelland
South Sefton Primary healthcare Ltd	Dr. Martin Vickers
Aintree University Hospital NHS Foundation Trust	Steve Warburton (Chief Executive)
West Lancashire CCG	Mike Maguire (Chief Officer)
Independent Clinical Advisor	Dr. Vincent Connolly (Regional Medical Director)
NHS Improvement	Jill Copeland
NHS England	Hazel Richards
Programme Director	Julie Higgins

The STB does not have delegated powers; its decisions are subject to ratification by the boards and Governing Bodies of the partner organisations.

### 5.3 Programme Executive Group

A Programme Executive Group has recently been established with the appointment of the Sefton Programme Director. This Group is responsible for delivering the work programme on behalf of the Programme Board.

### 5.4 Finance Group (not shown in Figure 3)

A Finance Group for the Sefton Transformation Programme was established in May and is chaired by Martin McDowell, CFO for Southport & Formby CCG. Terms of reference and a workplan are currently under development.

Initially the Group has 2 main functions:

- to establish the place based financial position to a sufficient level of granularity to support planning; and
- to support the S&O acute sustainability work and in particular to provide oversight and assurance for the finance and activity modelling work.

This Group will have a key role in ensuring that any Trust or Place level PCBC includes robust financial information.

The Group will also need to provide significant input into transformation plans where they require capital investment; the Group may provide oversight for the wider Sefton estates planning workstream in due course.

***It is recommended that the finance group terms of reference and workplan are agreed as soon as possible.***

### **5.5 C&M Workforce and OD Group (not shown in Figure 3)**

The Chair of the Cheshire & Merseyside Workforce and OD group has agreed in principle to take on the workforce assurance role for the acute sustainability work in S&O. A recommendation to change the current terms of reference to accommodate this request, will be taken to the next meeting in June 2018.

***It is recommended that the workforce & OD group terms of reference are shared at the Sefton Transformation Board once agreed.***

### **5.6 Communications and Engagement**

A Communications and Engagement group has been established to support the Sefton Transformation Programme and dedicated support for this has been identified through the Sefton PMO. Terms of reference have been shared with the Sefton Transformation Board.

In addition, there is a specific plan of work which will be delivered for the S&O Acute Sustainability workstream.

***It is recommended that the governance documents for the Sefton Transformation Programme are updated to include the finance, workforce and communications and engagement groups.***

## 6. Governance and Decision-Making for the Service Change Proposal for Southport & Ormskirk Trust Acute Services

### 6.1 Acute Sustainability Programme Board

The first phase of the Acute Services workstream is the development of a service change proposal for S&O (as described above); this work is now being managed through a new S&O Acute Sustainability Programme Board, chaired by Silas Nicholls, CEO of S&O Trust (see Appendix 8 for Draft Terms of Reference).

There are 4 workstreams with a clinical lead and senior management support. These are:

- urgent and emergency care;
- women's and children's services;
- frailty; and
- elective care.

These workstreams are directly supporting the KPMG / NHS TU commission to develop a service change proposal for the long-term future of the Trust's acute services, although they are expected to continue way beyond the delivery of the initial service proposal in July 2018.

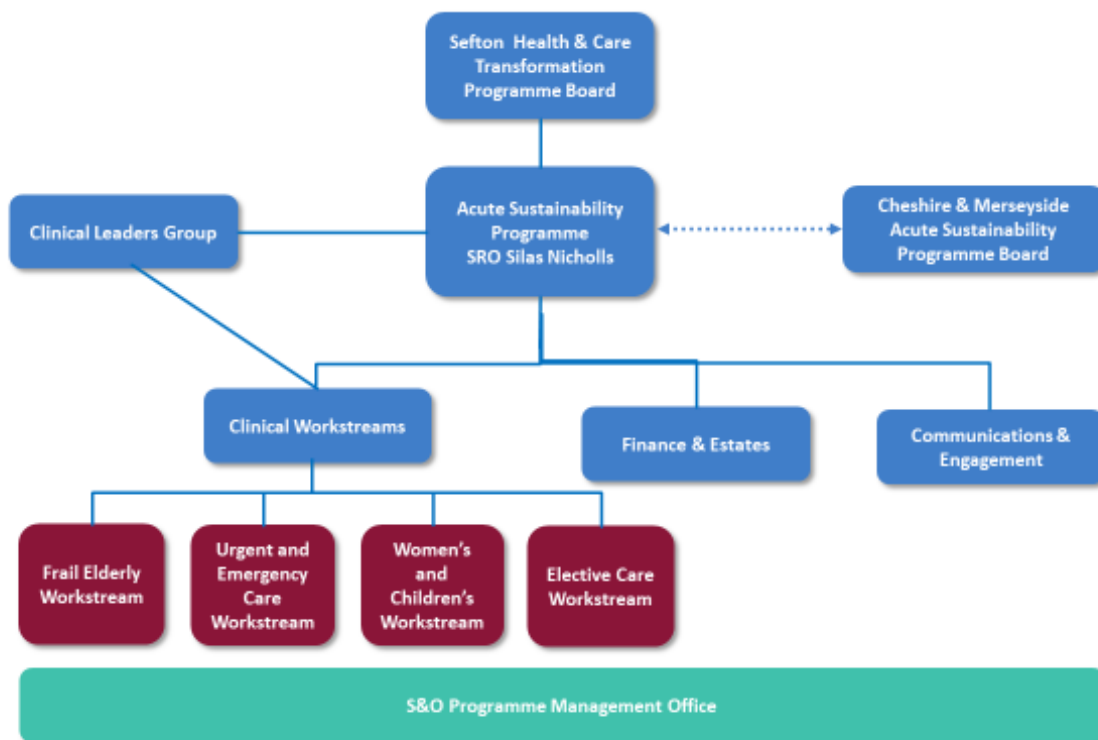
Silas is SRO for both the acute services workstream of the Sefton Transformation Programme and SRO for the service change proposal work commissioned from KPMG / NHS TU through the C&M Acute Sustainability Programme.

In these roles, Silas is responsible to the Sefton Transformation Board and also reports to the C&M Acute Sustainability Programme Board on progress. In phase one of the Sefton acute services programme, the focus of this work is acute sustainability for Southport and Ormskirk although there will be alignment to the acute sustainability initiatives in Lancashire, Greater Manchester and North Mersey.

There will be specific support required from finance and communications and engagement professionals for the acute sustainability workstream; this will be aligned with the finance and communications workstreams described above in section 5 above.

The programme governance for the acute sustainability programme is illustrated in Figure 4 below.

**Figure 4: Acute Sustainability Programme**



## 6.2 Clinical Leaders Group (CLG)

It is recommended that large scale change programmes, involving multiple stakeholders, have a formal assurance structure that includes multiple care professionals.

The pre-existing clinical leaders group, chaired by Jugnu Mahagan, interim Medical Director S&O, has recently had its terms of reference and membership refreshed in order to provide a clinical oversight and assurance function for the acute sustainability work. This group could take on a much wider role on behalf of the Sefton Transformation Programme after the first phase of the acute sustainability work is complete.

***It is recommended that, in time, the CLG provides a wider clinical assurance and oversight function for the whole programme not just the acute sustainability work.***

## 6.3 Patient Reference Group (not shown in Figure 4)

At its inaugural meeting, the acute sustainability programme board agreed to establish a patient reference group to support and advise the board on the development of service proposals. This group will be led and supported by the Deputy Director of Nursing for S&O.

The membership is likely to be drawn from patient groups already in existence within, or associated with, the Trust. The group can provide advice and input to the service change proposal and can support the development of the PCBC and consultation plan, as well as acting as a 'readers panel' for public facing information.

#### 6.4 Decision-Making Sequencing

The decision-making for the S&O service change proposal needs to be considered in the context of the place. On that basis, the service change proposal should be considered, at all stages of decision-making, alongside the wider acute system reconfiguration programmes in Cheshire & Merseyside and Lancashire and in the context of the developing primary and community care models.

It is suggested that the 'sign off' sequencing for the S&O case for change and service change proposal is as follows:

S&O acute sustainability programme board → S&O Board → Sefton Transformation Board → CCG Governing Bodies → other stakeholders for assurance and engagement.

The decisions and recommendations that are expected to be made are as follows:

- The acute sustainability programme board recommends the service change proposal to S&O Board;
- S&O Board recommends the service change proposal to Sefton Transformation Board;
- Sefton Transformation Board supports and endorses the service change proposal and recommends it to the CCG governing bodies;
- CCG Governing bodies receive the recommendations from the Partnership Board, support and endorse the service change proposal for themselves (or not) and decide whether or not a Pre-Consultation Business Case based on the service change proposal should be developed.

The Sefton Transformation Board and the CCG Governing Bodies have a particularly important role in assessing the alignment of acute, community and primary care strategies and commissioning intentions with the S&O service change proposal.

Current proposed dates for sign off are shown in Figure 5 below.

***It is recommended that the Sefton Transformation Board agrees the sign off process and sequencing as illustrated below.***

All meetings in the table below are assumed to be in private unless indicated.

***The Programme Executive Group members will need to also consider the sequencing and content of meetings in public.***



**Figure 5 Dates for Governance Groups – S&O acute sustainability deliverables**

Deliverable	Programme Internal Assurance		Formal Trust governance	Programme Sign Off	Formal CCG Governance			HCP for information & alignment		Independent assurance	
	S&O ASPB	CLG	S&O Trust Board	STB	Southport and Formby CCG	South Sefton CCG	West Lancs CCG	System Mgt Board	C&M ASPB	Clinical - Y&H Senate	NHSE / I
Case for Change & Emerging Scenarios	05/06/2018	20/06/2018	06/06/2018	27/06/2018	04/07/2018	05/07/2018	24/07/2018		13/07/2018	Sept - Oct 2018	TBC
Service Change Proposal	11/07/2018	25/07/2018	W/C 23/07/18 Date TBC	01/08/2018	01/08/2018	02/08/2018	Extra-ord mtg req'd in August	31/07/2018	12/09/2018	Sept - Oct 2018	TBC

**Notes**

Meeting presented here are assumed to be in private.

This table does not include a Joint Committee (or equivalent decision-making group) for S&O acute sustainability which may need to be established – see section 7 below for further information. Neither does it include stakeholder engagement meetings and events which should be included in the communications and engagement plan.

The NHSE / I assurance timescales will be dependent upon decisions regarding public consultation.

**6.5 Conflict Resolution**

There is a risk that not all organisations or governance groups within the Sefton Programme will agree with the content or direction of travel of the service change proposal.

If there is consensus within Sefton organisations, there remains a risk that the C&M HCP, the clinical senate and/or regulators may not agree with the content of the service change proposal.

***It is recommended that the Sefton Transformation Board considers and develops an agreed process for the management of conflicts both within and beyond the Place.***

## 6.6 Routes for the S&O Service Change Proposal beyond July

The service change proposal work for S&O Trust acute services is currently being led and managed by the Trust. The service change proposal may or may not suggest major service change requiring public consultation. Assuming major service change is proposed, there are 2 potential routes that this work could take beyond July 2018 which are:

**Route 1** – the service change proposal for S&O remains an ‘S&O services only’ proposal.

In this situation, if the Trust wishes to make changes that are likely to require consultation, the Trust will recommend the proposal to Southport & Formby CCG, and assuming the support of the regulators, S&F CCG will consult on behalf of the Trust about its services alone. Assumptions may have to be made about the required changes to primary and community services, to support acute services transformation, if plans are not sufficiently developed.

**Route 2** – the service change proposal becomes one part of a wider proposal for acute service sustainability and service transformation more generally across the Place.

In this case, the wider plans for the place e.g. for primary and community care services, would be included alongside the plans for S&O services in the PCBC and consultation documentation.

There are risks and benefits with the 2 approaches and implications for timescales which are summarised in Figure 6.

***It is recommended that the risks and benefits of the two routes are considered by the Sefton Transformation Board.***

**Figure 6 Routes Post-July - Benefits & Risks**

	<b>Approach to change</b>	<b>Potential Benefits</b>	<b>Potential Risks</b>
<b>Route 1</b>	S&O Services Only Proposal	<p>Less complex proposal</p> <p>Less complex / faster decision making</p> <p>Shorter time to consultation</p>	<p>May be harder to evidence the fifth test (bed reductions)<sup>2</sup></p> <p>May result in more than one public consultation in the Place in a relatively short space of time</p> <p>Failure to agree consistent standards for acute services across providers in the Place / HCP.</p> <p>Inequity in access / outcomes for patients</p>
<b>Route 2</b>	Whole System Transformation	<p>Changes to acute services can be presented in wider context more easily</p> <p>Consistent standards across acute services / providers</p> <p>Equity of access / outcomes</p> <p>Consult once on whole system change</p>	<p>More complex</p> <p>Requires Place system plans to be ready</p> <p>Longer timeline for decision making / delivery</p>

<sup>2</sup> All service change should be assured against the government’s four tests i.e. strong public and patient engagement; consistency with current and prospective need for patient choice; a clear, clinical evidence base; and support for proposals from clinical commissioners.

Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England’s test (***the fifth test***) for proposed bed closures and commissioners should be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

## 6.7 Implications for Timescales

Based on current advice about assurance processes, the shortest possible timescales to reach public consultation for **Route 1** suggests the following:

**Figure 7 Timescales for Route 1**

When	What
End of July / early Aug	Local governance and sign off of service proposals
From Aug – end Oct	Pre-consultation engagement. External clinical assurance (Senate Review) Preparation of PCBC Preparation of consultation materials
November (1)	Commissioners approve PCBC and consultation plan
November (2)	NHSE Stage 2 Assurance
December	Presentation to the OSC(s) about intention to consult.
December	Printing of consultation materials and further preparations for consultation
Jan - March	12-week consultation
26 March	Purdah starts due to local elections (2 May) (see Appendix 1 for details of local elections)

This assumes:

- no slippage to any part of the process;
- no requirement to make substantial changes to proposals, or complete additional processes / engagement following Senate Review and NHSE assurance;
- no need to redraft documents at any stage to take through a further cycle of governance;
- ability to consult with OSC(s) during December.
- no major disagreements between sovereign organisations about the content of the service proposal.

If any of the timelines slip the earliest a public consultation could start is May 2019 following local elections.

Appendix 2a provides a more detailed plan of these timescales and the further activities required over the life cycle of the service change proposal project.

It should be noted that NHSE guidance suggests it is advisable to build in periods of pause post-assurance checkpoint and post-consultation in order to address any queries raised or for additional work to be undertaken.

An alternative timeline that builds in some contingency for slippage and plans for a consultation from June – August 2019 is more realistic and achievable; this is also more likely to facilitate a 'Route 2' approach (see Appendix 2b).

## 7. Commissioner Decision-Making

In the event that S&O decides it wants to make substantial service changes to the acute services it provides, the Trust will ask the lead CCGs (Southport & Formby and West Lancashire) to consult on its behalf assuming the CCGs approve the proposal.

If the changes proposed are not deemed significant or do not materially alter where services are provided, these changes can be managed via the 'business as usual' commissioning and contracting processes.

### 7.1 Southport & Formby and West Lancashire CCGs' Roles

Where changes to NHS services are classed as a substantial change it will likely result in consultation with the local authority(s) and the public. The main commissioners need to determine how and the extent to which other Commissioners (CCGs, NHSE) should be part of the decision-making arrangements with regards the service change decisions post consultation.

### 7.2 Neighbouring CCGs

Options for future service delivery of S&O acute services must consider the impact on the quality and accessibility of services for all patients that currently use the service and therefore neighbouring commissioners need to be engaged and consulted about proposed changes as do neighbouring patient populations and local authorities.

National guidance indicates that the number of commissioners who need to be involved in the consultation - as decision-makers and therefore **consultors** - will depend on the scale of their services which are affected and the impact on their patients and public.

There are substantial patient flows to S&O services from Southport & Formby, South Sefton and West Lancashire CCGs as well as smaller numbers of patients from Liverpool, Knowsley, St Helens, Chorley & South Ribble, Wigan and Greater Preston CCGs (see Appendix 3).

There is no national 'indicator or definition' for the scale of change that would trigger the need for consultation – i.e. no of individual patients affected, activity volume – however, engagement with Local Authority Scrutiny will clarify expectations about the need to consult and who should consult.

When considering undertaking consultation, it is best to be clear as early on as possible in the process as to who the decision-makers are and how they will go about making consultation launch, and post-consultation, service change decisions. These arrangements should be referenced in consultation documents to ensure the public and other stakeholders (e.g. OSCs) are clear how and by whom decisions will be made.

S&F CCG has recently written to neighbouring CCGs about its intention to establish a Sefton Acute Sustainability Joint Committee and sharing draft terms of reference. As a minimum, the joint committee membership will include Southport & Formby CCG, West Lancashire CCG and

NHS England for specialised services. Further information about Joint Committees is provided in Appendix 9.

Once Consultors have been agreed they will (or may) have a range of key decisions to make such as:

- Agree and establish the decision-making vehicle they wish to use e.g. a joint committee
- Agree and establish any further governance and engagement groups required
- Agree the standards and outcomes they wish to commission
- Agree the content of any PCBC and consultation plan
- Agree the content of any decision-making business case post consultation

***Final decision making about service change, wherever it sits, should be made in public, recorded and made available to public scrutiny.***

### **7.3 NHS England Powers**

NHS England has the power to give a formal direction to Clinical Commissioning Groups to collaborate if this is deemed to be required. For example, NHS England and NHS Improvement oversee the Mid and South Essex Success Regime where they have invoked their powers to ensure collaboration of the five Clinical Commissioning Groups within the STP footprint.

### **7.4 The Law**

The NHS legal framework does not state a compulsion on commissioners to collaborate but does allow them the power to do so. As noted above, when undertaking commissioning decisions Clinical Commissioning Groups are required to consider the impact on surrounding areas. For some services, it may be difficult to justify how a Clinical Commissioning Group could make a decision on acute care reconfiguration without collaboration e.g. a decision about maternity services.

With regards to neighbouring commissioners for example in Wigan or North Mersey, there is no requirement for them to be a part of a decision-making process in Cheshire and Merseyside unless their commissioning is required to change as a result. If the population is affected, yet their commissioning intentions are not, the commissioners and their populations should be consulted and their views considered within the decision-making process.

## 7.6 C&M Collaborative Commissioning Forum

CCG Accountable Officers in Cheshire & Merseyside have recently agreed to establish a Collaborative Commissioning Forum (CCF) which will start to meet from July 2018. The Terms of Reference are currently being taken through CCG Governing Bodies for sign off.

The purpose of the group is to enable Cheshire and Merseyside CCGs and NHS England to commission effectively together and to collaborate and make recommendations for decision through the most appropriate governance arrangements.

The CCF will support the development of a clear regional approach to clinical and financial sustainability. In bringing commissioning leaders together, it will support strategic planning, share good practice and provide an interface with both providers of health services and social care.

The CCF will not initially be established as a decision-making body however overtime it is expected that it will become either a Committees in Common or a Joint Committee.

The scope of the services considered by the CCF will be agreed by the CCF on an annual basis in order to plan the annual work programme however, the initial services in scope are likely to include:

- The Cheshire and Merseyside Health and Care Partnership work streams e.g. CVD, mental health, women's & children's services, urgent & emergency care and elective care etc.
- Non-delegated primary health care services i.e. pharmacy, dental and optometry
- Forward View for Primary Care
- Regionally Commissioned Specialised Services
- Learning Disabilities: Transforming Care Programme
- Ambulance services:
  - Non-emergency Patient Transport Services
  - Paramedic Emergency Services
- Services for military veterans
- Offender health

The implications for the acute sustainability work for S&O and the Sefton Place work is that commissioners may collectively agree commissioning intentions (e.g. for women's and children's services or urgent care) via the CCF that are applicable to the Place.

Similarly, the proposals emanating from the S&O acute sustainability work e.g. standards and models of care, may be taken through the CCF as proposals for whole C&M discussion and adoption.

The initial work for the service change proposal will be complete prior to the first meeting of the CCF however, as the work progresses beyond July, there may be touch points between the proposals and the CCF work programme that will need to be considered.

## 7.7 Acute Sustainability Decision Making – Summary Roles and Responsibilities

Figure 9 provides a summary of the roles and responsibilities for decision-makers involved in decisions about the S&O service change proposal, acute sustainability for the Place and the wider Place transformation programme.

**Figure 9 Summary Roles and Responsibilities**

Group / Organisation	Role	Accountable To	Decisions	Makes recommendations to
Southport & Ormskirk NHS Trust	Oversee the development of the S&O case for change and service change proposal.	NHSE / I	<p>Agree the S&amp;O case for change.</p> <p>Agree the modelling assumptions.</p> <p>Agree the service change proposal for S&amp;O services.</p> <p>Make proposals to the Place Partnership Board.</p>	<p>Sefton Transformation Board</p> <p>NHSE / I</p>
Southport & Formby CCG	<p>Lead commissioner oversight of changes to acute services provided by S&amp;O.</p> <p>Establish joint committee as required.</p> <p>Consult and engage with LA and OSCs about service change proposals.</p>	CCG Membership	<p>Agree membership and decision-making vehicle with co-commissioners.</p> <p>Agree extent of LA and OSC engagement with co-commissioners.</p> <p>Agree to consult (with CCG Membership)</p>	CCG Membership
Sefton Transformation	Provide strategic leadership and oversight of the Place	C&M HCP	Endorse/assure the whole system case for change – within which is the acute	Commissioner Joint Committee



Board	programme.		<p>sustainability (and S&amp;O) case for change.</p> <p>Endorse the service change proposal for S&amp;O.</p> <p>Agree place-based standards and outcomes for acute services.</p> <p>Agree decision-making principles for acute services scenarios.</p> <p>Agree assumptions about activity flows and impacts of acute service changes on other providers / parts of the system.</p>	C&M HCP
Commissioner Joint Committee	<p>Agree 'system' commissioning intentions.</p> <p>Make 'system' commissioning and consultation decisions.</p> <p>Initiate external assurance processes.</p>	<p>CCG Governing Bodies</p> <p>CCG Memberships</p>	<p>Approve the Place case for change.</p> <p>Approve the standards and outcomes for acute services across the system.</p> <p>Approve the S&amp;O Service Change Proposal.</p> <p>Agree PCBC and consultation plan if required.</p>	NHSE /I
C&M Collaborative Commissioning Forum	Co-ordinate commissioning across C&M	Individual CCG Governing Bodies	<p>Agree shared commissioning intentions</p> <p>Make recommendations about strategies, models of care and standards</p>	Individual CCG Governing Bodies
Overview & Scrutiny Committee(s)	Advise on the scale and scope of public consultation required for service change proposals.	Local Authority	<p>Advise CCG(s) about consultation requirements.</p> <p>Can decide to refer proposals to Secretary of State.</p>	

C&M HCP Acute Sustainability Programme Board	Assurance re: alignment between place plans and C&M plans.	C&M HCP System Management Board	Receive and review proposals from Places.	Other C&M Places
Clinical Networks	Provide input and advice to the development of models of care and service proposals.	NHSE	Advise commissioners about models of care and service proposals	NHSE (specialised commissioning) and CCGs
Yorkshire & Humber Clinical Senate	Provide independent clinical assurance.	NHSE	Agree formal feedback to CCG(s) / joint committee about the S&O case for change, proposed model of care and options for delivery.	CCGs/ Joint Committee
North East Clinical Senate	Advise on case for change, service change proposal and options for delivery.	NHSE	Agree informal feedback to CCG(s) / joint committee about the S&O case for change, proposed model of care and options for delivery.	CCGs/ Joint Committee
NHS England / Improvement	Provide external assurance regarding the case for change, service change proposal and any subsequent business case(s).	SoS	Decide if proposals meet assurance tests.  Agree feedback to CCG(s) / joint committee about the S&O case for change, proposed model of care and options for delivery.  Assure and approve financial / capital plans and approve capital business cases.  Receive and endorse the PCBC and consultation plan.  Give permission to proceed to consultation.	CCGs / Joint Committee

## 8. NHSE England Guidance (2018) Planning, Assuring and Delivering Service Change for Patients

A refreshed set of guidance for major service change was published in March 2018 by NHSE.

Key points of note in relation to the service change proposal work are as follows:

8.1 Commissioners should:

- Have early and ongoing discussions with their local NHS England team.  
**Strategic Sense Check 1 meeting held on 14 June.**
- Discuss their proposals with local stakeholders including local authorities prior to any public consultation; discussions should continue throughout the life of the proposal – ensuring alignment of the case for change, avoids proposals being developed in isolation, and ensures the wider health system is considered. It will also ensure commissioners' legislative requirements on consulting local authorities responsible for discharging health scrutiny functions are met.  
**Local Authority leaders / officers are engaged in Place governance and workstreams. Engagement sessions with Local Authority groups (e.g. Cabinet, H&WBB, OSC) need to be planned with LA officer colleagues.**
- Ensure the governments four tests of service change, NHS England's test for bed closures (if applicable) and best practice checks are embedded into their planning process (choice, evidence base, commissioning support, patient engagement, alternative plans for reductions in beds).  
**Patient engagement is required in the development of the S&O case for change / service proposal.**
- Set a sufficiently high bar in terms of the quality and depth of option development and evidence of engagement with NHS Improvement and other NHS stakeholders;
  - work with Health and Wellbeing Boards to ensure service change proposals reflect JSNA and JHWS.
  - request regular updates to financial planning and forecasting as proposals are developed. **To be managed through the Place finance group.**

8.2 A clinically-led group should oversee the design and development of proposals, and commissioners should ensure that clinical ownership and leadership of plans is part of any governance arrangements. **The Clinical Leaders Group is fulfilling this function.**

8.3 Patients and Healthwatch need to be engaged from the outset – from the start of the development of the case for change. **Patient and public engagement activities for the S&O service change proposal work to be agreed as soon as possible.**

8.4 Only options that are sustainable in financial, service and economic terms should be offered publicly. All options must be affordable within commissioner revenue allocations and provider revenue financial targets. **Further discussions with NHSE / I are required to understand and agree the scale of the financial target for the S&O work.**

8.5 NHSE/I engagement during modelling phase is critical as is their input to the long term financial plan for the PCBC. **To be arranged.**

Further details and key messages from the guidance can be found in Appendix 4.

## 9. Formal Engagement of Local Authorities and OSCs in Service Change

Local Authorities have an interesting role as in some cases they may be a consultor in their role as a commissioner as well as a consultee. In other circumstances they may be an 'affected provider' for example where they provide community.

For acute services it is unlikely that LAs will be consultors and the NHSE Guidance focusses primarily on their role as a major stakeholder and scrutineer.

Key points of note are as follows.

- Local authority overview and scrutiny committees have a role in reviewing and scrutinising matters relating to the planning, provision and operation of health services in their local area.
- Although it is strongly advised that local authority scrutiny functions are involved throughout the development of proposals, commissioners should hold a separate formal discussion on the final set of proposals on which they intend to consult.
- Commissioners must consult the local authority when considering, or a provider is considering, any proposal for a substantial development or variation of the health service in the area. The local authority may scrutinise such proposals and make reports and recommendations to the NHS commissioning body (CCG or NHS England) or referrals to the Secretary of State for Health.
- As part of the overview and scrutiny process, the local authority will invite comment from interested parties and take into account relevant information available, including that from local Healthwatch. The overview and scrutiny process can therefore enhance public involvement in the commissioning process.
- Where a proposal for substantial service change is made by the provider rather than the commissioner, the 2013 Regulations require the commissioner to undertake the consultation with the local authority on behalf of the provider.
- Both commissioners and providers need to ensure that they have satisfied their statutory duties to involve and consult. In general, where there is commissioner led consultation with the local authority on a substantial service change, full public consultation will also be required.
- In practice, where there are public involvement and consultation duties on both commissioners and providers it should be possible to coordinate and consolidate any involvement and consultation requirements so that they are run in parallel to consultation with any relevant local authorities.

Local Authority engagement for the S&O work will be captured in the Communications and Engagement Plan referred to earlier.

***For Sefton Local Authority, activities to be planned include presentations at the informal cabinet meeting and private H&WBB initially, followed by a presentation to the Overview and Scrutiny Committee (in public). Regular reporting and engagement to be identified in the C&E Plan.***

## 10. Assurance

### 10.1 Internal Assurance

The Programme governance already established for the Sefton Transformation Programme can be utilised to provide internal assurance for both the S&O service change proposal and the wider acute sustainability work.

As noted earlier, it is recommended that the finance, workforce and clinical leaders group provide specific inputs to review and assure the case for change, modelling assumptions and service change proposal.

***Dates for internal assurance checkpoints should be built into the programme plan as soon as possible.***

### 10.2 External Assurance

Formal external assurance will primarily come from NHS England and NHS Improvement (see below), however further informal external assurance can be sought in the development process. For example, there is no requirement for formal assurance of workforce models however, external advice can be sought from Health Education England, clinical networks and Deaneries, in order to inform workforce models.

#### 10.2.1 Clinical Senate Support and Assurance

Before commencing the formal stage 2 assurance process with NHSE, the service change proposal must be independently clinically assured.

Further to discussions with the North West (NW) and Yorkshire and Humber (Y&H) Clinical Senates it has been agreed that:

- The North East Senate (and NW Senate if required) will continue to act as a 'critical friend' during the development of the S&O service change proposal and can provide informal feedback on the case for change and emerging models of care during June to inform the final service proposal;
- The Y&H Senate will manage the formal assurance process;
- The Y&H Senate will establish a panel with an independent chair and a 'non-conflicted' membership; national/ regional 'experts' may also be involved.
- The terms of reference and final membership of the two panels would be shared with Sefton stakeholders for comment / agreement.
- The Y&H Panel will formally review the final case for change and service proposal after local governance sign off.

The Sefton / S&O team have been invited to attend the 16 July Y&H Senate Council meeting in order to provide background and context for the service proposal work.

Based on discussions to date, the proposed timescales for Senate review are:

- 3 September – receive final case for change and service proposals and any other relevant background materials.
- 3 – 14 September – review information and prepare for site visits / interviews.

- 17 – 28 September – interviews and site visits.
- 1 – 26 October – drafting report.
- 29 October – CCG(s) receive final report.

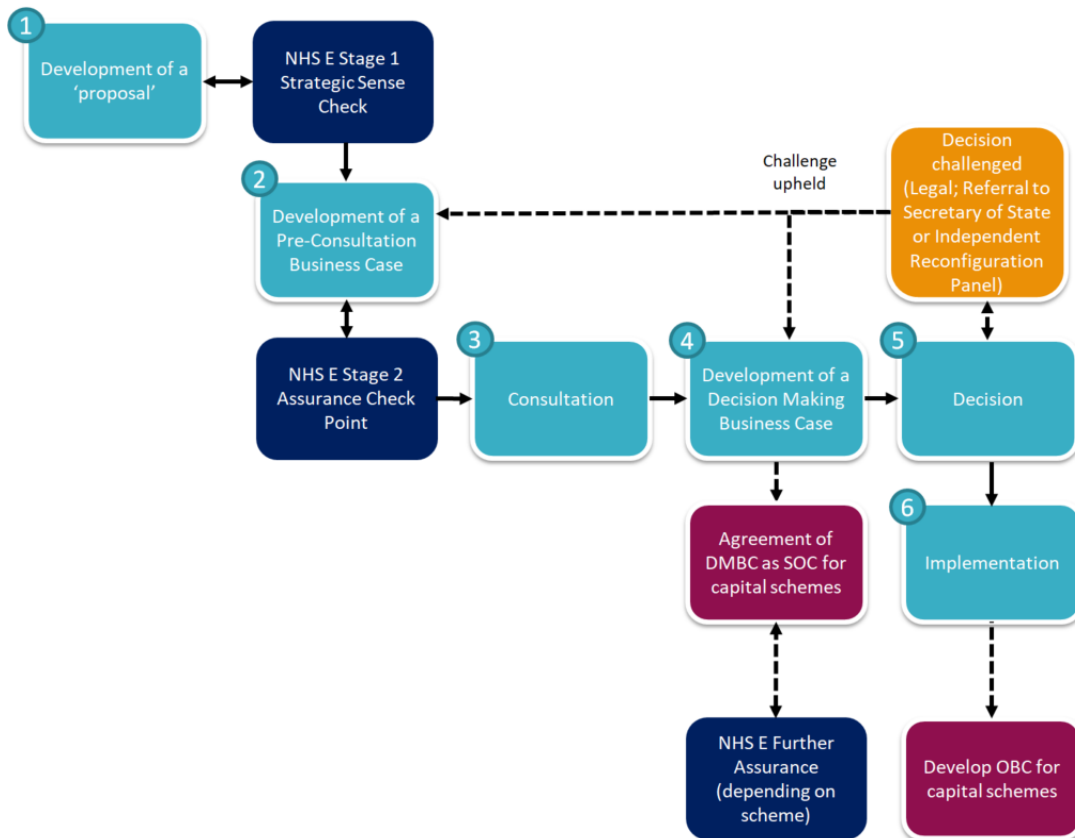
### 10.2.2 NHS England Assurance

Figure 10 below summarises the NHS England process for assuring major service change. A more detailed flow chart is shown in Appendix 5.

Strategic Sense Check 1 took place on 14 June. This is the initial stage of the assurance process and involved a meeting with Place Leaders to discuss the case for change, progress to date in developing the proposal and extent of likely service change, organisational roles and responsibilities, draft timescales for the development of the PCBC and public consultation.

After the service change proposal is produced for 20 July, NHSE will provide an informal review and feedback on the content of the service change proposal and advice about the further work required to meet Stage 2 assurance standards.

**Figure 10 Summary Assurance Process**



## 11. Key decisions

There are a number of key decisions, set out in Figure 10, that will need to be made in relation to the service change proposal work.

**Figure 10 Key Decisions**

What has to be decided?	Who decides it?	When does it need deciding by?
Who is a member of the commissioning decision making group?	Commissioners who commission services from S&O	June
Is the S&O service change proposal supported?	Place Programme Board	1 August
What route should the service change proposal proceed through assuming consultation will be required? (I.E. narrow - Trust only / transactional - or wide - Place / whole system transformation)	Place Programme Board Regulators	1 August After 1 August
Is the PCBC supported by commissioners?	Commissioners who commission services from ECT	November (at the earliest)
Is the Place / Trust ready for consultation?	NHSE	November if consulting in January 2019 February if consulting in June 2019

## 12. Summary of Recommendations and Further Actions Required

1. This document should be treated as a work in progress and an aid to the further development of the governance and decision-making in the Place recognising that the Programme is organic and will continue to change to reflect emerging priorities.
2. The programme has continued to evolve since its inception with an increasing number of workstreams, workgroups and relationships with other programmes such as the North Mersey acute sustainability programme; therefore, the programme structure needs to be regularly reviewed and updated to reflect these relationships.
3. It is recommended that the finance group terms of reference and workplan are agreed as soon as possible.
4. It is recommended that the workforce & OD group terms of reference are shared at the Sefton Transformation Board once agreed.
5. It is recommended that the governance documents for the Sefton Transformation Programme are updated to include the finance, workforce and communications and engagement groups.
6. It is recommended that, in time, the CLG provides a wider clinical assurance and oversight function for the whole programme not just the acute sustainability work.
7. It is recommended that the Sefton Transformation Board agrees the sign off process and sequencing as illustrated in Figure 5.
8. The Programme Executive Group members will need to also consider the sequencing and content of meetings in public.
9. It is recommended that the Sefton Transformation Board considers and develops an agreed process for the management of conflicts both within and beyond the Place.
10. It is recommended that the risks and benefits of the two routes are considered by the Sefton Transformation Board.
11. Final decision making about service change, wherever it sits, should be made in public, recorded and made available to public scrutiny.
12. Engagement sessions with Local Authority groups (e.g. Cabinet, H&WBB, OSC) need to be planned with LA officer colleagues.
13. Patient and public engagement activities for the S&O service change proposal work to be agreed as soon as possible.
14. Further discussions with NHSE / I are required to understand and agree the scale of the financial target for the S&O work.
15. Dates for internal assurance checkpoints should be built into the programme plan as soon as possible.

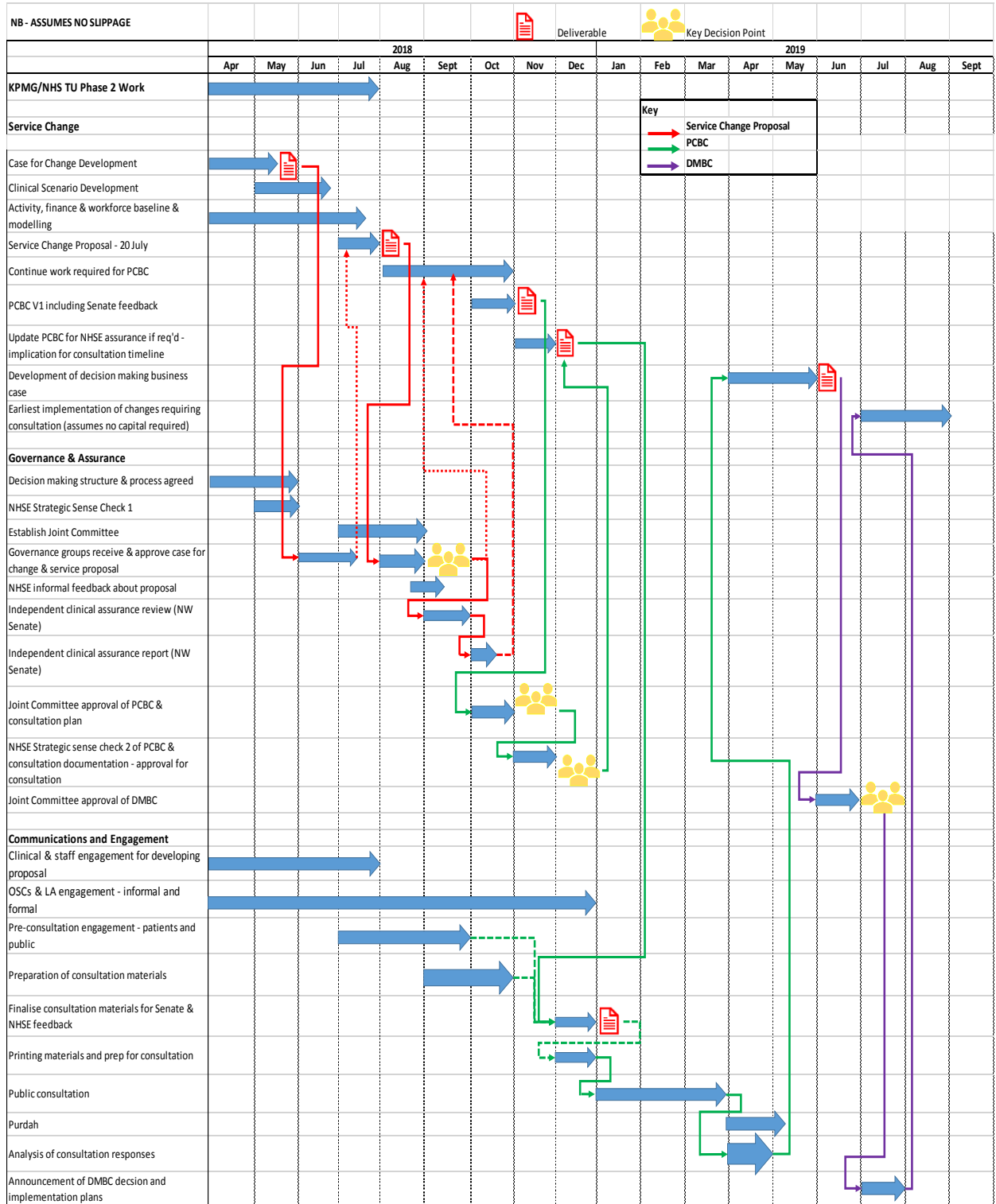


## Appendix 1 Elections in and around Sefton

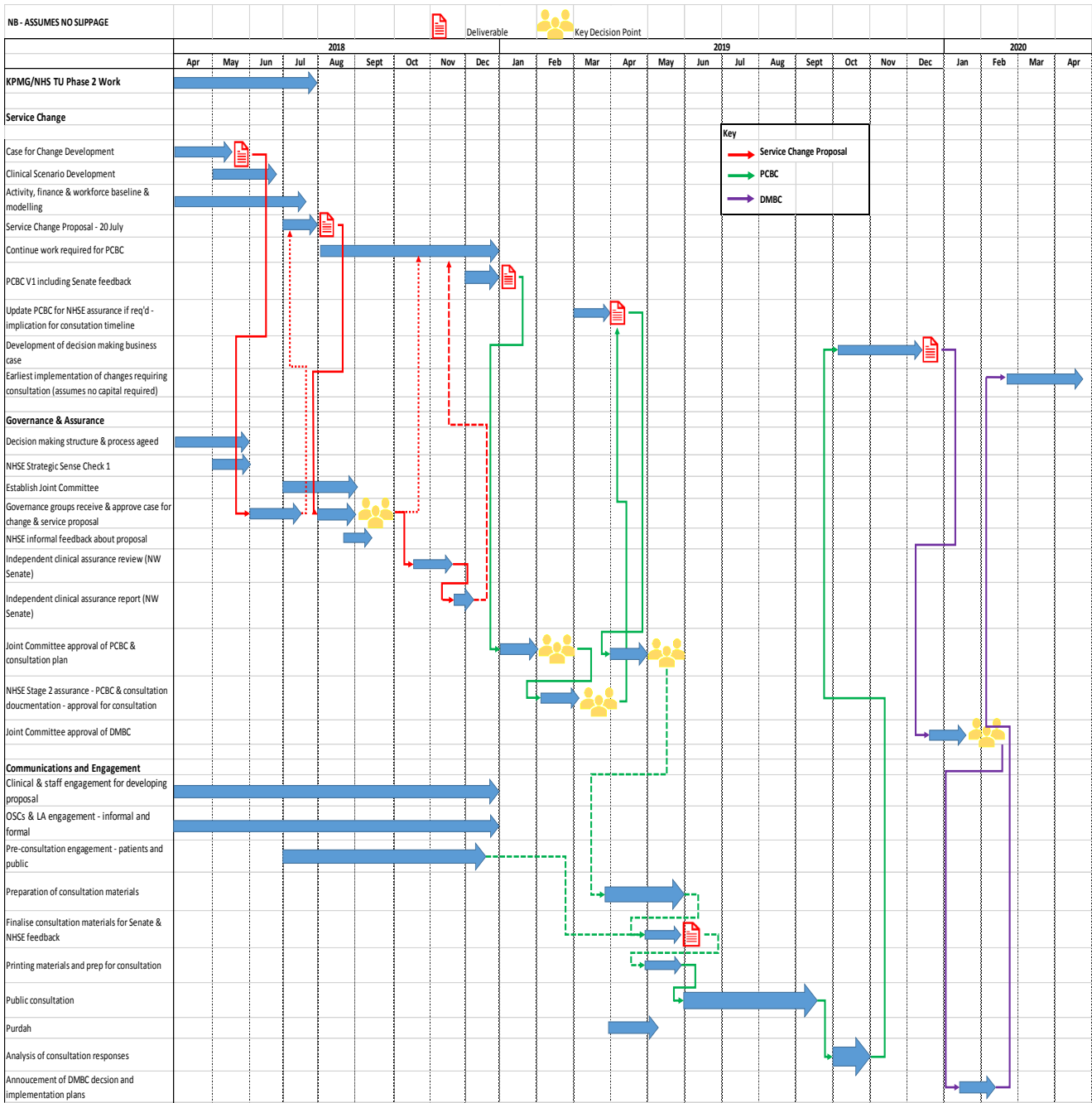
Authority	2019	2020
<b>Knowsley</b>	Borough Elections	Borough Elections
	Parish Council Elections	Liverpool City Region Mayoral Election **
		Police & Crime Commissioner Election
<b>Liverpool</b>	Borough Elections	Borough Elections
		Liverpool City Mayor Election ***
		Liverpool City Region Mayoral Election **
<b>Sefton</b>	Borough Elections	Borough Elections
	Parish Council Elections	Liverpool City Region Mayoral Election **
		Police & Crime Commissioner Election
<b>St Helens</b>	Borough Elections	Borough Elections
	Parish Council Elections	Liverpool City Region Mayoral Election
		Police & Crime Commissioner Election
<b>Wirral</b>	Borough Elections	Borough Elections
		Liverpool City Region Mayoral Election **
		Police & Crime Commissioner Election
<b>Halton</b>	Borough Elections	Borough Elections
	Parish Council Elections	Liverpool City Region Mayoral Election **
		Police & Crime Commissioner Election
<b>Preston</b>	Borough Elections (All out)	Borough Elections
	Parish Council Elections	Police & Crime Commissioner Election
<b>West Lancashire</b>	Borough Elections	Borough Elections
	Parish Council Elections	Parish Council Elections
		Police & Crime Commissioner Election

\*\* The Liverpool City Region Combined Authorities Mayoral Election will be held on the 7 May 2020 to elect the Liverpool City Region mayor. The metro mayor will have control over the whole Liverpool City Region combined authority area which consists of the following local authorities: Halton, Knowsley, Liverpool, St Helens, Sefton and Wirral, impacting on approximately 1,150,000 electors.

# Appendix 2a - Shortest Possible Timescales – April 2018 – August 2019



# Appendix 2b Timescales with Consultation Starting June 2019



## Appendix 3 Southport & Ormskirk Hospital NHS Trust - Activity by CCG

### 1. CCGs with more than 200 A&E Attendances (ADULT TYPE 1) in 2016/17

Fin Yr/Month Combo	(All)	<input type="button" value="v"/>		
Site_Code	RVY01	<input type="button" value="v"/>		
Arrival_Fin_Year	2016/17	<input type="button" value="v"/>		
Arrival_Fin_Month_Number	(All)	<input type="button" value="v"/>		
Row Labels	Attendances	% Proportion of Attendances	Cumulative % of Attendances	
NHS Southport and Formby CCG	29,910	61.46%	61.46%	
NHS West Lancashire CCG	14,157	29.09%	90.54%	
NHS South Sefton CCG	1,484	3.05%	93.59%	
NHS Liverpool CCG	453	0.93%	94.52%	
NHS Chorley and South Ribble CCG	289	0.59%	95.12%	
NHS Knowsley CCG	217	0.45%	95.56%	
NHS St Helens CCG	205	0.42%	95.99%	

### 2. CCGs with more than 200 A&E Attendances CHILDRENS TYPE 1 in 2016/17

Fin Yr/Month Combo	(All)	<input type="button" value="v"/>		
Site_Code	RVY02	<input type="button" value="v"/>		
Arrival_Fin_Year	2016/17	<input type="button" value="v"/>		
Arrival_Fin_Month_Number	(All)	<input type="button" value="v"/>		
Row Labels	Attendances	% Proportion of Attendances	Cumulative % of Attendances	
NHS West Lancashire CCG	10,707	38.87%	38.87%	
NHS Southport and Formby CCG	7,947	28.85%	67.73%	
NHS South Sefton CCG	4,458	16.19%	83.91%	
NHS Knowsley CCG	2,302	8.36%	92.27%	
NHS Liverpool CCG	695	2.52%	94.79%	
NHS St Helens CCG	411	1.49%	96.29%	
NHS Chorley and South Ribble CCG	223	0.81%	97.10%	

### 3. CCGs with more than 100 Referrals in 2016/17

Referral_Received_FY	2016/17		
Registered_CCG_Name	Total Referrals	Proportion to Total Referrals	Cumulative Proportion of Referrals
NHS Southport and Formby CCG	57,005	50.04%	50.04%
NHS West Lancashire CCG	43,258	37.97%	88.01%
NHS South Sefton CCG	7,107	6.24%	94.25%
NHS Knowsley CCG	1,557	1.37%	95.62%
NHS Chorley and South Ribble CCG	813	0.71%	96.33%
NHS Liverpool CCG	790	0.69%	97.02%
unknown	718	0.63%	97.65%
NHS Wigan Borough CCG	666	0.58%	98.24%
NHS St Helens CCG	625	0.55%	98.79%
NHS Greater Preston CCG	517	0.45%	99.24%

### 4. CCGs with more than 200 Outpatient Attendances in 2016/17

Appointment_Fin_Year	2016/17	
Attend_DNA	(Multiple Items)	
Row Labels	Attendances	Count of Attend_DNA
NHS Southport and Formby CCG	121,752	49.02%
NHS West Lancashire CCG	95,733	87.56%
NHS South Sefton CCG	16,116	94.05%
NHS Knowsley CCG	3,592	95.50%
NHS Liverpool CCG	2,077	96.33%
NHS Chorley and South Ribble CCG	1,995	97.14%
NHS Wigan Borough CCG	1,850	97.88%
NHS St Helens CCG	1,816	98.61%
NHS Greater Preston CCG	1,026	99.03%

### 5. CCGs with more than 200 Day Case Episodes in 2016/17

Admission_Fin_Year	(All)		
Admission_Calendar_Month_Name	(All)		
Main_Specialty	(All)		
POD	Registered_CCG_Name	Sum of Spells	Sum of Spells2
Daycase	NHS Southport and Formby CCG	12,620	53.09%
Daycase	NHS West Lancashire CCG	9,226	91.89%
Daycase	NHS South Sefton CCG	1,038	96.26%

## 6. CCGs with more than 50 Elective Episodes in 2016/17

Admission_Fin_Year	(All)		
Admission_Calendar_Month_Name	(All)		
Main_Specialty	(All)		
<b>POD</b>			
<b>Registered_CCG_Name</b>		<b>Sum of Spells</b>	<b>Sum of Spells2</b>
Elective	NHS Southport and Formby CCG	1,680	51.95%
Elective	NHS West Lancashire CCG	1,175	88.28%
Elective	NHS South Sefton CCG	201	94.50%

## 7. Maternity Deliveries by CCG

Registered CCG	2016/17	
	No of Women	Cumulative %
NHS West Lancashire CCG	874	37.95%
NHS Southport and Formby CCG	779	71.78%
NHS South Sefton CCG	318	85.58%
NHS Knowsley CCG	165	92.75%
NHS Liverpool CCG	71	95.83%
NHS St Helens CCG	33	97.26%
NHS Wigan Borough CCG	28	98.48%
NHS Chorley and South Ribble CCG	14	99.09%
Others	21	0.91%
	<b>2,303</b>	

Registered CCG	2015/16	
	No of Women	Cumulative %
NHS West Lancashire CCG	896	36.38%
NHS Southport and Formby CCG	852	70.97%
NHS South Sefton CCG	351	85.22%
NHS Knowsley CCG	177	92.41%
NHS Liverpool CCG	90	96.06%
NHS St Helens CCG	40	97.69%
NHS Wigan Borough CCG	18	98.42%
NHS Chorley and South Ribble CCG	15	99.03%
Others	24	0.97%
	<b>2,463</b>	

Registered CCG	2014/15	
	No of Women	Cumulative %
NHS Southport and Formby CCG	948	35.99%
NHS West Lancashire CCG	904	70.31%
NHS South Sefton CCG	366	84.21%
NHS Knowsley CCG	194	91.57%
NHS Liverpool CCG	98	95.29%
NHS St Helens CCG	50	97.19%
NHS Wigan Borough CCG	35	98.52%
NHS Chorley and South Ribble CCG	21	99.32%
Others	18	0.68%
	<b>2,634</b>	

## Appendix 4 – Extract from NHSE (2018) Planning, assuring and delivering service change for patients

### Key Messages

There is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

Service changes should align to local Sustainability and Transformation Partnership plans and the service, sustainability and investment priorities established within them.

NHS commissioners and providers have duties in relation to public involvement and consultation, and local authority consultation. They should comply with these duties when planning and delivering service change.

The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

NHS trusts and foundation trusts are also under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).

The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement.

Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the 2013 Regulations”) made under s.244 NHS Act 2006. This is in addition to the duties on commissioners and providers for involvement and consultation set out above and it is a local authority which can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.

Where a proposal for substantial service change is made by the provider rather than the commissioner, the 2013 Regulations require the commissioner to undertake the consultation with the local authority on behalf of the provider.

Both commissioners and providers need to ensure that they have satisfied their statutory duties to involve and consult. In general, where there is commissioner led consultation with the local authority on a substantial service change, full public consultation will also be required.

In practice, where there are public involvement and consultation duties on both commissioners and providers it should be possible to coordinate and consolidate any involvement and consultation requirements so that they are run in parallel to consultation with any relevant local authorities. In those circumstances a provider can make arrangements to satisfy its duty to involve and consult service users through a commissioner led consultation. Nevertheless, providers would need to engage with commissioners and address consultation responses in order to comply with their duties.

There is no legal definition of ‘substantial development or variation’ and for any particular proposed service change commissioners and providers should seek to reach agreement with the



local authority on whether the duty is triggered. Regular local authority engagement should continue through the lifecycle of service change.

Service reconfiguration and service decommissioning are types of service change.

Change of site from which services are delivered, even with no changes to the services provided, would normally be a substantial change and would therefore require consultation with the local authority and public consultation.

Effective service change will involve full and consistent engagement with stakeholders including (but not limited to) the public, patients, clinicians, staff, neighbouring STPs and Local Authorities.

All service change should be assured against the government's four tests:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners.

Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England's test for proposed bed closures and commissioners should be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

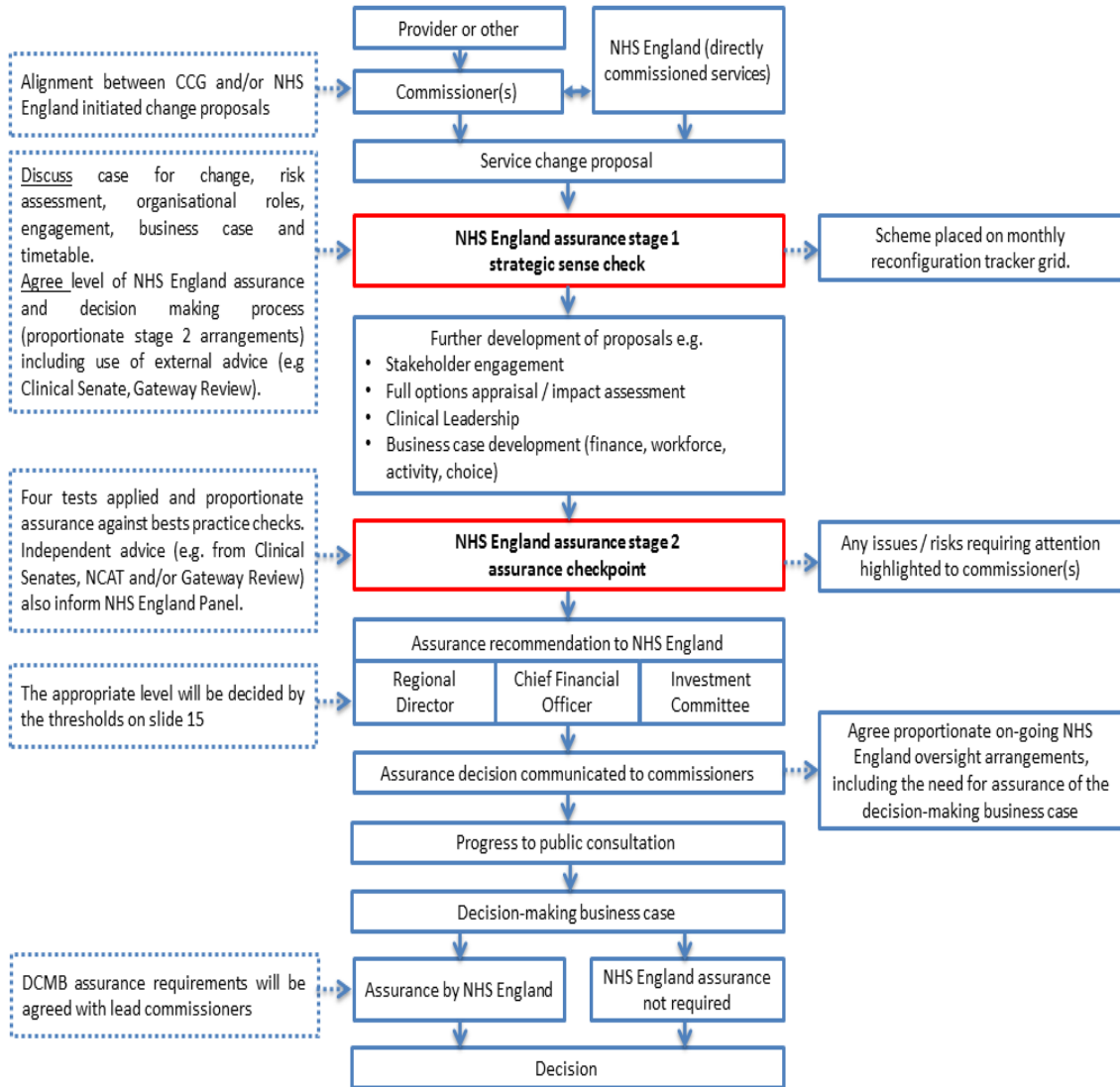
Prior to public consultation NHS England will assure proposals for substantial service change in accordance with the process set out within this guidance.

For any service change requiring public consultation which also requires capital funding, NHS England and NHS Improvement will assess any proposals to provide assurance that they do not require an unsustainable level of capital expenditure and that they will be affordable in revenue terms.

Not all substantial service changes require capital expenditure. However, where this is the case and the scheme has been assessed by NHS England and NHS Improvement as having a reasonable expectation that the level of capital required will be available, public and local authority consultation should be undertaken before a Strategic Outline Case for capital funding is submitted to NHS Improvement.

When service change proposals are being considered, early engagement with NHS England Regional Offices who can provide further information and support is recommended.

## Appendix 5 Summary of NHS England process for assuring a service change proposal

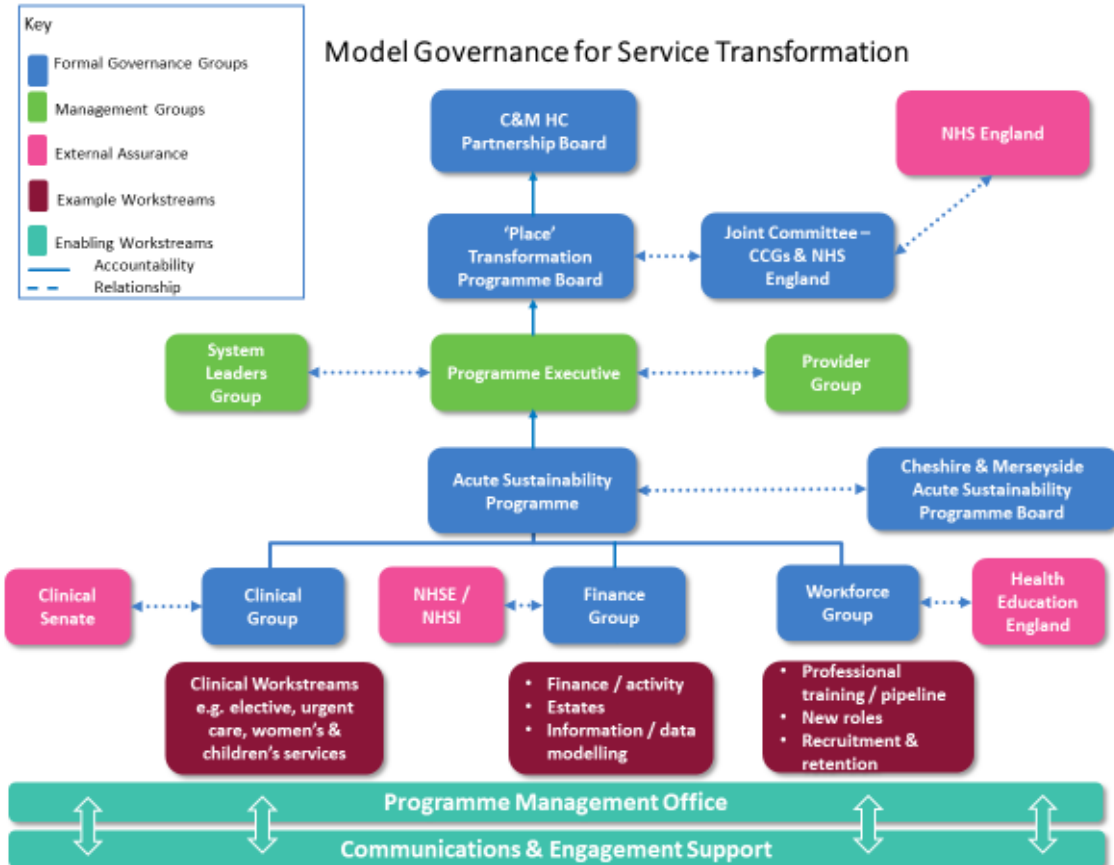


**Appendix 6 - 'Model' Place-Based Governance for Acute Sustainability Programmes**

An effective governance and decision-making system requires an appropriate governance structure to be in place to facilitate development, assurance and approval of plans to reconfigure services.

Assuming a place-based approach to acute sustainability is desirable, the governance structure needs to be constructed so that it enables the 'place' to own the process of developing and implementing transformation plans.

An example governance structure that would enable placed-based development and delivery of an acute sustainability transformation plan is presented in Figure 7.



The function, description and accountability lines for each group within the required transformation programme governance system is summarised in Appendix 7.

## Appendix 7 Summary Description of Governance Groups – as per Appendix 6 Model Governance

Group	Main Purpose	Accountable To	Description
Clinical Advisory Group	Clinical Leadership & Internal Clinical Assurance	Place Transformation Programme Board	Includes workstream leads and clinical / care professional leaders. Commissions clinical workstream groups as required. Provide clinical leadership and input into the review, redesign and delivery of services for the local population. Ensure that any proposed changes to services and the associated case for change have a solid clinical evidence base and serve the needs of the local population. Responsible for internal assurance of individual service and 'aggregate' models of care i.e. ensuring that the overall acute model of care is deliverable when taking account of the options arising from individual workstreams (e.g. taking account of clinical co-dependencies).
Clinical Workstreams	Delivery	Clinical Advisory Group	Provide subject-matter expertise and hands-on support to create the case for change, design the model of care and explore options for service delivery. Support the creation of the overall acute care model.
Finance Group	Finance Leadership & Internal Assurance	Place Transformation Programme Board	Includes senior finance leaders. Provide the expertise to test and challenge any assumptions around finance and activity that are made in developing the service change proposal. May also include estates and IT.
Workforce Group	Workforce Leadership & Internal Assurance	Place Transformation Programme Board	Includes senior HR leaders. Provide the expertise to test and challenge any assumptions around workforce that are made in developing the service change proposal. May also include OD.
Place Transformation Programme Board	Strategic Programme Leadership	HCP Partnership Board	Provide strategic leadership and oversight of the programme. Commit place-based resources to the programme as required. Sign-off the service change proposal from a partnership perspective. Agree submission to Clinical Senate and NHS England for external assurance. Recommend service proposal to ASPB and CCG Joint Committee.

Joint Committee	Commissioning Leadership & Decision-making	Member CCGs and commissioners	Made up of the CCGs whose patient populations are affected by the change proposal. Enable transparent, consistent and timely decision-making for commissioning health services across an area, typically where the population may access services across the CCG boundaries. Receive service proposal for approval. Make commissioning and consultation decisions.
Overview & Scrutiny Committees	Advisory	Local Authority	Advise on the scale and scope of public consultation required for service change proposals.
C&M HCP Partnership Board	HCP Assurance	NHSE	Receive and review service proposals for the Place(s). Assurance re: alignment between place plans and C&M plans.
Clinical Senate & Networks	External Assurance	NHSE	Provide independent feedback and assurance on the case for change, proposed model of care and options for delivery.
NHS Improvement	External Assurance	SoS	Can provide independent feedback and assurance around finance and activity assumptions for the service change proposal. Financial assurance may also come from NHSE.
Health Education England	External Assurance	NHSE	Can provide independent feedback and assurance around workforce assumptions for the service change proposal.
NHS England	External assurance	SoS	Provide strategic sense check and external assurance regarding the service change proposal and any subsequent business case. Informal engagement to ensure alignment of the service change proposal with the NHS England review process.
Programme Executive	Management Group (Programme Leadership)	Place Transformation Programme Board	Includes Programme Director and SROs from across the Programme. Provide 'on the ground' leadership to drive the programme to develop the service change proposal and develop plans for implementation.
Programme Management Office	Delivery	Programme Executive	Manage the day to day delivery of the programme. Ensure delivery of outputs according to project plan and timescales. Provide hands-on support to develop the outputs. Report to the Programme Executive about progress, risks and issues.

Communications & Engagement (C&E) Function	Delivery	Programme Executive	Function could be fulfilled by a C&E Group. Develop and oversee the delivery of the communications and engagement plan. Advise the PMO and Programme Executive about actions required to enable effective C&E with stakeholders. Support the development of consistent communications messages and engagement activities.
Provider Group	Management Group (Key Stakeholders)	Place Partnership Board	Made up of the main local providers of care. Programme Executive / PMO can approach for feedback, advice and guidance on the case for change and feasible delivery of the proposed model of care. May respond to commissioner service specifications in due course.
System Leaders Group	Management Group (Tactical Support)	N/A	Made up of place system leaders, NHSE and NHSI leaders. Can also include C&M HCP leaders. Can be used as and when required to supplement place transformation board discussions.

## Appendix 8 – S&O Acute Sustainability Programme Board – Terms of Reference

### 1. Purpose of the Terms of Reference

- 1.1 This document describes the Terms of Reference of the Southport & Ormskirk (S&O) Acute Sustainability Programme Board (the “Programme Board”).
- 1.2 This document describes the purpose, responsibilities, membership, authority and governance of the Programme Board.
- 1.3 Initially the focus of the Programme Board will be S&O acute services; over time it is expected that the Programme Board will take on a wider role for the Sefton Transformation Programme.
- 1.4 The Terms of Reference will be kept under review as the Sefton Transformation Programme develops and wider governance arrangements of the associated programmes are developed and implemented.

### 2. Purpose of the Southport & Ormskirk Acute Sustainability Programme Board

- 2.1 The Southport & Ormskirk Acute Sustainability Programme Board (ASPB) has been established by the Sefton Transformation Board to deliver transformation of acute services and care pathways affecting patients in Southport & Ormskirk, and specifically for the sustainable delivery of acute services provided by Southport and Ormskirk NHS Trust.

The Sefton Transformation Board membership comprises a collaboration between the health and care organisations operating in the area, who are working together to review the needs of the local population and to redesign how health and care services will be delivered. West Lancashire partners are also key members of the Partnership and the ASPB in respect of services provided for patients in the Ormskirk area.

The ASPB has been established to lead the review, redesign and implementation of sustainable acute services for the population of Southport & Ormskirk. The purpose of the Programme Board is to ensure that plans are developed and implemented, which are clinically and financially sustainable, and meet the health needs of the populations that currently access the acute services provided by Southport & Ormskirk NHS Trust.

- 2.2 The Programme Board and its members will:
  - Act as ambassadors for the Southport & Ormskirk Acute Sustainability Programme, including representing the Southport & Ormskirk Acute Sustainability Programme at public events, to the media and to relevant bodies as required.
  - Provide programme oversight for the service redesign work of the Southport & Ormskirk Acute Sustainability Programme and contribute to the development of an acute sustainability strategy.
  - Provide non-partisan leadership to the programme, ensuring the programme develops robust proposals for system-wide models of care and for making

recommendations to the Sefton Transformation Board.

- Manage the interdependencies and resolve any conflicts between workstream Sub-groups.
- Ensure that the needs of patients and communities are understood.
- Seek external clinical and professional advice where specialist or independent review is required.
- Provide leadership and oversight of the emerging and final proposals for service changes.
- Ensure alignment of the Southport & Ormskirk Acute Sustainability Programme with the Cheshire & Merseyside Acute Sustainability Programme.
- Disseminate developments in the Acute Sustainability Programme to the Cheshire & Merseyside Acute Sustainability Programme so that these can be shared with other Acute Care Collaborations.

### 3. Responsibilities

- 3.1 Lead the development of implementable plans for a sustainable (clinical, finance, workforce) acute health system across Southport & Ormskirk.
- 3.2 Establish the required governance to enable decision-making in a manner that follows NHS England approval routes.
- 3.3 Review and endorse the outputs developed and produced by the Workstream leads and Project Team including the Case for Change, Options Modelling, Service Change Proposals, Pre-consultation Business Case and Decision-making Business case.
- 3.4 Review the work plans for the Workstream Sub-groups and direct and inform the content of the work plans as appropriate.
- 3.5 Manage conflicts and interdependencies between workstreams in order to create a cohesive plan for acute services currently provided by Southport & Ormskirk NHS Trust.
- 3.5 Recommend evaluation criteria for the assessment of options for the future configuration of services to the Sefton Transformation Board.
- 3.6 Assess the expected clinical, financial, workforce, organisational and service user benefits from proposed changes.
- 3.7 Prioritise and recommend options for the future configuration of services.
- 3.8 Support engagement with external scrutiny including the Clinical Senates and NHS England (NHSE).
- 3.9 Ensure the service review and redesign process is focused upon “place-based”



population needs for access to appropriate services rather than organisational needs.

3.10 With the wider Sefton Transformation Programme workstreams, develop live strategies and plans for the programme in particular for:

- Engagement
- Communications
- Formal consultation
- Risk management

#### 4. Workstream Sub-groups

4.1 The Programme Board will provide oversight of the workstream sub-groups that are tasked with the design of the models of care.

These workstream sub-groups will be established for each priority workstream and will reflect the needs of patients accessing services; initially these will be women’s and children’s services, urgent & emergency care services, frailty services, elective services.

Additional workstream sub-groups may be established as required, as the Southport & Ormskirk Acute Sustainability Programme develops.

4.2 The Programme Board will regularly review the membership, structure and plans of the workstream sub-groups to ensure that they remain relevant to the objectives of the Southport & Ormskirk Acute Sustainability Programme, making changes as required.

4.3 The Programme Board will function to align, co-ordinate and unify the work of the Southport & Ormskirk Acute Sustainability Programme Workstream Sub-groups. Proposals and recommendations will also reflect, and be based upon, the plans emerging from the wider Cheshire & Merseyside Acute Sustainability Programme and any other co-dependent programmes.

#### 5. Governance

5.1 The ASPB Programme Board is accountable to Sefton Transformation Board.

The ASPB Programme Board will also report to the Southport & Ormskirk NHS Trust Board through the SRO.

5.2 Decision-making will be by consensus.

5.3 An action log will be maintained by the Programme Board which will feed into the overarching action log for the Sefton Transformation Programme via the PMO.

5.4 A risk register will be maintained by the Programme Board which will feed into the overarching risk register for the Southport & Ormskirk Transformation Programme.

## 6. Wider Governance

- 6.1 The Southport & Ormskirk Acute Sustainability Programme has been established to deliver the Cheshire and Merseyside Acute Sustainability Programme objectives in Southport & Ormskirk. The Southport & Ormskirk Acute Sustainability Programme Board, through the SRO, will report to the Cheshire & Merseyside Acute Sustainability Programme Board regarding plans, progress, outcomes and learning relating to local place-based delivery.

The Southport & Ormskirk Acute Sustainability Programme will need to maintain awareness of models of care and service reconfiguration plans for other places and acute collaborations under the Cheshire & Merseyside Acute Sustainability Programme which may impact upon the proposed models of care and service reconfiguration plans for Southport & Ormskirk.

## 7. Co-dependencies

- 7.1 The Southport & Ormskirk Acute Sustainability Programme and the workstream sub-groups will need to design, model, test and assure proposals for service reconfiguration that take into consideration the impact of and on a number of other transformation programmes including:

- The locality / community workstreams in Southport & Ormskirk and West Lancashire
- the North Mersey Acute Care Collaboration
- Surrounding system-wide transformation programmes in Greater Manchester and Lancashire & Cumbria.

## 8. Accountability and Authority

- 8.1 The Programme Board is authorised to instigate any activity within its terms of reference and to seek information as necessary to ensure clinically safe delivery within agreed budgets and governance arrangements.
- 8.2 Members of the Programme Board have been selected to represent health and care services for the population of Southport & Ormskirk and are required to participate and comment on that basis rather than as representatives of their respective organisations.

## 9. Membership of the Southport & Ormskirk Acute Sustainability Programme Board

- 9.1 This is a strategically important role, and wherever possible, senior representatives will be sought as members of the Programme Board, whilst also maintaining adequate representation from the required specialties and professions.
- 9.2 The Southport & Ormskirk Acute Sustainability Programme reserves the authority to amend the membership of the Programme Board in order to ensure that it is appropriate for the different phases of the programme.
- 9.3 Members of the Programme Board are required to attend at least 75 % of meetings

per annum and in the event of a member not being able to attend a meeting, feedback on key agenda items will be provided by the member prior to the meeting.

9.4 The Programme Board is proposed to comprise the following members [names / functions to be finalised]

<b>Core Members</b>			
<b>Role/Function</b>	<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Chair	Silas Nicholls	CEO	S&O
Vice Chair	Therese Pattern	Director of Strategy	S&O
Chair of CLG	Jugnu Mahajan	Medical Director	S&O
Finance	Steve Shanahan	Director of Finance	S&O
Comms & Engagement	Tony Ellis	Communications & Marketing Manager	S&O
Sefton Transformation Programme	Julie Higgins	Programme Director	PMO
Sefton Transformation Programme	Mel Wright	Programme Manager	PMO
CCG Representative	Karl McCluskey	Director of Strategy & Outcomes	Southport & Ormskirk CCGs
CCG Representative	Jackie Moran	Head of Quality, Performance & Contracting	West Lancs CCG
CCG Representative	Chris Brown	Interim Project Support	West Lancs CCG
Other Provider Representatives	TBC		Aintree St Helen's and Knowsley Walton Centre
[Local Council Social Care Representatives]	TBC		Sefton Council & Lancashire County Council
NWAS Representative	TBC		
GP Representative	TBC		
Patient Representatives	TBC		
Third sector Representative(s)	TBC		
NHS England Representative	TBC		

NHS I	TBC		
<b>In Attendance</b>			
<b>Role/Function</b>	<b>Name</b>	<b>Title</b>	<b>Organisation</b>
PMO Staff	Liz Woollam	Project Delivery and Quality Improvement Officer	S&O
Workstream Sub-group SROs	As required		
KPMG / NHS TU Team	Ian Atkinson Clare Powell		KPMG NHS TU

## 10. Quorum

10.1 The ASPB will not be a decision-making forum.

It will make recommendations to the Southport & Ormskirk Trust Board and the Sefton Transformation Board.

## 11. Meetings

11.1 It is expected that the Programme Board will meet fortnightly initially.

11.2 Meetings will be approximately 2 hours (or as determined by the Programme Board)

11.3 The meetings will be run by the Chair. In the event of the Chair's absence the meeting shall be chaired by the Vice Chair.

11.4 The Chair may at any time convene extraordinary meetings to consider business that requires urgent attention or when required to manage significant risks.

11.5 The meetings will not be held in public.

11.6 Representatives from other organisations may be invited to attend meetings to speak on specific matters.

11.7 Access to meetings may be granted to other professional colleagues with the permission of the Chair.

## 12. Agendas and Minutes

12.1 Papers may only be tabled by agreement of the Chair and the agenda and papers are to be agreed with the Chair [seven working days] prior to the meeting and must be received by the meeting administrator [five working days] prior to the meeting.

12.2 The agenda and supporting papers will be circulated to all members four working days prior to the meeting.

- 12.3 Action notes will be taken and distributed to the members of the Programme Board within 5 working days after the meeting.

### 13. Declaration of Interests

- 13.1 Individuals contracted to work with or appointed to the Programme Board or workstream sub-groups will comply with the Southport & Ormskirk Partnership's standard of business conduct policy including the requirements for declaring conflicts of interest.
- 13.2 "Declaration of Interests" will be a standing item on all agendas and copies of the minutes will be sent to the [insert appropriate programme/governance manager for the programme] for the purposes of maintaining the register of interests.
- 13.3 All new declarations of interest must be notified to the Chair within fourteen days of a member taking office of any interests requiring registration, or within fourteen days of a change to a member's registered interests. Copies of these notifications should be sent to the Programme Office.

### 14. Confidentiality and Information Governance

- 14.1 All papers that are marked "draft, commercial in confidence" must not be shared beyond the Programme Board with agreement from the Chair
- 14.2 Papers will be sent in PDF format, documents will be password protected as appropriate.
- 14.3 Members of the Programme Board may be asked to sign a confidentiality agreement.

## Appendix 9 Joint Committees

The vast majority of the planning and design work that the Sefton Transformation Partnership would wish to carry out can be managed and delivered without the need for formal, legally binding structures. However, for some decisions, in particular those leading to larger scale change that may create significant political and public interest, it may be necessary to comply with statutory requirements using a legally constituted Joint Committee, made up of the CCGs whose populations are affected by a change.

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) allows CCGs to form joint committees with each other and/or NHS England.

A Joint Committee:

- has delegated, legal authority from its member organisations to make decisions for a pre-defined range of issues;
- is accountable to the organisations that appoint it.

The scheme of delegation for the Joint Committee must be agreed with all constituent organisations and each governing body must independently approve the scheme of delegation; this can be a lengthy process.

Members of Joint Committees with voting rights are those who have a statutory role in commissioning the services affected i.e. CCGs and, where applicable, NHS England for specialised services. It is good practice to offer non-voting seats to the relevant Local Authorities, NHSI and Healthwatch so that they are fully engaged in a robust and transparent decision-making process

Southport & Formby CCG is already consulting with neighbouring CCGs regarding the constitution of a joint committee for changes to acute service provided by S&O.

Figure 8 below summarises the advantages and disadvantages of joint committees and other vehicles for commissioner decision-making.

**Figure 8 Vehicles for Decision-Making**

	CCG Governing Bodies	Committees in Common	Joint Committee
Features	<p>Each CCG retains individual control of decision-making on behalf of its membership.</p> <p>May take longer to make decisions because multiple meetings are required.</p> <p>May not reach consensus across CCGs.</p>	<p>CCGs retain individual control.</p> <p>Supports collaboration.</p> <p>Enables non-NHS bodies to form part of decision making forum.</p> <p>May become very complex if individual CCGs wish to make different decisions.</p>	<p>Each member organisation has agreed remit, membership and authority.</p> <p>No risk of one organisation acting alone.</p> <p>Can have associate commissioners as non-voting members.</p>

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/150	<b>Author of the Paper:</b> Debbie Fagan Chief Nurse
<b>Report date:</b> August 2018	Debbie.fagan@southportandformbyccg.nhs.uk 0151 317 8360
<b>Title:</b> Joint Quality Committee Terms of Reference	
<b>Summary/Key Issues:</b>  The Joint Quality Committee Terms of Reference have been reviewed and discussed at the sub-committee of the Governing Body. The changes are detailed within this paper and the Joint Quality Committee has recommended presentation to the Governing Body for approval.	
<b>Recommendation</b>  The Governing Body is asked to approve this report.	
	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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			Via Joint Quality Committee
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Joint Quality Committee

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



## Report to Governing Body

**SEPTEMBER 2018**

### 1. Executive Summary

The Joint Quality Committee Terms of Reference have been reviewed and discussed at the sub-committee of the Governing Body. The changes are detailed within this paper and the Joint Quality Committee has recommended presentation to the Governing Body for approval.

### 2. Amendments to the Joint Quality Committee Terms of Reference

Following the Quality Committee review of the Terms of Reference, the comments have been discussed with the CCG's QIPP programme lead and governance lead who has considered the feedback and provided additional advice. The TOR will now be presented to the Governing Bodies for approval. The following changes have been incorporated into the final version that will be submitted to governing body for final approval.

#### Principle Duties:

- Change 'Corporate Performance' to 'Clinical Performance'
- Information governance will remain as a duty as this function has not formally been delegated to any other committee
- Specify duties in respect of looked after children (LAC). Whilst this is covered as part of the safeguarding programme it is recommended it is described specifically.

#### Membership:

- The Committee agreed Deputy Chief Nurse to be added to the membership
- Lay Members cannot nominate a deputy
- Spelling error 'Programme Manager Contract Performance'

#### Frequency of Meetings & Reporting Arrangements:

- The requirement to submit an annual report to the governing body has been removed as the committee submits ratified minutes and key issues reports on a routine basis providing assurances to the governing body that relevant duties are being discharged.

### 3. Recommendations

The Joint Quality Committee is asked to approve the changes to the revised Terms of Reference.

**Debbie Fagan**  
Chief Nurse  
September 2018

## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/151	<b>Author of the Paper:</b> Karen Garside Designated Nurse Safeguarding Children <a href="mailto:Karen.garside@southseftonccg.nhs.uk">Karen.garside@southseftonccg.nhs.uk</a> 0151 317 8456
<b>Report date:</b> September 2018	
<b>Title:</b> Safeguarding Supervision Policy (v4)	
<p><b>Summary/Key Issues:</b></p> <p>Halton CCG Quality Committee, prior to the transfer of the Safeguarding Service to the individual CCGs, ratified the Safeguarding Supervision Policy (V3, February 2018).</p> <p>A short review date of August 2018 was applied, to facilitate a prompt review and ensure that this remained fit for purpose following the service transfer.</p> <p>Minor updates have been made primarily to reflect the change from ‘hosted’ to ‘in-housed’ safeguarding service.</p> <p>Approval is requested for the updated document (v4) and a subsequent review date in August 2020</p>	
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve this report.</p>	
	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

## Report to Governing Body

**SEPTEMBER 2018**

### 1. Executive Summary

Halton CCG Quality Committee, prior to the transfer of the Safeguarding Service to the individual CCGs, ratified the Safeguarding Supervision Policy (V3, February 2018).

A short review date of August 2018 was applied, to ensure that this remained fit for purpose following the service transfer.

Minor updates have been made primarily to reflect the change from 'hosted' to 'in-housed' safeguarding service.

Approval is requested for the updated document (v4) and a subsequent review date for August 2020.

### 2. Key Issues

The current version of the Safeguarding Supervision Policy (v3) has been reviewed by the CCG Safeguarding Service to ensure that it remains fit for purpose following transfer of a 'hosted' safeguarding service to being 'in-house'.

A number of updates have been made including:

- Removal of references to 'hosted' safeguarding service
- Change of terminology from Safeguarding Adult nurse to Designated Adult Safeguarding Manager
- Change of terminology from Sefton Safeguarding Adult Board to Merseyside Safeguarding Adult Boards
- Update of references to reflect Working Together (2018)
- Minor amendments to definition of Looked after Children (section 3.5) and Adult at Risk (section 3.7)

### 3. Recommendations

The Governing Body is asked to approve the revised Safeguarding Supervision Policy (v4)

Appendix 1: Safeguarding Supervision Policy (v4)

Appendix 2: Equality Analysis and Assessment Report

**Karen Garside**  
**Designated Nurse Safeguarding Children**  
**20<sup>th</sup> August 2018**

# Safeguarding Supervision Policy

Acknowledgements

*Greater Manchester Safeguarding Collaborative.*

**Version Control**

<b>Reference Number</b>	V. 1 December 2014 V.2 August 2016 V.3 February 2018 V.4 August 2018
<b>Approving Committee(s) And Date</b>	NHS South Sefton and NHS Southport and Formby CCG Governing Bodies
<b>Author(s) / Further Information</b>	Adopted from Greater Manchester Safeguarding Collaborative.  CCG Hosted Safeguarding Service Members
<b>Lead Director</b>	Chief Nurse
<b>This Document Replaces</b>	Safeguarding Children and Adults at Risk Safeguarding Supervision Framework February 2018
<b>Review Due Date</b>	August 2020
<b>Final Ratification Date</b>	

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## 1.0 INTRODUCTION

1.1 Effective supervision is essential to professional development. It provides opportunity to analyse and reflect on concerns resulting in outcome focussed action planning. This in turn enhances decision making. Supervision is an arena for celebration and challenge.

1.2 Supervision can be defined as:

*"an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes."*<sup>1</sup>

1.3 Supervision is vital within the field of safeguarding due to:

- Ambivalence and ambiguity
- Conflicting interests/principles between stakeholders
- Managing power and authority issues
- Importance of relationships and use of self
- Complexity
- Degree of discretion and judgement
- Strong emotional issues
- Powerful values/moral dilemmas

1.4 The key functions of supervision are:

- Management (ensuring competent and accountable performance/practice)
- Development (continuing professional development)
- Support
- Engagement/mediation (engaging the individual with the organisation)<sup>2</sup>

1.5 Safeguarding supervision should:

- ensure that practice is soundly based and consistent with local Safeguarding Children partnership arrangements and Combined Safeguarding Adult Boards, organisational procedures and national guidance

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<sup>1</sup> Providing Effective Supervision 2007, Skills for Care and Children's Workforce Development Council page 5

<sup>2</sup> Morrison, T (2005) Staff Supervision in Social Care. Third Edition. Brighton: Pavilion



- that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority
- help to identify the training and development needs of practitioners, so as to ensure that each has the skills to provide an effective service<sup>3</sup>

1.6 Safeguarding supervision is separate from but complimentary to other forms of management and clinical/professional supervision.

## 2.0 RATIONALE FOR POLICY

2.1 The notion of safeguarding supervision is not new; Standard 5 of the National Service Framework (NSF) for Children, Young People and Maternity Services (2004)<sup>4</sup>, identified high quality supervision as the cornerstone of effective safeguarding of children and young people, because working to ensure that children are protected from harm requires sound professional judgements.

2.2 Laming (2003)<sup>5</sup>, following the death of Victoria Climbié, referred to supervision as the ‘cornerstone of good practice’ and Munro (2011)<sup>6</sup> in her review of child protection services described how effective supervision can improve outcomes for children, young people and their families.

2.3 Based on the work of Sonya Wallbank the Department of Health identifies restorative supervision as a support for community practitioners to “*restore their capacity to think and make decisions, potentially reducing risk*”<sup>7</sup>. Safeguarding supervision supports practitioners to make sound and effective judgements in relation to outcomes for children, families and adults with complex needs.

2.4 All NHS services are required to fulfil their legal duty under section 11 of the Children Act 2004 and statutory responsibilities as set out in Working Together (2018). and the Accountability and Assurance Framework (2015)<sup>8</sup> outlines that safeguarding supervision should be an integral part of practice for all health care practitioners but particularly for named and designated professionals within their role of

<sup>3</sup> Working Together to Safeguard Children 2018

<sup>4</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199952/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_Core\\_Standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

<sup>5</sup> Report into the death of Victoria Climbié: Laming (2003)

<sup>6</sup> The Munro Review of Child Protection: Final report; A Child centred System (2011)

<sup>7</sup> DH 2013 Using Restorative Supervision to improve clinical practice and safeguarding decisions

<sup>8</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

supporting other professionals in their agencies to recognise the risk to children/adults.

- 2.5 Many inquiries into child and adult deaths and serious incidents have highlighted an absence of effective supervision as a feature of the case<sup>9,10,11,12,13</sup>

### 3.0 DEFINITIONS

- 3.1 **Children:** in this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means children and young people throughout.

- 3.2 **Safeguarding and Promoting the Welfare of Children** is defined in Working Together to Safeguard Children (2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

- 3.3 **Child Protection:** refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

- 3.4 **Young Carers:** Are children and young people who assume important caring responsibilities for parents or siblings, who have a disability, have physical or mental health problems, or misuse drugs or alcohol.

- 3.5 **Looked After Children/Children in Care:** The terms 'looked after children' and 'children in care' are generally used to mean those looked after by the state, according to relevant national legislation, which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, full care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The

<sup>9</sup> The Victoria Climbié Inquiry Summary and Recommendations Lord Laming 2003 (Training & Supervision)

<sup>10</sup> Haringey Local Safeguarding Children Board: Serious Case Review "Child A" November 2008

<sup>11</sup> Munro E 2010 The Munro Review of Child Protection. Interim report: the child's journey

<sup>12</sup> Institute of Public Care, Skills for Care 2013 Evidence Review – Safeguarding Adults

<sup>13</sup> Surrey County Council: Safeguarding Adults Board 2014 The death of Mrs A A Serious Case Review

term is also used to describe children who are looked after on a voluntary basis at the request of, or by agreement with, their parents (section, 20).

### 3.6 **Adult Safeguarding:** The Principles of Adult Safeguarding and Making Safeguarding Personal

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding

### 3.7 **Adult at risk:** the Care Act (2014) has replaced the term “vulnerable adult” with the term “adult at risk”. An Adult at Risk is defined as a person aged 18 years or older: *“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”*.

Safeguarding duties apply to an adult aged 18 or over and who:

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## 4.0 AIMS OF THE POLICY

### 4.1 The aim of this policy is to promote and develop a culture that values and engages in regular safeguarding supervision.

- 4.2 The policy will lay out the requirement for supervision and identify a matrix for supervision across organisations.
- 4.3 Safeguarding supervision must be delivered within a competence matrix (Appx 3).

## **5.0 REQUIREMENT FOR SAFEGUARDING SUPERVISION**

- 5.1 The provision of safeguarding supervision must be undertaken by practitioners who are trained to deliver supervision and who have expert knowledge of safeguarding.
- 5.2 Designated professionals will provide safeguarding supervision to the Named professionals in provider organisations.
- 5.3 Named professionals will provide safeguarding supervision to local safeguarding practitioners who in turn will ensure supervision arrangements are in place for the relevant provider organisation. These arrangements will be locally determined; however, this must comply with national guidance (this will be included in the safeguarding element of contract monitoring).
- 5.4 GPs, Practice Nurses, Dentists, Dental Nurses, Pharmacists and Optometrists should seek safeguarding supervision/advice as required to discuss individual cases. These professionals should have access to their GP Safeguarding Leads, Named GPs, Designated Professionals or Safeguarding Advisors, depending on local arrangements.
- 5.5 This also applies to any member of the CCG (or clinicians who have an affiliation with CCG's e.g Nurse Commissioner CHC – Disability Nurse) whether or not they have direct contact with children and adults in their day to day work.
- 5.6 The supervisory relationship is not a mode of performance monitoring; however, where issues around capability arise these must be addressed (Appx 4).
- 5.7 The provider organisation is required to have in place a Safeguarding Supervision Policy for adults and children including Looked After Children/Children in Care. In addition, an annual safeguarding supervision schedule should be in place which in turn will inform the provider safeguarding assurance framework.

## 6.0 COMMISSIONING ORGANISATIONS

6.1 All staff working within the CCG who hold a leadership safeguarding role are responsible for securing supervision external to their organisation and this supervision should occur quarterly as a minimum.

6.2 This group of staff include a wide range of specialists involved in broad safeguarding activity including, but not exclusively:

- Designated Nurses/Professionals
- Safeguarding Adult Leads
- Designated Doctors
- Named GP's

6.3 Supervision may take the form of:

- Planned safeguarding supervision which is recorded with clear action planning. (Appx 1-2)
- Supervision and professional support within established professional meetings (e.g. Children, Adult and Looked After Children/ Children in Care Networks)
- 1:1 supervision – face to face and/or telephone contact
- mentorship<sup>14</sup>
- shadowing – within peer groups and/or with external bodies e.g. Department of Health, Care Quality Commission

6.4 Line managers in the CCG should ensure that protected time and sufficient resource is available to access supervision in keeping with this policy.

6.5 All staff working within the CCG's are expected to approach Designated professionals to discuss individual cases or related issues where necessary.

---

<sup>14</sup> Mentor: 'experienced and trusted adviser' Oxford Dictionary (2010)

## 7.0 COMMISSIONING ORGANISATIONS TO PROVIDER ORGANISATIONS

- 7.1 Named Nurses or Professionals for Safeguarding should receive planned safeguarding supervision from a Designated Professional or specialist safeguarding practitioner within a commissioning organisation, as per a safeguarding supervision agreement.
- 7.2 Named Doctors for Safeguarding Children should receive safeguarding children supervision from a Designated Doctor. The detail of this should be determined locally depending on organisational delivery and as a minimum 4 times a year

## 8.0 SUPERVISION MATRIX

- 8.1 The supervision matrix below sets out safeguarding supervision requirements:

STAFF GROUP	SUPERVISOR	TYPE OF SUPERVISION	FREQUENCY (minimum)
Designated Nurses for Safeguarding Children and Looked After Children/Children in Care	Locally determined/choice	Individual and/or group	3 Monthly
Designated Doctors for Safeguarding Children and Looked After Children/Children in Care	Locally determined/choice	Individual and/or group	3 Monthly
CCG Designated Safeguarding Adult Manager	Locally determined/choice	Individual and/or group	3 Monthly
CCG Safeguarding Advisors (or equivalent)	Designated Nurse	Individual and/or group	3 monthly
Named GP	Designated Doctor	Individual	3 Monthly
Commissioned Services Named Nurses (children and adult/or equivalent for adults)	Designated Nurse and Adult Safeguarding Leads	Individual	3 Monthly
Other CCG clinical staff (e.g. CHC)	Designated Nurse /Adult Safeguarding Lead	Individual	3 Monthly

## Appendix 1

### SAFEGUARDING SUPERVISION CONTRACT

**Between:** Name of Supervisee .....

Name of Supervisor .....

#### As a supervisee I agree to:

1. Prepare for the sessions appropriately.
2. Take responsibility for making effective use of the time, including punctuality and any actions I take as a result of supervision.
3. Be willing to learn, to develop my clinical skills and be open to receiving support and constructive feedback.

#### As a safeguarding supervisor I agree:

1. To keep all information revealed in the supervision sessions confidential with the following exceptions:
  - The practitioner discloses, or the supervision uncovers, any unsafe or unethical practice the practitioner is unwilling or unable to address.
  - The practitioner repeatedly fails to attend sessions.
  - Disclosure of a safeguarding incident that has not been reported through the appropriate channels.
  - In the case of concerns regarding professional abuse, the supervisor will follow internal and external protocols related to the management of allegations of professional abuse.
2. In the event of an exception arising, the supervisor will attempt to support the supervisee to deal appropriately with the issue. If the supervisor remains concerned he/she will inform the supervisee's line manager only after informing the supervisee of this.

3. To offer the supervisee advice, support and supportive challenge to facilitate in depth reflection on issues affecting their practice.
4. The supervisor will be committed to continually develop their competencies as a professional and safeguarding supervisor.

**ARRANGEMENTS AGREED FOR SUPERVISION:**

<b>Frequency</b>	
<b>Length</b>	
<b>Location:</b>	

**Signed:**

**Supervisor:** ..... **Date:** .....  
**Designation:**

**Supervisee:** ..... **Date:** .....  
**Designation:**



## Appendix 2 Supervision Plan & Decision Making Record

Named Nurse Safeguarding Children Supervision Record	
Date of supervision session:	
Venue:	
Name and designation of supervisee:	

Agenda items:	Agreed actions:	Evidence / confirmation of actions:
<b>Minutes and matters arising from last session:</b>		
<b>Standing agenda items:</b>		
Risk issues		
Competency & professional development		

Quality improvement/ performance management/ clinical governance		

KPI / Audit tool		
Multi-agency working – developments and / or implications		
Issues raised by Named Nurse		

Other practice/specific case issues	Agreed actions	Evidence / confirmation of previous actions

Named Nurse signature:	
Designated Nurse/Professional signature:	
Date/ time and venue of next session:	

**Appendix 3 Competence Matrix**

<p><b>Conscious Competence</b></p> <p>What I <i>know</i> I know and can do</p> <p>Clear transferable skills</p> <p>Can be explained to others</p> <p>Firm ground zone</p>	<p><b>Conscious Incompetence</b></p> <p>Areas of openly acknowledge gaps or Weaknesses</p> <p>Challenge zone</p>
<p><b>Unconscious Competence</b></p> <p>What I know or can do without being conscious of how I know it</p> <p>Hard to explain to others</p> <p>May be lost in conditions of turbulence or disruption</p> <p>Development zone</p>	<p><b>Unconscious incompetence</b></p> <p>Things which I am unaware I don't know</p> <p>Others may see these gaps or weaknesses but I do not</p> <p>Roots of performance problems</p> <p>Danger zone</p>

## Appendix 4

### Performance management Framework (after Tony Morrison)

Clear discipline

Staff care resource

Capability framework

Appraisal throughout

Training – based on workforce planning

### SUPERVISION

Clear standards/competences

Clear policies and practice guidance

Effective induction – to goals and values of organisation

Appropriate recruitment and selection

**Equality Analysis and Assessment report NHS Southport and Formby CCG and NHS South Sefton CCG**

Date of start: 20/8/18  
 Date of update: 22/8/18  
 Date of update:  
 Date of final report:

Signature:

Signed off (senior manager):

**1) Details of service / function:** (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement ) and timescales -

**Safeguarding supervision policy**

Effective supervision is essential to professional development. It provides opportunity to analyse and reflect on concerns resulting in outcome focussed action planning. This in turn enhances decision making. Supervision is an arena for celebration and challenge.

- What is the legitimate aim of the service change / redesign

The CCG has a responsibility to deliver safe and effective services. In order to achieve this, staff need to be competent and capable within their defined roles. To ensure that staff are adequately equipped to work in the NHS environment and to provide safe and effective care, they must receive effective clinical and management supervision on an ongoing basis.

Clinical and management supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to, address and identify solutions to problems, improve practice and increase understanding of professional issues, and most importantly, to improve standards of care.

A formal process, for staff responsible for the care of patients/service users, of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of clinical areas

- Key milestones and timescales include:

**2) What is the Change to service**

To incorporate and update policy to with new legal and regulatory requirements.

**3) Effects of change.**

To areas of focus will be:

- 1. How supervisors can support supervision process for people across relevant protected characteristics**
- 2. Safeguarding Issues linked to protected characteristics that can support robust and sound investigation and decision making**

Protected Equality Group / Group	Issue / barrier	Mitigations
Age	<p>1. Supervisor and organisational requirement to meet supervisee needs within working age environment those at the youngest and oldest end of the spectrum are more likely not to be provided with the same opportunities. Policy will incorporate a E&amp;D section with some guidance on planning and implementing supervision.</p>	<p>1. Ensure diversity and cultural competency are considered</p>
Disability	<p>1. National evidence highlights that Disabled staff and those staff with impairment are less likely to access training opportunities , promotion and other benefits when compared to non disabled staff. Both Sefton CCGs have a developed guidance on how to apply reasonable adjustments and include a section to prompt managers to ensure reasonable adjustments are applied in communication, venues and supervision times, to enable access needs to be met.</p>	<p>1. Ensure needs are met and reasonable adjustment are in place 2. Ensure diversity and cultural competency are considered</p>

Sexual Orientation	LGBT status has an impact on safeguarding issues. Evidence consistently states that sexual orientation increases poor mental health and suicide.	Ensure issues are discussed in any investigation Ensure needs are met and reasonable adjustment are in place Ensure diversity and cultural competency are considered
Gender Reassignment	1, meet need of supervisee. 2. has an impact on safeguarding issues. Evidence consistently states that sexual orientation increases poor mental health and suicide.	1. CCG to develop HR transgender policy 2. Ensure issues discussed and considered if relevant
Sex (Gender)	x	Supervision times need to be accessible to those with caring responsibility
Race	1 Evidence highlights that staff from Black minority Asian and ethnic communities are less likely to access training opportunities .	Ensure needs are met and reasonable adjustment are in place Ensure diversity and cultural competency are considered
Religion or Belief	Religion and belief can impact on safeguarding	Ensure needs are met Ensure diversity and cultural competency are considered
Pregnancy and Maternity	x	Supervision policy and Equality and Diversity policy
Marriage and Civil Partnership	x	
Carers		Ensure diversity and cultural competency are considered
Deprived Communities	x	x
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans		Ensure diversity and cultural competency are considered

**Quality leads and equality team to discuss and consider issues and mitigations above and how best to implement them.**



## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/152	<b>Author of the Paper:</b> Karen Garside Designated Nurse Safeguarding Children <a href="mailto:Karen.garside@southseftonccg.nhs.uk">Karen.garside@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Report date:</b> September 2018							
<b>Title:</b> Safeguarding Children Annual Report (2017-18)							
<b>Summary/Key Issues:</b>  The Safeguarding Children Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to safeguarding children and young people within Sefton. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="border: none;"> <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"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

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

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



## Southport and Formby Clinical Commissioning Group

### Report to Governing Body

**SEPTEMBER 2018**

#### 1. Executive Summary

The purpose of the Safeguarding Children Annual Report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and young people within Sefton.

There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Adults at Risk.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

#### 2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and young people and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004.

This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children Board and this report should be read in conjunction with Sefton Safeguarding Children Board's annual report.

#### 3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- The National Context including the implications and implementation of Children and Social Work Act (2017) in respect of future safeguarding partnership arrangements and Child Death review partnerships
- Local Context including Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2018/19

#### **4. Recommendations**

The Governing Body is asked to receive the Safeguarding Children Annual Report

**Karen Garside**  
**Designated Nurse Safeguarding Children**  
**20<sup>th</sup> August 2018**

Staying **local**  
& **together**



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

# Safeguarding Children Annual Report 2017/18

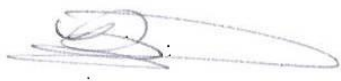
**Karen Garside**  
(Designated Nurse Safeguarding Children)

September 2018



## Foreword by the Chief Nurse

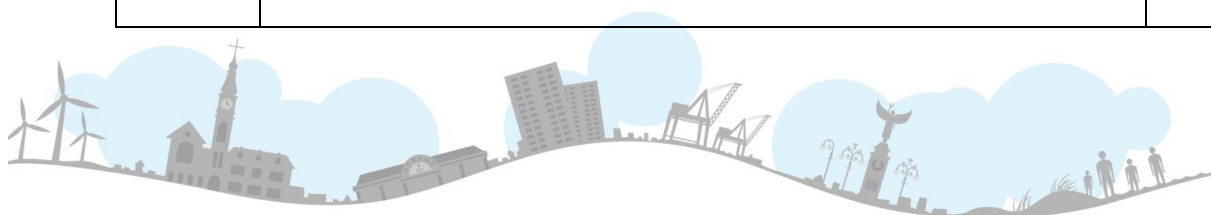
NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding children within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that safeguarding children and young people is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



**Debbie Fagan**



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## Executive Summary

This is the annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (to be referred to as the CCGs throughout the remainder of the report) are fulfilling their statutory duties in relation to safeguarding children and young people in the Borough of Sefton.

The CCGs Safeguarding Children annual report takes account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity.

The CCGs have in place governance and accountability arrangements including regular reporting via the CCGs Joint Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCGs makes a significant contribution to the work of the Sefton Safeguarding Children Board and its sub groups.





## 1 Purpose of the report

This report provides assurance that the CCGs have safely discharged their statutory responsibilities to safeguard the welfare of children at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004. There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Adults at Risk.

Key areas of priority were established and reported in the Safeguarding Annual Report 2016-17 and progress against the children elements of these priorities will be highlighted within this report. A number of areas will continually be prioritised for the CCGs as they are a core component of providing safeguarding assurance and therefore they will remain ongoing on future work plans.

This report will summarise arrangements, achievements and activity undertaken in 2017-18, highlight recommendations for 2018-19 and will provide information about national and local changes and influences, local development, performance, governance arrangements, activity and any challenges to business continuity.

The CCGs works in partnership with Sefton Local Authority and other agencies including Sefton Local Safeguarding Children Board and this report should be read in conjunction with Sefton LSCB annual reports.



## 2 Response to Business priorities 2016/17

- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progress against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.

*Progress and updates against action plans including Section 11 Children Act (2004), NHS England Safeguarding Assurance and regulatory inspection frameworks have been provided in section 6.1.*

- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB improvement plans and priorities. This will include supporting the CCGs in implementing the Children and Social Work Act / Wood Report and the Kennedy review (CDOP)

*Progress and updates against the implementation of national arrangements are provided in section 3.1; learning from reviews including CDOP and practice reviews are provided in section 7.2 and 7.4 respectively.*

- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking with an increased focus on Modern Slavery

*Progress and updates against this work stream are provided in section 5.1 (Modern Slavery Act Statement) and section 5.3*

- Support the SEND inspection plan and implementation.

*Progress and updates against this work stream are provided in 6.1.*



### 3 National Context

#### 3.1 Children & Social Work Act (2017)

Children & Social Work Act (2017) received Royal Assent on 27<sup>th</sup> April 2017. As a consequence of the legislative changes within the Act, revisions were proposed to Working Together (2015) to reflect the:

- Replacement of Local Safeguarding Children Boards (LSCBs) with local Safeguarding partners
- Establishment of a new national Child Safeguarding Practice Review Panel
- Transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners

In respect of safeguarding, LSCBs must continue to carry out their statutory functions until safeguarding partner arrangements begin to operate in their area. LSCBs must also continue to ensure that a review of each death of a child normally resident in the LSCB area is undertaken by the established Child Death Overview Panel (CDOP) until the new child death partner arrangements are in place.

In June 2017, Sefton LSCB held a Development Day where members expressed a wish to continue arrangements with the current LSCB structure and await the revision of Working Together to Safeguard Children. Following publication of the draft guidance, the CCGs supported the LSCB in providing a response to the consultation prior to the 31<sup>st</sup> December 2017 deadline.

In December 2017, Sefton LSCB Independent Chair wrote to the Chief Executive (Sefton MBC), Chief Officer (CCGs) and Chief Constable (Merseyside Police) to request consideration to the preparations for the new Multi-Agency Safeguarding Arrangements that would replace LSCBs. The 'Safeguarding Partners' met in March 2018 to agree the principles of the future working arrangements and proposed timetable for implementation. Further consultation and discussion will be undertaken with the wider partnership and LSCB in order to finalise a structure that will support the safe transition to Multi Agency Safeguarding Arrangements by April 2019.

#### 3.2 Working Together (2018)

The launch of the revised Working Together (2018) had been anticipated since early 2018 and would support the revision and update of CCG Safeguarding Policy, Strategy and guidance. Although outside the reporting period, it was finally published on 4<sup>th</sup> July 2018 and necessary updates within the CCG are underway.



#### 4 Local Context

Sefton has a population of 274,000, approximately a quarter are aged 0-19. Ethnic minorities represent 4.3% of the borough's young people (under 18), representing 6% of children in need (0-18 year old) and 4.3% of children subject of a Child Protection Plan. Amongst 0-24 year olds the greatest number of percentage of non UK born residents is amongst Eastern European countries admitted to the EU since 2001, including Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Bulgaria, Romania and Slovenia.

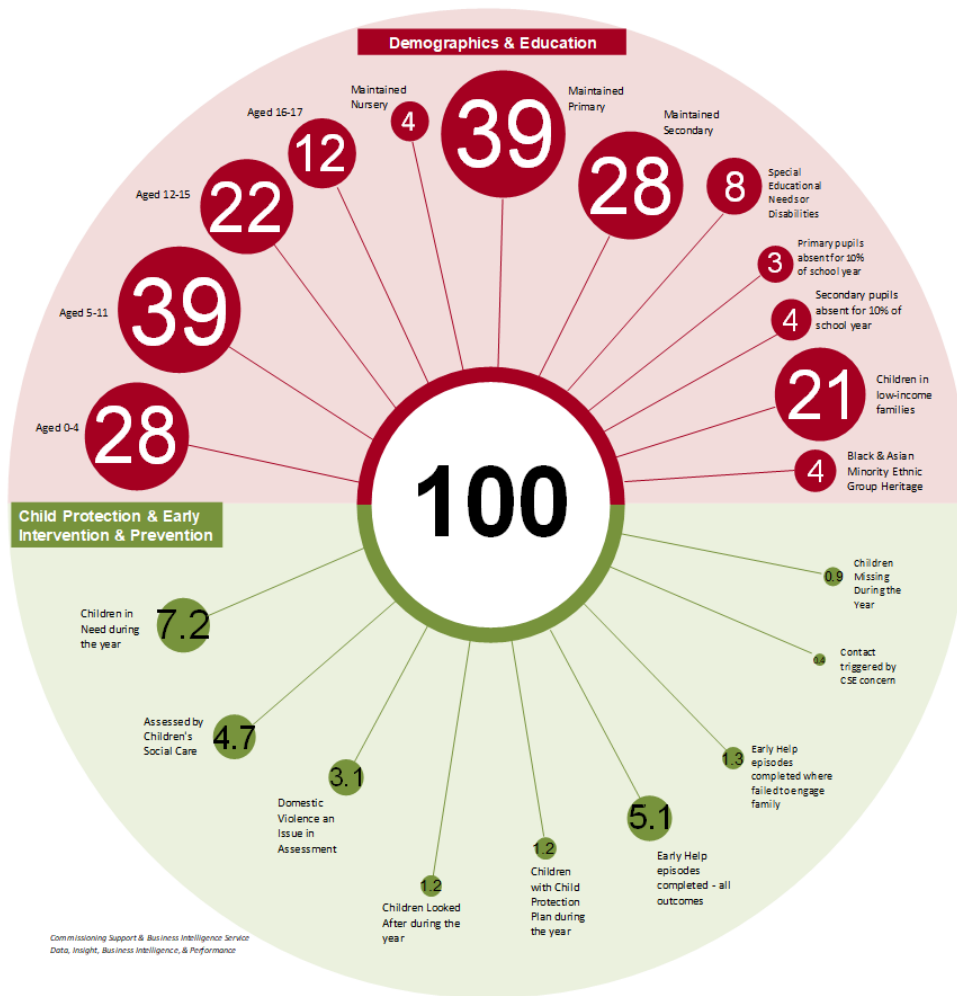
In total there are approximately 10,455 children living in workless households in Sefton, approximately 19% of 0-19 year olds. Approximately one in five children live in low income families. Nearly three quarters of all low income families are also a lone parent family which is higher than the national rate of 68%.

There is a high concentration of low income families in the South of the Borough particularly around the area of Bootle.

If the 53,201 children aged 0-17 in 2015 were represented by just 100 children then 51 of them would be boys, 49 would be girls.

So if Sefton were a village of 100 children.....





On 31<sup>st</sup> March 2017 there were 235 children subject to a Child Protection Plan. On 31<sup>st</sup> March 2018 there were 238 children subject to a Child Protection Plan.

The highest category continues to be emotional abuse (57%), as has been the case for the last 5 years. Neglect has risen by 4% (now 30%), physical has reduced by 4% (now 8%) and sexual abuse has increased by 1.5% (now 4%).

The CCGs and partner agencies continue to work together to ensure that this information is available to inform future commissioning arrangements.



#### 4.1 NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commissioned a Hosted Safeguarding Service. The hosting arrangements remained with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Throughout the reporting period the hosted safeguarding arrangements were reviewed and the CCGs declared their intention to take 'in house' and employ their own safeguarding provision. Following a consultation period and TUPE (Transfer of Undertakings- Protection of Employment regulations) processes, the service transferred on 1<sup>st</sup> March 2018. Support arrangements remained in place from Liverpool CCG until recruitment processes for the Designated Safeguarding Adults Manager and Designated Nurse Children in Care were completed. Although outside the reporting period, the Safeguarding Team became fully resourced on 2<sup>nd</sup> July 2018.

Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor Safeguarding and Looked After Children and Named GP. All of these professionals act as clinical advisors to the CCGs on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on Sefton Local Safeguarding Children Board, Merseyside Combined Safeguarding Adults Board and Sefton Corporate Parenting Board who is also a member of the CCGs Governing Body. In addition, the Deputy Chief Nurse represents the CCGs on Sefton Youth Offending Team Management Board and Sefton Safer Community Partnership Board.

The safeguarding team meets on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCGs oversight of activity.

Safeguarding reports are presented to the Joint Quality Committee on a quarterly basis to appraise the CCGs of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continue to work in partnership with statutory agencies and the third sector to support safe and effective delivery of services against the safeguarding agenda.



#### 4.2 Multi agency Safeguarding Arrangements

Each CCG has a statutory duty to work in partnership with LSCBs in conducting Serious Case Reviews (SCR) in accordance with Working Together to Safeguard Children (2015).

The CCGs Designated Professionals coordinate and evaluate health sector input into SCRs providing professional scrutiny and where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR panel. Activity in respect of SCRs and practice reviews will be highlighted in section 7.4.

Sefton LSCB is the key statutory body overseeing multiagency child safeguarding arrangements across Sefton. The Board is comprised of senior leaders from a range of organisations as defined within Children Act (2004)

- To coordinate the safeguarding work of agencies
- To ensure that this work is effective

CCGs therefore have a statutory duty to be members of the LSCB, working in partnership with the Local Authority to fulfil their safeguarding responsibilities.

The Designated Safeguarding Professionals and CCGs Quality Team are members of Sefton LSCB (main and executive Board) and the sub groups including the Practice Review Panel (chaired by the Chief Nurse), Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, health sub group, Child Exploitation, Learning Development, all of which have a function of developing and scrutinising frontline practice across all partner agencies.

This overview adds further dimension to the CCGs performance information received within the contractual process which supports assurance or the identification of risk within the system.

#### 4.3 National Institute for Health and Care Excellence (NICE) Guidance

NICE provides national guidance, advice and quality standards to improve health and social care. Guidance published during this reporting period has included Child abuse and neglect NICE guideline (NG76), which has been shared across the health economy and included within the Sefton Liverpool LSCB Health sub group.



## 5 Summary of Progress and areas of work supported in 2017/18

### 5.1 Policy Reviews

The Safeguarding Service has ensured the CCGs remain compliant with its policies including the following updates:

- Safeguarding Policy (v9): minor amendments made and an extension to review date (from November 2017 to July 2018) agreed through Joint Quality Committee in order that review could incorporate imminent publication of Working Together (2018)
- Safeguarding Declaration (2017)
- Safeguarding Supervision Policy (updated March 2018)
- Modern Slavery Statement:
  - The [Modern Slavery Act 2015](#) has introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). As leaders in commissioning health care services and as employers, the CCGs are required to publish a statement providing assurance of its commitment to, and efforts to, prevent slavery and human trafficking practices in the supply chain and employment practices. This statement is present on the CCGs website.

Further updates and revisions will be required in 2018-19 and include:

- Safeguarding Strategy
- Safeguarding Policy (in line with revised Working Together, 2018)
- Management of Allegations Policy & Procedures

### 5.2 Child Exploitation (CE)

The CCGs Safeguarding Service continues to be represented at National, Regional and local forums to ensure national and local developments are embedded within the local health economy.

Nationally, the Designated Nurse Safeguarding Children is a member of the Child Sexual Abuse & Exploitation Health forum, accountable to NHS England's National Safeguarding Steering Group.

Regionally, the Pan Merseyside Child Exploitation sub group has continued to meet on a bi monthly basis chaired by a Detective Superintendent of Merseyside Police with the CCGs having representation through the Designated Nurse Safeguarding Children.





Key work streams of the group have included

- Development of a PAN Merseyside Child Exploitation Strategy and Child Exploitation Protocol to cover sexual exploitation, criminal exploitation, trafficking and other forms of exploitation, ensuring links to missing children protocols
- Development of a communications strategy in relation to all elements of exploitation aimed at key groups:
  - Professionals
  - Young People
  - Parents and Carers
  - Wider community
- Agree a PAN Merseyside Child Exploitation multi-agency data set and co-ordinate collation of data, in order to provide the Strategic Exploitation Group with oversight of the issue in Merseyside.

The Designated Nurse Safeguarding Children has ensured that representatives from across the health economy have had the opportunity to review and influence the development of the policy and risk assessment tools. Although outside the reporting period, the work of the group culminated in a half day conference on 1<sup>st</sup> May 2018, launching the developed Child Exploitation and Missing Children protocols.

The Child Sexual Exploitation (CSE) Health sub group continues to meet on a 6 monthly basis in order to share and disseminate key learning and guidance both nationally and regionally.

Specific CSE KPI data continues to be collated by commissioned services to evidence engagement in the agenda. The CSE data required for submission throughout 2018-19, will be further strengthened to include reference to Child Exploitation (Child Sexual Exploitation and Child Criminal Exploitation) as per national developments.

The LSCB Child Exploitation and Missing sub group has continued to be supported with CCGs' representation from the Designated Nurse Safeguarding Children.

The CCGs have continued to support the CSE agenda through financial contribution to the CSE business analyst post to support Sefton's Multi Agency Child Sexual Exploitation (MACSE) pathway

### 5.3 Harmful Practices including Female Genital Mutilation (FGM)

During the reporting year the CCGs Safeguarding Service was represented at Regional and local forums to ensure national and local developments are embedded within the local health economy.



Regionally, the Pan Merseyside Harmful Practices sub group has continued to meet on a quarterly basis chaired initially by NHS England and for the later part of the year a Designated Nurse for Safeguarding Children from the Merseyside area. The CCGs representation was through the Designated Nurse Safeguarding Children within the hosted service.

Key work streams of the group have included:

- Development of a PAN Merseyside Forced Marriage and Honour Based Violence protocol.
- Updating the PAN Merseyside Female Genital Mutilation Protocol to ensure the document was legislatively compliant.
- Agreeing Terms of Reference and Work Plan to use moving forward into 2018-19 with clear governance arrangements.

The CCG Safeguarding Service was also represented at the Regional NHS England North FGM Meeting. This meeting was chaired by the Regional Designated Nurse for Safeguarding Children from NHS England.

Key work streams of this group have included:

- Health provider readiness for the roll out of the FGM – RIS (Risk Indication System) now referred to as the FGM – IS (Indication System). Provider Trusts locally are included in Phase 2 of the roll out planned for 2018-19.
- Ensuring and monitoring data that all providers are undertaking FGM mandatory reporting. Provider organisations locally are all completing mandatory reporting.
- Influencing and developing a set of commissioning standards for FGM which will be implemented in 2018-19.

#### **5.4 Lessons learned from NHS investigation into matters relating to Jimmy Savile**

The Safeguarding Service has continued to seek assurances from commissioned health services around compliance against the Lampard report recommendations throughout this reporting year and enabled the CCGs to provide update reports to NHS England Cheshire and Merseyside Quality Surveillance Group.

The CCGs commissioned services report compliance in all areas with the exception of Recommendation 7 in respect of the need for 3 yearly Disclosure and Barring Service (DBS) checks. As this is not a statutory recommendation, the Safeguarding Service has



continued to monitor progress against this and consider mitigating actions in place where full assurance cannot be provided.

### 5.5 Child Protection Information Sharing (CP-IS)

CP-IS is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres and Walk in Centres. CP-IS features within the NHS Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for health care services other than primary care.

Sefton Local Authority went live with CP-IS in January 2016

The Named GP has initiated contact with NHS Digital in order to progress CP-IS within the unscheduled urgent and primary care providers (GTD Healthcare and Integrated Care Sefton) within Sefton and the NHS England position statement from May 2018 reported that they were now live.

A priority area for 2018-19 will be for the CCGs Safeguarding Service to consider the impact of these systems on the outcomes for children and young people, through work with the Local Authority Business Intelligence teams in respect of alerts generated for Sefton children.

### 5.6 Sefton LSCB Priorities

The CCGs have supported the priorities of the LSCB throughout 2017-18. These priority areas included:

- Early Help

Engagement of commissioned health services within the Early Help agenda is overseen and monitored through Safeguarding KPI's which are reviewed by the CCGs Safeguarding Service.

The Chief Nurses for Liverpool and Sefton's CCGs are Chair and Vice Chair of the joint LSCB Health Sub Group. The sub group's work plan includes updates from all member health organisations of Sefton LSCB in line with specific Early Help standards.

The Designated Nurse Safeguarding Children, as a member of Sefton LSCBs Performance & Quality Assurance sub group, receives and scrutinises data in respect of the Early Help. The CCGs contribute to this dataset on a quarterly basis to support evidencing the effectiveness of Early Help services and to support understanding of the data.



The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the Early Help Gateway 'challenge' sessions.

The Designated Nurse Safeguarding Children presented at the launch of the revised LSCB Level of Need guidance, attended by over 300 delegates, where key early help principles were communicated to the partnership.

- Neglect

The LSCB Health Sub Group's work plan features neglect as a priority area and includes updates from all member health organisations of Sefton LSCB in line with specific Neglect standards.

The low referral rates by health agencies in respect of neglect (& domestic abuse) was raised at the health sub group including specific MASH referral data to support this. This was explored in respect of referral data and the need to clearly include in referral narrative where neglect is a factor. The LSCB data set has subsequently highlighted an increase in the number of referrals from 'health' in respect of neglect that have progressed to assessment.

The CCGs Named GP for Safeguarding Children has promoted the terminology of 'was not brought' as opposed to Did not Attend to support consideration of neglect as a factor when children miss scheduled health appointments. This was also included in the GP Safeguarding training event in July 2017.

The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the 'Use of the Graded Care Profile tool (GCP2) for neglect' challenge sessions. Findings were shared with the health sub group and included updates on key LSCB documents, tools and briefings and commissioned services have ensured that this agenda is included within NHS provider internal Safeguarding Assurance Groups.

- Vulnerable groups

The Designated Nurse for Safeguarding Children chairs the LSCB Policy & Procedure sub group. This group has provided oversight to the development of a Disabled Children policy and the LSCB Criminal Exploitation protocol.

The Deputy Chief Nurse is a member of the Sefton Youth Offending Management Board, overseeing performance of assessment and outcomes of CYP in the justice system.

- Child Exploitation

Activity in respect of this work stream has been highlighted earlier in the report (see section 5.2).



## 6 Effectiveness of Safeguarding Arrangements

The CCGs have a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. Throughout the previous reporting period the scrutiny of this function has been reviewed through external oversight including:

LSCB Section 11 Audit and action plan:

- The one remaining action, in respect to supervision, was completed within this reporting period. A further Section 11 data submission will be requested by the LSCB in 2018

NHS England Safeguarding Assurance process:

- The one remaining action, in respect of an annual review of safeguarding capacity, has been completed within this reporting period. This has resulted in a review of the 'hosted' safeguarding service model, the 'in housing' of the team, an increase in capacity and recruitment to vacant posts as a consequence of TUPE (Transfer of Undertakings- Protection of Employment regulations) processes (see section 4.1).

### 6.1 Inspection Frameworks

Ofsted Single Inspection Framework of Sefton Local Authority's services for children in need of help and protection, Looked After Children and Care Leavers was published in July 2016. The LSCB Improvement Plan was produced to address the areas that required strengthening. This has been progressed throughout the reporting period, with input from the LSCB statutory partners including the CCGs and Designated Professionals, and signed off as completed in July 2017. As part of the improvement plan, the LSCB formed a separate Policy & Procedures subgroup which has been chaired by the Designated Nurse Safeguarding Children.

A Joint local area Special Educational Needs and Disability (SEND) inspection was conducted by Ofsted and the Care Quality Commission in 2016, to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The CCGs have continued to work in partnership with key stakeholders to progress the improvement plan for the local area around key areas for action. A Health SEND Strategic Working Group, chaired by the CCGs Chief Nurse, meets regularly to progress this agenda.

A Care Practice Diagnostic by the Local Government Association was undertaken in Sefton at the request of the Director of Social Care with a specific focus on:



- The effectiveness of the front door
- The impact of the restructure of children's social care
- Improving the health of children looked after
- The impact of the implementation of Signs of Safety
- A review of Sefton's 'Self-Assessment'

The CCGs and commissioned health services supported the preparation process initiated in March 2018 and engagement in the multiagency audit and specific focus groups with inspectors which were scheduled in April 2018.

The CCGs have continued to support commissioned NHS health providers to be 'inspection ready' for the variety of inspections that both the CCGs and services could be required to contribute to.

Briefing updates have been delivered to health providers in respect of the Joint Targeted Area Inspection (JTAI) themes with Intra Familial Sexual Abuse having been anticipated from January 2018. However it was announced that the JTAI programme will now return to previous topics to review how practice has moved forward since the publication of the thematic overview reports on the experiences of children at risk of sexual exploitation and children living with domestic abuse.

In order that the CCG's remain 'inspection ready' the Safeguarding Service has attended a recent planning meeting led by Local Authority with partner agencies. In addition the CCGs 'Health Response Procedure' has been updated to ensure it is fit for purpose with required pathways and contact numbers to support coordination of commissioned and partner health services, should an inspection be announced.

## 6.2 Multi Agency Audit

As a statutory member of the LSCB, the CCGs are fully engaged in the multiagency audit cycle, through the Designated Nurse for Safeguarding Children and Named GP membership of the audit pool. Throughout the reporting period the CCGs and its commissioned services have supported the following LSCB multiagency audits:

- Child Criminal Exploitation
- Children with Disabilities

Recommendations relating to commissioned NHS health services are overseen by the Safeguarding Service at a number of forums including the LSCB Health sub group, Performance and Quality Assurance sub group and Trust Safeguarding Assurance Groups.



### 6.3 Performance Monitoring

As highlighted earlier the CCGs have a statutory duty to ensure that all health providers from whom services are commissioned promote the welfare of children and are able to demonstrate that outcomes for children, young people and their families are improved. The CCGs remain committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been evidenced and agreed progress has not been achieved then contractual levers have been evoked all of which have been agreed and monitored via the Clinical Quality and Performance Group or Contract Clinical Quality Review meetings. In more exceptional circumstance the CCGs will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

During the reporting year NHS Southport and Formby CCG was able to close a performance notice with one Trust and NHS South Sefton CCG continued to apply a notice on a separate Trust.

### 6.4 NHS England Development of a Strategic Direction for Sexual Assault Services

The CCGs Safeguarding Service has supported NHS England's Commissioning Committee in their development of a strategy to ensure effective pathways for survivors of sexual abuse. The Designated Nurse Safeguarding Children engaged in discussions with the National Lead for SARCs & Partnership Working in order to highlight current services, provision and needs within the local area

## 7 Learning and Improvement

### 7.1 Training

The CCGs continue to promote the learning and development of staff with safeguarding training being part of the mandatory schedule for all CCG employees.

The CCG sets a compliance threshold of 90% for commissioned services for Safeguarding Children, Adults and Prevent training.

A review of the CCG training data highlighted compliance as of 31<sup>st</sup> January 2018:

Safeguarding Children Level 1: 91% (85.7%, March 2017)

Safeguarding Adults Level 1: 87% (89.8%, March 2017)





Although outside the reporting period, a briefing was provided to the senior Management Team and actions taken resulting in an increase in training compliance as of 20<sup>th</sup> July 2018:

Safeguarding Children Level 1:	93%
Safeguarding Children Level 2:	94%
Safeguarding Adults Level 1:	93%
Safeguarding Adults Level 2:	89%
Prevent:	94%

Specific training has also been delivered in August 2017, to Governing Body members to ensure compliance as per Intercollegiate Document (2014) requirements.

The Designated Nurse Safeguarding Children, as a member of the LSCB Training sub group, has completed the submission on behalf of the CCGs in supporting the development of the LSCB Training Needs Analysis,

In July 2017 the Named GP organised the Safeguarding Protected Learning Time Event, supporting 164 GPs and primary care staff in achieving their level 3 Safeguarding Children training requirements. The event was supported by the wider Safeguarding Service and included presentations from the multi-agency partnership on domestic abuse, Child Exploitation, Looked After Children and hoarding.

In October 2017 the Designated Nurse Safeguarding Children supported the launch of the LSCB Level of Need Document, including delivering a short presentation of the work and developments of the LSCB Policy & Procedure sub group.

In November 2017, Sefton's Designated Doctor presented at NHS North England National Safeguarding Conference, sharing learning from a Reflective Review conducted in Sefton, in respect of obesity.

## 7.2 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Pan Merseyside Child Death Overview Panel (CDOP), a sub group of Sefton LSCB, to enable learning to be gained and analysed across a broader footprint. The CCGs are committed to the work of CDOP and has membership through the Safeguarding Service (Designated Nurse Safeguarding Children and Named GP) at both business and panel meetings which includes separate meetings for neonatal deaths (0-27 days).

During the period 1st April 2017 to 31st March 2018, 115 child deaths were notified to CDOP across the five LSCB areas in Merseyside with 17 of these being Sefton children (compared to 16 in 2016-17). Of these 17 deaths, 11 were expected, 3 sudden unexpected deaths in infancy and 3 sudden unexpected deaths of children aged 2-18 years.





During the reporting period, 11 of the deaths were reviewed by CDOP and 5 were identified as having modifiable factors which included:

- Suboptimal care identified by hospital
- Behaviours issues, gang and knife crime, vulnerability to criminal exploitation and poor parenting
- Social integration and support, increased vulnerability
- Increased vulnerability due to stomach issue not being identified

Task and Finish groups have also been developed under the governance of CDOP arrangements and have progressed 2 key areas of work.

i. Safe Sleep Audit

In October 2017, the audit report (March 2017) compiled by the Merseyside Safe Sleep group was presented to Sefton LSCB by the CDOP Business Manager and shared with Heads of Midwifery, Nursing, CCG and Public Health Commissioners.

The results highlighted varying levels of compliance against the pan Merseyside Safe Sleep Guidance from maternity and community health services.

As a consequence, the LSCB Chair requested assurances back to the Board that the findings and subsequent actions relevant to the partnership have been addressed.

A further audit has been commenced to evidence changes following the dissemination of the initial results findings. These results, once complied, will be shared and communicated with commissioners.

ii. Suicide prevention group

This group has been formed to progress development of materials and plan timescales to develop a suite of suicide prevention training and materials for staff

### 7.3 CCG response to Kennedy Report

Following a letter from the Independent Chair of the Merseyside Child Death Overview Panel (CDOP), the LSCB requested partner agencies, particularly the police and CCGs, consider and note that the current Merseyside Joint Agency Sudden Unexpected Death in Childhood (SUDiC) Protocol is not fully compliant with the guidelines. A number of proposals were highlighted in the letter, which LSCB's were asked to accept.

A formal response to the letter and proposals was requested from the CCGs and agreed through the Senior Management Team meeting as:

*The CCGs acknowledge that following the unexpected death of a child, multi-agency*



*rapid response processes are in place, which fully involve health partners. This response is clearly documented within the Merseyside Joint Agency Protocol Sudden Unexpected Death in Childhood (SUDIC) (January 2017) and ratified by Sefton LSCB.*

*The current practice and policy does not however reflect the requirement for a lead health professional (designated paediatrician, specialist nurse or on call paediatrician) and police investigator to jointly visit the home or site of the infant's death as proposed in Baroness Kennedy's report (2016) as part of the 'assessment of environment and circumstances of death' stage.*

*Within Sefton there is no specific multiagency 'rapid response team' to carry out this function, which is the same throughout Merseyside region. With 16 child deaths throughout Sefton (2016-17) this may not be a practicable use of resources. However the Merseyside protocol ensures that the requirements and principles of the 'assessment of environment and circumstances of death' stage are fulfilled. Sleeping arrangements, home conditions and the circumstances of the death are shared at various stages of the SUDI process including the multi-agency strategy meeting where photographs / videos of the scene and first-hand accounts of the circumstances are shared.*

*The CCGs would be in agreement with the current proposals within the CDOP Chairs report and would ask whether consideration be given to ensuring the proforma for the multiagency SUDI meeting includes the specific heading of assessment of environment and circumstances of death to evidence that the principles of the Kenney Report have been fully considered.*

Work to deliver against the CDOP priorities will continue to be supported through the Safeguarding Service membership of the group and will include supporting transition of responsibility for child death reviews from LSCBs to new Child Death Review Partners.

#### **7.4 Practice Reviews**

From May 2017 the CCGs Chief Nurse has chaired the LSCB Practice Review Panel (PRP) which includes membership from Designated Nurse safeguarding Children, Designated Doctor and Named GP.

A number of cases have been reviewed throughout the reporting year and learning shared throughout the partnership:

- Obesity case review (health & social care)
- Child B escalation case
- Young Person in Custody
- Derbyshire Serious Case Review

In December 2017, the PRP made a recommendation to the chair of the LSCB for a Serious Case Review (SCR), which was accepted. The subsequent SCR Panel included



representation from the CCGs through the Chief Nurse (Chair of Panel), Designated Nurse Safeguarding Children and Named GP. Although outside the reporting period, the review was completed within the agreed time frames, an action plan developed and learning will be shared through the LSCB.

Reviews highlighted in last year's annual report have been progressed via action plans and monitored through the Practice Review Panel.

### 7.5 Voice of the Child

Young Advisors from Sefton Council for Voluntary Service (CVS) took control of the CCGs' Engagement and Patient Experience Group (EPEG) in November 2016 to mark the launch of the Children's Commissioner for England's Takeover Challenge. Outcomes from this engagement event included the development and publication by Young Advisors of a 'Top 10 Tips for involving young people' which the CCGs will use when engaging with young people. Although outside this reporting period, the CCGs focussed throughout the year on developing a Young Persons EPEG, which was successfully delivered in July 2018 to focus on experiences of local GP services, and will become an annual engagement event for young people.

'The Voice of the Child: practice guidance for health professionals' was developed by the LSCB in November 2017 in response to a recent Practice Learning Review to support health professionals in capturing the voice of the child. This has been shared to commissioned health services through the LSCB Health sub group.

In January 2018, the LSCB received a presentation from Sefton Young Advisors in respect of a commissioned piece of work which engaged children, young people and their families to ascertain their views on Child in Need and Child Protection plans. The CCGs Chief Nurse requested that this be presented to the Health sub group in order that the wider health economy could receive and consider the recommendations made by children and young people, within their own organisations. This was completed in March 2018.



## 8 Business priorities 2018/19

- Respond to changes required as a result of the Children and Social Work Act 2017
  - CCG Policy & Procedure to be reviewed (incorporating Working Together 2018)
  - LSCB transition arrangements to Multi Agency Safeguarding Arrangements (MASA's)
  - CDOP changes: transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners
- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progression against any action plans including section 11, SEND Improvement Plan, NHSE assurance, NICE guidance and other safeguarding inspection frameworks
- Continue to enhance and develop arrangements to gain assurance from commissioned providers through established contract management processes
- Continue to support the agenda and the implementation of relevant guidance to improve quality in practice in relation to harmful practices, asylum seeker and refugee programmes, trafficking and modern slavery
- Embed the newly developed Safeguarding Team (children, LAC and adults) within the CCGs and ensure development of:
  - clear Safeguarding Strategy and work plan
  - a comprehensive safeguarding page on the CCGs intranet
  - robust supervision provision to support the service

## 9 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2017-18. It demonstrates the contribution to multi agency partnerships across the borough of Sefton and provides assurance to the Governing Bodies that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and young people.

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



## MEETING OF THE GOVERNING BODY SEPTEMBER 2018

<b>Agenda Item:</b> 18/153	<b>Author of the Paper:</b> Helen Case Designated Nurse Children in Care <a href="mailto:helen.case@southseftonccg.nhs.uk">helen.case@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Report date:</b> September 2018							
<b>Title:</b> Children in Care Annual Report (2017-18)							
<b>Summary/Key Issues:</b>  The Children in Care Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to Sefton's Children in Care. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; 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"/>
Receive	<input checked="" 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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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



## Report to Governing Body

**SEPTEMBER 2018**

### 1. Executive Summary

The purpose of the Children in Care Annual Report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to Sefton's Children in Care.

There is a separate report in respect of Safeguarding Children and Safeguarding Adults at Risk.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Corporate Parenting Board in Sefton.

### 2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to Children in Care and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004. This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Corporate Parenting Board and this report should be read in conjunction with the Sefton Corporate Parenting Board annual report.

### 3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging Children in Care agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- Local context including Children in Care Governance and Accountability Arrangements
- Progress against statutory timescales for Initial and Review Health Assessments
- Effectiveness of Children in Care arrangements
- Business priorities for 2018/19

#### 4. Recommendations

The Governing Body is asked to receive the Children in Care Annual Report.

**Helen Case**  
**Designated Nurse Children in Care**  
**21<sup>st</sup> August 2018**



Staying **local**  
& **together**

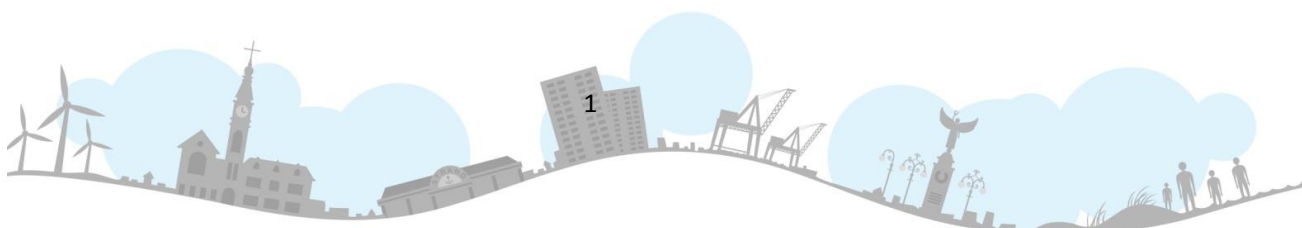


South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

# Children in Care Annual Report 2017/18

**Author: Helen Case**

**Designated Nurse Children in Care**

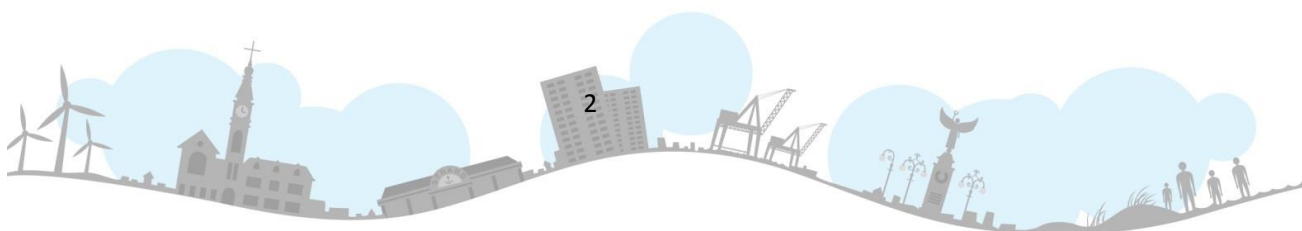


## Foreword by the Chief Nurse

NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group demonstrate a strong commitment to Children in Care within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that Children in Care are core to the business priorities. The commitment to the Children in Care agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



**Debbie Fagan**



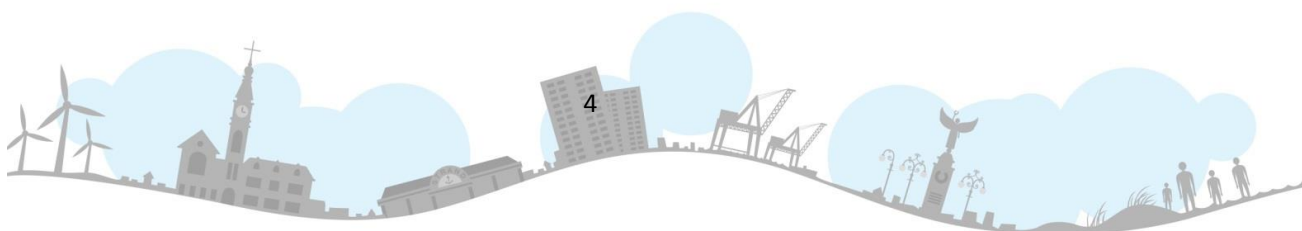
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## 1. Executive Summary

- 1.1 This is the third Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as Sefton CCGs). The report is in relation to Children in Care (CiC) and is authored by the CCG's Designated Nurse for CiC who commenced in post in May 2018. The role of the Designated Nurse CiC for Children in Care is a strategic role and separate from any clinical responsibilities as detailed in the *Intercollegiate Role Framework for Looked after Children (RCPCH, 2015)*.
- 1.2 In April 2016 Sefton Metropolitan Borough Council (Sefton MBC) was subject to an Ofsted inspection of the services for children in need of help and protection, Looked After Children (LAC) and care leavers; a review of the effectiveness of the Local Safeguarding Children Board ran concurrently. The findings in relation to Looked After Children and care leavers indicated that provision required improvement. Timeliness of Initial and Review Health Assessments was found not to be good enough and delays for some children in receiving Child and Adolescent Mental Health Services (CAMHS) was highlighted.
- 1.3 In November 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint Special Educational Needs and/or Disabilities (SEND) inspection in Sefton to judge effectiveness in the area of implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required due to significant areas of weakness in the local area practice. Areas of improvement were identified in relation to LAC with timeliness of Initial Health Assessments (IHA's). In addition, it was recognised that the alignment of LAC statutory health plans with Education and Health Care Plans (EHCP) was required to appropriately inform the overall care planning process.
- 1.4 It is the role of Sefton CCGs and commissioned services to address the unmet health needs of LAC by working in collaboration to empower young people and enable them to reach their full potential. Health, in its broadest sense, is the key to allowing children and young people to benefit from life enhancing opportunities. The expected outcome is that all LAC, for whom the Sefton CCGs are responsible, will experience improved health, be motivated and inspired to continue to take responsibility for their own health care.
- 1.5 This report will provide an overview of population, outline the performance of NHS commissioned services, evidence good practice and key achievements, recognise challenges and identify developments for 2018/19.
- 1.6 It is produced in line with duties and responsibilities outlined in *Statutory guidance on Promoting the Health of Looked after Children (DfE/DH, 2015)* issued to Local Authorities and NHS Clinical Commissioning Groups under sections 10 and 11 of the Children Act. It is written in the context of a holistic model of health, which ensures the wider determinants of health and well-being are considered. Consideration will be given to the key messages and recommendations of the *CQC report Not Seen, Not Heard (July 2016)* alongside the findings of the *NHS England CCG Benchmarking Exercise*



2016; a piece of work commissioned by NHS England to provide insight into commissioning practice across the North of England in relation to CiC.

## 2. Introduction

2.1 The purpose of the report is to provide Sefton CCGs and key partners with an overview of the progress and challenges in supporting and improving the health of Sefton LAC and those placed in borough by other Local Authorities. The report has been produced in partnership with NHS commissioned health providers and covers the period from 1st April 2017 to 31st March 2018.

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

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

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

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

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

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



Strategy, March 2017). The Chief Nurse and the Designated Nurse for CiC are partners and active members of the Sefton Corporate Parenting Board.

### 3. Governance, Accountability and Assurance

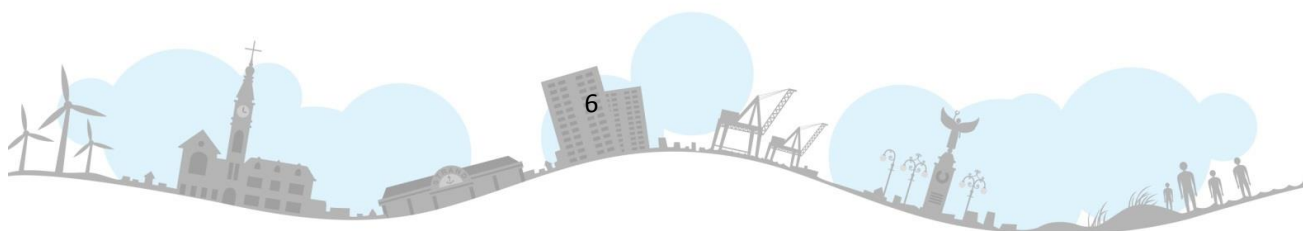
- 3.1 The NHS has a major role in ensuring the timely and effective delivery of health services to CiC and care leavers. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England (2015) make clear the responsibilities of CCGs and NHS England to this vulnerable group.
- 3.2 Accountability for Designated Professionals for CiC is set out within the 2015 NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework. Designated Professionals for Children in Care take a strategic and professional lead across the whole health community providing clinical expertise to Clinical Commissioning Groups and partner agencies on the specific health needs of the cohort.
- 3.3 The Designated Nurse for CiC has been hosted within the Shared CCGs Safeguarding Service during the majority of 2017-18. However on 1st March 2018 the Sefton CCGs moved from the Shared arrangement to bringing the Designated Nurse CiC post 'in house'. This has resulted in the existing Designated Nurse CiC, who has been in post since December 2016, covering the post whilst recruitment of a new Designated Nurse CiC was undertaken. Although outside of the reporting period, the new Designated Nurse CiC commenced in post on 21st May 2018.
- 3.4 Strategic oversight of services is essential to the role to ensure that robust clinical governance of NHS health services for CiC are in place. As a result assurance can be provided to the CCG's Governing Body's that clear commissioning arrangements are in situ and that services are fit for purpose.
- 3.5 Performance of NHS commissioned provider services is determined via analysis of Key Performance Indicators (KPIs) and scrutiny of the adherence to the agreed standards for CiC. The current KPI schedule for providers is monitored quarterly and reported to the CCGs Joint Quality Committee.

### 4. National Profile of Children in Care

- 4.1 The demographics for CiC nationally are taken from the Statistical First Release (SFR) England. The full SFR is due to be published for the year ending 31st March 2018 in November 2018. The data below relates to the SFR data published in March 2017.

Key Findings:

- There were 72,670 Children in Care in England as of 31st March 2017; an increase of 3% on 2016 figures and continues the trend of the last nine years
- The number of children entering the care system in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year



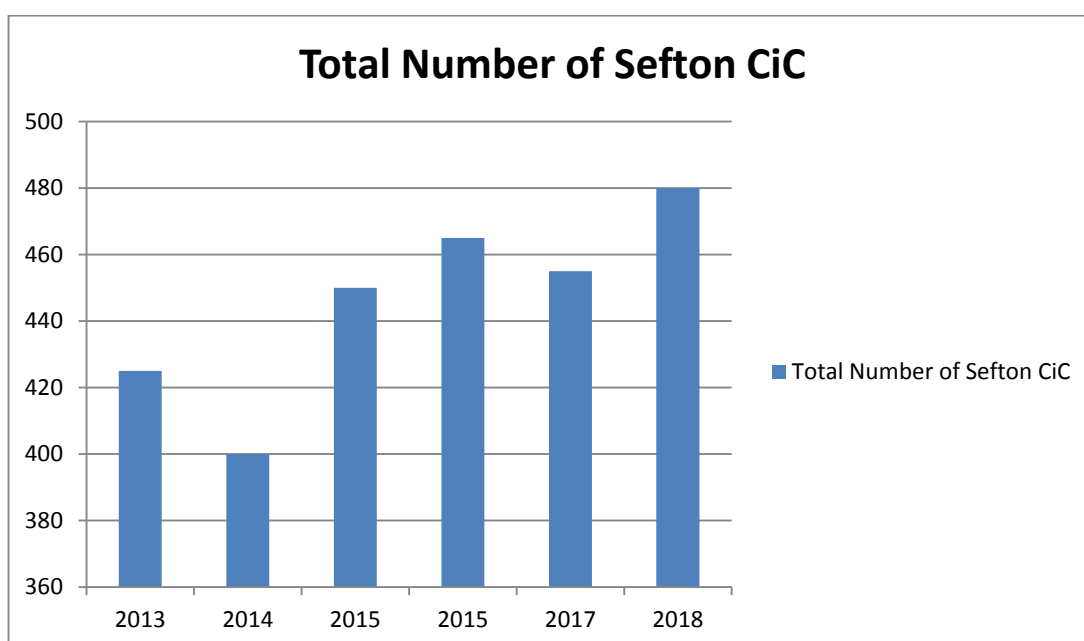
- The number of children ceasing to be 'looked after' in 2016-17 has fallen by 2% compared with the previous year
- In 2016 adoptions fell for the first time since 2011 (12%) and in 2017 the number of CiC being adopted has fallen again by 8% to 4,350

## 5. Overview of Sefton's Children in Care

5.1 The overall number of CiC for Sefton MBC has remained above the national average per 10,000 populations; a consistent finding since 2012. This upward trend mirrors the national picture.

5.2 Graph 1 below, indicates total number of CiC across the borough of Sefton at the end of each financial year. As of 31st March 2018 the total cohort of children in the care of Sefton MBC was **480**. Of these **250** were boys and **230** were girls.

Graph 1 Sefton Children in Care Cohort



5.3 Whilst the end of year figures above provide an overview, consideration must be given to children who may enter and leave the care system throughout the year so the total number of children cared for over the period that this report covers is higher.

5.4 The cohort of children who have been new into care has been identified as **184**, who have required initiation of a care episode by Sefton MBC.

5.5 The number of children ceasing to be in the care of Sefton MBC by the end of reporting period was **163**; this is a decrease of **17** from the previous year. Children's care episodes end for a variety of reasons with the majority for Sefton children achieving permanency returning to their family. The Ofsted inspection in 2016 raised concerns regarding the high proportion of CiC in Sefton who are placed at home with parents

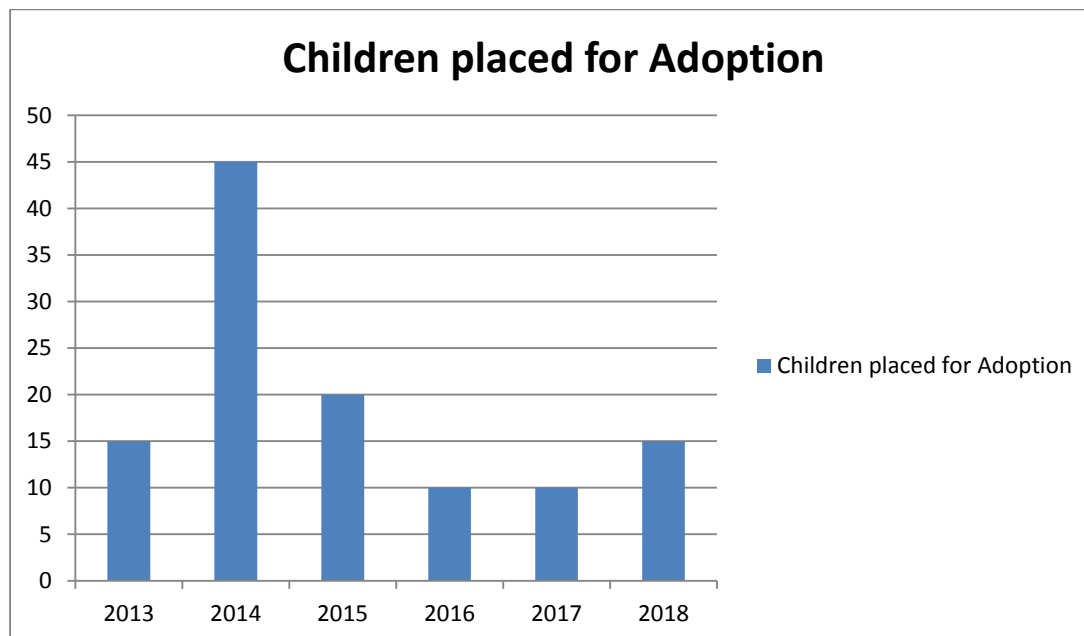




(21%); as a result, Sefton MBC have focused on this group resulting in 26 children's 'placed with parents' Care Orders being discharged between September 2016 to the end of March 2017. At the end of March 2018 **17%** of CiC are placed with parents.

5.6 Sefton has seen a slight increase in children being placed for adoption during the year, with **9%** of those ceasing to be looked after and achieving permanency via this route.

**Graph 2 Sefton children placed for adoption**

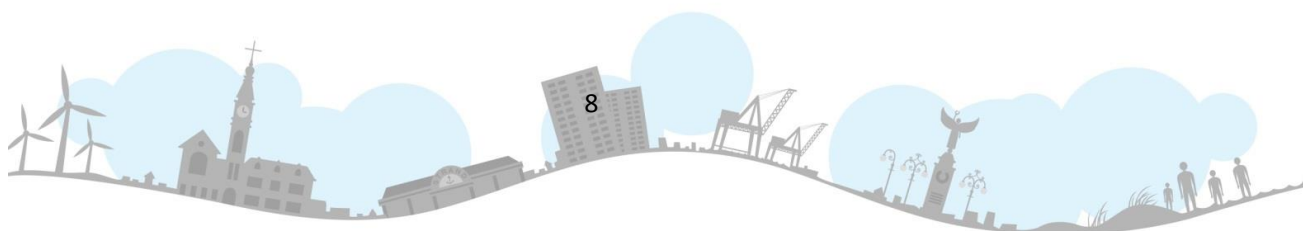


## 6. Sefton Children placed out of Borough

6.1 Where a CCG or a Local Authority, or both where they are acting together, arrange accommodation for a CiC in the area of another CCG, the "originating CCG" remains the responsible CCG, and as such retains commissioning responsibilities. Sefton MBC place approximately **150** children (**31%**) out of Borough but for whom Sefton CCGs are the originating CCG. In most cases, placements within a small radius will be sought; Sefton place the majority of these children in the Merseyside area with a high proportion identified as living in the borough of Liverpool.

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

6.3 During 2017/18 the Designated Nurse CiC was made aware of **14** requests for Initial Health Assessments (IHA's) and **309** requests for repeat health Assessments (RHA's) for Sefton children placed out of area. A number of these were duplicate requests for children under 5 years of age. However, it must be recognised that the number of





requests for health assessments over the year does not equate exactly to the number of CiC as the number of CiC over the year changes.

## 7. Children placed in Sefton from other Authorities

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

7.2 During 2017/18 the Designated Nurse CiC was made aware of **27** requests for IHA's for Children in Care Other Local Authorities (CiCOLAs) and **194** requests for RHA's for CiCOLA's. A small number of these were duplicate requests for children under 5 years of age. However, on average **120** CiCOLA's will be the responsibility of Sefton CCGs at any one time. Again, it must be recognised that the number of requests for health assessments over the year does not equate exactly to the number of CiC as the number of CiC over the year changes.

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

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

## 8. Ethnicity

8.1 CiC are predominantly white according to national statistics; **75%** of children at 31 March 2017 were white, **9%** were of mixed ethnicity, **7%** were black or black British, **5%** were Asian or Asian British and **3%** were other ethnic groups.

8.2 Sefton MBC have not previously submitted data regarding ethnic origin however data for 2017-18 indicates that Sefton's CiC were **95%** white, **3%** mixed ethnicity, less than **1%** Asian or British Asian and just over **1%** were identified as other ethnic groups.

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

9.1 Sefton CCGs are responsible for commissioning the dedicated CiC health services in Sefton which include the 16-19's CiC health team in North West Boroughs Healthcare NHS Foundation Trust (NWBH) (see 9.2). In 2017/18 reporting period statutory IHA provision was commissioned from Alder Hey Children's NHS Foundation Trust (AHCH) (see 9.3). Child and Adolescent Mental Health Services (CAMHS) (see 12) are also



commissioned from AHCH Trust and Sexual Health services from Southport and Ormskirk Hospital NHS Trust (see 13). It is worthy of note that the majority of statutory Review Health Assessments for CiC are undertaken by the 0-19's service by NWBH. The 0-19's service is a Public Health (Local Authority) commissioned rather than a CCG commissioned service. However the CCGs receive and monitor KPI's that includes the 0-19's service performance in relation to CiC. This fragmentation of commissioning can lead to some confusion to external agencies about who has overall responsibility for the commissioning of health services to CiC in Sefton.

## **9.2 Merseycare NHS Foundation Trust / North West Boroughs Healthcare NHS Foundation Trust - Children in Care Health Team**

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

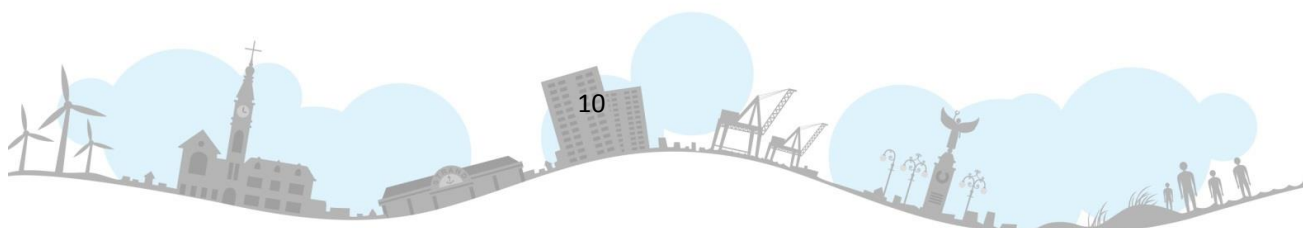
9.2.2 In June 2017 the Children in Care Health team transacted to Merseycare NHS Foundation Trust (Merseycare), with an agreed subcontracted arrangement to NWBH. Sefton CCGs were supportive of this arrangement on the basis that any risk in the system would be reduced. This was following the major shift in local health services as the 0-19s Public Health service commissioned by Sefton MBC had also seen the award of this contract to NWBH.

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

9.2.4 The 16-18 year old 'care leaver' cohort continue to have access to a dedicated Link Nurse (1 WTE Band 6). Administrative support (1 WTE Band 3) specifically for CiC is in place to manage data flow relating to care status, health assessments and placement changes.

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

9.2.6 The team has experienced significant challenges during the reporting period with areas such sickness and capacity impacting on the stability of the service. However, the dissolution of LCH as an organisation, and resultant transaction of all services to alternative health trusts via the NHS Improvement plan, restricted the ability of both provider and Sefton CCGs to make any adjustments to the agreed service specification. During the reporting period Sefton CCGs have not been consistently assured that NWBH have been able to deliver on the commissioned service for CiC and there has been significant CCGs scrutiny and activity by CCGs in relation to preparing to make



changes to service delivery. These changes will occur outside of this reporting period.

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

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

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

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

9.3.4 Sefton CCGs have been in negotiation with the Trust to secure the provision of a Designated Doctor for CiC. This post is being undertaken by one of the Senior Paediatric Consultants at AHCH and is jointly commissioned with Liverpool CCG and Knowsley CCG.

## 10. Statutory Assessments

### 10.1 Initial Health Assessments

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

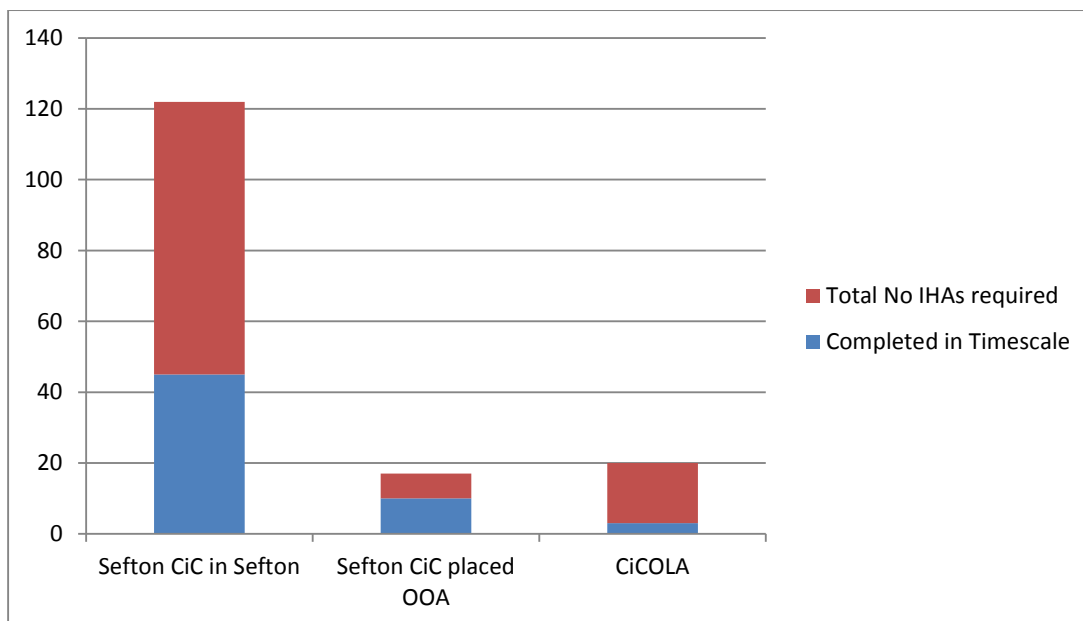
10.1.2 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. Children's social care and commissioned health services must work proactively together to facilitate timely assessments. Improvements in notification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

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



10.1.4 In the year April 2017 - March 2018, **184** children entered the care of Sefton MBC however only **154** children were reported as requiring an IHA by NWBH Sefton CiC team during the reporting timeframe. This discrepancy may relate to children who entered care briefly and left before the 20 day assessment timeframe alongside those who entered the system late in the reporting period therefore requiring IHA in the following financial year.

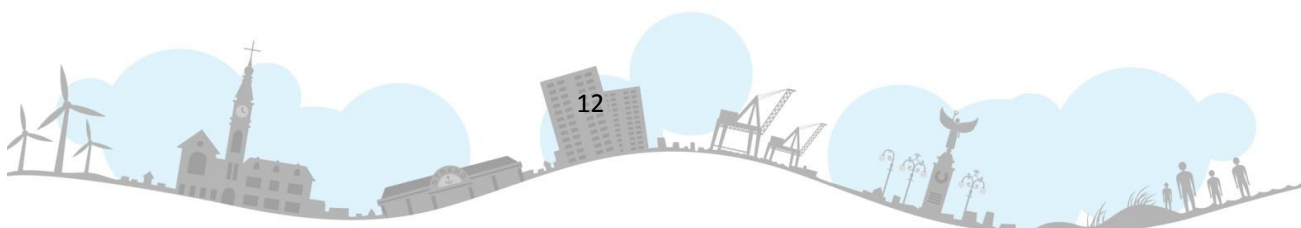
**Graph 3 Timeliness of Initial Health Assessment**



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

10.1.6 From the information available **39%** of Sefton children new into care had their IHAs completed in a timely manner, irrespective of placement area. This is a slight reduction from the **40%** total compliance rate achieved last year and the **51%** achieved the year before but above the current national average of **35%** (NHSE, 2018).

10.1.7 There is a clear requirement for improvement in performance. Joint audit between the CCGs and Sefton LA was completed in 2017/18. This mapped performance across all parts of the IHA pathway against an adapted NHS E IHA exemplar pathway (Appendix 1). Initial findings highlighted process concerns from a community health provider perspective. An action plan to improve performance was agreed and has been monitored by the Designated Nurse for CiC and reported to the Joint Quality Committee.



## 10.2 Review Health Assessments

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

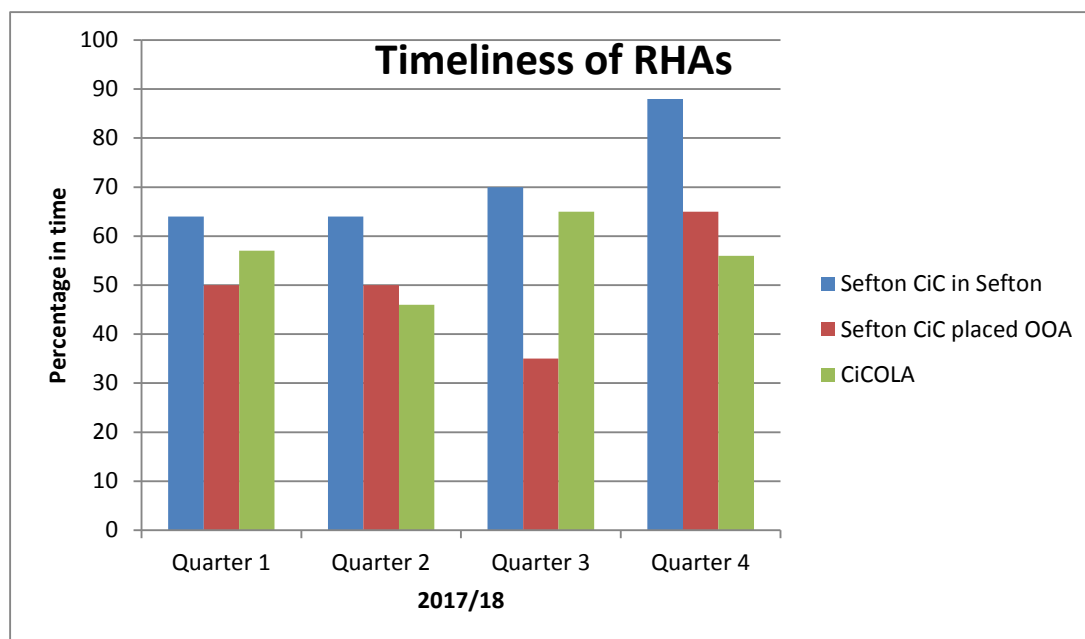
10.2.2 Health Visitors and School Nurses within the 0-19 service complete the assessments for the majority of the children, whilst the CiC Link Nurse completes assessments for young people aged 16-18 years. The 0-19 service commissioned via Public Health transferred across to NWBH from 1<sup>st</sup> April 2017. Completion of, or contribution to, RHAs is included in the contract specification for this service.

10.2.3 In April 2016 the Health Practitioner Checklist/Audit assessment tool was implemented and all RHAs continue to be quality assessed via this tool (Appendix 2). The tool was developed by the previous Designated Nurse for CiC and has been adopted regionally as standard, promoted via NHS E National CiC subgroup as an exemplar tool. RHA's which do not meet the required standard continue to be returned to the assessing practitioner for amendment. As of 1<sup>st</sup> April 2017 the Designated Nurse for CiC initiated a process to oversee the quality assurance process from the CCGs perspective for assessments that are completed under the guidance of the Responsible Commissioner (children placed out of area/CiCOLA).

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



Graph 4 Timeliness of Review Health Assessment



10.2.5 The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSSDA903 return to Central Government.

10.2.6 Performance for 2017/18 showed a decrease in relation to RHA's from the previous year from **89%** to **88%**. It must be noted however that this performance is related to completion of assessment within year and not timeliness of that assessment.

10.2.7 Whilst the publication of National SSSDA903 health data is not available until November 2018, it is possible to provide a projection of the anticipated return using information provided by both NWBH 0-19 service and Sefton MBC.

10.2.8 A cohort of **334** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return; **298** children had a RHA undertaken within the reporting period (**88%**), a decrease of **1%** on last year which equates to **2** health assessments. The current national average for completion of annual health assessments is **89%**.

### 11. National Health Indicators – Sefton Children

11.1 Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSSDA903 return provides crucial data to both the LA and CCGs in understanding the needs of this cohort to enable the commissioning of health services which are able to focus on improving outcomes.





## 11.2 Dental Health

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

11.2.2 Unverified figures suggest that **280** children out of **334** were up to date with recommended dental examination (**84%**); this is an **11%** increase on last year and is slightly above the current national average of **83%**.

## 11.3 Immunisations

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

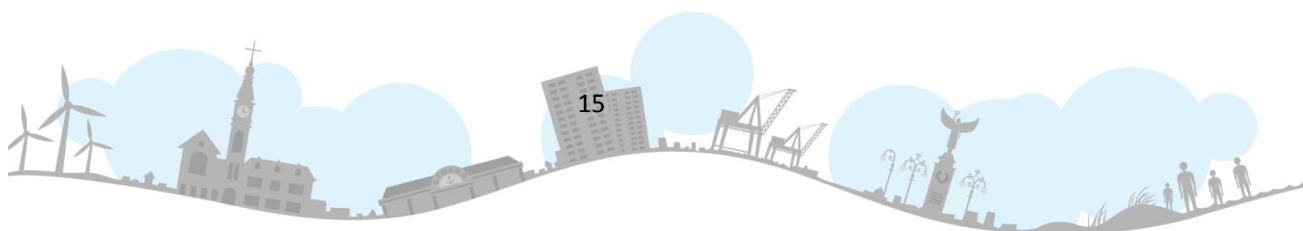
11.3.2 A total **285** children (**85%**) out of the 903 cohort were identified as being up to date as per current immunisation schedule at the end of March 2018; this is a slight improvement of **1%** on last year and is comparable with the current national average for CiC of **84%**.

## 11.4 Strengths and Difficulties Questionnaire

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

11.4.2 The SDQ provides information to help SWs form a view about the emotional well-being of individual children. It is a requirement of the SSSDA903 that local authorities must ensure that the child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

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



regard to the SDQ findings for individual children.

11.4.4 During the 2017/18 reporting period the Local Authority reported that **184 (70%)** children out of eligible cohort had a Carer's SDQ completed. It is clear from quality assurance of health assessments that the findings of individual SDQs are not effectively shared with health colleagues. This often impacts on the ability to effectively coordinate care in relation to improving emotional health and wellbeing. This has been identified as a priority area for review in 2018/19.

## 12. Child and Adolescent Mental Health Service (CAMHS)

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

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

12.3 Children who need an emergency service are assessed the same day at A&E. Average waiting times for CiC who require a 'less urgent' assessment was **4.69** weeks in 2017/18. This is an improvement on 2016/17 whereby average waiting times were **5.37** weeks.

12.4 CAMHS received **43** referrals for Sefton CiC in 2017/18 and **76%** of the referrals were accepted and progressed to therapeutic treatment.

12.5 The CiC assessed by CAMHS often presented with multiple difficulties, emotional dysregulation and self-harm. In addition, challenging and aggressive behaviour were common themes noted from referral with a high prevalence of attachment issues, low mood, and anxiety being diagnosed.

## 13. Sexual Health

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

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

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





dysfunction.

- 13.4 The clinic service is supported by a clinical outreach service (by referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some CiC who have faced challenges in engaging with, and accessing clinical services
- 13.5 Sexual Health is assessed routinely as part of the annual RHA. This provides a prime opportunity to deliver key public health messages and provide young people information around accessing services and addressing their sexual health needs. Assessing practitioners are additionally guided to discuss healthy relationships, puberty, and to consider risk of Child Sexual Exploitation (CSE).

#### 14. Safeguarding Children in Care

- 14.1 The *Real Voices* report on CSE (Coffey, 2014) stressed that CiC are particularly vulnerable due to their higher levels of emotional health difficulties and special education needs. Additionally, it highlighted the risks to children who go missing from care raising concerns that despite legislation, independent children's home often fail to notify local authorities when children move in from other areas.
- 14.2 Children who are considered to be at high risk of being sexually exploited, and those who are considered as currently being sexually exploited, continue to be referred for discussion at the Multi Agency CSE Panel (MACSE). Representatives from agencies working directly with the child are invited to attend to ensure the Multi Agency CSE Plan is appropriate.
- 14.3 In April 2016 NHS England directed all CCGs and Provider services to identify a nominated lead for CSE. The nominated lead for Sefton CCGs is the Designated Nurse for Safeguarding Children.
- 14.4 One in five children and young people who go missing from home or care are at risk of serious harm (Coffey, 2014). There are major concerns about the links between children running away and the risks CSE. Missing children are also vulnerable to other forms of exploitation, violent crime, gang exploitation, and drug and alcohol misuse.
- 14.5 Sefton MBC is required to submit data on an annual basis with regard to CiC who are reported as 'missing' or 'absent/away'. A total of **79** CiC were recorded as missing from care in 2017/18; **471** episodes of 'missing' were recorded against these children with an average of six incidents per child.
- 14.6 There were **106** episodes of 'absence/away' reported by the Sefton MBC relating to **35** individual children. Children are deemed to be absent if they are away from placement without agreement but professionals are aware of their whereabouts.

#### 15. Care Leavers

- 15.1 *Promoting the Health of Looked after Children (DfE/DH, 2015)* states that CCGs have a role in commissioning health provision taking into account the specific requirements for



young people identified as care leavers in the Leaving Care Act (2000). They are required to ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need and that arrangements are in place to ensure a smooth transition for those moving from child to adult health services.

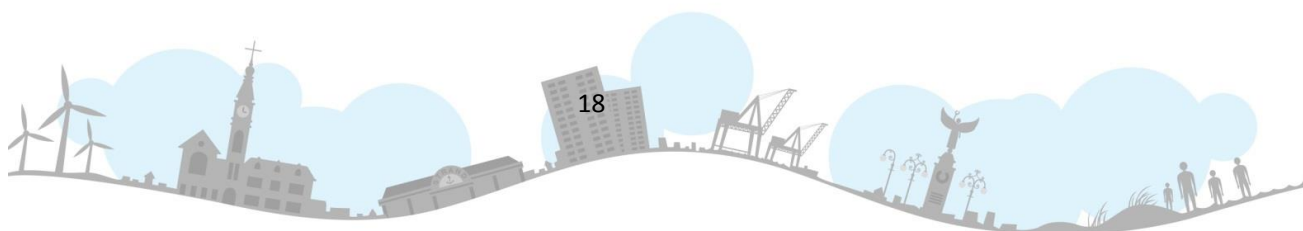
- 15.2 There are approximately **131** care leavers aged between 19-21 years within Sefton. National data return requires the Local Authority to report outcomes for this group in relation to education, training and employment. Figures indicate that **32** of these care leavers are recorded as having an illness or disability, and a further **11** are pregnant or parenting which has resulted in them being unable to access employment or education.
- 15.3 Further review of the current `offer` from commissioned health services is required to ascertain compliance with statutory guidance. On leaving care, young people are provided with a health passport providing details of their medical history and advice on navigating universal health services, with health provision now provided within Primary Care.
- 15.4 CCGs and Local Authority responsibility for the transition arrangements of young people leaving care to adults services is set out in *Nice Guidance - Transition for YP using health and social care services* and *Statutory Guidance on promoting the health of LAC and Care leavers (DfE/DH, 2015)*. In 2016/17 commissioned health teams were not required to submit performance data in relation to care leavers however in the 2017/18 reporting period a metric was introduced within the KPI schedule in relation to health passports and **21** health passports were issued to Sefton children placed in Sefton by NWBH. This is lower than the number that should have been issued and identified as a priority area for 2018/19.

## 16. Role of Primary Care

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

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

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



16.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC Health Team in NWBH, to ensure that the lead clinical record is updated and health needs followed up within the Primary Care setting. Whilst this is happening in some cases the process has not been fully audited. Review of the robustness of this process is required with provider teams needing to clearly demonstrate that information sharing pathways are effective. Evaluation of sharing of health action plans with GP's has been identified as a priority for 2018/19.

## 17. The Responsible Commissioner

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

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

## 18. Payment By Results (PBR)

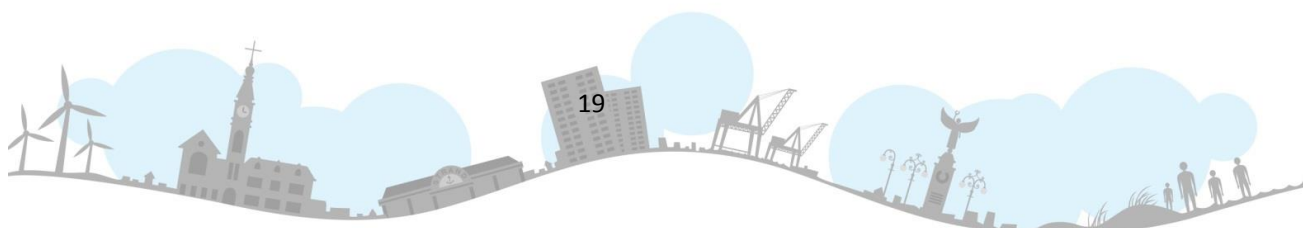
18.1 The Department of Health with NHS England, Monitor, the Royal Colleges and other partners, have developed a mandatory, national currency and tariff for statutory health assessments for CiC placed out of area. In 2016/17, a standard letter was devised informing all CCGs across England that Sefton CCGs would charge for statutory health assessments in line with the national tariff.

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

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

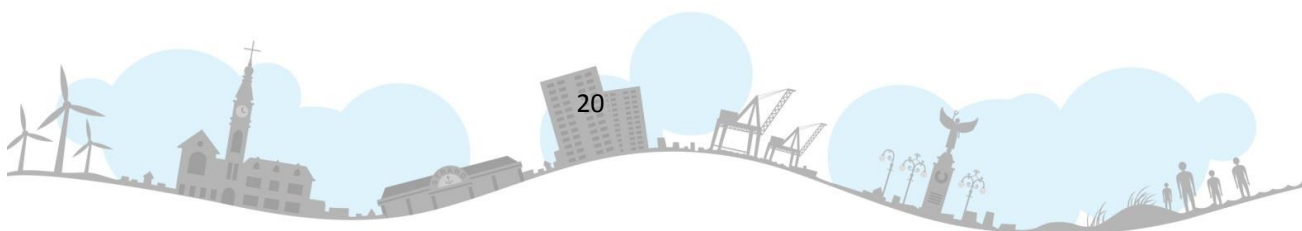
## 19. Conclusion

19.1 Services provided to CiC in Sefton have been under intense scrutiny during 2017/18. Inspection of Local Authority Services in April 2016, closely followed by the Joint SEND Inspection in November 2016 generated a set of 'must do' actions to ensure



CiC are safe, healthy and are encouraged to achieve their full potential. The on-going progression of these actions during 2017/18 has not been at the pace desired or required due to a number of complex and complicating factors.

- 19.2 Sefton CCGs have worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services, in line with national guidance and to fulfil the health needs of this group of children. The performance of commissioned services to deliver the statutory standards for CiC has at times, been inconsistent.
- 19.3 The dissolution of LCH has affected the ability of provider services to maintain a consistent, high standard of service to CiC. The transition of services to new organisations occurred in April 2017 (June 2017 for the Safeguarding and LAC Service) and performance has been monitored throughout 2017/18 with limited, or no significant improvement. This has been high on the agenda for the CCGs with a number of measures undertaken in 2017/18 and planned for 2018/19. The Chief Nurse of the Sefton CCGs has maintained oversight of the situation and reported through to the Joint Quality Committee and Governing Body.
- 19.4 The role of the Designated Nurse for CiC has now been withdrawn from the CCGs Shared Safeguarding Service and brought 'in house' (March 2018). It is anticipated that this new arrangement will provide the opportunity for increased scrutiny of many aspects of health care delivery to this vulnerable group of children during 2018/19 and onwards.
- 19.5 In depth analysis of KPIs has informed the priorities for the coming year and they are written using recommendations from *Not Seen, Not Heard (CQC, 2016)* to ensure a child-centred approach. The triangulation of this information, in conjunction with a review of the *NHS E CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services 'Right People, Right Place, Right Time, Right Outcomes'* has helped to provide a contextual view to assist Sefton CCGs in ensuring effective commissioning to meet the health needs of children in care.



## 20. Key Priorities for 2018/19

<b>Children &amp; Young People should have a voice</b>
<ul style="list-style-type: none"> <li>• Consultation with CiC and care leavers to inform services design and delivery and address barriers for young people accessing health services</li> <li>• Alignment of EHCP/CiC Health plans for CiC with SEND supported by the development of robust communication pathway and complimentary training programme for health practitioners</li> </ul>
<b>Improving outcomes for children: the 'so what' factor</b>
<ul style="list-style-type: none"> <li>• Improved performance around national performance indicators – greater compliance by commissioned services around KPIs</li> <li>• Development of a bespoke CiC Nursing Team to sit under CCG commission and focus on improving health outcomes for CiC</li> <li>• Improved quality of CiC health assessments, particularly RHA's</li> <li>• On-going implementation of Responsible Commissioner and associated quality assurance</li> <li>• Review of current SDQ process to facilitate meaningful contribution to the RHA process</li> </ul>
<b>Quality of multi-agency information sharing</b>
<ul style="list-style-type: none"> <li>• Evaluation of information sharing within Primary Care Services and GP contribution to inform the statutory health assessment process</li> <li>• Review of training for health care staff including Primary Care Practitioners on their roles &amp; responsibilities as corporate parents as commissioners of health services</li> <li>• Implementation of 'Care Leaver Code' to identify patients registered with GPs whom are defined as care leavers to enable them provide timely access to services where appropriate</li> </ul>
<b>Transition and access</b>
<ul style="list-style-type: none"> <li>• Review of care leaver <i>Health Passport</i> process; utilisation of this to inform transition plan and improve pathways between services</li> <li>• Review of commissioned services in providing extended provision to care leavers and Sefton CiC placed out of area</li> </ul>
<b>Leadership</b>
<ul style="list-style-type: none"> <li>• Review of NHS E Benchmarking Exercise to ensure full compliance with the 33 standards</li> <li>• Contribute to review of Safeguarding/CiC contractual safeguarding standards and KPI's across the Mersey region</li> <li>• New Designated Nurse CiC to develop an action plan to include the above priorities</li> </ul>

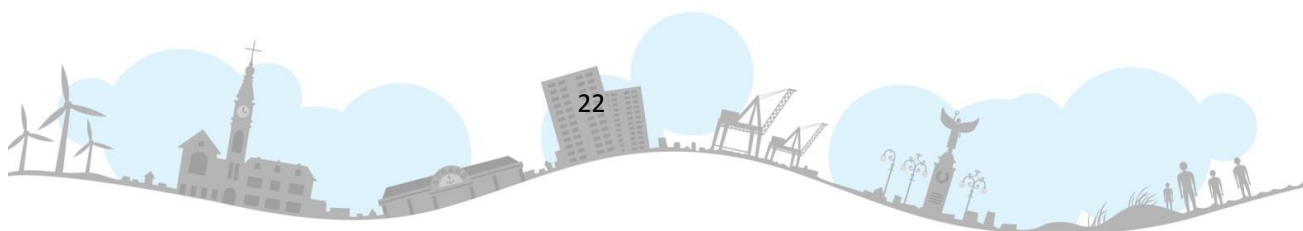
*"We only get one chance at life...help us make the best of it"*

Rebekah, Sefton Care Leaver



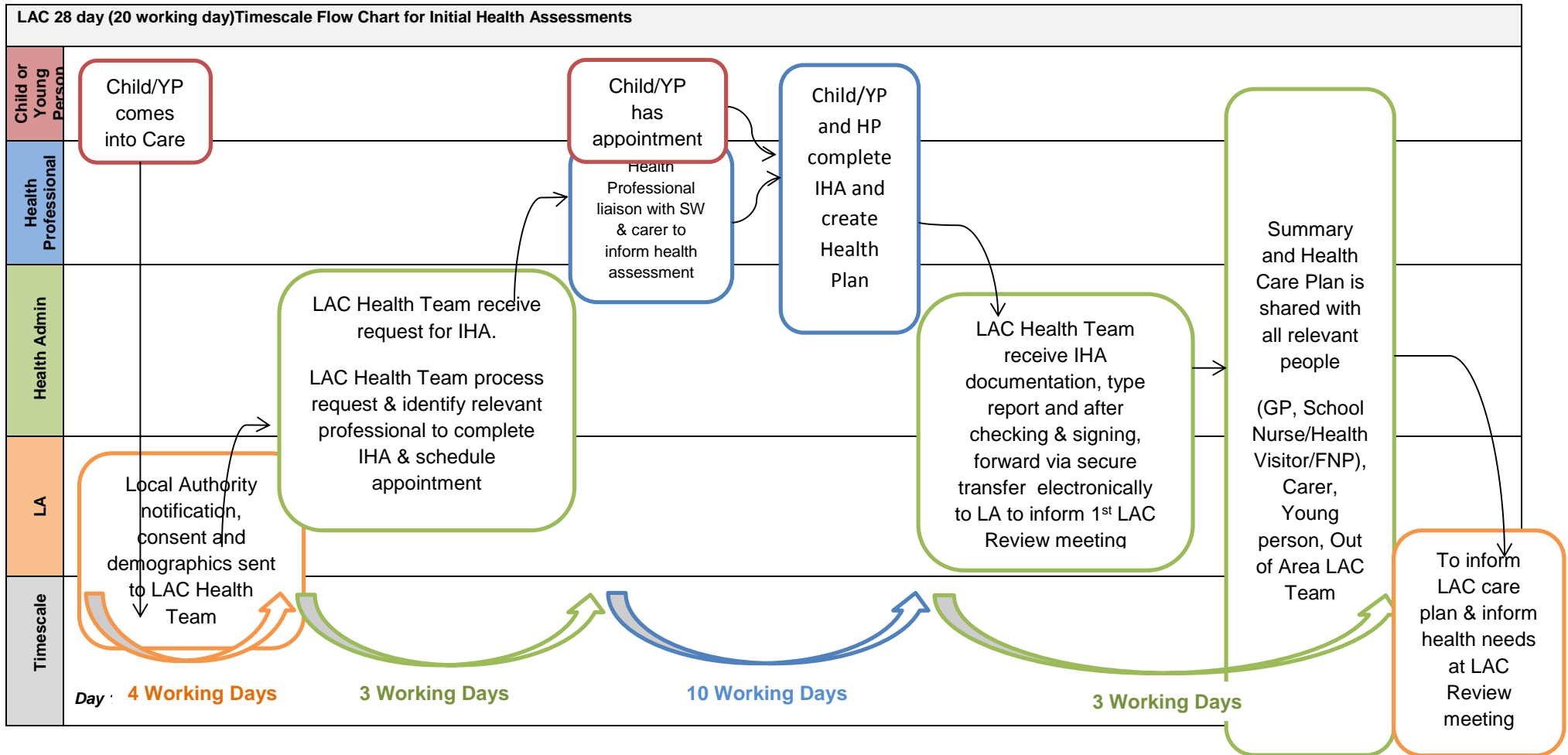
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Appendix 1



## Appendix 2

## Looked After Children Health Assessment– Practitioner Checklist

### (Based on 2014/15 National Tariff Payment System)

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

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

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



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

<b>GP and Dental Practice:</b> names of both noted		
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**The Children in Care Health Team are required to input certain data within Social Care Systems, it imperative that a copy of all requested documentation is returned with original copies remaining within the child's health record**

<b>Return Documents Check</b>	<b>YES/NO</b>	<b>Comments</b>
Childs name, DOB & NHS Number on every page		
Full Health Assessment with <b>Summary &amp; Plan</b> (PartC) being typed		
Immunisation Printout – For children placed in or placed by external trusts (where available)		
SDQ questionnaire Carers Report – 2 page complete document (not score only) for children age 4-16yrs inclusive (If requested – not standard for all assessments)		
Substance Misuse 'Drugs, Alcohol & Me' screening tool (Age 10-18yrs inclusive) – Return completed tool		
Universal developmental checks up to date (for children under 5yrs)		

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

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

<b>Internal Quality Assurance</b>		
Assessment meets required standard?	Yes	No
<b>Name:</b>	<b>Designation:</b>	<b>Date:</b>

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

## Key Issues Report to SFCCG Governing Body

<p>Joint Quality Committee Meeting held on 31<sup>st</sup> May 2018 Southport &amp; Formby CCG and South Sefton CCG</p>	<p>Chair: Dr Rob Caudwell</p>
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### Information Points for Southport & Formby CCG Governing Body (for noting)

<p><b>CCG Serious Incident Process</b></p> <ul style="list-style-type: none"> <li>➤ Updated Serious Incident Review Group Standard Operating Procedure was approved by the Committee</li> <li>➤ The updated Terms of Reference for the CCGs' Serious Incident Review Group will be amended and brought back to the Committee in June/July 2018</li> <li>➤ Action plan in place reviewed at monthly Quality Team meeting and submitted for monitoring against progress at the Joint Quality Committee</li> </ul>
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<p><b>CCG Serious Incident Report</b></p> <ul style="list-style-type: none"> <li>➤ Report received and themes identified</li> <li>➤ SI's open on STEIS for CCGs highlighted</li> <li>➤ Concerns regarding Cervical Screening Test or Cure incident at LWH to be escalated to LCCG</li> </ul>
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<p><b>LJMU Managing of Opioid Reduction in Chronic Pain; A qualitative study</b> – received national and local ethical approval. The Quality Committee approved subject to agreement from Dr Rob Caudwell and Dr Jeff Simmonds.</p>
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<p><b>S&amp;O Overview follow up appointments</b> - specialties patients follow up appointment's passed review date. Planned care lead to ask to discuss with CCG Director of Commissioning and Service Delivery</p>
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<p><b>LCFT</b> – locality discussion Doug Callow to ask Kevin Thomas. Discuss at Governing Body. Report received – Quality Committee concerned regarding backlog and new referrals being received - believes this is unsustainable</p>
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## Key Issues Report to SFCCG Governing Body

<p>Joint Quality Committee Meeting held on 28<sup>th</sup> June 2018 Southport &amp; Formby CCG and South Sefton CCG</p>	<p>Chair: Dr Rob Caudwell</p>
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<p>Information Points for Southport &amp; Formby CCG Governing Body (for noting)</p>
<p><b>CCG Serious Incident Policy</b> – this was approved subject to EIA. Latest progress update report received including the CCG action plan on improvements to CCG</p>
<p><b>Safeguarding Assurance</b> – Assurance update received. CCG training compliance regarding level 2 Children’s and Adults raised at SMT for managers to promote training to be completed within their teams</p>
<p><b>Provider Performance Reports received</b> - Pace of Network Solutions for stroke care remains a concern. GH to follow up conversation regarding clinical lead for the Network</p>
<p><b>High risk TIA imaging at S&amp;O remains a concern.</b> Previously discussed at S&amp;O contract meeting. Chief Nurse to follow up with DoN, MD and COO at the trust</p>
<p><b>Provider CQUIN performance</b> - Q4 performance of all providers received by the Joint Quality Committee</p>
<p><b>Contract Performance Notices</b> – Report received on all open contract performance notices with providers</p>
<p><b>Research Proposal</b> – LJMU co-ordinated study (Investigating the aetiology of opioid prescribing in the North West of England). Approved subject to confirmation of GDPR and who will be undertaking some of the tasks detailed within the proposal</p>
<p><b>Lancashire Care NHSFT</b> - CQC Inspection outcome ‘Requires Improvement’ overall (previously ‘Good’). Quality Risk Profile Tool to be completed on 29/06/18 (lead by Lancashire team). Quality Summit scheduled for 6<sup>th</sup> July 2018. CCG representation will be present at both meetings</p>

# Key Issues Report to Governing Body

**Audit Committees in Common: Wednesday 23<sup>rd</sup> April 2018  
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 CCG achieved L2 assurance (91%) satisfactory for its 2017/18 Information Governance Toolkit submission.
- General Data Protection Regulation (GDPR) update
  - Medicines Management / Safeguarding still to respond to requests for information from the CSU team.
  - HFMA have developed checklist for review – CCG will use as part of assurance process.
- Approved Accounting Policies update.
- Annual Governance Statement noted review that all CCG internal audit reports achieved either significant or high assurance.
- Annual report approved as draft version, pending final review.
- The revised Scheme of Delegation was discussed. Further work on job titles. Bring back to May meeting.
- Audit Committee Terms of Reference recommended ratification to Governing Body.
- Register of Interest - noted improvement; continue review; ensure that only one version exists.
- The Internal Audit Plan 18/19 was approved.

- Conflicts of Interest – prompt to help describe issues in detail for corporate record purposes.
- Director of Internal Audit Opinion for 17/18 has been reported as ‘substantial assurance’.
- The Anti-Fraud Annual Report 17/18 was received – high number of green rated areas, following review of Self Review Toolkit.
- The Anti-Fraud Plan 18/19 was approved.
- The External Audit Report was received.
  - General update outlining plan.
  - Section 30 referral to Secretary of State has been made given that the CCG has failed its statutory financial duty.

# Key Issues Report to Governing Body

<b>Audit Committee: Thursday 24<sup>th</sup> May 2018</b> <b>NHS Southport &amp; Formby CCG</b>	<b>Chair:</b> <b>Helen Nichols</b>
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Key Issue	Risk Identified	Mitigating Actions
Governing Body Assurance Framework (GBAF) approved.	A number of key risks remain 'red rated'.	Governing Body to review all 'red-rated' risks in July meeting.

Information Points for NHS Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> <li>The committee approved:                             <ul style="list-style-type: none"> <li>- Annual Report 2017/18</li> <li>- Annual Governance Statement 2017/18</li> <li>- Annual Accounts 2017/18</li> </ul> </li> <li>The committee approved the Letter of Representation 17/18 – to be signed by the Audit Committee Chair and CCG Chief Officer.</li> <li>Minor changes to the Scheme of Delegation approved.</li> <li>Infertility Policy and Commissioning Policy – update to Governing Body requested regarding timelines (July meeting).</li> </ul>

# Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 2 <sup>nd</sup> August 2018	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
No service commissioned to provide spirometry testing in S&F CCG. GP contracts do not cover spirometry testing	GP's currently feel unable to continue to provide services due to pressure on appointments. May result in an increase in referrals to Secondary Care.	Ongoing discussion with LMC.

<b>Information Points for Southport and Formby CCG Governing Body (for noting)</b>



## Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** 31<sup>st</sup> May 2018, 09:00 – 12:00

**Venue:** The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

### Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
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) / GB Member	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

### Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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### In Attendance

Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Maira Harrison	Planned Care Lead (North)	MH
Tracey Forshaw	Assistant Chief Nurse (SSCCG / SFCCG)	TF
Colette Page	Practice Nurse Lead (SSCCG / SFCCG)	

### Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Susanne Lynch	Head of Medicines Management	SL
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD

### Minutes

Jo Woodward	PA to Chief Nurse / Quality Officer & Deputy Chief Nurse (SFCCG / SSCCG)	JW
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**For the Joint Quality Committee to be quorate, the following representatives must be present:**

Chair of the Quality Committee or Vice Chair.

Lay member (SF) or Lay member (SS)

A CCG Officer (SF)

A CCG Officer (SS)

A governing body clinician (SF)

A governing body clinician (SS)

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓							
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓							
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓							
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓							
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A							
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓							
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓							
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A							
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A							
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓							

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/62	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, MMcD, SL and BD.</p> <p>The meeting was deemed quorate. GH agreed to chair the second part of the meeting.</p> <p>BP, HR, TF, MH and CP in attendance.</p>	
18/63	<p><b>Declarations of Interest</b></p> <p>Dr GH declared interest relating to action 18/57 in a personal not professional capacity having family experience of accessing some ADHD services.</p> <p>No other declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/64	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>Amendment to agenda item and action 18/54:</p> <p>‘TF to extend an invite to the NHSE assurance visit on the 25<sup>th</sup> May 2018 to GP Clinical Quality Leads and Lay member’</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/65	<p><b>Matters Arising / Action Tracker</b></p> <p><b>18/29(iii) - Format of SI Report</b> BP to ask TF to liaise with Admin and BI to look at how the SI report could be re-formatted and re-structured going forward to enable easier reading. <b>Update:</b> Action forms part of the action plan <b>Outcome:</b> Closed</p> <p><b>18/42(i) - Mersey Care Mental Health Contract – Deep Dive</b> BP to discuss issues raised by clinical leads at the next CQPG meeting</p> <ul style="list-style-type: none"> <li>• Eating Disorder Service - requests received by GPs from the provider to manage referred patients</li> <li>• Out-Patient prescribing – consultants referring patients back to GPs</li> </ul> <p><b>Update:</b> Gordon Jones delivered paper to SMT, DF will request feedback <b>Outcome:</b> Carried forward</p> <p><b>18/42(ii) - Mersey Care Mental Health Contract – Deep Dive</b> DF to discuss issues raised with JL and make FLT aware. <b>Update:</b> Complete <b>Outcome:</b> Closed</p> <p><b>18/42(iii) - Mersey Care Mental Health Contract – Deep Dive</b> DF to ask CCG team to revisit RCA's regarding suicides to identify any trends or themes in relation to CPA Reviews. <b>Update:</b> Included in the SI report <b>Outcome:</b> Closed</p> <p><b>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&amp;O and AUH.</b> DF to raise clinician concern with CCG Chief Officer. <b>Update:</b> Ongoing discussions happening between S&amp;O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Warburton. Update at next meeting. <b>Outcome:</b> Carried forward</p> <p><b>18/47 - Provider Quality Schedule</b> TF will circulate the Quality Schedule across to the SIRG membership on receipt from EB <b>Update:</b> Complete <b>Outcome:</b> Closed</p> <p><b>18/49 - LeDeR Briefing Paper</b> TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. <b>Update:</b> July 2018 <b>Outcome:</b> Carried forward</p> <p><b>18/54 - TF to extend an invite to the NHSE assurance visit on the 25<sup>th</sup> May 2018 to GP Clinical Quality Leads and Lay member</b> <b>Update:</b> Meeting to be rescheduled. Complete <b>Outcome:</b> Closed</p> <p><b>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or weekend</b> <b>Update:</b> To be arranged <b>Outcome:</b> Carried forward</p>	

No	Item	Actions
	<p><b>18/57</b> - GB will confirm if feedback relates to waiting times to be assessed or for treatment. GB to forward feedback email to BP for clarity of issues raised</p> <p><b>Update:</b> The CCGs Neuro development pathway work has focussed on the diagnostic element of the whole pathway and a business case for uplift to the 18/19 contract has been proposed by AHCH. There is recognition that the whole system pathway will involve consideration of early help and post diagnostic support.</p> <p><b>Outcome:</b> Closed</p>	
18/66	<p><b>Joint Quality Committee Terms of Reference</b></p> <p>The Committee reviewed the revised Terms of Reference. Some further suggested amendments required therefore not approved today and to be brought back to the next meeting.</p>	
	<p><b>Joint Quality Committee Terms of Reference</b> Amended ToR to be brought back to the next meeting for approval</p>	DF
18/67	<p><b>Quality Work Plan 2018-2019</b></p> <p>The committee were asked to review and approve the work plan for 2018/2019 and suggested some amendments which will be actioned by the Quality Team.</p>	
	<p><b>Quality Work Plan 2018-2019</b> Quality Team to make necessary amendments to the Committee work plan</p>	DF/BP
18/68	<p><b>Chief Nurse Report</b></p> <p>DF presented the Chief Nurse Report which was received by the Committee. The Committee was requested to take particular note of the following update:</p> <ul style="list-style-type: none"> <li>• <u>AUH Single Item Quality Surveillance Group</u> Details are contained within item 18/68, section 2. The AUH Single Item QSG (SIQSG) was held on 30 April 2018 Chaired by the DCO from NHSE C&amp;M. The Trust remains at an 'enhanced' level of surveillance. The Trust provided a presentation regarding actions they are taking against the key areas of risk and their improvement plan.</li> <li>• <u>S&amp;O Never Event</u> Details are contained within item 18/68, section 4. S&amp;O have recently reported a Never Event on STEIS which involved a retained vaginal swab post-delivery. The Executive Nurse has informed commissioners of actions to be undertaken by the Trust in terms of review. The CCG Chief Nurse requested LocSSIPS / NatSSIPs feature in the Terms of Reference for the review as appropriate.</li> <li>• <u>LocSSIPS / NatSSIPS – Assurance</u> As part of the CCGs lessons learnt following the recent Never Events at AUH, further work has been undertaken regarding LocSSIPS / NatSSIPS in order to provide the necessary assurance to both the Joint Quality Committee and the Governing Bodies. The CCGs have contacted NHSE C&amp;M, NHSE Specialised Commissioning and Liverpool CCG in order to facilitate this.</li> </ul>	

No	Item	Actions
	<ul style="list-style-type: none"> <li>• <u>AUH MRSA</u> At the AUH CQPG held on 9 May 2018 commissioners were informed of a possible case of MRSA. Details of the Post Infection Review Meeting are awaited from the Trust due to a process change. The Quality team are working with providers around process now that there has been a change in the national guidance.</li> <li>• <u>Lancashire Care NHS Foundation Trust CQC report</u> The Care Quality Commission published its inspection report of Lancashire Care NHS Foundation Trust (LCFT) on 23<sup>rd</sup> May 2018 following the inspection in January / February 2018. The overall rating for the Trust was “requires improvement” . The CQC did not visit the community services provided by LCFT across the Southport and Formby locality. The Chief Nurse has been in contact with LCFT to discuss the report and the Director of Nursing for NHSE Lancashire and South Cumbria confirmed the findings will be discussed at the Lancashire and South Cumbria Quality Surveillance Group in May.</li> </ul> <p>It was noted that Dave Warwick, Deputy Head of Clinical Quality &amp; Safety has met with the Quality Lead at Lancashire Care and has been clear on areas that need reporting on going forward with regards to seeking assurance at CCQRM. BP stated that he would liaise with the CCG Locality Managers regarding LCFT performance across SFCCG over the last 12 months that may have been raised by local GPs.</p> <p>The Committee requested information on open contract queries at the next meeting.</p>	
	<p><b>Action 18/68(i) Chief Nurse Report</b></p> <p>Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider.</p> <p><b>Action 18/68(ii) Chief Nurse Report</b></p> <p>Open contract queries and status paper to be presented at the next Committee meeting</p>	<p>BP</p> <p>DF</p>

No	Item	Actions
18/69	<p><b>SFCCG &amp; SSCCG Internal Serious Incident Process</b></p> <p>The committee were asked to receive the report and approve the following;</p> <ul style="list-style-type: none"> <li>• Updated Serious Incident Review Group Standard Operating Procedure</li> <li>• Updated Terms of Reference for the CCGs Serious Incident Review Group.</li> </ul> <p>This paper also provided an update on the progress of the CCGs' internal serious incident management quality improvement processes and progress to date was discussed following the Chief Nurse reporting a lack of assurance. The Committee acknowledged the support given to S&amp;O by the Quality Team which they stated had inevitably taken resource away from other areas of work.</p> <p>An SI summary sheet was requested for the next Joint Quality Committee and roles and responsibilities within the Quality Team when all appointments to the team have taken up in post.</p> <p>The Committee approved the updated Serious Incident Standard Operating Procedure and the updated Terms of reference for the CCG Serious Incident Support Group.</p>	TF and DF/BP
	<p><b>(Late item 18/83) Month 12 Serious Incident Performance Report</b></p> <p>This report provided the position on serious incidents for South Sefton CCG and Southport and Formby CCG at year end 2017/18 and actions taken. The Joint Quality Committee was asked to receive the report</p> <p>The GP Clinical Quality Lead requested Mersey Care themes are split between the local mental health and community divisions within the report.</p> <p>Cervical Screening Test or Cure – Liverpool Women's Hospital Trust (LWHT) reported an incident which occurred in November 2018 regarding patients being discharged from LWHT back to the care of the GP for follow up for test or cure smears. However the infrastructure and formal arrangements were not in place to transfer this activity across. LWHT was requested to cease this practice following concerns raised by Liverpool CCG GPs. In total 507 women were discharged back to Primary Care with 85 of these being Sefton residents.</p> <p>An investigation is underway and the CCGs will be notified by Wednesday 30<sup>th</sup> May 2018 of the number of patients who wish to have their smear followed up in Primary Care, including patient and registered GP details.</p> <p>Public Health England have requested that CCGs send out a letter to GPs requesting all women for this cohort as followed up in Primary Care and all subsequent women under this cohort to be discharged back to be managed in primary Care. This is in line with the Test or Cure guidance from 2016. The GP clinical leads have reported concerns of patient safety in terms of Primary Care screening and the CCGs and this will be raised to LCCG as coordinating commissioner.</p> <p>Quality Team representation at the NHSE Joint Commissioning Meetings was discussed.</p>	DF

No	Item	Actions
	<p><b>Action:</b> 18/83(i) - SI summary sheet to be included in papers/reports</p> <p>18/83(ii) - A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee</p> <p>18/83(iii) - Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test or Cure.</p>	<p>TF</p> <p>DF/BP</p> <p>DF</p>
18/70	<p><b>AUH Never Event Update</b></p> <p>There was an update on the management of the Never Events which have occurred at Aintree University Hospital. The current action plan to mitigate further Never Events is also presented.</p> <p>The Committee was asked to receive the report and note the key issues.</p> <p>There has been a delay in the Trust identifying an independent aggregate review of the never events for learning purposes. Individual RCAs have been submitted to an external investigator to ensure any immediate lessons and actions are not delayed by an aggregate review.</p>	
	<p>The CCG, Trust and NHS England have met to discuss the progress on investigation and the development of a NatSSIP / LocSSIP policy for the Trust. The Trust paper sets out immediate actions taken by the Trust, ongoing work and the requirement to continue to work to mitigate the risk of reoccurrence at the Trust. An Associate Medical Director at AUH has been appointed to assess human factors and culture in relation to AUH policy implementation.</p> <p>The results of the theatre staff survey were discussed with reference to recent SI investigations for AUH and theatre staff time pressures. The GP Clinical Quality lead raised the issue of time pressures on surgeons potentially impacting on never events and the reports mention of the retirement of surgeons is not the issue but a change of culture is needed.</p>	
	<p><b>Action:</b> The GP Clinical Quality Lead will raise comments and concerns at the next AUH CQPG in relation to the staff survey including the Medical Director's role in signing off the board report.</p>	GH
18/71	<p><b>S&amp;O Improvement Board: CCG Quality Report</b></p> <p>The committee were asked to receive the report.</p> <p>The CCGs are responsible for presenting a Quality Report to the S&amp;O Improvement Board which is Chaired by NHS Improvement. The CCGs are represented on the Improvement Board by the Chief Officer. The paper provided the Joint Quality Committee the key areas that required escalation following the April 2018 CRM/CQPG.</p> <p>The committee were asked to note not all areas of concern had been escalated in the paper as they would be managed for the purposes of assurance within the CCQRM.</p>	
	<p><b>Action:</b> Item to be added to the JQC Work Plan</p> <p>Quality of Discharge to be added to the next report</p>	



No	Item	Actions
18/72	<p><b>RTT Lost to follow up review: S&amp;O Hospital Trust</b></p> <p>Following a review by the Intensive Support Team (IST) and NHSI in late 2017 it was identified that in many specialties patients, who were due follow up appointments had passed their review date.</p> <p>Clinical teams carried out risk stratification on all patients and no patient harm was found to have been caused by the delays.</p> <p>Reviews are being carried out on the following specialities :</p> <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Cardiology</li> <li>• Respiratory</li> <li>• Community Paediatrics</li> <li>• Haematology</li> <li>• Diabetes/Endocrinology</li> </ul>	
	<p>There are regular S&amp;O RTT Pathway Development teleconference calls for assurance and to update on actions.</p> <p>A monthly update report is presented to the S&amp;O Improvement Board containing a high level pathway development detailing key milestones and month on month tracker of current position with narrative. The monthly report will provide assurance with regard to audit processes, risk assessment and patient harm.</p> <p>The Chief Nurse requested confirmation that the level of assurance requested by NHSI to identify if any patients had suffered harm was sufficient or if consideration had been given to invoke through contract performance notice.</p>	MH
	<p><b>Action:</b> 18/72(i) - MH will raise the question of sufficient assurance with Jan Leonard, Director of Commissioning and Redesign (SSCCG/SFCCG)</p> <p>18/72(ii) - Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist</p>	MH DF
18/73	<p><b>Practice Nurse Lead Report</b></p> <p>This paper presented the committee with an update involving practice nurse/ health care assistant workforce and protected learning time key issues.</p> <p>The committee were asked to receive the report.</p> <p>The committee agreed the report should be included bi-monthly and added to the JQC work plan.</p>	
	<p><b>Action:</b> Practice Lead Nurse to provide bi monthly updates for JQC and also send report to localities for awareness of support mechanisms in place</p>	CP



No	Item	Actions
18/74	<p><b>Provider Quality and Performance QSG Report</b></p> <p>The Committee received the report which provided information regarding high level exceptions on Quality and Performance across the local health provider economy.</p> <p>The committee was asked to receive the report by way of assurance and the report had been presented to the NHSE Cheshire and Merseyside Quality and Surveillance Group (QSG) in May 2018</p>	
18/75	<p><b>Managing opioid reduction in chronic pain: Research Paper</b></p> <p>This paper presented the research proposal for a qualitative study coordinated by Liverpool John Moores University to explore perspectives of reducing or stopping opioid medication for chronic non-cancer pain.</p> <p>The Committee was asked to approve the study for patient participation in order to issue a letter of assurance to researchers to promote participation across NHS South Sefton and NHS Southport and Formby CCGs.</p> <p>The committee approved the study subject to agreement from Dr Rob Caldwell and Dr Jeff Simmonds.</p>	
18/76	<p><b>GP Quality Lead Update</b></p> <p>DC commented on the positive engagement of Dr Kevin Thomas, Deputy Medical Director at S&amp;O NHS Trust on issues of ongoing concern for Primary Care. A further meeting is planned on 21<sup>st</sup> June 2018.</p> <p>The Committee are asked to note the following key issues:</p> <ul style="list-style-type: none"> <li>• Clinical representation S&amp;O at SIRG meetings</li> <li>• Discharge letter Quality from S&amp;O AED regarding handover of care</li> <li>• A number of issues where work has been passed back to Primary Care such as delegation of prescribing ; DNAs discharged to GP; bowel prep fitness confirmation requests to GP; fitness to return to work notes, 2 week wait referrals back to GPs and some radiology reports not being GP friendly</li> </ul>	
18/77	<p><b>Corporate Governance Support Group Key Issues Report</b></p> <p>The committee were asked to receive the report highlighting key issues. Clinical leads requested the report be resent to the committee without abbreviations.</p>	
	<p><b>Action</b></p> <p>CGSG report to be reviewed for abbreviations before being sent</p>	CGSG
18/78	<p><b>EPEG Key Issues Log</b></p> <p>An update on EPEG issues was provided by the Lay Members.</p> <p>AUH presentation on patient engagement. AUH continue to make efforts to engage with public and patients. EPEG was impressed by progress made and willingness to learn from experience. Further reports to be received by EPEG. Repeat prescription scheme EPEG received draft leaflet and were asked for their comments prior to its release.</p>	

No	Item	Actions
18/79	<p><b>Locality Updates</b></p> <p>The paper provided an update of CCG Locality concerns raised by Constituent Practices and actions as result. Any key concerns are escalated to the Joint Quality Committee to discuss further.</p> <p>No issues were raised.</p>	
18/80	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• The Chief Nurse detailed a recent Lab incident relating to i-merseyside and the transmission of blood results across Liverpool and Sefton on the 18<sup>th</sup> January 2018. It was reported that 330 transmissions failed to send as a result of AUH rebooting the server at the same time as the transmissions.</li> </ul> <p>Investigation underway and the Chief Nurse and GP Clinical Quality Lead for SSCCG and also LCCG will escalate regarding the reporting of this incident on STEIS.</p> <ul style="list-style-type: none"> <li>• GP Clinical Quality Lead highlighted an issue with safeguarding referrals on the CCG homepage in terms of "2 clicks policy".</li> </ul> <p>The Chief Nurse advised the Safeguarding team are currently meeting with the CCG Communications team to resolve this issue and the team will provide an update.</p>	

No	Item	Actions
18/81	<p><b>Key Issues Log (issues identified from this meeting)</b></p> <p><b>SFCCG and SSCCG:</b></p> <ul style="list-style-type: none"> <li>• CCG Serious Incident Process <ul style="list-style-type: none"> <li>➢ Updated Serious Incident Review Group Standard Operating Procedure was approved by the Committee</li> <li>➢ The updated Terms of Reference for the CCGs' Serious Incident Review Group will be amended and brought back to the Committee in June/July 2018</li> <li>➢ Action plan in place reviewed at monthly Quality Team meeting and submitted for monitoring against progress at the Joint Quality Committee</li> </ul> </li> <li>• CCG Serious Incident Report <ul style="list-style-type: none"> <li>➢ Report received and themes identified</li> <li>➢ SI's open on STEIS for CCGs highlighted</li> <li>➢ Concerns regarding Cervical Screening Test or Cure incident at LWH to be escalated to LCCG</li> </ul> </li> <li>• LJMU Managing of Opioid Reduction in Chronic Pain; A qualitative study – received national and local ethical approval. The Quality Committee approved subject to agreement from Dr Rob Caudwell and Dr Jeff Simmonds.</li> </ul> <p><b>SFCCG</b></p> <ul style="list-style-type: none"> <li>• S&amp;O Overview follow up appointments - specialties patients follow up appointment's passed review date. Planned care lead to ask to discuss with CCG Director of Commissioning and Service Delivery</li> <li>• LCFT – locality discussion Doug Callow to ask Kevin Thomas. Discuss at Governing Body. Report received – Quality Committee concerned regarding backlog and new referrals being received - believes this is unsustainable</li> </ul> <p><b>SSCCG</b></p> <ul style="list-style-type: none"> <li>• AUH Never Events - Update provided to the Committee. GP Clinical Lead to raise issues in relation to report provided</li> </ul>	
18/82	<p><b>Date of Next Meeting and notice of apologies</b></p> <p>Date: Thursday 28<sup>th</sup> June 2018  Time: 0900hrs-1200hrs  Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle L20 3DL  Advanced apologies: AM, FLT</p>	
18/83	Discussed as part of item 18/69	

## Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** 28<sup>th</sup> June 2018, 09:00 – 12:00

**Venue:** Room 3A, Merton House, Stanley Road, Bootle L20 3DL

<b>Membership</b>		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
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) / GB Member	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
<b>In Attendance</b>		
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Tracey Forshaw	Assistant Chief Nurse (SSCCG / SFCCG)	TF
Karen Garside	Designated	KG
Helen Case		HC
Anthony Rowan	Project Manager (i-Merseyside)	AR
<b>Apologies</b>		
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Susanne Lynch	Head of Medicines Management	SL
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Graham Bayliss	Lay Member (SSCCG)	GB
<b>Minutes</b>		
Jo Woodward	PA to Chief Nurse / Quality Officer & Deputy Chief Nurse (SFCCG / SSCCG)	JW

**For the Joint Quality Committee to be quorate, the following representatives must be present:**

- Chair of the Quality Committee or Vice Chair.
- Lay member (SF) or Lay member (SS)
- A CCG Officer (SF)
- A CCG Officer (SS)
- A governing body clinician (SF)
- A governing body clinician (SS)

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓	✓		N				
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A		N				
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓		N				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓		N				
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓		N				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓		N				
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓		N				
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A		N				
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A		N				
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A		N				

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/84	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, MMcD, SL,GBa and HR with BP, TF, HC, KG and AR in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/85	<p><b>Declarations of Interest</b></p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/86	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>Amendment to item 18/57. Update given by GBa not GBr.</p> <p>Item 18/72 - RTT Lost to follow up review: S&amp;O Hospital Trust. Lay member requested a more detailed overview noted in the minutes.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/87	<p><b>Matters Arising / Action Tracker</b></p> <p><b>18/42(i) - Mersey Care Mental Health Contract – Deep Dive</b> BP to discuss issues raised by clinical leads at the next CQPG meeting</p> <ul style="list-style-type: none"> <li>• Eating Disorder Service - requests received by GPs from the provider to manage referred patients</li> <li>• Out-Patient prescribing – consultants referring patients back to GPs</li> </ul> <p><b>Update:</b> Gordon Jones delivered paper to SMT who requested a deep dive scheduled to report back <b>Outcome:</b> Closed</p> <p><b>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&amp;O and AUH.</b> DF to raise clinician concern with CCG Chief Officer. <b>Update:</b> Ongoing discussions happening between S&amp;O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Warburton. Update at next meeting. <b>Outcome:</b> Carried forward</p> <p><b>18/49 - LeDeR Briefing Paper</b> TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. <b>Update:</b> July 2018 <b>Outcome:</b> Carried forward</p> <p><b>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or weekend</b> <b>Update:</b> To be arranged <b>Outcome:</b> Carried forward</p> <p><b>18/66 - Joint Quality Committee Terms of Reference</b> Amended ToR to be brought back to the next meeting for approval <b>Update:</b> Agenda item for discussion at today's meeting <b>Outcome:</b> Closed</p> <p><b>18/67 - Quality Work Plan 2018-2019</b> Quality Team to make necessary amendments to the Committee work plan <b>Update:</b> Complete <b>Outcome:</b> Closed</p> <p><b>18/68(i) - Chief Nurse Report</b> Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider. <b>Update:</b> BP to meet with Louise Taylor <b>Outcome:</b> Carried forward</p> <p><b>18/68(ii) - Chief Nurse Report</b> Open contract queries and status paper to be presented at the next Committee meeting <b>Update:</b> Agenda item for discussion at today's meeting <b>Outcome:</b> Closed</p> <p><b>18/70 - AUH Never Event Update</b> The GP Clinical Quality Lead will raise comments and concerns at the next AUH CQPG in relation to the staff comments including the Medical Director's role in signing off the board report. <b>Update:</b> Comments raised at CQPG <b>Outcome:</b> Closed</p>	

No	Item	Actions
	<p><b>18/71 - S&amp;O Improvement Board: CCG Quality Report</b>                      Item to be added to the JQC Work Plan. Quality of Discharge to be added to the next report  <b>Update:</b> Complete  <b>Outcome:</b> Closed</p> <p><b>18/72(i) - RTT Lost to follow up review: S&amp;O Hospital Trust</b>                      MH will raise the question of sufficient assurance with Jan Leonard, Director of Commissioning and Redesign (SSCCG/SFCCG)</p> <p><b>18/72(ii) - Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist</b>                      Update/Outcome: Carried forward</p> <p><b>18/73 - Practice Nurse Lead Report</b>                      Practice Lead Nurse to provide bi monthly updates for JQC and also send report to localities for awareness of support mechanisms in place  <b>Outcome:</b> Complete  <b>Update:</b> Closed</p> <p><b>18/77 - Corporate Governance Support Group Key Issues Report</b>                      CGSG report to be reviewed for abbreviations before being re sent  <b>Update:</b> Complete. Item 18/101  <b>Outcome:</b> Closed</p> <p><b>18/83 - Month 12 Serious Incident Performance Report</b>                      (i) SI summary sheet to be included in papers/reports                      (ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee                      (iii) Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test of Cure  <b>Update/Outcome:</b> Carried forward</p>	
18/88	<p><b>Joint Quality Committee Terms of Reference</b></p> <p>DF presented the paper containing the Terms of Reference for the Quality Committee which had been further revised to incorporate the suggested amendments from the previous meeting.</p> <p>The Committee recommended approval by the Governing Bodies subject to suggested amendments in the areas of principle duties, membership, frequency of meetings and reporting arrangements being considered by the CCGs governance lead.</p>	
	<p><u>Action – JQC Terms of Reference.</u></p> <p>DF to discuss suggested amendments with CCG governance lead prior to presentation to the Governing Body for approval.</p>	DF

No	Item	Actions
18/89	<p><b>Chief Nurse Report</b></p> <p>DF presented the Chief Nurse Report and members were asked to take particular note of the following:</p> <p><u>AUH Single Item Quality Surveillance Group</u> The next AUH Single Item QSG (SIQSG) is scheduled to be held on 25 June 2018 Chaired by the DCO from NHSE C&amp;M. The Trust remains at an 'enhanced' level of surveillance. Feedback on the outcome of the SIQSG will provided to the Committee once known.</p> <p><u>AUH Never Event Update</u> A paper was received from the Trust at the June 2018 CQPG Meeting. Information and actions contained have been included in the Trust update report and Improvement Plan which they have submitted as part of the evidence for the SIQSG meeting on 25 June 2018. The CCG are currently assured at this point in time with the actions being undertaken by the Trust.</p> <p><u>Lancashire Care NHS Foundation Trust Quality Risk Profile / Quality Summit</u> A date of 29 June 2018 has been set by the Lancashire Teams to meet to undertake the completion of the Quality Risk Profile Tool on the Trust and the Quality Summit date has been set for 6 July 2018. SFCCG will be represented at both of these meetings. Issue continues regarding the provider experiencing challenges in submitting data to commissioners.</p> <p>Lay member raised a concern regarding Lancashire Care FT still not providing performance data having given assurance this would be a priority.</p> <p><u>Kirkup Review of Liverpool Community Health – Lessons Learnt</u> The Chief Nurse has facilitated a lessons learnt event for Governing Body members at a joint development session in June 2018. A further joint presentation on lessons learnt was delivered at the June 2018 meeting of the Merseyside Safeguarding Adult Board by the Chief Nurse in partnership with the Chief Nurse from LCCG.</p> <p>The Committee received the report.</p>	
	<p><b>Action</b> BD to report back to the Committee regarding the issue of lack of data submission from Lancashire Care.</p>	BD
18/90	<p><b>Provider Quality &amp; Performance Reports</b></p> <p>The Provider Quality and Performance Report was presented and provided information by exception which was discussed by the members.</p>	



No	Item	Actions
	<p><u>Southport &amp; Ormskirk Hospitals NHS Trust</u></p> <p>The committee reviewed the key areas of concern for the Trust which included : Hospital Standardised Mortality Ratio (HSMR) which remained outside of expected limits. It was noted the Trust has commissioned an external mortality review to be undertaken in June; Stroke performance in relation to patient spending 90 % of their hospital stay on a stroke unit. There was a discussion on the persistent issue of TIA assessment and treatment within 24 hours not achieving target. DF agreed to contact the Trust about TIA performance. The stroke therapy bay was reinstated in March 2018 to allow for rehab of patients ; completion of root cause analyses on cases of hospital associated VTE and the Trust action to make the process more robust and centralising the process.</p> <p>The committee also discussed operational pressures which are system wide in relation to increased pressure on urgent care.</p> <p><u>Aintree University Hospitals</u></p> <p>The committee reviewed the key areas of concern which included : 62 day cancer waits from GP referral to first treatment which had fallen below 80 % for April 2018. Escalation of delays were being presented at Trust weekly cancer performance meetings and escalation to divisional directors in terms of constraints in capacity ; RTT performance had dropped to below the 92 % target with the Trust experiencing significant non elective pressure impacting upon RTT performance. Theatre refurbishment has impacted on performance but was nearing completion. All referrals were being assessed for clinical risk ; stroke performance had dropped below the 80% target for stroke. Recruitment is underway for nurse and therapy staff for the stroke unit.</p> <p>The quality concerns regarding the Trust were discussed and DF stated the Trust Quality improvement plan would be presented to the Committee for assurance purposes. The plan incorporates both CQC actions to meet recommendations the regulator had set for the Trust post CQC inspection and actions to provide assurance to the commissioners over quality concerns. The plan was presented at the follow up SIQSG held on the 25<sup>th</sup> June and attended by the Accountable officer and Chief Nurse.</p> <p><u>LCCG &amp; LWH</u></p> <p>CQPG minutes up to September 2017 in relation to concerns regarding LCCG and LWH discussed were reviewed and discussed by the committee. The Contracts and BI teams will report back to the Committee regarding a challenge that may potentially need to be raised with LWH on behalf of the Joint Quality Committee.</p> <p><u>Lancashire Care FT</u></p> <p>The issue of performance data was discussed by the committee and BP stated this had been highlighted a number of times at the CCQRM. BP stated the Trust had been working with the CCG BI team on production of validated metrics to allow for setting of performance baselines which will be available by month 3.</p>	

No	Item	Actions
	<p><u>Mersey Care Community Division</u></p> <p>The enhanced surveillance of staff who transitioned to Mersey care from Liverpool Community NHS Trust in 2017 was highlighted as well as the actions taken in terms of staff engagement as a result of the questions asked. The results are being triangulated by the Trust to ensure a robust plan is place to improve staff satisfaction levels.</p> <p>RTT for therapies were reviewed and the Trust has now completed service reviews which will be presented to the CCG to develop different ways of working.</p> <p><u>Mersey Care Mental Health</u></p> <p>Psychotherapy treatment targets have persistently failed to reach the 95 % target of treatment commencing within 18 weeks of referral. The trust is looking at introducing a more focused model to improve waiting times. The need to refer and bypass local waits will be eliminated and longest waiting numbers had reduced.</p> <p>Communication on inpatients on discharge was highlighted as failing the target set at 95 %. The trust are looking at reducing typing delays across the service and are implementing a new transcription model.</p>	
	<p><b>Action</b></p> <p>Chief Nurse to contact COO, Chief Nurse and Medical Director at the S&amp;O FT to discuss performance concerns discussed at Joint Quality Committee</p> <p>Chief Nurse to circulate AUH Improvement paper and bring formally to next meeting for comment</p> <p>Chief Nurse to email Leadership Team and regarding the request to look at today performance across the system / place of Sefton.</p>	DF
18/91	<p><b>CQUIN Q4 Performance Reports</b></p> <p>BP presented the report which gave an overview of provider CQUIN achievement for Q4 2017/18 in relation to:</p> <ul style="list-style-type: none"> <li>• Southport &amp; Ormskirk Hospital NHS Trust</li> <li>• Renacres Hospital</li> <li>• Lancashire Care NHS Foundation Trust</li> <li>• Mersey Care Mental Health Division</li> <li>• Mersey Care NHS Foundation Trust (Community District Services)</li> <li>• Aintree University Hospital NHS Foundation Trust</li> </ul> <p>The clear and concise nature of the report was commended by the Committee.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/92	<p><b>Safeguarding Q4 Report</b></p> <p>KG presented the report which provided an analysis of provider safeguarding assurance for Q4 (2017-18). Members were asked to note the following:</p> <ul style="list-style-type: none"> <li>• Southport and Ormskirk Hospitals - 'reasonable' assurance rating. However, a drop in compliance in relation to training was noted. Discussion has been had with the Trust by the Designated Nurse Safeguarding Children regarding maintenance of training figures.</li> <li>• Aintree University Hospital - 'limited' assurance rating with an upward trajectory. Training data remains a limiting factor to the assurance rating applied. Challenges remain regarding data quality. DF reported that Safeguarding forms part of the Trust Quality Improvement Plan which has been presented to the SIQSG.</li> <li>• Lancashire Care NHS Foundation Trust - 'reasonable' assurance rating with an upward trajectory noted</li> <li>• North West Boroughs Health Care NHS Trust (0-19 Year/ Safeguarding/ LAC) - 'limited' assurance rating remains. A Clinical Services Review has been completed and shared with the CCG. It will be presented to relevant partners as part of the engagement process to support the necessary quality improvement and delivery model for the purposes of assurance.</li> <li>• Mersey care (South Sefton Community Division) - 'reasonable' assurance rating with an upward trajectory</li> <li>• Mersey care (MH &amp; LD) - 'reasonable' assurance rating has been maintained and the contract performance notice remains in place</li> <li>• Alder Hey Children's NHS Trust - 'significant' assurance rating maintained</li> <li>• Liverpool Women's Hospital - 'reasonable' assurance rating with an upward trajectory</li> <li>• Royal Liverpool and Broadgreen University Hospital Trust - 'significant' assurance rating maintained</li> <li>• Liverpool Heart and Chest Hospital - 'reasonable' assurance rating maintained</li> <li>• Renacres - 'reasonable' assurance rating</li> </ul> <p><b>Safeguarding Team Update</b></p> <p>Both the Designated Nurse for Children in Care and the Safeguarding Administrator have now commenced in post. The Designated Safeguarding Adults Manager is due to start in post at the beginning of July 2018. Support has continued to be provided from Liverpool CCG Safeguarding Service throughout this transition period.</p> <p><b>CCGs Training Compliance Update</b></p> <p>Further work is required within the CCGs in order for safeguarding training trajectories to be met. KG has worked closely with the Corporate Governance Support Officer to ensure the current figures are up to date and e-mail reminders have been sent to the line managers of staff who are not up to date with their training. DF confirmed the raising of this issue at SMT.</p> <p><b>CCG Safeguarding Policy</b></p> <p>A previous extension to the existing Safeguarding Policy was granted until June 2018 whilst the publication of Working Together to Safeguard Children was awaited which will inform any update. This guidance is still awaited and therefore the Governing Bodies will be asked to approve a further extension until the publication of this important national guidance and the team are able to review and update the CCG policy as required. KG stated that the team had reviewed the current policy and it remained fit for purpose.</p>	

No	Item	Actions
	<p>Committee Lay Member thanked the Safeguarding and Quality Team for all their hard work in relation to Looked After Children/Children in Care reporting to the Governing Body.</p> <p>The Committee received the report.</p>	
18/93	<p><b>SFCCG &amp; SSCCG Internal Serious Incident Policy</b></p> <p>TF presented the CCG Serious Incident Policy for approval subject to an EIA.</p> <p>The Committee approved the policy subject to the completion of the EIA.</p>	
18/94	<p><b>Serious Incident Management Update</b></p> <p>TF presented the report which provided an update on the quality improvement work being undertaken by the Trust, the accompanying action plan and updated Terms of Reference for the Serious Incident Review Group for approval.</p> <p>The Programme Manager for Quality and Risk has now commenced in post along with some additional dedicated administrative support. Capacity issues still exist in relation to support for Root Cause Analysis (RCA) across the CCGs with this responsibility currently sitting with the Quality Team and this has been noted in the action plan and risk register.</p> <p>A follow up peer review visit from Bolton CCG and Bolton NHS Foundation Trust is planned for 2nd July 2018. The CCGs are awaiting contact from MIAA regarding the planned review towards the end of July 2018 as previously agreed.</p> <p>The feedback meeting with NHS E C&amp;M for support and assurance purposes is planned for 6th July 2018. GP Clinical Leads requested the meeting with NHS E scheduled for 6<sup>th</sup> July 2018 be rescheduled to allow for their attendance.</p> <p>The Committee received the update report and accompanying action plan and approved the Terms of Reference subject to some minor amendments and feedback from the NHSE visit.</p>	
	<p><b>Action</b></p> <p>Chief Nurse to discuss with NHSE C&amp;M an alternative date for the meeting to enable the attendance of GP Clinical Leads who attend the SIRG.</p>	DF
18/95	<p><b>Summary – Open Contract Performance Notices (Sefton CCG)</b></p> <p>BD presented the paper which gave an overview of the process for issuing of Contract Performance Notices as part of NHS Standard Contract Management Process and provided a summary of open Performance Notices issued by the CCGs. A query was raised as to the decision-making process regarding the issuing of a contract query in order to ensure consistent use of such a contract lever when similar performance challenges are faced by different providers. There was a discussion regarding support and escalation and the new escalation process that had been put in place within the CCGs to ensure consistent provider management in terms of issuing a Contract Performance Notice.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/96	<p><b>Investigating the aetiology of opioid prescribing in NW England – Research Paper</b></p> <p>BP presented the research proposals for a study coordinated by Liverpool John Moores University, starting in Spring 2018.</p> <p>The Committee received the report and gave approval for practices to be contacted by the research team subject to there being no excess treatment costs for the CCGs and a letter sent to LJMU requesting assurance the process to extract data fully complies with GDPR. It was noted that the decision to participate in the study lies with the practice and not the CCGs.</p>	
	<p><u>Action - Investigating the aetiology of opioid prescribing in NW England – Research Paper</u> BP to write to LJMU requesting assurances that the extraction of data complies with GDPR</p>	BP
18/97	<p><b>EPaCCS Update</b></p> <p>The paper provided the Committee with the regular update regarding EPaCCs and were asked to note that the uptake in the use of the EMIS Web template developed to enable practices to capture end of life preferences is perceived to be low despite engagement sessions taking place to encourage this. GP Clinical Leads felt that some GP's may be unaware of the existence of the template and questioned if it had been launched as effectively as possible. The recommendations within the report were noted and BD will contact Moira Harrison (MH) as the CCGs' identified commissioning lead for End of Life. It was agreed that I-Mersey will lead on the remaining recommendations within the report including the suggested baseline assessment and engagement with practices along with MH.</p> <p>The Committee received the report and supported the recommendations made within the report.</p>	
	<p><b>Action</b> BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings</p>	BD

No	Item	Actions
18/98	<p><b>GP Quality Lead Update</b></p> <p><u>SDGH Quality Issues - Meetings with Deputy Medical Director Kevin Thomas</u></p> <p>DC provided an update of his meeting with the S&amp;O Deputy Medical Director at which the following issues were discussed:</p> <ul style="list-style-type: none"> <li>• Breach of agreement in place which reflects the NHS standard contract regarding work General Practice is being expected to pick up which should be managed within the acute Trust</li> <li>• Terminology used within radiology reporting-and clarity of actions required</li> <li>• Clarity of CT/MRI Scan including referral forms,</li> <li>• DNA and discharge policy within the Trust</li> <li>• Formby locality has been asked to identify examples relating to discharge letters from the Trust.</li> <li>• Issues highlighted with adult Diabetes services within S&amp;O (DC has had a conversation with Dr Nigel Taylor – GP Clinical Lead SSCCG). Moira Harrison (MH) has arranged a meeting to take place in August 2018 with the Trust, CO, NT, DC and Lancashire Community Care to discuss pathways and models.</li> </ul> <p>DC stated that KT will raise the issues discussed back in the Trust due to the risks that may present.</p>	
18/99	<p><b>EPEG Key Issues Log</b></p> <p><b>Need to confirm if a meeting had been held</b></p>	
18/100	<p><b>Locality Updates</b></p> <p>No further updates received other than what has been previously discussed.</p>	
18/101	<p><b>AOB</b></p> <p>None reported.</p>	

No	Item	Actions
18/102	<p><b>Key Issues Log (issues identified from this meeting)</b></p> <p><b>SFCCG and SSCCG:</b></p> <ul style="list-style-type: none"> <li>• CCG Serious Incident Policy – this was approved subject to EIA. Latest progress update report received including the CCG action plan on improvements to CCG</li> <li>• Safeguarding Assurance – Assurance update received. CCG training compliance regarding level 2 Children’s and Adults raised at SMT for managers to promote training to be completed within their teams</li> <li>• Provider Performance Reports received - Pace of Network Solutions for stroke care remains a concern. GH to follow up conversation regarding clinical lead for the Network</li> <li>• High risk TIA imaging at S&amp;O remains a concern. Previously discussed at S&amp;O contract meeting. Chief Nurse to follow up with DoN, MD and COO at the trust</li> <li>• Provider CQUIN performance - Q4 performance of all providers received by the Joint Quality Committee</li> <li>• Contract Performance Notices – Report received on all open contract performance notices with providers</li> <li>• Research Proposal – LJMU co-ordinated study (Investigating the aetiology of opioid prescribing in the North West of England). Approved subject to confirmation of GDPR and who will be undertaking some of the tasks detailed within the proposal</li> </ul> <p>SFCCG Only:</p> <ul style="list-style-type: none"> <li>• Lancashire Care NHSFT - CQC Inspection outcome ‘Requires Improvement’ overall (previously ‘Good’). Quality Risk Profile Tool to be completed on 29/06/18 (lead by Lancashire team). Quality Summit scheduled for 6<sup>th</sup> July 2018. CCG representation will be present at both meetings</li> </ul>	
18/103	<p><b>Date of Next Meeting and notice of apologies</b></p> <p>Date: Thursday 26<sup>th</sup> July 2018  Time: 0900hrs-1200hrs  Venue: The Marshside Surgery  Advanced apologies:</p>	



# Audit Committees in Common

## PART B: Southport and Formby CCG

### Minutes

Monday 23<sup>rd</sup> April 2018, 1pm to 2.30pm  
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
<b>In attendance (regular)</b>		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Phil Rule	Interim Chief Accountant, SFCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Georgia Jones	Manager, Grant Thornton	GJ
<b>In attendance (guest)</b>		
Jason Morris		
Emma Styles (Items A18/56 – 63)	Information Governance Manager, MLCSU	ES
<b>Apologies</b>		
Susan Lowe	Practice Manager and Governing Body Member	SL
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AOR
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

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

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
<b>Membership</b>						
Helen Nichols	Lay Member (Chair)	✓				
Gill Brown	Lay Member	✓				
Susan Lowe	Practice Manager and Governing Body Member	A				
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A				
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓				
Alison Ormrod	Deputy Chief Finance Officer	A				
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					
Phil Rule	Interim Chief Accountant	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓				
Georgia Jones	Manager, Grant Thornton	✓				



No	Item	Action
<b>General Business</b>		
A18/56	<p><b>Introductions and apologies for absence</b> Introductions were made. Jason Morris was in attendance at this meeting as an observer.</p> <p>Apologies for absence were received from Susan Lowe, Dr Jeff Simmonds and Alison Ormrod.</p>	
A18/57	<p><b>Declarations of interest</b> 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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <p>Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
A18/58	<p><b>Minutes of the previous meetings and key issues</b> The minutes of the previous meeting on 10<sup>th</sup> January 2018 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>	
A18/59	<p><b>Action points from previous meetings</b></p> <p><b>A17/78: MIAA Insight: CCG Assurance Framework Benchmarking</b> PR confirmed the risk themes reported by the <i>MIAA Assurance Framework Reviews 2016/17</i> report have been considered within the Heat Map, which summarises all the CCG mitigated risks with a score of 12 and above. Reviews of the Governing Body Assurance Framework (GBAF), however, are yet to be carried out against these risk themes. Action still open.</p> <p><b>A17/92: Action points from previous meetings (A17/84: Information Governance Bi-Monthly Report)</b> MMcD confirmed there is further work to be done on the review of the issue of hardcopy documents with patient data on CCG floors at Merton House. Action still open.</p> <p><b>A17/106: External Audit Progress Report</b> MMcD reported that the subject of GPs looking to transform and operate at scale has been considered for an upcoming Wider Constituent Group meeting agenda for each of the Sefton CCGs. Due to the large number of items on the agendas for recent meetings, however, it has not been possible to incorporate this item. Action still open.</p>	

<p><b>A18/04: Action points from previous meetings</b>  <b>Part B: Joint CCG</b>  <b>(A17/108: Review of Remuneration Committee Procedures 2013 – 2017)</b>  It was agreed for TK to contact Debbie Fairclough (QIPP Programme Manager) regarding progress on the below action.  <i>The terms of reference for each Remuneration Committee are to be revised to ensure they are aligned with the scheme of delegation. The revised terms of reference are to be submitted to each of the CCG Governing Bodies for approval.</i>  Action to stay on the tracker but the lead is to change from Graham Morris to TK.</p> <p><b>A18/04: Action points from previous meetings</b>  <b>Part B: Joint CCG</b>  <b>(A17/111: Any other business - Format of Audit Committees in Common meeting)</b>  MMcD is still to seek guidance from Debbie Fairclough in relation to having more joint CCG papers for the Audit Committees in Common meeting rather than a separate paper for each CCG. MMcD to also seek guidance regarding the possibility of joint CCG policies. Action still open.</p> <p><b>A18/05: Audit Committee Recommendations Tracker</b>  PR has reviewed the presentation of the Audit Committee Recommendations Tracker and has revised the format so that it is now a single tracker incorporating both of the Sefton CCGs. Action closed.</p> <p><b>A18/06: MIAA Internal Audit Progress Report</b>  PR commented on the action concerning the review of the mechanism for obtaining third party assurance on systems and processes operated on behalf of the CCG by NHS Shared Business Services. He confirmed he would report on this at the next Audit Committee meeting on 24<sup>th</sup> May 2018 when the Service Auditor report will be presented. Action still open and to be updated on the tracker.</p> <p><b>A18/11: Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b>  MMcD confirmed that concerns regarding the number of 'red rated' risks on the Corporate Risk Register and heat map have been escalated to the Governing Body for review. Action closed.</p> <p><b>A18/11: Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b>  MMcD and the CCG Leadership Team are yet to review the risk related to the turnover rate of executive and board level staff at Southport &amp; Ormskirk Hospital, for inclusion within the Corporate Risk Register. Action still open.</p> <p><b>A18/14: Register of Interests</b>  MMcD confirmed the Register of Interests will be included as an item on Governing Body meeting agendas as appropriate, for members to review their individual entries and confirm any changes. Further discussion on the Register of Interests to take place under item A18/72. Action closed.</p> <p><b>A18/14: Register of Interests</b>  MMcD confirmed a quarterly email is best practice in relation to the frequency of emails to request updates for declarations of interest and gifts and hospitality returns. Action closed.</p> <p><b>A18/14: Register of Interests</b>  MMcD confirmed that he will be liaising with Midlands and Lancashire CSU about a potential online system with the facility for individuals to update their</p>	TK
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	<p>own entries on the Register of Interests. Action still open. RB commented that Warrington CCG may be using a similar online system and suggested MMcD contact the relevant lead.</p> <p><b>A18/17: Information Governance Bi-Monthly Report</b> PR is still to review the IG risks detailed in the Information Governance Bi-Monthly Report and assess whether they need inclusion in the CCG's corporate risk register. Action still open.</p> <p><b>A18/17: Information Governance Bi-Monthly Report</b> HN and MMcD have reviewed and signed-off the IG toolkit submission for 2017/18. Further information on the IG toolkit will be provided under items A18/60 and A18/61. Action closed.</p> <p><b>A18/18: Committee Work Plan 2018/19</b> It was noted that a work plan is in place for the production of the annual report. Action closed.</p>	MMcD
<b>Formal approval/receipt by Audit Committee</b>		
<i>Governance</i>		
<b>A18/60</b>	<p><b>Information Governance Annual Report</b> ES presented the Information Governance Annual Report for 2017/18. She noted that the CCG's IG toolkit overall submission for 2017/18 has achieved Level 2 (91%) rated as Satisfactory. She confirmed the new version of the toolkit for 2018/19 would be fundamentally different to previous versions.</p> <p>ES highlighted that General Data Protection Regulation (GDPR) audit returns had not been received from four departments / bodies in the CCG: Medicines Management, Safeguarding, Corporate Governance and Governing Body. She stressed that this was now an urgent issue and noted that concerns lay particularly with Medicines Management and Safeguarding due to the likelihood of those departments holding personal data. It was agreed for MMcD to liaise with the leads for these departments to ensure that the audit returns are sent to the Information Governance Team.</p> <p>HN requested a report on the implementation of GDPR be brought to the Audit Committee meeting on 25<sup>th</sup> July 2018.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD  MMcD (ES)
<b>A18/61</b>	<p><b>MIAA Information Governance Toolkit Assurance Report</b> MMcD presented the Information Governance Toolkit Assurance report for 2017/18 and noted that a <i>Significant Assurance</i> level has been provided in relation to information governance within the CCG.</p> <p>MMcD noted that there is a risk relating to assets / data maintained by 3<sup>rd</sup> parties on behalf of the CCG, which may be held outside the UK. He recommended that this risk be accepted by the committee and for it to be noted that the CCG is non-compliant in this area, as definite assurance cannot be obtained that CCG data is not held outside the UK. It was noted that the potential impact of this was likely to be minimal. The committee agreed to accept this recommendation.</p> <p><b><i>The committee received this report and agreed to accept the risk that assets / data maintained by 3rd parties on behalf of the CCG may be held outside the UK.</i></b></p>	
<b>A18/62</b>	<p><b>MLCSU Information Governance Toolkit Assurance Statement 2017/18</b> ES presented Midlands and Lancashire CSU's Information Governance</p>	

	<p>Toolkit Assurance Statement 2017/18. She confirmed that MIAA have carried out a full assurance audit of ML CSU's IG Toolkit, with an outcome of Significant Assurance.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/63	<p><b>GDPR – HFMA Briefing</b> MMcD presented a HFMA briefing on the General Data Protection Regulation (GDPR), commenting it was a useful governance tool. The briefing includes a checklist of top ten actions for NHS organisations. MMcD confirmed the CCG will use this checklist as part of the GDPR assurance process and will bring a report to the Audit Committees in Common meeting on 25<sup>th</sup> July 2018.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
A18/64	<p><b>Accounting Policies Update</b> PR presented the accounting policies updates for 2017/18, as detailed in the report.</p> <p><b><i>The committee approved the accounting policies updates.</i></b></p>	
A18/65	<p><b>Annual Governance Statement 2017/18</b> PR presented the draft Annual Governance Statement (AGS) 2017/18.</p> <p>The committee discussed the statement and highlighted a number of amendments and checks to be actioned to ensure accuracy and clarity. PR to action.</p> <p>RB noted that any CCG internal audit reviews with less than high or significant assurance would need to be highlighted in the AGS. The committee noted that all CCG internal audit reviews in 2017/18 have concluded either significant or high assurance.</p> <p><b><i>The committee approved the Annual Governance Statement 2017/18 in draft format subject to amendments and checks noted at the meeting to ensure accuracy and clarity.</i></b></p>	PR
A18/66	<p><b>Un-audited Annual Report and Accounts 2017/18</b> PR presented the headlines within the un-audited annual report and accounts 2017/18.</p> <p>Committee members discussed the report and accounts. HN noted that due to technical issues, she had not received the un-audited annual report and accounts 2017/18 which were circulated separate to the meeting pack. She confirmed she would review the report and accounts and send any comments to PR by close of play tomorrow (24<sup>th</sup> April 2018).</p> <p>GB confirmed she had noted minor amendments and would forward these to PR at the end of the meeting. She confirmed she approved the draft annual report and accounts subject to these amendments, which PR is to action.</p> <p>PR confirmed that the finance team will use the <i>HFMA Introductory Guide - CCG Annual Report and Accounts</i> to provide supporting information to the Governing Body to assist with their understanding of the accounts prior to approval.</p> <p>MMcD provided an update on the NHSE expert determination process which has been progressing in order to resolve the ongoing dispute between the CCG and Southport &amp; Ormskirk NHS Trust, related to outstanding debt. He</p>	HN  PR

	<p>noted the process is likely to continue for longer than originally expected.</p> <p><b>GB approved the draft annual report and accounts 2017/18 subject to minor amendments. HN to review the draft report and accounts and forward any comments / amendments by close of play on 24<sup>th</sup> April 2018.</b></p>	
A18/67	<p><b>Losses, Special Payments and Aged Debt</b> PR provided an update on losses, special payments and aged debt since the last report presented to the Audit Committee in January 2018.</p> <p>PR confirmed there have been no losses identified for write off and no special payments made in the period since the last Audit Committees in Common meeting on 10<sup>th</sup> January 2018. There is one invoice above the £5k threshold which is greater than six months old. This invoice (debtor: Southport &amp; Ormskirk NHS Trust; value: £669,664) relates to CQUIN 2015/16; the matter has been referred to NHS England for expert determination.</p> <p><b>The committee received this report.</b></p>	
A18/68	<p><b>Scheme of Delegation Changes</b> PR reported on changes to the Scheme of Delegation. It was agreed that further work was required on the report to show the changes that are being recommended for committee approval. An updated report showing these changes is to be brought to the committee meeting on 24<sup>th</sup> May 2018.</p> <p><b>The committee received the report on the Scheme of Delegation and agreed that an updated report is to be brought to the committee meeting in May 2018, clearly showing the changes before approval can be considered.</b></p>	PR
A18/69	<p><b>Macpherson Report</b> PR presented the Macpherson report, which details how the CCG complies with the Macpherson review in relation to its estimation techniques. He noted the CCG has identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts; these are in the areas of prescribing and individual packages of care.</p> <p><b>The committee received this report.</b></p>	
A18/70	<p><b>Audit Committee Annual Report 2017/18</b> HN presented the Chair's Audit Committee Annual Report 2017/18, the final draft of which will be presented to the Governing Body for approval.</p> <p>The committee noted the following amendments to be made on the report:</p> <ul style="list-style-type: none"> <li>• The <i>Statement on Internal Control (SIC)</i> has been replaced by the <i>Annual Governance Statement (AGS)</i>. The report is to be amended to reflect this.</li> <li>• The title, <i>Local Counter Fraud Specialist</i> has changed to <i>Anti-Fraud Specialist</i>. The report is to be amended to reflect this.</li> </ul> <p>HN asked RB to review the wording in the 5th bullet point in section 6 (entitled <i>Additional Key Items in the Year for Noting</i>) to ensure it is correct and appropriate. RB confirmed he would review and provide feedback to HN following the meeting.</p> <p>Section 7, entitled <i>Conclusions</i>, was discussed. It was agreed for this section to take into account the external audit for 2016/17 as well as 2017/18 and</p>	RB



	<p>therefore mention both KPMG and Grant Thornton. It was also agreed that Appendix 1 should include the Director of Internal Audit Opinions for both 2016/17 and 2017/18</p> <p>The above amendments are to be actioned prior to submission of the report to the Governing Body.</p> <p><b><i>The committee received this report and agreed on changes, as detailed above, prior to submission to the Governing Body.</i></b></p>	HN
A18/71	<p><b>Single Tender Action Forms</b></p> <p>MMcD reported on three Single Tender Action forms, noting that the contract values are in his delegated limits as Chief Finance Officer to sign off. The Single Tender Action forms are for:</p> <ul style="list-style-type: none"> <li>• Continuation of consultancy support to ensure delivery of recovery / QIPP plans and strengthening of governance capacity and capability</li> <li>• Occupational Health Contract</li> <li>• Delivery of a pilot High Intensity User Scheme</li> </ul> <p>MMcD noted that all three Single Tender Action requests have been reviewed and approved and provided the rationale for approval. He confirmed the High Intensity User Scheme has been discussed and agreed by the Joint QIPP Committee. MMcD recommended the Audit Committee ratify the approval of the Single Tender Action forms.</p> <p><b><i>The committee ratified the approval of the Single Tender Action forms.</i></b></p>	
A18/72	<p><b>Register of Interests</b></p> <p>MMcD presented the updated register of interests as at 31<sup>st</sup> March 2018.</p> <p>It was noted that the presentation of the register of interests had improved. Concerns were raised that there may be more than one version that is being updated; MMcD to ensure that only one master copy is being updated.</p> <p><b><i>The committee received the Register of Interests.</i></b></p>	MMcD
A18/73	<p><b>CCG Conflicts of Interest Online Training</b></p> <p>MMcD reported that NHS England have launched new online training to further support CCGs to manage conflicts of interest. Relevant staff and all Governing Body members have been identified to complete module one of the training, the deadline for which is 31<sup>st</sup> May 2018.</p> <p><b><i>The committee received this update.</i></b></p>	
A18/74	<p><b>Policy Tracker</b></p> <p>MMcD presented the policy tracker and provided an update on the four policies that are out of their review dates: Infertility Policy; Commissioning Policy; Safeguarding Children and Adults at Risk Policy; and the Information Governance Handbook. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p>The length of time since the Infertility Policy and Commissioning Policy were due to be reviewed was noted. MMcD confirmed a report outlining the situation related to these two policies would be brought to the Audit Committee meeting on 24<sup>th</sup> May 2018. TK to ask Lisa Gilbert (Corporate Governance Manager at the CCG) to action.</p> <p><b><i>The committee received the policy tracker.</i></b></p>	TK

A18/75	<p><b>Audit Committee Terms of Reference</b> PR presented an updated draft of the Audit Committee Terms of Reference and highlighted the changes since it was last reviewed and agreed in April 2017, as detailed in the report within the meeting pack.</p> <p>The committee agreed on a minor amendment to the opening sentence in section 2.3; the word 'as' is to be added as shown below: <i>'Other officers as required to be in attendance at the Committee are as follows'</i> TK to action this amendment.</p> <p>HN referred to section 2.6 which states that, 'At least once a year the Committee should meet privately with the external and internal auditors'. It was agreed for a private meeting to be arranged with external auditors for 24<sup>th</sup> May, 9.30am-10am, and with internal auditors for 25<sup>th</sup> July, 1pm-1.30pm. HN requested that these meetings be raised with Graham Morris, Chair of the South Sefton Audit Committee, should he wish to have joint CCG private meetings with the auditors.</p> <p><b><i>The committee approved the updates to the Terms of Reference, agreed on a further minor update and recommended ratification to the Governing Body. The Terms of Reference are to be put forward to the Governing Body.</i></b></p>	TK  TK  MMcD / TK
<i>Audit and Anti-Fraud Specialist</i>		
A18/76	<p><b>Audit Committee Recommendations Tracker</b> PR presented the Audit Committee Recommendations Tracker. He noted the presentation of the tracker has been reviewed and amended so that it is now a single tracker incorporating both of the Sefton CCGs, as reported under item A18/59.</p> <p>PR reported that all amber rated actions are ongoing; he has been liaising with the relevant CCG leads about the progress of these actions.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/77	<p><b>MIAA Internal Audit Plan 2018/19</b> AP presented the MIAA Internal Audit Plan for 2018/19 and noted that the fee and allocated time are the same as for the previous financial year.</p> <p>MMcD noted that the Leadership Team had commented on the proposed plan and that changes have been included in the revised plan being presented to the committee today.</p> <p>AP confirmed that the audit plan can be flexible depending on issues that may arise in 2018/19.</p> <p><b><i>The committee approved the MIAA Internal Audit Plan 2018/19.</i></b></p>	
A18/78	<p><b>MIAA Internal Audit Progress Report</b> AP presented the MIAA Internal Audit Progress Report.</p> <p>AP reported that MIAA have undertaken a review to evaluate the effectiveness of CCG arrangements to manage conflicts of interest and gifts and hospitality, including compliance with NHS England's statutory guidance. The review has concluded that the CCG is fully compliant in all areas except decision making processes and contract monitoring, which has been assigned partially compliant. For this particular area, AP noted that there are</p>	

	<p>mechanisms in place for the management of conflicts within meetings when making procurement decisions and in relation to contract management. Minutes, however, should clearly detail the magnitude of the conflict, how the conflict was to be managed or whether it was managed as intended. Committee members agreed that these aspects need to be clearly described at meetings in order to be documented in minutes. It was agreed for MMcD to review improvements in this area.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
A18/79	<p><b>MIAA Head of Internal Audit Opinion 2017/18</b> AP presented the MIAA Head of Internal Audit Opinion 2017/18. He confirmed the following overall opinion for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018: <i>Substantial Assurance</i> can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/80	<p><b>MIAA Anti-Fraud Services Annual Report 2017/18</b> MM presented the MIAA Anti-Fraud Services Annual Report 2017/18. She noted that one fraud investigation was undertaken during the year.</p> <p>MM reported the CCG has a green RAG rating for the majority of standards, following completion of the CCG's self-assessment against the NHS Counter Fraud Authority Standards for Commissioners. She explained the reasoning behind the one amber rating for the CCG within the <i>Hold to Account</i> area, as detailed within the report.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/81	<p><b>MIAA Anti-Fraud Services Workplan 2018/19</b> MM presented the MIAA Anti-Fraud Services Workplan 2018/19 and provided a summary of the headlines. She confirmed the plan can be flexible if there were to be an inspection.</p> <p><b><i>The committee approved the MIAA Anti-Fraud Services Workplan 2018/19.</i></b></p>	
A18/82	<p><b>External Audit Progress Report</b> GJ presented the external audit progress report and noted Grant Thornton are on track with audit deliverables.</p> <p>RB noted that Grant Thornton have been briefed on the expert determination relating to outstanding debt associated with Southport &amp; Ormskirk NHS Trust and confirmed that this would be considered as part of the CCG's external audit for 2017/18.</p> <p>RB explained that a referral has been issued to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 due to the CCG having failed its statutory financial duty.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/83	<p><b>External Audit Management: Law, Fraud and Regulations Letter</b> PR reported that in order to comply with International Auditing Standards (IAS), the CCG's external auditors need to establish an understanding of the management processes in place to prevent fraud and to ensure compliance with law and regulation. PR explained that the response schedule from the</p>	



	<p>Chief Finance Officer (CFO) and the letter from the Chair of the Audit Committee to the external auditors would ensure that this would be addressed.</p> <p><i>The committee received this report.</i></p>	
<b>Key Issues of other committees to be formally received</b>		
<b>A18/84</b>	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committees November 2017, January and February 2018</li> <li>• Joint Quality Committee November 2017 and January 2018</li> <li>• Joint Commissioning Committee December 2017 and January 2018</li> </ul> <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings.</i></p>	
<b>A18/85</b>	<p><b>Any other business</b></p> <p>No items of other business were raised at this meeting.</p>	
<b>A18/86</b>	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p><b>Date and time of next meeting</b></p> <p>Southport and Formby Audit Committee Thursday 24<sup>th</sup> May, 10am-11.30am Room 3A, Merton House</p> <p>South Sefton Audit Committee Thursday 24<sup>th</sup> May, 12pm-1.30pm Room 3A, Merton House</p>	

# Audit Committee Southport and Formby CCG Minutes

Thursday 24<sup>th</sup> May 2018

10.00-11.30

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

<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AOR
Phil Rule	Interim Chief Accountant, SFCCG	PR
Georgia Jones	Manager, Grant Thornton	GJ
<b>Apologies</b>		
Susan Lowe	Practice Manager and Governing Body Member	SL
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

## Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
<b>Membership</b>						
Helen Nichols	Lay Member (Chair)	✓	✓			
Gill Brown	Lay Member	✓	✓			
Susan Lowe	Practice Manager and Governing Body Member	A	A			
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓			
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	A	✓			
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					
Phil Rule	Interim Chief Accountant	✓	✓			
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓	N			
Georgia Jones	Manager, Grant Thornton	✓	✓			

No	Item	Action
A18/87	<p><b>Introductions and apologies for absence</b> Apologies for absence were received from Susan Lowe.</p> <p>An email had been circulated prior to this meeting to note that the respective Audit Committees of the Sefton CCGs will be considering the annual report and accounts as separate statutory bodies today; therefore the committees will be operating as separate entities. The email had noted that the meeting pack circulated on 18<sup>th</sup> May 2018 had referred to this meeting as <i>Audit Committees in Common (Part A)</i>. A re-titled agenda was subsequently circulated, noting this to be a <i>Southport and Formby Audit Committee</i> meeting.</p>	
A18/88	<p><b>Declarations of interest</b> 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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> <li>• JS declared he is a member of both of the respective governing bodies and audit committees for Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
A18/89	<p><b>External Audit Report 2017/18 (ISA 260 Report)</b> GJ presented the external audit report 2017/18, which was tabled at the meeting. She provided a detailed overview of the headlines and individual sections of the report, as well as the further work required before conclusion of the audit and provision of the audit opinion.</p> <p>GJ reported that it was likely the following audit proposals would be issued for the CCG:</p> <ul style="list-style-type: none"> <li>• An unqualified audit opinion on the accounts</li> <li>• A qualified 'except for' Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2017/18 except for its financial performance and sustainability.</li> </ul> <p>It was noted that a Section 30 under 2013 Local Audit &amp; Accountability Act referral has been issued by external audit to the Secretary of State, due to the CCG having missed its statutory financial duty.</p> <p>GJ referred to the provision in the accounts in relation to the expert determination process between the CCG and Southport &amp; Ormskirk NHS Trust. The provision was made based on information available at the time of reporting. The decision of the process has now been received and the full</p>	

	<p>provision is now not required. GJ referred to discussions with AOR regarding additional cost pressures in relation to 2017/18, which will be offset against the provision. It was noted that this means the provision is overstated. GJ reported that no adjustment is to be made, as the amount is not material to the overall financial performance of the CCG.</p> <p>The committee discussed the report; GJ, AOR and MMcD provided commentary and explanation in response to queries raised by committee members.</p> <p>MMcD referred to the section in the report on audit fees and confirmed that Grant Thornton did not undertake any additional work for the CCG outside of the contract.</p> <p>The Chair and MMcD both thanked Grant Thornton for their work on the audit.</p> <p><b><i>The committee received this report.</i></b></p>	
A18/90	<p><b>Annual Report and Accounts 2017/18</b></p> <p>The draft 2017/18 annual report, annual governance statement, annual accounts and accounts briefing paper had been reviewed by members prior to the meeting. A further updated version of the annual report, annual governance statement and annual accounts was circulated at the meeting.</p> <p>A number of amendments to the annual report and governance statement were noted, which related to the following:</p> <ul style="list-style-type: none"> <li>• Amendments and checks to ensure clarity and accuracy.</li> <li>• Changes to the committee attendance table for accuracy and to ensure it reflects committee attendance for Governing Body members only.</li> </ul> <p>A discussion took place about potential improvements for future annual reports, including adding a list of members for each committee.</p> <p>AOR presented the annual accounts and the accounts briefing paper, which contained supporting information relating to movements in the Southport and Formby accounts between 2016/17 and 2017/18 (HFMA Introductory Guide – CCG Annual Report and Accounts). Committee members raised queries regarding the movements in the accounts; explanation was provided by AOR and MMcD in answer to the queries.</p> <p>The Chair thanked the finance team for the production of the accounts and everyone involved in the production of the annual report.</p> <p><b><i>The committee agreed the following:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Approved the CCG's 2017/18 Annual Report, 2017/18 Annual Accounts and 2017/18 Governance Statement subject to the review and amendments noted at the meeting.</i></b></li> <li>• <b><i>Provided delegated approval of amendments to the documents to the Chief Finance Officer prior to submission by 9am on 29<sup>th</sup> May 2018.</i></b></li> <li>• <b><i>Authorised the Chief Officer to sign the Annual Report, Accounts and associated certificates on behalf of the CCG.</i></b></li> </ul>	

A18/91	<p><b>Letter of Representation 2017/18</b> MMcD presented the draft Letter of Representation 2017/18.</p> <p>The committee agreed that the letter is to be signed by the Audit Committee Chair and the Chief Officer. GJ confirmed that electronic signatures could be used on the letter providing approval in writing is received from the signatories.</p> <p>The committee agreed amendments to the second of the two paragraphs shown in red in the draft letter, which are to be actioned prior to sending to the Audit Committee Chair and the Chief Officer for approval.</p> <p><b><i>The committee approved the draft Letter of Representation 2017/18 subject to the agreed amendments to the second of the two paragraphs shown in red in the draft letter.</i></b></p>	MMcD / AOR
A18/92	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> PR presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the heat map; the latter summarises all the mitigated risks of the CCG with a score of 12 and above.</p> <p>HN raised concerns about the number of 'red rated' risks and the number of risks related to providers on the CRR, and asked for this issue to be escalated to the Governing Body for review. GB raised an issue regarding the consistency of strategic objectives within an individual committee risk register and the CRR and GBAF; she asked for this issue to be raised with the Governing Body. MMcD to ensure both issues are raised at the Governing Body meeting scheduled for 4<sup>th</sup> July 2018.</p> <p>An error was noted regarding key risk no. 27 on the heat map which had been included twice. PR to ensure this is corrected.</p> <p><b><i>The committee approved the updates to the GBAF, CRR and heat map subject to the correction to the heat map as noted above.</i></b></p>	MMcD  PR
A18/93	<p><b>Service Auditor Reports</b> PR provided a brief overview of the service auditor reports.</p> <p>HM referred to the Internal Audit IM&amp;T Progress Report (Audit Committee Update) and queried the section under <i>Key Messages for the Audit Committee</i>, which notes, '<i>Planning discussions have also been undertaken and initial proposals developed regarding a major review of the numerous applications identified as not being under IM jurisdiction and thus the organisation cannot take adequate assurance from IM controls.</i>' MMcD commented that this would be a useful piece of work and that the CCG would be kept updated via the IM&amp;T Steering Group. He confirmed he was satisfied that all systems the CCG relies on are under IM jurisdiction. A risk regarding third party applications on the network was raised but it was noted that any impact would be minimal.</p> <p>It was agreed that a single overall report with highlights would suffice for this agenda item in future; individual service auditor reports did not need to be included as appendices.</p> <p><b><i>The committee received the service auditor reports.</i></b></p>	
A18/94	<p><b>Scheme of Delegation Changes</b> PR reported on changes to the Scheme of Delegation, as detailed in the report within the meeting pack.</p>	

	<b><i>The committee reviewed and approved the updated Scheme of Delegation.</i></b>	
<b>A18/95</b>	<p><b>Update on review of Infertility Policy and Commissioning Policy</b> The committee received the update on the review of the Infertility Policy and Commissioning Policy. It was agreed for an update on the timeline to be provided to the Governing Body at its meeting on 4<sup>th</sup> July 2018.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
<b>A18/96</b>	<p><b>Any other business</b> No items of other business were raised at this meeting.</p>	
<b>A18/97</b>	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to the Governing Body.</p>	
	<p><b>Date and time of next meeting</b> Audit Committees in Common Wednesday 25<sup>th</sup> July, 1.30pm-4pm 3<sup>rd</sup> Floor Boardroom, Merton House</p>	

## S&F NHSE Joint Commissioning Committee APPROVED Minutes – Part I

Date: Thursday 7<sup>th</sup> June 2018, 09:30 - 10:30am  
 Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Alan Cummings	NHSE Senior Commissioning Manager	AC
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Jan Hughes	NHSE Assistant Contracts Manager	JH
<b>Attendees:</b>		
Sharon Howard	Programme Manager GPFV	SH
Angela price	Primary Care Programme Lead	AP
Maureen Kelly	Health watch Sefton	MK
Colette Page	SS and S&F CCG Practice Nurse Lead	CP
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
<b>Minutes</b>		
Jane Elliott	S&F CCG Senior Administrator	JE

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

Name	Membership	Feb 2018	Apr 2018	Jun 2018	Aug 2018	Oct 2018	Dec 2018
<b>Members:</b>							
Gill Brown	S&F CCG Lay Member (Chair)	✓	✓	✓			
Helen Nichols	S&F CCG Lay Member	A	N	N			
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓	✓	✓			
Dr Rob Caudwell	S&F CCG Clinical Chair	✓	✓	A			
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓	✓			
Susanne Lynch	S&F CCG Head of Medicines Management	✓	✓	✓			
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	A	N			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	✓			
<b>Attendees:</b>							
Jan Hughes	NHSE Assistant Contract Manager	A	A	A			
Sharon Howard	Programme Manager General Practice Forward View	✓	N	✓			
Angela Price	Primary Care Programme Lead	✓	A	✓			
Maureen Kelly	Healthwatch Sefton	✓	A	✓			
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N	N			
Joe Chattin	Sefton LMC	N	N	N			
Anne Downey	NHSE Finance	N	N	N			
Colette Page	SS and S&F CCG Practice Nurse Lead		✓	✓			



No	Item	Action
SFNHSE 18/53.	<p><b>Introductions and apologies</b> Apologies were received as noted above.</p>	
SFNHSE 18/54.	<p><b>Declarations of interest</b> 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.</p> <p>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.</p> <p><i>KS declared an interest as a local GP.</i></p>	
SFNHSE 18/55.	<p><b>Minutes of the previous meeting</b> The first sentence under Resilience Funding was removed. The minutes of the last meeting held on 5<sup>th</sup> April 2018 were agreed as an accurate record.</p>	
SFNHSE 18/56.	<p><b>Action points from the previous meeting</b> The action tracker was discussed and updated.</p>	
SFNHSE 18/57.	<p><b>Report from Operational Group and Decisions</b> There has been a history of poor uptake of Direct Enhanced Service for Learning Disability Health Checks. A piece of work is being carried out to improve the uptake. Practices will be offered the opportunity to provide the Health Check to a locally designed specification which suits the needs of the local population on behalf of other practices.</p>	
SFNHSE 18/58.	<p><b>GPFV Operational Plan / Primary Care Programme Report</b></p> <p><b>Resilience Funding</b> – expressions of interest have now been received. A panel have reviewed the anonymised submissions to ensure they met the recommended criteria. The shortlisted submissions will be contacted to submit a full bid. The next review panel will take place in July 2018. Practices were encouraged to work together on submissions.</p> <p><b>GP International Recruitment</b> – Practices will be invited to an event to promote this programme on 26<sup>th</sup> June 2018.</p> <p><b>Pharmacy pilot</b> – Blundellsands Surgery have agreed to be the host practice for the employed pharmacists. A Host Agreement will be put into place. There will be 2 Senior and 7 Junior pharmacists employed. Full details of specifications are still to be finalised.</p> <p><b>Extended Access</b> – The procurement remains live. The service which will operate 7 days a week from October 2018 will include some physiotherapist sessions. Appointments will be accessed via GP practices and NHS 111.</p> <p><b>Apex insight</b> – The LMC have now had a demonstration which allayed their initial concerns. This is now out to procurement</p> <p><b>SMI</b> – a meeting has been arranged with Merseycare.</p> <p>No changes or updates to other projects at this time.</p>	
SFNHSE 18/59.	<p><b>Delegated Commissioning</b> Debbie Fairclough is progressing with the application process.</p>	



SFNHSE 18/60.	<p><b>Healthwatch Feedback</b></p> <p>Health watch reported on their planned 'Enter and View' schedule and offered to share details of their questionnaire has been developed.</p>	
SFNHSE 18/61.	<p><b>Key Issues Log</b></p> <p>The key issues log was discussed and updated with the following issue:</p> <p>Development of LD health check proposal GP international recruitment event Extended Access</p>	
SFNHSE 18/62.	<p><b>Any Other Business</b></p> <p>None raised</p>	
SFNHSE 18/63.	<p><b>Date of next meeting</b></p> <p>Thursday 16th August at 9:30am – 10:30am. Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ</p>	